State of New Hampshire
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NICHOLAS A. TOUMPAS
COMMISSIONER

July 19, 2012

Representative Ken Weyler
Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

Re: Dashboard – June 2012

Information

Pursuant to Chapters 223:6 (HB1) and 224:14 (HB2), Laws of 2011, the Department of Health and Human Services is providing this dashboard report, which, along with the quarterly report to the Fiscal Committee on expenditures for the Medicaid program, provides a status on demand for services in entitlement programs. The purposes of this dashboard are to:

1. Provide summary information on enrollments in several high cost programs managed by the Department,
2. Monitor high level fiscal issues to ensure sufficient funding is available for entitlement programs and for programs intended by the legislature, and to
3. Provide a summary of significant administrative and operations initiatives.

Explanation

Chapter 224:14 (HB2), Laws of 2011 provides certain restrictions and authorities for the Department of Health and Human Services to address potential budget shortfalls. Specifically, paragraph I requires prior approval of the Fiscal Committee of the General Court and Governor and Council (G&C) for any change to program eligibility standards or benefit levels that might be expected to increase or decrease enrollment in the program. Paragraph III authorizes the Commissioner to transfer funds, with the exception of class 060, benefits, within and among all accounting units within the Department, as the Commissioner deems necessary and appropriate to address present or projected budget shortfalls subject to the approval of the Fiscal Committee and G&C.

Individuals Enrolled For Services

As noted in Table 1, on the next page, caseloads continue to grow for most services, but at a much slower rate than was experienced in SFY 2011. For the year ended June 2012, the Department provided services to an average of 154,715 individuals per month. This represented an increase of 1.2% over the prior year. While unemployment for New Hampshire has been improving and caseload growth has slowed for most need-based programs, the Department continues to serve an unprecedented number of clients. The economic realities of lower wages, fewer employee benefits and increased part-time or temporary employment are factors that continue to influence service demand and delivery.

The Department's mission is "to join communities and families in providing opportunities for citizens to achieve health and independence." The largest programs managed by the Department are the food stamp and Medicaid programs, both of which are means tested programs serving low-income individuals. Caseload data contained in the Dashboard represents individuals who have not achieved independence. "Poverty" is often defined as living at or below 100% of the federal poverty guidelines and "Low income" as those making less than 200% of the poverty threshold. Nearly half of Americans are low-income as rising expenses and unemployment shrink the middle class." While there is debate as to what should be considered poor or low income, there is little disagreement that more people are earning less money and are qualifying for assistance.

Table 1
Average Monthly Enrollment (Persons) Year Ended June

	2009	2010	2011	2012
Total Unduplicated Persons	131,148	145,949	152,821	154,715
Pct Increase from Prior Year		11.29%	4.71%	1.24%
Medicaid Persons	107,488	117,025	119,612	119,832
Pct Increase from Prior Year		8.87%	2.21%	0.18%
Food Stamp Persons	72,973	99,219	112,302	115,987
Pct Increase from Prior Year		35.97%	13.19%	3.28%
FANF Persons	12,026	14,098	13,696	10,870
Pct Increase from Prior Year		17.22%	-2.85%	-20.63%
APTD Persons	7,279	8,284	8,794	8,778
Pct Increase from Prior Year		13.81%	6.16%	-0.19%
Elderly Nursing Services	7,253	7,288	7,179	7,304
Pct Increase from Prior Year		0.47%	-1.49%	1.74%

The majority of individuals serviced by the Department fall into three groups and programs to help these individuals require different approaches with differing objectives.

- Permanently Disabled: Individuals who require long term care services,
- Temporarily Low Income: Individuals who lost employment and exhausted financial resources, but who have the ability to likely recover when jobs are available, and
- Chronically Low Income: Individuals who must overcome impediments to gain financial independence.

For the permanently disabled, which includes the developmentally disabled, frail elderly and those with mental health issues, the objective is to help them maximize their abilities, recognizing that for many there will always be a need for long-term services and supports. For the Temporarily Low Income, the primary assistance needed is job opportunities. In some instances, when entire industries close down, re-training and new occupations may also be required. The most complex individuals are the Chronically low income, for which safe and affordable housing is becoming an increasing concern. Other statistical data includes the following:

- In New Hampshire, 6.6% of the population lives below the poverty line. This compares to 12.5% in Maine, 10.8% in Vermont and 10.6% in Massachusetts (Money/CNN).
- 10.3% of New Hampshire's population lacks health insurance versus 9.5% in Vermont, 9.4% in Maine, and 5.6% in Massachusetts (Money/CNN).
- Three-quarters of federal welfare assistance went to single-parent families and the rise in out-of-wedlock childbearing and the increase in single parenthood are major causes of high levels of child poverty (Heritage Foundation).
- 36% of the unmarried fathers had a prison record and many long prison sentences are the result of victimless drug crimes and recommitment for minor parole offenses (Brookings Institute).
- Achieving higher levels of education greatly reduces the incidence of living in poverty (US Dept of Labor). New Hampshire ranks 4th nationally with 90.9% of adults with a high school diploma. The inverse is that 9.1% lack a high school diploma (2011 New Hampshire State Health Profile, DHHS).
- Over half of all low-income children in the United States have a parent who works full time, year-round, but they work in low-wage jobs that typically offer few benefits (such as health insurance, paid sick leave and retirement plans), little stability and few opportunities for advancement (National Center for Children In Poverty).

Medicaid Program

Medicaid is the largest and most costly program administered by the Department. Total Medicaid costs account for in excess of 70% of total Department costs. Medicaid caseloads have stabilized but, as noted previously, remain at historic highs. A recent forecast developed for the Department is for a 1.0% annual increase in caseloads. Pursuant to SB147, the Department is implementing a managed care program to provide these services, which will not change the eligibility, but will impact how Medicaid services are delivered.

FANF Caseloads

Caseloads for Financial Assistance for Needy Families (FANF) have decreased by 21% from the previous year. Much of this reduction is related to termination of the two-parent program as part of the budget, as well as changes to the criteria applied to other programs for eligibility.

Cash Assistance For Disabled Clients

Enrollment for Aid to the Permanently and Totally Disabled (APTD) were similar to prior year. The last few months of SFY12, however, showed significant declines in caseloads related to the change in treatment of Social Security Income in determining eligibility for benefits. This change reduced caseloads by 1,400 cases.

Food Stamps

Approximately 15% of the US population is now receiving Supplemental Nutrition Assistance Program (SNAP) services. That's an increase of 74% since 2007. Recent news accounts estimated 40% of food stamp recipients are in households in which at least one member of the family earns wages, but earns wages below the eligibility threshold for food stamps. For the year 2010, the national average food stamp participation was 14.1%. New Hampshire was third lowest in the nation at 8.5%.

Housing & Homelessness

In June 2008, the food stamp program had 304 homeless households, or 1.2% of the caseload, by February 2012, this number had increased to 2,421 homeless households, or 4.3% of the caseload.

Children In Out-Of-Home Placement

The number of children in foster care declined by 5% versus SFY2011 and by 18% from SFY2010. Similarly, the number of children in out of home residential care has declined by 23% versus SFY2011 and by 30% from SFY2010. This is a result of two factors. For the past several years, the Department has made a concerted effort to reduce the number of out of home placements. These efforts have helped to keep children in their own homes with the provision of in-home services and have decreased the length of stay in out-of-home placements as well. A second factor is the new, more restrictive, definition for CHINS and the transition home of the CHINS children who do not meet the new definition.

Administrative Reorganization

The Department has been restructuring and downsizing the organization. The budget for SFY2012-2013 abolished 373 positions, which the Department had held vacant through attrition, thus permanently reducing the size of the organization. In SFY 2000, the Department had a budget of $1.2 billion and approximately 2,811 filled positions, which equates to a staffing ratio of 2.4 employees per million dollars of budget. The SFY 2012 budget is $1.9 billion and filled positions are 2,753 for a staffing ratio of 1.46. This downsizing of the organization comes at a time when the Department is also being tasked to implement mandated elements of the Accountable Care Act and transformation initiatives required by the SFY 2012-2013 budget.

Litigation & Audits

In addition to managing current operations and working toward implementation of the significant transformation initiatives required in the budget for SFY2012-2013, such as care management, mental health transitional housing, re-engineering front end operations, consolidation of district offices and health information exchange, Department resources have been necessary for addressing audits and litigation including:

- Litigation involving acute care hospitals
- Litigation involving providers of residential care for children
- Managing the disproportionate share program for SFY2012 and the related adjustment to outpatient claims
- Office of Inspector General audit of Medicaid To Schools program
- LBA financial audit of New Hampshire Hospital for the nine months ending March 31, 2011
- State Single Audit

Summary

The Department has continually committed to making critical assessments of the current systems for management of care for clients meeting eligibility criteria and to transitioning delivery systems to more effective and efficient systems with the intended purposes of improving the value of the services delivered. These transitions require a clear definition of what constitutes a New Hampshire health and human service safety net, and difficult decisions on how best to deliver those services through new technologies and contractual arrangements with providers of those services. This message has been conveyed to staff, providers, advocates and policy makers and is the basis for the SFY 2012-2013 budget and the change initiatives in four primary areas:

1. Care management for client enrollment in the Medicaid program,
2. Reengineering service delivery systems,
3. Investing in enabling technologies and
4. Continuous process improvement.

The more substantive long-term issues are to identify and address the root causes for individuals requiring supports. According to some sources, New Hampshire is the most livable state, one of the healthiest states, ranks high on the annual survey on children's well being, among the most educated states and has a high per capita income. What separates the low-income individuals receiving State services from the averages? High school dropout rates, the causes of incarceration in the correctional system, the availability of jobs, which provide health and retirement programs and choices made regarding healthy lifestyle options are linked. Effective solutions to the systemic issues will require a coordinated effort among several State agencies to identify and address the root causes.

Respectfully submitted,

Nicholas A. Toumpas
Commissioner

Enclosure

cc: Representative Ken Weyler, Chairman, House Finance Committee
The Honorable Chuck W. Morse, Chairman, Senate Finance Committee
The Honorable John Reagan, Chairman, Health and Human Services Oversight Committee
The Honorable Jeb Bradley, Chairman, Senate Health and Human Services Committee
His Excellency, Governor John H. Lynch
The Honorable Raymond S. Burton
The Honorable Dan St. Hilaire
The Honorable Chris Sununu
The Honorable Raymond J. Wieczorek
The Honorable David Wheeler
The Honorable Neal Kurk
The Honorable William O'Brien
The Honorable Peter Bragdon

Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
June 2012

Care Management

The budget requires a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. 1396u-2 and includes savings of $16 million general funds for this initiative. The Department developed a three-phased approach consistent with the language of Chapter Law 125 (SB 147). Step 1 includes all Medicaid and Children's Health Insurance Program (CHIP) State Plan medical, pharmacy, and mental health services for all populations with the exception of Spend down populations. Step 2 will include specialty services for the long term care populations, including nursing home services and, considers the state's option to manage financing for specialty services for those dually eligible for Medicaid and Medicare. Step 3 will include the Medicaid expansion population under the Affordable Care Act. After passage of the budget, the Department implemented an expedited process for developing and RFP for these services, which led to Governor & Council of three contracts with Medicaid Managed Care Organizations (MCO) on May 9, 2012. The contracts, along with Medicaid State Plan Amendments have submitted to the Centers for Medicare & Medicaid Management (CMS) for approval. The Department submitted the plan to the Center for Medicare & Medicaid Management (CMS) on March 31st for approval. On June 28th, a formal Request for Additional Information (RAI) was received from CMS. We anticipate that it will take us until the end of July to respond to their questions and CMS has confirmed that once they receive the response, they have an additional 90 days for consideration. They have also indicated that they have no formal timeline to act on and approve the contracts and to certify the rates for the program.

The Department and MCO's are conducting implementation and readiness activities, however, we believe that a realistic target date for implementation will be January 1, 2013. Enrollment of the Medicaid population will begin on November 1st. The first notices to Medicaid enrollees will be issued in mid-September. Public forms are being held.

Children's Health Insurance Program (CHIP)

The budget requires a restructuring of the administration of the Children's Health Insurance Program. The Core CHIP Transition Team believed that transitioning the CHIP program into the Medicaid program, as a Medicaid expansion, was the most practical and beneficial option for the State of New Hampshire and for the children on the program. A core CHIP transition planning team comprised of Division of Family Assistance and Office of Medicaid and Business Policy staff created and implemented a work plan including but not limited to system changes, staffing, customer service, budget, rules/State Plan amendment, stakeholder involvement, operations, brand, and marketing/outreach. The New Hampshire Healthy Kids Corporation continued to administer the program until July 1, 2012 at which time administration of the CHIP program was assumed by the Department.

Medicaid Management Information System (MMIS)

On January 1, 2012, the Provider Enrollment function was implemented for the new MMIS and communication has been shared with all current Medicaid enrollment providers. Concurrent with the provider enrollment, User Acceptance Testing continues on other elements of the MMIS.

Mental Health, Transitional Housing

The budget transfers $12 million general fund from institutional care to community based care to develop additional community capacity under the 10-year plan, develop private intensive community residential program on the campus of NHH, discharge THS patients to community providers and APS, and discharge continuing care patients to community providers and keep some on admissions units An RFP was followed and a vendor selected. The Division of Community Based Care Services and NHH worked with the contractors and implemented an administrative transition plan. The contractor assumed responsibility for the program January 2012 as anticipated in the budget

Savings generated from the privatization of the program were reinvested into the 10-Year Olmstead plan to continue moving these initiatives forward. The additional programs and services funded include the following: 1) Establishing an additional Assertive Community Treatment Team (ACT) in the Keene region beginning this

spring. 2) Expanding the Housing Bridge Subsidy Program, which provides temporary rental assistance (until a Section 8 voucher is obtained) to individuals with a severe mental illness who are homeless or at risk for homelessness, by 110%, adding an additional 44 slots this spring. 3) Conversion of an intensive treatment team in Manchester to an ACT Team, which will commence this summer and bring the total ACT Teams available in NH to 10. 4) Establishing funding for the community mental health system to support the provision of crisis intervention services to individuals without any form of insurance. 5) Providing funding to the CMHC's to maintain services to consumers during FY 13.

Of note for the Housing Bridge Subsidy Program, for the first 36 participants in the program, 100% remain connected with mental health services, 0% have returned to homelessness, there has been an 82% reduction in NHH bed days for the group.

Mental Health, Wellness Incentive Program

Individuals with a severe mental illness have been shown to have a lifespan 25-years shorter than individuals without a severe mental illness. NH applied for a highly competitive federal grant by partnering with the Office of Medicaid and Business Policy to design a highly innovative program to take on this issue and improve the health of NH citizens who have a severe mental illness and are at risk for early death. NH was one of a few states awarded this grant, which will provide support for individuals to participate in weight loss and exercise programs customized to meet their unique needs. Incentives are provided through the grant to encourage participation from consumers. In addition, this program (Healthy Choices Healthy Living) will also offer smoking cessation programs and incentives for consumer participation that are also customized to be most effective for this population. The program commenced this year and we anticipate will receive national attention as a best practice model.

Mental Health, Readmissions to New Hampshire Hospital

The Bureau of Behavioral Health and New Hampshire Hospital are in the process of implementing at New Hampshire Hospital called, "Project RED" which stands for "Re-Engineered Discharges". This program was originally developed out of the Boston University Medical Center. It has been shown highly effective are reducing patient readmission rates to the hospital. Project RED has implementations being scheduled at hospitals across the country, and data from research conducted on the program has supported the effectiveness of the program in achieving the following outcomes:

- Decreasing 30-day readmission rates by 25%
- Decreasing utilization of hospital emergency departments
- Improving patient readiness for discharge and follow-up for continuing care

The program is currently accepted as a National Quality Forum (NQF) Safe Practice. The program has been endorsed by the Centers for Medicaid and Medicare Services (CMS) and meets Joint Commission standards for discharge planning. NH is currently the first state to implement this program in a state psychiatric hospital. The kickoff meeting for the program is scheduled for June.

Close Down New Hampshire Hospital "G" Unit

The "G" unit was closed effective June 30, 2011 and positions were abolished as required by the budget. Modifications are being made, such as carpet and flooring, to relocate E unit to the G unit space to allow for separation of children from adolescents.

Delineation of age groups in APC

E-Unit has been moved to the former G unit. The vacated area of the former E Unit is currently being modified to accommodate a young adult unit with admission criteria that will be based on a case-by-case basis with a general age range of 15 to 22. The separation of children and young adults will allow for more age specific services such as first break psychosis, anxiety disorders, mood disorders, personality disorders, and substance abuse issues.

Department of Health and Human Services
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Current Status of Significant Transformation Initiatives
June 2012

Child psychiatry telemedicine
A collaborative effort is underway to address the shortage of child psychiatry in the community by using telemedicine technology to assist community providers in the management of medication and other therapies. A pilot study is being explored to include a CMHC in an area that has a dearth of child psychiatry to determine the efficacy of telemedicine in the venue. Metrics used to determine efficacy will include but may not be limited to, NHH admissions/readmissions and emergency room visits.

Electronic Medical Record
NHH is in the planning stages of developing an implantation plan for an electronic medical record (EMR) later in 2012. The EMR will be an added module to the Netsmart program already in place. The existing software includes modules for census management, financial components, and report writing. The EMR will include real time documentation of the patient record including admission information, treatment plans, progress notes, and discharge summaries. Initial efforts underway are to review current workflow processes to identify what needs to -be modified in an electronic system and to identify any current redundant processes.

Mental Health, Limitation on Services
RSA 135-C:13 is amended to limit admission to the state mental health services system and access to treatment and other services within the system to the amount of available appropriations. Community Mental Health Centers (CMHC) will conduct clinical assessments of applicants for services and prioritize delivery of services based on the severity of an individual's clinical needs. The Community Behavioral Health Association reviewed the impact of the new Statute with the Mental Health and Substance Abuse subcommittee of the HHS Oversight Committee and reported that no one had been turned away from services.

DDAA & CMHC Consolidation
The budget requires a consolidation of Developmental Disability Area Agencies and Community Mental Health Centers. Savings of $1.8 million general funds are budgeted. The Bureau of Behavioral Health (BBH) requested a proposal from the Community Behavioral Health Association on how these changes will be operationalized, and received a listing of steps taken to reduce administrative expenses in anticipation of this reduction.

The Bureau of Developmental Services (BDS) developed a process for Area Agency participation in the development of a plan to generate the required savings. This plan has been developed and was submitted to the Commissioner for review.

NH STAR
Implementation of a managed care financing mechanism to sustain a financially integrated community-based service delivery system for children with mental health needs who are currently in or at-risk of out-of-home placement in Belknap County. NH STAR has been awarded a second year of funding from the Endowment for Health. Year II will continue to coordinate transition services for youth in residential placement, and their families, and will also coordinate services to youth at imminent risk of residential placement. Twelve Thirteen families have been engaged in the project. A recently awarded SAMHSA grant, "Systems Transformation for Youth" will enhance this project with an emphasis on blending funding across child-serving agencies. Plans are underway to explore the provision of wrap around services through the use of 'blended funds' under a managed care environment in Step 2. It is anticipated that funds from the Department of Education, BBH, and DCYF would be blended to fund these services. The SAMHSA Planning Grant is being utilized to develop a strategic plan that will inform the financing and service delivery, workforce and policy aspects of the STAR model. The intent is to bring the 'pilot' to scale and provide services statewide.

Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
June 2012

Facilitated Social Security Applications

State cash assistance to individuals with disabilities is 100% general funds. When these clients also receive Social Security disability cash benefits, the State dollar share drops significantly. The Division of Family Assistance ensures that clients applying for disability cash assistance follow up on their requirement to apply for Social Security disability benefits. Before this initiative began, 32.1% of APTD clients did *not* have SSA income. Today, that has been reduced to 25% who do not have SSA income. This equates to 609 cases reduced by $658 a month, for a savings of over $400,000 in General Funds each month, or over $4 million per year. Calculated another way, the average APTD grant before this Facilitated Social Security Unit was $203.88 per month. Today the average grant is $162.01. At a caseload of 8,580, the $41.87 savings per case shows a total cost avoidance per year of over $4 million, even after backing out other APTD cost savers.

Front End Operations & Consolidation of District Offices

The budget directs DHHS to pursue operating and service consolidation initiatives, in an effort to improve service delivery, obtain operating efficiencies, and promote the well being of the state's citizens. This includes changes in ways to accept and process applications for services and a savings in field staff through attrition. This project is currently underway. To improve our long term care eligibility processes, the DHHS now centralizes and assures that medical and eligibility applications are completed in parallel.

Initiatives to improve access to services statewide include the completion of the NH Easy on-line web application initiative, through which residents throughout the State can apply for benefits on-line from any computer that has web access. This new application process allows clients to create their own user accounts to track and manage all aspects of their applications. In April, 1,919 applications came in through NH Easy, representing 22% of all applications, up from 17.76% in our last report. Outreach efforts continue. A major efficiency is that NH Easy allows clients to screen themselves for eligibility before they actually apply for benefits, a significant time saver in that DHHS workers don't have to process applications and conduct interviews with people who screen themselves out. In February, for instance, 528 of the 1,425 people who used NH Easy to screen themselves for food stamps, screened themselves as not eligible. Total applications for the month would have increased by 7% had these individuals actually applied

Implemented in April, DHHS can now 1) allow clients to submit redetermination applications online; 2) allow clients to report income and other changes online; 3) pre-populate client re-applications when they reapply and are known to the system; and 4) test a working prototype of five "self service" kiosks to be deployed in district office waiting rooms.

Long Term Care

DHHS is in the process of LEAN mapping for financial Long Term Care eligibility. Already, reforms have been implemented that include streamlining the administrative structure, communication reforms to ensure stakeholders are properly educated and updated, and policy reforms.

Consolidation of contracts
Savings have been budgeted related to consolidation of the number of contracts. This is intended to reduce the administrative costs associated with the processing and approval of state contracts, minimize expenditures in areas other than direct care and assistance to the persons in need served by the department, mitigate, to the extent possible, the negative effects of reductions in budgets and services, and create an efficient, effective and stable community system of health and human services agencies for the future. An integral part of this initiative is the centralizing of certain contract functions away from program divisions to a centralized contract unit. This reorganization will be announced shortly and will be followed soon thereafter by the contract consolidation plan.

Transformation of Service Delivery Systems
The Department's human service delivery system is complex, lacks an ability to assure coordination, and could be more focused on client needs. The Department is designing a new service delivery model of care that bridges client services gaps and integrates, wherever appropriate, its non-Medicaid specific programs and services. An essential element in this process is a software tool that provides a client-centered and integrated data management. RFP 2013-005 has been released to procure a Data Repository and Analysis tool to support the Department's Service Delivery System Transformation initiative. Subsequent work will assess current culture, values and norms that assist or detract from intra departmental coordination of services and to develop a business process design with inter-divisional workgroups that are accountable for seamless and strategic integration of services.

Health Information Exchange

Implement Phase 1 of the HIE capability for New Hampshire. The Department has received an award in the amount of $5.5M from the American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII – Health Information Technology, Subtitle B – Incentives for the Use of Health Information Technology, Section 3013, State Grants to Promote Health Information Technology. The purpose of the award is to promote the establishment of Health Information Exchange (HIE) that shall advance mechanisms for information sharing across the health care system. A Strategic and Operational Plan for the HIE was developed through the collaboration of stakeholders from across New Hampshire's health care community. Pursuant to Chapter 232 (HB 489), Laws of 2011, the New Hampshire Health Information Organization was formed that is establishing a HIE within the state.

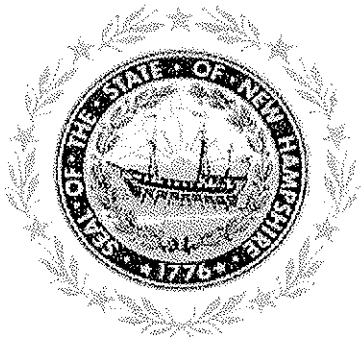
In February, the Department engaged in a contract with the NHHIO to provide start up funding from the ARRA Award. NHHIO is actively recruiting customers to use the Health Information Exchange to exchange clinical data between health care providers in a secure and timely manner. Several New Hampshire hospitals have expressed an interest in using the Health Information Exchange. Participation Agreements and Pricing Schedules are being developed. The Health Information Exchange will become self funded by user fees after the initial start up period. Since the last update, NHHIO has:

1) Completed a contract with MAeHC to provide necessary staffing resources to the NHHIO
2) Obtained the necessary insurance, office space/equipment and systems
3) Completed a Letter of Intent and Pricing model and will begin outreach to potential Health Information Exchange Partners (HIEP's) in mid July
4) NHHIO has also started negotiations with a technical services vendor to implement and operate the Health Information Exchange. NHHIO expects to sign a short-term contract with the preferred vendor for a proof of concept implementation by the end of July, with work beginning immediately thereafter. The proof of concept will include a portal, direct integration with an EHR, and both document exchange and discreet data transport. They expect the complete vendor contract to be signed by September.

Child Support System

Develop an architecture and planned migration of NECSES from its current, outdated platform. The plan, subject to Governor and Council approval, will consists of a modular approach to include 1) assist in maintaining, and when necessary, developing new functionality in the existing NECSES; 2) upgrade NECSES functionality and technology with modular steps; 3) assist the State in carrying out the upgrade plan after approval; and 4) maintain the enhanced NECSES including reporting and contact center components after completion of the modular upgrade plan.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

DATA THROUGH JUNE 2012

SFY12

Prepared July 17, 2012

	A	B	C	D	E
1			**Department of Health and Human Services**		
2			**Budget Management-SFY 2013**		
3	Prepared July 17, 2012				
4			*Figures Rounded to $000*	**SFY13 Est. 6/12**	
5	**Department-Wide**				
6		OCOMM	Reduce number of district offices (HB2:42)	($952)	
7		OCOMM	Regional Contracting (HB2:359)		
8		OCOMM	Vacancy Savings (Frozen & Contingency) Salary Only	$1,630	
9		DHHS	Termination Pay for Laid Off & Retiring Employees		
10		DHHS	Consolidation of Human Resources (HB2:84)		
11		DHHS	Consolidation of Business Functions (HB2:85)		
12		Various	Source of funds changes to SSBG	$1,000	
13		OIS	DoIT Budgeting Error	($658)	
14		OIS	MMIS contracts	($1,275)	
15					
16	**DCBCS**				
17		BBH	Caseloads-BBH (Six Months Fee-For Service)		
18		BBH	Right Sizing CMHC Network (HB2:358)	($900)	
19		BBH	CMHC Plan to reduce costs	$900	
20		BDS	Right Sizing DDAA Network (HB2:358)	($900)	
21		BDS	DDAA Plan to reduce costs	$900	
22		BDS	Caseloads-BDS	$2,500	
23					
24		BEAS	State Phase Down Contribution (SPDC)	$699	
25		BEAS	Other Nursing Facilities	$215	
26		BEAS	Nursing Facilities	$0	
27		BEAS	Home Health	$1,383	
28		BEAS	Home Support	($550)	
29		BEAS	Mid-level	$196	
30		BEAS	Net Nursing Lines (Transfer Prohibited)	($1,029)	
31					
32	**Human Services**				
33		DFA	Caseloads-APTD and ANB	($1,000)	
34					
35	**OMBP-Six Months Fee-For-Service**				
36		OMBP	Caseloads-Medicaid Provider Payments	$0	
37		OMBP	Caseloads-Medicaid Drugs	$2,000	
38		OMBP	State Phase Down Contribution (SPDC)	$2,506	
39		OMBP	CHIP	$0	
40		OMBP	Convert CHIP to Medicaid expansion (HB2:43)	$0	
41		OMBP	Additional CHIPRA federal funds	$0	
42		OMBP	Outpatient	($389)	
43		OMBP	BCC Program	($773)	
44					
45	**Care Mgt**		Delay in implementation of Care Management-Step 1	($7,500)	
46					
47		**Operating Budget Surplus**		**($1,997)**	
48					
49	**Litigation & Audits**				
50		DHHS	Medicaid To Schools-Manchester	($500)	
51		DHHS	Medicaid To Schools-Transportation	($2,000)	
52		DHHS	DSH Settlement	($17,904)	
53		DHHS	Hospital Lawsuit	???	
54		DCYF	SFY 2004 - 2006 Residential Services	($2,700)	
55		DCYF	SFY 2007 - 2010 Residential Services	???	
56					
57		**Projected Shortfall in Funding of Litigation & Audits**		**($23,104)**	
58					
59		**Projected Surplus (Defict) Excluding Lapse**		**($25,101)**	
60					

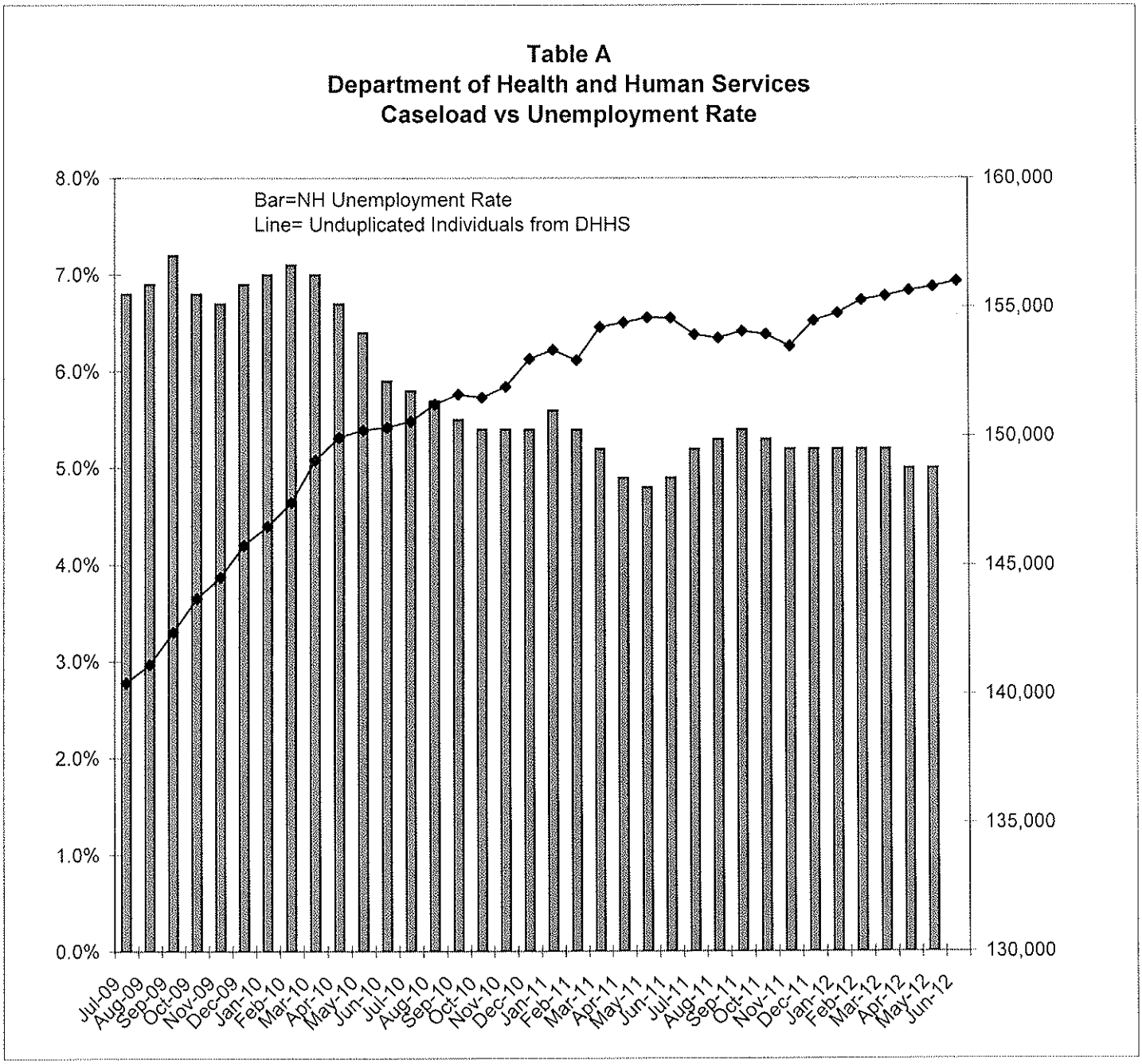


Table A
Department of Health and Human Services
Caseload vs Unemployment Rate
Bar=NH Unemployment Rate
Line= Unduplicated Individuals from DHHS
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
160,000
155,000
150,000
145,000
140,000
135,000
130,000
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12

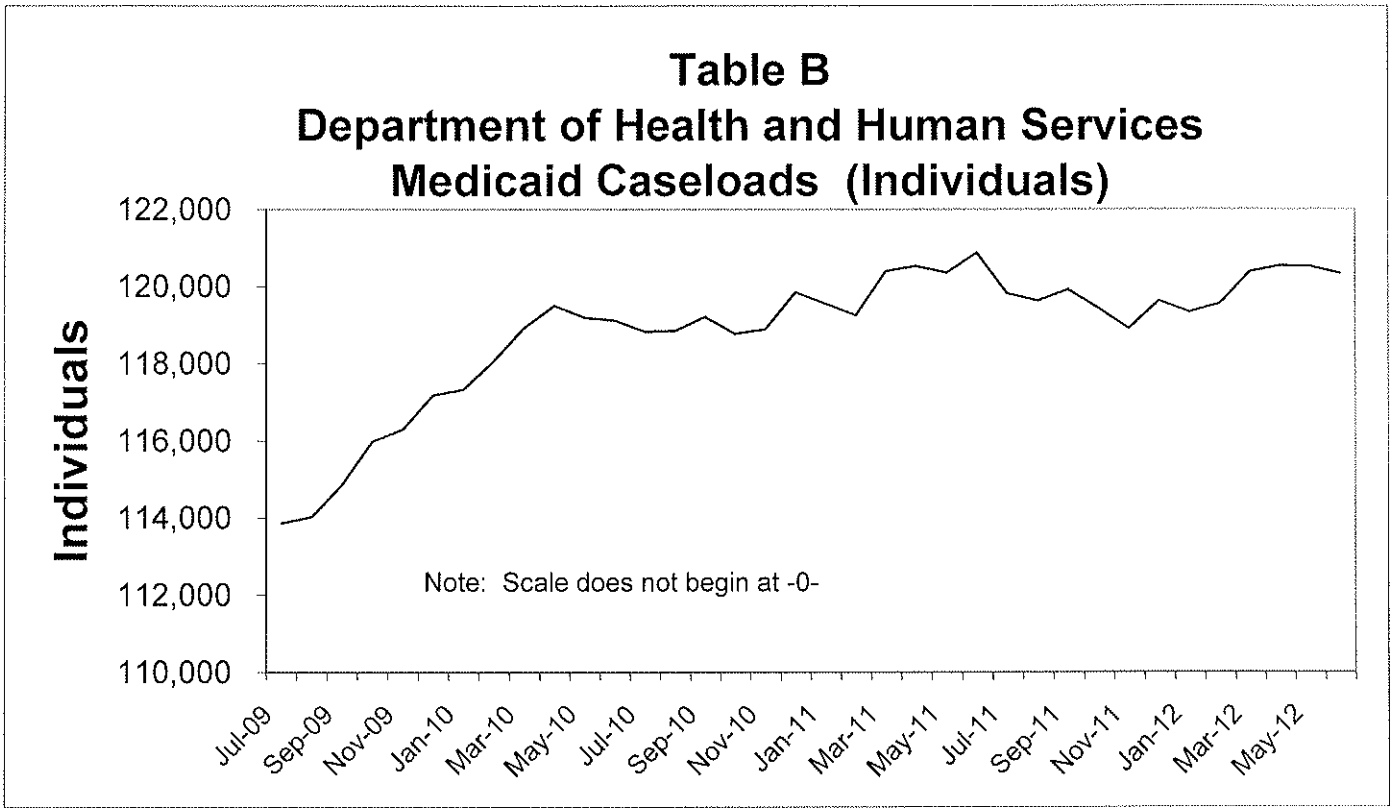


Table B
Department of Health and Human Services
Medicaid Caseloads (Individuals)
Individuals
122,000
120,000
118,000
116,000
114,000
112,000
110,000
Note: Scale does not begin at -0-
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12

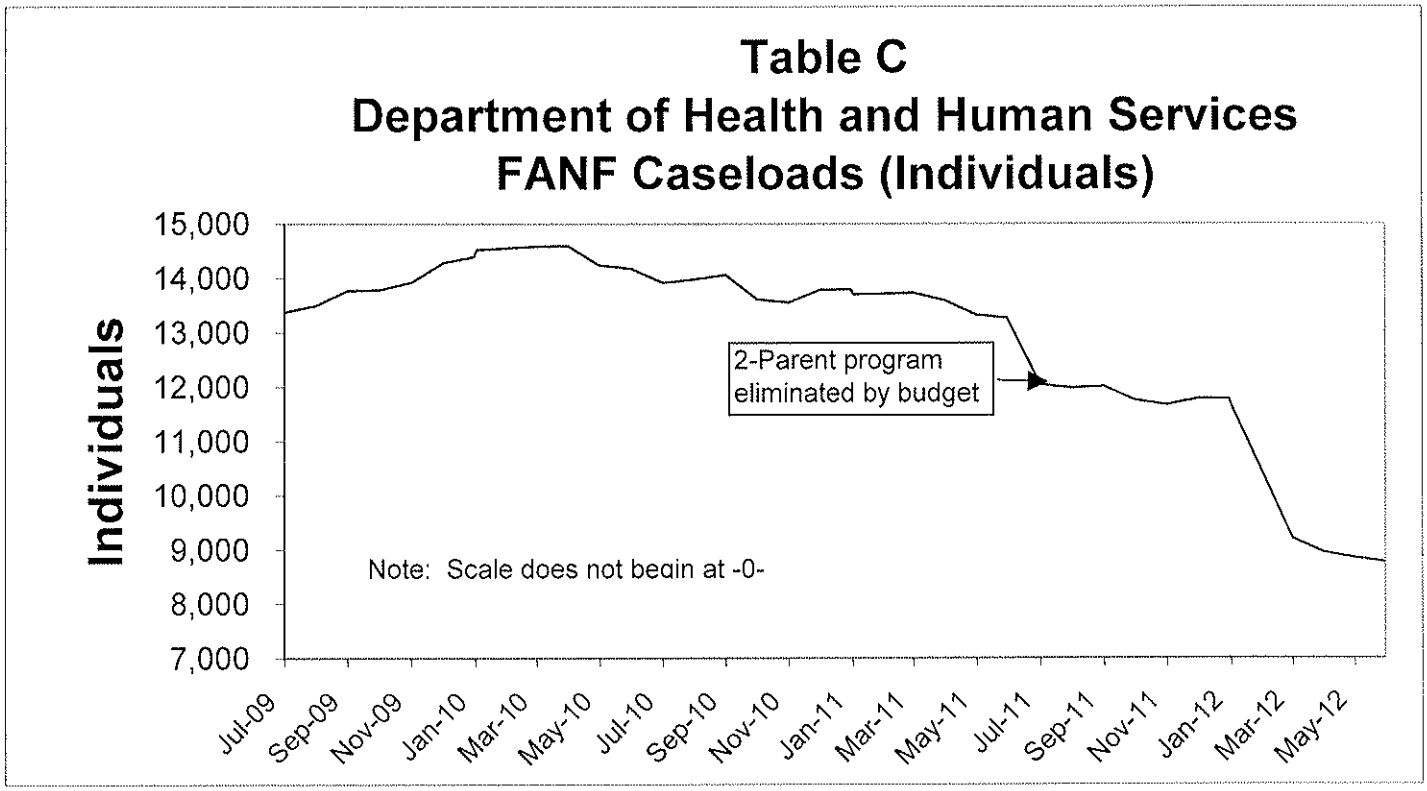


Table C
Department of Health and Human Services
FANF Caseloads (Individuals)
Individuals
15,000
14,000
13,000
12,000
11,000
10,000
9,000
8,000
7,000
2-Parent program eliminated by budget
Note: Scale does not begin at -0-
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12

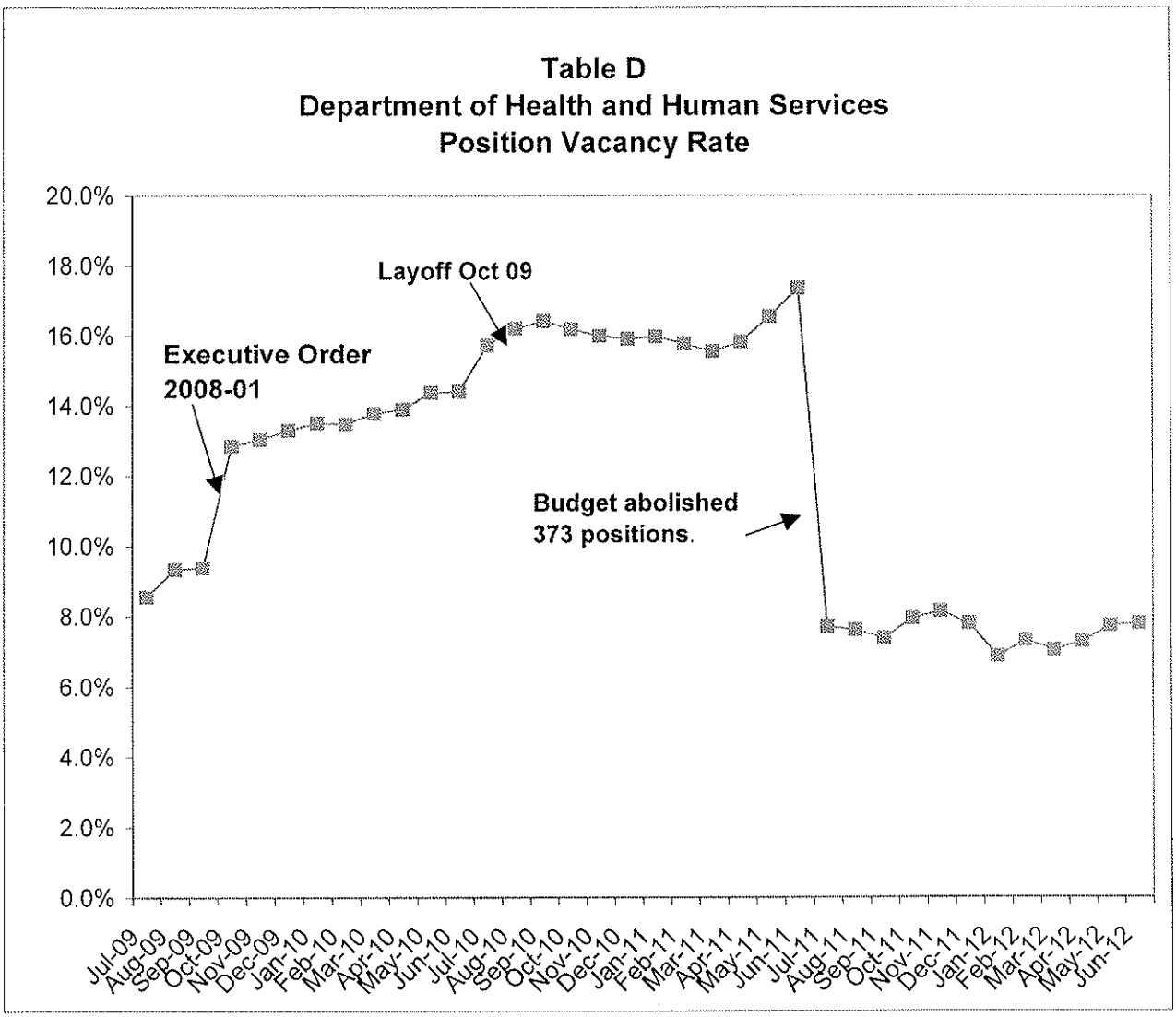


Table D
Department of Health and Human Services
Position Vacancy Rate
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Executive Order 2008-01
Layoff Oct 09
Budget abolished 373 positions.
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12

	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF Referrals	DCYF Assessments	Family Foster Care Placement	Residential Placement	Child Care Emplmnt Related	Child Care Wait List	SYSC Secure Census
7								
8								
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10								
11	Jul-09	957	545	747	462	8,419		76
12	Aug-09	958	622	766	441	7,567		66
13	Sep-09	1,130	678	766	415	8,268		57
14	Oct-09	1,123	650	760	438	8,003	459	63
15	Nov-09	1,009	607	725	469	7,486	750	64
16	Dec-09	1,040	613	717	474	7,610	981	64
17	Jan-10	1,205	723	706	464	6,830	1,198	64
18	Feb-10	962	587	710	454	6,646	1,499	59
19	Mar-10	1,363	859	724	461	6,512	1,694	62
20	Apr-10	1,255	792	700	484	5,831	1,889	68
21	May-10	1,227	760	701	478	5,748	2,065	61
22	Jun-10	1,128	750	706	475	5,496	2,305	57
23	Jul-10	987	638	663	424	5,041	2,386	55
24	Aug-10	1,012	659	646	413	4,903	2,508	53
25	Sep-10	1,182	691	627	400	4,769	2,666	50
26	Oct-10	1,110	651	625	414	4,407	2,505	57
27	Nov-10	1,125	593	626	426	4,487	2,361	64
28	Dec-10	1,072	746	630	410	4,345	1,382	60
29	Jan-11	1,131	831	616	403	4,475	326	59
30	Feb-11	1,076	888	618	394	4,743	0	57
31	Mar-11	1,339	909	619	424	5,083	0	61
32	Apr-11	1,165	805	628	427	5,162	0	73
33	May-11	1,240	810	631	425	5,251	0	80
34	Jun-11	1,237	697	629	423	5,333	0	73
35	Jul-11	963	737	574	351	5,053	0	68
36	Aug-11	1,073	776	583	317	5,055	0	65
37	Sep-11	1,261	674	580	289	5,136	0	61
38	Oct-11	1,197	742	590	302	4,969	0	52
39	Nov-11	1,116	640	602	311	5,047	0	44
40	Dec-11	1,123	777	610	321	5,017	0	48
41	Jan-12	1,289	881	590	309	4,925	0	56
42	Feb-12	1,183	725	596	298	4,869	0	64
43	Mar-12	1,300	767	602	331	4,970	0	62
44	Apr-12	1,223	784	603	332	4,967	0	63
45	May-12	1,477	876	612	350	5,231	0	69
46	Jun-12	1,057	873	613	352	5,274	0	69
47								
48								
49								
50								
51								
52								
53								
54	Source of Data							
55	Column							
56	B	DCYF SFY Management Database Report: Bridges.						
57	C	DCYF Assessment Supervisory Report: Bridges.						
58	D	Bridges placement authorizations during the month, unduplicated.						
59	E	Bridges placement authorizations during the month, unduplicated.						
60	F	Bridges Expenditure Report, NHB-OAR8-128						
61	G	Child Care Wait List Screen: New Heights						
62	H	Bridges Service Day Query - Bed days divided by days in month						

Table F
Department of Health and Human Services
Operating Statistics
Social Services

	FANF	APTD Persons	Food Stamps Persons	Child Support Cases			
				Current Cases	Former Cases	Never Cases	Total Cases
	Actual	Actual	Actual	Actual	Actual	Actual	Actual
Jul-09	13,377	7,855	86,848	5,782	16,915	13,059	35,756
Aug-09	13,498	7,935	89,211	5,804	16,931	13,092	35,827
Sep-09	13,771	8,022	91,820	6,037	16,742	13,050	35,829
Oct-09	13,787	8,127	94,750	5,440	17,229	12,976	35,645
Nov-09	13,927	8,221	96,745	5,447	17,345	13,027	35,819
Dec-09	14,288	8,288	99,238	5,730	17,101	13,021	35,852
Jan-10	14,392	8,337	101,013	5,866	16,973	12,931	35,770
Feb-10	14,522	8,412	102,777	5,835	16,982	12,952	35,769
Mar-10	14,587	8,481	105,100	5,550	17,218	12,991	35,759
Apr-10	14,596	8,557	106,312	5,608	17,240	13,002	35,850
May-10	14,244	8,556	108,132	5,764	17,043	13,063	35,870
Jun-10	14,181	8,615	108,677	5,541	17,305	13,084	35,930
Jul-10	13,920	8,617	109,131	5,550	17,304	13,123	35,977
Aug-10	13,981	8,643	109,950	5,758	17,120	13,138	36,016
Sep-10	14,065	8,650	110,588	5,508	17,374	13,072	35,954
Oct-10	13,615	8,656	110,694	5,726	17,177	13,051	35,954
Nov-10	13,553	8,667	111,476	5,645	17,262	13,026	35,933
Dec-10	13,789	8,749	112,293	5,577	17,345	12,986	35,908
Jan-11	13,796	8,740	113,127	5,716	17,142	12,965	35,823
Feb-11	13,705	8,779	112,803	5,654	17,189	12,917	35,760
Mar-11	13,730	8,912	114,023	5,411	17,425	12,942	35,778
Apr-11	13,597	9,019	114,482	5,435	17,379	12,986	35,800
May-11	13,330	9,009	114,611	5,586	17,150	12,961	35,697
Jun-11	13,272	9,088	114,441	5,401	17,296	12,902	35,599
Jul-11	12,046	9,031	113,984	5,302	17,277	12,906	35,485
Aug-11	11,980	8,905	114,285	5,416	17,099	12,842	35,357
Sep-11	12,014	8,864	114,344	5,163	17,225	12,748	35,136
Oct-11	11,756	8,763	114,705	5,365	17,081	12,749	35,195
Nov-11	11,668	8,854	114,371	5,325	17,095	12,728	35,148
Dec-11	11,787	9,006	115,671	5,192	17,184	12,760	35,136
Jan-12	11,781	8,834	117,047	5,360	17,052	12,793	35,205
Feb-12	11,628	8,792	117,293	5,327	17,066	12,836	35,229
Mar-12	9,202	8,600	117,250	4,211	18,113	12,897	35,221 *
Apr-12	8,950	8,575	117,443	4,308	17,966	12,876	35,150
May-12	8,853	8,541	117,744	4,308	17,881	12,845	35,034
Jun-12	8,774	8,518	117,708	4,139	17,952	12,898	34,989

Source of Data

Column	
B	Office of Research & Analysis, Ca
C	Budget Document
D	Budget Document
E-H	DCSS Caseload (Month End Actual from NECSES)

* Effective 3/1/12, SSI or SSP is considered when determining FANF eligibility. Those child support cases no longer eligible, are now "Former" assistance cases.

Table G
Department of Health and Human Services
Operating Statistics
Community Mental Health Center Medicaid

		Monthly Cost Actual	YTD Weekly Average Cost Actual
8	Jul-09	$8,705,651	$ 1,741,130
9	Aug-09	$7,515,041	$ 1,802,299
10	Sep-09	$7,341,231	$ 1,812,456
11	Oct-09	$9,478,660	$ 1,835,588
12	Nov-09	$7,210,157	$ 1,829,579
13	Dec-09	$7,001,226	$ 1,817,383
14	Jan-10	$8,251,903	$ 1,790,447
15	Feb-10	$7,558,246	$ 1,801,775
16	Mar-10	$7,396,380	$ 1,806,628
17	Apr-10	$9,184,950	$ 1,852,173
18	May-10	$7,467,414	$ 1,853,423
19	Jun-10	$7,656,058	$ 1,822,441
20	Jul-10	$7,988,373	$ 1,597,675
21	Aug-10	$7,136,649	$ 1,680,558
22	Sep-10	$6,629,711	$ 1,673,441
23	Oct-10	$8,685,885	$ 1,691,145
24	Nov-10	$8,628,997	$ 1,775,892
25	Dec-10	$6,900,690	$ 1,702,604
26	Jan-11	$6,184,140	$ 1,682,401
27	Feb-11	$6,740,043	$ 1,682,700
28	Mar-11	$7,382,305	$ 1,699,405
29	Apr-11	$9,302,312	$ 1,757,654
30	May-11	$7,547,988	$ 1,731,814
31	Jun-11	$7,992,643	$ 1,752,303
32	Jul-11	$7,631,195	$ 1,526,239
33	Aug-11	$6,879,546	$ 1,612,305
34	Sep-11	$8,259,497	$ 1,626,446
35	Oct-11	$6,551,174	$ 1,628,967
36	Nov-11	$6,684,985	$ 1,636,654
37	Dec-11	$8,227,790	$ 1,638,303
38	Jan-12	$6,020,154	$ 1,621,108
39	Feb-12	$6,992,712	$ 1,635,630
40	Mar-12	$8,495,420	$ 1,643,562
41	Apr-12	$7,164,315	$ 1,656,972
42	May-12	$7,280,134	$ 1,670,561
43	Jun-12	$8,576,998	$ 1,674,791

Medicaid Client Trending Report
Current Date: 5/8/12
Note: All figures are year-to-date

ACTUALS - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2008	11,016	13,553	15,497	17,392
2009	12,014	14,693	16,849	19,206
2010	13,240	16,187	18,580	20,797
2011	13,480	16,390	18,410	20,665
2012	13,358	15,775	17,447	

BUDGETED - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2011	12,541	15,333	17,599	19,699
2012	13,806	16,787	18,856	21,165
2013				

VARIANCE: BUDGETED TO ACTUAL - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2012	-448	-1,012	-1,409	
2013				

	A	B	C	D	E	F	G	H	I	J	K
1	Table H										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Elderly & Adult Long Term Care										
5											
6		Total Nursing Clients		BEAS Home Care	BEAS Midlevel	BEAS Nursing Beds		Pct in NF	APS Clients Assmnts	APS Cases Ongoing	SSBG AIHC Waitlist
7		Actual	Budget			Actual	Budget		Actual	Actual	Actual
8											
9	Aug-09	7,323		2,648	355	4,320		59.0%	183	1,176	
10	Sep-09	7,169		2,632	367	4,170		58.2%	198	1,159	20
11	Oct-09	7,452	7,516	2,582	371	4,499	4,129	60.4%	225	1,139	29
12	Nov-09	7,273	7,516	2,572	361	4,340	4,129	59.7%	170	1,138	20
13	Dec-09	7,027	7,516	2,517	345	4,165	4,129	59.3%	214	1,130	23
14	Jan-10	7,312	7,516	2,545	364	4,403	4,129	60.2%	205	1,120	24
15	Feb-10	7,214	7,516	2,523	341	4,350	4,129	60.3%	145	1,116	12
16	Mar-10	7,341	7,516	2,538	382	4,421	4,129	60.2%	239	1,131	15
17	Apr-10	7,367	7,516	2,532	372	4,463	4,129	60.6%	196	1,155	17
18	May-10	7,174	7,516	2,535	368	4,271	4,129	59.5%	198	1,095	20
19	Jun-10	7,185	7,516	2,510	388	4,287	4,129	59.7%	262	1,139	22
20	Jul-10	7,443	7,740	2,541	384	4,518	4,063	60.7%	250	1,121	5
21	Aug-10	7,098	7,740	2,494	389	4,215	4,063	59.4%	221	1,118	1
22	Sep-10	6,847	7,740	2,513	365	3,969	4,063	58.0%	228	1,104	0
23	Oct-10	7,437	7,740	2,527	387	4,523	4,063	60.8%	228	1,080	0
24	Nov-10	7,314	7,740	2,557	396	4,361	4,063	59.6%	221	1,067	3
25	Dec-10	7,270	7,740	2,530	413	4,327	4,063	59.5%	183	1,068	0
26	Jan-11	7,195	7,740	2,468	416	4,311	4,063	59.9%	178	1,039	3
27	Feb-11	6,987	7,740	2,548	385	4,054	4,063	58.0%	162	1,040	6
28	Mar-11	7,151	7,740	2,544	388	4,219	4,063	59.0%	203	1,042	3
29	Apr-11	7,522	7,740	2,511	422	4,589	4,063	61.0%	222	1,041	3
30	May-11	6,623	7,740	2,485	417	3,721	4,063	56.2%	207	1,058	8
31	Jun-11	7,260	7,740	2,436	420	4,404	4,063	60.7%	238	1,077	4
32	Jul-11	7,418	7,515	2,499	443	4,476	4,400	60.3%	200	1,069	1
33	Aug-11	7,004	7,515	2,396	456	4,152	4,400	59.3%	226	1,083	2
34	Sep-11	7,236	7,515	2,382	447	4,407	4,400	60.9%	236	1,091	2
35	Oct-11	7,036	7,515	2,340	442	4,254	4,400	60.5%	253	1,108	2
36	Nov-11	6,886	7,515	2,350	432	4,104	4,400	59.6%	212	1,103	2
37	Dec-11	7,435	7,515	2,356	446	4,633	4,400	62.3%	220	1,095	-
38	Jan-12	7,238	7,515	2,357	439	4,442	4,400	61.4%	215	1,077	9
39	Feb-12	7,190	7,515	2,417	418	4,355	4,400	60.6%	215	1,084	9
40	Mar-12	7,800	7,515	2,530	448	4,822	4,400	61.8%	240	1,065	13
41	Apr-12	7,162	7,515	2,450	433	4,279	4,400	59.7%	223	1,053	9
42	May-12	7,077	7,515	2,486	439	4,152	4,400	58.7%	223	1,084	5
43	Jun-12	7,716	7,515	2,554	436	4,726	4,400	61.2%	245	1,095	16
44											
45	**Source of Data**										
46	Columns										
47	**F**	Monthly report prepared for Private and County Nursing Home									
48		based on MDSS reports.									
49		*Actual Nursing Home Beds = the number of paid bed days in									
50		by the number of days in the previous month.									
51											

	A	B	C	D	E	F	G	H
1	**Operating Statistics**							
2	**Developmental Services Long Term Care**							
3								
4								
5		Total - All BDS served FYTD	BDS Programs FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist
6					Actual	Actual	Actual*	Actual*
7	Aug-09	10,339	7,459	1,817	2,006	874	37	0
8	Sep-09	10,642	7,882	1,823	1,868	892	37	0
9	Oct-09	11,137	8,241	1,811	2,019	877	37	0
10	Nov-09	11,654	8,703	1,760	2,044	907	37	0
11	Dec-09	11,995	9,036	1,803	2,048	911	19	0
12	Jan-10	12,692	9,836	1,826	1,917	939	19	0
13	Feb-10	13,453	10,575	1,753	1,928	950	19	0
14	Mar-10	13,496	10,650	1,869	1,849	997	47	0
15	Apr-10	13,752	11,084	1,864	1,576	1,092	47	0
16	May-10	14,448	11,830	1,857	1,620	998	47	0
17	Jun-10	14,693	12,015	1,861	1,660	1,018	20	0
18	Jul-10	9,505	6,463	1,927	1,652	1,390	40	0
19	Aug-10	10,574	7,826	2,054	1,690	1,058	13	0
20	Sep-10	11,107	8,324	2,069	1,730	1,053	9	0
21	Oct-10	11,667	8,826	2,087	1,767	1,074	21	1
22	Nov-10	12,438	9,600	2,128	1,768	1,070	19	0
23	Dec-10	12,732	9,959	2,101	1,667	1,106	19	0
24	Jan-11	13,152	10,344	1,972	1,659	1,149	19	0
25	Feb-11	13,567	10,817	2,017	1,613	1,137	19	0
26	Mar-11	13,900	11,098	2,182	1,651	1,151	20	0
27	Apr-11	14,201	11,337	2,277	1,695	1,169	30	0
28	May-11	14,623	11,713	2,339	1,742	1,168	30	0
29	Jun-11	15,148	12,168	2,344	1,772	1,208	24	4
30	Jul-11	10,626	7,627	2,248	1,795	1,204	56	6
31	Aug-11	10,953	7,957	1,799	1,806	1,190	34	8
32	Sep-11	11,146	8,328	2,329	1,811	1,007	34	10
33	Oct-11	11,500	8,529	2,668	1,841	1,130	46	9
34	Nov-11	11,918	9,077	2,917	1,727	1,114	58	9
35	Dec-11	12,290	9,445	3,057	1,742	1,103	62	0
36	Jan-12	12,535	9,848	3,274	1,667	1,020	66	0
37	Feb-12	12,767	10,112	3,468	1,663	992	71	0
38	Mar-12	13,133	10,455	3,661	1,695	983	78	0
39	Apr-12	13,510	10,802	3,922	1,702	1,006	81	0
40	May-12	13,850	11,122	4,154	1,740	988	90	0
41	Jun-12	14,067	11,332	4,317	1,737	998	94	0
42								
43								
44	**Data Sources:**		NHLeads	NHLeads	SMSdb	PIHdb	Registry	Registry
45								
46	***G & *H**	Represent the number of individuals waiting at least 90-days for DD or ABD						
47		Waiver funding.						

	A	B	C	D	E	F	G	H	I	J	K
1	Table I										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Shelter & Institutions										
5											
6		NHH			BHHS						Glencliff
7		APS & APC Census	APS & APC Admissions	THS Census		Individual Bednights	% of		Family Bednights	% of	GH Census
8		Actual	Actual	Actual	Capacity	Actual	Capacity	Capacity	Actual	Capacity	Actual
9											
10	Jul-09	179	182	41	11,620	9,626	83%	1,050	1,025	98%	109
11	Aug-09	168	187	42	9,296	8,127	87%	840	739	88%	111
12	Sep-09	177	191	39	9,296	7,988	86%	840	800	95%	111
13	Oct-09	175	205	39	11,760	11,108	94%	910	976	107%	110
14	Nov-09	159	192	40	9,408	9,028	96%	728	742	102%	110
15	Dec-09	147	162	40	10,320	9,027	87%	858	877	102%	110
16	Jan-10	158	202	38	10,584	9,160	87%	806	649	81%	109
17	Feb-10	171	194	35	10,808	10,124	94%	728	674	93%	110
18	Mar-10	165	225	40	11,666	9,408	81%	806	588	73%	108
19	Apr-10	169	237	39	10,680	8,837	83%	780	605	78%	110
20	May-10	163	221	37	11,036	8,559	78%	806	689	85%	110
21	Jun-10	163	182	41	10,680	8,577	80%	780	686	88%	111
22	Jul-10	148	178	41	11,408	8,444	74%	806	595	74%	112
23	Aug-10	145	185	41	10,304	7,523	73%	728	599	82%	112
24	Sep-10	146	184	42	11,040	8,032	73%	780	688	88%	112
25	Oct-10	145	191	43	10,757	8,668	81%	780	687	88%	112
26	Nov-10	162	200	43	10,590	9,101	86%	780	622	80%	113
27	Dec-10	156	173	40	10,943	9,539	87%	806	612	76%	113
28	Jan-11	154	184	42	11,997	10,525	88%	806	667	83%	109
29	Feb-11	156	160	43	10,836	10,606	98%	728	627	86%	106
30	Mar-11	159	219	44	11,657	10,528	90%	806	639	79%	109
31	Apr-11	152	204	42	10,590	9,141	86%	780	680	87%	111
32	May-11	153	228	44	10,943	8,785	80%	806	622	77%	113
33	Jun-11	139	199	43	10,590	9,019	85%	780	588	75%	113
34	Jul-11	142	209	43	10,943	9,368	86%	806	627	78%	113
35	Aug-11	134	192	41	10,943	9,590	88%	806	732	91%	115
36	Sep-11	128	196	41	10,590	9,719	92%	768	744	97%	115
37	Oct-11	149	200	37	10,943	10,781	99%	806	826	102%	117
38	Nov-11	150	193	36	10,590	10,779	102%	780	885	113%	116
39	Dec-11	151	202	36	11,521	11,721	102%	806	877	109%	113
40	Jan-12	153	207	0	12,090	12,173	101%	806	883	110%	115
41	Feb-12	153	191	0	11,310	11,137	98%	754	770	102%	116
42	Mar-12	153	184	0	12,090	11,049	91%	806	837	104%	118
43	Apr-12	153	200	0	10,590	9,945	94%	780	817	105%	118
44	May-12	155	208	0	10,943	10,510	96%	806	898	111%	117
45	Jun-12	149	187	0	10,590	9,845	93%	780	869	111%	119
46											
47											
48											
49	Source of Data										
50	Column										
51	B	Daily in-house midnight census averaged per month									
52	C	Daily census report of admissions totalled per month									
53	D	Daily in-house midnight census averaged per month									
54	E	Total number of individual bednights available in emergency shelters									
55	F	Total number of individual bednights utilized in emergency shelters									
56	G	Percentage of individual bednights utilized during month									
57	H	Total number of family bednights available in emergency shelters									
58	I	Total number of family bednights utilized in emergency shelters									
59	J	Percentage of family bednights utilized during month									
60	K	Daily in-house midnight census averaged per month									

	A	B	C	D
1	Table J			
2	Department of Health and Human Services			
3	Office of Medicaid Business and Policy			
4	Budget V. Actual Medical Expenditures			
5				
6	**Medicaid Provider Payments**			
7	**(Provider Payments, Outpatient Hospital, Prescription Drugs)**			
8		**Budgeted**	**Expended**	**Excess/Shortfall**
9	Jul-11	$38,938,103	$34,383,910	$4,554,193
10	Aug-11	$31,150,483	$28,247,272	$2,903,211
11	Sep-11	$38,938,103	$40,217,563	($1,279,459)
12	Oct-11	$31,150,483	$28,037,106	$3,113,377
13	Nov-11	$31,150,483	$31,346,777	($196,294)
14	Dec-11	$38,938,103	$37,718,138	$1,219,965
15	Jan-12	$31,150,483	$32,891,266	($1,740,783)
16	Feb-12	$33,599,613	$42,293,214	($8,693,601)
17	Mar-12	$43,262,423	$51,501,383	($8,238,960)
18	Apr-12	$37,693,272	$30,521,853	$7,171,419
19	May-12	$37,693,272	$32,909,700	$4,783,572
20	Jun-12	$50,496,440	$39,557,587	$10,938,853
21	**Total**	**$444,161,262**	**$429,625,768**	**$14,535,493**
22				
23				
24	**SCHIP Premium Payments**			
25		**Budgeted**	**Expended**	**Excess/Shortfall**
26	Jul-11	$1,326,813	$1,729,836	($403,023)
27	Aug-11	$1,335,435	$1,731,084	($395,649)
28	Sep-11	$1,343,509	$1,750,411	($406,903)
29	Oct-11	$1,362,044	$1,749,614	($387,570)
30	Nov-11	$1,381,876	$1,785,679	($403,803)
31	Dec-11	$1,396,860	$1,911,979	($515,119)
32	Jan-12	$1,398,094	$1,777,310	($379,216)
33	Feb-12	$1,398,094	$1,771,333	($373,239)
34	Mar-12	$2,696,202	$1,645,008	$1,051,194
35	Apr-12	$2,279,725	$1,668,320	$611,404
36	May-12	$2,297,226	$1,688,245	$608,981
37	Jun-12	$2,737,910	$1,714,546	$1,023,364
38	**Total**	**$20,953,785**	**$20,923,365**	**$30,421**
39				
40				
41	**SCHIP Medical Payments to Providers**			
42		**Budgeted**	**Expended**	**Excess/Shortfall**
43	Jul-11	$0	$0	$0
44	Aug-11	$0	$0	$0
45	Sep-11	$0	$0	$0
46	Oct-11	$0	$0	$0
47	Nov-11	$0	$0	$0
48	Dec-11	$0	$0	$0
49	Jan-12	$0	$0	$0
50	Feb-12	$0	$0	$0
51	Mar-12	$90,378	$1,257	$89,121
52	Apr-12	$90,378	$116,921	($26,543)
53	May-12	$90,378	$45,589	$44,789
54	Jun-12	$90,378	$7,511	$82,867
55	**Total**	**$361,513**	**$171,278**	**$190,235**
56				
57				
58	**Notes:**			
59	Shaded figures are estimates			
60	Department of Health and Human Services; Reduction in Appropriation. In the event that estimated restricted revenues collected by the			
61	department of health and human services in the aggregate are less than budgeted, during the biennium ending June 30, 2013, the total			
62	appropriations to the department of health and human services shall be reduced by the amount of the shortfall in either actual or projected			
63	revenue. The commissioner of the department of health and human services shall notify the bureau of accounting, in writing, no later than			
64	April 1st of each year as to precisely which line item appropriation and in what specific amount reductions are to be made in order to fully			
65	compensate for the total revenue deficits.			
66	* $1 M for Managed Care is encumbered in Provider Payments 6147-101			
67	* Provider Payments includes $4,546,464 CHIPRA transfer starting in March			
68	* Outpatient includes Dept. Transfer starting in February $14,936,218			
69	* SCHIP includes CHIPRA transfer starting in March			
70	* Pharmacy includes Dept. Transfer starting in February ($1,466,000)			
71	* Includes pending May Department transfer			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Table K																		
2	Department of Health and Human Services																		
3	Caseloads Versus Prior Year & Prior Month																		
4																			
5		Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANF Persons			APTD Persons			SNAP Persons		
6		Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo
7																			
8	Jul-08	125,236	7.5%	0	103,667	0.0	0	6,954	-2.5%	0	10,539	-2.0%	(0)	6,905	10.1%	0	64,961	8.7%	0
9	Aug-08	125,668	7.4%	0.3%	103,655	0.0	0.0%	7,128	0.8%	2.5%	10,851	0.5%	3.0%	6,793	8.0%	-1.6%	65,380	8.9%	0.6%
10	Sep-08	126,083	8.2%	0.3%	103,944	0.0	0.3%	7,160	3.7%	0.4%	10,911	3.0%	0.6%	7,052	11.8%	3.8%	66,087	10.4%	1.1%
11	Oct-08	127,869	9.3%	1.4%	105,278	0.0	1.3%	7,413	3.0%	3.5%	11,314	7.2%	3.7%	7,144	12.5%	1.3%	68,114	12.8%	3.1%
12	Nov-08	128,291	9.1%	0.3%	105,153	0.0	-0.1%	7,129	-0.3%	-3.8%	11,630	8.4%	2.8%	7,168	12.0%	0.3%	69,380	13.8%	1.9%
13	Dec-08	129,830	10.5%	1.2%	106,270	0.0	1.1%	7,041	-3.9%	-1.2%	11,984	12.0%	3.0%	7,245	12.7%	1.1%	71,544	16.7%	3.1%
14	Jan-09	131,088	10.6%	1.0%	106,833	0.0	0.5%	7,243	7.1%	2.9%	12,347	14.1%	3.0%	7,299	12.3%	0.7%	73,617	17.8%	2.9%
15	Feb-09	132,234	11.2%	0.9%	107,889	0.0	1.0%	7,428	0.0%	2.6%	12,452	14.4%	0.9%	7,356	11.4%	0.8%	74,708	18.1%	1.5%
16	Mar-09	134,457	9.5%	1.7%	109,952	0.0	1.9%	7,491	6.2%	0.8%	12,515	16.0%	0.5%	7,453	11.7%	1.3%	77,441	20.8%	3.7%
17	Apr-09	136,801	9.4%	1.7%	111,963	0.1	1.8%	7,216	0.7%	-3.7%	13,308	22.4%	6.3%	7,544	11.4%	1.2%	79,276	22.3%	2.4%
18	May-09	137,510	9.5%	0.5%	112,211	0.1	0.2%	7,349	4.4%	1.8%	13,230	23.6%	-0.6%	7,630	12.6%	1.1%	81,376	26.0%	2.6%
19	Jun-09	138,705	11.2%	0.9%	113,044	0.1	0.7%	7,487	8.0%	1.9%	13,236	25.5%	0.0%	7,758	13.2%	1.7%	83,789	29.9%	3.0%
20	Jul-09	140,420	12.1%	1.2%	113,861	9.8%	0.7%	7,613	9.5%	1.7%	13,377	26.9%	1.1%	7,855	13.8%	1.3%	86,848	33.7%	3.7%
21	Aug-09	141,132	12.3%	0.5%	114,030	10.0%	0.1%	7,323	2.7%	-3.8%	13,498	24.4%	0.9%	7,935	16.8%	1.0%	89,211	36.4%	2.7%
22	Sep-09	142,381	12.9%	0.9%	114,862	10.5%	0.7%	7,169	0.1%	-2.1%	13,771	26.2%	2.0%	8,022	13.8%	1.1%	91,820	38.9%	2.9%
23	Oct-09	143,697	12.4%	0.9%	115,976	10.2%	1.0%	7,452	0.5%	3.9%	13,787	21.9%	0.1%	8,127	13.8%	1.3%	94,750	39.1%	3.2%
24	Nov-09	144,519	12.6%	0.6%	116,291	10.6%	0.3%	7,273	2.0%	-2.4%	13,927	19.8%	1.0%	8,221	14.7%	1.2%	96,745	39.4%	2.1%
25	Dec-09	145,758	12.3%	0.9%	117,171	10.3%	0.8%	7,027	-0.2%	-3.4%	14,288	19.2%	2.6%	8,288	14.4%	0.8%	99,238	38.7%	2.6%
26	Jan-10	146,491	11.8%	0.5%	117,326	9.8%	0.1%	7,312	1.0%	4.1%	14,392	16.6%	0.7%	8,337	14.2%	0.6%	101,013	37.2%	1.8%
27	Feb-10	147,414	11.5%	0.6%	118,060	9.4%	0.6%	7,214	-2.9%	-1.3%	14,522	16.6%	0.9%	8,412	14.4%	0.9%	102,777	37.6%	1.7%
28	Mar-10	149,065	10.9%	1.1%	118,906	8.1%	0.7%	7,341	-2.0%	1.8%	14,587	16.6%	0.4%	8,481	13.8%	0.8%	105,100	35.7%	2.3%
29	Apr-10	149,947	9.6%	0.6%	119,503	6.7%	0.5%	7,367	2.1%	0.4%	14,596	9.7%	0.1%	8,557	13.4%	0.9%	106,312	34.1%	1.2%
30	May-10	150,236	9.3%	0.2%	119,197	6.2%	-0.3%	7,174	-2.4%	-2.6%	14,244	7.7%	-2.4%	8,556	12.1%	0.0%	108,139	32.9%	1.7%
31	Jun-10	150,331	8.4%	0.1%	119,121	5.4%	-0.1%	7,185	-4.0%	0.2%	14,181	7.1%	-0.4%	8,615	11.0%	0.7%	108,677	29.7%	0.5%
32	Jul-10	150,572	7.2%	0.2%	118,831	4.4%	-0.2%	7,443	-2.2%	3.6%	13,920	4.1%	-1.8%	8,617	9.7%	0.0%	109,131	25.7%	0.4%
33	Aug-10	151,231	7.2%	0.4%	118,841	4.2%	0.0%	7,098	-3.1%	-4.6%	13,981	3.6%	0.4%	8,643	8.9%	0.3%	109,950	23.2%	0.8%
34	Sep-10	151,609	6.5%	0.2%	119,213	3.8%	0.3%	6,847	-4.5%	-3.5%	14,065	2.1%	0.6%	8,650	7.8%	0.1%	110,588	20.4%	0.6%
35	Oct-10	151,486	5.4%	-0.1%	118,770	2.4%	-0.4%	7,435	-0.2%	8.6%	13,615	-1.2%	-3.2%	8,656	6.5%	0.1%	110,694	16.8%	0.1%
36	Nov-10	151,906	5.1%	0.3%	118,882	2.2%	0.1%	7,314	0.6%	-1.6%	13,553	-2.7%	-0.5%	8,667	5.4%	0.1%	111,476	15.2%	0.7%
37	Dec-10	152,991	5.0%	0.7%	119,845	2.3%	0.8%	7,270	3.5%	-0.6%	13,789	-3.5%	1.7%	8,749	5.6%	0.9%	112,293	13.2%	0.7%
38	Jan-11	153,338	4.7%	0.2%	119,554	1.9%	-0.2%	7,195	-1.6%	-1.0%	13,796	-4.1%	0.1%	8,740	4.8%	-0.1%	113,127	12.0%	0.7%
39	Feb-11	152,942	3.7%	-0.3%	119,255	1.0%	-0.3%	6,987	-3.1%	-2.9%	13,705	-5.6%	-0.7%	8,779	4.4%	0.4%	112,803	9.8%	-0.3%
40	Mar-11	154,218	3.5%	0.8%	120,395	1.3%	1.0%	7,151	-2.6%	2.3%	13,730	-5.9%	0.2%	8,912	5.1%	1.5%	114,023	8.5%	1.1%
41	Apr-11	154,397	3.0%	0.1%	120,532	0.9%	0.1%	7,522	2.1%	5.2%	13,597	-6.8%	-1.0%	9,019	5.4%	1.2%	114,482	7.7%	0.4%
42	May-11	154,589	2.9%	0.1%	120,353	1.0%	-0.1%	6,623	-7.7%	-12.0%	13,330	-6.4%	-2.0%	9,009	5.3%	-0.1%	114,611	6.0%	0.1%
43	Jun-11	154,572	2.8%	0.0%	120,867	1.5%	0.4%	7,260	1.0%	9.6%	13,272	-6.4%	-0.4%	9,088	5.5%	0.9%	114,441	5.3%	-0.1%
44	Jul-11	153,928	2.2%	-0.4%	119,814	0.8%	-0.9%	7,418	-0.3%	2.2%	12,046	-13.5%	-9.2%	9,031	4.8%	-0.6%	113,984	4.4%	-0.4%
45	Aug-11	153,803	1.7%	-0.1%	119,628	0.7%	-0.2%	7,004	-1.3%	-5.6%	11,980	-14.3%	-0.5%	8,905	3.0%	-1.4%	114,285	3.9%	0.3%
46	Sep-11	154,055	1.6%	0.2%	119,916	0.6%	0.2%	7,306	6.7%	4.3%	12,014	-14.6%	0.3%	8,864	2.5%	-0.5%	114,344	3.4%	0.1%
47	Oct-11	153,942	1.6%	-0.1%	119,437	0.6%	-0.4%	7,106	-4.4%	-2.7%	11,756	-13.7%	-2.1%	8,793	1.6%	-0.8%	114,705	3.6%	0.3%
48	Nov-11	153,484	1.0%	-0.3%	118,901	0.0%	-0.4%	6,956	-4.9%	-2.1%	11,668	-13.9%	-0.7%	8,854	2.2%	0.7%	114,371	2.6%	-0.3%
49	Dec-11	154,470	1.0%	0.6%	119,626	-0.2%	0.6%	7,598	4.5%	9.2%	11,787	-14.5%	1.0%	9,006	2.9%	1.7%	115,671	3.0%	1.1%
50	Jan-12	154,765	0.9%	0.2%	119,338	-0.2%	-0.2%	7,238	0.6%	-4.7%	11,781	-14.6%	-0.1%	8,834	1.1%	-1.9%	117,047	3.5%	1.2%
51	Feb-12	155,274	1.5%	0.3%	119,553	0.2%	0.2%	7,190	2.9%	-0.7%	11,628	-15.2%	-1.3%	8,792	0.1%	-0.5%	117,293	4.0%	0.2%
52	Mar-12	155,424	0.8%	0.1%	120,382	0.0%	0.7%	7,800	9.1%	8.5%	9,202	-33.0%	-20.9%	8,600	-3.5%	-2.2%	117,250	2.8%	0.0%
53	Apr-12	155,639	0.8%	0.1%	120,538	0.0%	0.1%	7,162	-4.8%	-8.2%	8,950	-34.2%	-2.7%	8,595	-4.7%	-0.1%	117,443	2.6%	0.2%
54	May-12	155,789	0.8%	0.1%	120,520	0.1%	0.0%	7,153	8.0%	-0.1%	8,853	-33.6%	-1.1%	8,541	-5.2%	-0.6%	117,744	2.7%	0.3%
55	Jun-12	156,002	0.9%	0.1%	120,335	-0.4%	-0.2%	7,716	6.3%	7.9%	8,774	-33.9%	-0.9%	8,518	-6.3%	-0.3%	117,708	2.9%	0.0%
56																			

DATA TABLES FOR CHARTS

Caseloads Vs Unemployment

	NH Unempl. Rate	Unduplicated Persons
Jul-09	6.8%	140,420
Aug-09	6.9%	141,132
Sep-09	7.2%	142,381
Oct-09	6.8%	143,697
Nov-09	6.7%	144,519
Dec-09	6.9%	145,758
Jan-10	7.0%	146,491
Feb-10	7.1%	147,414
Mar-10	7.0%	149,065
Apr-10	6.7%	149,947
May-10	6.4%	150,236
Jun-10	5.9%	150,331
Jul-10	5.8%	150,572
Aug-10	5.7%	151,231
Sep-10	5.5%	151,609
Oct-10	5.4%	151,486
Nov-10	5.4%	151,906
Dec-10	5.4%	152,991
Jan-11	5.6%	153,338
Feb-11	5.4%	152,942
Mar-11	5.2%	154,218
Apr-11	4.9%	154,397
May-11	4.8%	154,589
Jun-11	4.9%	154,572
Jul-11	5.2%	153,928
Aug-11	5.3%	153,803
Sep-11	5.4%	154,055
Oct-11	5.3%	153,942
Nov-11	5.2%	153,484
Dec-11	5.2%	154,470
Jan-12	5.2%	154,765
Feb-12	5.2%	155,274
Mar-12	5.2%	155,424
Apr-12	5.0%	155,639
May-12	5.0%	155,789
Jun-12		156,002

Caseloads-Actual

	FANF Persons Actual	Medicaid Persons Actual
Jul-09	13,377	113,861
Aug-09	13,498	114,030
Sep-09	13,771	114,862
Oct-09	13,787	115,976
Nov-09	13,927	116,291
Dec-09	14,288	117,171
Jan-10	14,392	117,326
Feb-10	14,522	118,060
Mar-10	14,587	118,926
Apr-10	14,596	119,503
May-10	14,244	119,197
Jun-10	14,181	119,121
Jul-10	13,920	118,831
Aug-10	13,981	118,841
Sep-10	14,065	119,213
Oct-10	13,615	118,770
Nov-10	13,553	118,882
Dec-10	13,789	119,845
Jan-11	13,796	119,554
Feb-11	13,705	119,255
Mar-11	13,730	120,395
Apr-11	13,597	120,532
May-11	13,330	120,353
Jun-11	13,272	120,867
Jul-11	12,046	119,814
Aug-11	11,980	119,628
Sep-11	12,014	119,916
Oct-11	11,756	119,437
Nov-11	11,668	118,901
Dec-11	11,787	119,626
Jan-12	11,781	119,338
Feb-12	11,628	119,553
Mar-12	9,202	120,382
Apr-12	8,950	120,538
May-12	8,853	120,520
Jun-12	8,774	120,335

Personnel Vacancy Rate

	Authorized	Filled	Vacant	PCT
Jul-09	3,353	3,066	287	8.6%
Aug-09	3,353	3,040	313	9.3%
Sep-09	3,334	3,021	313	9.4%
Oct-09	3,338	2,909	429	12.9%
Nov-09	3,337	2,902	435	13.0%
Dec-09	3,337	2,893	444	13.3%
Jan-10	3,337	2,886	451	13.5%
Feb-10	3,337	2,887	450	13.5%
Mar-10	3,337	2,877	460	13.8%
Apr-10	3,337	2,873	464	13.9%
May-10	3,337	2,857	480	14.4%
Jun-10	3,344	2,862	482	14.4%
Jul-10	3,344	2,818	526	15.7%
Aug-10	3,344	2,802	542	16.2%
Sep-10	3,344	2,795	549	16.4%
Oct-10	3,341	2,800	541	16.2%
Nov-10	3,344	2,809	535	16.0%
Dec-10	3,348	2,815	533	15.9%
Jan-11	3,348	2,813	535	16.0%
Feb-11	3,348	2,820	528	15.8%
Mar-11	3,348	2,827	521	15.6%
Apr-11	3,348	2,818	530	15.8%
May-11	3,348	2,794	554	16.5%
Jun-11	3,348	2,767	581	17.4%
Jul-11	2,995	2,764	231	7.7%
Aug-11	2,995	2,767	228	7.6%
Sep-11	2,995	2,774	221	7.4%
Oct-11	2,997	2,759	238	7.9%
Nov-11	2,997	2,753	244	8.1%
Dec-11	2,898	2,672	226	7.8%
Jan-12	2,898	2,699	199	6.9%
Feb-12	2,898	2,686	212	7.3%
Mar-12	2,898	2,694	204	7.0%
Apr-12	2,898	2,687	211	7.3%
May-12	2,898	2,674	224	7.7%
Jun-12	2,897	2,671	226	7.8%