

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES



POTENTIAL HOUSE DIVISION III BUDGET REDUCTION OPTIONS
MARCH 9, 2011

This document is prepared as a reference document for the budget reduction options presented to House Finance, Division III on March 8, 2011.

The Department of Health and Human Services was requested to present to House Finance, Division III various options to reduce the general fund demand for state fiscal years ending June 30, 2012 and 2013, (SFY12-SFY13), by up to \$200 million per year below the adjusted authorized budget for SFY11. The budget reduction options have been submitted in response to the request. The options identified should not be considered recommendations of the Department, the Governor's office, or House Finance, Division III. Savings estimates are based on information available on the date the options were created.

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	A	C	D	E	F	G	H	
1	Department of Health and Human Services							
2	Budget Reduction Options As Requested by House Finance, Division III							
3	Prepared March 9, 2011							
4	Div	Gov Bud	Org	Narr.	Initiative	Genl Funds \$000		
5		Page				SFY12	SFY13	
6								
7	Medicaid Medical Services All Clients							
8	OMBP	1145	7136	7	DSH: Eliminate Uncompensated Care Fund	\$80,285	\$86,708	
9	OMBP	Unres. Revenue		9	DSH: Increase MET rate to 6.0%	\$8,969	\$9,686	
10	OMBP	Unres. Revenue		11	Adjustment in Drug Rebate-Unrestricted Revenue	\$4,690	\$5,506	
11								
12	Children & Families							
13								
14	DCYF	965	6148	12	Eliminate TANF funding for Child Care	\$5,168	\$5,117	
15	DCYF	961	5855	13	Eliminate Adoption Subsidies for new families	\$288	\$672	
16	DCYF	961	5855	14	Decrease Adoption Subsidies to General Foster Care Rates	\$809	\$708	
17	DCYF	963	6040	15	Eliminate general funds for Domestic Violence Program	\$303	\$303	
18	DCYF	967	5694	17	Eliminate general funds for Head Start Collaborative	\$297	\$297	
19	DJJS	961	5855	18	Eliminate funding for CHINS	\$3,648	\$3,596	
20								
21	DFA	1000	6176	20	Eliminate the Unemployed Parent Program	\$1,756	\$1,762	
22	DFA	1000	6176	22	Source of funds change-Interim Disabled Parent (IDP) program	\$4,747	\$4,762	
23	DFA	997	6146	23	Source of funds change-Families With Older Children (FWOC)	\$293	\$299	
24	DFA	996	6146	24	Source of funds change-TANF Cash Assistance	\$5,158	\$5,725	
25	DFA	995	6127	25	Eliminate general funds-Job Access Reverse Commute Contracts	\$0	\$0	
26	DFA	995	6127	25	Eliminate funds for Limited English Proficient Job Readiness	\$80	\$81	
27	DFA	995	6127	25	Remove funding for Transportation Options Contract	\$234	\$225	
28	DFA	996	6146	26	Remove funding for Emergency Assistance	\$0	\$0	
29	DFA	996	6146	27	Remove TANF funding for Family Planning& Home Visiting	\$0	\$0	
30	DFA	Var		28	2% Reduction in general funds funding of TANF Administration	\$0	\$0	
31	DFA	995	6127	29	Eliminate funding-Employment and Training Services (ETS) for Unemployed Parents	\$500	\$500	
32	DFA	965	6127	30	Reduce TANF funding for Child Care	\$0	\$0	
33	DFA	961	5855	31	TANF Reduction to DCYF/DJJS Child & Family Services (Auth. Under Prior Law)	\$0	\$0	
34								
35								
36	DPHS	1064	5530	32	Eliminate general funding for family planning	\$821	\$691	
37	DPHS	1057	5190	34	Eliminate general funding for Child Health Services	\$75	\$75	
38	DPHS	1056	5190	36	Reduction in CHC, including Child Health Services	\$175	\$175	
39	BHHS	1185	7177	38	Eliminate all State funded Homeless Prevention Activities	\$783	\$783	
40	DCSS	1174	6133	39	Reduce funding for State Disbursement Unit	\$74	\$223	
41	DCSS	1172-4	6128	40	Reduce NECSES improvements	\$255	\$255	
42	DCSS	1172	6128	41	Reduce overtime, travel, training	\$16	\$16	
43								

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6							
44	Developmentally Disabled						
45							
46	BDS	1114	7100	42	Eliminate all Family Support Services Medicaid	\$4,372	\$4,305
47	BDS	1119	7014	42	Eliminate all Family Support Services Non-Medicaid	\$3,545	\$3,620
48	BDS	1114	7100	43	Eliminate all Non-Waiver Targeted Case Management	\$1,911	\$1,881
49	BDS	1114	7100	44	Eliminate Independent Living Supports (CSS)	\$2,546	\$2,507
50	BDS	1114	7100	45	Reduce Waiver Day Services by 44%	\$7,552	\$7,821
51							
52	Elderly						
53	BEAS	1021	5944	46	MQIP: Increase tax rate to 6.0%	\$767	\$782
54	BEAS	1021	5944	48	Reduction in MQIP payments to nursing facilities (25% to 50%)	\$9,205	\$9,388
55	BEAS	1013	9010	50	Eliminate Senior Companion Volunteer Activity	\$32	\$33
56	BEAS	1014	8918	52	Eliminate N. H. Foster Grandparents Program	\$53	\$52
57	BEAS	1014	8919	54	Eliminate Retired Senior Volunteer Program	\$73	\$73
58	BEAS	1016	9565	56	Eliminate State Funding of Service Link Program	\$641	\$641
59	BEAS	1015	8943	59	Eliminate Alzheimer's Disease & Related Disorders & Caregiver Program	\$321	\$321
60	BEAS	1015	8915	60	Eliminate Congregate Housing Supports	\$737	\$737
61							
62	Mental Health & Substance Abuse						
63	BBH	1106	7010	61	Cap Caseloads at Current Level	\$1,611	\$2,200
64	BBH	1106	7010	62	Reduce Number of Adults Eligible for Services	\$6,766	\$6,699
65	BBH	1106	7010	63	Reduce Number of Children Eligible for Services	\$5,881	\$5,818
66	NHH	1132	8750	64	Stop all voluntary admissions	\$340	\$342
67	NHH	1132	8750	66	Restrict admissions to 5 days per week, 8 hours per day	\$458	\$467
68	BDAS	1187	1388	68	New Hampshire Alliance of Drug & Alcohol Councilors Statewide conference		\$40
69	BDAS	1187	1388	68	Regional Networks Direct Services	\$718	\$718
70	BDAS	1187	1388	68	Referral Education Assistance & Prevention (REAP) program	\$63	\$63
71	BDAS	1187	1388	68	Website	\$21	\$21
72	BDAS	1187	1388	68	Infrastructure Support	\$50	\$50
73	BDAS	1187	1388	68	Treatment Services Contracts	\$641	\$620
74							
75	Wellness & Prevention						
76	DPHS	1070	5171	70	Decrease funding for emergency preparedness	\$350	\$350
77	DPHS	1073	5174	72	Eliminate Mosquito control fund	\$180	\$180
78	DPHS	1060	5608	74	Eliminate general funds for tobacco prevention/quit line	\$125	\$125
79	DPHS	1071	2227	75	Eliminate general funds for STD prevention	\$344	\$344
80	DPHS	1083	5230	77	Reduction in Public health lab services	\$150	\$150
81	DPHS	1059	5260	79	Eliminate funding for farmers market	\$10	\$10
82	DPHS	1036	2217	80	Reduction in Loan Repayment allocation	\$50	\$50
83	OOS	1158	5682	81	Increase Community Residence Licensing Revenue	\$112	\$224
84	OOS	1155	5143	82	Increase Child Care Licensing Revenue	\$245	\$490
85	OOS	1156	5146	83	Increase Health Facility Licensing Revenue	\$265	\$525
86							

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87	Budget Corrections						
88							
89	BBH	12			Reclass \$71K of contracts from 5945 to 7011 & 7012	\$0	\$0
90	BBH	13			Add EDI Grant \$99K in SFY12	\$0	\$0
91	BBH	14			Add TTI Grant \$221K in SFY12	\$0	\$0
92	BDAS	3			New federal grant-\$2,864K F12, \$2,989K F13	\$0	\$0
93	DCSS	20			Correct Fee revenue	\$218	\$218
94	DCYF	2			Correct contract savings -regional contracting savings.	(\$324)	(\$657)
95	DCYF	1			Correction to caseload reduction adjustment	(\$1,521)	(\$1,620)
96	DCYF, D	21			Consolidate District Offices		\$648
97	DPHS	5			Water Analysis Lab Source of funds adjustment	(\$354)	(\$372)
98	DPHS	7			ARRA federal grant-CD Self Mgt \$101K F12	\$0	\$0
99	DPHS	8			ARRA federal grant-Stimulus Health Mgt \$277K F12	\$0	\$0
100	DPHS	9			ARRA federal grant-Immunization \$17K F12	\$0	\$0
101	DPHS	10			Add Epidemiology & Lab Capacity ACA Grant F12, \$379K F13	\$532K	\$0
102	DPHS	4			Add Tobacco Prevention &Control Program Media Grant ACA \$57K F12, \$57K F13	\$0	\$0
103	DPHS	15			Source of funds change 3056 from "other" to "federal"	\$0	\$0
104	DPHS	16			Source of funds change 5230 from "other" to "general"	(\$45)	(\$45)
105	DPHS	17			Reduce appropriation and federal funds 5316 \$14K per year		
106	GH				Weekend pay for org 5720		(\$11)
107	OIS	11			Source of funds change HIE (federal to other)	\$0	\$0
108	OII	UUU			SI Enhanced Recoveries-FRED Cost Avoidance	\$216	\$216
109	OII	UUU			SURS Enhanced Recoveries-RAC Recovery	\$200	\$200
110	OII	UUU			TPL Enhanced Recoveries-Medicare Recovery	\$136	\$275
111							
112	BBH	6			Transitional Housing closing 12/31/11. Budget assumed 6/30/11 There were no savings budgeted for this project.	\$0	\$0
113	BBH	18			BBH Nashua \$750K general funds		(\$750)
114	BDAS	19			State Epidemiolglcal Outcomes Workgroup \$200K per year "Other funds"	\$0	\$0
115	DFA, DCYF				2% projected savings in field operations staff to be achieved on an attrition basis.	\$744	\$754
116	DJJS				SYSC positions for the proposed Shelter Care and Transition Programs	(\$744)	(\$754)
117							
118	DPHS				Retain position 42922 and replace it with 42927 on abolished list	\$0	\$0
119	DJJS				Substitute 11656 on abolished list	\$0	\$0
120	DPHS				Retain position 42130 for water lab		
121	NHH				Positions 15973 should be abolished	\$46	\$46
122	NHH				Substitutes needed for 6 positions on abolished list	\$0	\$0
123	OOS				Retain position 42859 to transfer to State Fire Marshall	\$0	\$0
124	DHHS				Transfer of positions to correct organization code	\$0	\$0
125							
126					TOTAL	\$168,131	\$177,961

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6							
129							
130					SFY11 Adjusted Authorized	\$768,843	\$768,843
131					House, Division III Target Reduction	(\$200,000)	(\$200,000)
132					House, Division III Target Budget	\$568,843	\$568,843
133							
134					Governor's Budget	\$736,763	\$744,131
135					Options Listed Above	(\$168,131)	(\$177,961)
136					Adjusted Figure	\$568,632	\$566,170
137							
138					Difference	\$211	\$2,672

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Page Number in Governor's Budget 1,145

Client Services Document & Page: N/A

OMB-P-DSH: Eliminate Uncompensated Care Funding

Brief summary: currently 50% of the Medicaid Enhancement Tax (MET) is deposited to the general fund and 50% is deposited in the uncompensated care fund Account 7136. Using the funds in 7136, DHHS matches the funds with federal matching funds from the DSH Allotment and then makes DSH payments to hospitals.

In the Governor's budget, 50% of MET revenues are deposited to the general fund, 40% are deposited to the Uncompensated Care Account 7136, and 10% are deposited to Medicaid Provider Payments 6147. In this scenario DHHS will utilize the 40% MET revenues in Account 7136 to match with federal DSH funds to make DSH payments to hospitals.

This reduction directs the remaining 40% of the MET Revenue to the General Fund, rather than the uncompensated care fund, eliminating the non-federal match required for Disproportionate Share Hospital (DSH) payments and therefore eliminating the Medicaid Disproportionate Share Hospital (DSH) payments and program. The remaining 10% providing non-federal match to provider payments remains intact.

Authorization(s) Needed

- State Plan Amendment: Exposes State to additional CMS scrutiny.
- Other Federal Authorization (describe)
- Rules
- Legislation: Revision of RSAs 84-A and 167-64.

Estimated Impact to clients, providers, communities

Uncompensated care payments are made to hospitals to provide some compensation for inpatient and outpatient services provided to our State's uninsured. Last year the hospitals provided \$299M of uncompensated care and were reimbursed \$207M leaving \$92M worth of care uncompensated.

Elimination of this funding will have a significant fiscal impact on hospitals in that it will downshift the financial responsibility to the hospitals. Presumably the hospitals will pass some of these costs onto the privately insured through their contracts negotiated with insurance companies thus resulting in a cost shift and increase in commercial health insurance premiums. However, not all hospitals have the capability to shift costs to the commercially insured due to the population that utilizes their services. There is a strong possibility that this reduction could result in a hospital's inability to sustain operations and therefore closure.

Should this budget reduction be included in the House budget, \$80,285 M of federal DSH funds will be lost in SFY 2012 and \$86,708 in SFY 2013. There is no ability to bring these federal funds into the state for any other purpose other than DSH payments. In essence the MET becomes a state tax on the

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hospitals with all proceeds going to the general fund and presumably appropriated to DHHS to reduce the need for general funds, similar to what is contemplated in the Governor's budget.

All hospitals are required to pay the MET (which is overseen by the Department of Revenue Administration), except for those that meet the strict waiver requirements from paying a provider tax as found in federal regulation. There is one hospital (Hampstead) that DHHS has exempted through the waiver process since the initiation of the DSH program. DHHS has submitted an updated waiver calculation to CMS for that hospital as part of the December 2010 DSH State Plan Amendment (SPA).

DHHS has just completed the analysis for the two rehabilitation hospitals and along with the existing exempted hospital, is awaiting written confirmation from CMS that the analysis is compliant with federal regulations. Those waiver requests will be submitted prior to the October 2011 DSH transaction (assuming one occurs).

For any other hospital to be exempted from the MET, that hospital plus Hampstead and the two rehabilitation hospitals must meet the federal criteria in the aggregate to be exempted from the MET. The fiscal impact of those exemptions is that both MET revenues deposited to the general fund and the MET revenues directed to the Uncompensated Care Fund Account 7136 which are then matched with federal dollars will not be received. In response to a question from Division III: DHHS has not conducted an exemption analysis for the North Country (Coos County) hospitals. Any exemptions from the MET will reduce the amount of money available to the general fund as found in this DHHS proposed House reduction.

Assumptions As To Impacts (Financial noted below)

Assumes hospital net patient service revenues grow 8% each year, and the tax rate is unchanged at 5.5%. Assumes all hospitals except the currently exempted hospital (hamstead Hospital) participate in payment of the MET. The below savings is based on projected MET revenues exempting only one hospital.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$80,285	\$86,708	\$80,285	\$86,708
Federal Funds	\$80,285	\$86,708	\$80,285	\$86,708
Other Funds	\$	\$	\$	\$
Total Funds	\$160,570	\$173,416	\$160,570	\$173,416

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**Page Number in Governor's Budget: Exhibit B Medicaid Enhancement Tax
Client Services Document & Page: N/A
OMB-DHS: Increase Medicaid Enhancement Tax to 6.0%**

The DHHS agency budget assumed that consistent with federal law, the Medicaid Enhancement Tax (MET) rate would be increased to 6.0% in September 2011. The Governor's budget assumes the MET rate will remain at 5.5% of hospital net patient services revenue.

This proposal will increase the MET to 6.0% and as a result of that change, additional MET revenue is generated for the general fund. If the Uncompensated Care Fund Account 7136 remains intact, 50% of that additional revenue would be deposited into the uncompensated care fund and matched with federal funds to be used for DSH payments. Should the uncompensated care fund be eliminated as noted in the prior budget reduction initiative, the federal revenue of \$8,969M in SFY 2012 and \$9,686M in SFY 2013 will be lost.

Authorization(s) Needed

- State Plan Amendment: Exposes State to additional CMS scrutiny.
- Other Federal Authorization (describe)
- Rules
- Legislation: Revision of RSAs 84-A and 167-64.

Estimated Impact to clients, providers, communities

Hospitals will bear a greater tax liability in the aggregate amounts noted below. If uncompensated care funding also is eliminated, there will be a compounding fiscal impact on hospitals due to the loss of federal funds from the DSH allotment along with the rate reductions they have experienced in the past two years.

Assumptions As To Impacts

Office of Medicaid Business and Policy

Medicaid Enhancement Tax	SFY 2012	federal	total	SFY 2013	federal	total
	(millions)			(millions)		
MET collected @ 5.5%	\$201.0			\$216.8		
deposited to unrestricted revenue	\$100.5		\$100.5	\$108.4		\$108.4
deposited to OMBP Provider Payments as restricted revenue (20%)	\$20.1	\$20.0	\$40.1	\$21.7	\$22.0	\$43.7
deposited to OCOM uncompensated care fund as restricted revenue (80%)	<u>\$80.4</u>	<u>\$80.4</u>	<u>\$160.8</u>	<u>\$86.7</u>	<u>\$86.7</u>	<u>\$173.4</u>
totals	\$201.0	\$80.4	\$301.4	\$216.8	\$86.7	\$325.5

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Office of Medicaid Business and Policy

Medicaid Enhancement Tax	SFY 2012	federal	total	SFY 2013	federal	total
	(millions)			(millions)		
	SFY 2012	federal	total	SFY 2013	federal	total
	(millions)			(millions)		
MET collected @ 6.0%	\$219.3			\$236.5		
deposited to unrestricted revenue	\$109.6		\$109.6	\$118.3		\$118.3
deposited to OMBP Provider Payments as restricted revenue (20%)	\$21.9	\$20.0	\$41.9	\$23.7	\$22.0	\$45.7
deposited to OCOM uncompensated care fund as restricted revenue (80%)	<u>\$87.7</u>	<u>\$87.7</u>	<u>\$175.4</u>	<u>\$94.6</u>	<u>\$94.6</u>	<u>\$189.2</u>
totals	\$219.3	\$87.7	\$327.0	\$236.5	\$94.6	\$353.1
 Additional Unrestricted Revenue @ 6% MET vs. 5.5% MET	 \$9.1			 \$9.9		
 Additional General Fund savings in OMBP Prov. Pay. @ 6% MET vs. 5.5% MET	 \$1.8			 \$2.0		
 Additional Uncomp. Care Fund @ 6% MET vs. 5.5% MET	 \$7.3			 \$7.9		

Note: SFY 2012 based on Gov. Office estimate for 2011 \$186 million

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$107,625,100	\$116,235,108	\$8,969	\$9,686
Federal Funds	\$	\$	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$107,625,100	\$116,235,108	\$8,969	\$9,686

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**Page Number in Governor's Budget: Exhibit B Unrestricted Revenue
Client Services Document & Page: N/A
OMB-Adjustments in Drug Rebates – Unrestricted Revenue**

Drug Rebates-Regular Care and Drug Rebates Long Term Care have been restated based on current SFYTD 2011 trend. This increases the unrestricted revenue drug rebate account based on current trend of 40% versus 30% budgeted during the Agency Phase. This is attributable to NH's aggressive pharmacy benefit management program and the increased rebate collection rate.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

N/A

Assumptions As To Impacts

Rebate rate will be 40% of Medicaid pharmacy expenditures.
Expenditures will not be reduced.

Projected Savings Vs Total Program Budget

General Funds (Rounded to \$000)

	FY2012 Gov Budget	FY2012 Adj House Budget	FY2012 Adj House Total	FY2013 Gov Budget	FY2013 Adj House Budget	FY2013 Adj House Total
OMB- Re-stated Drug Rebates Regular Care based on SFYTD11 trend of 40% vs 30% budgeted during Agency Phase	\$14,162	\$4,690	\$18,852	\$14,609	\$5,404	\$20,012
BEAS- Re-stated Drug Rebates Long Term Care Care based on SFYTD11 trend of 40% vs 30% budgeted during Agency Phase	\$656	\$0	\$656	\$564	\$102	\$666

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Page Number in Governor's Budget: 965

Client Services Document & Page

Page Number in Governor's Budget: 965

Client Services Document & Page

DCYF-Remove TANF Funding from Child Care

In the Governor's Recommended Budget there is \$7,968,000 in TANF funding for Child Care. This proposal recommends removing the entire amount from child care, and using \$5,168,000 to offset general fund spending in other areas of DCYF's budget.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

This proposal will reduce the amount of funding for child payments. This will require the implementation of a child care waitlist from the beginning of SFY 2012. The start of the waitlist depends upon child care expenditures, and the costs to the State for child care are driven by a number of factors. The factors for each individual child are, age of the child, if the child is attending child care full-time, half-time or part-time, income of the family, and the type of child care received by the child.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	16,832	16,832
Clients Affected	4,005	4,005

Assumptions As To Impacts

Child care caseloads will increase to the level they were prior to the implementation of the initial waitlist.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$10,057	\$10,090	\$	\$
Federal Funds	\$23,429	\$23,396	(\$7,968)	(\$7,968)
Other Funds	\$	\$	\$	\$
Total Funds	\$33,487	\$33,487	(\$7,968)	(\$7,968)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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DCYF-Eliminate Adoption Subsidy as an option moving forward

This would require a statutory change eliminating adoption subsidy as an option being provided in future adoptions. The impact should we eliminate adoption subsidies moving forward will be a decrease in children who may not be adopted due to their special needs.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation: RSA 170-F:4

Estimated Impact to clients, providers, communities

Without some financial supports foster parents may not adopt children with special needs or challenges. This could drastically increase the length of time children are in out-of-home care and the costs associated with placement.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	1,130	1,130
Clients Affected	57	138

Assumptions As To Impacts

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$4,745	\$4,745	(\$288)	(\$672)
Federal Funds	\$4,745	\$4,745	(\$288)	(\$672)
Other Funds	\$	\$	\$	\$
Total Funds	\$9,490	\$9,490	(\$576)	(\$1,344)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 961

Client Services Document & Page

DCYF-Reduce Adoption Subsidies to the General Foster Care Rates

This proposal decreases the adoption subsidy amounts currently being provided to parents who have already adopted a child and an agreement has been signed.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

The impact would be a decrease in subsidy to families who have adopted children and are under agreement to receive a subsidy until the child reaches the age of majority. Some adoptive families already receive funds less than the foster care rate and therefore will not be impacted. The homes receiving more than the general foster care rate will experience a decrease and this could be a hardship on those families.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	1,130	1,130
Clients Affected	537	537

Assumptions As To Impacts

Some families may experience a financial hardship.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$4,745	\$4,745	(\$809)	(\$708)
Federal Funds	\$4,745	\$4,745	(\$809)	(\$708)
Other Funds	\$	\$	\$	\$
Total Funds	\$9,490	\$9,490	(\$1,618)	(\$1,416)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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Client Services Document & Page

DCYF-Eliminate remaining Domestic Violence General Fund Match

Currently, DCYF supplements the \$38.00 of funding that the Coalition Against Domestic and Sexual Violence (Coalition) receives from each marriage license application in NH with general funds. The Governor's recommended budget took \$16,000 from the \$318,725 budgeted during the Agency phase of the budget. This proposal is to take the remaining \$302,725 of general funds. The additional funding is not required by legislation or rule.

The New Hampshire Coalition Against Domestic and Sexual Violence is a statewide network of fourteen direct service groups working with victims of domestic and sexual violence and has been designated as the coordinator of the grant program. Funds are disbursed by the Coalition to the 14 local organizations around the State, and are used to fund such services as 24-hour crisis telephone lines, emergency transportation, shelters, community outreach, and education and support services for over 14,500 victims of sexual and domestic violence. The coalition will need to seek or redirect alternative funds or limit the current service array. Limiting domestic violence services could have a direct impact on family safety.

Authorization(s) Needed -None

Estimated Impact to clients, providers, communities

The reduction of a total of \$318,725 in the Domestic Violence Prevention Program (DVPP) would mean a reduction of about 20% of the funding that the Coalition receives from DCYF, which is about 10% of the Coalition's total funding. This funding is passed through to local domestic violence agencies. The Division has supplemented the marriage license fees with general funds. This reduction would have an impact on the overall dollars provided for services to victims of domestic violence and their families. The additional DVPP funds are added to the overall services of the Coalition.

The Coalition serves approximately 14,500 clients each year from a variety of funding sources, with the average cost per client of approximately \$239. DCYF the funds listed above are combined with other funding sources to support the prevention and support services. There currently are no DCYF staff budgeted with these funds, and there would be no staff impacted if this reduction were to take place. This is a contracted service that is statewide, but would not have any impact on revenues or MOE.

This program serves victims of sexual and domestic violence and their children.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	14,500	14,500
Clients Affected	1,450	1,450

Assumptions As To Impacts

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Through local partnerships and collaboration the Coalition and DCYF continue to provide services to victims of the co-occurrence of domestic violence and child abuse. This relationship has created a heightened awareness and education by co-locating DCYF staff and Domestic Violence Specialists in each District Office.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$303	\$303	(\$303)	(\$303)
Federal Funds	\$896	\$896	\$	\$
Other Funds	\$352	\$352	\$	\$
Total Funds	\$1,551	\$1,551	(\$303)	(\$303)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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Client Services Document & Page

DCYF-Head Start Collaborative Remaining Quality Funds

In the Agency Phase, DCYF included the transfer of \$312,393 of general funds from the Office of Energy and Planning (OEP) for teachers' salaries in Head Start programs. The Governor's recommended budget reduced this by \$15,000. This proposal includes the remaining \$297,393.

These funds are used to provide more competitive salaries and benefits to Head Start teachers. The populations served through Head Start are low income and special needs children. Maintaining quality teachers is key to successful outcomes for these children and their families. The loss of these funds may impact the ability to sustain quality Head Start Programs for these most vulnerable children.

Authorization(s) Needed: None

Estimated Impact to clients, providers, communities

NH Head Start and Early Head Start (HS/EHS) programs achieve two critical goals. They support families to attain the knowledge and skills to overcome the challenges of poverty, become self-sufficient, provide a safe and stable home, and help their children to grow and learn. They also prepare NH's most vulnerable young children (aged birth to five years) for school success.

The loss of these funds could impact the state's ability to retain experienced Head Start teachers.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	2,227	2,227
Clients Affected	2,227	2,227

Assumptions As To Impacts

Limit quality Head Start personnel across the state that work and teach within the Head Start Programs.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$297	\$297	(\$297)	(\$297)
Federal Funds	\$	\$	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$297	\$297	(\$297)	(\$297)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget: 961
Client Services Document & Page
DJJS- Eliminate Funding For CHINS**

The Children In Need of Services (CHINS) statute provides a Court petition process for which youth adjudicated CHINS (and their families) can be ordered to work with the Division for Juvenile Justice Services to obtain treatment, care, guidance, counseling, supervision, and rehabilitation that will help the youth to overcome the serious difficulties that brought them to the attention of the Court.

The expressed goal of the statute is to provide a means for adjudicated youth to become responsible and productive members of society.

This proposal would totally eliminate all sections of the statute RSA 169-D.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation: RSA 169-D will have to be removed

Estimated Impact to clients, providers, communities

Children's and family's health and safety, and potentially community safety, will be compromised.

Without rehabilitative services, crisis intervention, alternative placements and case management services at-risk youth and their families will experience an increase in the severity of behaviors, placing youth and the community at risk.

Youth experiencing untreated behavior challenges are likely to escalate and become involved in delinquent behaviors (acts that would be crimes if committed by adults) that threaten the safety of the youth and the community they reside in.

Without the early intervention allowed by CHINS, it is predicted that more youth will become Court involved as Delinquents.

The absence of a CHINS law will put more pressure families, law enforcement, schools and communities to maintain safe settings for all children and youth in the community. This pressure will come in the form of both financial and social burdens to local communities.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

CHINS Repeal: Client Impact Calculation

	<u>SFY12</u>	<u>SFY13</u>
Total DJJS Clients	5,005	4,067
Total CHINS clients in SFY 2010	1,043	
<u>Clients Affected:</u>		
<u>Reduction Included in Governor's Budget</u>		
CHINS 169-D:2 a) & d) Proposed Elimination Gov Bgt	(261)	

Reduction Proposed in the House Budget

CHINS Repeal: will yield a cumulative net reduction of 50% of Clients in YR 1 (261)

(In the Governor's Budget, a reduction of 25% of clients was assumed. This amount represents the additional reduction of clients that the Repeal of CHINS will yield over and above the first proposal - resulting in a cumulative amount of 50% client reduction in the first year of the biennium.)

CHINS Repeal cumulative net reduction of 80% Client in YR 2 (312)

Assumptions As To Impacts

Assumption #1- That no new CHINS cases will enter the system in SFY12 in numbers equal to new CHINS cases that entered the system in 2010.

Assumption #2- That existing cases (adjudicated cases as of effective date of removal of the CHINS statute) will be serviced through the end of their two year probationary period and savings on those cases will not be realized until SFY 2013.

Assumption #3- That DJJS expects that 18% of what would have been CHINS cases will return as Delinquent cases and will require DJJS services after being adjudicated.

Assumption #4- That the 2% of current CHINS cases that reflect the most needy children (i.e. co-occurring disorders in medically fragile youth) will have their cases remain open/services remain in place.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 9,173	\$ 9,361	(\$ 1,871)	(\$ 2,245)
Federal Funds	\$ 4,309	\$ 4,398	(\$ 1,122)	(\$ 1,346)
Other Funds	\$ 0	\$ 0	(\$ 0)	(\$ 0)
Total Funds	\$13,482	\$13,759	(\$ 2,993)	(\$ 3,591)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Page Number in Governor's Budget: 1,000

Client Services Document & Page

DFA-Elimination of Unemployed Parents (UP) program

This category of cash assistance represents families with children who are eligible for the Temporary Assistance to Needy Families (TANF) program, but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167:77-e. Unemployed Parent households are 2-Parent households in which the primary wage earner is unemployed or underemployed. This initiative would eliminate this eligibility group. Families that lose eligibility for FANF because the program has been discontinued may have to apply for assistance through their city or town welfare offices.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules

The following rules will need to be repealed or amended to remove references to the unemployed parent program-related information: He-W 601.130, He-W 601.741, He-W 601.1761, He-W 602.17, He-W 606.22, He-W 628.03, He-W 637.05(a)(3) and (b)(5), He-W 637.08(a)(4) and (5), He-W 637.08(b), He-W 637.09(a)(1), He-W 637.09(a)(1), He-W 637.17(d), He-W 637.21(b), He-W 637.26, He-W 637.27, He-W 655.02(b), He-W 655.06(e)(2)b(ii).

- Legislation:

RSA 167:77-e. Assistance Program for 2-Parent Families with Dependent Children.

By October 1, 2008, the department shall establish a non-TANF, state-funded financial assistance program for 2-parent needy families with dependent children in which one parent is underemployed or unemployed. With the exception of parental under employment or unemployment, client eligibility and program requirements and administration shall be in accordance with this chapter and the rules adopted under this chapter. ~~In order to meet the federal work participation rate and avoid federally imposed penalties, the commissioner may add additional groups of families to this state-funded, financial assistance program as funding permits and also may transfer cases back to the TANF program, pursuant to rules adopted under RSA 541-A.~~

~~RSA 167:79I(b). Employment Program; Eligibility.~~

A needy child who is deprived of parental support or care by reason of unemployment or underemployment of a parent may receive assistance under TANF of under the state-funded assistance program in RSA 167:77-e. ~~In order to meet the federal work participation rate and avoid federally imposed penalties, the commissioner may add additional groups of families to the state funded assistance program in RSA 167:77-e as funding permits and transfer cases back to the TANF program, pursuant to rules adopted under RSA 541-A.~~

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Estimated Impact to clients, providers, communities

Families that experience financial hardship as a result of losing the financial assistance grant may request assistance from the local welfare administration to meet their basic needs.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	251	254
Clients Affected	251	254

Assumptions As To Impacts

- The change will impact state-funded 2-parent FANF cases where one of the parents is unemployed or underemployed. Medicaid eligibility will not be affected. Although eligibility for FANF financial assistance and FANF Medicaid is currently linked, part of this change will result in the de-linking of FANF financial assistance eligibility and FANF Medicaid eligibility, thus allowing Medicaid eligibility to continue for this group.
- As of January 2011, the Unemployed Parent (UP) caseload was 266 with an average household size of 4.04.
- All UP households will lose eligibility for financial assistance.
- UP cases are funded with 100% State General Funds.
- It is assumed that the effective date of this change will be July 1, 2011.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$1,756	\$1,762	\$1,756	\$1,762
Federal Funds	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0
Total Funds	\$1,756	\$1,762	\$1,756	\$1,762

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1,000

Client Services Document & Page

DFA-SOF Switch Interim Disabled Parent (IDP) program

This category of cash assistance represents families with children who are eligible for the Temporary Assistance to Needy Families (TANF) program, but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167: 77-e. The casehead is temporarily disabled or is the primary caregiver for a disabled dependent, which prevents the casehead from participating in the New Hampshire Employment Program (NHEP). Currently, this program is funded with 100% general funds and contributes to the TANF Maintenance of Effort (MOE). This initiative would change the funding of this program to 100% federal funds and there would be no contribution to MOE.

IDP and **FWOC** are not mandatory categories of assistance. More generally, all TANF is also not a mandatory category of assistance. **The UP category was chosen because its general funds contribute zero to MOE.**

Authorization(s) Needed -None

Estimated Impact to clients, providers, communities

No anticipated impact to clients, providers or communities

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	693	693
Clients Affected	693	693

Assumptions As To Impacts

Cash assistance will be funded with 100% federal funds in place of 100% general funds

DFA's general fund reductions to TANF MOE in **just SFY 12** would result in an MOE penalty. In both SFY 14 & SFY 15 TANF federal funds would be reduced by the amount of the penalty or \$10.5M (\$20.1 total federal funds). DHHS would also be required to increase general fund spending in SFY 15 by the \$10.5M penalty amount, for a 2015 penalty of \$30.6M in total funds. The amount of this penalty is actually likely higher based on other reductions in other areas of DHHS that contribute to TANF MOE. **Adding DFA's general fund reductions in SFY 13** will exacerbate double this penalty amount.

Projected Savings Vs Total Program Budget

Rounded to \$000	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
General Funds	\$4,747	\$4,762	\$4,747	\$4,762
Federal Funds	\$	\$	\$(4,747)	\$(4,762)
Other Funds	\$	\$	\$	\$
Total Funds	\$4,747	\$4,762	\$0	\$0

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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Client Services Document & Page

DFA-SOF Switch Families With Older Children (FWOC) program

This category of cash assistance represents single and two parent families that contain a child age 19 up to age 20 and still in high school or the equivalent full time. This category represents families who are eligible for the TANF program but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167:77-e. Currently, this program is funded with 100% general funds but does not contribute to the TANF MOE. This initiative would change the funding of this program to 100% federal funds and would remove the child age 19 up to age 20 from the case.

IDP and FWOC are not mandatory categories of assistance. More generally, all TANF is also not a mandatory category of assistance. The UP category was chosen because its general funds contribute zero to MOE.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

No anticipated impact to providers or communities. Some clients may close or receive a lesser TANF grant.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	50	51
Clients Affected	50	51

Assumptions As To Impacts

Cash assistance will be funded with 100% federal funds in place of 100% general funds

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$293	\$299	\$293	\$299
Federal Funds	\$	\$	\$(293)	\$(299)
Other Funds	\$	\$	\$	\$
Total Funds	\$293	\$299	\$0	\$0

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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Client Services Document & Page

DFA-SOF Switch TANF Cash Assistance

Currently, this program is funded with a combination of general, other and federal funds. The general funds contribute to the TANF Maintenance of Effort (MOE). This initiative would change the funding of this program to a higher percentage of federal funds and a lower percentage of general funds hence less contribution to MOE.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

No anticipated impact to clients, providers or communities

SFY12 SFY13

Total Clients

Clients Affected

Assumptions As To Impacts

DHHS will more than likely NOT be able to meet TANF's MOE requirement of \$32.1M each year of the biennium.

DFA's general fund reductions to TANF MOE in **just SFY 12** would result in an MOE penalty. In both SFY 14 & SFY 15 TANF federal funds would be reduced by the amount of the penalty or \$10.5M (\$20.1 total federal funds). DHHS would also be required to increase general fund spending in SFY 15 by the \$10.5M penalty amount, for a 2015 penalty of \$30.6M in total funds. The amount of this penalty is actually likely higher based on other reductions in other areas of DHHS that contribute to TANF MOE. **Adding DFA's general fund reductions in SFY 13** will exacerbate double this penalty amount.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$10,314	\$10,314	\$5,158	\$5,725
Federal Funds	\$10,717	\$11,797	\$(5,158)	\$(5,725)
Other Funds	\$3,295	\$3,295	\$	\$
Total Funds	\$24,326	\$25,406	\$0	\$0

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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Client Services Document & Page

DFA-TANF Funded Contracts

This initiative would remove TANF funding to provide matching funds for:

JARC-Nashua and Berlin's Federal Department of Transportation's Job Access Reverse Commute (JARC) grants. The he provider would need to find another source of funding for the required match, to continue to receive full funding.

Limited English Proficient Job Readiness (LEPJR) - This initiative would remove TANF and general funds used to provide job search and job readiness, Alternative Work Experience Placement (AWEP), Community Work Experience Placement (CWEP) and job skills training activities for Financial Assistance to Needy Families (FANF) clients. These clients are low-income racial, ethnic and linguistic minorities who have significant barriers to employment due to their limited ability to speak, read and write English, and who may have cultural barriers to gaining job readiness skills, work experience, a connection to the labor market or employment.

Transportation Options- This initiative would remove TANF and general funds used to to provide programmatic assistance to the Department in providing car ownership opportunities and vehicle maintenance education to New Hampshire Employment Program (NHEP) participants who are current recipients of Financial Assistance to Needy Families (FANF).

Authorization(s) Needed -None

Estimated Impact to clients, providers, communities

JARC-Nashua and Berlin will have to find other sources of funding to match their JARC grants.

LEPJR-Job Readiness services for limited English speaking clients will not be provided as part of the Job Readiness contract for English speaking clients.

Transportation Options-Clients will not be provided programmatic assistance in the areas of car ownership opportunities and vehicle maintenance.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	200	200
Clients Affected	200	200

Assumptions As To Impacts

DHHS will no longer be providing funding for any of these initiatives.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$2,134	\$2,048	\$314	\$306
Federal Funds	\$4,130	\$3,993	\$623	\$616
Other Funds	\$0	\$0	\$	\$
Total Funds	\$6,264	\$6,038	\$937	\$922

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 996

Client Services Document & Page

DFA-Emergency Assistance

This initiative would remove the funding such that FANF eligible clients would not receive assistance with security deposits, rental arrearage, utility deposits, utility arrearages, and heat and mortgage arrearages from HHS. Heating assistance is provided after clients have exhausted all other options such as Low-Income Home Energy Assistance Program (LIHEAP). This change would put the responsibility for these costs back on Cities and Towns 100% (per RSA 165:1-a.).

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation:

RSA 167:7-V

Subject to applicable federal regulations, the commissioner may establish criteria to operate a special needs program, ~~or to operate an emergency assistance program only for aid to families with dependent children,~~ subject to the amount of available funds in the budget of the department of health and human services.

Estimated Impact to clients, providers, communities

FANF eligible clients would not receive assistance with security deposits, rental arrearage, utility deposits, utility arrearages, and heat and mortgage arrearages from HHS. . This change would put the responsibility for these costs back on Cities and Towns 100% (per RSA 165:1-a.)

As of February 2011, 579 clients received services for this fiscal year.

Assumptions As To Impacts

DHHS will no longer be providing funding for this initiative.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$	\$	\$	\$
Federal Funds	\$750	\$750	\$750	\$750
Other Funds	\$	\$	\$	\$
Total Funds	\$750	\$750	\$750	\$750

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 996

Client Services Document & Page

DFA-TANF Contract Line

This will discontinue TANF funding for Family Planning and Home Visiting.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

Providers will no longer receive TANF funds towards the cost of these programs.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected		

Assumptions As To Impacts

TANF funds will no longer support costs for Family Planning and Home Visiting.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$	\$	\$	\$
Federal Funds	\$1,165	\$1,165	\$1,165	\$1,165
Other Funds	\$	\$	\$	\$
Total Funds	\$1,165	\$1,165	\$1,165	\$1,165

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget: Various
Client Services Document & Page
DFA-2% Reduction TANF Administration**

It is anticipated that other reductions within the Department will result in less cost allocating to TANF administrative costs.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

No anticipated impact to clients, providers or communities

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	N/A	N/A
Clients Affected	N/A	N/A

Assumptions As To Impacts

It is anticipated that further budget reductions will decrease the dollar value of federal funds that cost allocate to the TANF program.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$	\$	\$	\$
Federal Funds	\$4,444	\$4,444	\$128	\$128
Other Funds	\$	\$	\$	\$
Total Funds	\$4,444	\$4,444	\$128	\$128

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 995

Client Services Document & Page

DFA-Employment and Training Services (ETS) for UP Program

An initiative eliminates the UP program. This initiative eliminates the funding for the ETS services for this eligibility group. ETS services include reimbursements for work related expenses.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

Clients previously eligible for UP assistance would not receive employment and training services.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	251	254
Clients Affected	251	254

Assumptions As To Impacts

All cases closed due to the elimination of the UP program would no longer require ETS services.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$1,773	\$1,808	\$500	\$500
Federal Funds	\$1,636	\$1,669	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$3,409	\$3,477	\$500	\$500

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget: DCYF
Client Services Document & Page
DFA-TANF Reduction to Child Care**

TANF federal funds, budgeted in the Division for Children, Youth and Families (DCYF) for Child Care will be reduced, as the federal funds are needed by DFA to meet TANF Cash Assistance obligations due to general funds being reduced.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

To continue to maintain TANF cash assistance TANF federal funds can no longer support Child Care, budgeted in DCYF to the extent it has previously.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected		

Assumptions As To Impacts

\$2.8M reduction of federal funds.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$	\$	\$	\$
Federal Funds	\$7,919	\$7,919	\$2,800	\$2,800
Other Funds	\$	\$	\$	\$
Total Funds	\$7,919	\$7,919	\$2,800	\$2,800

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget: DCYF
Client Services Document & Page
DFA-TANF Reduction to DCYF/DJJS Child and Family Services**

TANF federal funds, budgeted in DCYF for residential/social services for youth in both DCYF and DJJS will be reduced, as the federal funds are needed by DFA to meet TANF Cash Assistance obligations due to general funds being reduced.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

To continue to maintain TANF cash assistance TANF federal funds can no longer support residential/social services, budgeted in DCYF to the extent it has previously.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected		

Assumptions As To Impacts

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$	\$	\$	\$
Federal Funds	\$6,500	\$6,500	\$2,800	\$2,800
Other Funds	\$	\$	\$	\$
Total Funds	\$6,500	\$6,500	\$2,800	\$2,800

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - 1064

Client Services Document & Page – Children & Families – Page 21

DPHS- Remove general fund allocation for Family Planning

Description of Initiative

Over the past 40 years, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for low-income or uninsured individuals and others. In addition to contraceptive services and related counseling, Title X-supported clinics provide a number of related preventive health services such as:

- Patient education and counseling;
- Breast and pelvic examinations;
- Breast and cervical cancer screening according to nationally recognized standards of care;
- Sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and
- Pregnancy diagnosis and counseling.

The New Hampshire Title X Family Planning Program funds 11 delegate agencies. Title X Family Planning services are currently provided statewide at 28 clinical sites. Seven Community Health Centers are delegate agencies, operating 15 out of the 28 clinical sites. The screening and care providing by Title X agencies can often be the only healthcare services that some Family Planning Program clients receive.

Authorization(s) Needed

___ State Plan Amendment

X Other Federal Authorization (describe) Removal of these funds removes the required 10% non-federal match required by the Title X grant, jeopardizing New Hampshire's current Title X State Plan and funding agreement with the federal government. SFY12-13 federal funds are projected to be approximately \$1,454,000 per year, with additional funds possible but not yet assured.

___ Rules

___ Legislation:

Estimated Impact to clients, providers, communities

- This represents a 100 % reduction in the General Funds for family planning services in New Hampshire for SFY12-13.
- 13,738 citizens <100% FPL received services funded by 100% Family Planning funds in New Hampshire in 2010. 21,370 citizens whose incomes are less than 250% of FPL received services.
- In some areas, most particularly Coos County, the CHC/Family Planning delegate agency is not only the "safety net provider" for the uninsured, but is the only healthcare practice available for all residents, so that the number of clients without access to services will likely be significantly greater than 2,000.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	29,000	29,000
Clients Affected		

Assumptions As To Impacts

- Two staff positions would be eliminated if the Department does not continue as recipient of the Federal Title X grant.
- Every dollar invested in family planning services saves \$4.00 in other health and social services.
- Because these funds help support the infrastructure of the safety net services for family planning, the reduction may impact more than just the availability of services for the proportional decrease in low-income clients.
- The package of services provided in a Family Planning clinic is the same as is provided in a woman's gynecological exam. This is often a woman's entry point into the health care system.
 - Six out of 10 women who obtain care at a Family Planning clinic consider it their usual source of medical care.
 - One in six women obtain their Pap test or pelvic exam in a Family Planning clinic.
 - A third of the women have an HIV test or receive counseling, testing or treatment for an STI other than HIV in a Family Planning clinic.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 821	\$ 691	\$ 821	\$ 691
Federal Funds	\$1,451	\$1,449	\$1,451	\$1,449
Other Funds	\$	\$	\$	\$
Total Funds	\$2,272	\$2,139	\$2,272	\$2,139

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - 1057

Client Services Document & Page – Children & Families – Page 11

DPHS-Eliminate Child Health Services

Description of Initiative

These funds provide primary care services for children in the Manchester area. Services include preventive and episodic health care for acute and chronic health conditions. These pediatric services are delivered to children from underserved families who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and social isolation. Primary care agencies strive to overcome these barriers through the following services:

- Primary Health Care Services
- Case Management
- Substance Abuse, Mental Health and Oral Health Services, provided directly or through referral
- Other social services, such as transportation, nutrition counseling, health education, and translation

Authorization(s) Needed None

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

- This represents over an additional 50 % decrease in State funding for children's primary care services in the Manchester area, as these services are also funded through primary care (CHC) dollars slated for a decrease of \$2 million to \$2.250 million.
- We anticipate that there will be a significant impact to uninsured children, hospitals providers and the Manchester community if these funds are not available.
- With a funding decrease of this magnitude, the current contractor, Child Health Services, may be forced to close.
- In calendar year 2009, Child Health Services provided care to 1,435 individuals through 18,598 health visits. In this time period, approximately 11% of clients were uninsured and 85 % had Medicaid coverage.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	1,435	1,435
Clients Affected	1,435	1,435

Assumptions As To Impacts

- Demand for the above services will likely be borne by other state, county and local health and social service agencies, such as hospital emergency departments.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 75	\$ 75	\$ 75	\$ 75
Federal Funds	\$	\$	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 75	\$ 75	\$ 75	\$ 75

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - 1056

Client Services Document & Page – Children & Families – Page 11

DPHS-Additional reduction to CHCs

These funds provide primary care services for low income and uninsured families throughout the state through contracts with the State's Community Health Centers (CHC). Services include preventive and episodic health care for acute and chronic health conditions for individuals from all life cycles, including perinatal, child, adolescent, adult, and elderly. Community Health Centers deliver health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. Primary care agencies strive to overcome these barriers through the following services:

- Primary Health Care Services
- Case Management
- Substance Abuse, Mental Health and Oral Health Services, provided directly or through referral
- Other social services, such as transportation, nutrition counseling, health education, and translation

Authorization(s) Needed None

Estimated Impact to clients, providers, communities

- This represents approximately an additional 4 % decrease in State funding for Community Health Centers and Healthcare for the Homeless services already facing a proposed \$2 million decrease in the SFY12-13 budget. We anticipate that there will be a significant impact to uninsured clients, providers and communities if these funds are not available.
- It is anticipated that with this additional funding decrease, some CHCs may be forced to close.
- In some areas, most particularly Coos County, the CHCs are not only the "safety net provider" for the uninsured, but are the only healthcare practice available for all residents.
- In calendar year 2009, CHCs and healthcare for the homeless agencies provided care to 107,153 individuals through 484,899 health visits. In this time period, approximately 24% of clients were uninsured; 15 % had Medicare coverage; and 21 % had Medicaid coverage.
- If the decrease in funding results in only a proportional decrease in clients served, the CHCs will not be able to provide healthcare services to 48,219 clients in SFY12 and SFY13, including 11,514 uninsured residents.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	110,000	110,000
Clients Affected	4,400	4,400

Assumptions As To Impacts

- Seven of the State's Community Health Centers are Federally Qualified Health Centers (FQHC) or Healthcare for the Homeless (HCH) programs that receive federal funds to also support care for the uninsured. These agencies received additional federal funding in June 2009 for increased demand for services. Although additional federal funding opportunities may be available to these agencies through the Affordable Care Act for expanded medical capacity and service expansions, it is

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

unknown at this time whether any of the New Hampshire FQHCs will successfully access this funding.

- The Federally funded agencies may fare better financially than the six agencies not receiving federal funds, though the financial fragility of all of these agencies is well known.

Demand for the above services will likely be borne by other state, county and local health and social service agencies, such as hospital emergency departments.

- The Federal Title V(MCH) Block Grant requires a maintenance of effort of GFs of \$2,872,257. These funds support the broad scope of Maternal and Child Health services in the state. This includes not only primary and prenatal care through CHCs, but also the following maternal and child health services (and Special Medical Services in the Bureau of Developmental Services):
 - Epidemiology to track infant mortality, birth outcomes, and evaluation of services
 - Programs to prevent injuries, the leading cause of death for children in New Hampshire
 - SIDS/SUID Prevention
 - Home visiting (child and family health support)
 - Quality Assurance and clinical oversight of CHC contracts

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 3,238	\$ 3,208	\$ 175	\$ 175
Federal Funds	\$ 1,860	\$ 1,855	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 5,098	\$ 5,063	\$ 175	\$ 175

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget -

Client Services Document & Page – Children & Families

BHHS-Eliminate all state funded homeless prevention activities

BHHS has 16 contracts for state funded Homeless Prevention/Intervention activities. Homeless Prevention activities include assistance with rent (with eviction notice), mortgage (with foreclosure notice), utilities (w/ disconnect notice), and other activities intended to prevent persons from becoming homeless. Homeless Intervention activities include assistance finding permanent housing, assistance accessing community services, employment counseling, financial counseling and legal assistance.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

8,072 people were assisted with homeless prevention and intervention services in SFY'10. Loss of these services would shift the financial burden for providing assistance to persons who are homeless or at risk of becoming homeless to local city and town welfare authorities as mandated in RSA 165:1. I: "Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of Public Welfare of such town, whether or not he has residence there."

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	7,484	7,319
Clients Affected	7,484	7,319

Assumptions As To Impacts

The Governor's SFY '12 and '13 budget reductions would result in 588 fewer persons served by state funded homeless prevention programs in SFY '12 and 753 fewer persons served in SFY '13. The calculations for the total clients and total clients affected by this house budget reduction is based on that data.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$3,858	\$3,853	\$783	\$783
Federal Funds	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0
Total Funds	\$3,858	\$3,858	\$783	\$783

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1174

Client Services Document & Page

DCSS-Reduce SDU

SDU contract reduction to focus on core disbursement functions, eliminating employer outreach and other optional services.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

The State Disbursement Unit (SDU) processes the collection and disbursement of approximately \$88 million in child support payments annually. The current contractor also manages such ancillary activities as; banking services, check printing, research, and employer outreach. All of the afore mentioned items are non-core, but if eliminated will be performed by other contractors or state staff if not eliminated.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	36,000	36,000
Clients Affected	36,000	36,000

Assumptions As To Impacts

Internal administrative activities will increase as additional small contracts (check printing, banking,) will be let and less support will be available to employers to resolve payment issues.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$4,634	\$4,638	\$74	\$223
Federal Funds	\$11,643	\$11,652	\$144	\$432
Other Funds	\$2,332	\$2,337	\$0	\$0
Total Funds	\$18,609	\$18,627	\$218	\$655

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1174 and 1172

Client Services Document & Page

DCSS-Reduce NECSES improvements

Reduce NECSES Requirements by 50%; shifting incentive funds to class 010 and 060 to fund positions in Child Support Services.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

NECSES, which went into state-wide service in March 1991, is the Division's automated case management system. It has a COBOL core and is supported currently by only two DoIT programmers. DCSS issued an RFP to solicit support to address the numerous (250+) items that are not currently compliant with federal child support regulations. The RFP stated that \$1.5 million would be available for a contract. This reduction, if accepted, will cut the funds available for NECSES in half.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	36,000	36,000
Clients Affected	36,000	36,000

Assumptions As To Impacts

Reduction in the funds available to support NECSES will result in continuing non-compliance issues and reduced efficiency of field staff as the frequency of NECSES downtime will inevitably increase.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$4,634	\$4,638	\$255	\$255
Federal Funds	\$11,643	\$11,652	\$495	\$495
Other Funds	\$2,332	\$2,337	\$0	\$0
Total Funds	\$18,609	\$18,627	\$750	\$750

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1172

Client Services Document & Page

DCSS-Reduce overtime, travel, training

Reduce to \$1.00 each, overtime, out-of-state travel, employee training, shifting agency income to class 010 and 060 to fund positions.

Authorization(s) Needed

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

Funds will not be available to address increased workloads due to staff shortages. Support to clients will suffer.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	36,000	36,000
Clients Affected	36,000	36,000

Assumptions As To Impacts

Funds will not be available to address increased workloads due to staff shortages and staff travel for any training; including planned training for the Enterprise Content Management project.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$4,634	\$4,638	\$16	\$16
Federal Funds	\$11,643	\$11,652	\$30	\$30
Other Funds	\$2,332	\$2,337	\$0	\$0
Total Funds	\$18,609	\$18,627	\$46	\$46

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget: 1114 & 1119
Client Services Document & Page
BDS-Eliminate all Family Support Services**

Description of Initiative

Eliminate the provision of all BDS Medicaid and Non-Medicaid Family Support Services (respite, environmental and vehicle modifications, information and referral, education and training).

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules He-M 519
- Legislation: RSA 126-G

Estimated Impact to clients, providers, communities

Family Support assists families in their role as the primary caregiver for individuals with developmental disabilities and acquired brain disorders through provision of low cost, low frequency services, such as respite or environmental modifications. Family Support is cost effective in enabling disabled children and adults to continue to live with their families and in reducing, postponing, or eliminating the need for more costly, long-term services. Without the availability of Family Support funding, many families will bear additional costs of modifying their homes and vehicles to allow them to remain the primary caregiver. With the elimination of the Family Support Program, it is anticipated that family crises and burnout will increase in number and overall demand for services (and Waitlists) under the DD, ABD and IHS Waivers will rise.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	6,193	6,193
Clients Affected	6,193	6,193

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 7,917	\$ 7,926	\$ 7,917	\$ 7,926
Federal Funds	\$ 4,372	\$ 4,305	\$ 4,372	\$ 4,305
Total Funds	\$ 12,289	\$ 12,231	\$ 12,289	\$ 12,231

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1114

Client Services Document & Page

BDS-Eliminate all Targeted Case Management for adults and children

Description of Initiative

Eliminate the provision of Non-Waiver Case Management Services for disabled adults and children.

Authorization(s) Needed -State Plan Amendment

Estimated Impact to clients, providers, communities

Targeted Case Management (TCM) is low cost, low frequency service which assists with access to needed medical, social, and educational services. TCM helps with issues such as: housing, medical, cash benefits (SSI or SSDI) and coordination of employment or vocational supports. Some receive TCM only on an as needed basis when significant difficulties or complications arise, such as the loss of a job or housing. Case Managers work to resolve these challenges and thereby avoid escalation of problems into crisis. Loss of TCM may lead to crises for a number of individuals. The elimination of this service may result in the loss of full time employment for a number of Area Agency and other staff statewide.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	1,235	1,235
Clients Affected	1,235	1,235

Projected Savings Vs Total Program Budget

Rounded to \$000	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
General Funds	\$ 1,911	\$ 1,881	\$ 1,911	\$ 1,881
Federal Funds	\$ 1,911	\$ 1,881	\$ 1,911	\$ 1,881
Other Funds	\$ -	\$ -	\$ -	\$ -
Total Funds	\$ 3,822	\$ 3,762	\$ 3,822	\$ 3,762

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget 1114
Client Services Document & Page
BDS-Eliminate Independent Living Supports**

Description of Initiative

Eliminate the provision of Community Support Services (CSS) under the DD and ABD waivers.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe) - Modify the DD & ABD waivers to omit this service.
- Rules He-M 517
- Legislation:

Estimated Impact to clients, providers, communities

CSS assists eligible individuals to develop and maintain independent living skills. CSS improves or maintains basic daily living skills, money management, shopping skills, food preparation, laundry, household maintenance, use of community resources, community safety, and social skills for individuals with developmental disabilities or acquired brain disorders who live on their own, or who hope to do so. Without the availability of staff to provide CSS, it is likely that many will not be able to maintain independent living status and will require more formal and costly residential supports. The elimination of this service will result in loss of full time employment for many Area Agency and other staff statewide.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	506	506
Clients Affected	506	506

Projected Savings Vs Total Program Budget

Rounded to \$000	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
General Funds	\$ 2,546	\$ 2,507	\$ 2,546	\$ 2,507
Federal Funds	\$ 2,546	\$ 2,507	\$ 2,546	\$ 2,507
Total Funds	\$ 5,092	\$ 5,014	\$ 5,092	\$ 5,014

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget 1114
Client Services Document & Page
BDS-Reduce Waiver Day Services by 44%**

Description of Initiative

Eliminate DD and ABD waiver services for approximately 44% of current recipients.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe) Modify the DD and ABD waivers
- Rules
- Legislation:

Estimated Impact to clients, providers, communities

Day Service provides instruction and assistance to learn, improve, or maintain: basic living skills; decision-making; social skills; safety skills at home and in the community; a healthy lifestyle and nutrition; rights and responsibilities as citizens. Day Services also provides individuals with vocational and volunteering opportunities. Many adults with developmental disabilities remain at home with their natural families and the provision Day Services allows their family member(s) to maintain their work. Elimination of Day Services may result in families being force to leave the workforce in order to care for their adult child at home, or they may make the difficult choice to request costly out of home placement, 24-hour/residential supports. The elimination of this service will result in loss of full time employment for many Area Agency and other staff statewide.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	1,563	1,563
Clients Affected	718	765

Projected Savings Vs Total Program Budget

Rounded to \$000	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
General Funds	\$ 7,552	\$ 7,821	\$ 7,552	\$ 7,821
Federal Funds	\$ 7,552	\$ 7,821	\$ 7,552	\$ 7,821
Other Funds	\$ -	\$ -	\$ -	\$ -
Total Funds	\$ 15,104	\$ 15,642	\$ 15,104	\$ 15,642

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Client Services Document & Page: Elderly 1021
Division & Bureau: DCBCS - BEAS
Title of Initiative: Increase MQIP Assessment Rate from 5.5% to 6.0%
State retains 50% of increase**

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation: (RSA 151-E14, 151-E15 and 84-C:11(d))

Estimated Impact to clients, providers, communities

Increased NFQA from 5.5% to 6.0% will generate additional NFQA dollars, which then generate additional federal matching funds for Medicaid payments.

Assumptions As To Impacts

The increase from 5.5% to 6.0% will generate additional funds each year of approximately \$3 million, of which Federal matching funds for Medicaid will then double, then being distributed half to MQIP supplemental Medicaid payments and half as general funds for other long-term care programs.

Bureau of Elderly and Adult Services

	SFY 2012	federal	total	SFY 2013	federal	total
	(000's)			(000's)		
NFQA collected @ 5.5%	\$33,752			\$34,424		
25% allocated to reduce general funds for home health and home supports	\$8,438		\$8,438	\$8,606		\$8,606
75% allocated to MQIP for nursing services	\$25,314	\$25,314	\$50,628	\$25,818	\$25,818	\$51,636
totals	\$33,752	\$25,314	\$59,066	\$34,424	\$25,818	\$60,242

	SFY 2012	federal	total	SFY 2013	federal	total
	(000's)			(000's)		
NFQA collected @ 6.0%	\$36,820			\$37,553		
25% allocated to reduce general funds for home health and home supports	\$9,205		\$9,205	\$9,388		\$9,388
75% allocated to MQIP for nursing services	\$27,615	\$27,615	\$55,231	\$28,165	\$28,165	\$56,330

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Bureau of Elderly and Adult Services

	SFY 2012 (000's)	federal	total	SFY 2013 (000's)	federal	total
totals	\$36,820	\$27,615	\$64,436	\$37,553	\$28,165	\$65,719

Excess 25% allocation of 6.0% vs 5.5%	\$767	\$782
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Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$35,783	\$38,899	\$1,534	\$1,565
Federal Funds	\$57,003	\$60,098	\$3,068	\$3,130
Other Funds	\$33,750	\$34,425	\$1,534	\$1,565
Total Funds	\$126,616	\$133,423	\$6,136	\$6,260

Accounting Information

Agency 481510 Accounting Unit 5944

Class	<u>SFY12</u>	<u>SFY13</u>
516	\$1,534	\$1,565

Agency 481510 Accounting Unit 6173

<u>SFY12</u>	<u>SFY13</u>
(\$1,534)	(\$1,565)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

additional 25%), with the reduction in funding to the MQIP line being applied to the general funds for nursing services.

IMPACT ON NURSING HOMES' SERVICES/BOTTOM LINES: The impact on nursing services of a 50% diversion of MQIP funds to other long-term care programs is that the nursing facilities will receive approximately \$33 million a year less in reimbursement. This could seriously jeopardize the financial viability of many facilities that currently provide a necessary and vital service. Approximately one-third of this reduction would be to the eleven county-owned nursing facilities, which would only receive half of that amount back as increased Proshare. This would negatively impact Coos and Sullivan counties in particular, where the majority of the nursing home residents are in county rather than private facilities.

Assumptions As To Impacts

It is assumed that the required legislation will be changed. The budgeted funding for MQIP will be reduced by 50%, with the allocation to nursing facilities at 50% of the budgeted value.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$35,783	\$38,899	\$16,876	\$17,212
Federal Funds	\$57,003	\$60,098	\$	\$
Other Funds	\$33,750	\$34,425	\$	\$
Total Funds	\$126,616	\$133,423	\$16,876	\$17,212
	<u>SFY12</u>	<u>SFY13</u>		<u>SFY12</u> <u>SFY13</u>
Total Clients	4,400	4,422	# Clients Affected	4,400 4,422

Accounting Information

Agency 481510 Accounting Unit 5944

Class	<u>SFY12</u>	<u>SFY13</u>
516	\$16,876	\$17,212

Agency 481510 Accounting Unit 6173

Class	<u>SFY12</u>	<u>SFY13</u>
101	(16,876)	(17,212)

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1013

Client Services Document & Page

Division & Bureau: DCBCS - BEAS

Title of Initiative: Elimination of Senior Companion Program Funding

Authorization(s) Needed

State Plan Amendment (State Plan on Aging)
 Legislation:

Estimated Impact to clients, providers, communities

There is one (1) agency receiving these funds, Belknap/Merrimack Community Action Program (CAP).

The Senior Companions provide peer visits by volunteers to over 600 homebound, isolated and frail seniors throughout the state on an ongoing basis. The program's primary focus is to encourage independence and improve the quality of life for both the frail senior and the senior companion. The elimination of this program would eliminate the stipend now paid to senior companions, which enables them to do errands and provide medical transportation for frail elders. Senior Companions qualify for program participation because they are low-income, and many would be unable to continue their participation as volunteers without this stipend. Additionally, educational and recognition programs for the Companions would cease. The Senior Companion Program relies on state funding for the 10% match required for the state to receive federal matching funds for the Program. In March 2009, Division III Finance Committee asked BEAS if we knew the amount of federal dollars received by agencies administering the volunteer programs. The Corporation for National & Community Services administers and distributes federal funding for Senior Companions, and reported distributing \$376,311 for Federal Fiscal Year 2008. Senior Companions receive:

- \$2.65 per hour for direct service and for required trainings
- \$2,756 per year stipend maximum

Downshift to families: Eliminating the Senior Companion Volunteer Program will eliminate stipends for over 600 homebound, isolated and frail seniors.

Potential Federal Dollars Lost: According to the Corporation for National and Community Services, the general funds of \$158,000 made available to non-profit vendors for the Senior Companion Volunteer Activity, New Hampshire Foster Grandparents and the Retired Senior Volunteer Programs leveraged \$649,484 of additional federal and grant dollars.

Assumptions As To Impacts: It is anticipated that the Belknap-Merrimack CAP would have difficulty raising enough local funds to achieve the 10% match necessary to obtain federal funds. This assumption is based upon information provided by various agencies that report a significant decrease in the community contributions. The Senior Companion Program could be terminated as a result.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings		
	SFY12	SFY13	SFY12	SFY13	
Rounded to \$000					
General Funds	\$32	\$33	\$32	\$33	
Total Funds	\$32	\$33	\$32	\$33	
	<u>SFY12</u>	<u>SFY13</u>		<u>SFY12</u>	<u>SFY13</u>
Total Clients	600	600	# of Clients Affected	600	600

Accounting Information

Agency 481010 Accounting Unit 9010

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1013

Client Services Document & Page

Division & Bureau: DCBCS - BEAS

Title of Initiative: Elimination of the NH Foster Grandparents Program Funding

Authorization(s) Needed

<u>X</u>	State Plan Amendment (State Plan on Aging)
<u>X</u>	Legislation: RSA 161-F 40

Estimated Impact to clients, providers, communities

There is one (1) agency receiving these funds, the Friends Program Inc

The Foster Grandparent program provides stipends to over 200 low-income seniors who work with children in various schools and youth sites throughout New Hampshire. Seniors use the stipends for mileage reimbursement, meals and educational programming. The program focus is to provide direct interaction between children/youth and seniors while encouraging inter-personal relationships. Elimination of this funding will reduce the focused attention children have experienced and seniors will lose the stipend that enables their participation and supplements their monthly income. The Foster Grandparents Program relies on state funding for the 10% match required for the state to receive federal matching funds for the Program. In March 2009, Division III Finance Committee asked BEAS if we knew the amount of federal dollars received by agencies administering the Foster Grandparent Program. The Corporation for National & Community Services administers and distributes federal funding for Foster Grandparents, and reported distributing \$ 668,056 for Federal Fiscal Year 2008.

Foster Grandparents receive:

- \$212 per month stipend
- Free meal every day they serve
- Mileage reimbursement at \$0.31 cents per mile
- Paid preventive physical exam each year

Downshift to families: Eliminating the N.H. Foster Grandparents Program will eliminate stipends for over 200 low income seniors working with children in schools.

Potential Federal Dollars Lost: According to the Corporation for National and Community Services, the general funds of \$158,000 made available to non-profit vendors for the Senior Companion Volunteer Activity , New Hampshire Foster Grandparents and the Retired Senior Volunteer Programs leveraged \$649, 484 of additional federal and grant dollars.

Assumptions As To Impacts: It is anticipated that the agency that provides Senior Volunteer Programs would have difficulty raising enough local funds to achieve the 10% match necessary to obtain federal funds. This assumption is based upon information provided by various agencies that report a significant decrease in the community contributions. Schools and programs that utilize the Foster Grandparents Program may have to scale back or even terminate their activities if the State matching contribution will no longer continue.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$54	\$54	\$54	\$54
Total Funds	\$54	\$54	\$54	\$54
	<u>SFY12</u>	<u>SFY13</u>		<u>SFY12</u> <u>SFY13</u>
Total Clients	200	200	# of Clients Affected	200 200

Accounting Information-Agency 481010

Accounting Unit 8918

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1014

Client Services Document & Page

Division & Bureau: DCBCS - BEAS

Title of Initiative: Elimination of the Retired Senior Volunteer Program Funding

Authorization(s) Needed

<u>X</u>	State Plan Amendment (State Plan on Aging)
<u>X</u>	Legislation: RSA 161-F 40

Estimated Impact to clients, providers, communities

There are a total of six (6) agencies receiving these funds. These agencies are:

- The Friends Program, Inc.
- Grafton County Senior Citizens Council, Inc.
- Monadnock Family Services
- North Conway Community Center, Inc.
- Southern NH Services, Inc.
- Tri-County Cap

The Retired Senior Volunteer Program provides mileage reimbursement and a small stipend for seniors to volunteer their time and skills to various businesses, agencies and schools throughout New Hampshire. Seniors skills are matched with need to provide diverse areas of volunteer experience. The elimination of this funding will reduce the ability of seniors to receive transportation reimbursement and a monthly stipend that supplements their income. The Retired Senior Volunteer Program relies on state funding for the 10% match required for the state to receive federal matching funds for the Program. In March 2009, Division III Finance Committee asked BEAS if we knew the amount of federal dollars received by agencies administering the Retired Senior Volunteer Program. The Corporation for National & Community Services administers and distributes federal funding for the Retired Senior Volunteer program, and reported distributing \$649,484 for Federal Year 2008. 367 seniors participated in the RSVP program.

Downshift to families: Eliminating the Retired Senior Volunteer Program will eliminate stipends for 367 low income seniors.

Potential Federal Dollars Lost: According to the Corporation for National and Community Services, the general funds of \$158,000 made available to non-profit vendors for the Senior Companion Volunteer Activity , New Hampshire Foster Grandparents and the Retired Senior Volunteer Programs leveraged \$649, 484 of additional federal and grant dollars.

Assumptions As To Impacts: It is anticipated that the agencies that operate the Retired Senior Volunteer Programs would have difficulty raising enough local funds to achieve the 10% match necessary to obtain federal funds. This assumption is based upon information provided by various agencies that report a significant decrease in the community contributions. Agencies and businesses that rely on RSVP for staffing would be impacted.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
\$000				
General Funds	\$72	\$73	\$72	\$73
Total Funds	\$72	\$73	\$72	\$73

	<u>SFY12</u>	<u>SFY13</u>		<u>SFY12</u>	<u>SFY13</u>
Total Participants	367	367	# of Participants Reduced	367	367
Accounting Information					
Agency 481010	Accounting Unit 8919				

Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1016

Client Services Document & Page

Division & Bureau: DCBCS, BEAS

Title of Initiative: Eliminate State Funding of ServiceLink Resource Centers

Authorization(s) Needed

RSA 151-E:8 Legislation:

Estimated Impact to clients, providers, communities

The elimination of State funds from the ServiceLink Program will seriously reduce the viability of this valuable program. General funds support the majority of the operational costs of the 13 ServiceLink sites, including staffing, telecommunications, occupancy, utilities, and licensing fees. General funds also are used to match federal funds that support services provided under the Transitions in Caregiving program, the State Medicare Health Insurance Program, Medicare Fraud and Abuse, and the recently awarded grants for long term care options counseling and hospital discharge planning. While local funding supports a portion of the program, it is not sufficient to support the entire operation. The State may be out of compliance with federal maintenance of effort requirements for Older Americans Act funding were State funding to be eliminated.

In SFY2010, ServiceLink reported over 85,665 contacts statewide. These included phone calls, walk-in contacts, office and phone appointments, and e-mails. The program provides information and assistance about long-term care services and supports for elderly people and adults with disabilities. More significantly, it is a well-known, readily accessible point of entry for long term care services. ServiceLink assists individuals and families to apply for both Medicaid and non-Medicaid services. By providing information about home and community based services, ServiceLink is a factor in decreasing the utilization of more costly nursing home care. While 2-1-1 can and does provide information about long term care services, it does not provide the long term care assessment and counseling about community options that RSA 151-E: 8 requires the DHHS to provide to every applicant for nursing home care. ServiceLink fulfills this requirement. It should also be noted that the majority of persons who have used ServiceLink are elderly, live alone, and have cognitive and/or communication impairments. Through its model of supported referral, ServiceLink actively works with these individuals to access the help they need and follows up with them to verify that they have acted on the information provided.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Potential Federal Dollars Lost: The general funds of \$641,000, for SFY 2012 and 2013 leverages a total of approximately \$2.5 Million each year in incremental funding detailed as follows:

	Total Funds Available SFY2012	Total Funds Available SFY2013
Asses & Counseling	\$1,286,707.65	\$1,312,441.80
I&R (SSBG)	\$143,699.02	\$146,573.00
Subtotal	\$1,430,406.67	\$1,459,014.80
Family Caregiver Support Title III-E	\$330,000.00	\$330,000.00
Community Living Program AoA Div III	\$274,015.00	\$274,015.00
Subtotal	\$604,015.00	\$604,015.00
SHIP	\$237,765.00	\$237,765.00
SMPP	\$126,540.00	\$126,540.00
SMP #2	\$0.00	\$0.00
MIPPA	\$58,000.00	\$58,000.00
MIPPA #2	\$0.00	\$0.00
Subtotal	\$422,305.00	\$422,305.00
MFP #2	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Total	\$2,456,726.67	\$2,485,334.80

Assumptions As To Impacts

- In 2010 Service Link had over 85,665 contacts statewide
- The State may be out of compliance with federal maintenance of effort requirements for Older Americans Act funding were State funding to be eliminated.
- RSA 151-E: 8 requires that DHHS to provide, to every applicant for nursing home care, long term care assessment and counseling about community options.
- Service Link is the first fully functioning statewide Aging and Disability Resource Center in the Nation, and just celebrated a decade of service.
- Reduction and consolidation of ServiceLink sites would occur.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

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Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings		
	SFY12	SFY13	SFY12	SFY13	
Rounded to \$000					
General Funds	\$1,361	\$1,375	\$641	\$641	
Federal Funds	\$1,737	\$1,751	\$0	\$0	
Other Funds	\$0	\$0	\$	\$	
Total Funds	\$3,098	\$3,126	\$641	\$641	
Total # Clients:	<u>2012</u>	<u>2013</u>	# Clients Contacts Affected:	<u>2012</u>	<u>2013</u>
	85,665	85,665		18,615	18,615

Accounting Information

Agency: 481010
Accounting Unit: 9565

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1015

Client Services Document & Page

Division & Bureau: DCBCS, BEAS

Title of Initiative: Eliminate ADRD Program

Authorization(s) Needed RSA 161:F Legislation:

Estimated Impact to clients, providers, communities

A reduction in general fund dollars for SFY12 will affect approximately 910 New Hampshire families who provide unpaid care for individuals with a diagnosis of Alzheimer's disease or other irreversible dementia.

The ADRD respite care provided for unpaid caregivers reduces the likelihood of caregiver burnout and placement of the individual in a nursing facility. The majority of these caregivers are caring for an individual who is close to becoming Medicaid-eligible.

The Nursing Home Diversion/Community Living Project team has been collecting data over the past two and a half years about family caregiving. Over 500 family caregivers were supported with respite services in SFY2010. For every month a family member cares for an individual at home the cost savings to Medicaid (based on current rates) is \$3500 **per month**. [500 X \$3500.00 = \$1,750,000.00] Providing these services is a cost savings measure.

Downshift to families: Eliminating the ADRD Program will eliminate funding for 910 families for individuals with Alzheimer's disease or other irreversible dementias.

Assumptions As To Impacts

- One in eight people aged 65 or older (13 percent) have Alzheimer's Disease. The projected change in the number of individuals with Alzheimer's in New Hampshire between 2000 and 2025 is an increase in 31.1% - 49%. *
- The financial impact to the state of reducing or eliminating ADRD would immediately increase Medicaid expenditures for nursing facility care.
- Reduction or elimination of ADRD funds will put at risk Federal Funds received by the State
- Family caregivers who do not receive respite services have only one option for care – institutionalization.
- The ADRD funds support the rebalancing efforts of the state by supporting frail older adults in the community.
- Documented statements from caregivers have indicated that without this assistance they would have placed the individual they were caring for in a nursing facility.

* Source: 2010 Alzheimer's Disease Facts and Figures, The Alzheimer's Association.

Projected Savings Vs Total Program Budget

Round to \$000	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
General Funds	\$324	\$330	\$324	\$330
Total Funds	\$321	\$321	\$321	\$321

	<u>2012</u>	<u>2013</u>	# Clients Reduced:	<u>2012</u>	<u>2013</u>
Total # Clients:	910	910	910	910	
Accounting Information Agency:			481010	Accounting Unit:	8943

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1015
Client Services Document & Page
Division & Bureau: DCBCS - BEAS
Title of Initiative: Elimination of Congregate Housing Program Funding

Authorization(s) Needed

- X Rules (He-E 611)
- X Legislation: (RSA 161 – F:34)

Estimated Impact to clients, providers, communities

The CHSP was established in 1987 as a low-cost alternative to nursing home care. It provides meals, housekeeping, personal assistance, transportation, and case management services to eligible residents of elderly housing. In many instances, the level of acuity among these service recipients is at or near the nursing home clinical eligibility standard. The program currently operates in the following areas: Manchester, Keene, Somersworth, and Laconia through contracts with the local housing authorities. In SFY 2009 the CHSP served a total of 225 individuals at an average annual cost of \$3,042. In contrast, the average annual cost of a Medicaid nursing home placement was approximately \$59,600.

Downshift to cities, towns and counties: Without these supports , individuals will no longer be able to manage to remain in their congregate living sitethey will be at risk for nursing facility care.

Assumptions As To Impacts

In view of the level of frailty experienced by CHSP participants, elimination of funding will inevitably result in a decrease in the level of services provided to this population, which may result in an increase in Medicaid nursing home placements because individuals may not be able to remain safely in the community. The program has also been used to transition nursing home residents back to their communities and maintain them in that setting. In these instances, the potential for some of these program participants to return to a nursing home is very real. The costs of nursing home care for the individuals who will spend down to the Medicaid eligibility level will be shifted to the counties. Community based programs like homemaker, home health, home delivered meals, and adult in home care may also experience an increase in service demand from those individuals who do not choose nursing home care. These programs may not be able to serve the increased demand, placing vulnerable persons at risk of illness, self-neglect, or even death.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$751	\$766	\$751	\$766
Total Funds	\$751	\$766	\$751	\$766
	<u>SFY12</u>	<u>SFY13</u>		<u>SFY12</u> <u>SFY13</u>
Total Clients	240	250	# Clients Reduced	240 250
<u>Accounting Information</u> Agency 481010 Accounting Unit 8915				

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1106
Client Services Document & Page
Division & Bureau: DCBCS-Bureau of Behavioral Health
Title of Initiative: Cap Caseload At Current Level

Description of Initiative: Reduce projected Medicaid caseload growth (based on actual historical data) from 2.5% per year to 0% per year.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules (identify)
- Legislation: (recommended language) BBH will seek statutory language allowing the CMHC's greater flexibility in establishing wait lists for services, and ability to prioritize individuals coming in for services.

Estimated Impact to clients, providers, communities

This will affect new clients requesting services at the CMHC's. BBH will propose establishing a wait list process to allow the CMHC's flexibility in prioritizing new clients requesting services to be put on a wait list for services, with those individuals in crisis being prioritized. The burden for care will shift to family members to provide supports until the individual is able to access services at the CMHC, primary care practices, school systems for children and local hospitals.

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$53,849	\$53,514	\$1,611	\$2,200
Federal Funds	\$53,849	\$53,814	\$1,611	\$2,200
Other Funds	\$0	\$0	\$0	\$0
Total Funds	\$107,698	\$107,028	\$3,222	\$4,400

Total # Clients/Units: 22,468

Clients/Units Reduced: 23,457

Accounting Information

Agency 092____Accounting Unit_70100000____
 Class 502

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1106
Client Services Document & Page
Division & Bureau: DCBCS-Bureau of Behavioral Health
Title of Initiative: Reduce Number of Adults Eligible for Services

Description of Initiative: Restrict eligibility for services for Adults with a Severe Mental Disability by reducing the population eligible for community mental health services by eliminating the Low Utilizer Category (affecting 670 adults per year) and reducing the SMI/SPMI population by 42%. This will eliminate community mental health services (such as Case Management, Evidence Based Practices, Functional Support Services, and Community Residential Services) to approximately 3,540 adults each year with a Severe Mental Disability. In addition, BBH would change the annual limit for mental health services for non-eligible Medicaid recipients from \$1,800 a year to \$300 a year. This would cover 1 intake evaluation, and 1 psychiatrist visit per year.

Authorization(s) Needed

- State Plan Amendment
- Rules (identify) He-M 401 Eligibility for Services, He-M 426 Community Mental Health Services

Legislation: (recommended language)

- *State Plan Amendment to modify the annual limit on services for non-eligible Medicaid recipients
- *Modify He-M 401 to restrict eligibility for services, and He-M 426 annual limit for non-eligible Medicaid clients.

Estimated Impact to clients, providers, communities

These are individuals with a Severe Mental Illness who require services. They will be at high risk for harming themselves or others in the community without services, will require frequent hospitalizations, will also have increased contact with law enforcement and hospital emergency departments, and the costs for serving this group of individuals will be completely cost shifted to: Family members, Hospital Emergency Departments, Hospital Inpatient including NHH which will lose all capacity, and law enforcement.

: NH will likely be found in violation of the American's with Disabilities Act (ADA) and Olmstead for failure to provide community based services that prevent institutional care, which will result in a Federal Law Suit. Communities are likely to have safety concerns.

These individuals will retain their Medicaid benefits, although as part of this proposal, BBH is also proposing to limit services to individuals not meeting eligibility requirements for services to \$300 annually.

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$53,849	\$53,514	\$6,766	\$6,698
Federal Funds	\$53,849	\$53,814	\$6,766	\$6,698
Total Funds	\$107,698	\$107,028	\$13,532	\$13,396

Total # Clients/Units: 3,391 # Clients/Units Reduced: 3,540
 Accounting Information Agency 092____Accounting Unit_70100000____

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

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Page Number in Governor's Budget: 1132

Client Services Document & Page: MH & SA pg 13

NHH-Stop all voluntary admissions

Although less than 10% of NHH's annual admissions, voluntary admissions allow for earlier treatment of a condition that could be much worse if the admission was delayed. Delayed admissions often results in increased acuity often ending with an involuntary admission because the individual became a danger to themselves or others. Increased acuity often requires more intensive care thereby increasing the cost of care. By accepting voluntary admissions, it mitigates the severity of the condition, resulting in less impact on community hospital emergency services, less court time processing the involuntary emergency admissions (IEA) and more opportunity to limit the length of stay at NHH because of early intervention.

Authorization(s) Needed -None

Estimated Impact to clients, providers, communities

Voluntary admissions would not receive intermediate care that could allow the patient to decompensate into emergency crisis often resulting in an involuntary admission through community hospital emergency services. This will add more of a burden to those emergency rooms, the court system and the community mental health system.

The cost to community hospital emergency services is difficult to estimate given that the cost per patient will vary by community hospital. Based on New Hampshire PricePoint information, the basic charge for an emergency room visit is \$1039. This would not include the cost of medication, other clinical services, and security personnel and does not include community mental health emergency services costs at \$250 /hour. On average, community mental health (through BBH) emergency services, involve two hours per patient for assessment. The length of time an emergency department could hold a psychiatric patient would be based on specific hospital policy and the willingness of the individual to stay in the hospital and not leave against medical advice.

The average community hospital cost for a severe inpatient psychiatric disorder is estimated at \$1886 per day.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	2,475	2,475
Clients Affected	200	200

Assumptions As To Impacts

Although approximately 10% of the total annual admissions to NHH are voluntary admissions, patients under this status have historically been part of NHH's mission. Eliminating voluntary admissions may favorably impact up front costs, therefore, expanding capacity for IEA admissions. The long term impact can not be accurately quantified but may result in higher costs due to lengthier hospital stays or unintended public safety risks.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 31,711	\$ 31,666	\$ 340	\$ 342
Federal Funds	\$ 13,976	\$ 13,954	\$ 146	\$ 147
Other Funds	\$ n/a	\$ n/a	\$ n/a	\$ n/a
Total Funds	\$ 45,687	\$ 45,620	\$ 486	\$ 489

Includes salary and benefits for (2.75 FTE) mental health workers and (1.0 FTE) registered nurse

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget: 1132

Client Services Document & Page: MH & SA pg 13

NHH-Restrict admissions to 5 days per week, 8 hours per day

The Hospital currently admits patients 24 hours a day, 7 days a week, allowing for expedient admissions and less time for the patient to spend in a community hospital emergency service setting. Expedient admissions frequently result in NHH's multi-disciplinary clinical team to stabilize the patient, formulate a treatment plan in a timely manner and crafting a discharge plan back to the community.

Authorization(s) Needed -None

Estimated Impact to clients, providers, communities

Community hospitals and the criminal justice system would not be able to refer patients as involuntary admissions beyond the 40 hours proposed in this option. The breakdown in admissions is as follows (based on an average of 208 admissions); 16% -first shift, 54% second shift, and 30% third shift. At a limit of 8 hours per day, NHH would elect to open admissions on the second shift, therefore 46% or 96 admissions per month would be delayed. This may result in community hospital emergency services holding a patient who is dangerous to self or others for a protracted period of time before NHH could triage those pending admissions statewide. The cost to community hospital emergency services is difficult to estimate given that the cost per patient will vary by community hospital. Based on New Hampshire PricePoint information, the basic charge for an emergency room visit is \$1039. This would not include the cost of medication, other clinical services, and security personnel and does not include community mental health emergency services costs at \$250 /hour. On average, community mental health (through BBH) emergency services, involve two hours per patient for assessment. The length of time an emergency department could hold a psychiatric patient would be based on specific hospital policy.

The average community hospital cost for a severe inpatient psychiatric disorder is estimated at \$1886 per day.

This could also result in individuals held in county correctional facilities. Although a specific per diem rate cannot be identified, it is reasonable to assume that the rate would be in the vicinity of \$103. In addition, county correctional per diem costs do not include law enforcement costs to transport to correctional facility.

Any delay of this nature could also affect NHH's length of stay as the delay in admission would result in a longer time to stabilize the patient before actual treatment could commence. Each additional day as a NHH inpatient results in a cost of \$650.00 (\$929 x .70).

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	2,475	2,475
Clients Affected	1,658	1,658

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Assumptions As To Impacts

The 26 community hospitals throughout the state would be required to spend an incalculable amount of hospital resources including increased security surveillance to assure the safety of both the patient and other patients during a psychiatric event. Depending on the demographics of a community hospital emergency services at any given time, the delays in admissions may have a cascading effect impacting other medical or behavioral health services throughout the state. A possible offset to community hospital's cost would be based on the viability videoconferencing. The offset is based on the assumption that through teleconferencing assessment, a patient would not need a NHH admission and could be referred to outpatient mental health services.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 31,711	\$ 31,666	\$ 458	\$ 467
Federal Funds	\$ 13,976	\$ 13,954	\$ 196	\$ 201
Other Funds	\$ n/a	\$ n/a	\$ n/a	\$ n/a
Total Funds	\$ 45,687	\$ 45,620	\$ 654	\$ 668

Includes salary and benefits for (4.0 FTE) mental health workers and on-call physician services.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Page Number in Governor's Budget: 1185

Client Services Document & Page: C & F pg 15

BDAS- Reduction of Governor's Commission on Alcohol and Other Drug Prevention, Intervention and Treatment by \$1,493,000 for SFY 12 and \$1,512,000 for SFY 13 for Total reduction of \$3,005,000

Authorization(s) Needed

- ___ State Plan Amendment
- ___ Other Federal Authorization (describe)
- ___ Rules
- ___ Legislation:

Estimated Impact to clients, providers, communities

PREVENTION

- Loss of the additional funding, \$780,847 in SFY 12 and SFY 13, proposed in the Division III hearing process will result in the elimination of "prevention direct services" for 12,013 clients (mostly youth) over the reduction in services proposed in the Governor's budget. Direct services target individuals that are at high risk for substance abuse and those that are engaged in problem use but that do not yet meet the criteria for substance abuse.

TREATMENT

- Loss of treatment funding of \$641,053 in SFY 12 and \$620,053 in SFY 13 will result in the elimination a number of alcohol and other drug treatment services contracts, resulting in a loss treatment services for approximately 808 individuals in addition to the reduction proposed in the Governor's budget, over the two year period.

INFRASTRUCTURE

Programs providing professional competency training and evidence based practice technical assistance would be substantially reduced as follows:

- NHADACA Statewide conference- \$40,000 in SFY '13
- Website- \$21,100 in each of SFY '12 and '13, Total = \$42,200
- Infrastructure Support- \$50,000 in each of '12 and '13 = Total \$100,000

FEDERAL BLOCK GRANT

The Bureau of Drug & Alcohol Services will miss the targeted Maintenance of Effort for the Federal Block Grant by \$1,649,267 in SFY 12 and \$1,111,866 in SFY 13, resulting in a like reduction in the federal grant. Block Grant funds are allocated 80% to Treatment and 20% to Prevention.

- 10 Regional Prevention Networks are currently funded by the Block Grant. Loss of these funds \$329,853 in FY 12 would result in a reduction to their current contracts of approximately 44%. Loss of \$222,373 in FY 13 would result in a reduction of approximately 30% to the Regional Networks.
- Loss of treatment funding of \$1,319,414 in SFY 12 would result in approximately 846 clients not receiving services and a loss of \$889,493 in SFY 13 would result in approximately 570 clients not being served.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Assumptions As To Impacts

All general fund reductions would come from Org 1388, Governor's Commission fund. The federal maintenance of effort required by the Block Grant would be impacted and result in a reduction of the Block Grant, Org 5365.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$3,226	\$3,059	\$1,493	\$1,512
Federal Funds	\$6,928	\$7,022	\$1,649	\$1,112
Other Funds	\$	\$	\$	\$
Total Funds	\$10,154	\$10,081	\$3,142	\$2,624

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

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Page Number in Governor's Budget - 1070

Client Services Document & Page – Wellness & Prevention Services – Page 6

DPHS- Decrease general fund allocation for PH Emergency Preparedness

Emergency Preparedness funds provide the staff and the contracted services to maintain national target capabilities to effectively respond to any event whether biological, chemical, radiological or naturally occurring health threats. The public health emergency preparedness programs build and sustain specific infrastructure that will decrease the time and increase the capacities to respond to any threat. Services include the systems and capacity to monitor and analyze infectious disease surveillance, laboratory testing, and ensure an infrastructure trained in incident response. Through emergency preparedness and response funds, public health staff routinely drill and exercise capabilities to identify gaps and develop improvement plans. Preparedness and response activities will provide emergency public information and warning when a threat occurs. Program activities across public health are targeted to decrease the time needed to identify the incident and provide information in order to protect the public including vulnerable populations. Preparedness funds provide for infectious disease expertise within public health to remain informed and respond to emerging threats.

The proposed reduction in general funds includes the following: elimination of 3 FTE reduce one FTE to .5 FTE and reduce contractual services for the Disaster Behavioral Health Training program. The reduction in personnel may further shift program responsibilities to existing personnel to accomplish the overarching objectives of the program.

Authorization(s) Needed

- ___ State Plan Amendment
- x Other Federal Authorization (describe) Current match requirements under CFR 45 may further impact program requirements and eligibility for federal funds.
- ___ Rules
- ___ Legislation:

Estimated Impact to clients, providers, communities:

- Limited personnel to detect a potential or actual threat for a natural disaster or outbreak of disease.
- Statewide planning, capacity and expertise for will be limited.
- Progress in system infrastructure development may be compromised.
- Decreased capacity to warn and inform the public during an emergency event.
- Support and volunteers not trained or available to respond to public health emergencies or natural disasters such as floods and infectious disease outbreaks.
- Statewide potential for increased vulnerability to hazards and threats.

SFY12 SFY13

Total Clients
Clients Affected

General population 1.3 million
Indeterminable

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Assumptions As To Impacts

- Personnel reductions will impact the overall statewide capacity to respond effectively to an emergency event.
- Proposed reduction of \$350,000 per SFY 12-13 will shift current proportion of Federal- General funds.
- Maintenance of Effort may change due to changes in funding levels over time.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 1,147	\$ 1,161	\$ 350	\$ 350
Federal Funds	\$ 5,130	\$ 5,197	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 6,277	\$ 6,358	\$ 350	\$ 350

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - 1073

Client Services Document & Page

DPHS-Eliminate Mosquito Control Fund

Description of Initiative

Mosquito-borne or arboviral diseases, namely Eastern Equine Encephalitis (EEE) and West Nile virus (WNV) have had very serious, and in some cases deadly, public health impacts in New Hampshire.

Since 2003

- 4 NH citizens have been diagnosed with WNV.
- 12 NH citizens have been diagnosed with EEE.
- Many of these individuals have been severely affected, some permanently.
- 2 died from EEE

The Mosquito Control Fund was established to provide financial assistance to towns, cities, and Mosquito Control Districts (MCDs) for mosquito control. Further, the Mosquito Control Committee (established under RSA 430:10) provides oversight, communication, and coordination of interagency efforts related to mosquito-borne diseases, giving each agency a voice in mosquito-related decisions. The elimination of the mosquito control fund would shift full fiscal responsibility for mosquito control activities, specifically those within the geographic areas that NH DHHS has determined a public health threat, to local municipalities. Since 2006, several Public Health Threats have been declared in response to arboviral disease activity. Such declarations have been critical in relaying the risk of disease and enabling the award of reimbursement funds to communities for mosquito control. Appropriate mosquito control activities that have been reimbursed are those that are aimed at the identified threat and target the abatement of mosquitoes through the application of pesticides aimed at mosquito larvae or adult mosquitoes.

In 2010, NH carried over the public health threat declaration in 2009 that affected 59 towns/cities. Ten communities detected EEE for the first time in 2009. Arboviral disease activity remained present in 2010 with one human case of WNV, one animal case of EEE and one positive WNV mosquito batch. The mosquito control fund, in part, supports reagents to conduct tests on arboviral samples submitted to the NH PHL during the arboviral season. Samples submitted to and tested in the NH PHL in 2010:

- 30 human
- 8 animal
- 2,181 mosquito batches

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation:

Estimated Impact to clients, providers, communities

- NH citizens living in those geographic areas with a declared public health threat may be at higher risk for acquiring mosquito-borne diseases such as EEE and WNV.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

- The elimination of the mosquito control fund may prohibit affected communities from conducting mosquito control activities.
- Limited capacity for testing mosquitoes, animal and human samples as part of the NH DHHS overall strategy to monitor and control arboviral diseases.
- Cost of mosquito control will shift solely to communities.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	general population - 1.3 mill	
Clients Affected	indeterminable	

Assumptions As To Impacts

- Arboviral illness will continue to pose a public health threat for NH citizens.
- Program staff within the NH PHL and the Bureau of Disease Control will continue to conduct arboviral surveillance activities from July through October.
- Local municipalities may not be capable of bearing the cost for mosquito control activities.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 180	\$ 180	\$ 180	\$ 180
Federal Funds	\$	\$	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 180	\$ 180	\$ 180	\$ 180

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - Page 1060

Client Services Document & Page - Wellness & Prevention - Page 7

DPHS-Eliminate/Reduce support for Quit Line

Description of Initiative

Through population based education, professional education, surveillance and service provision for quitting tobacco use, reduce youth initiation of tobacco use, reduce population exposure to second hand tobacco smoke, and provide services to NH adults who use tobacco products, to aid in quitting.

Authorization(s) Needed None

Estimated Impact to clients, providers, communities

- NH health care providers would have limited access to tobacco treatment resources for their patients that are trying to quit smoking, chewing, or dipping. This is an important public health and clinical tobacco treatment link. Many people who access quitline services are referred by a health care provider.
- Tobacco treatment materials would no longer be mailed to those requesting assistance for quitting tobacco use.
- Nicotine replacement therapy would NOT be available to callers from a low socioeconomic background.
- NH would be the only state in the country (and Canadian Provinces) with a reactive tobacco user's quitline. This means that Tobacco Treatment Specialists could provide services in real time only to incoming calls from NH residents. Outbound calls to support persons attempting to quit smoking would become cost prohibitive.
- Eligibility by callers to utilize no-cost services would be re-defined by DPHS.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected		

Assumptions As To Impacts

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 125	\$ 125	\$ 125	\$ 125
Federal Funds	\$ 874	\$ 876	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 999	\$ 1,001	\$ 125	\$ 125

Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - 1071

Client Services Document & Page

DPHS- Remove general fund allocation for STD

The STD/HIV Prevention Section within DPHS contracts with 20 health care agencies to provide comprehensive services including confidential diagnosis, testing, and treatment for sexually transmitted diseases (STD) including HIV. Clinic services are provided to all clients, often those uninsured or under-insured, and medications are provided to promptly treat and prevent further transmission, without cost to the client. Clients diagnosed with STDs statewide may be referred into these clinics to ensure prompt and appropriate treatment and to provide risk reduction counseling. The STD program staff serves as consultants and resources to medical providers and offers these clinical services in partnership with private providers.

The occurrence of STD in NH in 2010 (provisional data):

- 2,484 cases of chlamydia were reported, 2,100 in 2009.
- 146 cases of gonorrhea were reported, 110 in 2009.
- 44 cases of syphilis were reported, 37 in 2009.
- 40 cases of HIV were reported, 25 in 2009.
- 23 cases of AIDS reported, 22 in 2009

Clinic staff conducts disease investigation and partner counseling and referral services in collaboration with state personnel to identify persons at risk needing treatment and referring those clients into clinics. The clinics provide services aimed at reducing the incidence and the spread of STDs in the state. STD clinics are required to provide treatment consistent with national guidelines established by the Centers for Disease Control and Prevention (CDC).

In SFY10 the following services were provided:

- 6,127 clients were served in the STD clinics and provided screening, testing, treatment and and education on risk reduction.
- 4,918 HIV tests were conducted
- 382 clients were referred and interviewed for identification of sexual partners

Authorization(s) Needed -None

Estimated Impact to clients, providers, communities

- Contract services for STD/HIV clinical services will not be conducted.
- Increased demand on private provider settings including hospital emergency departments for STD services.
- Potential reduction or ineligibility of the state STD Prevention program for federal STD prevention funding without continuation of statewide STD clinical services.
- Decreased availability in performance measurement data on the burden of STDs.
- Potential increase in STD risk behaviors, STD incidence and complications of STDs if not treated timely and effectively.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	6,627	6,627
Clients Affected	6,627	6,627

Assumptions As To Impacts

- Public clinics aimed specifically at the prevention and control of sexually transmitted diseases including HIV will not be available in the state.
- STD incidence will be negatively impacted without clinic services.
- STD cases may go untreated or treatment may be delayed, potential for complications such as infertility and Pelvic Inflammatory Disease specifically due to chlamydial or gonorrheal infection.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 344	\$ 344	\$ 344	\$ 344
Federal Funds	\$ 281	\$ 322	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 625	\$ 666	\$ 344	\$ 344

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

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Page Number in Governor's Budget - 1083

Client Services Document & Page – Wellness & Prevention – Page 14

DPHS-Eliminate various Lab Services (TDB)

Description of Initiative

The New Hampshire Public Health Laboratories (PHL) was established in 1901 and has since protected the citizens of the State of NH with responsive, unbiased, quality laboratory testing. The need for a functional PHL is evident with the responsibility of the State to respond to emerging infectious diseases such as EEE and pandemic influenza. Hospital/clinical laboratories participate in a statewide laboratory system by providing diagnostic laboratory testing. The PHL performs testing that is not within the scope of these hospital laboratories to control the spread of infection and perform disease surveillance of the population. The PHL provides 24/7 availability for testing such as:

- Surveillance of infectious disease agents such as influenza, Eastern equine encephalitis (EEE), norovirus and tuberculosis. Surveillance is not performed in the private sector.
- Emergency response testing for biological, chemical and radiological agents. No definitive testing for bioterrorism or chemical agents is performed in the private sector.
- Radiological surveillance around Nuclear Power plants in NH and Vermont.
- Dairy and shellfish testing to support food safety and industries in the State of NH
- Training for hospital/clinical laboratory partners for detection of newly emerging pathogens and continuing threat agents.

The programs within the section provided the following services in SFY 10:

1. 100 hospital laboratory/laboratory system partners trained in packaging and shipping of specimens/biological agent detection and referral protocols
2. 2,804 samples tested for chemical emergency preparedness and response
3. 1,063 radiochemical analyses performed
4. 1,196 food, dairy and shellfish samples tested
5. 496 rabies tests performed
6. 2,819 tuberculosis tests performed
7. 39,192 clinical microbiology/virology specimens tested

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe) federally funded programs may be impacted by elimination of various Laboratory Services.
- Rules
- Legislation:

Estimated Impact to clients, providers, communities

- Detection and reporting of STD's to the state may be delayed and impact control and spread. Reference laboratories will be expected to report cases in a timely manner.
- Data produced for the STD/HIV Prevention Programs may be less available.
- Providers will use reference laboratories for this testing and fees per test may be higher.
- Federal funding for STD Prevention may be impacted.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

	<u>SFY12</u>	<u>SFY13</u>	
Total Clients			
Clients Affected			All Citizens of the State of New Hampshire.

Assumptions as To Impacts

- Some testing performed by the NH PHL is not available in the private sector.
- There is limited regional capacity due to the effects of budget and personnel cuts in State Laboratories. Surveillance is not a function of private or clinical laboratories in the State.
- Cost of testing will shift toward the uninsured, community health centers and hospitals
- Elimination of STD testing lab services will save in reagents and supplies for laboratory testing as well as equipment upgrades and service contracts. The test not performed will be:
 - 11,328 Chlamydia tests
 - 4,703 Gonorrhea tests
 - 2,447 Syphilis tests
 - 2,353 HIV tests

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 2,623	\$ 2,622	\$ 150	\$ 150
Federal Funds	\$ 994	\$ 1,016	\$	\$
Other Funds	\$ 70	\$ 70	\$	\$
Total Funds	\$ 3,687	\$ 3,708	\$ 150	\$ 150

Notes: Savings will come from class 548 reagents and supplies as well as class 30 equipment. Estimated amounts will be 120 from class 548 and 30 from class 30.

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

**Page Number in Governor's Budget - 1059
Client Services Document & Page - Children & Families - Page 24
DPHS-Unfund WIC Farmer's Market**

Description of Initiative

The WIC Farmers Market Program distributes coupons to women and children enrolled in WIC for fresh fruits and vegetables that can be redeemed at approved farmers markets. WIC promotes healthy nutrition, including encouraging families to eat more fruits and vegetables every day for better health. The WIC Program is a public health nutrition program for low- to moderate-income pregnant women, new mothers, infants, and children up to 5 years of age. Proper nutrition for young children is crucial to their growth and development, mentally as well as physically.

Authorization(s) Needed None

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

Minimal. The WIC Farmers' Market has had decreased redemption rates for the past several years. Redemption rates are currently 33% and WIC participants now receive a fruit and vegetable coupon monthly that they can redeem at local grocery stores.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	NA	NA
Clients Affected		

Assumptions As To Impacts

Continued federal funding for the other components of the WIC program is maintained.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 10	\$ 10	\$ 10	\$ 10
Federal Funds	\$ 14,673	\$ 14,640	\$ 98	\$ 98
Other Funds	\$	\$	\$	\$

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget - 1036

Client Services Document & Page - Wellness - Page 16

DPHS-Decrease funding for the Health Workforce Program (Loan repayment)

Description of Initiative

The State Loan Repayment Program (SLRP) provides loan repayment to primary care providers including physicians, physician's assistants, advanced practice nurses, mental health providers, dentists and dental hygienists. Providers receive reimbursement for educational loans in return for providing services in areas that are underserved and practices that serve those who have difficulty accessing services due to being uninsured or underinsured. The State Loan Repayment Program has a retention rate of 90%, which means those providers remained serving in underserved areas of NH after their service commitment under SLRP was completed.

Authorization(s) Needed None

- _____ State Plan Amendment
- _____ Other Federal Authorization (describe)
- _____ Rules
- _____ Legislation:

Estimated Impact to clients, providers, communities

- No new contracts will be signed with primary health care providers.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients	NA	NA
Clients Affected		

Assumptions As To Impacts

For SFY 2012 we have 22 primary care providers contracted to receive loan repayment and for SFY 2013 contracted to receive loan repayment. We would also be unable to award new contracts to primary care providers serving in those areas. This would result in the potential loss of current providers and decreased ability to recruit new providers to provide primary care in underserved areas.

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 400	\$ 400	\$ 50	\$ 50
Federal Funds	\$	\$	\$	\$
Other Funds	\$	\$	\$	\$
Total Funds	\$ 400	\$ 400	\$ 50	\$ 50

**Department of Health and Human Services
House Budget Reduction Options SFY12-13**

March 9, 2011

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1158-1159

Client Services Document & Page

OOS-Community Residence Licensing Revenue

To change the amount of \$25 per bed approved in the Governor's Budget to \$85 per bed under RSA 126:A: 19-20 for Community Residences and/or Certified Day Programs collectively with over 2,640 beds. This would make the Community Residence Program self-supporting and the providers would have a fee over triple what is proposed in the Governor's Budget. The increase would result in Revenue of \$224,400 in SFY 2012 and SFY 2013.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation: 126:A: 19-20 Fees, 151:4(1c) Community Facility Exemption

Estimated Impact to clients, providers, communities

Estimated Impact to providers is disclosed above.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected	None	

Assumptions As To Impacts

To fully fund staff for this valuable licensing and monitoring program.
Assume implementation by 1/1/12

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$278	\$203	\$112	\$203
Federal Funds	\$288	\$277	\$	\$
Other Funds	\$ 66	\$ 64	\$	\$
Total Funds	\$566	\$544	\$112	\$203

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1155-1156

Client Services Document & Page

OOS-Child Care Licensing Revenue

To change the amount of \$50-\$300 per licensed facility per three (3) year period which was approved in the Governor's Budget to an annual fee of \$225-1,350 per facility under RSA 170-E: 6 for 944 Child Care facilities over 9 License types. This would make the Child Care Licensing Program self-supporting and the providers would have to pay an annual license fee over the Governors Budget. The increase would result in Revenue of \$489,937.50 in SFY 2012 and SFY 2013.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation: RSA 170:E: 6 Fees

Estimated Impact to clients, providers, communities

Estimated Impact to providers is disclosed above.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected	None	

Assumptions As To Impacts

To fully fund staff for this valuable licensing and monitoring program.
Assume implementation by 1/1/12

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$ 545	\$ 551	\$ 245	\$ 490
Federal Funds	\$ 855	\$ 863	\$	\$
Other Funds	\$ 41	\$ 41	\$	\$
Total Funds	\$1,441	\$1,455	\$	\$

**Department of Health and Human Services
House Budget Reduction Options SFY12-13
March 9, 2011**

The following initiatives are being discussed as potential reductions to the Governor's budget for SFY12 & SFY13 in order to reduce general fund demand.. These proposals may change or be eliminated during future discussions and should not be considered recommendations of the Department, Governor's Office, or House Finance Division III. Estimated impacts are based on information available at the time the options were developed.

Page Number in Governor's Budget 1156-1157

Client Services Document & Page

OOS- Health Facility Licensing Revenue

To change the fee structure of RSA 151:5 Licenses to a modified fee structure for 21 of the 23 License categories. This would make the Health Facility Licensing Program self supporting and the providers would have to pay a fee a little over double what they pay today for 839 facilities. The increase over current budget proposed is \$528,976.99 in SFY 2012 and \$525,139.39 in SFY 2013 for Revenue.

Authorization(s) Needed

- State Plan Amendment
- Other Federal Authorization (describe)
- Rules
- Legislation: Change RSA 151:5 Fees, 151:4 (1c) Community Facility Exemption

Estimated Impact to clients, providers, communities

Estimated Impact to providers is disclosed above.

	<u>SFY12</u>	<u>SFY13</u>
Total Clients		
Clients Affected	None	

Assumptions As To Impacts

To fully fund this valuable licensing and monitoring program.
Assume implementation by 1/1/12

Projected Savings Vs Total Program Budget

	Total Program Budget		Estimated Savings	
	SFY12	SFY13	SFY12	SFY13
Rounded to \$000				
General Funds	\$529	\$525	\$529	\$525
Federal Funds	\$	\$	\$	\$
Other Funds	\$490	\$494	\$	\$
Total Funds	\$1,019	\$1,019	\$265	\$525