



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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JEFFREY A. MEYERS
COMMISSIONER

June 20, 2016

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

Re: INFORMATIONAL ITEM: Health and Human Services Dashboard

Information

The Department of Health and Human Services (DHHS) hereby submits as an information item the Department's monthly dashboard in order to inform the legislature and the public on the current status of the utilization of the Department's programs and services and the related implications for the Department's budget. The monthly dashboard also includes a status report on significant initiatives being implemented to transform and improve the Department's programs. Please note that financial and caseload information contained in this monthly dashboard is current through May 31, 2016.

Explanation

Budget Issues

As of May 31, 2016, the Department has identified a potential budget deficit of \$46.9 million, on a cash basis. This deficit results from unexpected costs not budgeted and budget assumptions that either have not been realized or are now not anticipated to be realized. The projected deficit has increased by \$15.9 million from last month as a result of higher than anticipated payments to the State's hospitals for their uncompensated care. Based on uncompensated care data submitted to DHHS in late May, the Disproportionate Share (DSH) payments are \$15.9 million higher than budgeted. As a result, DHHS is now projecting a \$15.9 million shortfall on this month's dashboard, which was not previously identified.

General Fund Only -Figures in \$Millions

Medicaid Services	\$25.5
Medicaid - DSH/MET	\$15.9
SYSC	\$.7
Other	<u>\$ 4.8</u>
Total Potential Deficit	\$46.9

Caseload Trends

	SFY 14	SFY 15	SFY 16				
	6/30/2014	6/30/2015	9/30/2015	12/31/2015	3/31/2016	4/30/2016	5/31/2016
Medicaid Standard	139,105	138,252	138,908	138,959	139,242	138,518	137,601
<i>% increase over prior</i>		-0.61%	0.47%	0.04%	0.20%	-0.52%	-0.66%
NHHPP	-	41,657	43,107	46,996	49,203	48,817	49,137
<i>% increase over prior</i>			3.48%	9.02%	4.70%	-0.78%	0.66%
Food Stamps (SNAP)	110,590	105,322	102,869	100,495	99,543	99,453	97,610
<i>% increase over prior</i>		-4.76%	-2.33%	-2.31%	-0.95%	-0.09%	-1.85%
FANF Persons	7,116	6,138	5,764	5,425	5,183	5,159	5,068
<i>% increase over prior</i>		-13.74%	-6.09%	-5.88%	-4.46%	-0.46%	-1.76%
APTD Persons	7,745	7,526	7,343	7,116	7,033	6,972	6,933
<i>% increase over prior</i>		-2.83%	-2.43%	-3.09%	-1.17%	-0.87%	-0.56%
LTC - Persons	7,271	7,109	7,042	7,191	7,231	7,226	7,163
<i>% increase over prior</i>		-2.23%	-0.94%	2.10%	0.56%	-0.07%	-0.87%

Medicaid Shortfall

The current Medicaid shortfall is primarily the result of managed care (per member per month) rate increases, higher fee-for-service rates for mental health services during the time when mental health services were carved out of managed care, and caseloads not trending as budgeted. To date, DHHS has managed the SFY16 Medicaid shortfall by transferring \$23.2 million of general funds that would otherwise lapse from other areas within the Department. (\$13.2 million of general funds was approved by the Fiscal Committee, and Governor and Council, at their respective meetings in April and another \$10.0 million at the Fiscal Committee, and Governor and Council respective meetings in May.)

The Department’s Medicaid deficit has also been increased by \$15.9 million at the end of May 2016 as a result of higher than budgeted payments for the Disproportionate Share Program (DSH), which reimburses hospitals for a portion of their uncompensated care.

Disproportionate Share Hospital (DSH) payments

As a result of a shortfall in Medicaid Enhancement Tax (MET) Revenue received in SFY 2016 and changes to the calculation of uncompensated care costs by the federal government, the Department’s liability to the State’s hospitals under the Disproportionate Share Program (DSH) for their uncompensated care has exceeded the amount budgeted for SFY 2016 for the DSH payment.

The shortfall in MET revenue of \$7,995,190 and the increase expense for DSH in the amount of \$7,904,402 (excluding the federal match) has resulted in an overall shortfall of \$15.9 million. At the respective Fiscal Committee and Governor and Council meetings in June, the Department has requested two action items in order to (i) pay the DSH payment in full and (ii) cover the shortfall of MET revenue. The request transfers funds from the provider payment account to the uncompensated care fund to cover the increase in the DSH liability and accepts and expends additional drug rebate monies to reimburse the provider payment account in order that the Department meets all of its provider payment obligations.

DSH payments totaling the budgeted \$191.4 million were processed on May 31st. The remaining DSH owed of \$15.9 million is contingent upon the Fiscal Committee and Governor and Council approval of the transfer and accept and expend of drug rebate revenue at their respective June meetings.

DSH Shortfall

New Hampshire's Critical and Non Critical Access Hospitals annually file their Medicaid Enhancement Tax (MET) and self-report Uncompensated Care Costs, in April and May respectively. DSH payments are required to be paid to New Hampshire hospitals to reimburse for care for which they have not been paid, known as "Uncompensated Care."

DSH payments are distributed and paid annually by May 31st and are processed in the following priority order (subject to certain caps at both the ceiling and floor level):

- 1) Critical Access Hospital will be reimbursed at an amount equal to 75% of UCC
- 2) Non-Critical Access Hospital will be reimbursed at an amount equal to 50% of UCC
- 3) Remaining funds shall support Medicaid Provider payments

The State's fiscal year 2016 DSH obligation was higher than could have been anticipated at the time the current biennial budget was enacted because of a subsequent change in the definition of uncompensated care by the federal government that resulted in the issuance of a preliminary injunction by the Federal District Court of the District of New Hampshire in *New Hampshire Hospital Association v. Sylvia Matthews Burwell*. The effect of the preliminary injunction prevents the inclusion of any third party payments against hospital costs to calculate a hospital's Uncompensated Care Cost. As an example, hospital charges reimbursed by Medicare, which previously would have lowered uncompensated care, are now excluded allowing those charges to be considered unreimbursed and subject to a DSH payment.

An additional significant factor influencing the State's DSH liability for fiscal year 2016 is the fact that the hospitals' uncompensated care costs were required to be calculated for the purposes of the 2016 DSH payment using fiscal year 2014 uncompensated care data. Because of the varying fiscal years for New Hampshire's hospitals and the fact that the New Hampshire Health Protection program did not commence until September 2014, the reduction in hospitals' uncompensated care that has and will continue to be realized is not reflected in the fiscal year 2014 UCC data. The Department and the hospitals anticipate that fiscal year 2015 uncompensated care costs will be significantly lower as that year will reflect more completely the impact of the NHHPP program.

MET Revenue Shortfall

The Medicaid Enhancement Tax is assessed at 5.45% of net patient service revenue, collected by the Department of Revenue Administration, and subsequently transferred to DHHS. MET revenue is first distributed to fund DSH payments followed by Medicaid provider payments (in prior budget years the provider payments were funded first and once the budget was satisfied, the remainder was available for DSH). MET revenue in total was projected at \$220.5 million. MET is currently projected to come in at \$212.5 million, less than planned by \$7.9 million.

Because MET funds both DSH and provider payments, and since the law requires DSH to be satisfied first, the Department has requested to transfer \$7.9 million of MET originally budgeted in provider payment to the DSH account, which can then be matched with federal funds to satisfy the full DSH obligation of \$15.9 million. However, after the transfer, it will create a revenue shortfall in the provider payment account. In order to cover the shortfall, DHHS also requested to accept and expend additional drug rebate revenue to continue to fund provider payments.

Drug Rebate Additional Revenue

Due to delays in the SFY16 MCO contract negotiations, which when executed would allow the MCOs to negotiate and receive rebates directly from manufactures, DHHS was able to continue invoicing and receiving manufacturer drug rebates directly. As a result, rebate collection have exceed the amount budgeted. Since last month's dashboard a full quarter of invoicing has occurred and an additional \$15.9 million is expected by June 30th. This additional revenue is expected to be a one-time gain for SFY16 and is not expected to repeat itself in SFY17.

Sununu Youth Services Center (SYSC)

N.H. Laws of 2015, Chap. 276, (HB2), required a reduction in appropriation to SYSC of \$1.7 million general funds for SFY16 and \$3.5 million for SFY17 and for the Department to develop a plan around the use of SYSC.

SB466, as amended by the House, has reduced the SFY16 appropriation reduction to \$700,000 from \$1.7 million. Based on a review of all accounts within the SYSC budget, the Department will be able to reduce appropriations by \$700,000 and upon passage of the bill, will provide the Department of Administrative Services with a list of application accounts.

The Department will also comply with the requirements of SB 466, as enacted this year.

NHH Inpatient Stabilization Unit & Nurse Recruitment

As a result of the Department's recruitment efforts, as well as the approval by the Governor and Executive Council of a contract for nursing services provided by a staffing agency, the Department plans to open the new 10-bed inpatient stabilization unit on July 5, 2016.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Enclosure

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

Executive Council

The Honorable Colin Van Ostern The Honorable Christopher Sununu
The Honorable Christopher Pappas The Honorable David Wheeler
The Honorable Joseph D. Kenney

House Finance Committee

The Honorable Mary Allen The Honorable Richard Barry The Honorable Thomas Buco
The Honorable Frank Byron The Honorable David Danielson The Honorable Daniel Eaton
The Honorable Frank Edelblut The Honorable J. Tracy Emerick The Honorable Susan Ford
The Honorable William Hatch The Honorable Peter Leishman The Honorable Dan McGuire
The Honorable Betsy McKinney The Honorable Sharon Nordgren The Honorable Lynne Ober
The Honorable Joseph Pitre The Honorable Katherine Rogers The Honorable Cindy Rosenwald
The Honorable Marjorie Smith The Honorable Peter Spanos The Honorable Timothy Twombly
The Honorable Karen Umberger The Honorable Mary Jane Wallner The Honorable Robert Walsh
The Honorable Kenneth Wyler

Senate Finance Committee

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

Fiscal Meeting June 2016

SFY16

Budget Summary as of 5/31/16
Data/Caseloads as of 5/31/16 (except for MH as of 4/30/16)

	A	B	C	E	F	G	H	I
1	Department of Health and Human Services							
2	Financial Summary - CASH BASIS							
3	As of May 31 --- SFY16							
4	General Funds Rounded to \$000							
5								
6	The budget for SFY16-17 provides insufficient general funds to address the legislative intents for services and obligations that are expected to be incurred.							
7	The items reported on the list include only those which a) are likely to be incurred and b) for which amounts can be reasonably estimated.							
8								
9	Legislative Lapse Target per Final Budget (3.3%) = \$20,856							
10								
11				As of	As of	As of	As of	As of
12				1/31/16	2/29/16	3/31/16	4/30/16	5/31/16
13	Shortfalls							
14	Programs							
15	Medicaid (step 1 svcs)	Medicaid services (excluding BDS waivers & Nursing/CFI)		\$20,500	\$15,400	\$19,100	\$19,100	\$18,400
16	Medicaid	MCO Health Reimbursement Fee		\$3,250	\$3,250	\$3,250	\$3,250	\$3,250
17	Medicaid	Part A&B		\$994	\$994	\$994	\$994	\$994
18	Medicaid	Part D: State Phasedown		\$3,055	\$2,700	\$2,900	\$2,900	\$2,900
19		Subtotal Medicaid		\$27,799	\$22,344	\$26,244	\$26,244	\$25,544
20	Medicaid - DSH/MET	DSH Obligations Exceeded Budget/ MET revenue shortfall						\$15,899
21		Total Medicaid		\$27,799	\$22,344	\$26,244	\$26,244	\$41,443
22		Change over prior month		\$ (5,451)	\$ (5,455)	\$ 3,900	\$ -	\$ 15,199
23								
24	SYSC	Footnote reduction HB2		\$1,722	\$1,722	\$1,722	\$700	\$700
25	DFA	APTD & Old Age Assistance cost per case		\$507	\$300	\$295	\$335	\$335
26	NHH	Nursing shortfall - salary enhancement		\$465	\$465	\$465	\$465	\$465
27	NHH	Nursing Temps Pending Contract				\$375	\$375	\$375
28	DCYF	Enhanced CPSW coverage			\$252	\$252	\$252	\$252
29	DCYF	Foster Care & Out of Home Placement Case increases				\$600	\$600	\$600
30								
31	Litigation							
32		Chase Home Settlement		TBD	TBD	TBD	\$319	\$319
33		Harbor Homes Settlement (paid)		TBD	\$1,300	\$1,350	\$1,350	\$1,350
34								
35	Operational Challenges							
36	Medicaid	Contracts: Actuarial		\$609	\$0	\$0	\$0	\$0
39	Medicaid	Non-Emergency Medical Transportation		\$522	\$522	\$522	\$522	\$522
41	Public Health	Water Testing Pease		\$225	\$225	\$225	\$225	\$225
42	Medicaid	HIPP program		\$50	\$50	\$50	\$50	\$50
43	Glenciff	Revenue Shortfall - Census Down			\$425	\$425	\$425	\$325
44	Total Estimated Shortfalls			\$31,899	\$27,605	\$32,525	\$31,862	\$46,961
45	Change over prior month			\$ (6,010)	\$ (4,294)	\$ 4,920	\$ (663)	\$ 14,436
46	Funds that would otherwise Lapse (cash basis)							
47								
48	Medicaid	Drug Rebate Revenue (transferred per Fiscal 5/20/16)		\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
49	Medicaid	Drug Rebate Excess Collections, including carry forward					\$5,075	\$15,899
50	Medicaid	MCO Health Reimbursement Fee (to be paid 7/6/16)						\$3,250
51	DHHS	Salary & Benefits - Department Wide (Transferred Fiscal April)		\$7,000	\$7,000	\$6,906	\$6,906	\$6,906
52								
53	Agency Specific Accounts							
54	Facilities	Utilities, Rent, Fuel		\$2,500	\$2,500	\$540	\$1,160	\$1,160
55	OIS	IT		\$500	\$500	\$456	\$456	\$456
56	Client Services	Misc Contracts (DDU, Transportation, Broker)		\$500	\$475	\$244	\$244	\$257
57	SYSC	Utilities, Prescriptions, misc operations		\$400	\$400	\$700	\$900	\$900
58	GH	Utilities and Sal/Ben		\$100	\$250	\$425	\$425	\$807
59	NHH	Maintenance, Utilities, Misc Contracts and Sal/Ben		\$500	\$425	\$953	\$1,117	\$1,063
60	Human Services	Misc Operations and Sal/Ben		\$750	\$500	\$502	\$364	\$473
61	DFA	State Asst Non TANF Interim Disabled Parent (IDP)		\$300	\$300	\$295	\$335	\$643
62	BEAS	Projected spend under budget from Step 2 FFS transferred to OMBI		\$1,250	\$2,750	\$2,239	\$2,239	\$2,239
63	BEAS	Social Services Non-Medicaid Contracts		\$1,045	\$1,045	\$1,038	\$1,513	\$1,838
64	BBH	Transferred to OMBP to cover BBH FFS			\$2,500	\$4,541	\$4,541	\$4,541
65	PH	Rent, Lab Supplies, Contracts: Emerg Prep & Maternal Child Health			\$585	\$483	\$622	\$622
66	DAS	Pending reimbursement for Harbor Homes					\$1,350	\$1,350
67	Other	Other misc lapses		TBD	\$550	\$550	\$550	\$550
68	Total Estimated Funds that Would Otherwise Lapse			\$24,845	\$29,780	\$29,872	\$ 37,797	\$ 52,954
69	Change from prior month			\$14,845	\$4,935	\$92	\$7,925	\$23,082
70								
71	Net Surplus (Deficit)			(\$7,054)	\$2,175	(\$2,653)	\$5,935	\$5,993

TABLE A-1
Account Summary of DSH / MET

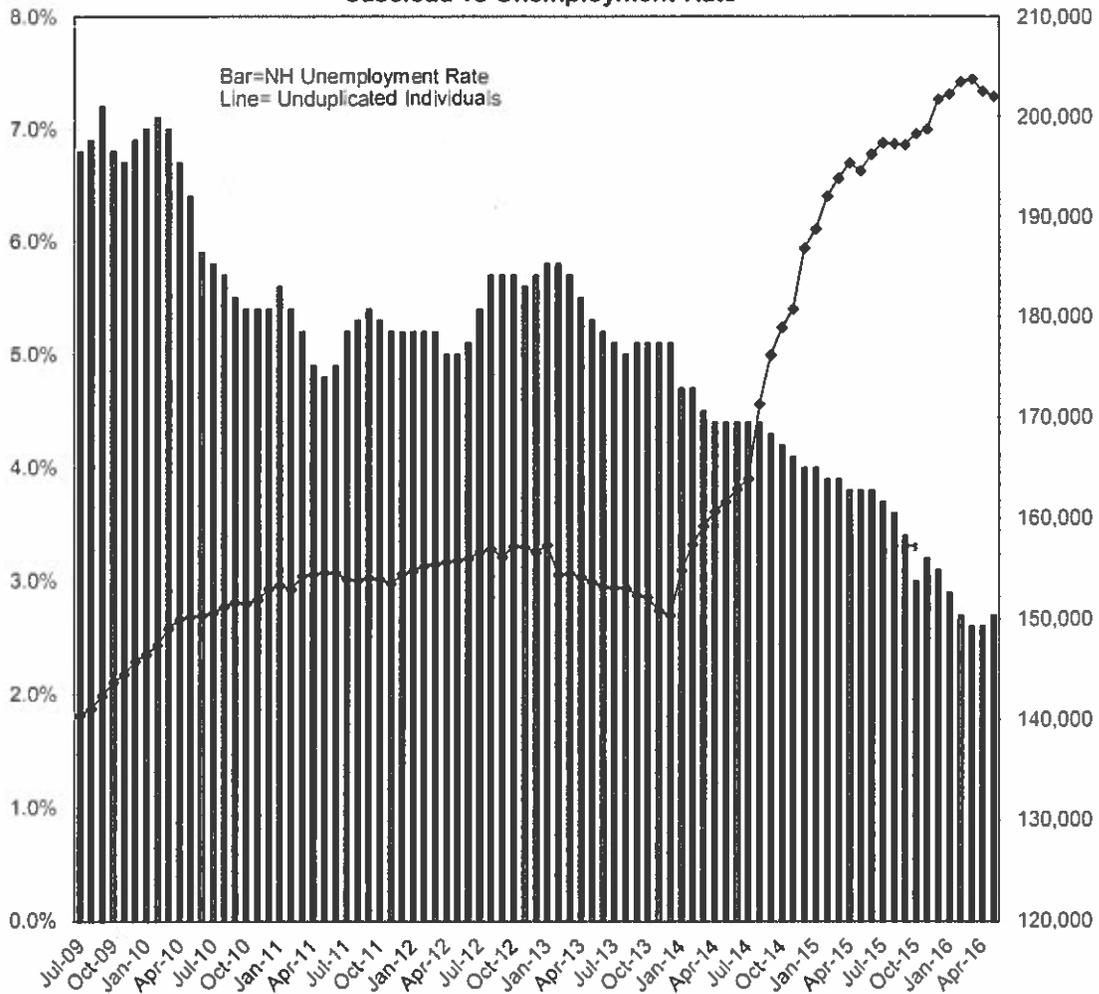
05-95-47-470010-7948 HHS: Office of Medicaid and Policy, Medicaid Care Management

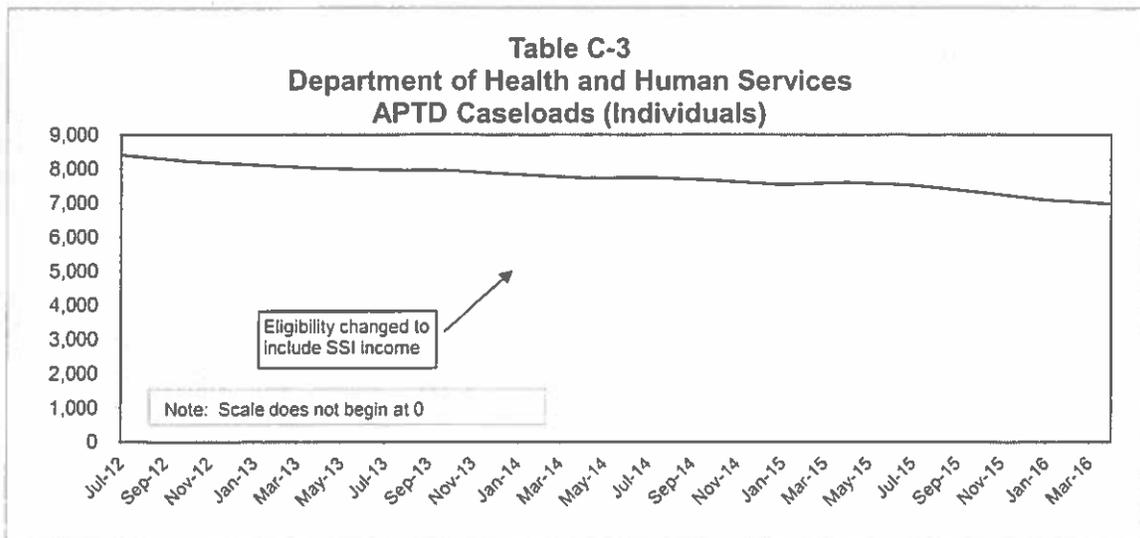
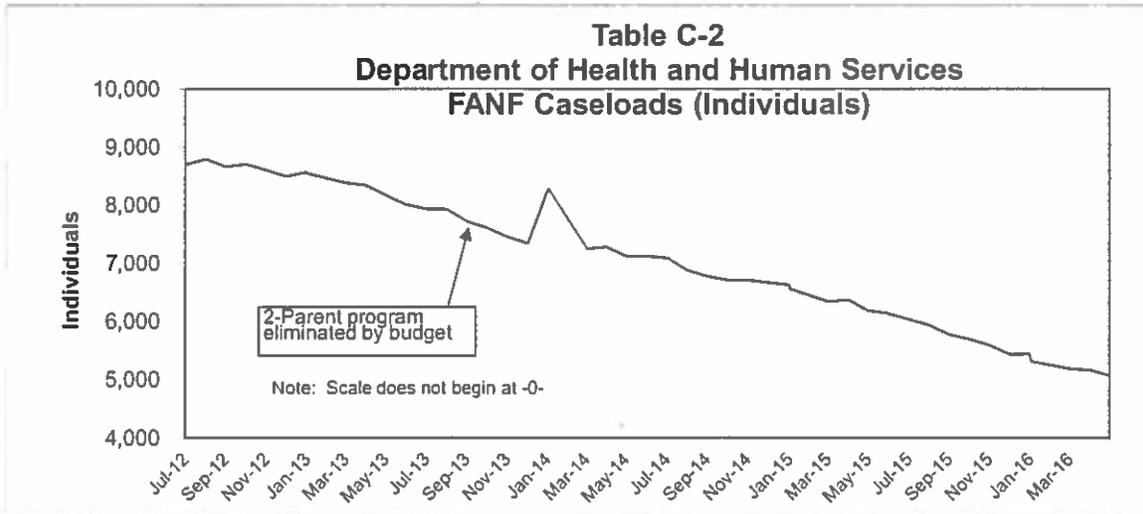
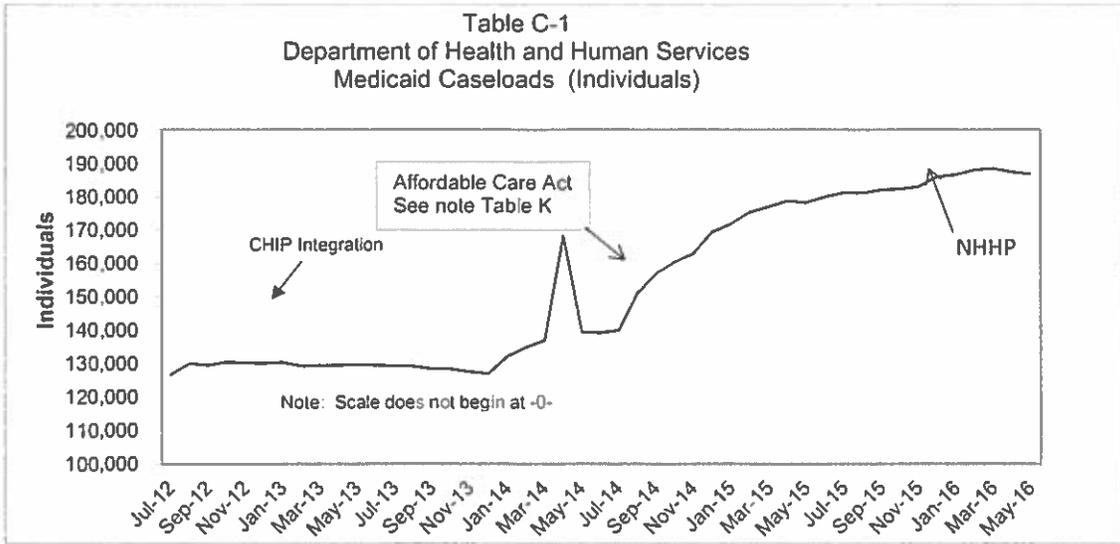
CLASS OBJ	CLASS TITLE	Current Authorized Budget	Increase / (Decrease) Transfer to UCC Fund	Increase / (Decrease) Adjust for MET shortfall	Increase / (Decrease) Excess Drug Rebate to Cover MET	Revised Modified Budget
010-79480000-403978-000	Federal Funds	\$344,389,010				\$344,389,010
010-79480000-402201-005	Agency Income: Medicaid Enhancement - Local	\$124,656,230	(\$7,904,402)	(\$7,995,190)		\$108,756,638
010-79480000-407145-007	Agency Income Drug Rebates	\$13,570,935			\$15,899,592	\$29,470,527
010-79480000-406848-009	Agency Income MEAD	\$128,399				\$128,399
010-79480000	General Fund	\$184,684,658				\$184,684,658
	Total Revenue	\$667,429,233	(\$7,904,402)	(\$7,995,190)	\$15,899,592	\$667,429,233
041-500801	Audit Set Aside	\$410,409				\$410,409
101-500729	Medical Payments to Providers	\$666,721,652				\$666,721,652
102-500731	Contracts for Program Services	\$297,172				\$297,172
	Total Expense	\$667,429,233				\$667,429,233

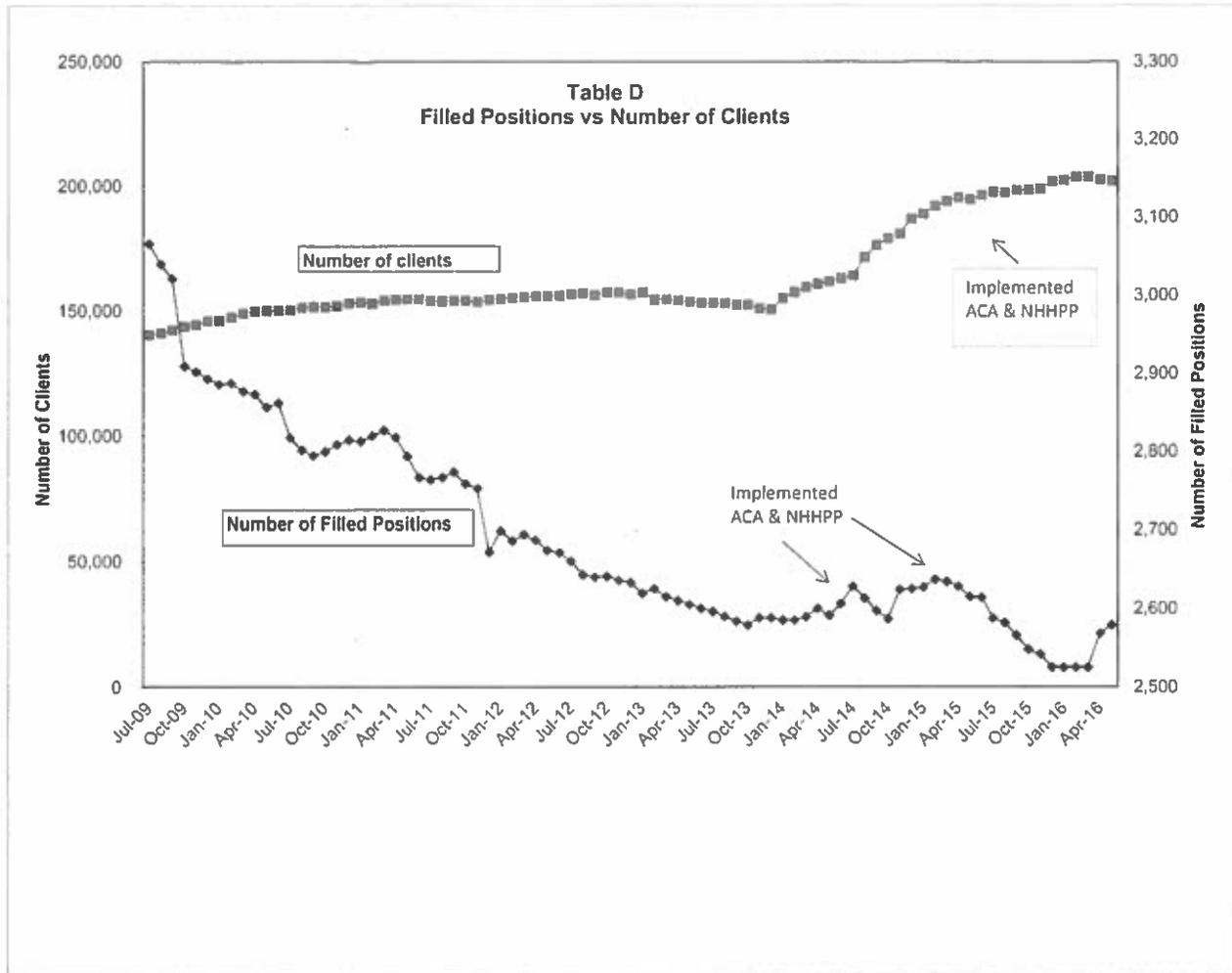
05-95-47-470010-7943 HHS: Office of Medicaid and Policy, Uncompensated Care Fund

CLASS OBJ	CLASS TITLE	Current Authorized Budget	Increase / (Decrease)	Revised Modified Budget
010-79430000-403978-000	Federal Funds: Medical Grants	\$95,950,758	\$7,912,306	\$103,863,064
010-79430000-402201-005	Medicaid Enhancement-Local	\$95,850,408	\$7,904,402	\$103,754,810
	Total Revenue	\$191,801,166	\$15,816,708	\$207,617,874
041-500801	Audit Set Aside	\$100,350	\$7,904	\$108,254
102-500731	Contracts for Program Services	\$324,704	\$0	\$324,704
515-500357	Hospital Uncomp Care Pool	\$191,376,112	\$15,808,804	\$207,184,916
	Total Expense	\$191,801,166	\$15,816,708	\$207,617,874

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







	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF	DCYF	Family Foster	Residential	Child Care	Child Care	SYSC
7		Referrals	Assessments	Care	Placement	Emplmnt	Wait List	Secure
8			Closed	Placement		Related		Census
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
59	Jul-13	1,124	772	571	315	5,568	0	61
60	Aug-13	1,045	591	570	323	5,517	0	60
61	Sep-13	1,276	544	560	297	5,345	0	56
62	Oct-13	1,276	603	567	305	5,357	0	58
63	Nov-13	1,083	536	565	304	5,350	0	61
64	Dec-13	1,111	649	559	299	5,322	0	61
65	Jan-14	1,260	706	542	290	5,298	0	66
66	Feb-14	962	688	531	309	5,238	0	59
67	Mar-14	1,307	1,016	537	311	5,459	0	62
68	Apr-14	1,324	972	539	313	5,512	0	62
69	May-14	1,370	866	531	317	5,737	0	59
70	Jun-14	1,267	684	535	324	5,694	0	59
71	Jul-14	1,049	890	510	319	5,742	0	52
72	Aug-14	1,273	827	510	254	5,626	0	52
73	Sep-14	1,485	921	501	282	5,543	0	48
74	Oct-14	1,356	790	519	301	5,341	0	47
75	Nov-14	1,090	681	512	308	5,384	0	50
76	Dec-14	1,312	768	544	313	5,438	0	47
77	Jan-15	1,169	587	532	303	5,370	0	41
78	Feb-15	1,079	467	550	301	5,259	0	36
79	Mar-15	1,427	630	554	319	5,494	0	40
80	Apr-15	1,281	874	564	334	5,474	0	42
81	May-15	1,298	858	566	341	5,497	0	43
82	Jun-15	1,314	869	578	348	5,581	0	47
83	Jul-15	1,120	908	564	322	5,651	0	48
84	Aug-15	1,074	743	571	319	5,588	0	51
85	Sep-15	1,298	895	570	304	5,528	0	49
86	Oct-15	1,336	863	591	308	5,192	0	54
87	Nov-15	1,182	680	605	303	5,219	0	59
88	Dec-15	1,280	825	647	316	5,267	0	65
89	Jan-16	1,178	736	658	335	5,370	0	72
90	Feb-16	1,143	2,569	666	336	5,201	0	73
91	Mar-16	1,458	1,165	691	341	5,269	0	74
92	Apr-16	1,231	731	701	342	5,245	0	71
93	May-16	1,376	612	705	349	5,230	0	73
94	Jun-16							
95	YEAR-TO-DATE AVERAGE							
96	SFY11	1,131	747	630	415	4,788	1,285	61
97	SFY12	1,200	762	595	319	5,022	0	59
98	SFY13	1,180	750	607	320	5,164	0	59
99	SFY14	1,194	722	552	308	5,428	0	60
100	SFY15	1,256	754	533	307	5,470	0	45
101	SFY16	1,243	975	634	325	5,342	0	63
102								
103	Source of Data							
104	Column							
105	B	DCYF SFY Management Database Report: Bridges.						
106	C	DCYF Assessment Supervisory Report: Bridges.						
107	D	Bridges placement authorizations during the month, unduplicated.						
108	E	Bridges placement authorizations during the month, unduplicated.						
109	F	Bridges Expenditure Report, NHB-OAR8-128						
110	G	Child Care Wait List Screen: New Heights						
111	H	Bridges Service Day Query - Bed days divided by days in month						

	A	B	C	D	E	F	G	H	I
1	Table F								
2	Department of Health and Human Services								
3	Operating Statistics								
4	Social Services								
5									
6		FANF	APTD	Food	Child Support Cases				
7			Persons	Stamps	Current	Former	Never	Total	
8				Persons	Cases	Cases	Cases	Cases	
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual	
58	Jul-13	7,926	7,962	115,691	4,035	17,724	13,193	34,952	
59	Aug-13	7,922	7,955	115,499	3,866	17,901	13,180	34,947	
60	Sep-13	7,709	7,889	114,725	3,772	17,913	13,183	34,868	
61	Oct-13	7,609	7,945	114,915	3,938	17,797	13,227	34,962	
62	Nov-13	7,449	7,882	113,514	3,793	17,908	13,325	35,026	
63	Dec-13	7,334	7,820	112,908	3,803	17,774	13,331	34,908	
64	Jan-14	7,330	7,834	113,326	3,762	17,783	13,316	34,861	
65	Feb-14	7,353	7,803	112,791	3,767	17,695	13,329	34,791	
66	Mar-14	7,242	7,704	112,511	3,723	17,734	13,361	34,818	
67	Apr-14	7,277	7,727	112,144	3,863	17,593	13,453	34,909	
68	May-14	7,119	7,751	111,362	3,828	17,592	13,518	34,938	
69	Jun-14	7,116	7,745	110,590	3,700	17,766	13,683	35,149	
70	Jul-14	7,085	7,741	109,239	3,672	17,849	13,748	35,269	
71	Aug-14	6,871	7,727	108,767	3,671	17,803	13,741	35,215	
72	Sep-14	6,767	7,679	108,434	3,598	17,831	13,736	35,165	
73	Oct-14	6,705	7,657	108,343	3,702	18,674	13,214	35,590	
74	Nov-14	6,705	7,607	107,214	3,711	18,814	13,347	35,872	
75	Dec-14	6,660	7,532	107,900	3,753	18,868	13,529	36,150	
76	Jan-15	6,622	7,530	107,934	3,917	18,811	13,735	36,463	
77	Feb-15	6,547	7,542	107,224	3,956	18,906	13,981	36,843	
78	Mar-15	6,339	7,538	107,521	3,803	19,202	14,294	37,299	
79	Apr-15	6,366	7,596	107,283	3,842	19,249	14,538	37,629	
80	May-15	6,179	7,561	106,042	3,914	19,180	14,666	37,760	
81	Jun-15	6,138	7,526	106,322	3,820	19,207	14,742	37,769	
82	Jul-15	6,120	7,513	104,705	3,852	19,228	14,937	38,017	
83	Aug-15	5,934	7,438	103,544	3,866	19,211	15,004	38,081	
84	Sep-15	5,764	7,343	102,869	3,685	19,344	15,133	38,162	
85	Oct-15	5,688	7,307	101,917	3,808	19,263	15,257	38,328	
86	Nov-15	5,583	7,227	100,525	3,763	19,319	15,345	38,427	
87	Dec-15	5,425	7,116	100,495	3,614	19,366	15,373	38,353	
88	Jan-16	5,435	7,081	99,978	3,699	19,261	15,402	38,362	
89	Feb-16	5,307	7,117	99,486	3,658	19,258	15,506	38,422	
90	Mar-16	5,183	7,033	99,543	3,558	19,390	15,694	38,642	
91	Apr-16	5,159	6,972	98,453	3,646	19,242	15,828	38,716	
92	May-16	5,068	6,933	97,610	3,627	19,187	15,886	38,700	
93	Jun-16								
94	YEAR-TO-DATE AVERAGE								
95	SFY11	13,735	8,767	112,107	5,597	17,261	13,015	35,873	
96	SFY12	11,060	8,797	115,831	5,025	17,367	12,816	35,209	
97	SFY13	8,538	8,152	118,064	4,102	17,662	12,923	34,686	
98	SFY14	7,479	7,843	113,581	3,832	17,765	13,311	34,907	
99	SFY15	6,622	7,610	107,809	3,776	18,653	13,866	36,296	
100	SFY16	5,515	7,189	100,830	3,707	19,279	15,397	38,383	
101									
102	Source of Data								
103	Column								
104	B	Office of Research & Analysis, Caseload Statistics							
105	C	Budget Document							
106	D	Budget Document							
107	E-H	DCSS Caseload (Month End Actual from NECSES)							
108									
109	Note	* Effective 3/1/12, SSI or SSP is considered when determining FANF							
110		eligibility. Those child support cases no longer eligible, are now "Former"							
111		assistance cases.							
112									

	A	B	C	D	E
1	Table G-1				
2	Department of Health and Human Services				
3	Operating Statistics				
4	Clients Served by Community Mental Health Centers				
5					
6	Annual Totals				
7		Adults	Children	Total	
8	FY2012	36,407	13,122	49,529	
9	FY2013	34,819	13,013	47,832	
10	FY2014	35,657	14,202	49,859	
11	FY2015	34,725	10,736	45,461	
12					
13		Adults	Children	Total	
14					
15	Jul-14	14,818	5,179	19,997	
16	Aug-14	14,436	5,132	19,568	
17	Sep-14	14,981	5,382	20,363	
18	Oct-14	15,172	5,651	20,823	
19	Nov-14	14,142	5,591	19,733	
20	Dec-14	14,734	5,775	20,509	
21	Jan-15	14,960	5,257	20,217	
22	Feb-15	14,024	4,757	18,781	
23	Mar-15	15,083	5,044	20,127	
24	Apr-15	14,641	5,073	19,714	
25	May-15	15,467	5,996	21,463	
26	Jun-15	15,935	6,044	21,979	
27	Jul-15	15,467	5,741	21,208	
28	Aug-15	15,213	5,806	21,019	
29	Sep-15	15,232	5,769	21,001	
30	Oct-15	15,324	6,027	21,351	
31	Nov-15	14,438	5,957	20,395	
32	Dec-15	14,753	6,084	20,837	
33	Jan-16	15,150	5,637	20,787	
34	Feb-16	15,393	5,041	20,434	
35	Mar-16	15,474	5,903	21,377	
36	Apr-16	14,918	5,776	20,694	
37	May-16				
38	Jun-16				
39					
40	Notes:				
41	1. Monthly data is a duplicated count.				
42	2. Year-end data is unduplicated.				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Table H													
2	Department of Health and Human Services													
3	Operating Statistics													
4	Elderly & Adult Long Term Care													
5														
6		Total Nursing Clients		CFI Home Health	CFI Midlevel	Other Nursing	Nursing Home Beds		Pct in NF	APS Clients Assmnts	APS Cases Ongoing	SSBG AIHC Waitlist	Total SSBG IHCS	
7		Actual	Budget	Note 2		Note 1	3 mo. Avg	Budget					Note 3	
8														
56	Jul-13	7,153	7,356	2,452	421	72	4,280	4,380	59.8%	276	1,230	1		
57	Aug-13	7,284	7,356	2,532	439	25	4,313	4,380	59.2%	263	1,225	1		
58	Sep-13	7,145	7,356	2,480	449	20	4,216	4,380	59.0%	264	1,247	1	474	YTD
59	Oct-13	7,290	7,356	2,435	459	24	4,396	4,380	60.3%	291	1,255	1		
60	Nov-13	7,264	7,356	2,422	488	36	4,354	4,380	59.9%	224	1,242	6		
61	Dec-13	7,342	7,356	2,417	454	27	4,471	4,380	60.9%	255	1,267	3	573	YTD
62	Jan-14	7,265	7,356	2,428	481	27	4,356	4,380	60.0%	319	1,269	3		
63	Feb-14	7,041	7,356	2,372	449	37	4,220	4,380	59.9%	258	1,270	0		
64	Mar-14	7,121	7,356	2,366	455	27	4,300	4,380	60.4%	283	1,266	0	652	YTD
65	Apr-14	7,125	7,356	2,317	493	24	4,315	4,380	60.6%	298	1,238	0		
66	May-14	7,439	7,356	2,418	477	24	4,544	4,380	61.1%	312	1,265	0		
67	Jun-14	7,271	7,356	2,356	475	32	4,440	4,380	61.1%	282	1,216	0	675	YTD
68	Jul-14	7,337	7,421	2,431	444	44	4,462	4,380	60.8%	363	801	0	0	
69	Aug-14	7,094	7,421	2,403	439	44	4,252	4,380	59.9%	276	786	0	1168	
70	Sep-14	7,088	7,421	2,428	431	37	4,229	4,380	59.7%	270	794	0	1438	
71	Oct-14	7,242	7,421	2,453	492	36	4,297	4,380	59.3%	301	757	0	2177	
72	Nov-14	7,160	7,421	2,422	460	36	4,278	4,380	59.7%	212	752	0	1276	
73	Dec-14	7,181	7,421	2,431	469	35	4,281	4,380	59.6%	263	764	0	1990	
74	Jan-15	6,996	7,421	2,404	469	32	4,123	4,380	58.9%	246	736	0	1845	
75	Feb-15	7,026	7,421	2,400	472	32	4,154	4,380	59.1%	221	739	0	1589	
76	Mar-15	7,109	7,421	2,432	448	32	4,229	4,380	59.5%	278	716	0	1802	
77	Apr-15	7,230	7,421	2,422	484	30	4,324	4,380	59.8%	244	723	0	1958	
78	May-15	7,170	7,421	2,428	464	29	4,278	4,380	59.7%	210	716	0	1838	
79	Jun-15	7,109	7,421	2,404	479	32	4,226	4,380	59.4%	294	726	0	1410	
80	Jul-15	7,045	7,232	2,409	463	33	4,173	4,325	59.2%	316	738	0	1410	
81	Aug-15	6,949	7,232	2,339	453	35	4,157	4,325	59.8%	301	750	0	1762	
82	Sep-15	7,042	7,232	2,335	481	40	4,226	4,325	60.0%	320	756	0	1645	
83	Oct-15	7,056	7,232	2,302	502	35	4,252	4,325	60.3%	332	756	0	1320	
84	Nov-15	7,047	7,232	2,317	444	40	4,286	4,325	60.8%	276	763	0	1842	
85	Dec-15	7,191	7,232	2,428	463	39	4,300	4,325	59.8%	284	734	0	1743	
86	Jan-16	7,114	7,232	2,434	435	35	4,245	4,325	59.7%	289	732	0	1712	
87	Feb-16	7,225	7,232	2,505	452	35	4,268	4,325	59.1%	289	742	0	1561	
88	Mar-16	7,231	7,232	2,671	345	34	4,215	4,325	58.3%	352	725	0	1709	
89	Apr-16	7,229	7,232	2,538	464	34	4,227	4,325	58.5%	291	715	0	1842	
90	May-16	7,166	7,232	2,495	431	34	4,240	4,325	59.2%	262	712	0	1423	
91	Jun-16													
92	YEAR-TO-DATE AVERAGE													
93	SFY11	7,196	7,740	2,520	397	33	4,280	4,063	59.5%	209	1,071	3	560	
94	SFY12	7,224	7,515	2,415	440	33	4,369	4,400	60.5%	224	1,083	5	646	
95	SFY13	7,162	7,578	2,448	432	31	4,282	4,422	59.8%	212	1,167	3	619	
96	SFY14	7,224	7,356	2,422	460	31	4,342	4,380	60.1%	277	1,252	1	566	
97	SFY15	7,148	7,421	2,423	461	35	4,264	4,380	59.7%	262	753	0	1,553	
98	SFY16	7,118	7,232	2,434	448	36	4,235	4,325	59.5%	301	738	0	1,634	
99														
100	Note 1: These clients are also captured under OMBP Provider Payments													
101	Note 2: CFI Home Health = CFI Home Support and Home Health Care Waiver Services													
102	Note 3: In preparation for 2016, Converted IHCS to monthly paid basis													
103	Note 4: Four Midlevel facilities did not file claims during the month representing about 100 clients.													
104	Due to the reporting of Case Management under Home Health, these clients are however reported in th													
105														
106	Source of Data													
107	Columns													
108														
109	D-F	MDSS monthly client counts												
110	G	3 month Avg of the number of paid bed days in the month/days in prior month												
111		by the number of days in the previous month. MDSS												
112	J	Options Monthly Protective Reports												
113	K	Options Monthly Activity Report												
114	L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator												
115	M	Quarterly Options Paid Claims from Business Systems Unit Manager												
116														

	A	B	C	D	E	F	G	H	I	J	K
1											
2	Developmental Services Long Term Care										
3											
4		BDS Programs served FYTD**	BDS Programs FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist			
5					(8-09 to 8-12 Actual)	(8-09 to 8-12 Actual)	Actual*	Actual*			
53	Jul-13	8,995	6,364	1,865	1,646	985	373	15			
54	Aug-13	10,041	7,291	2,074	1,755	995	186	5			
55	Sep-13	10,978	8,160	2,381	1,813	1,005	103	6			
56	Oct-13	11,573	8,648	2,618	1,903	1,022	108	10			
57	Nov-13	12,129	9,122	2,978	1,963	1,044	116	12			
58	Dec-13	12,764	9,658	3,231	2,047	1,059	51	16			
59	Jan-14	13,265	10,043	3,404	2,142	1,080	40	14			
60	Feb-14	13,712	10,409	3,640	2,208	1,095	59	16			
61	Mar-14	14,174	10,730	3,863	2,325	1,119	69	18			
62	Apr-14	14,702	11,093	4,112	2,464	1,145	81	17			
63	May-14	15,144	11,488	4,383	2,508	1,148	10	0			
64	Jun-14	15,525	11,742	4,577	2,614	1,169	79	19			
65	Jul-14	9,996	7,049	1,810	1,979	968	86	0			
66	Aug-14	10,721	7,697	2,152	2,040	984	95	0			
67	Sep-14	11,675	8,467	2,545	2,212	996	120	3			
68	Oct-14	12,567	9,127	2,785	2,421	1,019	139	2			
69	Nov-14	13,078	9,567	3,010	2,476	1,035	132	3			
70	Dec-14	13,538	9,880	3,187	2,618	1,040	152	3			
71	Jan-15	14,027	10,286	3,406	2,708	1,033	98	6			
72	Feb-15	14,424	10,600	3,613	2,778	1,046	115	4			
73	Mar-15	14,837	10,893	3,837	2,876	1,068	97	5			
74	Apr-15	15,389	11,313	4,172	2,995	1,081	114	8			
75	May-15	15,787	11,604	4,384	3,102	1,081	138	8			
76	Jun-15	16,229	11,919	4,624	3,210	1,100	101	8			
77	Jul-15	9,683	6,663	2,345	2,088	932	186	8			
78	Aug-15	11,567	8,421	2,629	2,199	947	195	17			
79	Sep-15	12,228	8,964	2,873	2,298	966	186	0			
80	Oct-15	12,859	9,503	3,089	2,372	984	196	0			
81	Nov-15	13,340	9,919	3,289	2,432	989	149	0			
82	Dec-15	13,776	10,264	3,514	2,515	997	153	0			
83	Jan-16	14,097	10,521	3,758	2,569	1,007	150	0			
84	Feb-16	14,448	10,794	3,967	2,632	1,022	152	0			
85	Mar-16	14,783	10,984	4,212	2,760	1,039	127	2			
86	Apr-16	14,889	11,029	4,417	2,806	1,054	136	6			
87	May-16	15,023	11,092	4,545	2,868	1,063	148	8			
88	Jun-16										
89	<i>NOTE: 6-1-16 -- FY 16 "BDS Programs Served FYTD" recalculated due to revisions in ESS monthly totals</i>										
90	YEAR-TO-DATE AVERAGE ***										
91	SFY11	12,497	9,664	2,105	1,694	1,139	22	0			
92	SFY12	12,203	9,391	3,045	1,744	1,067	61	4			
93	SFY13	12,527	9,433	3,027	2,022	1,071	193	1			
94	SFY14	12,498	9,364	3,141	2,070	1,063	109	12			
95	SFY15	13,276	9,680	3,173	2,564	1,032	117	4			
96	SFY16	13,336	9,832	3,513	2,504	1,000	162	4			
97	*** (1/4/16 - formulas corrected)										
98	Data Sources:	NHLeads	NHLeads	NHLeads	SMSdb	PIHdb	Registry	Registry			
99											
100	*G & *H Represent the number of individuals waiting at least 90-days for DD or ABD										
101	Waiver funding.										
102	** BDS count excludes MTS Students served										
103	E & F	Represents year-to-date total number served									

	A	B	C	D	E	F	G	H	I	J
1	Table I									
2	Department of Health and Human Services									
3	Operating Statistics									
4	Shelters & Institutions									
5										
6	NHH					BHHS				Glenciff
7	APS & APC Census	APS & APC Admissions	APS Waiting List	APC Waiting List	THS Census	All Shelters		% of	GH Census	
8	Actual	Actual	Actual	Actual	Actual	Capacity	Actual	Capacity	Actual	
9	Adult			Adolescent						
58	Jul-13	155	187			n/a				117
59	Aug-13	161	164			n/a				116
60	Sep-13	163	165			n/a				115
61	Oct-13	161	184			n/a				116
62	Nov-13	164	149			n/a				119
63	Dec-13	151	144			n/a				118
64	Jan-14	160	190			n/a				118
65	Feb-14	161	165			n/a				116
66	Mar-14	160	181			n/a				118
67	Apr-14	163	193			n/a				118
68	May-14	164	184			n/a				116
69	Jun-14	162	164			n/a				114
70	Jul-14	141	153	23	1	n/a	13,826	11,737	85%	116
71	Aug-14	135	142	30	1	n/a	13,826	12,121	88%	117
72	Sep-14	145	173	33	5	n/a	13,380	11,625	87%	118
73	Oct-14	146	181	29	4	n/a	13,826	12,783	92%	116
74	Nov-14	150	166	27	6	n/a	13,380	12,064	90%	117
75	Dec-14	149	180	15	4	n/a	15,004	14,056	94%	118
76	Jan-15	150	159	22	3	n/a	15,748	15,016	95%	118
77	Feb-15	152	169	18	4	n/a	14,224	13,940	98%	116
78	Mar-15	156	171	16	8	n/a	15,748	14,996	95%	113
79	Apr-15	153	165	10	8	n/a	13,380	11,990	90%	115
80	May-15	150	170	14	7	n/a	13,826	11,598	84%	117
81	Jun-15	150	180	14	5	n/a	13,380	10,830	81%	114
82	Jul-15	148	169	13	1	n/a	14,694	11,628	79%	112
83	Aug-15	150	152	20	1	n/a	14,694	12,229	83%	115
84	Sep-15	151	162	17	5	n/a	14,220	11,861	83%	116
85	Oct-15	146	154	19	6	n/a	14,694	12,452	85%	116
86	Nov-15	144	163	18	5	n/a	14,220	12,684	89%	113
87	Dec-15	152	165	24	7	n/a	14,694	12,758	87%	114
88	Jan-16	153	133	28	5	n/a	14,694	12,351	84%	112
89	Feb-16	153	137	31	7	n/a	13,746	12,160	88%	113
90	Mar-16	156	191	22	5	n/a	14,694	11,224	76%	113
91	Apr-16	156	168	31	6	n/a	14,220	12,805	90%	113
92	May-16	154	185	26	11	n/a	14,694	11,270	77%	114
93	Jun-16									
94	YEAR-TO-DATE AVERAGE									
95	SFY11	152	191			42	11,006	9,172	83%	111
96	SFY12	147	198			39	11,141	10,616	95%	116
97	SFY13	152	163							118
98	SFY14	160	173							117
99	SFY15	148	166	22	5		14,197	12,902	91%	116
100	SFY16	151	162	23	5		14,479	12,129	84%	114
101										
102	Source of Data									
103	Column									
104	B	Daily In-house midnight census averaged per month*								
105	C	Daily census report of admissions totalled per month								
106	D	Daily Average wait list for adults								
107	E	Daily average wait list for adolescents								
108	F	Daily Average census in Transitional Housing (privatized 12/2011)								
109	G	Total number of individual bednights available in emergency shelters								
110	H	Total number of individual bednights utilized in emergency shelters								
111	I	Percentage of individual bednights utilized during month								
112	J	Daily in-house midnight census averaged per month								
113										
114	* July 2014 average Census no longer reflects Pts on Leave									

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1115 TRANSFORMATION WAIVER (DSRIP)

DESCRIPTION	PURPOSE
<p>The Section 1115(a) Research and Demonstration “Transformation” Medicaid Waiver provides access to new federal funding to help transform the Medicaid behavioral health delivery system to:</p> <ol style="list-style-type: none"> 1. Integrate physical and behavioral health care to better address the full range of individuals’ needs 2. Build capacity to deliver behavioral health care services to address emerging and ongoing behavioral health needs in an appropriate setting 3. Reduce gaps in care during transitions across care settings by improving coordination across providers and linking patients with community supports. 	<p>Under the waiver, New Hampshire has access to up to \$30 million in federal funding each of five years (2016-2020) to create a transformation fund, which will make performance-based incentive payments to new regional networks of health care and community service providers called Integrated Delivery Networks (IDN). The IDNs will select specific projects from a menu of projects that will strengthen the capacity of the state’s behavioral health system, integrate mental health and substance use disorder care with primary care, and lower the long-term growth in health care costs for the state. By providing funding to support delivery system transformation—rather than to cover the costs of specific services rendered by providers—the waiver will encourage and enable health care providers and community partners within a region to form relationships focused on transforming care. The NHHPP population is attributable to DSRIP and is included in the scope of DSRIP.</p>

STATUS

- Seven applications for Integrated Delivery Networks (IDN) received 5/31/16. Multiple contracts will be submitted to G & C for approval July 2016.
- The Independent Assessor, Myers and Stauffer, hired through competitive process and started work 6/1/16
- Continued to work with CMS to refine draft Protocols C and D.
- DHHS staffing plan in process to support program implementation
- DHHS website pages for DSRIP in use and being updated regularly: <http://www.dhhs.nh.gov/section-1115-waiver/index.htm>

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Risk that procuring for IT lead and Learning Collaborative lead won’t happen in time to advise IDNs in the fall	<i>CMS Approves 1115 Transformation Waiver</i>	1/5/16
	<i>Draft Funding Mechanics & Project Menu Submitted to CMS</i>	3/1/16
	<i>9 Stakeholder Information Sessions Completed</i>	3/28/16
	<i>Draft IDN Application Submitted for Public Comment</i>	3/31/16
2 (R) Risk that the necessary contracts (independent assessor, evaluator, HIT technical assistance, learning collaborative, capacity building fund contracts with approved IDNs) aren't approved by G&C	<i>15 Non-Binding Letters of Intent Received from Candidate Administrative Leads</i>	4/1/16
	<i>Deadline for all Non-Binding Letters of Intent</i>	4/18/16
	<i>State Released Final IDN Application</i>	5/06/16
	<i>Deadline for IDNs to Submit Network Data for Preview Attribution to DHHS</i>	5/13/16
3 (R) Risk that CMS will require revisions to draft protocols that will delay approval of IDN applications on 6/30/16	<i>Deadline for IDNs to Submit Applications to State</i>	5/31/16
	<i>State Releases Draft Project Plan Template for Public Comment</i>	6/17/16
	<i>State Announces Names of Approved IDNs & Begins Distribution of Initial Capacity Building Funds</i>	7/1/16
4 (R) Risk that compressed application timeline creates environment for poor applications by IDNs	<i>Deadline for IDNs to Submit Project Plans to State</i>	9/1/16
	<i>State Targets Distribution of Project Plan Funds</i>	11/1/16

COMMUNITY MENTAL HEALTH AGREEMENT

DESCRIPTION		PURPOSE
<p>For adults with Severe Mental Illness (SMI), establish and enhance community-based programs, including: mobile crisis services; supported employment; Assertive Community Treatment (ACT); supported housing; peer and family support; transition planning; and quality assurance of programs.</p>		<p>To meet the terms of the Community Mental Health Agreement (CMHA) to provide immediate and long-term support to individuals with SMI to reduce the institutionalization and risk of institutionalization of adults with SMI.</p>
STATUS		
<ul style="list-style-type: none"> DHHS Behavioral Health Central team meeting monthly to facilitate transitions from NH Hospital and The Glencliff Home to community-based settings. Continued progress toward objectives of the CMHA including: (a) Implementation of the NH Hospital policy for referrals to ACT for conditional discharges, (b) Working with stakeholders on the draft rule for the Bridge Subsidy Housing Program; and (c) Improving standard data measures and reporting processes. Mobile Crisis Team and crisis apartments fully implemented in Concord. Mobile Crisis for Manchester area awarded to Greater Manchester Mental Health effective 7/1/16 Completed sessions with expert reviewer Steve Day and TA consultant Lyne Rucker regarding Quality Service Review (QSR) process. First onsite QSR at Center for Life Management scheduled for 7/25/16-7/29/16 Working with the Community Mental Health Centers and community partners to address milestones that are not yet met, including (a) Supported employment penetration rate of individuals with SMI; (b) Capacity of ACT teams, and (c) Transitions of individuals from Glencliff Home. 		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (I) Redoubling efforts in areas of concerns outlined in the Expert Reviewer's January 2016 Report	Mobile Crisis capacity in Concord area	6/30/15
	Increase supported housing units to 340	6/30/15
2 (R) Capability of the Community Mental Health Centers (CMHCs) to meet ACT/SE requirements	ACT Teams w/ capacity to serve 1300 individuals by 6/30/15	TBD
	Transition 4 individuals from Glencliff by 6/30/15	TBD
	Achieve 16.1% SMI penetration rate of SMI eligible by 6/30/15	6/30/16
	ACT Teams w/ capacity to serve 1500 individuals	TBD
	Achieve 18.1% Supported Employment penetration rate of SMI eligible	6/30/16
	Mobile Crisis capacity in Manchester area	6/30/16

SUBSTANCE USE DISORDER (SUD) BENEFIT FOR STANDARD MEDICAID

DESCRIPTION		PURPOSE	
<p>HB2 Chapter 276:231 requires the commissioner of the department of health and human services to submit a state plan amendment (SPA) to the Centers of Medicare and Medicaid (CMS) to provide substance use disorder services to Title XIX and Title XXI beneficiaries. The commissioner shall design the benefit consistent with Substance Abuse and Mental Health Service Administration (SAMHSA) treatment guidelines. The commissioner shall also determine the process and timeline for implementing services and, if necessary, phase in the benefit.</p>		<p>To implement the already defined SUD Benefit array offered to the NH Health Protection Program population to the Standard Medicaid population. The benefits include a continuum of SUD services to meet the range of needs from misuse, addiction and withdrawal.</p>	
STATUS			
<ul style="list-style-type: none"> • Will provide same SUD benefit as NHHPP, same rates as NHHPP and implementation of the entire benefit on 7/1/16 • Fiscal Impact Statement complete and information sent to actuaries for PMPM development • Administrative Rules approved by LJCAR 5/20/16 • MMIS systems requirements submitted and in development • Meeting with MCOs held to coordinate communications for implementation • Client letter mailings began 5/31 • Stakeholder meeting held 3/3/16 to prepare for implementation • New provider type created for Peer Recovery services 			
TOP ISSUES (I) & RISKS (R)		RECENT & UPCOMING MILESTONES	
			DATE
1	(I)Limited SUD provider Network	Systems changes identified	1/19/16
2	(R) As a result of a limited provider network, recipients may not be able to access services in a timely manner.	Policy Decisions Communicated to MCOs	2/11/16
		Stakeholder Engagement Completed	3/3/16
		SUD Rules approved by JLCAR	5/20/16
		MCO Contract Approved by G&C	TBD
		SUD Benefits Available to Expanded Population	7/1/16
		State Plan Approved by CMS	9/30/16

THERAPEUTIC CANNABIS

DESCRIPTION	PURPOSE
The Department is responsible for the administration of the New Hampshire Therapeutic Cannabis Program (Program) by designing and implementing a comprehensive process for the distribution of therapeutic cannabis in the State of New Hampshire, pursuant to RSA 126-X.	The Department’s goal is the implementation and continued operation of a self-sustaining (budget neutral) Program that safely and efficiently provides therapeutic cannabis to qualified individuals and their caregivers. Success will be measured by: Program efficiency and security, Program accessibility; and Program financial sustainability

STATUS

As of June 3, 2016,

- 1,002 applications for patient registration cards have been received
- 62 applications for registration cards were received for caregivers
- The Department has issued 650 qualifying patient cards and 31 designated caregiver cards.

Recent Activities:

- On 5/23 more than 1,000 applications had been received by the program
- Temescal ATC/Lebanon site certified to dispense 5/13/16 and opened to patients 5/15/16
- Temescal ATC/Dover site certified to dispense 5/4/16 and opened to patients 5/5/16
- Sanctuary ATC/Plymouth site certified to dispense 4/29/16 and opened to patients 4/30/16
- Preliminary site visit completed 5/31 to Prime ATC cultivation center (Peterborough) and dispensary (Merrimack) to be followed by inspections at a later date. Certification to dispense is anticipated summer 2016

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Litigation regarding ATC selection could delay implementation <i>(updated to low risk)</i>	<i>RFA for ATCs Issued</i>	<i>10/20/14</i>
	<i>Registry Rules Adopted</i>	<i>11/30/14</i>
2 (I) Level of effort and expertise required to administer and oversee this new, fee-funded program will continue to be a significant challenge for the Department	<i>ATCs Selected</i>	<i>01/23/15</i>
	<i>Inspection Program Established</i>	<i>04/10/15</i>
	<i>Begin Inspection of ATC Cultivation Sites</i>	<i>09/27/15</i>
	<i>Issuance of Registry ID Cards Begins</i>	<i>11/15/15</i>
	<i>Sanctuary ATC Conditionally Certified to Cultivate</i>	<i>01/08/16</i>
	<i>Temescal ATC Conditionally Certified to Cultivate</i>	<i>01/22/16</i>
	<i>Sanctuary & Temescal Certified & Operational to Dispense</i>	<i>05/31/16</i>
	<i>Prime ATC Certified & Operational to Dispense Cannabis</i>	<i>Summer '16</i>