



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857

603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

JEFFREY A. MEYERS
COMMISSIONER

November 15, 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. Please note that financial and caseload information contained in this monthly dashboard is current through October 31, 2016 (SFY 17).

Explanation

Fiscal Year 2017 Funding Issues (Thousands)

Program Area	GF only	Comments
SYSC	\$ 1,000	Additional shortfall to reduce total operating budget to \$11.8 mil per SB466
DCYF	\$ 515	Additional staff to bring up to Interim Assessor's Report
Medicaid	TBD	
Total	\$ 1,515	

Medicaid Budget for SFY 2017

The Department's Medicaid accounts experienced a shortfall in SFY 2016 as a result of four factors. First, the managed care (per member per month) rate adjustment for SFY16 was not included in the budget for the managed care program. Second, the budget assumptions regarding a Medicaid caseload reduction of 2% in SFY16 were not realized; in fact, caseloads remained static in SFY 2016. Third, for a period of time in SFY16, mental health services were excluded from the managed care program and the fee for service rates in this period were higher than budgeted. Lastly, as a result of the federal government attempting to change the methodology of how uncompensated care is defined and litigation resulting from that attempted change, the amount of uncompensated care payments to the state's hospitals was significantly higher (\$15.9 million) than budgeted.

DHHS managed the SFY16 Medicaid shortfall by transferring general funds that would otherwise lapse from other areas within the Department. Even with covering the shortfalls, the DHHS returned a lapse of \$15.7 million (unaudited). The audit is expected to be released by December 31, 2016.

Some of the underlying factors of the Medicaid shortfall have or will be addressed in SFY 2017. The state's community mental health centers have successfully negotiated agreements with the managed care organizations for the provision of mental health services under a capitated rate, eliminating the higher costs associated with fee for service in that program.

In addition, the state's prospective disproportionate share (DSH) payment to hospitals in May 2017 may decrease over the payment made in 2016 for two reasons. First, the federal government has now issued a proposed rule that, if finalized and applied retroactively, would eliminate third party payments from the calculation of uncompensated care. Second, uncompensated care costs for the state's hospitals in 2015 should decrease due to the effect of the New Hampshire Health Protection program, which saw higher enrollment in 2015 over 2014. The Department will be seeking from the state's hospitals estimates of their uncompensated care by the end of the calendar year.

The Medicaid budget in SFY 2017, however, will continue to be strained by the caseload assumptions made in the current budget, as well as actuarially required increases to the managed care per member per month rates that were not budgeted. Specifically, the current budget projects an additional decrease in Medicaid caseloads in SFY17 at another 2%, in addition to the 2% expected from SFY16. Although early in the fiscal year, it does not appear that caseloads will decrease enough to cover the cumulative impact of the SFY16 and 2017 reduction. The Medicaid shortfall due to static caseloads is currently estimated at \$11.7 million deficit for SFY17.

The rates for the managed care program as determined by the actuary have increased slightly again for SFY17. Without offsetting revenue or higher lapse in other parts of the Department's budget, the rate increases could generate a shortfall of up to \$24 million by the end of SFY17. The composite average per member per month rate has increased since 2015 from \$331.00 to \$349.00. The MCO rates that were approved by the Executive Council in June 2016 will be in effect for SFY17. Rates are determined on an annual (fiscal year) basis.

The managed care program will have been in effect for three years as of December 1, 2016. Rate increases have been modest and consistent with other managed care programs nationally, averaging no more than 3.8% per year after adjustment for program changes (i.e., New Hampshire Health Protection Program coverage in 2015 which required payment of Medicare level rates).

Managed Care Re-Procurement

On October 5, 2016, upon the recommendation of the Department, the Governor and Executive Council approved a one-year contract extension with the two existing managed care companies, Well Sense and NH Healthy Families, which will extend the existing contract to June 30, 2018. The contracts were set to expire on June 30, 2017.

The initial managed care program, as enacted under SB 147, was contemplated to run for an initial period of five years. The program, however, was 18 months late in beginning because of the inability of providers and the managed care companies to reach provider agreements. The extension of the current contracts for one additional year will allow the program to continue as contemplated, as well as to enable the state to plan for and execute a competitive procurement with sufficient time to transition managed care companies, should that be required, whether that transition involved the addition or replacement of one or more managed care companies.

The Department will shortly issue Requests for Proposals (RFPs) for qualified consultants to help the Department develop the RFP. Prior to the issuance of an RFP next spring, the Department will

undertake an extensive stakeholder and public hearing process to obtain input into all facets of the program. The Department anticipates issuing the new RFP on or about June 1, 2017.

Caseload Trends

	SFY 15	SFY 16				SFY 2017			
	6/30/2015	9/30/2015	12/31/2015	3/31/2016	6/30/2016	7/31/2016	8/31/2016	9/30/2016	10/31/2016
Medicaid Standard	138,252	138,908	138,959	139,242	137,372	135,807	135,429	136,022	135,269
<i>% increase over prior</i>		0.47%	0.04%	0.20%	-1.34%	-1.14%	28.00%	0.44%	-0.12%
NHHPP	41,657	43,107	46,996	49,203	49,522	49,911	50,315	50,911	51,269
<i>% increase over prior</i>		3.48%	9.02%	4.70%	0.65%	0.79%	0.81%	1.18%	1.90%
Food Stamps (SNAP)	105,322	102,869	100,495	99,543	96,872	95,956	95,575	95,421	94,873
<i>% increase over prior</i>		-2.33%	-2.31%	-0.95%	-2.68%	-0.95%	-0.40%	-0.16%	-0.73%
FANF Persons	6,138	5,764	5,425	5,183	5,107	4,954	5,012	4,965	4,938
<i>% increase over prior</i>		-6.09%	-5.88%	-4.46%	-1.47%	-3.00%	1.17%	-0.94%	-1.48%
APTD Persons	7,526	7,343	7,116	7,033	6,916	6,875	6,884	6,837	6,767
<i>% increase over prior</i>		-2.43%	-3.09%	-1.17%	-1.66%	-0.59%	0.13%	-0.68%	-1.70%
LTC - Persons	7,109	7,042	7,191	7,231	7,065	7,100	7,166	7,035	6,983
<i>% increase over prior</i>		-0.94%	2.10%	0.56%	-2.30%	0.50%	0.92%	-1.83%	-2.55%

Developmental Disability (DD) Waitlist

The Department is on track to serve a total of 488 persons in the current biennium, which are some 73 persons more than planned in the SFY 2016-2017 budget. In SFY 2016, we served a total of 232 persons. In the current fiscal year, we anticipate serving 256 persons.

Because a total of 115 persons who had previously come off the Wait List prior to July 1, 2016 have required new services since July 1, 2016, and a total of 44 new persons become eligible between July 1, 2016 and October 30, 2016, the Wait List at the end of October was 203 persons.

In response, the Department utilized Wait List funds that were carried over from FY 2016 to FY 2017 to provide services to an additional 36 persons. As of November 10, 2016, the Wait List was reduced from 203 to 176. Because 9 additional persons sought services during the first 10 days in November, the Wait List as of November 10, 2016 is 176 persons.

Not all of the 176 persons are without services. Of this total, 98 are still receiving one or more services. They remain on the Wait List because they have sought an additional service from those they were already receiving. Under the administrative rules governing the DD Wait List, persons who have come off the Wait List and are receiving services must be placed back on the Wait List if they require additional services. Workforce and provider capacity challenges often impact the availability of these additional services.

The increased number of newly eligible persons and persons requiring new services is significant. At the time the SFY 2016-17 budget was initially passed, it assumed that 112 then-waiting for services plus 150 additional persons would be served in SFY 2016, or 262 persons. In fact, 383 persons sought DD Wait List services in SFY 2016. Thus far in SFY 2017, a total of 256 persons have required services. This number is about 100 more persons than anticipated thus far.

Additionally, while the projected average cost for DD services that was assumed in the current budget was approximately \$44,000 per person annually, the actual average cost for services in SFY 2016 was \$50,303.

In addition to the reasons cited in our earlier report in September, it is increasingly evident that a portion of the increased need for services and the higher cost of services are attributable to the high need persons who had been served at Lakeview, but who were transitioned to the community after the closure of that facility. The Area Agencies have struggled to fill the gaps in service for persons with complex needs that was created with the close of Lakeview and there is a need to increase capacity in New Hampshire at the community level for the treatment of such persons.

A separate report on the DD Wait List Status is being submitted to both the Fiscal Committee and the Health & Human Services Oversight Committee.

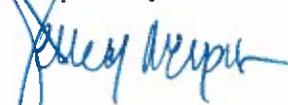
Division of Children, Youth and Families (DCYF)

The Department's efforts to address staffing issues at DCYF to ensure the appropriate level of Child Protection case workers, including the 24/7 Interim Coverage Plan, has progressed. The Department received two responses to its revised RFP for staff for the Central Intake Unit that is part of the 24/7 staffing plan. This procurement process is now moving forward and is expected to result in a contract being brought to the Governor & Council before the end of December. The Department has hired 6 of the required assessment caseworkers needed to implement the 24/7 plan and expects to begin 24/7 coverage in at least some areas of the state by January 1, 2017. Recruitment efforts to complete the 24/7 staffing requirements continue with a sense of urgency.

In addition, the Department is bringing to Governor & Council this week a request to reclassify existing vacant positions outside of DCYF for child protection assessment caseworkers and supervisors. Given the need for these resources, a total of 22 positions are being re-purposed for DCYF child protection needs. These 22 new positions will bring the total child protection assessment and supervisor staff to 106 authorized positions. This number remains short of the 120 child protection assessment positions recommended by the Center for Support of Families Interim Report. The Department's List of Prioritized Needs for the SFY 2018/2019 budget includes an additional 10 caseworker positions; that number will be increased to reflect the recommended number of 120.

The final report of the Center for the Support of families is expected to be completed by the end of this month.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Enclosures

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 David Wheeler

The Honorable Christopher Sununu
The Honorable Joseph D. Kenney

The Honorable Christopher Pappas

House Finance Committee

The Honorable Mary Allen
The Honorable Frank Byron
The Honorable Frank Edelblut
The Honorable William Hatch
The Honorable Betsy McKinney
The Honorable Joseph Pitre
The Honorable Marjorie Smith
The Honorable Karen Umberger
The Honorable Kenneth Wyler

The Honorable Richard Barry
The Honorable David Danielson
The Honorable J. Tracy Emerick
The Honorable Peter Leishman
The Honorable Sharon Nordgren
The Honorable Katherine Rogers
The Honorable Peter Spanos
The Honorable Mary Jane Wallner

The Honorable Thomas Buco
The Honorable Daniel Eaton
The Honorable Susan Ford
The Honorable Dan McGuire
The Honorable Lynne Ober
The Honorable Cindy Rosenwald
The Honorable Timothy Twombly
The Honorable Robert Walsh

Senate Finance Committee

The Honorable Jeanie Forrester
The Honorable Gerald Little

The Honorable Lou D'Allesandro
The Honorable John Reagan

The Honorable Andrew Hosmer

**STEP 2 – INCORPORATING LONG TERM SERVICES & SUPPORTS INTO THE
NEW HAMPSHIRE MEDICAID CARE MANAGEMENT PROGRAM**

DESCRIPTION	PURPOSE
<p>New Hampshire’s Department of Health and Human Services is in the process of transitioning the State’s Medicaid delivery system for nursing and Long Term Services and Supports (LTSS) waiver services, also referred to as Step 2 services, from the current fee-for-service model to the Medicaid Care Management (MCM) Program. The plans for implementation of nursing home and home care services under the Choices for Independence (CFI) waiver into managed care will be prepared prior to the plan for other waiver services provided under the Developmental Disability (DD), Acquired Brain Disorder (ABD), and In-Home Support (IHS) waivers.</p> <p>The Department has operated the Medicaid Care Management Program since 12/1/2013 for the acute care medical needs of its standard Medicaid population of approximately 135,000 persons. The program is currently served by two managed care organizations under contracts that will end on 6/30/2018.</p> <p>The Department, pursuant to RSA 126-A:5, XIX, is currently working with a wide range of stakeholders, advocates, carriers, and families in a public process to develop specific plans for the incorporation of nursing and waiver LTSS into managed care in conjunction with the re-procurement of the managed care program. The State plans to issue a new RFP for managed care services on or about 5/1/2017.</p>	<p>Per the original intent of the authorizing legislation (SB 147 enacted in 2011) for NH’s Medicaid Care Management Program, and through vital work with stakeholders for Step 2 design and implementation planning, NH can improve person-centered outcomes and program value with realizing the incorporation of waiver Long Term Services and Supports and nursing into the program construct.</p>

STATUS

- DHHS established a website, *SB 553, Medicaid Managed Care Implementation*, <http://www.dhhs.nh.gov/sb553/index.htm>, allowing for the transparent sharing of information and open public process.
- The Department continues to convene a working group consisting of representatives of the following stakeholders: Brain Injury Assn of NH; CFI ICM; Community Support Network, Inc.; Governor’s Commission on Medicaid Care Management; Granite State Home Health Assn; Granite State Independent Living; Medical Care Advisory Committee (MCAC); NH Adult Day Assn; NH Association of Residential Care Homes (NHARCH); NH Assn of Counties; NH Council on Developmental Disabilities; NH Developmental Services Quality Council; NH Health Care Assn; NH Healthy Families; NH House of Representatives; NH Nutrition Network; NH Senate; Parents/Families/Seniors; and Well Sense Health Plan.
- Meetings of the SB 553 Stakeholder Working Group initiated July 13 and continue two times per month. Agendas and presentation materials are available on the Department’s web site noted above.
- On 8/1/2016, DHHS submitted draft legislation to the NH Legislature, as required by SB 553, which identifies the Department’s initial understanding of changes that may be necessary in order to pay for nursing facility services under Medicaid Managed Care.
- The Department is issuing a request for proposals for a consultant who will advise the Department on the development of MLTSS implementation plans for the incorporation into one or more managed care models of nursing and home care and community based services.
- The Step 2 planning process and timeline is an integral component of the Department’s re-procurement process which was outlined to Governor and Council in the MCO contract amendment submission of 9/28/2016 (<http://www.dhhs.nh.gov/sb553/documents/gcammendment12a100516.pdf>).

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
No major risks or issues to report.	<i>Stakeholder Working Group members appointed</i>	<i>July 2016</i>
	<i>Draft legislation submitted to Legislature</i>	<i>08/01/16</i>
	<i>Stakeholder Working Group sessions scheduled July - Dec 2016</i>	<i>09/06/16</i>
	<i>Plan preparation status updates submitted to Legislative Fiscal Committee and Oversight Committee on Health and Human Services</i>	<i>Monthly</i>
	<i>The Department extended MCO contract for one year allowing the work of the SB 553 group to inform Step 2 design, implementation plans, and the request for proposal.</i>	<i>October 2016</i>
	<i>The Department is issuing a request for proposals for a consultant to advise the Department on the development of MLTSS plans.</i>	<i>November 2016</i>

NEW HAMPSHIRE MEDICAID CARE MANAGEMENT PROGRAM REPROCUREMENT

DESCRIPTION	PURPOSE
<p>The State is undertaking a reprocurement process to continue the Medicaid Managed Care program after June 30, 2018. This procurement process will be open to any potential bidders, not just those companies currently under contract to administer Medicaid State Plan services in NH.</p> <p>The reprocurement process will include long term services and supports, SB 553, enacted in 2016, involving carriers and a variety of stakeholders, established a detailed process to support the development of a plan for the incorporation of Medicaid long term services and supports, available through Home and Community Based waivers, into the Medicaid Managed Care delivery system.</p> <p>The reprocurement will reflect new provider capacities and efficiencies generated by the State’s <i>Building Capacity for Transformation Section 1115 Demonstration Waiver</i>. The RFP must implement a goal of using Alternate Payment Methodologies (APMs) for at least 50 percent of Medicaid provider payments. It is anticipated that allowable APM models may include bundled payments (with up and downside risk), PCMH primary care payments with shared savings, population based payments for condition-specific care (e.g., via an ACO or PCMH), and comprehensive population-based payment models. To learn more about the waiver and associated contract requirements, refer to the waiver Special Terms and Conditions (STCs) at</p> <p>Refer to SB 553, at http://www.dhhs.nh.gov/sb553/documents/sb-553-final.pdf, for further details on the comprehensive planning approach, implementation plan elements, and approval requirements.</p>	<p>The re-procurement will better position the State to:</p> <ol style="list-style-type: none"> 1) Explore new business model opportunities with new business entrants. 2) Expand the scope of the managed care program with the addition of Home and Community Based Services (HCBS), also referred to as long term services and supports (LTSS) and Step 2 services. 3) Comply with the Special Terms and Conditions of the <i>1115 Building Capacity for Transformation Waiver</i> to implement Alternate Payment Methodologies with 50% of the FMAP. 4) Consolidate several programs under a single managed care program. 5) Evolve into a value based purchasing arrangement with contractors. 6) Consider program design that is most responsive to the needs of the people served. 7) Motivate long standing contractors, with evergreen contracts, to maintain positive performance levels.

STATUS
<ul style="list-style-type: none"> • MCO contract amendment approved extending agreements with the state’s two health plans until 6/30/2018; allowing NH to take advantage of learning from several other state Medicaid programs, which have over the past three years since the initiation of NH’s program, procured Medicaid managed care contracts. This one year extension provides the state with critically needed time to develop and issue the most effective requests for proposals that will advance the operations and goals of the managed care program under the model that is most responsive to the needs of the people. • Department staff attended National Academy of State Health Policy (NASHP) one-day workshop on valued based purchasing and procurement. • Department has identified internal staff to stand up the reprocurement process. • The Department is finalizing a request for proposals for an experienced national managed care professional consulting firm to advise on the development of an effective Request for Proposal (RFP) for the reprocurement of the State’s Medicaid Managed Care program, inclusive of Home and Community Based long term services and supports and Alternate Payment Methodologies (APMs) required by the State’s <i>Building Capacity for Transformation Section 1115 Demonstration Waiver</i>, to advance the operation and goals of the managed care program to be responsive to the needs of the people served.

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
<ul style="list-style-type: none"> • Must confirm funding source for reprocurement of national consultant 	<i>Initial SB553 Workgroup Established</i>	<i>August 2016</i>
	<i>Approval for MCO Contract Amendment with One Year Extension 6/30/2018</i>	<i>October 2016</i>
	<i>NASHP Value Based Purchasing Workshop</i>	<i>October 2016</i>
	The Department is issuing a request for proposals for a national consultant to advise the Department on the reprocurement.	November 2016
	Additional milestones will be established subsequent to consultant contract	TBD

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
<ul style="list-style-type: none"> • Monthly meetings with each of the seven IDNs was established in September to engage in status reporting and Q&A • IDN payments totaling \$19.5 m were issued in September 2016 • Statewide Workforce Capacity Taskforce was established in September and continues to meet regularly • Statewide Health Information Technology Taskforce (HIT) established 10/19/16 • Project Plans to be submitted by IDN’s on 10/31/2016 • DSRIP quarterly report to CMS will be submitted by 11/30/16 • Independent Review Panel is anticipated to review IDN Project Plans and submit final recommendations in December 2016 • G&C approval of Learning Collaborative Technical Assistance contract anticipated for 12/7/16

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Newly formed Integrated Delivery Networks challenged to meet ambitious timelines	<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
2 (R) DHHS recruiting and staffing for three Regional IDN Managers and systems analysts needs to be completed by December 2016	<i>Deadline for IDNs to Submit Applications to State</i>	5/31/16
	<i>State Releases Draft Project Plan Template for Public Comment</i>	6/29/16
	<i>State Announces Names of Approved IDNs & Begins Distribution of Initial Capacity Building Funds</i>	8/24/16
	<i>IDNs Submit Project Plans to State to Support Delivery Innovation</i>	10/31/16
	<i>IDNs Submit Health Information Technology (HIT) Assessment</i>	11/14/16
	<i>DHHS Distribution of Project Plan Funds</i>	Dec '16

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

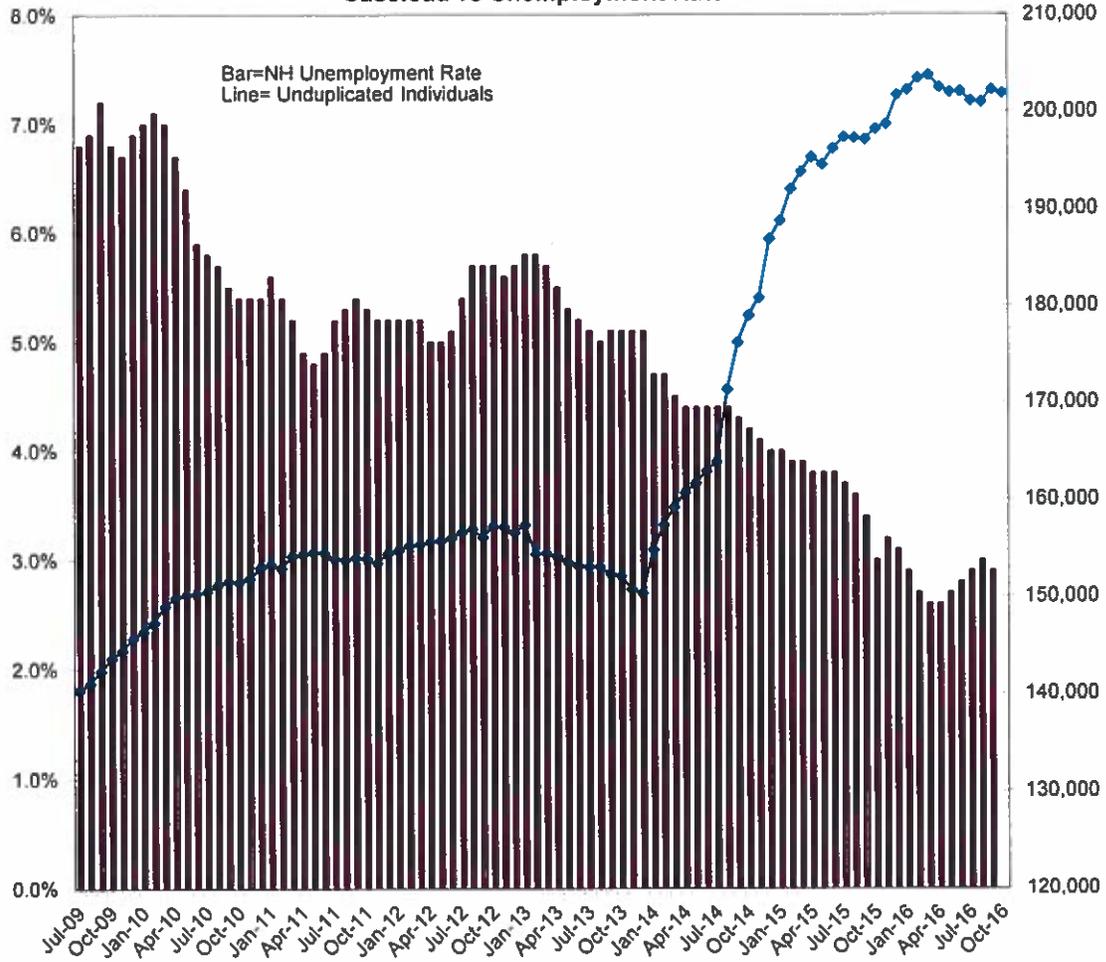
Fiscal Meeting November 2016

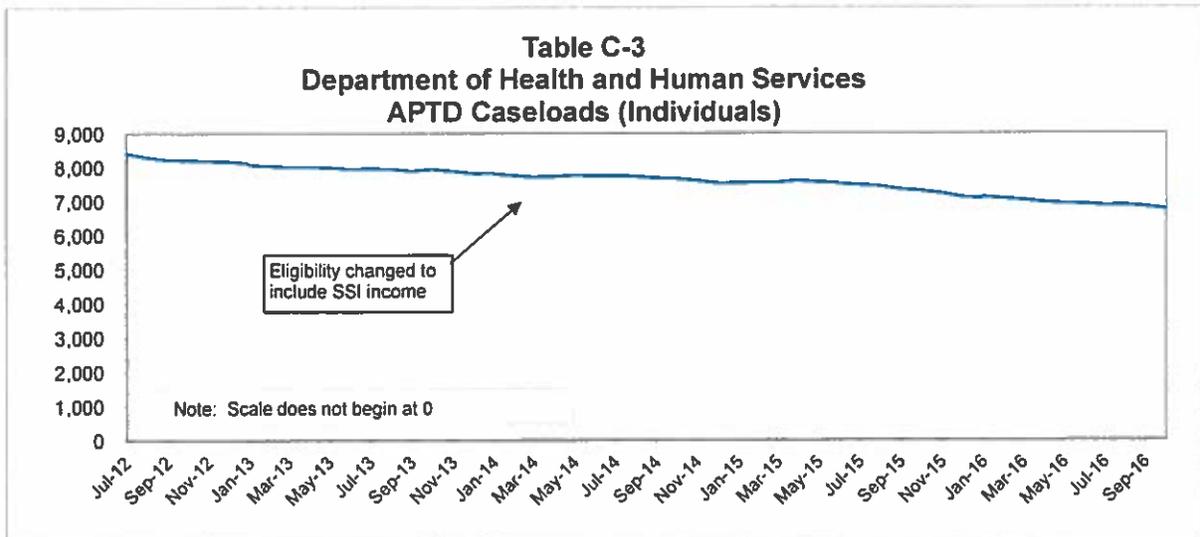
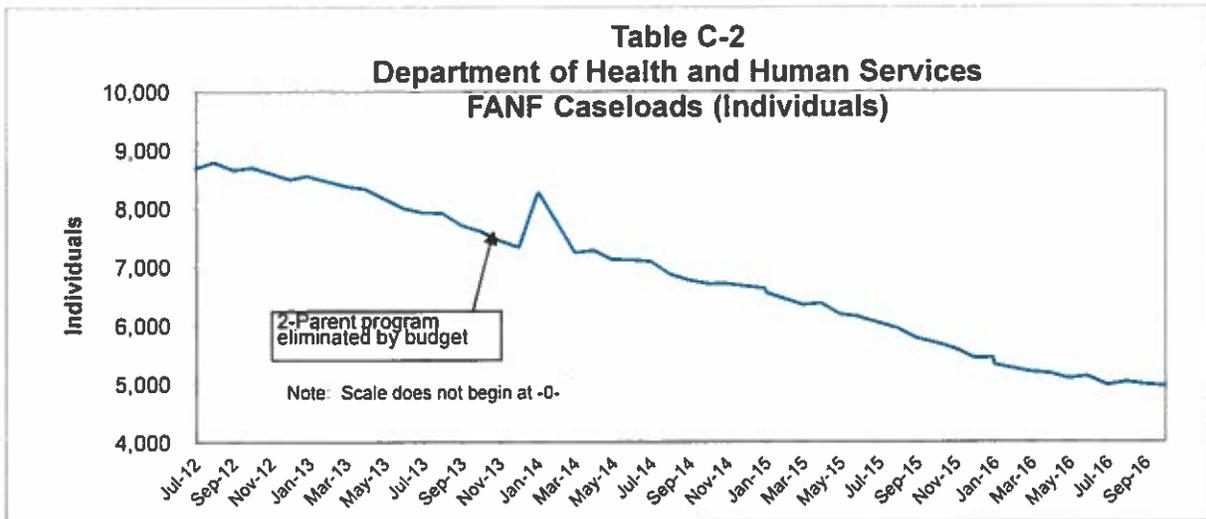
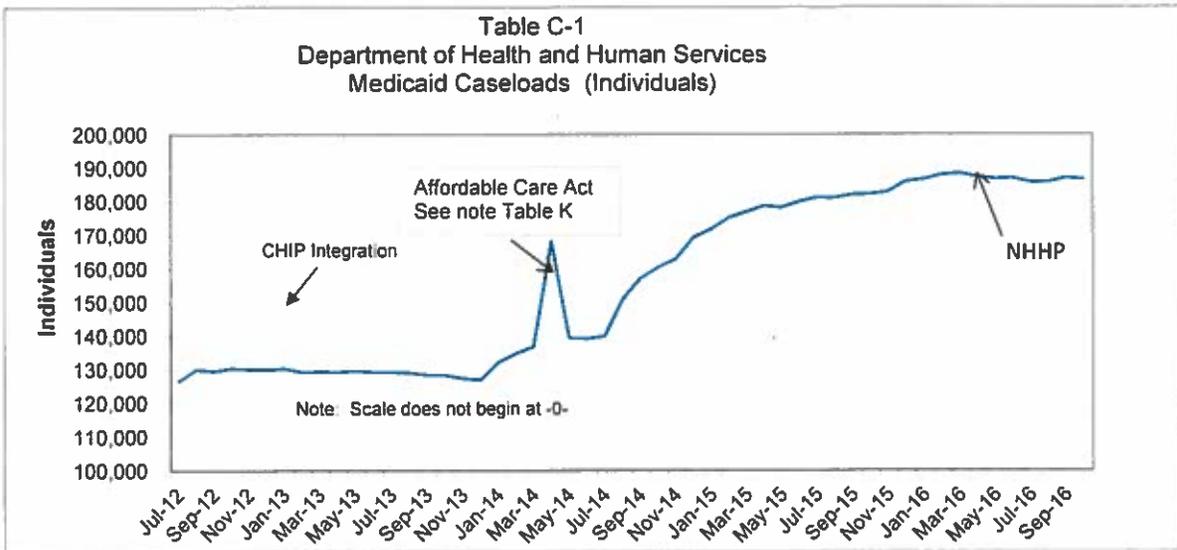
SFY17

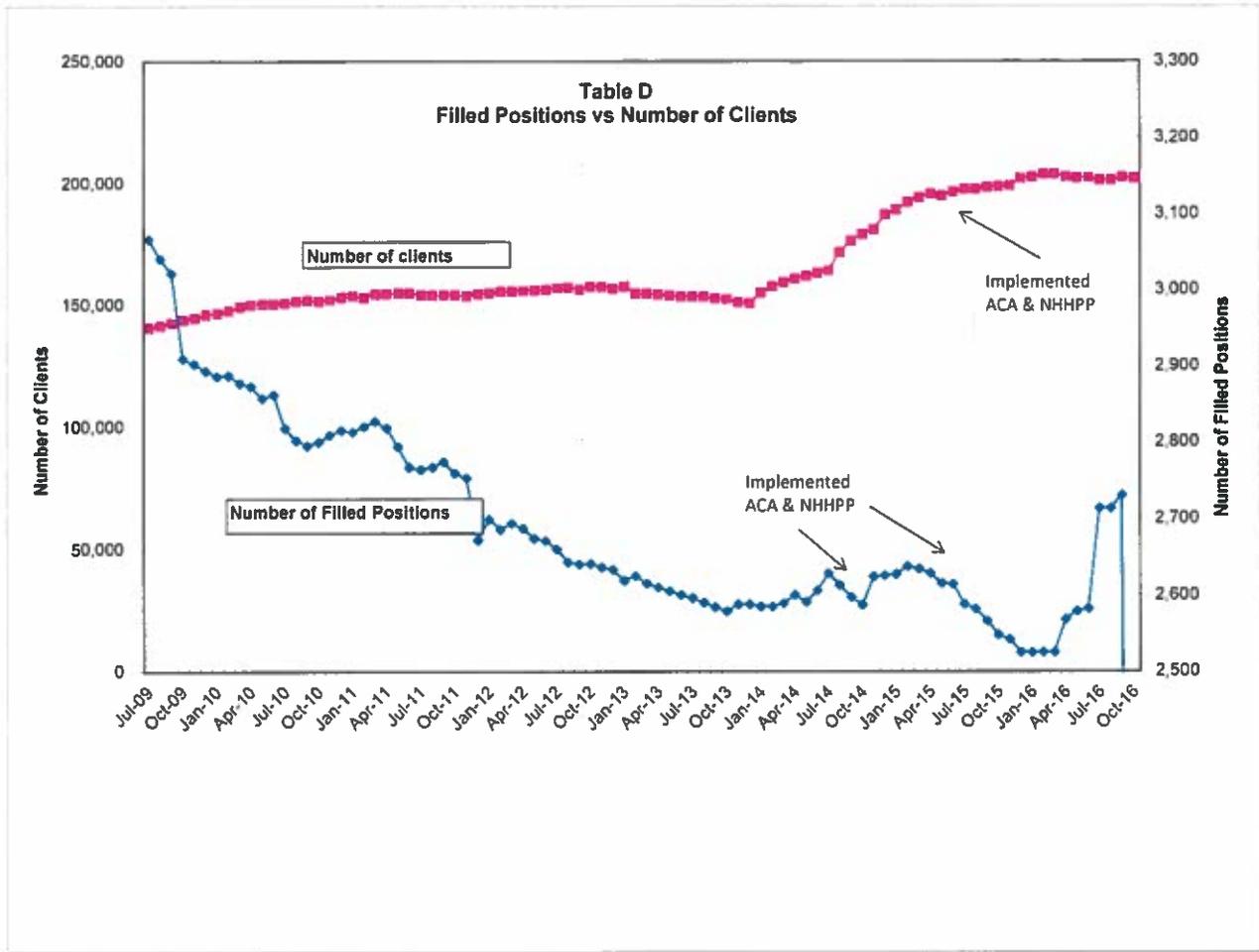
**Budget Summary as of 10/31/16
Data/Caseloads as of 10/31/16 (except for MH as of 9/30/16)**

	A	B	C	D	E	F	G
1	Department of Health and Human Services						
2	Financial Summary - CASH BASIS						
3	As of October 31--- SFY17						
4	General Funds Rounded to \$000						
5							
6	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.						
7							
8	Legislative Lapse Target per Final Budget (3.3%) = \$20,885						
9							
10				As of	As of	As of	As of
11	Shortfalls			7/31/16	8/31/16	9/30/16	10/31/16
12		Programs					
13		Medicaid	MCM and FFS budget shortfall due to rate changes	TBD	TBD	TBD	TBD
14			DSH Obligations/ MET revenue shortfall	TBD	TBD	TBD	TBD
15			Total Medicaid	TBD	TBD	TBD	TBD
16							
17		SYSC	Additional reduction needed to meet SB466 which requires the total operating budget cannot exceed \$11.8m, the \$1.7 reduction cited in SB466 does not bring the total operating budget down to the required \$11.8m				\$1,000
18		DCYF	Funding for 6 months for additional staff to meet the Interim Assessor's Report of 120				\$515
19							
20			Total Estimated Shortfalls	\$0	\$0	\$0	\$1,515
21							
22	Identified Funds that would otherwise Lapse (cash basis)						
23							
24		Medicaid	Drug Rebate Revenue	TBD	TBD	TBD	TBD
25			Total Estimated Funds that Would Otherwise Lapse	\$0	\$0	\$0	\$0
26							
27			Net Surplus (Deficit)	\$0	\$0	\$0	(\$1,515)
28							
29	Note: shortfalls previously identified, on prior dashboards, that have been resolved are no longer reflected above						

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
70	Jul-14	1,049	890	510	319	5,742	0	52
71	Aug-14	1,273	827	510	254	5,626	0	52
72	Sep-14	1,485	921	501	282	5,543	0	48
73	Oct-14	1,356	790	519	301	5,341	0	47
74	Nov-14	1,090	681	512	308	5,384	0	50
75	Dec-14	1,312	768	544	313	5,438	0	47
76	Jan-15	1,169	587	532	303	5,370	0	41
77	Feb-15	1,079	467	550	301	5,259	0	36
78	Mar-15	1,427	630	554	319	5,494	0	40
79	Apr-15	1,281	874	564	334	5,474	0	42
80	May-15	1,298	858	566	341	5,497	0	43
81	Jun-15	1,314	869	578	348	5,581	0	47
82	Jul-15	1,120	908	564	322	5,651	0	48
83	Aug-15	1,074	743	571	319	5,588	0	51
84	Sep-15	1,298	895	570	304	5,528	0	49
85	Oct-15	1,336	863	591	308	5,192	0	54
86	Nov-15	1,182	680	605	303	5,219	0	59
87	Dec-15	1,280	825	647	316	5,267	0	65
88	Jan-16	1,178	736	658	335	5,370	0	72
89	Feb-16	1,143	2,569	666	336	5,201	0	73
90	Mar-16	1,458	1,165	691	341	5,269	0	74
91	Apr-16	1,231	731	701	342	5,245	0	71
92	May-16	1,376	612	705	349	5,230	0	73
93	Jun-16	1,139	889	720	346	9,137	0	72
94	Jul-16	978	762	729	327	5,326	0	66
95	Aug-16	1,243	918	736	323	5,279	0	57
96	Sep-16	1,364	868	763	308	5,185	0	59
97	Oct-16	1,313	687	786	325	5,013	0	61
98	Nov-16							
99	Dec-16							
100	Jan-17							
101	Feb-17							
102	Mar-17							
103	Apr-17							
104	May-17							
105	Jun-17							
106	YEAR-TO-DATE AVERAGE							
107	SFY11	1,073	660	640	413	4,780	2,516	54
108	SFY12	1,124	732	582	315	5,053	0	61
109	SFY13	1,161	751	612	310	5,130	0	58
110	SFY14	1,180	628	567	310	5,447	0	59
111	SFY15	1,291	857	510	289	5,563	0	50
112	SFY16	1,207	852	574	313	5,490	0	50
113	SFY17	1,225	809	754	321	5,201	0	61
114								
115	Source of Data							
116	Column							
117	B	DCYF SFY Management Database Report: Bridges.						
118	C	DCYF Assessment Supervisory Report: Bridges.						
119	D	Bridges placement authorizations during the month, unduplicated.						
120	E	Bridges placement authorizations during the month, unduplicated.						
121	F	Bridges Expenditure Report, NHB-OAR8-128						
122	G	Child Care Wait List Screen: New Heights						
123	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 Persons	Food Stamps Persons	Child Support Cases				
7					Current Cases	Former Cases	Never Cases	Total Cases	
8					Actual	Actual	Actual	Actual	
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual	
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	5,107	6,916	96,872	3,544	19,147	15,952	38,643	
94	Jul-16	4,954	6,875	95,956	3,589	19,058	15,945	38,592	
95	Aug-16	5,012	6,884	95,575	3,440	19,184	15,953	38,577	
96	Sep-16	4,965	6,837	95,421	3,473	19,105	15,973	38,551	
97	Oct-16	4,938	6,767	94,873	3,587	18,964	16,043	38,594	
98	Nov-16							0	
99	Dec-16							0	
100	Jan-17							0	
101	Feb-17							0	
102	Mar-17							0	
103	Apr-17							0	
104	May-17							0	
105	Jun-17							0	
106	YEAR-TO-DATE AVERAGE								
107	SFY11	13,895	8,642	110,091	5,636	17,244	13,096	35,975	
108	SFY12	11,949	8,891	114,330	5,312	17,171	12,811	35,293	
109	SFY13	8,711	8,284	118,053	4,129	17,695	12,886	34,710	
110	SFY14	7,792	7,938	115,208	3,903	17,834	13,196	34,932	
111	SFY15	6,857	7,701	108,696	3,661	18,039	13,610	35,310	
112	SFY16	5,877	7,400	103,259	3,803	19,262	15,083	38,147	
113	SFY17	4,967	6,841	95,456	3,522	19,078	15,979	38,579	
114									
115	Source of Data								
116	Column								
117	B	Office of Research & Analysis, Caseload Statistics							
118	C	Budget Document							
119	D	Budget Document							
120	E-H	DCSS Caseload (Month End Actual from NECSES)							
121									
122	Note	* Effective 3/1/12, SSI or SSP is considered when determining FANF eligibility.							
123		Those child support cases no longer eligible, are now "Former" assistance cases.							
124									
125									

	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	FY2016				
13					
14		Adults	Children	Total	
15					
16	Jul-14	14,818	5,179	19,997	
17	Aug-14	14,436	5,132	19,568	
18	Sep-14	14,981	5,382	20,363	
19	Oct-14	15,172	5,651	20,823	
20	Nov-14	14,142	5,591	19,733	
21	Dec-14	14,734	5,775	20,509	
22	Jan-15	14,960	5,257	20,217	
23	Feb-15	14,024	4,757	18,781	
24	Mar-15	15,083	5,044	20,127	
25	Apr-15	14,641	5,073	19,714	
26	May-15	15,467	5,996	21,463	
27	Jun-15	15,935	6,044	21,979	
28	Jul-15	15,467	5,741	21,208	
29	Aug-15	15,213	5,806	21,019	
30	Sep-15	15,232	5,769	21,001	
31	Oct-15	15,324	6,027	21,351	
32	Nov-15	14,438	5,957	20,395	
33	Dec-15	14,753	6,084	20,837	
34	Jan-16	15,150	5,637	20,787	
35	Feb-16	15,393	5,041	20,434	
36	Mar-16	15,474	5,903	21,377	
37	Apr-16	14,918	5,776	20,694	
38	May-16	14,691	6,225	20,916	
39	Jun-16	14,756	5,876	20,632	
40	Jul-16	14,225	5,538	19,763	
41	Aug-16	15,017	5,694	20,711	
42	Sep-16	14,456	5,633	20,089	
43	Oct-16			0	
44	Nov-16			0	
45	Dec-16			0	
46	Jan-17			0	
47	Feb-17			0	
48	Mar-17			0	
49	Apr-17			0	
50	May-17			0	
51	Jun-17			0	
52					
53	Notes:				
54	1. Monthly data is a duplicated count.				
55	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	
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	7,103	7,232	2,489	430	37	4,184	4,325	58.9%	262	712	0	1423	
91	Jun-16	7,105	7,232	2,557	414	32	4,134	4,325	58.2%	360	718	0	1547	
92	Jul-16	7,100	7,286	2,515	445	32	4,140	4,350	58.3%	316	708	0	1791	
93	Aug-16	7,166	7,286	2,516	467	33	4,183	4,350	58.4%	343	693	0	1337	
94	Sep-16	7,035	7,286	2,476	449	31	4,110	4,350	58.4%	307	684	0	1839	
95	Oct-16	6,969	7,286	2,504	408	37	4,057	4,350	58.2%	286	666	0	1778	
96	Nov-16	-												
97	Dec-16	-												
98	Jan-17	-												
99	Feb-17	-												
100	Mar-17	-												
101	Apr-17	-												
102	May-17	-												
103	Jun-17	-												
104	YEAR-TO-DATE AVERAGE													
105	SFY11	7,192	7,740	2,519	381	34	4,292	4,063	59.7%	232	1,106	3	506	
106	SFY12	7,141	7,515	2,404	447	33	4,290	4,400	60.1%	229	1,088	2	532	
107	SFY13	7,312	7,578	2,450	460	36	4,402	4,422	60.2%	235	1,103	5	518	
108	SFY14	7,218	7,356	2,475	442	35	4,301	4,380	59.6%	274	1,239	1	474	
109	SFY15	7,190	7,421	2,429	452	40	4,310	4,380	59.9%	303	785	0	1,196	
110	SFY16	7,023	7,232	2,346	475	36	4,202	4,325	59.8%	317	750	0	1,534	
111	SFY17	7,068	7,286	2,503	442	33	4,123	4,350	58.3%	313	688	0	1,686	
112														
113	Note 1: These clients are also captured under OMBP Provider Payments													
114	Note 2: CFI Home Health = CFI Home Support and Home Health Care Waiver Services													
115	Note 3: In preparation for 2016, Converted IHCS to monthly paid basis													
116	Note 4: Four Midlevel facilities did not file claims during the month representing about 100 clients.													
117	Due to the reporting of Case Management under Home Health, these clients are however reported in the H													
118														
119	Source of Data													
120	Columns													
121														
122	D-F	MDSS monthly client counts												
123	G	3 month Avg of the number of paid bed days in the month/days in prior month												
124		by the number of days in the previous month. MDSS												
125	J	Options Monthly Protective Reports												
126	K	Options Monthly Activity Report												
127	L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator												
128	M	Quarterly Options Paid Claims from Business Systems Unit Manager												
129														

	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			
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	16,139	12,040	4,864	3,025	1,074	151	11			
89	<i>NOTE: 6-1-16 -- FY 16 "BDS Programs Served FYTD" recalculated due to revisions in ESS monthly totals</i>										
90	Jul-16	9,896	6,973	1,809	2,059	864	166	11			
91	Aug-16	11,463	8,508	2,469	2,090	865	182	13			
92	Sep-16	12,000	8,954	2,762	2,157	889	210	14			
93	Oct-16	12,559	9,446	3,016	2,215	898	203	15			
94	Nov-16	0									
95	Dec-16	0									
96	Jan-17	0									
97	Feb-17	0									
98	Mar-17	0									
99	Apr-17	0									
100	May-17	0									
101	Jun-17	0									
102	YEAR-TO-DATE AVERAGE ***										
103	SFY11	10,713	7,860	2,034	1,710	1,144	21	0			
104	SFY12	11,056	8,110	2,261	1,813	1,133	43	8			
105	SFY13	10,692	7,894	2,216	1,779	1,019	142	0			
106	SFY14	10,397	7,616	2,235	1,779	1,002	193	9			
107	SFY15	11,240	8,085	2,323	2,163	992	110	1			
108	SFY16	11,584	8,388	2,734	2,239	957	191	6			
109	SFY17	11,480	8,470	2,514	2,130	879	190	13			
110	***(1/4/16 - formulas corrected)										
111	Data Sources:	NHLeads	NHLeads	NHLeads	SMSdb	PIHdb	Registry	Registry			
112											
113	*G & *H Represent the number of individuals waiting at least 90-days for DD or ABD										
114	Waiver funding.										
115	** BDS count excludes MTS Students served										
116	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			Glenclyff	
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					
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	153	151	34	5	n/a	14,220	12,622	89%	114
94	Jul-16	161	165	24	3	n/a	14,694	13,483	92%	114
95	Aug-16	163	161	35	2	n/a	14,694	13,497	92%	115
96	Sep-16	154	180	36	5	n/a	14,220	12,950	91%	113
97	Oct-16	158	168	32	5	n/a	14,694	14,068	96%	111
98	Nov-16									
99	Dec-16									
100	Jan-17									
101	Feb-17									
102	Mar-17									
103	Apr-17									
104	May-17									
105	Jun-17									
106	YEAR-TO-DATE AVERAGE									
107	SFY11	146	185			42	10,877	8,167	75%	112
108	SFY12	138	199			41	10,855	9,865	91%	115
109	SFY13	149	174							119
110	SFY14	160	175							116
111	SFY15	142	162	29	3		13,715	12,067	88%	117
112	SFY16	149	159	17	3		14,576	12,043	83%	115
113	SFY17	159	169	32	4		14,576	13,500	93%	113
114										
115	Source of Data									
116	Column									
117	B	Daily in-house midnight census averaged per month*								
118	C	Daily census report of admissions totalled per month								
119	D	Daily Average wait list for adults								
120	E	Daily average wait list for adolescents								
121	F	Daily Average census in Transitional Housing (privatized 12/2011)								
122	G	Total number of individual bednights available in emergency shelters								
123	H	Total number of individual bednights utilized in emergency shelters								
124	I	Percentage of individual bednights utilized during month								
125	J	Daily in-house midnight census averaged per month								
126										
127	* July 2014 average Census no longer reflects Pts on Leave									

A	B	H	N	T	Z	AF	AG	AH	AI	AJ
Table J										
Medicaid Medical Caseloads (Persons)										
1	12/30/13	6/30/14	12/31/14	6/30/2015	12/31/2015	6/30/2016	7/31/2016	8/31/2016	9/30/2016	10/31/2016
2	82,129	88,961	90,618	89,849	91,089	90,484	89,780	89,694	90,246	89,930
3	1,604	1,670	1,622	1,623	1,593	1,576	1,558	1,559	1,551	1,532
4	1,948	2,004	2,085	2,166	2,181	2,204	2,182	2,174	2,191	2,206
5	10,324	13,976	13,212	13,677	13,851	13,113	12,505	12,162	12,252	11,863
6	2,275	3,246	2,602	2,432	2,244	2,173	2,157	2,162	2,124	2,120
7	19,997	20,222	19,540	19,727	19,111	18,997	18,813	18,834	18,816	18,736
8	8,828	8,822	8,714	8,606	8,741	8,681	8,661	8,694	8,693	8,728
9	205	204	189	172	149	144	151	150	149	154
10	127,310	139,105	138,582	138,252	138,959	137,372	135,807	135,429	136,022	135,269
11	127,310	139,105	30,711	41,657	46,996	49,522	49,911	50,315	50,911	51,269
12	(405)	0	1	0	0	0	0	0	0	0
13	126,905	139,105	169,294	179,909	185,955	186,894	185,718	185,744	186,933	186,538
14	Sub-Total									
15										
16										
17										
18										
19										
20	ENROLLMENT IN MEDICAID CARE MANAGEMENT									
21	01/01/14	07/01/14	1/1/2015	7/1/2015	1/1/2016	7/1/2016	8/1/2016	9/1/2016	10/1/2016	11/1/2016
22	108,206	120,915	145,763	161,224	128,349	136,962	135,741	135,875	135,479	134,790
23	Enrolled in Care Management									
24	Premium Assistance Program (NHHP formerly w/MCO, previously shown in Care Management and not nev									
25	25,186	15,549	22,067	17,594	19,100	8,069	8,147	8,188	8,732	9,075
26	133,392	136,464	167,830	178,818	184,333	185,412	184,280	184,760	185,150	184,543
27										
28	(6,082)	2,641	1,463	1,091	1,622	1,482	1,438	984	1,783	1,995
29	<p>Figures by category versus figures by coverage are taken from two points in time. Medicaid Care Management's first of the month and the some people drop off during the month and go into Fee-For-Service. FFS is end of the month and builds during the month to include the spend down clients excluded from MCM. The early data points are switched because the MCM data includes retroactive FFS enrollment for those earlier months.</p>									

