

DEVELOPMENTALLY DISABLED

Department of Health and Human Services

**Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
House Finance Discussion Document**



Prepared February 28, 2011

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Governor's Adjustments to Agency Budget Request (Maintenance & Change)

	A	B	C	D	E	F	G	H	I	J
43	DEVELOPMENTALLY DISABLED									
44	Bud	Org	Div	Initiative	12 Reductions		SFY 13 Reductions			
45	Ref	Code			General	Total		General	Total	
46	1114	7100	BDS	Right Size DDAA Networks				\$900	\$1,800	
47										
48	1114	7100	BDS	Eliminate funding for DD Wait List: FY 12 NEW placements; annualized in FY13	\$4,431	\$8,862		\$7,157	\$14,313	
49	1114	7100	BDS	Eliminate funding for DD Wait List: Cost for FY 13 NEW placements	\$0	\$0		\$3,953	\$7,906	
50	1116	7016	BDS	Eliminate funding for ABD Wait List: FY 12 NEW placements; annualized in FY13	\$480	\$961		\$809	\$1,617	
51	1116	7016	BDS	Eliminate funding for ABD Wait List: Cost for FY 13 NEW placements	\$0	\$0		\$495	\$989	
52										
53	N/A		BDS	Medically Frail Kid's Waiver - Program Start up	\$200	\$400		\$200	\$400	
54	1114, 1116, 1117, 1117	7100, 7016, 7110, 7014	BDS	Inflation 3% -- BDS Medicaid orgs: DD, ABD, IHS, & EI	\$3,524	\$7,047		\$7,153	\$14,306	
55	1114, 1116, 1117, 1117	7100, 7016, 7110, 7014	BDS	Remove 53rd Week of Medicaid Payments BDS orgs	\$2,228	\$4,455		\$0	\$0	
56	1117	7110	BDS	IHS Wait List (Change Budget Item)	\$501	\$1,002		\$1,074	\$2,148	
57	1117	7110	BDS	IHS Waitlist		\$0		(\$501)	\$1	
58	1117	7110	BDS	In Home Support Waiver - Current services reductions	\$562	\$1,124		\$435	\$870	
59	1124	5191	BDS	SMS Contract Reductions- 95% of 2011	\$34	\$34		\$34	\$34	
60	1119	7013	BDS	Family Support/Non-Medicaid reductions	\$174	\$174		\$1,107	\$1,107	
61	Delete		BDS	TWIAA Org Dues		(\$1)			(\$1)	
62										
63	1179	5193	DDU	Reduction of DDU Consultants	\$148	\$296		\$179	\$358	
64										
65	999	6174	DFA	Aligning of APTD and SSI	\$3,550	\$3,550		\$3,622	\$3,622	
66	998	6171	DFA	Deem parental income - ANB	\$583	\$583		\$612	\$612	
67	998	6171	DFA	Reduction to State Supp grant when live w/family-ANB	\$13	\$13		\$13	\$13	
68	999	6174	DFA	Reduction to State Supp grant when live w/family-APTD	\$543	\$543		\$543	\$543	
69	998	6171	DFA	Change ANB grant to prospective vs. retrospective	\$41	\$41		\$41	\$41	
70	999	6174	DFA	Change APTD grant to prospective vs. retrospective	\$628	\$628		\$628	\$628	
71										
72										

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093-7100 DEVELOPMENTAL SERVICES

CLIENT PROFILE

Individuals with developmental disabilities who meet NH Medicaid Financial and Medical criteria, RSA 171:A, He-M 503, and ICF/MR (Intermediate Care Facility for the Mentally Retarded) Level of Care.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$169,522	\$193,032	\$212,849	\$226,708	\$194,601	\$190,882
GENERAL FUNDS	\$66,160	\$77,589	\$106,371	\$113,297	\$97,252	\$95,393
CASELOAD	3,964	4,308	4,545	4,755	4,308	4,308
COST PER CASE-TOTAL	\$42,765	\$44,808	\$46,831	\$47,409	\$45,172	\$44,309

SERVICES PROVIDED

The developmental disability waiver serves those individuals who qualify under RSA 171:A and He-M 503, are Medicaid eligible, and meet the ICF/MR level of care. The waiver provides services and supports for the health safety and welfare of eligible individuals.

Personal Care Services/Residential Services: 24-hour supervision and assistance with eating, bathing, dressing, personal hygiene, activities of daily living or other activities essential to the health and welfare.

Day Services: direct assistance and instruction to learn, improve, or maintain safety skills at home and in the community, basic living skills; personal decision-making; and social skills. Day Services are often crucial to allowing the individual's care-giving family to maintain employment.

The DD waiver also provides a number of support services such as Community Support, for those who are building independent living skills; Environmental or Vehicle Modifications, which allow individuals to remain in their home and community; as well as Service Coordination.

IMPACT IF SERVICES LOST

Approximately eighty percent (80%) of those provided services under the DD waiver cannot be safe if left alone. Many of those served by the DD waiver live at home, without waiver services, those families will have to reduce work hours or leave the work force entirely to care for their disabled family member at home.

DEVELOPMENTALLY DISABLED

093-7100 DEVELOPMENTAL SERVICES

CLIENT PROFILE

Individuals with profound developmental disabilities who meet NH Medicaid Financial and Medical criteria, RSA 171:A, He-M 503, and ICF/MR (Intermediate Care Facility for the Mentally Retarded) Level of Care.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$129,593	\$138,557	\$147,635	\$154,998	\$138,558	\$138,559
GENERAL FUNDS	\$64,797	\$69,279	\$73,818	\$77,499	\$69,279	\$69,280
CASELOAD	1,698	1,802	1,908	2,003	1,802	1,803
COST PER CASE-TOTAL	\$76,321	\$76,891	\$77,377	\$77,377	\$76,891	\$76,849

SERVICES PROVIDED

Personal Care Services/Residential Services

Those individuals within the Developmental Services system with the most profound needs receive Personal Care/Residential Services. Personal Care Services typically involves 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living or other activities essential to the health and welfare; those who receive Personal Care Services, also often receive Day Services as an integral part of their overall supports and supervision. This level of service is provided to individuals with medical, behavioral and/or psychiatric needs and without such supports would pose a high-risk to their own safety.

IMPACT IF SERVICES LOST

Individuals receiving Personal Care Services under the DD waiver are the most vulnerable of the DD population. Any reduction in these services would likely result in an increase in requests for Nursing Facility Services.

DEVELOPMENTALLY DISABLED

093-7016 ACQUIRED BRAIN DISORDER SERVICES

CLIENT PROFILE

Individuals with an acquired brain disorder sustained after the age of 22 who are eligible for NH Medicaid, RSA 137-K:3, He-M 522, and meet the Skilled Nursing Facility Level of Care.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$17,435	\$21,522	\$24,518	\$26,479	\$22,455	\$22,399
GENERAL FUNDS	\$6,750	\$8,379	\$12,424	\$13,407	\$11,393	\$11,369
CASELOAD	190	220	235	250	220	220
COST PER CASE-TOTAL	\$ 91,766	\$ 97,826	\$104,333	\$105,915	\$ 102,068	\$ 102,068

SERVICES PROVIDED

The Acquired Brain Disorder Waiver (ABD) serves those individuals who qualify under RSA 137-K and He-M 522 who are Medicaid eligible and require the level of care provided in a Skilled Nursing Facility. The waiver provides services and supports for the health safety and welfare of eligible individuals.

Personal Care Services/Residential Services: 24-hour supervision and assistance with eating, bathing, dressing, personal hygiene, activities of daily living or other activities essential to the health and welfare.

Day Services: direct assistance and instruction to learn, improve, or maintain safety skills at home and in the community, basic living skills; personal decision-making; and social skills. Day Services are often crucial to allowing the individual's care-giving family to maintain employment.

The ABD waiver also provides a number of support services such as Community Support, for those who are building independent living skills; Environmental or Vehicle Modifications, which allow individuals to remain in their home and community; as well as Service Coordination.

IMPACT IF SERVICES LOST

Most, if not all, would require nursing facility care at the Skilled Nursing Facility level.

DEVELOPMENTALLY DISABLED

093-7110 CHILDREN (IHS)

CLIENT PROFILE

Children with severe medical and or behavioral disabilities who are eligible under NH Medicaid, RSA 171:A, He-M 524, and ICR/MR (Intermediate Care Facility for the Mentally Retarded) Level of Care.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$5,270	\$6,394	\$6,709	\$7,784	\$5,269	\$5,524
GENERAL FUNDS	\$2,159	\$2,583	\$3,353	\$3,891	\$2,633	\$2,760
CASELOAD	225	271	316	366	224	235
COST PER CASE-TOTAL	\$ 23,422	\$ 23,594	\$ 21,231	\$ 21,268	\$ 23,522	\$ 23,506

SERVICES PROVIDED

In Home Supports – Personal Care Services

The In Home Support (IHS) waiver for Children with Developmental Disabilities provides assistance for children with the most significant medical and behavioral challenges requiring long-term supports and services, who live at home with their families and qualify for services under RSA 171:A, He-M 503, and He-M 524, are Medicaid eligible, and meet the ICF/MR level of care. The goal of the IHS waiver is to provide those services which are necessary to allow the individual to remain at home with his/her care-giving family.

IMPACT IF SERVICES LOST

Lack of adequate In Home Supports Services can cause a working parent to have to leave employment in order to stay at home and care for their disabled child. If IHS Waiver services are ended for these children/families, it is likely that most or all will turn to State Plan LNA Services for the provision of care which will be provided at a higher overall cost to the State. Additionally, unless eligibility is changed under He-M 524, all individuals will remain eligible under current regulations and some individuals/families will appeal this action which results in keeping services at the original level at least until the appeal is heard, resulting in no savings.

DEVELOPMENTALLY DISABLED

093-7014 EARLY INTERVENTION

CLIENT PROFILE

Children, birth through age 2, with developmental delays.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$9,034	\$9,201	\$9,964	\$10,425	\$9,485	\$9,800
GENERAL FUNDS	\$4,517	\$4,363	\$5,419	\$5,658	\$5,179	\$5,345
CASELOAD	3,722	3,835	4,085	4,248	3,865	3,993
COST PER CASE-TOTAL	\$ 2,427	\$ 2,399	\$ 2,439	\$ 2,454	\$ 2,454	\$ 2,454

SERVICES PROVIDED

Services are provided to infants and toddlers (0 – 3) with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development. Services include identification, assessment, evaluation, and on going treatment, typically, speech, occupational, physical therapy as well developmental education.

IMPACT IF SERVICES LOST

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational and social supports, in fact, are likely to need more costly and longer term supports and services.

DEVELOPMENTALLY DISABLED

093-7013 FAMILY SUPPORT SERVICES

CLIENT PROFILE

Individuals and families

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$2,703	\$2,616	\$3,736	\$4,769	\$3,545	\$3,621
GENERAL FUNDS	\$2,703	\$2,616	\$3,736	\$4,769	\$3,545	\$3,621
CASELOAD	1,519	1,470	2,100	2,681	1,993	2,035
COST PER CASE-TOTAL	\$ 1,779	\$ 1,779	\$ 1,779	\$ 1,779	\$ 1,779	\$ 1,779

SERVICES PROVIDED

These services are those that are not covered by Medicaid and assist parents and other family members to remain the primary caregivers for an individual with developmental disabilities or acquired brain disorders.

IMPACT IF SERVICES LOST

A reduction in Family Support funding will have a direct impact on the ability of families to manage the needs of their children and adult children. In some cases, this may result in crises and increased requests for more costly waiver services. This reduction could also negatively impact the ability of parents to maintain their employment and result in increased requests for either community or facility-based placements, including nursing facilities.

DEVELOPMENTALLY DISABLED

093-5191 SPECIAL MEDICAL SERVICES

CLIENT PROFILE

Children, 0 to 21, with complex medical needs and disabilities statewide, eligibility is defined at RSA 132, and He-M 250.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$3,188	\$3,742	\$3,853	\$3,932	\$3,640	\$3,700
GENERAL FUNDS	\$1,807	\$2,025	\$2,676	\$2,730	\$2,517	\$2,554
CASELOAD	2,551	2,555	3,082	3,146	2,912	2,960
COST PER CASE-TOTAL	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250

SERVICES PROVIDED

Special Medical Services provides funding for specialty clinics, information and referral, outreach, clinical consultation, care coordination, family support and education, as well as financial assistance for eligible individuals.

IMPACT IF SERVICES LOST

Would result in a cap for financial assistance for health related needs and would reduce capacity to respond to emerging needs.

DEVELOPMENTALLY DISABLED

093-7852 INFANT - TODDLER PROGRAM PT-C

CLIENT PROFILE

Children, birth through age 2, with developmental delays.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$2,095	\$2,916	\$2,961	\$2,966	\$2,961	\$2,961
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD	3,722	3,835	4,085	4,248	3,865	3,993
COST PER CASE-TOTAL	\$ 563	\$ 760	\$ 725	\$ 698	\$ 766	\$ 742

SERVICES PROVIDED

Services are provided to infants and toddlers (0 – 3) with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development. Services include identification, assessment, evaluation, and on going treatment, typically, speech, occupational, physical therapy as well developmental education.

IMPACT IF SERVICES LOST

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational and social supports, in fact, are likely to need more costly and longer term supports and services.

DEVELOPMENTALLY DISABLED

093-7858 SOCIAL SERVICES BLOCK GRANT DD

CLIENT PROFILE

Families with children with chronic health conditions and individuals with acquired brain disorders.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$1,052	\$1,042	\$1,030	\$1,053	\$1,030	\$1,053
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD	2447	2423	2395	2449	2395	2449
COST PER CASE-TOTAL	\$ 430	\$ 430	\$ 430	\$ 430	\$ 430	\$ 430

SERVICES PROVIDED

Assessment of the family needs and referral to appropriate public and private services available in the community. Service Coordination to organize, facilitate, and document service planning and to negotiate and monitor the provision of services. Respite, which is the provision of short-term care for an individual intended to provide temporary relief and support to the family.

IMPACT IF SERVICES LOST

Individuals and families may seek additional and higher cost state funded services.

DEVELOPMENTALLY DISABLED

093-7172 MEDICAID TO SCHOOLS

CLIENT PROFILE

Children who are NH Medicaid eligible, have an Individualized Educational Plan that includes Medicaid eligible medical, not educational, services.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$24,690	\$23,023	\$23,023	\$23,023	\$23,023	\$23,023
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD	6603	6375	6375	6380	6375	6380
COST PER CASE-TOTAL	\$ 3,739	\$ 3,611	\$ 3,611	\$ 3,609	\$ 3,611	\$ 3,609

SERVICES PROVIDED

This program allows enrolled schools districts, all NH school districts are enrolled Medicaid providers, to collect either half of their cost or half of the established rate, whichever is lower, as reimbursement for medical services provided at or during the school day. Services include speech, occupational, or physical therapy, etc.

IMPACT IF SERVICES LOST

While there would be no impact to State General Funds, as all match for this program is provided by the local school districts, schools, and towns, would experience a significant reduction in revenues.

DEVELOPMENTALLY DISABLED

093-5050 TWWIIA

CLIENT PROFILE

NA

Rounded to \$000

	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$1,661	\$2,406	\$3,198	\$3,196	\$3,198	\$3,196
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD						
COST PER CASE-TOTAL						

SERVICES PROVIDED

This funding is part of a Medicaid Infrastructure Grant (MIG) which serves to improve systems and services that will increase the number of individuals with disabilities of all types who are able to secure and maintain employment. Federal funding of this grant will end as of SFY 13.

DEVELOPMENTALLY DISABLED

045-6171 ANB GRANTS

CLIENT PROFILE

Cash Assistance to residents of any age that are legally blind. Eligibility for this category of assistance depends upon income, resources and living arrangement. Individuals determined eligible for cash assistance are also automatically eligible for Medicaid.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$1,107	\$1,091	\$1,096	\$1,096	\$433	\$404
GENERAL FUNDS	\$1,107	\$1,091	\$1,096	\$1,096	\$433	\$404
CASELOAD	247	231	250	250	173	173
COST PER CASE-TOTAL	\$4,483	\$4,725	\$4,383	\$4,383	\$2,500	\$2,332

SERVICES PROVIDED

Cash Assistance

IMPACT IF SERVICES LOST

Four impacts are potential. 1) The ANB cash program is mandated by the Social Security Act, and elimination would result in 100% loss of all Medicaid federal funding. 2) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 3) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 4) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children

DEVELOPMENTALLY DISABLED

045-6174 APTD GRANTS

CLIENT PROFILE

This category of cash assistance is available to residents between the ages of 18 and 64 who are determined to be physically or mentally disabled to the extent that the individual cannot engage in a substantial gainful activity and is expected to last for a continuous period of not less than 48 months or which is likely to result in death.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$20,788	\$16,897	\$22,456	\$22,906	\$16,804	\$17,285
GENERAL FUNDS	\$20,619	\$16,797	\$22,356	\$22,806	\$16,704	\$17,185
CASELOAD	8,151	7,422	8,976	9,156	8,250	8,462
COST PER CASE-TOTAL	\$2,550	\$2,277	\$2,502	\$2,502	\$2,037	\$2,043

SERVICES PROVIDED

Cash Assistance

IMPACT IF SERVICES LOST

Four impacts are potential:

- 1) The APTD cash program is mandated by the Social Security Act, and elimination would result in 100% loss of all Medicaid federal funding;
- 2) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance;
- 3) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets;
- 4) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children.

DEVELOPMENTALLY DISABLED

095-6147 MEDICAL SERVICES FOR DD

CLIENT PROFILE

The MEAD program is for medically impaired individuals who meet the eligibility criteria for the Aid to Permanently and Totally Disabled (APTD) or the Aid to the Needy Blind (ANB). Allows individual to work and earn income without losing Medicaid eligibility. Other requirements include 18-64 years of age, must be employed, net income cannot exceed 450% of FPL. If the recipient has access to private employer health insurance at no cost, they must enroll in that insurance plan. Many MEAD recipients also have Medicare. As a condition of eligibility for MEAD, recipients shall pay a monthly premium. Premiums are based on the lowest amount in each FPL category times 7.5%. For example, monthly salary in range of \$1,354 - \$1,805 pays \$1,354 X 7.5% = \$102, less any other medical premiums that are paid for, including, self, spouse, and children. Current caseload 2,400.

Cost Figures Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
MEAD Provider Payments						
TOTAL FUNDS	\$4,495	\$4,995	\$5,262	\$5,810	\$4,864	\$4,945
GENERAL FUNDS	\$2,247	\$2,498	\$2,631	\$2,905	\$2,432	\$2,472
CASELOAD	2,374	2,416	2,508	2,580	2,452	2,476
COST PER CASE-TOTAL	\$1,893	\$2,068	\$2,098	\$2,252	\$1,984	\$1,997
MEAD Pharmacy						
TOTAL FUNDS	\$1,499	\$1,778	\$1,646	\$1,736	\$1,631	\$1,721
GENERAL FUNDS	\$750	\$889	\$823	\$868	\$815	\$860
CASELOAD	2,374	2,416	2,508	2,580	2,452	2,476
COST PER CASE-TOTAL	\$632	\$736	\$656	\$673	\$665	\$695

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	1,766	OUTPATIENT HOSPITAL GENERAL
Fed	1,995	PHYSICIANS SERVICES
Fed	245	INPATIENT HOSPITAL GENERAL
Fed	815	OTHER FED MANDATE
State	16	PERSONAL CARE
Opt	1,231	DISPENSE PRESCRIBED DRUGS
Opt	539	MEDICAL SUPPLIES AND DME
Opt	870	OTHER OPTIONAL
	2,374	SFY 2010 Unique Count of Patients in Group

DEVELOPMENTALLY DISABLED

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services provided. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, outpatient hospital services, and drugs. Medicaid optional benefits can be eliminated for this eligibility group however DHHS does not recommend elimination of pharmacy benefit.

DEVELOPMENTALLY DISABLED

CLIENT PROFILE

Adults enrolled in Medicaid through the Aid to the Permanently and Totally Disabled (APTD) Physical Category. Current caseload 8,500

Cost Figures Rounded to \$000

APTD Physical Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$50,810	\$56,658	\$60,246	\$66,749	\$55,371	\$56,151
GENERAL FUNDS	\$25,405	\$28,329	\$30,123	\$33,374	\$27,685	\$28,075
CASELOAD	8,461	8,609	8,938	9,195	8,738	8,826
COST PER CASE-TOTAL FUNDS (Not Rounded)	\$6,005	\$6,581	\$6,740	\$7,259	\$6,337	\$6,362
APTD Physical Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$18,440	\$21,871	\$20,248	\$21,353	\$20,058	\$21,164
GENERAL FUNDS	\$9,220	\$10,936	\$10,124	\$10,677	\$10,029	\$10,582
CASELOAD	8,461	8,609	8,938	9,195	8,738	8,826
COST PER CASE-TOTAL FUNDS (Not Rounded)	\$2,179	\$2,540	\$2,265	\$2,322	\$2,295	\$2,398

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	6,757	OUTPATIENT HOSPITAL GENERAL
Fed	1,947	INPATIENT HOSPITAL GENERAL
Fed	7,396	PHYSICIANS SERVICES
Fed	677	HOME HEALTH SERVICES
Fed	2,654	OTHER FED MANDATE
Fed	1,535	FQHC AND RHC
State	50	PERSONAL CARE
State	3	OTHER STATE MANDATE
Opt	2,631	MEDICAL SUPPLIES AND DME
Opt	3,715	OTHER OPTIONAL
Opt	26	PRIVATE DUTY NURSING
Opt	5,733	DISPENSE PRESCRIBED DRUGS
	8,461	SFY 2010 Unique Count of Patients in Group

DEVELOPMENTALLY DISABLED

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services provided. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, outpatient hospital services, and drugs. Medicaid optional benefits can be eliminated for this eligibility group however DHHS does not recommend elimination of pharmacy benefit.