State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NICHOLAS A. TOUMPAS
COMMISSIONER

July 22, 2013

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

Re: Dashboard – June 2013

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

Mission

The Department's mission is "to join communities and families in providing opportunities for citizens to achieve health and independence." 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 include the developmentally disabled, frail elderly and those with mental health issues who require long term care services. The objective is to help them maximize their independence, to allow to the extent it is safe for the individual, to live within a community, while recognizing that for many there will always be a need for long-term services and supports.
- Temporarily Low Income Individuals are those who have exhausted their financial resources due a loss of employment, divorce, or temporary health issues. These individuals have the ability to likely recover their independence when jobs are available or their current crises are overcome with the appropriate interim supports.
- Chronically Low Income Individuals are the most complex. Breaking the cycle of poverty for the chronically low income requires a commitment from public and state leaders to invest in programs that will support a coordinated statewide effort including, not only the Department of Health and Human Services, but also Education, Corrections, and Employment Security.

For the year ended June 2013, the Department provided services to an average of 155,664 individuals per month. This represented an increase of 0.6% over the prior year. The largest programs managed by the Department are the food stamp, Medicaid, and FANF programs, which provide supports to low-income individuals. As noted in the following table, growth in caseloads for these programs has slowed from the years of the recession but remain at high, unprecedented levels. The growth in Medicaid is related to integration of the Children's Health Insurance Program (CHIP). Adjusting for this change, Medicaid caseloads remain flat versus the prior year.

Average Monthly Enrollment (Persons) Years Ended June

	2010	2011	2012	2013	
Total Unduplicated Persons	145,949	152,821	154,715	155,664	
Pct Increase from Prior Year	*11.3%*	*4.7%*	*1.2%*	*0.6%*	
Medicaid Persons	117,025	119,612	119,832	129,721	
Pct Increase from Prior Year	*8.9%*	*2.2%*	*0.2%*	*-0.1%*	CHIP Adjusted
Food Stamp Persons	99,219	112,302	115,987	117,899	
Pct Increase from Prior Year	*36.0%*	*13.2%*	*3.3%*	*1.6%*	
FANF Persons	14,098	13,696	10,870	8,494	
Pct Increase from Prior Year	*17.2%*	*-2.8%*	*-20.6%*	*-21.9%*	
APTD Persons	8,284	8,794	8,778	8,136	
Pct Increase from Prior Year	*13.8%*	*6.2%*	*-0.2%*	*-7.3%*	
Elderly Nursing Services	7,288	7,188	7,237	7,232	
Pct Increase from Prior Year	*0.5%*	*-1.4%*	*0.7%*	*-0.1%*	

Medicaid Program-Medicaid is the largest and most costly program administered by the Department accounting for in excess of 70% of total Department costs. Medicaid caseloads have stabilized but remain at historic highs. A recent forecast developed for the Department is for a 1.0% annual increase in caseloads. Caseloads for SFY13, however, grew at half that rate, after adjusting for the effect of the CHIP conversion. On July 1, 2012, the Children Health Insurance Program (CHIP) was merged into the Medicaid fee-for-services program. 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-SFY13 enrollment for Financial Assistance for Needy Families (FANF) has decreased by 21.9% 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-SFY13 enrollment for Aid to the Permanently and Totally Disabled (APTD) declined 7.3% from prior year. Most of the decline in caseloads is related to the change in treatment of Social Security Income in determining eligibility for benefits. For the last three months, APTD caseloads have leveled off at 8011 to 8001. The cost per case has also declined as a result of a Department initiative, the Facilitated Social Security Applications project, which has assisted clients to obtain Social Security benefits, reducing the amount of State assistance.

Food Stamps- New Hampshire food stamp caseloads are still increasing although the growth rate slowed to 1.6% in SFY13.

Operations & Administration

The Department has been restructuring and downsizing the administrative organization. The budget for SFY2012-2013 abolished 373 positions, thus permanently reducing the size of the organization. In June 2008, the Department had 3,107 filled positions. In January 2013, the Department had 2,619 filled positions, a decrease of 15.7%. Figures since then are not available from the State personnel system. 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 significant transformation initiatives such as Medicaid managed care, redesign of supports for clients for community-based care, re-engineering front end operations, and implementation of enabling technologies. The decline in number of staff is exacerbated by the fact that nearly 12% of the Department's workforce is age 60 with at least 10 years of services and eligible for retirement. This potential drain of experienced staff combined with the organizational downsizing and transformation challenges creates risk to the Department's core competencies.

Litigation & Audits

In addition to managing current operations and working toward implementation of the significant transformation initiatives required in the budget for SFY2013, Department resources have become disproportionately directed at and continue to be consumed to addressing audits and litigation including:

- Litigation involving acute care hospitals
- Litigation involving the Olmstead regulations for the mental health services
- Litigation involving providers of residential care for children
- Managing the disproportionate share program
- Office of Inspector General audits
- Federal review of Title IV-E
- LBA audits such as the recently completed audit of NH Hospital and the new audit of the Sununu Youth Services Center
- State Single Audit

One new issue related to the Medicaid Disproportionate Share (DSH) program for New Hampshire Hospital (NHH). NHH receives approximately $18 million per year from the DSH program for services for uninsured patients. In 2008, CMS issued rules defining "uninsured" to be more restrictive than the service-specific definition previously employed and applied the definition on an individual-specific basis rather than a service-specific basis. This reduces the costs that can be claimed for DSH since many clients have insurance, but not for the services being rendered by NHH. Numerous states, including New Hampshire, members of Congress, and related stakeholders expressed their concern that the 2008 DSH final rule definition of the uninsured deviated from prior guidance and would have a significant financial impact on States and hospitals. In January 2012 CMS issued a proposed rule, which will reinstate the broader definition. In December 2012, CMS indicated the final rule might be issued in April 2013. This did not occur. NHH has and continues to believe when the final, broader, rule is issued, it will retain DSH federal funding at historical levels and has been budgeting under that assumption.

Summary

The Department has continually strived to deliver high quality and cost-effective services to individuals requiring support services and to the taxpayers who fund those services and to improve the value of the services delivered. Addressing the root causes for the needs for these services requires a long-term, coordinated effort among state agencies, stakeholders and the legislature. The four primary change initiatives for the Department are:

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.

Successful transition to a new business structure, however, is challenged by continuing reduction in resources and resistance from existing delivery systems and stakeholders. Other challenges will be encountered if federal sequestration reduces funding to safety net programs.

Respectfully submitted,

Nicholas A. Toumpas
Commissioner

Enclosure

cc: The Honorable Mary Jane Wallner, Chairman, House Finance Committee
The Honorable Chuck W. Morse, Chairman, Senate Finance Committee
The Honorable James MacKay, House Health, Human Services & Elderly Affairs Committee
The Honorable Nancy Stiles, Senate Health, Education & Human Services Committee
Her Excellency, Governor Margaret Wood Hassan
The Honorable Raymond S. Burton
The Honorable Colin Van Ostern
The Honorable Chris Sununu
The Honorable Christopher Pappas
The Honorable Debora B. Pignatelli
The Honorable Terie Norelli
The Honorable Peter Bragdon
Jeffry A. Pattison, Legislative Budget Assistant

House Finance Committee

Mary Allen	Richard Barry	Bernard Benn
Thomas Buco	John Cebrowski	Daniel Eaton
Robert Elliott	Susan Ford	Marilinda Garcia
William Hatch	David Huot	Neal Kurk
Peter Leishman	Alfred Lerandeau	Dan McGuire
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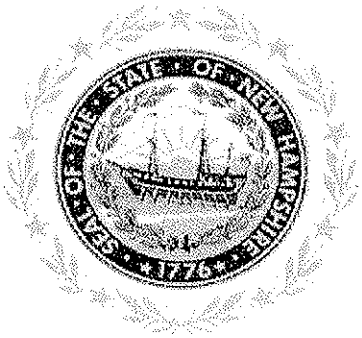
Cindy Rosenwald	Stephen Spratt	Karen Umberger
Robert Walsh	Kenneth Weyler	Colette Worsman

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

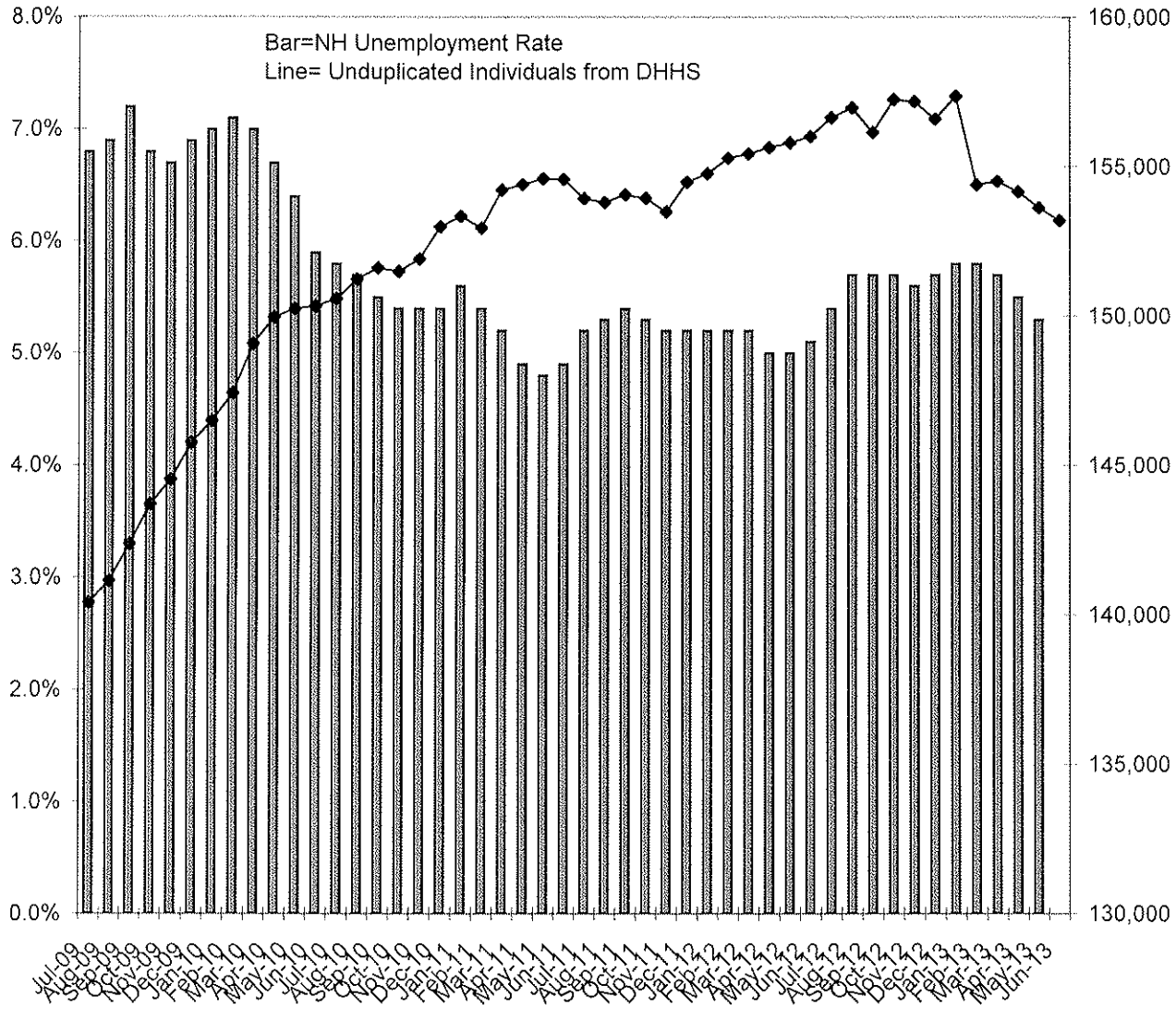
DATA THROUGH JUNE 2013

SFY13

Prepared July 22, 2013

	A	B	C	E	G	H	I
1			**Department of Health and Human Services**				
2			**Budget Planning SFY14-SFY15**				
3			**As of July 19, 2013**				
4							
5			**Anticipated Areas of Budget Shortfalls**				
6	The budget for SFY14-15 provides insufficient general funds to address the legislative intends for services and obligations that are expected to be incurred. This summary identifies the shortfalls as currently anticipated.						
7							
8	Prepared July 19, 2013						
9			***Figures Rounded to $000***	**SFY14 General**	**SFY15 General**	**Total General**	
10							
11	**Lapse Estimated in Final Budget**						
12			Lapse estimated in final budget-3.63%	$23,854			
13			Lapse estimated in final budget-3.68%		$23,785	**$47,639**	
14							
15	**Known Shortfalls**						
16		DHHS	DHHS footnote reduction (HB2:10) ($7 mil F14-15)	$2,700	$4,300		
17		DHHS	Health Facility Licensing Fees not authorized	$155	$173		
18		SYSC	Reduction in SYSC appropriation (HB2:14)	$500	$750		
19		DHHS	Anticipated Delay in Managed Care	$2,033	$8,460		
20		DHHS	Medicaid To Schools-Transportation	$2,500			
21		DHHS	DSH Settlement	$8,886			
22			**Total Known Shortfall**	**$16,774**	**$13,683**	**$30,457**	
23							
24	**Other Potential Shortfalls**						
25							
26	The above list includes only those shortfalls which a) are likely to be incurred and b) for which amounts can be reasonably estimated. There are a number of other issues, not listed, such as caseload increases, for which the risks are less defined. If or when other funding issues arise, they will be appended to the above.						
27							
28							
29							

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



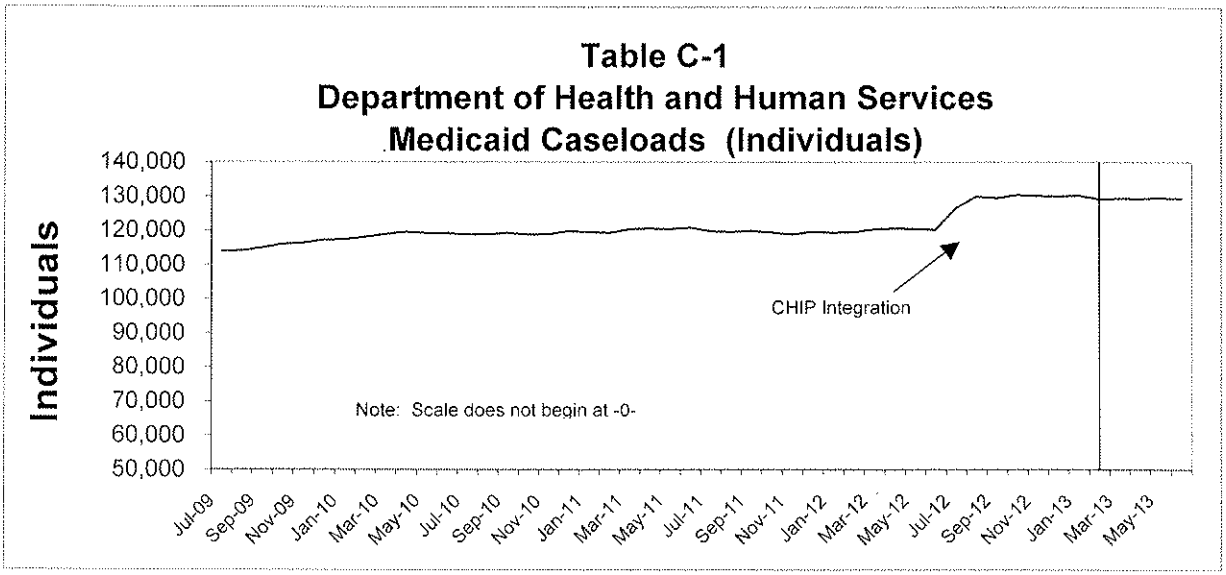


Table C-1
Department of Health and Human Services
Medicaid Caseloads (Individuals)
Individuals
140,000
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
CHIP Integration
Note: Scale does not begin at -0-
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13
May-13

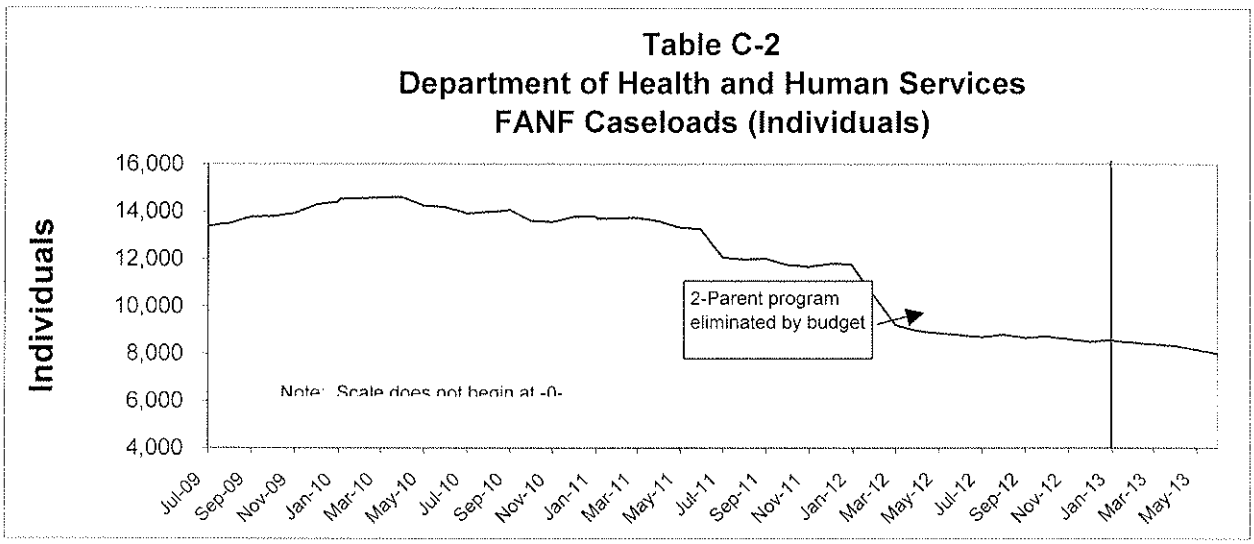


Table C-2
Department of Health and Human Services
FANF Caseloads (Individuals)
Individuals
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2-Parent program eliminated by budget
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13
May-13

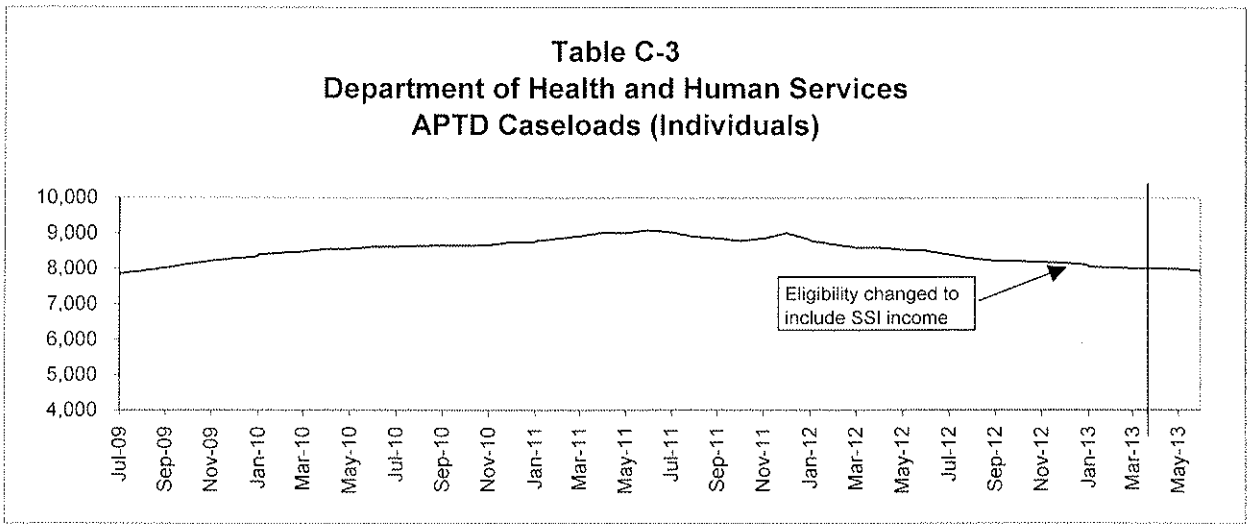


Table C-3
Department of Health and Human Services
APTD Caseloads (Individuals)
10,000
9,000
8,000
7,000
6,000
5,000
4,000
Eligibility changed to include SSI income
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13
May-13

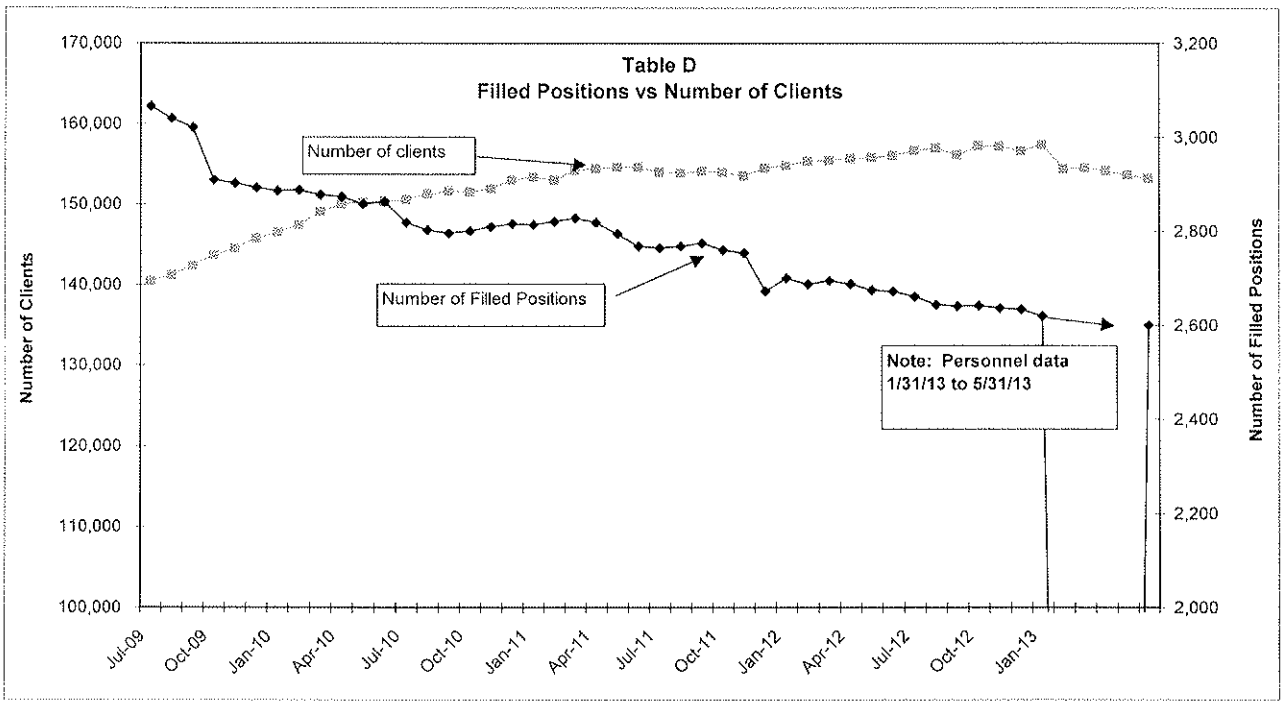


Table D
Filled Positions vs Number of Clients
Number of clients
Number of Filled Positions
Note: Personnel data
1/31/13 to 5/31/13
Number of Clients
Number of Filled Positions
170,000
160,000
150,000
140,000
130,000
120,000
110,000
100,000
3,200
3,000
2,800
2,600
2,400
2,200
2,000
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13

	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								
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	Jul-12	1,100	681	605	323	5,175	0	60
48	Aug-12	1,050	744	611	317	5,219	0	57
49	Sep-12	1,151	681	619	295	5,050	0	56
50	Oct-12	1,344	898	612	306	5,076	0	60
51	Nov-12	1,098	656	609	321	5,061	0	57
52	Dec-12	1,086	656	601	325	4,995	0	59
53	Jan-13	1,245	715	594	322	5,164	0	54
54	Feb-13	1,072	674	609	318	5,113	0	58
55	Mar-13	1,180	842	619	318	5,231	0	57
56	Apr-13	1,269	852	612	339	5,368	0	60
57	May-13	1,383	852	589	331	5,357	0	69
58	Jun-13	1,147	685	594	332	5,345	0	72
59								
60								
61								
62								
63								
64								
65								
66	**Source of Data**							
67	Column							
68	B	DCYF SFY Management Database Report: Bridges.						
69	C	DCYF Assessment Supervisory Report: Bridges.						
70	D	Bridges placement authorizations during the month, unduplicated.						
71	E	Bridges placement authorizations during the month, unduplicated.						
72	F	Bridges Expenditure Report, NHB-OAR8-128						
73	G	Child Care Wait List Screen: New Heights						
74	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-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
Jul-12	8,690	8,405	117,625	4,184	17,771	12,928	34,883
Aug-12	8,793	8,296	117,916	4,031	17,760	12,899	34,690
Sep-12	8,657	8,218	117,569	4,038	17,722	12,853	34,613
Oct-12	8,704	8,216	119,101	4,261	17,526	12,865	34,652
Nov-12	8,599	8,181	118,992	4,066	17,650	12,862	34,578
Dec-12	8,493	8,164	118,817	4,051	17,653	12,893	34,597
Jan-13	8,559	8,115	120,153	4,136	17,542	12,836	34,514
Feb-13	8,538	8,059	117,654	4,175	17,545	12,857	34,577
Mar-13	8,378	8,011	117,409	4,041	17,723	13,006	34,770
Apr-13	8,337	8,011	114,147	4,162	17,606	13,054	34,822
May-13	8,169	8,001	119,317	3,973	17,780	13,102	34,855
Jun-13	8,005	7,951	116,087	3,917	17,850	13,146	34,913

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)

Note * 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
Jul-10	$7,988,373	$ 1,597,675
Aug-10	$7,136,649	$ 1,680,558
Sep-10	$6,629,711	$ 1,673,441
Oct-10	$8,685,885	$ 1,691,145
Nov-10	$8,628,997	$ 1,775,892
Dec-10	$6,900,690	$ 1,702,604
Jan-11	$6,184,140	$ 1,682,401
Feb-11	$6,740,043	$ 1,682,700
Mar-11	$7,382,305	$ 1,699,405
Apr-11	$9,302,312	$ 1,757,654
May-11	$7,547,988	$ 1,731,814
Jun-11	$7,992,643	$ 1,752,303
Jul-11	$7,631,195	$ 1,526,239
Aug-11	$6,879,546	$ 1,612,305
Sep-11	$8,259,497	$ 1,626,446
Oct-11	$6,551,174	$ 1,628,967
Nov-11	$6,684,985	$ 1,636,654
Dec-11	$8,227,790	$ 1,638,303
Jan-12	$6,020,154	$ 1,621,108
Feb-12	$6,992,712	$ 1,635,630
Mar-12	$8,495,420	$ 1,643,562
Apr-12	$7,164,315	$ 1,656,972
May-12	$7,280,134	$ 1,670,561
Jun-12	$8,576,998	$ 1,674,791
Jul-12	$6,080,133	$ 1,520,033
Aug-12	$8,396,227	$ 1,608,484
Sep-12	$6,638,801	$ 1,624,243
Oct-12	$6,557,972	$ 1,627,831
Nov-12	$8,163,038	$ 1,628,917
Dec-12	$6,888,680	$ 1,643,264
Jan-13	$5,678,659	$ 1,613,450
Feb-13	$6,844,750	$ 1,624,949
Mar-13	$9,366,958	$ 1,656,800
Apr-13	$9,806,502	$ 1,730,738
May-13	$5,993,645	$ 1,675,320
Jun-13	$6,614,944	$ 1,673,660

Medicaid Client Trending Report

Current Date: 7/1/13 | 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	19,925
2013	13,227	15,761	17,460	

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	14,214	16,786	18,565	21,202

VARIANCE: BUDGETED TO ACTUAL - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2012	-448	-1,012	-1,409	-1,240
2013	-987	-1,025	-1,105	

Table H
Department of Health and Human Services
Operating Statistics
Elderly & Adult Long Term Care

	Total Nursing Clients		CFI Home Health	CFI Midlevel	Other Nursing	Nursing Home Beds		Pct in NF	APS Clients Assmnts	APS Cases Ongoing	SSBG AIHC Waitlist	Total SSBG AIHC	
	Actual	Budget			Note 1	3 mo. Avg	Budget						
Jul-10	7,284	7,740	2,541	384	36	4,359	4,063	59.8%	250	1,121	5		
Aug-10	7,223	7,740	2,494	389	34	4,340	4,063	60.1%	221	1,118	1		
Sep-10	7,112	7,740	2,513	365	32	4,234	4,063	59.5%	228	1,104	0	506	
Oct-10	7,150	7,740	2,527	387	35	4,236	4,063	59.2%	228	1,080	0		
Nov-10	7,237	7,740	2,557	396	28	4,284	4,063	59.2%	221	1,067	3		
Dec-10	7,346	7,740	2,530	413	32	4,403	4,063	59.9%	183	1,068	0	614	
Jan-11	7,217	7,740	2,468	416	32	4,333	4,063	60.0%	178	1,039	3		
Feb-11	7,164	7,740	2,548	385	33	4,231	4,063	59.1%	162	1,040	6		
Mar-11	7,127	7,740	2,544	388	32	4,195	4,063	58.9%	203	1,042	3		
Apr-11	7,221	7,740	2,511	422	31	4,288	4,063	59.4%	222	1,041	3		
May-11	7,079	7,740	2,485	417	34	4,177	4,063	59.0%	207	1,058	8		
Jun-11	7,094	7,740	2,436	420	35	4,238	4,063	59.7%	238	1,077	4	740	YTD
Jul-11	7,142	7,515	2,499	443	31	4,200	4,400	58.8%	200	1,069	1		
Aug-11	7,196	7,515	2,396	456	37	4,344	4,400	60.4%	226	1,083	2		
Sep-11	7,174	7,515	2,382	447	32	4,345	4,400	60.6%	236	1,091	2	532	YTD
Oct-11	7,053	7,515	2,340	442	33	4,271	4,400	60.6%	253	1,108	2		
Nov-11	7,037	7,515	2,350	432	35	4,255	4,400	60.5%	212	1,103	2		
Dec-11	7,132	7,515	2,356	446	32	4,330	4,400	60.7%	220	1,095	-	667	YTD
Jan-12	7,189	7,515	2,357	439	34	4,393	4,400	61.1%	215	1,077	9		
Feb-12	7,312	7,515	2,417	418	33	4,477	4,400	61.2%	215	1,084	9		
Mar-12	7,518	7,515	2,530	448	31	4,540	4,400	60.4%	240	1,065	13	740	YTD
Apr-12	7,368	7,515	2,450	433	34	4,485	4,400	60.9%	223	1,053	9		
May-12	7,343	7,515	2,486	439	33	4,418	4,400	60.2%	223	1,084	5		
Jun-12	7,376	7,515	2,554	436	34	4,386	4,400	59.5%	245	1,095	16	786	YTD
Jul-12	7,225	7,578	2,401	444	34	4,380	4,422	60.6%	238	1,096	9		
Aug-12	7,448	7,578	2,468	471	39	4,509	4,422	60.5%	251	1,087	5		
Sep-12	7,281	7,578	2,454	462	37	4,365	4,422	60.0%	209	1,092	6	518	YTD
Oct-12	7,293	7,578	2,475	464	35	4,354	4,422	59.7%	243	1,137	1		
Nov-12	7,254	7,578	2,478	482	34	4,294	4,422	59.2%	200	1,203	1		
Dec-12	7,253	7,578	2,433	484	35	4,336	4,422	59.8%	178	1,186	1	635	YTD
Jan-13	7,194	7,578	2,421	461	37	4,312	4,422	59.9%	255	1,201	1		
Feb-13	7,092	7,578	2,415	443	33	4,234	4,422	59.7%	159	1,202	1		
Mar-13	7,052	7,578	2,487	438	38	4,127	4,422	58.5%	220	1,196	1	705	YTD
Apr-13													
May-13													
Jun-13													

Note 1: These clients are also captured under OMBP Provider Payments
Note : CFI Home Health = CFI Home Support and Home Health Care Waiver Services

Source of Data

Columns

D-F	MDSS monthly client counts
G	3 month Avg of the number of paid bed days in the month/days in prior month by the number of days in the previous month. MDSS
J	Options Monthly Protective Reports
K	Options Monthly Activity Report
L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator
M	Quarterly Options Paid Claims from Business Systems Unit Manager

Operating Statistics
Developmental Services Long Term Care

	BDS Programs served FYTD**	BDS Programs - FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist	Medicaid to Schools
				8-09 to 8-12 Actual	8-09 to 8-12 Actual	Actual*	Actual*	
Aug-09	11,213	7,459	1,817	2,006	874	37	0	
Sep-09	11,534	7,882	1,823	1,868	892	37	0	
Oct-09	12,014	8,241	1,811	2,019	877	37	0	
Nov-09	12,561	8,703	1,760	2,044	907	37	0	
Dec-09	12,906	9,036	1,803	2,048	911	19	0	
Jan-10	13,631	9,836	1,826	1,917	939	19	0	
Feb-10	14,403	10,575	1,753	1,928	950	19	0	
Mar-10	14,493	10,650	1,869	1,849	997	47	0	
Apr-10	14,844	11,084	1,864	1,576	1,092	47	0	
May-10	15,446	11,830	1,857	1,620	998	47	0	
Jun-10	14,693	12,015	1,861	1,660	1,018	20	0	6,612
Jul-10	9,505	6,463	1,927	1,652	1,390	40	0	
Aug-10	10,574	7,826	2,054	1,690	1,058	13	0	
Sep-10	11,107	8,324	2,069	1,730	1,053	9	0	
Oct-10	11,667	8,826	2,087	1,767	1,074	21	1	
Nov-10	12,438	9,600	2,128	1,768	1,070	19	0	
Dec-10	12,732	9,959	2,101	1,667	1,106	19	0	
Jan-11	13,152	10,344	1,972	1,659	1,149	19	0	
Feb-11	13,567	10,817	2,017	1,613	1,137	19	0	
Mar-11	13,900	11,098	2,182	1,651	1,151	20	0	
Apr-11	14,201	11,337	2,277	1,695	1,169	30	0	
May-11	14,623	11,713	2,339	1,742	1,168	30	0	
Jun-11	15,148	12,168	2,344	1,772	1,208	24	4	6,785
Jul-11	10,626	7,627	2,248	1,795	1,204	56	6	
Aug-11	10,953	7,957	1,799	1,806	1,190	34	8	
Sep-11	11,146	8,328	2,329	1,811	1,007	34	10	
Oct-11	11,500	8,529	2,668	1,841	1,130	46	9	
Nov-11	11,918	9,077	2,917	1,727	1,114	58	9	
Dec-11	12,290	9,445	3,057	1,742	1,103	62	0	
Jan-12	12,535	9,848	3,274	1,667	1,020	66	0	
Feb-12	12,767	10,112	3,468	1,663	992	71	0	
Mar-12	13,133	10,455	3,661	1,695	983	78	0	
Apr-12	13,510	10,802	3,922	1,702	1,006	81	0	
May-12	13,850	11,122	4,154	1,740	988	90	0	
Jun-12	14,248	11,513	4,423	1,737	998	94	0	6,419
Jul-12	9,742	7,055	1,891	1,689	998	123	0	
Aug-12	10,324	7,590	2,083	1,738	996	123	0	
Sep-12	11,000	8,156	2,288	1,814	1,030	154	0	
Oct-12	11,701	8,774	2,601	1,876	1,051	169	0	
Nov-12	12,207	9,209	2,861	1,935	1,063	172	0	
Dec-12	12,562	9,502	3,033	1,980	1,080	190	0	
Jan-13	13,217	10,065	3,255	2,063	1,089	219	0	
Feb-13	13,660	10,438	3,521	2,123	1,099	225	1	
Mar-13	14,057	10,694	3,706	2,253	1,110	242	3	
Apr-13	14,460	10,992	3,925	2,342	1,126	240	1	
May-13	14,863	11,289	4,132	2,430	1,144	265	4	
Jun-13	15,205	11,580	4,323	2,460	1,165	288	8	
Data Sources:	NHLeads	NHLeads	NHLeads	SMSdb	PIHdb	Registry	Registry	

***G & *H** Represent the number of individuals waiting at least 90-days for DD or ABD Waiver funding.
** BDS count excludes MTS Students served
E & F Represents year-to-date total number served

	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											
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	n/a	12,090	12,173	101%	806	883	110%	115
41	Feb-12	153	191	n/a	11,310	11,137	98%	754	770	102%	116
42	Mar-12	153	184	n/a	12,090	11,049	91%	806	837	104%	118
43	Apr-12	153	200	n/a	10,590	9,945	94%	780	817	105%	118
44	May-12	155	208	n/a	10,943	10,510	96%	806	898	111%	117
45	Jun-12	149	187	n/a	10,590	9,845	93%	780	869	111%	119
46	Jul-12	145	161	n/a	10,943	9,568	87%	806	685	85%	118
47	Aug-12	149	193	n/a	10,943	9,573	87%	806	755	94%	118
48	Sep-12	151	162	n/a	9,870	9,304	94%	780	674	86%	119
49	Oct-12	150	178	n/a	10,199	9,826	96%	806	757	94%	119
50	Nov-12	150	161	n/a	9,870	9,369	95%	780	763	98%	117
51	Dec-12	150	125	n/a	10,133	9,420	93%	754	808	107%	117
52	Jan-13	161	173	n/a	11,346	11,433	101%	806	826	102%	117
53	Feb-13	164	135	n/a	9,212	10,544	114%	728	704	97%	118
54	Mar-13	155	149	n/a	9,833	10,995	112%	780	764	98%	119
55	Apr-13	152	173	n/a	9,833	9,313	95%	780	643	82%	119
56	May-13	148	187	n/a	10,162	9,166	90%	806	586	73%	118
57	Jun-13	155	175	n/a							119
58											
59											
60											
61	Source of Data										
62	Column										
63	B	Daily in-house midnight census averaged per month									
64	C	Daily census report of admissions totalled per month									
65	D	Daily in-house midnight census averaged per month									
66	E	Total number of individual bednights available in emergency shelters									
67	F	Total number of individual bednights utilized in emergency shelters									
68	G	Percentage of individual bednights utilized during month									
69	H	Total number of family bednights available in emergency shelters									
70	I	Total number of family bednights utilized in emergency shelters									
71	J	Percentage of family bednights utilized during month									
72	K	Daily in-house midnight census averaged per month									

Table J
Department of Health and Human Services
Office of Medicaid Business and Policy
Budget V. Actual Medical Expenditures

Medicaid Provider Payments
(Provider Payments, Outpatient Hospital, Prescription Drugs and CHIP FFS)

	Budgeted	Expended	Excess/Shortfall
Jul-12	$33,504,813	$28,414,183	$5,090,630
Aug-12	$41,881,016	$41,991,758	($110,741)
Sep-12	$33,504,813	$28,853,109	$4,651,704
Oct-12	$33,504,813	$33,899,882	($395,069)
Nov-12	$41,881,016	$38,286,866	$3,594,151
Dec-12	$34,745,011	$37,862,968	($3,117,957)
Jan-13	$34,745,011	$31,912,309	$2,832,702
Feb-13	$36,842,516	$35,321,867	$1,520,649
Mar-13	$46,053,145	$45,281,899	$771,245
Apr-13	$36,842,516	$27,641,834	$9,200,682
May-13	$46,053,145	$33,836,653	$12,216,492
Jun-13	$36,842,516	$41,544,784	($4,702,268)
Total	**$456,400,332**	**$424,848,112**	**$31,552,220**

CHIP Fee-for-service: Budget + expenses moved to Provider Payments w/Dept Transfer
CHIP Expenses reported in Medicaid Provider Payments Mnthly Costs

	Informational: Expended
Jul-12	$431,145
Aug-12	$1,398,498
Sep-12	$1,147,111
Oct-12	$1,324,754
Nov-12	$1,534,985
Dec-12	$1,572,977
Jan-13	$1,502,165
Feb-13	$1,669,845
Mar-13	$1,852,749
Apr-13	$1,112,906
May-13	$1,725,657
Jun-13	$1,742,275
Total	**$17,015,067**

BCCP
(Provider Payments, Outpatient Hospital, Prescription Drugs)

	Budgeted	Expended	Excess/Shortfall
Jul-12	$251,156	$278,082	($26,926)
Aug-12	$313,945	$378,267	($64,322)
Sep-12	$251,156	$317,636	($66,480)
Oct-12	$251,156	$342,295	($91,139)
Nov-12	$313,945	$345,771	($31,826)
Dec-12	$251,156	$371,182	($120,026)
Jan-13	$251,156	$337,068	($85,912)
Feb-13	$522,065	$351,781	$170,284
Mar-13	$652,581	$371,177	$281,405
Apr-13	$522,065	$255,222	$266,843
May-13	$652,581	$348,083	$304,498
Jun-13	$522,065	$383,956	$138,109
Total	**$4,755,027**	**$4,080,520**	**$674,507**

Notes:

Shaded figures are estimates

Department of Health and Human Services; Reduction in Appropriation. In the event that estimated restricted revenues collected by the department of health and human services in the aggregate are less than budgeted, during the biennium ending June 30, 2013, the total appropriations to the department of health and human services shall be reduced by the amount of the shortfall in either actual or projected revenue. The commissioner of the department of health and human services shall notify the bureau of accounting, in writing, no later than 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 compensate for the total revenue deficits.

Table K
Department of Health and Human Services
Caseloads Versus Prior Year & Prior Month

	Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANF Persons			APTD Persons			SNAP Persons		
	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo
Jul-11	153,928	2.2%	-0.4%	119,814	0.8%	-0.9%	7,142	-1.9%	0.7%	12,046	-13.5%	-9.2%	9,031	4.8%	-0.6%	113,984	4.4%	-0.4%
Aug-11	153,803	1.7%	-0.1%	119,628	0.7%	-0.2%	7,196	-0.4%	0.8%	11,980	-14.3%	-0.5%	8,905	3.0%	-1.4%	114,285	3.9%	0.3%
Sep-11	154,055	1.6%	0.2%	119,916	0.6%	0.2%	7,174	0.9%	-0.3%	12,014	-14.6%	0.3%	8,864	2.5%	-0.5%	114,344	3.4%	0.1%
Oct-11	153,942	1.6%	-0.1%	119,437	0.6%	-0.4%	7,053	-1.4%	-1.7%	11,756	-13.7%	-2.1%	8,793	1.6%	-0.8%	114,705	3.6%	0.3%
Nov-11	153,484	1.0%	-0.3%	118,901	0.0%	-0.4%	7,037	-2.8%	-0.2%	11,668	-13.9%	-0.7%	8,854	2.2%	0.7%	114,371	2.6%	-0.3%
Dec-11	154,470	1.0%	0.6%	119,626	-0.2%	0.6%	7,132	-2.9%	1.4%	11,787	-14.5%	1.0%	9,006	2.9%	1.7%	115,671	3.0%	1.1%
Jan-12	154,765	0.9%	0.2%	119,338	-0.2%	-0.2%	7,189	-0.4%	0.8%	11,781	-14.6%	-0.1%	8,834	1.1%	-1.9%	117,047	3.5%	1.2%
Feb-12	155,274	1.5%	0.3%	119,553	0.2%	0.2%	7,312	2.1%	1.7%	11,628	-15.2%	-1.3%	8,792	0.1%	-0.5%	117,293	4.0%	0.2%
Mar-12	155,424	0.8%	0.1%	120,382	0.0%	0.7%	7,518	5.5%	2.8%	9,202	-33.0%	-20.9%	8,600	-3.5%	-2.2%	117,250	2.8%	0.0%
Apr-12	155,639	0.8%	0.1%	120,538	0.0%	0.1%	7,368	2.0%	-2.0%	8,950	-34.2%	-2.7%	8,595	-4.7%	-0.1%	117,443	2.6%	0.2%
May-12	155,789	0.8%	0.1%	120,520	0.1%	0.0%	7,343	3.7%	-0.3%	8,853	-33.6%	-1.1%	8,541	-5.2%	-0.6%	117,744	2.7%	0.3%
Jun-12	156,002	0.9%	0.1%	120,335	-0.4%	-0.2%	7,376	4.0%	0.4%	8,774	-33.9%	-0.9%	8,518	-6.3%	-0.3%	117,708	2.9%	0.0%
Jul-12	156,637	1.8%	0.4%	129,569	Eff. 7/1/12 CHIP included		7,225	1.2%	-2.0%	8,690	-27.9%	-1.0%	8,405	-6.9%	-1.3%	117,625	3.2%	-0.1%
Aug-12	156,966	2.1%	0.2%	129,951	n/a	0.3%	7,448	3.5%	3.1%	8,793	-26.6%	1.2%	8,296	-6.8%	-1.3%	114,916	0.6%	-2.3%
Sep-12	156,144	1.4%	-0.5%	129,479	n/a	-0.4%	7,281	1.5%	-2.2%	8,657	-27.9%	-1.5%	8,218	-7.3%	-0.9%	117,569	2.8%	2.3%
Oct-12	157,243	2.1%	0.7%	130,393	n/a	0.7%	7,293	3.4%	0.2%	8,704	-26.0%	0.5%	8,216	-6.6%	0.0%	119,101	3.8%	1.3%
Nov-12	157,170	2.4%	0.0%	130,110	n/a	-0.2%	7,254	3.1%	-0.5%	8,599	-26.3%	-1.2%	8,181	-7.6%	-0.4%	118,992	4.0%	-0.1%
Dec-12	156,588	1.4%	-0.4%	130,001	n/a	-0.1%	7,253	1.7%	0.0%	8,493	-27.9%	-1.2%	8,164	-9.3%	-0.2%	118,817	2.7%	-0.1%
Jan-13	157,348	1.7%	0.5%	130,239	n/a	0.2%	7,194	0.1%	-0.8%	8,559	-27.3%	0.8%	8,115	-8.1%	-0.6%	120,153	2.7%	1.1%
Feb-13	154,386	-0.6%	-1.9%	129,200	n/a	-0.8%	7,092	-3.0%	-1.4%	8,538	-26.6%	-0.2%	8,059	-8.3%	-0.7%	117,654	0.3%	-2.1%
Mar-13	154,504	-0.6%	0.1%	129,413	n/a	0.2%	7,052	-6.2%	-0.6%	8,378	-9.0%	-1.9%	8,011	-6.8%	-0.6%	117,409	0.1%	-0.2%
Apr-13	154,159	-1.0%	-0.2%	129,346	n/a	-0.1%				8,337	-6.8%	-0.5%	8,011	-6.8%	0.0%	117,147	-0.3%	-0.2%
May-13	153,625	-1.4%	-0.3%	129,598	n/a	0.2%				8,169	-7.7%	-2.0%	8,001	-6.3%	-0.1%	119,317	1.3%	1.9%
Jun-13	153,197	-1.8%	-0.3%	129,353	n/a	-0.2%				8,005	-8.8%	-2.0%	7,951	-6.7%	-0.6%	116,087	-1.4%	-2.7%
Annual Averages																		
SFY09	131,148			107,488			7,253			12,026			7,279			72,973		
SFY10	145,949	11.3%		117,025	8.9%		7,288	0.5%		14,098	17.2%		8,284	13.8%		99,219	36.0%	
SFY11	152,821	4.7%		119,612	2.2%		7,188	-1.4%		13,696	-2.8%		8,794	6.2%		112,302	13.2%	
SFY12	154,715	1.2%		119,832	0.2%		7,237	0.7%		10,870	-20.6%		8,778	-0.2%		115,987	3.3%	
SFY13	155,664	0.6%		119,721	-0.1%	CHIP Adjust	7,232	-0.1%		8,494	-21.9%		8,136	-7.3%		117,899	1.6%	

DATA TABLES FOR CHARTS

Caseloads Vs Unemployment

		NH Unempl. Rate	Unduplicated Persons
31	Jul-09	6.8%	140,420
32	Aug-09	6.9%	141,132
33	Sep-09	7.2%	142,381
34	Oct-09	6.8%	143,697
35	Nov-09	6.7%	144,519
36	Dec-09	6.9%	145,758
37	Jan-10	7.0%	146,491
38	Feb-10	7.1%	147,414
39	Mar-10	7.0%	149,065
40	Apr-10	6.7%	149,947
41	May-10	6.4%	150,236
42	Jun-10	5.9%	150,331
43	Jul-10	5.8%	150,572
44	Aug-10	5.7%	151,231
45	Sep-10	5.5%	151,609
46	Oct-10	5.4%	151,486
47	Nov-10	5.4%	151,906
48	Dec-10	5.4%	152,991
49	Jan-11	5.6%	153,338
50	Feb-11	5.4%	152,942
51	Mar-11	5.2%	154,218
52	Apr-11	4.9%	154,397
53	May-11	4.8%	154,589
54	Jun-11	4.9%	154,572
55	Jul-11	5.2%	153,928
56	Aug-11	5.3%	153,803
57	Sep-11	5.4%	154,055
58	Oct-11	5.3%	153,942
59	Nov-11	5.2%	153,484
60	Dec-11	5.2%	154,470
61	Jan-12	5.2%	154,765
62	Feb-12	5.2%	155,274
63	Mar-12	5.2%	155,424
64	Apr-12	5.0%	155,639
65	May-12	5.0%	155,789
66	Jun-12	5.1%	156,002
67	Jul-12	5.4%	156,637
68	Aug-12	5.7%	156,966
69	Sep-12	5.7%	156,144
70	Oct-12	5.7%	157,243
71	Nov-12	5.6%	157,170
72	Dec-12	5.7%	156,588
73	Jan-13	5.8%	157,348
74	Feb-13	5.8%	154,386
75	Mar-13	5.7%	154,504
76	Apr-13	5.5%	154,159
77	May-13	5.3%	153,625
78	Jun-13		153,197

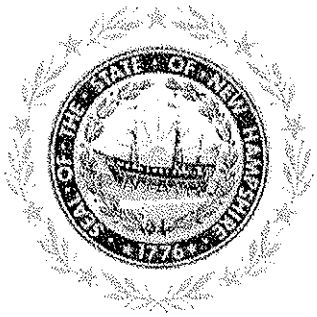
Caseloads-Actual

		FANF Persons Actual	APTD Actual	Medicaid Persons Actual
31	Jul-09	13,377	7,855	113,861
32	Aug-09	13,498	7,935	114,030
33	Sep-09	13,771	8,022	114,862
34	Oct-09	13,787	8,127	115,976
35	Nov-09	13,927	8,221	116,291
36	Dec-09	14,288	8,288	117,171
37	Jan-10	14,392	8,337	117,326
38	Feb-10	14,522	8,412	118,060
39	Mar-10	14,587	8,481	118,926
40	Apr-10	14,596	8,557	119,503
41	May-10	14,244	8,556	119,197
42	Jun-10	14,181	8,615	119,121
43	Jul-10	13,920	8,617	118,831
44	Aug-10	13,981	8,643	118,841
45	Sep-10	14,065	8,650	119,213
46	Oct-10	13,615	8,656	118,770
47	Nov-10	13,553	8,667	118,882
48	Dec-10	13,789	8,749	119,845
49	Jan-11	13,796	8,740	119,554
50	Feb-11	13,705	8,779	119,255
51	Mar-11	13,730	8,912	120,395
52	Apr-11	13,597	9,019	120,532
53	May-11	13,330	9,009	120,353
54	Jun-11	13,272	9,088	120,867
55	Jul-11	12,046	9,031	119,814
56	Aug-11	11,980	8,905	119,628
57	Sep-11	12,014	8,864	119,916
58	Oct-11	11,756	8,793	119,437
59	Nov-11	11,668	8,854	118,901
60	Dec-11	11,787	9,006	119,626
61	Jan-12	11,781	8,834	119,338
62	Feb-12	11,628	8,792	119,553
63	Mar-12	9,202	8,600	120,382
64	Apr-12	8,950	8,595	120,538
65	May-12	8,853	8,541	120,520
66	Jun-12	8,774	8,518	120,335
67	Jul-12	8,690	8,405	126,569
68	Aug-12	8,793	8,296	129,951
69	Sep-12	8,657	8,218	129,479
70	Oct-12	8,704	8,216	130,393
71	Nov-12	8,599	8,181	130,110
72	Dec-12	8,493	8,164	130,001
73	Jan-13	8,559	8,115	130,239
74	Feb-13	8,538	8,059	129,200
75	Mar-13	8,378	8,011	129,413
76	Apr-13	8,337	8,011	129,346
77	May-13	8,169	8,001	129,598
78	Jun-13	8,005	7,951	129,353

Personnel Vacancy Rate

		Authorized	Filled	Vacant	PCT		Caseload	Staff
31	Jul-09	3,353	3,066	287	8.6%	Jul-09	140,420	3,066
32	Aug-09	3,353	3,040	313	9.3%		141,132	3,040
33	Sep-09	3,334	3,021	313	9.4%		142,381	3,021
34	Oct-09	3,338	2,909	429	12.9%	Oct-09	143,697	2,909
35	Nov-09	3,337	2,902	435	13.0%		144,519	2,902
36	Dec-09	3,337	2,893	444	13.3%		145,758	2,893
37	Jan-10	3,337	2,886	451	13.5%	Jan-10	146,491	2,886
38	Feb-10	3,337	2,887	450	13.5%		147,414	2,887
39	Mar-10	3,337	2,877	460	13.8%		149,065	2,877
40	Apr-10	3,337	2,873	464	13.9%	Apr-10	149,947	2,873
41	May-10	3,337	2,857	480	14.4%		150,236	2,857
42	Jun-10	3,344	2,862	482	14.4%		150,331	2,862
43	Jul-10	3,344	2,818	526	15.7%	Jul-10	150,572	2,818
44	Aug-10	3,344	2,802	542	16.2%		151,231	2,802
45	Sep-10	3,344	2,795	549	16.4%		151,609	2,795
46	Oct-10	3,341	2,800	541	16.2%	Oct-10	151,486	2,800
47	Nov-10	3,344	2,809	535	16.0%		151,906	2,809
48	Dec-10	3,348	2,815	533	15.9%		152,991	2,815
49	Jan-11	3,348	2,813	535	16.0%	Jan-11	153,338	2,813
50	Feb-11	3,348	2,820	528	15.8%		152,942	2,820
51	Mar-11	3,348	2,827	521	15.6%		154,218	2,827
52	Apr-11	3,348	2,818	530	15.8%	Apr-11	154,397	2,818
53	May-11	3,348	2,794	554	16.5%		154,589	2,794
54	Jun-11	3,348	2,767	581	17.4%		154,572	2,767
55	Jul-11	2,995	2,764	231	7.7%	Jul-11	153,928	2,764
56	Aug-11	2,995	2,767	228	7.6%		153,803	2,767
57	Sep-11	2,995	2,774	221	7.4%		154,055	2,774
58	Oct-11	2,997	2,759	238	7.9%	Oct-11	153,942	2,759
59	Nov-11	2,997	2,753	244	8.1%		153,484	2,753
60	Dec-11	2,898	2,672	226	7.8%		154,470	2,672
61	Jan-12	2,898	2,699	199	6.9%	Jan-12	154,765	2,699
62	Feb-12	2,898	2,686	212	7.3%		155,274	2,686
63	Mar-12	2,898	2,694	204	7.0%		155,424	2,694
64	Apr-12	2,898	2,687	211	7.3%	Apr-12	155,639	2,687
65	May-12	2,898	2,674	224	7.7%		155,789	2,674
66	Jun-12	2,897	2,671	226	7.8%		156,002	2,671
67	Jul-12	2,897	2,660	237	8.2%	Jul-12	156,637	2,660
68	Aug-12	2,897	2,643	254	8.8%		156,966	2,643
69	Sep-12	2,897	2,640	257	8.9%		156,144	2,640
70	Oct-12	2,897	2,641	256	8.8%	Oct-12	157,243	2,641
71	Nov-12	2,897	2,636	261	9.0%		157,170	2,636
72	Dec-12	2,897	2,633	264	9.1%		156,588	2,633
73	Jan-13	2,898	2,619	279	9.6%	Jan-13	157,348	2,619
74	Feb-13	2,898	2,625	273	9.4%		154,386	n/a
75	Mar-13						154,504	n/a
76	Apr-13						154,159	n/a
77	May-13						153,625	n/a
78	Jun-13	2,888	2,600	288	10.0%		153,197	2,600

Department of Health and Human Services



Current Status of Projects With Potentially Significant Impact
As of June 30, 2013

Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Projects With Potentially Significant Impact
As of June 30, 2013

The Department of Health and Human Services has a number of initiatives in process that will significantly transform the nature of services and the delivery systems for those services. These include:

1. Medicaid Care Management for Medical and Long Term Care Services
2. Development of an 1115 Waiver to restructure the Medicaid program
3. Implementation of authorized elements of the Affordable Care Act (ACA)
    a. Implementation of the Modified Adjusted Gross Income
    b. Federally Facilitated Marketplace
    c. Federally Funded Primary Care Rate Increase
4. Implementation of Child in Need of Services (CHINS) Voluntary Services

Long Term Care

4. Implementation of the 10-Year Mental Health Plan
5. State Innovation Model (SIM) Grant
6. Balanced Incentive Program (BIP) Grant

Information Technology

7. Medicaid Management Information System
8. Service Delivery System Transformation – Data Repository
9. Health Information Exchange
10. Replace Child Support Information System (NECSES)
11. Complete the installation of the Medicaid Management Information System (MMIS)
12. Continue the modernization of the eligibility determination system (New HEIGHTS)
13. Implement Electronic Medical Record at New Hampshire Hospital
14. Implement WISDOM Public Health Performance Management System

MEDICAID PROGRAM

Care Management

Chapter Law 125, Laws of 2011, requires the Commissioner to employ a managed care model for administrating 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. The Department is implementing a three-phased approach consistent with the language of Chapter Law 125 (SB 147).

- Step 1-All Medicaid medical, pharmacy, and mental health services for all populations with a few the exceptions, such as spend down populations.
- Step 2-Specialty services for long term care populations, including nursing home services and specialty services for those dually eligible for Medicaid and Medicare.
- Step 3-Medicaid expansion population under the Affordable Care Act, if NH chooses to exercise the option to expand.

Status:

As a result of a public bidding process, on May 9, 2012 Governor & Council approved three contracts with Medicaid Managed Care Organizations (MCO). These vendors are Granite State Health Plan (Centene Corporation), Well Sense Health Plan (Boston Medical Center) and Meridian Health Plan of New Hampshire. The contracts, along with Medicaid State Plan Amendments (SPA) were submitted to the Centers for Medicare & Medicaid Management (CMS) for approval.

The Department has been closely monitoring the steps needed to fully implement the new program, including the development of the managed care organizations' provider networks with special focus on acute care hospitals, primary care physicians, community mental health centers and federally-qualified community health centers. The

program start date is contingent on the development of the provider networks. We have set forth a timeline that culminates with the program start that will begin once the managed care organizations are able to demonstrate that they have met certain milestones in putting together the provider network to serve the Medicaid population.

Development of an 1115 Waiver to restructure the Medicaid program

The Department is in the process of developing a proposal for a Medicaid demonstration waiver from the Centers of Medicare and Medicaid Services (CMS) in order to improve population health in New Hampshire, improve health outcomes for the Medicaid and CHIP populations, and to help lower health care costs for those populations over time. The demonstration waiver is known as a "Section 1115" waiver because of the provision of the federal Social Security Act under which the waiver is issued. A waiver mechanism is needed in order to undertake programs and initiatives in an innovative manner that does not adhere to all the traditional federal rules and regulations for the delivery and payment of Medicaid services.

For the past several years, NH DHHS has pursued a number of individual initiatives in order to improve population health and to establish a sustainable Medicaid financing system. These initiatives have included participation in the Balancing Incentive Program (BIP), the Money Following the Person Grant Program, the System of Care Grant, and, more recently, the implementation of managed care through the NH Care Management program and the State Innovation Model Grant program.

In addition, the Care Management program, which will provide medical homes and coordinated health care to NH's Medicaid population, will be implemented once the network for services is completed and CMS provides final approvals for implementation. NH DHHS is also now in the process of completing a thorough stakeholder process for the design phase of the State Innovation Model Grant, which is focused on new payment and service delivery reform options for long-term care support and services across the continuum of care and across the lifespan for all populations.

NH DHHS believes that it is critically important to align these initiatives and to undertake additional transformation efforts to reform the delivery and payment of Medicaid services in order to achieve our goal of improved population health and to secure additional federal investment in NH's Medicaid system to ensure its sustainability. Over the next several months DHHS will be undertaking stakeholder outreach that will inform the development of a waiver concept that will be reviewed by CMS and the public, and that will serve as the basis of a formal waiver application to CMS.

Implementation of authorized elements of the Affordable Care Act (ACA)

The State legislature is studying the issue of expanding Medicaid eligibility under ACA. HB2, Section 129 established the Commission to Study Expansion of Medicaid Eligibility and the committee report is due October 15, 2013. The Department has been providing technical support for this Commission. In addition to the state optional expansion of Medicaid under ACA, certain changes are mandatory and the Department is working toward implementation of the Modified Adjusted Gross Income methodology for eligibility determination, the Federally Facilitated Marketplace and the Federally Funded Primary Care Rate Increase.

Medicaid Family Planning Benefit Expansion.

Beginning July 1, DHHS started implementation of the Medicaid family planning expansion as directed by SB 194 and provided under RSA 126-A:4-c.. The family planning benefit is administered through the DHHS Medicaid Program and client eligibility for the program is administered through the Division of Client Services. Due to the department's inability to initiate at this time the significant technology systems enhancements necessary to determine eligibility and conduct claims processing, all client eligibility and all provider claims, both processed and paid, are conducted manually. Our ability to track total clients and service utilization is limited. However, DHHS is creating a work around data collection system that relies heavily on cooperation with providers and that captures benefit utilization and cost to the Medicaid program. During the first three weeks of the program, nearly 400 clients have been

determined eligible for services at family planning sites throughout NH. DHHS will report to the legislature on progress at 60 days and subsequently in the monthly Dashboard reports.

CHILDREN'S SERVICES

Implementation of Child in Need of Services (CHINS) Voluntary Services

The 2013 legislature passed HB 260, expanding the definition of a child in need of services under RSA 169-D, providing that DHHS shall offer voluntary services to any child meeting the definition of CHINS; directs the department to collect certain data regarding the CHINS program, services and utilization; and provides for the suspension of voluntary services if appropriated funds will be insufficient to support voluntary services. Further, prior to any CHINS petition being filed with the court efforts demonstrating whether appropriate voluntary services have been attempted, the nature of voluntary services attempted, and the reason court compulsion is necessary must be documented. Currently, the Division of Children Youth and Families does not have a technology system to collect data on voluntary services. DCYF must create a manual system of tracking voluntary cases in addition to associated costs.

LONG TERM CARE

10-Year Mental Health Plan

The 10-Year Mental Health Plan restores the delivery system to addresses the critical mental health needs of NH's citizens. The Division of Community Based Care Services, through the Bureau of Behavioral Health and New Hampshire Hospital, has developed several initiatives to provide a long-term, community based and sustainable solution for the backlog of individuals waiting in hospital emergency departments for inpatient care. These include providing early interventions before an individual requires emergency care, and targeted programs and services to allow individuals with high service needs to live successfully in the community. Specific initiatives and progress to date are as follows.

1. Establish a second Acute Psychiatric Residential Treatment Program (APRTP similar to the current program located in Manchester (Cypress Center).
   Status: BBH will be drafting an RFP for release this fall for organizations designated as community mental health programs to apply for these funds. We have several who have expressed an interest, and a key component to a successful application will be site control-property identified, available and under control of the applicant.

2. Establish additional crisis beds operated by two local Peer Support Agencies building on the success of the Stepping Stones Crisis Respite Program.
   Status: We had released an RFP and selected a peer support agency to establish this program. This was the second round of proposals released. The organization chosen developed some financial issues needing immediate attention and we subsequently rescinded our offer to contract with them. We have been approached through community collaboration- a CMHC in partnership with a peer support agency to set up a crisis bed. They have a site available for the program. We will be proceeding with further discussions with them on moving this initiative forward.

   As part of a planned expansion of the Transitional Housing Program, we are expanding the program by an additional 8 beds, which will include 2 peer run crisis beds at the program in collaboration with a local Peer Support Agency. We are in the process of executing this contract amendment.

3. Establish 48 additional community residence beds for the individuals with severe mental illness who require close monitoring and specialized services in the community. This would provide 24-hour care to help them develop the skills to live independently.
   Status: This was reduced to 12 beds for FY 14. We are in the process of doing a contract amendment to use these funds to expand the transitional housing program and also include 2 peer run crisis beds within that same program.

4. Expand the Housing Bridge Subsidy Program by 100 slots. The State will provide rental subsidies to landlords until the individual receives a section 8 voucher.
   Status: BBH staff is working with our community program partner, Harbor Homes, to work off the current wait list and enroll new participants in the Housing Bridge Subsidy Program.

5. Establish 7 additional Assertive Community Treatment Teams (ACT) to reduce hospitalizations, reduce the use of hospital emergency departments, and improve the quality of life for individuals with a serious mental illness who are at high risk in the community. NH currently has 10 ACT Teams in 6 regions.
   Status: We will have 4 additional Adult ACT Teams covering all 10 regions as of September 2013. We have also provided funding to ensure each of the 10 teams is able to provide 7-day a week coverage.

6. Expand the REAP (Referral, Education and Assistance Program) to serve an additional 350 older adults. REAP provides outreach and short term counseling services to older adults who are at high risk for hospitalization because of substance abuse and/or mental illness.
   Status: Expanded funds have been provided to our lead partner agency, Seacoast Mental Health, and other program design changes have been made to continue enhancing and improving outcomes for program participants.

7. Expand funding for Peer Support Services to serve 10% more consumers
   Status: Funding provided to the Peer Support Agencies through contract.

8. Develop one additional local Designated Receiving Facility (DRF) to expand inpatient psychiatric services.
   Status: Franklin DRF, a new 10-bed program, scheduled to open on 10-1-13.

State Innovation Model (SIM) Grant

The Department received a federal SIM grant and will use the grant to focus on the service model for individuals who are either in need of or at-risk for needing long-term support services. The purpose of the grant is to transition from the current, fragmented model to a system that a) empowers consumers to access services across the service delivery system "silos" and improves care and service coordination across those systems, b) aligns the payers for long term care support services around a common goals and outcomes, and c) employs a payment system that creates global accountability for cost effectiveness and outcomes.

Status

Work on the project has begun by forming work groups within the larger stakeholder group. The workgroup on Vision and Mission completed its work on a combined vision and mission statement. All eight SIM Stakeholder workgroups met to review strengths and weaknesses of the current system and to brainstorm ideas and strategies for SIM initiatives. Workgroups were held for the following areas: Status Report, Payment Reform, Regulatory/Legal, System Reform, Existing Initiatives, Quality, Education and Outreach, HITIT, Other Barriers A stakeholder meeting was held June 27, 2013 to communicate updates from each workgroup and to provide a set of recommendations for discussion.

Balanced Incentive Program (BIP)

The Department received a federal BIP grant for purposes of rebalancing Medicaid spending between institutional and community long term care services. New Hampshire is eligible to participate in this grant opportunity because, as of December 2009, the State spent more on institutional care than on community-based long-term supports and services. The rebalancing will build upon the existing partnerships with Area Agencies and Community Mental Health Centers, utilizing the ServiceLink model. The project will focus on core principles of a) No Wrong Door—Single Entry Process which will be a statewide system to enable consumers to access all long-term services and supports through an agency, organization, coordinated network, or portal b) Core Standardized Assessment for determining eligibility, identifying support needs, and informed service planning, and c) Conflict-free case management services to develop care plans, coordinate services and supports, and conduct ongoing monitoring to assure that services and supports are delivered to meet the beneficiary's needs and achieve intended outcomes. The grant was received on March 1, 2012 and to date the following activities have been completed.

Status:

The Department continues to outline long term care system enhancements. A contract for project management services was approved April 17, 2013, which will accelerate progress toward future milestones in support of the objectives to rebalance long term care spending in favor of community services and supports. Efforts are being ramped up in each of the major work plan areas. Next steps include finalization of several required infrastructure deliverables, including the core standardized assessment, standardized informational materials, and the NWD screening, eligibility & options counseling processes. Next steps include finalization of several required infrastructure deliverables, including the core standardized assessment, standardized informational materials, and the NWD screening, eligibility & options counseling processes.

INFORMATION TECHNOLOGY

Medicaid Management Information System (MMIS)

The Medicaid Management Information System (MMIS,) including its Medicaid claims adjudication and payment functions, is the Department of Health and Human Services' primary system for administering and managing costs for the New Hampshire Medicaid program. The MMIS processes over $1 billion annually in payments to 14,000 New Hampshire Medicaid providers for services provided to approximately 130,000 eligible recipients under the New Hampshire Medicaid program.

Status:

The new system, MMIS Health Enterprise, went live for general use by the state, providers, and trading partners, on March 31, 2013. Since that time, the system has processed 16 financial cycles that result in payments to Medicaid providers. Overall, the system is very stable, considering its size and complexity. The state and Xerox continue to identify, prioritize and resolve remaining issues that will increase the timeliness and accuracy of provider payments, decrease the volume of suspended claims, and enhance reporting capabilities.

On April 1, 2013, the contractor, Xerox Government Healthcare Solutions, began a multi-year commitment as the fiscal agent for the state of New Hampshire. In the coming months, a series of federal- and state-mandated enhancements, including support for the State's Medicaid Care Management program, will be developed and delivered. Meanwhile, the state is preparing for the federal certification that will ensure increased federal reimbursement for the fiscal operations and mandated enhancements.

Service Delivery System Transformation – Data Repository

The Department is transforming the service delivery system to be more integrated and efficient while also improving the quality of client care and outcomes. The Service Delivery Transformation (SDST) Project will develop a clear understanding of the way the current service delivery system operates and then will implement changes in polices, procedures, information systems, partnering, contracting, etc. to achieve a more integrated and efficient operation while improving the quality of client care and outcomes. The first step to understand and analyze the current system is to collect data about how the system works. The SDST– Data Repository Project

was defined to create a Master Client-Centric Data Repository that integrates data about services delivered to clients.

Status:

Data from the four agencies participating in the project (Division of Family Assistance, Division of Child Support Services, Division of Children, Youth and Families, and Bureau of Elderly and Adult Services) have been successfully loaded into the software tool from the source systems. User-designed views of the data (called "pages") are being developed by the project team. The first "release" of the system should be available in September for users within the Department.

Health Information Exchange

The Department received an award 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 a New Hampshire state level Health Information Exchange for information sharing across the health care system. A Strategic and Operational Plan for the Health Information Exchange 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 (NHHIO) was formed to establish and operate a state level Health Information Exchange for New Hampshire.

Status:

A contract with Orion Health was signed in February 2013 and the Health Information Exchange technical framework has been built. Test transactions between participants have been successfully exchanged. Full operation is expected to begin within the next few weeks. NHHIO expects to have over 300 providers on the network by end of calendar year. To date NHHIO has received 6 participation agreements with several more expected within the next two weeks, as well as over 30 signed Letters of Intent from large and small hospitals, critical access hospitals, home health and VNAs, community health centers, behavioral health organizations and independent practice organizations.

Child Support System (NECSES)

The Division of Child Support Services' New England Child Support Enforcement System (NECSES) information system no longer supports the needs of the program. A plan was developed to implement a solution using software from other states and then build upon that.

Status:

The development effort for the initial release began in June 2012 with a target implementation date of April 2014. The functionality is being developed and tested in four iterations, referred to as "waves". Work on the first wave completed on time in December 2012 and the second wave was completed in June 2013. The development effort for the initial release continues to be on track for implementation in April 2014.

New HEIGHTS Modernization

New HEIGHTS is the Department's integrated eligibility system and needs to be modernized making both technical improvements (moving from a 1990's mainframe, client-server technical architecture to a web-based architecture) and functional improvements (such as electronic case files / document imaging and client self service (apply for services on-line, check your benefits, secure e-mail, etc.). Although this is a multi year project that began several years ago and will continue for several more, changes are being made incrementally and technical improvements and enhanced functionality are being implemented on a monthly basis. Also included within the scope of this initiative are all software enhancements required to support authorized elements of the Affordable Care Act, as well as Care Management.

Status:

Affordable Care Act – this includes the new Medicaid eligibility rules (MAGI), Account Transfer From and To CMS (FFM), and the Federal Data Services Hub (FDSH) interface to verify SSN, Citizenship, and Lawful Presence of Non-Citizens. June is the second month of the project following approval of contracts. This project remains a top priority and is fully staffed. We are ahead of the contract timelines for FDSH integration

and are actively working through the 100 scenarios defined by CMS in the formal test environment. Full testing began in June as scheduled. Additional enhancements to NH EASY for a more streamlined application are in process.

Incremental Renewal – Real time transaction phase work completed shows that the resource usage and percentage of work continues to be on track. Conversion of the batch programs phase is under way. A Proof of Concept (POC) has been completed with a test of the new batch solution providing 100% matching results to the COBOL application being replaced with comparable runtime. Core framework has also been completed. The team is now beginning to develop common routines. The reporting "As Is" analysis has also been completed pending formal review and we are evaluating COTS reporting alternatives.
Service Modernization - The NH EASY service modernization projects are proceeding on schedule with a successful release of provider/guardian self-service features implemented in June. MITA assessment tasks started in April and continue to be on hold pending release of MITA 3.0 for eligibility by CMS.

Electronic Medical Record
New Hampshire Hospital (NHH) is in the planning stages for implementation of an electronic medical record (EMR) system. 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.
Status:
Workflow analysis nearly complete with two departments left – anticipated end date 8/1/2013. Contract with Netsmart to provide implementation services and on-site training expected to go before G & C on 8/14/2013 that will allow the EMR to be loaded into the system. At that time, workflow analysis results to be implemented into a single working model throughout the Hospital to compliment the EMR. Pharmacy software replacement, Rx Connect, will be installed by 9/15/2013 to allow user testing and inventory conversion. The current pharmacy module will no longer be supported as of 12/31/2013.

Working with DHHS OIS to determine which document scanning solution is best to convert paper medical records into electronic form for seamless retrieval once system goes live. Also working with DHHS OIS to prepare for the 10/1/2014 federal mandate deadline for the implementation of the new inpatient coding system upgrade from ICD-9 to ICD-10 as well as the upgraded psychiatric diagnostic coding from DSM-4 to DSM-5. Both these mandates will require upgrading the Hospital's current software to updated versions.

WISDOM
Division of Public Health Services (DPHS) is in the second year of developing a Web-Based System for Direction and Outcome Measures (WISDOM). The WISDOM application allows users, both named and anonymous, to access interactive reports of DPHS health indicator data and uses a content management database to organize reports and provide context to the user. This will include a performance management application (PMA) to manage information in the database, to enter indicator source data when other data sources are not available, and report back on the data interactively.
Status:
DPHS is implementing a project plan so that each DPHS program has at least one performance objective entered into the PMA by the target date of September 30th. Phase 1 of the initiative involves training appropriate program staff and populating the system with basic program information. This phase should be completed by August 1st. Next, each program area will identify and define a Key Performance Indicator and objective, complete a detailed description of the indicator, and enter the indicator and its most current data into the PMA system. Over the late fall and winter, additional indicators will be added as appropriate. These program "dashboards" will be reviewed quarterly and used as an integral tool in the Division's performance management/quality improvement efforts.