



# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NICHOLAS A. TOUMPAS  
COMMISSIONER

November 24, 2015

The Honorable Neal M. Kurk, Chairman  
Fiscal Committee of the General Court  
State House  
Concord, NH 03301

## ***INFORMATIONAL ITEM- Dashboard – As of October 31, 2015***

### **Information**

The Department of Health and Human Services provides the monthly dashboard report to inform policy makers as to significant initiatives being implemented to improve the effectiveness and efficiency of service delivery and to provide a status on demand for services and the related implications on funding.

### **Explanation**

#### **Funding Issues**

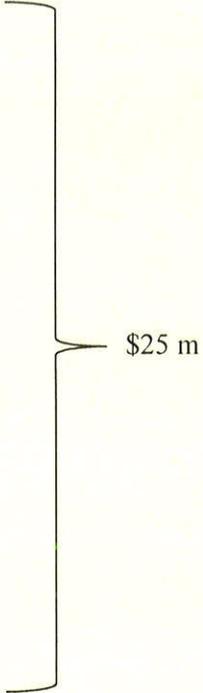
While it is early in the fiscal year, the Department has identified a significant budget deficit of \$27.9 million. These shortfalls result from unexpected costs not budgeted and budget assumptions that are not expected to be realized. Deficits in the Medicaid program (Non NHHPP) account for 90% of the projected shortfall.

Medicaid	\$	33.3
SYSC		1.7
Other		2.9
Total Shortfall		37.9
Revenue offset		(10.0)
Net Shortfall		27.9

While the table on the following page provides a full layout of the Medicaid budget assumptions that are not materializing as of the date of this report, they can be summarized as follows:

- Mandatory enrollment delays
- Caseload increases
- PMPM changes & CMHC services outside of PMPM
- Part A & B premium increases
- Part D (state phase down) rate increases
- Higher than expected Health Insurer Fee Reimbursement
- Drug Rebate Revenue expected to exceed Budget

Below is a summary of Budget Assumptions vs. Projected/Actual Trends related to the Medicaid Program (excluding NHHPP, Developmental Services and Elderly LTC):

Budget Assumption	Projected/Actual Trend	Comments	Dollar Impact
<b>Caseloads:</b> 2% drop effective 7/1/15 Base caseload before 2%: 138,500 2% drop: 135,700	As of Sept: 138,900 Up 3,200 or 2.3% (138,900 – 135,700)	Caseloads would need to drop by an accelerated rate of more than 4-5% to realize budgeted savings before year end, especially impacted by 3 month payment lags.	
<b>PMPM</b> After budget assumptions were applied, composite rate expected to drop to about \$320 Assumptions included changes in enrollment from 90-30 days, admin load, MH savings, mandatory 7/1/15, acuity levels, case mix, PDL, MLR, etc.	Claims for dates of service April – August will be paid under the SFY15 contract that was extended to 9/1/15. Composite rate for that period approx. \$334.85 PMPM  Effective 9/1/15 CMHC services under “managed FFS Model”.	Effective 9/1/15, CMHCs will be paid under prior FFS rates and MCOs paid an ASO rate for care coordination. The combination of FFS payments and the ASO payments are expected to exceed budgeted PMPM assumptions. The budget shortfall assumes no change in this model for SFY 16.	
<b>Mandatory Enrollment in Care Management:</b> 7/1/15	2/1/16 – 7 month delay	Due to 3 month lag in payments, MCO payments for dates of service in February will be paid 3 months later in May. Any savings would only be realized for 2 months (May and June) for SFY16.	
<b>Part A &amp; B premiums:</b> Flat funded premium \$104/person/mo	Feds released increase in premium rates effective for CY 2016 to \$154 approx. 48% increase	Rates are released in Oct for the next calendar year. When budget was set this increase was not expected.	\$ 1.3 m
<b>Part D (state phase down):</b> assumed API of 6%	Feds released API of 11.6%	Rates are released in Oct for the next calendar year. When budget was set this increase was not expected.	\$3.7 m
<b>Health Insurer Fee:</b> Budget as part of PMPM	During SFY15 the HIF process was finalized after discussion with MCOs, DHHS and CMS. As a result we will be paying both SFY14 and SFY15 in SFY16.	ACA required fee for-profit MCOs. Amount not known till MCOs filed with Feds & submitted documentation to State. Received data August 2015 for first time.	\$3.25 m
<b>Drug Rebate Revenue</b> By allowing MCOs to utilize their own Preferred Drug List (PDL), effective 7/1/15, budget assumed 50% drop in drug rebate revenue for total collections \$9m.	PDL change effective 9/1/15. Based on actual collections to date we have already met the SFY16 budget.	Any additional rebate revenue received will be a win-fall to offset any shortfalls	\$10.0 m

**Sununu Youth Services Center (SYSC).** Per Chapter 276, Laws of 2015 (HB2), the Department is required to develop a plan to reduce the cost of providing services at the SYSC by November 1, 2015, with implementation beginning by January 1, 2016. HB2 also requires a reduction in appropriation to SYSC of \$1.7 million general funds for SFY16 and \$3.5 million for SFY17. The SYSC plan, expected to be presented to the Fiscal Committee on December 18, 2015, will focus on efforts to continue developing a plan that will transform the facility to a multi-use residential treatment center. This Psychiatric Residential Treatment Facility (PTRF) will support a continuum of care model for juvenile justice youth and those at risk for being involved with the juvenile justice system who experience a mental or behavioral health diagnosis. The implementation time period set in HB2, does not allow sufficient lead time to receive the necessary CMS approvals to implement the multi-purpose model and, as such, will not achieve the mandated savings during SFY16. It is expected at this time that the reduction of \$1.7 million will be from funds that would otherwise lapse.

**NHH Inability to Recruit and Retain Nurses.** NHH is facing difficulty in recruiting and retaining nurses and as a result is creating delays in standing up the new ISU, Inpatient Stabilization Unit. In October 2014, 10% of the nursing positions were vacant and just one year later the vacancy rate has grown to 22%. The problems at NHH are not unique and reflect a nationwide shortage of nurses. The American Association of Colleges of Nursing (AACN) notes that the combination of more people from the baby boomer generation are living longer, the advancing age of registered nurses heading for retirement and fewer seats available in nursing school classrooms underlies the nursing shortage in the US. ACCN states that “employers must engage in *creative* recruitment strategies to attract and retain qualified nurses, particularly registered nurses, where job growth is expected to rise by 26 percent by 2020, according to the U.S. Bureau of Labor Statistics.”

“*Creative* recruitment strategies” referred to by AACN are unavailable to NHH. Many health facilities are offering sign-on bonuses that are not allowed under the State system. In addition, most health care facilities provide education subsidies and tuition reimbursement programs for nurses. The education assistance program offered to NHH employees in the past was eliminated several years ago as a budget reduction measure.

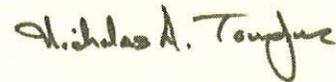
In summary, attracting experienced nurses to NHH when nationally there is a shortage of nurses, when pay is 10% to 15% below regional averages, when no creative recruitment incentives are offered, and when patients being attended to can pose a risk to the employee, make it difficult for NHH to attract and retain nurses. The Department continues to research and will prepare a financial impact statement to address ways that salary enhancements could strengthen the nurse recruitment efforts.

**Innovation & Change Initiatives.** New to the Dashboard is a section on Department Initiatives. This new section provides a summary of key initiatives that are currently in process. While the list is not all inclusive of the Department’s projects, it does highlight several of the key projects of highest importance at this time. While the fiscal year progresses, this section will include updates to these projects and will include new initiatives. The initiatives included in this month’s Dashboard are:

- Community Mental Health Agreement
- Medicaid Care Management Step 2
- NHHPP Premium Assistance Program (PAP)
- 1115 Transformation Waiver
- Balancing Incentive Program (BIP)
- Sununu Youth Services Center (SYSC)
- State Innovation Model (SIM)
- Substance Use Disorder Benefit for Standard Medicaid
- Food Protection – LBA Performance Audit

**Summary.** The Department has continually strived to deliver high quality and cost-effective services to individuals in most need of support. Meeting this standard is becoming increasingly untenable, as the information in the following pages demonstrate. The past budget season, once again, reduced resources to levels that challenge our ability to adequately provide services to our vulnerable citizens. Providers are becoming unstable and our delivery systems are growing weaker. We believe these issues currently present significant risks to our State and, as such, merit your attention and consideration of solutions.

Respectfully submitted,



Nicholas A. Toumpas  
Commissioner

Enclosure

cc: Her Excellency, Governor Margaret Wood Hassan  
The Honorable Neal M. Kurk, Chairman, House Finance Committee  
The Honorable Chuck W. Morse, President, NH State Senate  
The Honorable Shawn Jasper, Speaker, NH House of Representatives  
Michael W. Kane, Legislative Budget Assistant

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The Honorable Joseph D. Kenney	The Honorable Christopher C. Pappas	

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The Honorable Richard Barry	The Honorable Peter Leishman	The Honorable Peter Spanos
The Honorable Thomas Buco	The Honorable Dan McGuire	The Honorable Timothy Twombly
The Honorable Frank Byron	The Honorable Betsy McKinney	The Honorable Karen Umberger
The Honorable David Danielson	The Honorable Sharon Nordgren	The Honorable Mary Jane Wallner
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The Honorable J. Tracy Emerick	The Honorable Katherine Rogers	The Honorable Kenneth Weyler
The Honorable Joseph Pitre	The Honorable Cindy Rosenwald	
The Honorable Susan Ford	The Honorable Laurie Sanborn	

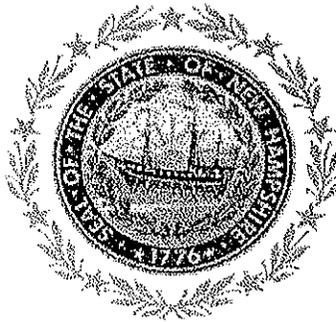
**Senate Finance Committee**

The Honorable Jeanie Forrester	The Honorable Lou D'Allesandro	The Honorable Andrew Hosmer
The Honorable Gerald Little	The Honorable John Reagan	

**Governor's Office**

Pamela M. Walsh, Chief of Staff  
Meredith J. Telus, Budget Director

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**



**OPERATING STATISTICS DASHBOARD**

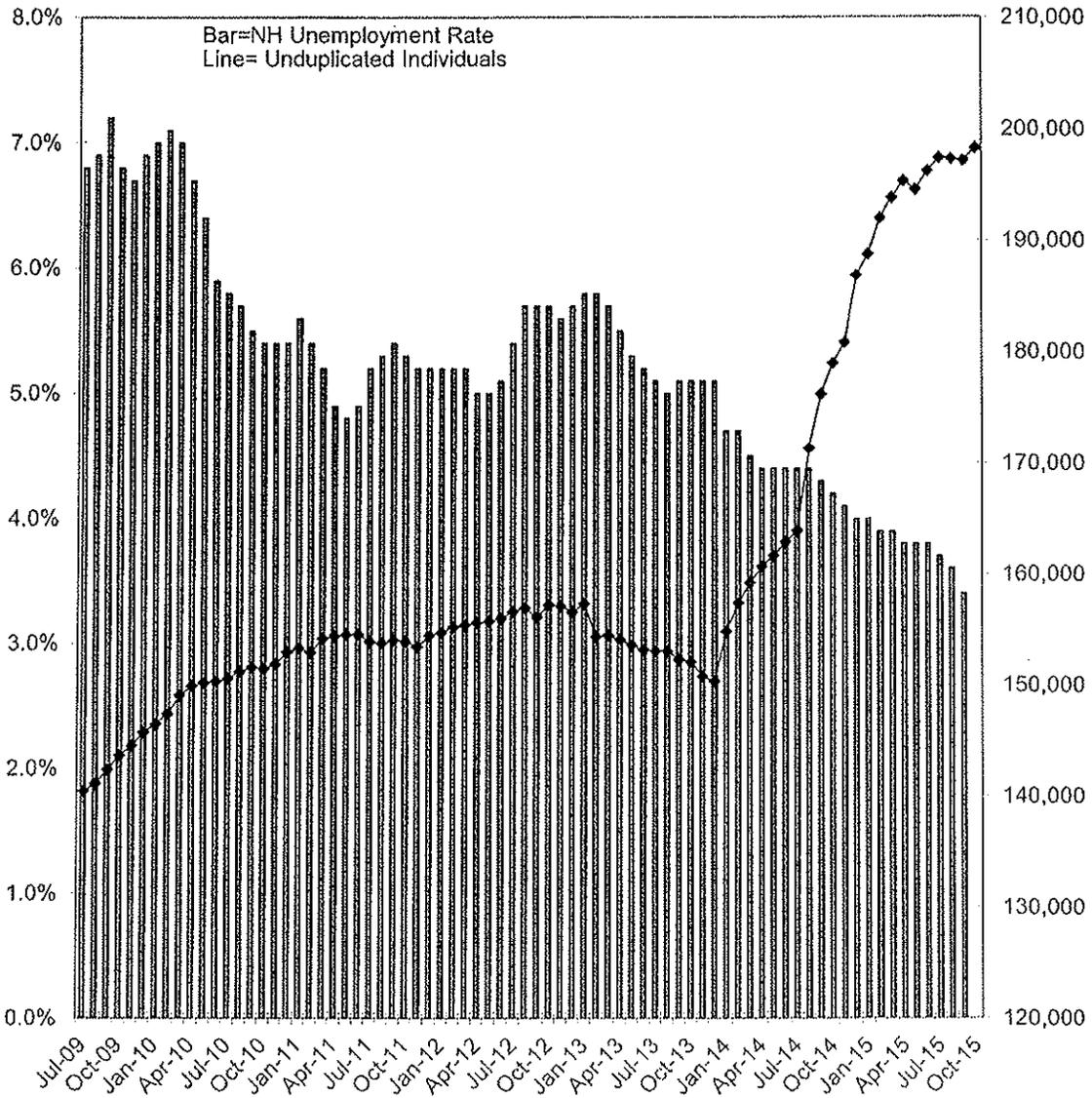
**DATA THROUGH October 2015**

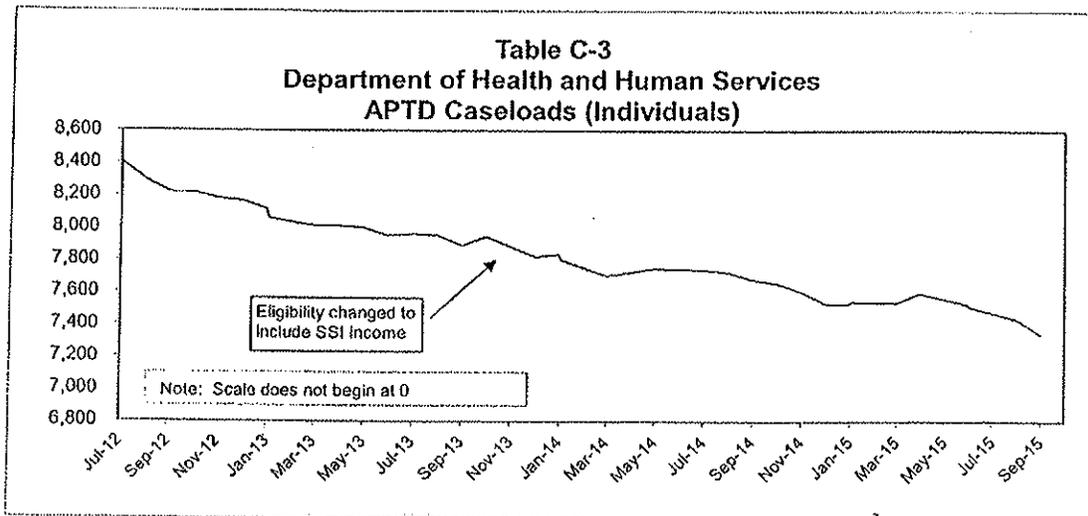
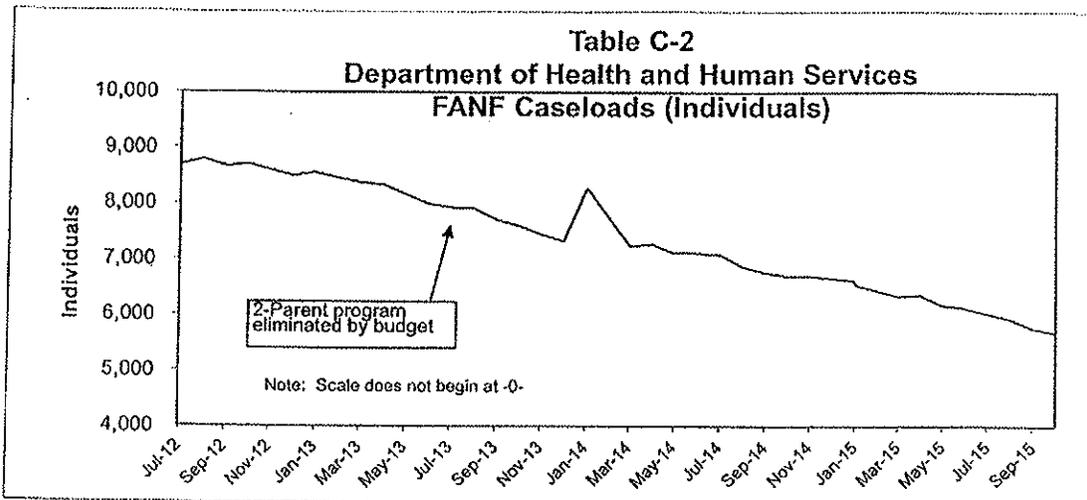
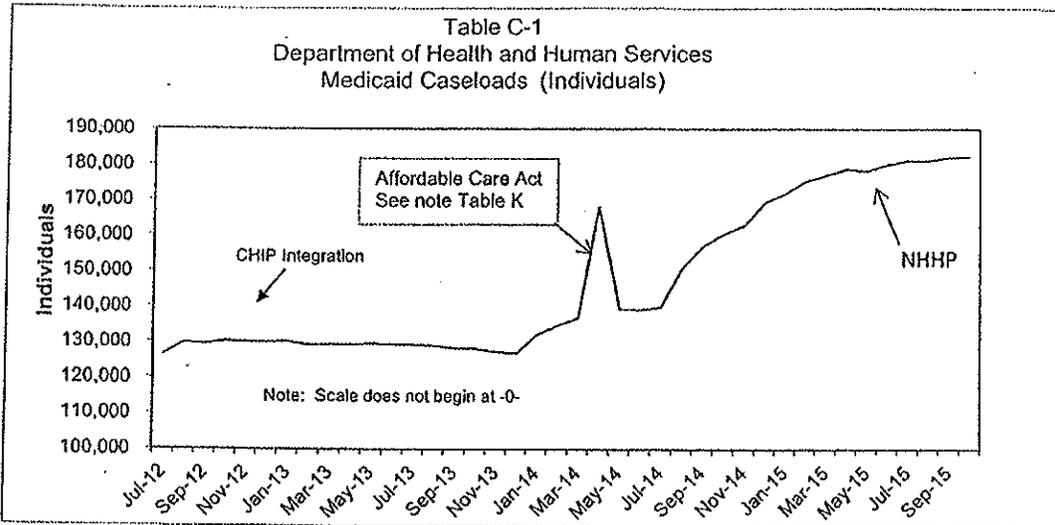
**SFY16**

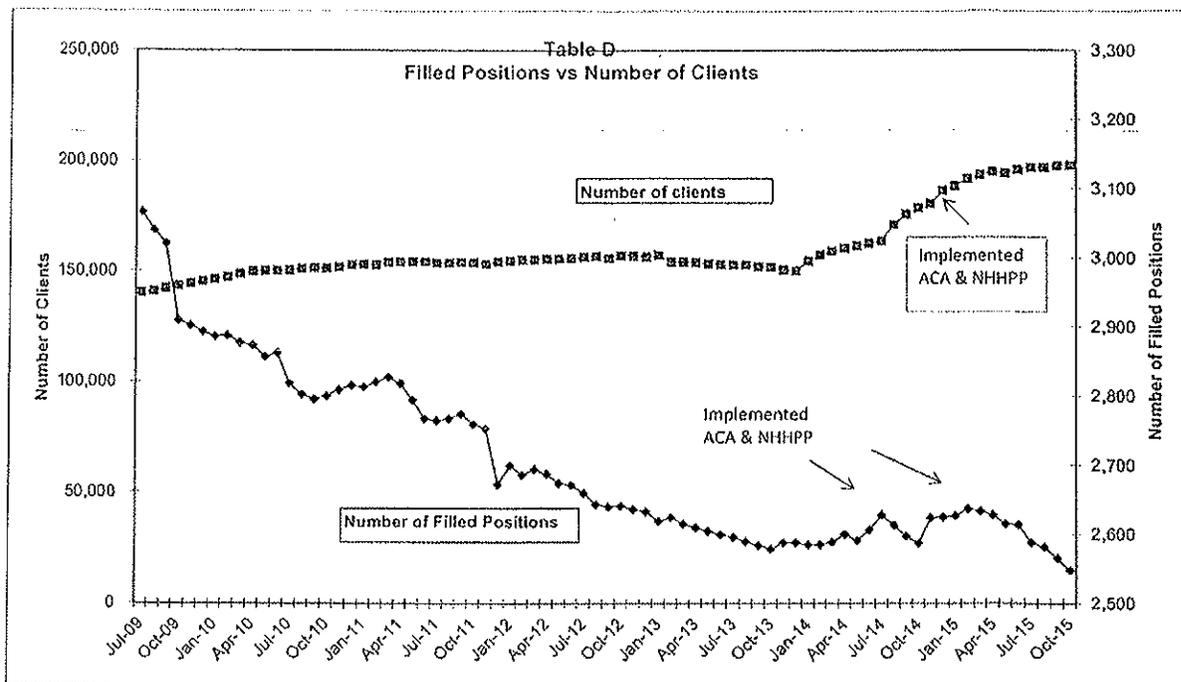
Prepared November 16, 2015



**Table B**  
**Department of Health and Human Services**  
**Caseload vs Unemployment Rate**







	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF	DCYF	Family Foster	Residential	Child Care	Child Care	SYSC
7		Referrals	Assessments	Care	Placement	Emplmnt	Wait List	Secure
8				Placement		Related		Census
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
59	Jul-13	1,124	772	571	315	5,568	0	61
60	Aug-13	1,045	591	570	323	5,517	0	60
61	Sep-13	1,276	544	560	297	5,345	0	56
62	Oct-13	1,276	603	567	305	5,357	0	58
63	Nov-13	1,083	536	565	304	5,350	0	61
64	Dec-13	1,111	649	559	299	5,322	0	61
65	Jan-14	1,260	706	542	290	5,298	0	66
66	Feb-14	962	688	531	309	5,238	0	59
67	Mar-14	1,307	1,016	537	311	5,459	0	62
68	Apr-14	1,324	972	539	313	5,512	0	62
69	May-14	1,370	866	531	317	5,737	0	59
70	Jun-14	1,267	684	535	324	5,694	0	59
71	Jul-14	1,049	890	510	319	5,742	0	52
72	Aug-14	1,273	827	510	254	5,626	0	52
73	Sep-14	1,485	921	501	282	5,543	0	48
74	Oct-14	1,366	790	519	301	5,341	0	47
75	Nov-14	1,090	681	512	308	5,384	0	50
76	Dec-14	1,312	768	544	313	5,438	0	47
77	Jan-15	1,169	587	532	303	5,370	0	41
78	Feb-15	1,079	467	550	301	5,259	0	36
79	Mar-15	1,427	630	554	319	5,494	0	40
80	Apr-15	1,281	874	564	334	5,474	0	42
81	May-15	1,298	858	566	341	5,497	0	43
82	Jun-15	1,314	869	578	348	5,581	0	47
83	Jul-15	1,120	908	564	322	5,651	0	48
84	Aug-15	1,074	743	571	319	5,588	0	51
85	Sep-15	1,298	895	570	304	5,528	0	49
86	Oct-15	1,336	863	591	308	5,192	0	54
87	Nov-15							
88	Dec-15							
89	Jan-16							
90	Feb-16							
91	Mar-16							
92	Apr-16							
93	May-16							
94	Jun-16							
95	YEAR-TO-DATE AVERAGE							
96	SFY11	1,073	660	640	413	4,780	2,516	54
97	SFY12	1,124	732	582	315	5,053	0	61
98	SFY13	1,161	751	612	310	5,130	0	58
99	SFY14	1,180	628	567	310	5,447	0	59
100	SFY15	1,291	857	510	289	5,563	0	50
101	SFY16	1,207	852	574	313	5,490	0	50
102								
103	Source of Data							
104	Column							
105	B	DCYF SFY Management Database Report: Bridges.						
106	C	DCYF Assessment Supervisory Report: Bridges.						
107	D	Bridges placement authorizations during the month, unduplicated.						
108	E	Bridges placement authorizations during the month, unduplicated.						
109	F	Bridges Expenditure Report, NHB-OAR8-128						
110	G	Child Care Wait List Screen: New Heights						
111	H	Bridges Service Day Query - Bed days divided by days in month						

	A	B	C	D	E	F	G	H	I
1	Table F								
2	Department of Health and Human Services								
3	Operating Statistics								
4	Social Services								
5									
6		FANF		Food	Child Support Cases				
7			APTD	Stamps	Current	Former	Never	Total	
8			Persons	Persons	Cases	Cases	Cases	Cases	
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual	
58	Jul-13	7,926	7,962	115,691	4,035	17,724	13,193	34,952	
59	Aug-13	7,922	7,955	115,499	3,866	17,901	13,180	34,947	
60	Sep-13	7,709	7,889	114,725	3,772	17,913	13,183	34,868	
61	Oct-13	7,609	7,945	114,915	3,938	17,797	13,227	34,962	
62	Nov-13	7,449	7,882	113,514	3,793	17,908	13,325	35,026	
63	Dec-13	7,334	7,820	112,908	3,803	17,774	13,331	34,908	
64	Jan-14	7,330	7,834	113,326	3,762	17,783	13,316	34,861	
65	Feb-14	7,353	7,803	112,791	3,767	17,695	13,329	34,791	
66	Mar-14	7,242	7,704	112,511	3,723	17,734	13,361	34,818	
67	Apr-14	7,277	7,727	112,144	3,863	17,593	13,453	34,909	
68	May-14	7,119	7,751	111,362	3,828	17,592	13,518	34,938	
69	Jun-14	7,116	7,745	110,590	3,700	17,766	13,683	35,149	
70	Jul-14	7,085	7,741	109,239	3,672	17,849	13,748	35,269	
71	Aug-14	6,871	7,727	108,767	3,671	17,803	13,741	35,215	
72	Sep-14	6,767	7,679	108,434	3,598	17,831	13,736	35,165	
73	Oct-14	6,705	7,657	108,343	3,702	18,674	13,214	35,590	
74	Nov-14	6,705	7,607	107,214	3,711	18,814	13,347	35,872	
75	Dec-14	6,660	7,532	107,900	3,753	18,868	13,529	36,150	
76	Jan-15	6,622	7,530	107,934	3,917	18,811	13,735	36,463	
77	Feb-15	6,547	7,542	107,224	3,956	18,906	13,981	36,843	
78	Mar-15	6,339	7,538	107,521	3,803	19,202	14,294	37,299	
79	Apr-15	6,366	7,596	107,283	3,842	19,249	14,538	37,629	
80	May-15	6,179	7,561	106,042	3,914	19,180	14,666	37,760	
81	Jun-15	6,138	7,526	106,322	3,820	19,207	14,742	37,769	
82	Jul-15	6,120	7,513	104,705	3,852	19,228	14,937	38,017	
83	Aug-15	5,934	7,438	103,544	3,866	19,211	15,004	38,081	
84	Sep-15	5,764	7,343	102,869	3,685	19,344	15,133	38,162	
85	Oct-15	5,688	7,307	101,917	3,808	19,263	15,257	38,328	
86	Nov-15								
87	Dec-15								
88	Jan-16								
89	Feb-16								
90	Mar-16								
91	Apr-16								
92	May-16								
93	Jun-16								
94	YEAR-TO-DATE AVERAGE								
95	SFY11	13,895	8,642	110,091	5,636	17,244	13,096	35,975	
96	SFY12	11,949	8,891	114,330	5,312	17,171	12,811	35,293	
97	SFY13	8,711	8,284	118,053	4,129	17,695	12,886	34,710	
98	SFY14	7,792	7,938	115,208	3,903	17,834	13,196	34,932	
99	SFY15	6,857	7,701	108,696	3,661	18,039	13,610	35,310	
100	SFY16	5,877	7,400	103,259	3,803	19,262	15,083	38,147	
101									
102	Source of Data								
103	Column								
104	B	Office of Research & Analysis, Caseload Statistics							
105	C	Budget Document							
106	D	Budget Document							
107	E-H	DCSS Caseload (Month End Actual from NECSES)							
108									
109	Note	* Effective 3/1/12, SSI or SSP is considered when determining FANF							
110		eligibility. Those child support cases no longer eligible, are now "Former"							
111		assistance cases.							
112									

	A	B	C	D	E
1	<b>Table G-1</b>				
2	<b>Department of Health and Human Services</b>				
3	<b>Operating Statistics</b>				
4	<b>Clients Served by Community Mental Health Centers</b>				
5					
6	<b>Annual Totals</b>				
7		<b>Adults</b>	<b>Children</b>	<b>Total</b>	
8	<b>FY2012</b>	36,407	13,122	49,529	
9	<b>FY2013</b>	34,819	13,013	47,832	
10	<b>FY2014</b>	35,657	14,202	49,859	
11	<b>FY2015</b>	34,725	10,736	45,461	
12					
13		<b>Adults</b>	<b>Children</b>	<b>Total</b>	
14					
15	Jul-14	14,818	5,179	19,997	
16	Aug-14	14,436	5,132	19,568	
17	Sep-14	14,981	5,382	20,363	
18	Oct-14	15,172	5,651	20,823	
19	Nov-14	14,142	5,591	19,733	
20	Dec-14	14,734	5,775	20,509	
21	Jan-15	14,960	5,257	20,217	
22	Feb-15	14,024	4,757	18,781	
23	Mar-15	15,083	5,044	20,127	
24	Apr-15	14,641	5,073	19,714	
25	May-15	15,467	5,996	21,463	
26	Jun-15	15,935	6,044	21,979	
27	Jul-15	15,467	5,741	21,208	
28	Aug-15	15,213	5,806	21,019	
29	Sep-15	15,232	5,769	21,001	
30	Oct-15				
31	Nov-15				
32	Dec-15				
33	Jan-16				
34	Feb-16				
35	Mar-16				
36	Apr-16				
37	May-16				
38	Jun-16				
39					
40	<b>Notes:</b>				
41	1. Monthly data is a duplicated count.				
42	2. Year-end data is unduplicated.				

	A	B	C	D	E	F	G	H	I	J	K	L	M
2	Department of Health and Human Services												
3	Operating Statistics												
4	Elderly & Adult Long Term Care												
5													
6		Total Nursing Clients		CFI Home Health	CFI Multilevel	Other Nursing	Nursing Home Beds		Pct in NF	APS Clients Assmnts	APS Cases Ongoing	SSBG ARHC Waitlist	Total SSBG IHCS
7		Actual	Budget			Note 1	3 mo. Avg	Budget					
8													
44	Jul-12	7,225	7,578	2,401	444	34	4,380	4,422	60.6%	238	1,096	9	
45	Aug-12	7,448	7,578	2,468	471	39	4,509	4,422	60.5%	251	1,087	5	
46	Sep-12	7,281	7,578	2,454	462	37	4,365	4,422	60.0%	209	1,092	6	518
47	Oct-12	7,293	7,578	2,475	464	35	4,354	4,422	59.7%	243	1,137	1	
48	Nov-12	7,254	7,578	2,478	482	34	4,294	4,422	59.2%	200	1,203	1	
49	Dec-12	7,253	7,578	2,433	484	35	4,336	4,422	59.8%	178	1,186	1	635
50	Jan-13	7,194	7,578	2,421	461	37	4,312	4,422	59.9%	255	1,201	1	
51	Feb-13	7,092	7,578	2,415	443	33	4,234	4,422	59.7%	159	1,202	1	
52	Mar-13	7,052	7,578	2,487	436	38	4,127	4,422	58.5%	220	1,196	1	705
53	Apr-13	6,658	7,578	2,390	238	9	4,030	4,422	60.5%	205	1,228	1	
54	May-13	7,037	7,578	2,511	362	11	4,164	4,422	59.2%	174	1,206	1	
55	Jun-13	7,038	7,578	2,405	421	10	4,212	4,422	59.8%	194	1,224	1	769
56	Jul-13	7,153	7,356	2,452	421	72	4,280	4,380	59.8%	276	1,230	1	
57	Aug-13	7,284	7,356	2,532	439	25	4,313	4,380	59.2%	263	1,225	1	
58	Sep-13	7,145	7,356	2,480	449	20	4,216	4,380	59.0%	264	1,247	1	474
59	Oct-13	7,290	7,356	2,435	459	24	4,306	4,380	60.3%	291	1,255	1	
60	Nov-13	7,264	7,356	2,422	488	38	4,354	4,380	59.9%	224	1,242	6	
61	Dec-13	7,342	7,356	2,417	454	27	4,171	4,380	60.9%	255	1,257	3	573
62	Jan-14	7,285	7,356	2,428	481	27	4,356	4,380	60.0%	319	1,269	3	
63	Feb-14	7,041	7,356	2,372	449	37	4,220	4,380	59.9%	258	1,270	0	
64	Mar-14	7,121	7,356	2,366	455	27	4,300	4,380	60.4%	283	1,266	0	652
65	Apr-14	7,125	7,356	2,317	493	24	4,315	4,380	60.6%	298	1,236	0	
66	May-14	7,439	7,356	2,418	477	24	4,544	4,380	61.1%	312	1,265	0	
67	Jun-14	7,271	7,356	2,356	475	32	4,440	4,380	61.1%	282	1,216	0	675
68	Jul-14	7,337	7,421	2,431	444	44	4,462	4,380	60.8%	363	801	0	0
69	Aug-14	7,094	7,421	2,403	430	44	4,252	4,380	59.9%	276	786	0	1168
70	Sep-14	7,088	7,421	2,428	431	37	4,229	4,380	59.7%	270	794	0	1438
71	Oct-14	7,242	7,421	2,453	492	36	4,297	4,380	59.3%	301	757	0	2177
72	Nov-14	7,160	7,421	2,422	460	36	4,278	4,380	59.7%	212	752	0	1276
73	Dec-14	7,181	7,421	2,431	469	35	4,281	4,380	59.6%	263	764	0	1990
74	Jan-15	6,998	7,421	2,404	469	32	4,123	4,380	58.9%	246	736	0	1845
75	Feb-15	7,026	7,421	2,400	472	32	4,154	4,380	59.1%	221	739	0	1589
76	Mar-15	7,109	7,421	2,432	448	32	4,229	4,380	59.5%	278	716	0	1802
77	Apr-15	7,230	7,421	2,422	484	30	4,324	4,380	59.8%	244	723	0	1958
78	May-15	7,170	7,421	2,428	464	29	4,278	4,380	59.7%	210	716	0	1838
79	Jun-15	7,109	7,421	2,404	479	32	4,226	4,380	59.4%	294	726	0	1410
80	Jul-15	7,045	7,232	2,409	463	33	4,173	4,325	60.2%	316	738	0	1410
81	Aug-15	6,949	7,232	2,339	453	35	4,157	4,325	59.8%	301	750	0	1762
82	Sep-15	7,042	7,232	2,335	481	40	4,226	4,325	60.0%	320	756	0	1645
83	Oct-15	7,056	7,232	2,302	502	35	4,252	4,325	60.3%	332	756	0	1320
84	Nov-15												
85	Dec-15												
86	Jan-16												
87	Feb-16												
88	Mar-16												
89	Apr-16												
90	May-16												
91	Jun-16												
92	YEAR-TO-DATE AVERAGE												
93	SFY11	7,192	7,740	2,519	381	34	4,292	4,063	59.7%	232	1,106	3	506
94	SFY12	7,141	7,515	2,404	447	33	4,290	4,400	60.1%	229	1,088	2	532
95	SFY13	7,312	7,578	2,450	460	36	4,402	4,422	60.2%	235	1,103	5	518
96	SFY14	7,218	7,356	2,475	442	35	4,301	4,380	59.6%	274	1,239	1	474
97	SFY15	7,190	7,421	2,429	452	40	4,310	4,380	59.9%	303	785	0	1,196
98	SFY16	7,023	7,232	2,346	475	36	4,202	4,325	59.8%	317	750	0	1,534
99													
100	Note 1: These clients are also captured under OMBP Provider Payments												
101	Note 2: CFI Home Health = CFI Home Support and Home Health Care Waiver Services												
102	Note 3: In preparation for 2016, Converted IHCS to monthly paid basis												
103													
104	Source of Data												
105	Columns												
106													
107	D-F	MDSS monthly client counts											
108	G	3 month Avg of the number of paid bed days in the month/days in prior month by the number of days in the previous month, MDSS											
109													
110	J	Options Monthly Protective Reports											
111	K	Options Monthly Activity Report											
112	L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator											
113	M	Quarterly Options Paid Claims from Business Systems Unit Manager											

	A	B	C	D	E	F	G	H	I	
1	2									
2	Developmental Services Long Term Care									
3										
4		BDS Programs served FYTD**	BDS Programs FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist		
5					(8-09 to 8-12 Actual)	(8-09 to 8-12 Actual)	Actual*	Actual*		
53	Jul-13	8,995	6,364	1,865	1,646	985	373	15		
54	Aug-13	10,041	7,291	2,074	1,755	995	186	5		
55	Sep-13	10,978	8,160	2,381	1,813	1,005	103	6		
56	Oct-13	11,573	8,648	2,618	1,903	1,022	108	10		
57	Nov-13	12,129	9,122	2,978	1,963	1,044	116	12		
58	Dec-13	12,764	9,658	3,231	2,047	1,059	51	16		
59	Jan-14	13,265	10,043	3,404	2,142	1,080	40	14		
60	Feb-14	13,712	10,409	3,640	2,208	1,095	59	16		
61	Mar-14	14,174	10,730	3,863	2,325	1,119	69	18		
62	Apr-14	14,702	11,093	4,112	2,464	1,145	81	17		
63	May-14	15,144	11,488	4,383	2,508	1,148	10	0		
64	Jun-14	15,525	11,742	4,577	2,614	1,169	79	19		
65	Jul-14	9,996	7,049	1,810	1,979	968	86	0		
66	Aug-14	10,721	7,697	2,152	2,040	984	95	0		
67	Sep-14	11,675	8,467	2,545	2,212	996	120	3		
68	Oct-14	12,567	9,127	2,785	2,421	1,019	139	2		
69	Nov-14	13,078	9,567	3,010	2,476	1,035	132	3		
70	Dec-14	13,538	9,880	3,187	2,618	1,040	152	3		
71	Jan-15	14,027	10,286	3,406	2,708	1,033	98	6		
72	Feb-15	14,424	10,600	3,613	2,778	1,046	115	4		
73	Mar-15	14,837	10,893	3,837	2,876	1,068	97	5		
74	Apr-15	15,389	11,313	4,172	2,995	1,081	114	8		
75	May-15	15,787	11,604	4,384	3,102	1,081	138	8		
76	Jun-15	16,229	11,919	4,624	3,210	1,100	101	8		
77	Jul-15	9,683	6,663	2,099	2,088	932	186	8		
78	Aug-15	11,567	8,421	2,597	2,199	947	195	17		
79	Sep-15	12,228	8,964	2,816	2,298	966	186	0		
80	Oct-15	12,859	9,503	3,095	2,372	984	196	0		
81	Nov-15									
82	Dec-15									
83	Jan-16									
84	Feb-16									
85	Mar-16									
86	Apr-16									
87	May-16									
88	Jun-16									
89	YEAR-TO-DATE AVERAGE									
90	SFY11	10,713	7,860	2,034	1,710	1,144	21	0		
91	SFY12	11,056	8,110	2,261	1,813	1,133	43	8		
92	SFY13	10,692	7,894	2,216	1,779	1,019	142	0		
93	SFY14	10,397	7,616	2,235	1,779	1,002	193	9		
94	SFY15	11,240	8,085	2,323	2,163	992	110	1		
95	SFY16	11,584	8,388	2,652	2,239	957	191	6		
96										
97	Data Sources:	NHLeads:	NHLeads:	NHLeads:	SMSdb	PIHdb	Registry	Registry		
98										
99	*G & *H Represent the number of individuals waiting at least 90-days for DD or ABD									
100	Waiver funding.									
101	** BDS count excludes MTS Students served									
102	E & F	Represents year-to-date total number served								

	A	B	C	D	E	F	G	H	I	J
1	Table 1									
2	Department of Health and Human Services									
3	Operating Statistics									
4	Shelters & Institutions									
5										
6		NHH					BHHS			Glenciff
7		APS & APC Census	APS & APC Admissions	Waiting List Adult	Waiting List Adolescent	THS Census	All Shelters		% of	GH Census
8		Actual	Actual	Actual	Actual	Actual	Capacity	Actual	Capacity	Actual
9										
46	Jul-12	145	161			n/a				118
47	Aug-12	149	193			n/a				118
48	Sep-12	151	162			n/a				119
49	Oct-12	150	178			n/a				119
50	Nov-12	150	161			n/a				117
51	Dec-12	150	125			n/a				117
52	Jan-13	161	173			n/a				117
53	Feb-13	164	135			n/a				118
54	Mar-13	155	149			n/a				119
55	Apr-13	152	173			n/a				119
56	May-13	148	187			n/a				118
57	Jun-13	155	175			n/a				119
58	Jul-13	155	187			n/a				117
59	Aug-13	161	164			n/a				116
60	Sep-13	163	165			n/a				115
61	Oct-13	161	184			n/a				116
62	Nov-13	164	149			n/a				119
63	Dec-13	151	144			n/a				118
64	Jan-14	160	190			n/a				118
65	Feb-14	161	165			n/a				116
66	Mar-14	160	181			n/a				118
67	Apr-14	163	193			n/a				118
68	May-14	164	184			n/a				116
69	Jun-14	162	164			n/a				114
70	Jul-14	141	153	23	1	n/a	13,826	11,737	85%	116
71	Aug-14	135	142	30	1	n/a	13,826	12,121	88%	117
72	Sep-14	145	173	33	5	n/a	13,380	11,625	87%	118
73	Oct-14	146	181	29	4	n/a	13,826	12,783	92%	116
74	Nov-14	150	166	27	6	n/a	13,380	12,064	90%	117
75	Dec-14	149	180	15	4	n/a	15,004	14,056	94%	118
76	Jan-15	150	159	22	3	n/a	15,748	15,016	95%	118
77	Feb-15	152	160	18	4	n/a	14,224	13,940	98%	116
78	Mar-15	156	171	16	8	n/a	15,748	14,996	95%	113
79	Apr-15	153	165	10	8	n/a	13,380	11,990	90%	115
80	May-15	150	170	14	7	n/a	13,826	11,598	84%	117
81	Jun-15	150	180	14	5	n/a	13,380	10,630	81%	114
82	Jul-15	148	169	13	1	n/a	14,694	11,628	79%	112
83	Aug-15	150	152	20	1	n/a	14,694	12,229	83%	115
84	Sep-15	151	162	17	5	n/a	14,220	11,861	83%	116
85	Oct-15	146	154	19	6	n/a	14,694	12,452	85%	116
86	Nov-15									
87	Dec-15									
88	Jan-16									
89	Feb-16									
90	Mar-16									
91	Apr-16									
92	May-16									
93	Jun-16									
94	YEAR-TO-DATE AVERAGE									
95	SFY11	146	185			42	10,877	8,167	75%	112
96	SFY12	138	199			41	10,855	9,865	91%	115
97	SFY13	149	174							119
98	SFY14	160	175							116
99	SFY15	142	162	29	3		13,715	12,067	88%	117
100	SFY16	149	159	17	3		14,576	12,043		115
101										
102	Source of Data									
103	Column									
104	B	Daily in-house midnight census averaged per month*								
105	C	Daily census report of admissions totalled per month								
106	D	Daily Average wait list for adults								
107	E	Daily average wait list for adolescents								
108	F	Daily Average census in Transitional Housing (privatized 12/2011)								
109	G	Total number of individual bednights available in emergency shelters								
110	H	Total number of individual bednights utilized in emergency shelters								
111	J	Percentage of individual bednights utilized during month								
112	J	Daily in-house midnight census averaged per month								
113										
114		* July 2014 average Census no longer reflects Pts on Leave								

A		B	E	H	K	N	Q	S	T	U	V	W	X	Y	
Table J															
Medicaid Medical Caseloads (Persons)															
Enrollment as of	12/30/13	3/31/14	6/30/14	9/30/14	12/31/14	3/31/2015	5/31/2015	6/30/2015	7/31/2015	8/31/2015	9/30/2015	10/31/2015	11/30/2015	12/31/2015	
1															
2															
3															
4															
5															
6	1. Low-Income Children (Age 0-18)	82,129	88,064	88,961	89,702	90,618	90,249	89,400	89,849	90,104	89,934	90,345	90,197		
7	2. Children With Severe Disabilities (Age 0-18)	1,604	1,680	1,670	1,619	1,622	1,631	1,628	1,623	1,613	1,623	1,613	1,602		
8	3. Foster Care & Adoption Subsidy (Age 0-25)	1,948	2,003	2,004	2,048	2,085	2,173	2,192	2,166	2,160	2,139	2,152	2,163		
9	4. Low-Income Parents (Age 19-64)	10,324	12,955	13,976	13,287	13,212	13,585	13,568	13,677	13,869	13,581	14,272	14,179		
10	5. Low-Income Pregnant Women (Age 19+)	2,275	3,051	3,246	2,846	2,602	2,532	2,412	2,432	2,430	2,356	2,297	2,290		
11	6. Adults With Disabilities (Age 19-64)	19,997	19,961	20,222	19,830	19,540	19,627	19,730	19,727	19,629	19,543	19,413	19,346		
12	7. Elderly & Elderly With Disabilities (Age 65+)	8,828	8,779	8,622	8,771	8,714	8,545	8,594	8,606	8,644	8,650	8,652	8,714		
13	8. BCCP (Age 19-64)	205	200	204	194	189	177	177	172	168	167	164	154		
14	9. Sub-Total	127,310	136,693	139,105	138,297	138,582	138,529	137,692	138,252	138,617	137,993	138,908	138,645		
15	10. NH Health Protection Program (Age 19-64)			18,617	18,617	30,711	38,402	40,456	41,657	42,579	43,126	43,107	43,577		
16	11. Total By Category	127,310	136,693	139,105	156,914	169,293	176,931	178,148	179,909	181,196	181,119	182,015	182,222		
17	12. Reconciling Differences (Detail to Summary)	(405)	122	0	0	1	2	0	0	0	0	0	0		
18	13. Reported On Summary	126,905	136,815	139,105	156,913	169,294	176,933	178,148	179,909	181,196	181,119	182,015	182,222		
19															
20															
21															
22															
23	Enrollment as of	01/01/14	04/01/14	07/01/14	10/01/14	1/1/2015	4/1/2015	6/1/2015	7/1/2015	8/1/2015	9/1/2015	10/1/2015	11/1/2015		
24	Enrolled in Care Management	108,206	116,299	120,915	133,716	145,763	155,873	158,636	161,224	162,128	162,654	163,779	163,411		
25	Enrolled in Fee-For-Service	25,186	17,708	15,549	22,090	22,067	20,197	18,067	17,594	17,219	17,098	17,191	17,117		
26	Total	133,392	134,007	136,464	155,806	167,830	176,070	176,703	178,818	179,347	179,752	180,970	180,528		
27		(6,082)	2,666	2,641	1,706	1,463	861	1,445	1,091	1,849	1,367	1,045	1,654		
28	<p>ENROLLMENT IN MEDICAID CARE MANAGEMENT</p> <p>Figures by category versus figures by coverage are taken from two points in time. Medicaid Care Management is first of the month and the some people drop off during the month and go into Fee-For-Service. FFS is end of the month and builds during the month to include the spend down clients excluded from MCM. The early data points are switched because the MCM data includes retroactive FFS enrollment for those</p>														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Table K																			
Department of Health and Human Services																			
Caseloads Versus Prior Year & Prior Month																			
	Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANF Persons			APTD Persons			SNAP Persons			
	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	
58	Jul-13	153,075	-2.3%	-0.1%	129,258	-0.2%	0.1%	7,153	-1.0%	1.8%	7,928	-3.8%	-1.0%	7,982	-5.3%	0.1%	115,691	-1.6%	-0.3%
59	Aug-13	153,065	-2.5%	0.0%	129,063	-0.7%	0.1%	7,284	-2.2%	1.8%	7,922	-9.9%	-0.1%	7,955	-4.1%	-0.1%	115,499	0.5%	-0.2%
70	Sep-13	152,338	-2.4%	-0.5%	128,364	-0.9%	-0.5%	7,145	-1.9%	-1.9%	7,709	-11.0%	-2.7%	7,889	-4.0%	-0.8%	114,725	-2.4%	-0.7%
71	Oct-13	152,132	-3.3%	-0.1%	128,276	-1.6%	-0.1%	7,290	0.0%	2.0%	7,609	-12.6%	-1.3%	7,945	-3.3%	0.7%	114,915	-3.5%	0.2%
72	Nov-13	150,798	-4.1%	-0.9%	127,358	-2.1%	-0.7%	7,264	0.1%	-0.4%	7,449	-13.4%	-2.1%	7,892	-3.7%	-0.8%	113,514	-4.6%	-1.2%
73	Dec-13	150,372	-4.0%	-0.3%	126,905	-2.4%	-0.4%	7,342	1.2%	1.1%	7,334	-13.6%	-1.5%	7,820	-4.2%	-0.8%	112,908	-5.0%	-0.5%
74	Jan-14	154,862	-1.6%	3.0%	132,034	1.4%	4.0%	7,265	1.0%	-1.0%	7,330	-14.4%	-0.1%	7,834	-3.5%	0.2%	113,326	-5.7%	0.4%
75	Feb-14	157,397	2.0%	1.6%	134,728	4.3%	2.0%	7,041	-0.7%	-3.1%	7,353	-13.9%	0.3%	7,803	-3.2%	-0.4%	112,791	-4.1%	-0.5%
76	Mar-14	159,213	3.0%	1.2%	135,815	5.7%	1.5%	7,121	1.0%	1.1%	7,242	-13.6%	-1.5%	7,704	-3.8%	-1.3%	112,511	-4.2%	-0.2%
77	Apr-14	160,682	4.2%	0.9%	133,157	6.8%	1.0%	7,439	5.7%	4.4%	7,119	-12.9%	-2.2%	7,727	-3.5%	0.3%	112,144	-4.3%	-0.3%
78	May-14	161,647	5.2%	0.6%	135,562	6.9%	0.3%	7,271	3.3%	4.4%	7,116	-11.1%	0.0%	7,745	-2.6%	-0.1%	111,362	-6.7%	-0.7%
79	Jun-14	162,897	6.3%	0.8%	135,105	7.5%	0.4%	7,271	3.3%	-2.3%	7,116	-11.1%	0.0%	7,745	-2.6%	-0.1%	110,590	-4.7%	-0.7%
80	Jul-14	163,903	7.1%	0.6%	139,881	8.2%	0.6%	7,337	2.6%	0.9%	7,095	-10.6%	-0.4%	7,741	-2.8%	-0.1%	109,239	-5.6%	-1.2%
81	Aug-14	171,328	11.9%	4.5%	150,820	16.9%	7.8%	7,094	-2.6%	-3.3%	6,871	-13.3%	-3.0%	7,727	-2.9%	-0.2%	108,767	-5.8%	-0.4%
82	Sep-14	176,192	15.7%	2.8%	153,913	22.2%	4.0%	7,068	-0.9%	-0.1%	6,767	-12.2%	-1.5%	7,679	-2.7%	-0.6%	108,434	-5.5%	-0.3%
83	Oct-14	178,952	17.6%	1.6%	160,334	25.0%	2.2%	7,242	-0.1%	2.2%	6,705	-11.9%	-0.9%	7,657	-3.5%	-0.3%	108,343	-5.7%	-0.1%
84	Nov-14	180,798	19.9%	1.0%	162,848	27.9%	1.8%	7,160	-1.4%	0.3%	6,660	-10.0%	0.0%	7,607	-3.5%	-0.7%	107,214	-5.5%	-1.0%
85	Dec-14	186,837	24.2%	3.3%	169,294	33.4%	4.0%	7,181	-2.2%	0.3%	6,660	-9.2%	-0.7%	7,532	-3.7%	-1.0%	107,900	-4.4%	0.6%
86	Jan-15	188,750	21.9%	1.0%	171,732	30.1%	1.4%	6,996	-3.7%	-2.6%	6,622	-9.7%	-0.6%	7,530	-3.9%	0.0%	107,934	-4.8%	0.0%
87	Feb-15	192,098	22.0%	1.7%	175,266	30.1%	2.1%	7,025	-0.2%	0.4%	6,547	-11.0%	-1.1%	7,542	-3.3%	0.2%	107,224	-4.9%	-0.7%
88	Mar-15	193,829	21.7%	0.9%	175,933	29.3%	1.0%	7,109	-0.2%	1.2%	6,339	-12.5%	-3.2%	7,538	-2.2%	-0.1%	107,521	-4.4%	0.3%
89	Apr-15	195,333	21.6%	0.8%	173,752	29.4%	1.0%	7,230	1.5%	1.7%	6,366	-12.5%	-3.2%	7,536	-1.7%	0.8%	107,283	-4.3%	-0.2%
90	May-15	194,555	20.4%	-0.4%	173,143	28.6%	-0.3%	7,170	-3.6%	-0.8%	6,179	-13.2%	-2.9%	7,561	-2.5%	-0.5%	106,042	-4.8%	-1.2%
91	Jun-15	196,212	20.5%	0.9%	173,910	29.5%	1.0%	7,109	-2.2%	-0.9%	6,138	-13.7%	-0.7%	7,528	-2.8%	-0.5%	105,322	-4.8%	-0.7%
92	Jul-15	197,379	20.4%	0.6%	181,192	29.5%	0.7%	7,045	-4.0%	-0.9%	6,120	-13.6%	-0.3%	7,513	-2.9%	-0.2%	104,705	-4.2%	-0.6%
93	Aug-15	197,305	15.2%	0.0%	181,115	20.1%	0.0%	6,949	-2.0%	-1.4%	5,934	-13.6%	-3.0%	7,438	-3.7%	-1.0%	103,544	-4.8%	-1.1%
94	Sep-15	198,157	12.3%	0.4%	182,017	18.0%	0.5%	7,042	-0.6%	1.3%	5,764	-14.8%	-2.9%	7,343	-4.4%	-1.3%	102,869	-5.1%	-0.7%
95	Oct-15	198,265	10.5%	0.1%	182,225	13.7%	0.1%	7,056	-2.6%	0.2%	5,668	-15.2%	-1.3%	7,307	-4.6%	-0.5%	101,917	-5.9%	-0.9%
96	Nov-15																		
97	Dec-15																		
98	Jan-16																		
99	Feb-16																		
100	Mar-16																		
101	Apr-16																		
102	May-16																		
103	Jun-16																		
104	Jul-16																		
105	SFY10	141,311			114,251			7,368			13,548			7,937			89,293		
106	SFY11	153,928	8.9%		113,786	4.8%		7,171	-2.7%		12,013	-11.3%		8,933	12.5%		114,204	27.9%	
107	SFY12	151,442	-1.6%		113,941	-0.7%		7,162	-0.1%		13,887	15.6%		8,650	-3.2%		110,411	-3.3%	
108	SFY13	156,582	3.4%		123,666	n/a		7,318	2.2%		8,713	-37.3%		8,306	-4.0%		116,703	5.7%	
109	SFY14	152,828	-2.4%		123,894	-0.6%		7,194	-1.7%		7,952	-9.9%		7,935	-4.5%		115,305	-1.2%	
110	SFY15	170,474	11.5%		149,295	15.8%		7,173	-0.3%		6,908	-12.0%		7,716	-2.8%		108,813	-5.6%	
111	SFY16	197,614	15.9%		181,441	21.6%		7,012	-2.2%		5,939	-14.0%		7,431	-3.7%		103,706	-4.7%	
112																			
ANNUAL YEAR-TO-DATE AVERAGES																			

**COMMUNITY MENTAL HEALTH AGREEMENT**

DESCRIPTION		PURPOSE		
For adults with Severe Mental Illness (SMI), establish and enhance community-based programs, including: mobile crisis services; supported employment; Assertive Community Treatment (ACT); supported housing; peer and family support; transition planning; and quality assurance of programs.		To meet the terms of the Community Mental Health Agreement (CMHA) to provide immediate and long-term support to individuals with SMI to reduce the institutionalization and risk of institutionalization of adults with SMI.		
STATUS				
<ul style="list-style-type: none"> <li>• Significant progress made toward objectives of the CMHA including: (a) Established DHHS Behavioral Health Central Team to facilitate transitions from NH Hospital and the Glenclyff Home to community-based settings; (b) Formalized guidance for ACT team composition and criteria, (c) Formalized NH Hospital policy for referrals to ACT for conditional discharges, (d) Drafted a rule for the Bridge Subsidy Housing Program; and (e) Updated standard data measures and reporting processes.</li> <li>• First Mobile Crisis Team established by Riverbend in Concord.</li> <li>• Work on Quality Service Review process continues, in coordination with Expert Reviewer and Plaintiffs.</li> <li>• Continue to work with the Community Mental Health Centers and community partners to address milestones that are not yet met, including (a) Supported employment penetration rate of individuals with SMI; (b) Capacity of ACT teams, and (c) Transitions of individuals from Glenclyff Home.</li> </ul>				
TOP ISSUES (I) & RISKS (R)		RECENT & UPCOMING MILESTONES		DATE
1	(I) Effort to satisfy expert reviewer's June 2015 report concerns	Mobile Crisis capacity in Concord area		6/30/15
		Increase supported housing units to 340		6/30/15
2	(R) Capacity of the Community Mental Health Centers (CMHCs) to meet ACT/SE requirements	ACT Teams w/ capacity to serve 1300 individuals by 6/30/15		TBD
		Transition 4 individuals from Glenclyff by 6/30/15		TBD
		Achieve 16.1% SMI penetration rate of SMI eligible by 6/30/15		TBD
		ACT Teams w/ capacity to serve 1500 individuals		6/30/16
		Achieve 18.1% Supported Employment penetration rate of SMI eligible		6/30/16
		Mobile Crisis capacity in Manchester area		6/30/16

**MEDICAID CARE MANAGEMENT STEP 2**

DESCRIPTION		PURPOSE		
<p>A phased approach to transition additional populations and services into care management:</p> <ol style="list-style-type: none"> <li>1. Populations that can no longer opt out [Mandatory]</li> <li>2. Choices for Independence waiver services</li> <li>3. Nursing Facilities and DCYF Medicaid services</li> <li>4. Waiver services for development disabilities, acquired brain disorder and in-home supports</li> </ol>		To achieve Medicaid health care reform that is whole person-centered with the goal to improve beneficiary health, reimburse providers based upon outcomes, support continuity of care, ensure access to primary care and prevention, promote shared decision making, improve budget predictability, comply with federal and state law, and realize savings		
STATUS				
<ul style="list-style-type: none"> <li>• 60-Day enrollment period began November 1. Over 2,000 newly mandatory have self-selected a MCO health plan as of Nov 23.</li> <li>• DHHS staff working to ensure smooth transition for clients with complex needs through test shopper and coverage calls to MCOs and to prove MCOs are fully prepared for this new population, including warm transfer to vendors for transportation, pharmacy and durable medical equipment.</li> <li>• Implemented additional readiness activities to perform random records reviews at MCOs for complex cases</li> <li>• Guardianship / Authorized Representative protocols strengthened to reduce risk of uninvited contact</li> <li>• Software system changes in place to support enrollment and on schedule for February 1 health coverage milestone</li> </ul>				
TOP ISSUES (I) & RISKS (R)		RECENT & UPCOMING MILESTONES		DATE
1	(R) Over 5,600 clients with authorized rep, power of attorney or guardian will require providers and health plans to carefully follow strengthened protocols	1915(b) Waiver Approved By CMS		09/17/15
		MCM Admin Rules Approved by JLCAR		10/15/15
		Client Enrollment Packet Mailed		10/30/15
2	(R) High Touch transition process required for clients with complex needs. Special care needed to ensure "warm hand-off" and sensitivity to individual history and needs	Enrollment Begins		10/30/15
		Auto-Assignment Begins		01/04/16
		Go No-Go Decision for Feb 1 Coverage		01/04/16
		Medical Services Coverage Begins		02/01/16

**NHHPP – PREMIUM ASSISTANCE PROGRAM (PAP)**

DESCRIPTION		PURPOSE
As required by SB413 and effective Jan – Dec 2016, the PAP provides health insurance coverage to eligible (ages 19 - 65, income < 138% FPL, not pregnant at time of eligibility determination, not entitled to Medicare or in any other mandatory Medicaid eligibility group) and excluding expansion adults enrolled through the HIPP or identified as medically frail.		The purchase qualified health plans (QHP's) certified to be sold on the Marketplace for PAP enrollees and assure that all Medicaid benefits and cost-sharing protections are met.
STATUS		
<ul style="list-style-type: none"> <li>Five carriers certified to sell QHPs in 2016: Ambetter, Anthem, Community Health Options, Harvard Pilgrim Health Care, Minuteman Health</li> <li>Enrollment period has begun. Over 450 have self-selected as of Nov 6</li> <li>Completed auto-enrollment of NH Healthy Families Plan members to QHP Ambetter</li> <li>Ongoing integration of client service activities with NHID, DHHS and carriers to establish protocols for referrals and to monitor and address issues</li> <li>MOUs in place with each Qualified Health Plan</li> <li>Implemented training &amp; education plan for individuals, families, providers and other stakeholders</li> </ul>		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Monitoring call volumes through Call Center to ensure clients get what they need w/c of open enrollment of all of Medicaid	<i>1115 Demonstration Waiver for PAP Approved</i>	<i>03/04/15</i>
	<i>Enrollment Letters Mailed to ~35,000 Recipients</i>	<i>09/25/15</i>
2 Monitor to ensure what enrollees hearing from carriers aligns with approach documents	<i>Auto-assignment to Ambetter (NHHP)</i>	<i>11/2/15</i>
	<i>Reduction of Ben Notice to NHHPP enrollees going PAP</i>	<i>11/23/15</i>
	<i>Premium Assistance Enrollment Begins</i>	<i>11/01/15</i>
	<i>Medicaid Recipients =&lt;138% FPL Begin Coverage</i>	<i>01/01/16</i>

**1115 TRANSFORMATION WAIVER**

DESCRIPTION	PURPOSE
New Hampshire has submitted an application to the Centers for Medicare and Medicaid Services to access new federal funding to help transform its behavioral health delivery system to (1) deliver integrated physical and behavioral health care that better addresses the full range of individuals' needs, (2) expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting, and (3) reduce gaps in care during transitions across care settings by improving coordination across providers and linking patients with community supports.	The waiver is a critical component of New Hampshire's broader delivery system and Medicaid reform agenda. It has been designed to build upon and strengthen a number of other initiatives underway in New Hampshire, including the expansion of Medicaid to newly eligible adults; the recent move to comprehensive Medicaid managed care (which includes both physical and behavioral health benefits); the State's Health Improvement Plan; the recently awarded State Innovation Model Planning Grant; the Governor's proposal to extend SUD services to the whole Medicaid population in SFY 2017; and the State's initiative to reorganize the Department of Health and Human Service around a "whole person" approach to providing services. In this larger context, the particular role of the 1115 transformation waiver is to help New Hampshire's health care providers and community partners transition to a new way of providing care for people with behavioral health issues. By providing funding to support delivery system transformation—rather than to cover the costs of specific services rendered by providers—the waiver will encourage and enable health care providers and community partners within a region to form relationships focused on transforming care.
STATUS	
<ul style="list-style-type: none"> <li>The waiver application remains pending with CMS. The state and CMS are presently negotiating the terms and conditions of the waiver. The Department hopes that work on the waiver will be finalized by early next January.</li> <li>MOUs are in place with each Qualified Health Plan</li> <li>Implemented training &amp; education plan for individuals, families, providers and other stakeholders</li> </ul>	

**BALANCING INCENTIVE PROGRAM (BIP)**

DESCRIPTION	PURPOSE	
<p>DHHS in partnership with community organizations throughout the state, proposes to leverage the BIP to enhance and expand access to community-based long term care supports and services provided to individuals with behavioral health, physical and/or intellectual disabilities to:</p> <ul style="list-style-type: none"> <li>increase the percentage of expenditures for long term supports and services (LTSS) that are provided in community settings to be 50% or greater than the expenditures for facility-based LTSS;</li> <li>Implement federally required infrastructure changes</li> <li>Enhance access to Medicaid long term community supports and services</li> </ul>	<p>To create a single entry process which improves access to community long term supports and services by creating a standardized process where individuals receive the same information regardless of where they enter the system. States must implement three structural changes to qualify for these funds including:</p> <ol style="list-style-type: none"> <li>1 A No Wrong Door/Single Entry Process: State Governance, Public Outreach &amp; Coordination w/ Key Referral Sources, Person Centered Counseling, Streamlined Medicaid eligibility determination and enrollment</li> <li>2 Core Standardized Assessment</li> <li>3 Conflict Free Case Management.</li> </ol> <p>These required goals are being achieved incrementally beginning June 2012 and through September 2015, followed by enhancements through September 2017.</p>	
STATUS		
<ul style="list-style-type: none"> <li>Developed Consolidated Event Schedule for Military Outreach &amp; Education Project</li> <li>All required infrastructure deliverables are complete with ongoing enhancements exceeding federal requirements</li> </ul>		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
(R) Timely contracting and implementation of the Cisco Call Center enterprise system	<i>Required federal infrastructure changes complete</i>	<i>09/30/15</i>
	<i>Automated MEA</i>	<i>12/30/15</i>
(R) Continued community involvement of the standardized and streamlined process.	<i>Automated CFI application and operation</i>	<i>12/30/15</i>
	<i>Outreach and Education Campaign</i>	<i>11/30/15</i>
(I) State leadership and collaboration. Support of the Governor, implementation and ongoing oversight of the system, and a designated lead agency which continues to lead the overall NWD initiative.	<i>Military, Service, Veterans and Family Initiatives</i>	<i>09/17/15</i>
	<i>Step 2 Managed Care Training</i>	<i>July/Oct 15</i>
	<i>Online Learning Modules</i>	<i>Sept, Oct, Nov</i>

**SUNUNU YOUTH SERVICES CENTER (SYSC)**

DESCRIPTION	PURPOSE	
<p>Implement actions to reduce operational costs under reduced SYSC budget levels for FY 2016 and 2017, while maintaining core services and standards of care. Explore option to add Psychiatric Residential Treatment Facility (PRTF) to SYSC to serve additional youth and leverage Medicaid/other financial support of services.</p>	<p>Meet the needs for secure residential treatment services for youth with serious behavioral health issues (e.g., mental health, substance abuse) in NH within broader state-wide system of comprehensive, community-based care; reduce general fund expenditures; and continue to serve detained and adjudicated delinquent youth.</p>	
STATUS		
<ul style="list-style-type: none"> <li>DHHS submitted its Plan, required by the Legislative Fiscal Committee, to respond to the requested SYSC budget reduction for FY 16/17. The Plan calls for conversion of ½ of the SYSC facility to a Psychiatric Residential Treatment Facility (PRTF) able to serve additional youth. Fiscal Committee presentation Dec 18, 2015.</li> <li>The Legislative Work Group on Transformational Alternatives for SYSC issued its report Oct 26, 2015. It called for offering the SYSC facility to private providers to offer substance abuse and mental health services for youth while converting another state building to house detained and adjudicated delinquent youth.</li> </ul>		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Delay in clear direction from the Legislature on preferred future for SYSC.	<i>CMS visit to SYSC Facility</i>	<i>9/29/15</i>
	<i>USDOJ Approval for Use of SYSC as PRTF</i>	<i>10/13/15</i>
2 (R) Requires approval for PRTF at SYSC by Center for Medicaid/Medicare Services.	<i>DHHS Submitted Plan to Reduce Costs at SYSC</i>	<i>11/1/15</i>
	<i>DHHS Presents to Fiscal Committee</i>	<i>12/18/15</i>
3 (R) Inability to sustain current level of services at SYSC under reduced budget.	<i>CMS Approval to use ½ of SYSC as Medicaid-eligible PRTF</i>	<i>TBD</i>
	<i>Accreditation of SYSC as PRTF -</i>	<i>TBD</i>

**STATE INNOVATION MODEL**

DESCRIPTION	PURPOSE	
Governor-sponsored CMS-funded project engaging a broad array of stakeholders through several workgroups and a Governor’s Advisory Board to develop a State Health Innovation Plan to improve the efficiency and effectiveness of health care delivery and improve local population health in New Hampshire.	The Innovation Plan will further define and identify steps to establish Regional Healthcare Extension Centers and develop the infrastructure for value-based health services reimbursement. The Centers will support health care delivery system reform, improved health information exchange and care coordination, and local whole-person health improvement initiatives.	
STATUS		
<ul style="list-style-type: none"> <li>DHHS Contractor is very ably supporting 5 topical workgroups and a Governor Advisory Board (GAB), each of which is meeting in-person monthly and engaging in conference calls, webinars, and other activities to provide specific recommendations within planned timeframe.</li> <li>Efforts are underway to solicit broader stakeholder input and ensure good cross-communication among the various topical workgroups and the GAB in formulating a comprehensive innovation plan.</li> </ul>		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Short timeframe for senior DHHS staff input and review to complete deliverables.	Kick-off Stakeholder-Driven Planning Process	9/17/15
2 (R) Need broad stakeholder support for innovations.	Submit Quarterly Progress Report to CMS	11/30/15
3 (R) Require CMS approval of revised budget, and Fiscal Committee approval of transfer of funds (12/18), for purchase of communication and other equipment to facilitate on-going stakeholder engagement and Plan implementation.	Submit Population Health Plan to CMS	TBD
	Complete Topical Workgroup Input to Plan	12/30/15
	Complete Broader Stakeholder Outreach	1/20/16
	Present Draft Innovation Plan to GAB	1/26/16
	Submit Final State Health Innovation Plan to CMS	1/31/16
	Final Project Report to CMS	4/30/16

**SUBSTANCE USE DISORDER (SUD) BENEFIT FOR STANDARD MEDICAID**

DESCRIPTION	PURPOSE	
HB2 Chapter 276:231 requires the commissioner of the department of health and human services to submit a state plan amendment (SPA) to the Centers of Medicare and Medicaid (CMS) to provide substance use disorder services to Title XIX and Title XXI beneficiaries. The commissioner shall design the benefit consistent with Substance Abuse and Mental Health Service Administration (SAMHSA) treatment guidelines. The commissioner shall also determine the process and timeline for implementing services and, if necessary, phase in the benefit.	To implement the already defined SUD Benefit array offered to the NH Health Protection Program population to the Standard Medicaid population. The benefits include a continuum of SUD services to meet the range of needs from misuse, addiction and withdrawal.	
STATUS		
<ul style="list-style-type: none"> <li>DHHS Strategic SUD team has been identified</li> <li>Kick off meeting 11/16/15</li> <li>Meeting schedule finalized</li> </ul>		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (I)Limited SUD provider Network	Kick off meeting	11/16/15
2 (R) As a result of a limited provider network, recipients may not be able to access services in a timely manner.	SUD Rules and SPA changes	TBD
	Communication plan for providers and clients developed	TBD
	Systems changes identified and implemented	TBD
	Identify gaps in provider network	Ongoing
	Stakeholder involvement	TBD

**FOOD PROTECTION - RESPONSE TO 2015 LEGISLATIVE BUDGET ASSISTANT PERFORMANCE AUDIT**

DESCRIPTION	PURPOSE
The Division of Public Health Services (DPHS) Food Protection Section (FPS) underwent a performance audit by the NH Legislative Budget Assistant (LBA) over a 6 month period. Approximately 150 recommendations within 29 Observation categories were provided. The full report is available on the LBA website: <a href="http://www.gencourt.state.nh.us/LBA/AuditReports/">http://www.gencourt.state.nh.us/LBA/AuditReports/</a>	The purpose of the audit was to determine how efficient and effective the Food Protection Section was in preventing foodborne illness during State fiscal years 2013 and 2014.

STATUS
<ul style="list-style-type: none"> <li>• A detailed tracking document created to log completion of steps and tasks that address audit findings</li> <li>• Approach to address audit findings includes engaging DHHS Oversight subcommittee to review current RSAs that are unclear, not aligned with DPHS rule/practice or not able to be implemented due to lack of program staff reductions and lack of capacity.</li> <li>• Will develop list of recommended changes from Oversight subcommittee and file legislation in the SFY 17 session, followed by changes to rule and program practice.</li> <li>• A second area of focus is on internal management practices which are being addressed either immediately or on a planned sequence track as time allows.</li> <li>• The third major component of response to address the audit recommendations for practice improvement involves use of a more integrated data system that can track selected metrics for oversight and quality improvement. The FPS is completing the configuration of the new system working with a contracted vendor and expects to begin using this system to track and manage metrics in early 2016.</li> </ul>

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (I) Realistic alignment of law with FPS/state capacity	Mtg w/ Rep. F. Kotowski, Chair HHS Oversight	10/27/15
2 (R) Could end with more work but not more capacity.	HHS Oversight meeting to finalize stand up	11/13/15
3 (I) Setting program performance metrics	Met with DHHS Facilities Licensing and DES - discuss food inspections	9/15, 11/15
4 (R) New IT system delays	Contract with CHI for strategic planning in process	10/15
5 (I) Risk-based inspection matrix developed (R) only 1/3 of FDA recommended frequency due to staffing	Completed revisions to 13 of 15 SJDs	10/15
6 Oversight over self-inspecting towns	Delegation of Authority letter signed	10/15
7 (I) Re-activate vacant position to improve capacity for inspections and oversight.	New Food Protection System Launched	02/29/16
	MOA updated for one town – use as a model for others when due.	10/15