



# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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JEFFREY A. MEYERS  
COMMISSIONER

October 10, 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 August 31, 2016 (SFY 17)

### Explanation

#### Fiscal Year 2017 Funding Issues (Thousands)

SYSC	Footnote reduction SB466	\$1,722
NHH	Nursing shortfall - 15 % salary enhancement	\$478
TANF	Henricks Decision	\$78
	Medicaid	TBD
	Total	<u>\$2,278</u>

#### 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 unaudited SFY 16 lapse from DHHS is estimated at \$16.0 million.

Some of these factors 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 should decrease significantly over the payment made in 2016 for two reasons. First, the federal government has now issued a proposed rule that would eliminate third party payments from the calculation of uncompensated care. Should this rule be finalized and applied back to 2015, then the uncompensated care for New Hampshire hospitals would decrease significantly in conjunction with the disproportionate share (DSH) payment due in May 2017. Uncompensated care costs for the state's hospitals in 2015 should also decrease due to the effect of the New Hampshire Health Protection program, which saw higher enrollment in 2015 over 2014. The DSH payment made to hospitals in May 2017 will be based on the hospital's 2015 uncompensated care costs.

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 pm/pm 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 quite 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 \$12.5m 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 \$30 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 May 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
Medicaid Standard	138,252	138,908	138,959	139,242	137,372	135,807	135,429
<i>% increase over prior</i>		0.47%	0.04%	0.20%	-1.34%	-1.14%	0.28%
NHHPP	41,657	43,107	46,996	49,203	49,522	49,911	50,315
<i>% increase over prior</i>		3.48%	9.02%	4.70%	0.65%	0.79%	0.81%
Food Stamps (SNAP)	105,322	102,869	100,495	99,543	96,872	95,956	95,575
<i>% increase over prior</i>		-2.33%	-2.31%	-0.95%	-2.68%	-0.95%	-0.40%
FANF Persons	6,138	5,764	5,425	5,183	5,107	4,954	5,012
<i>% increase over prior</i>		-6.09%	-5.88%	-4.46%	-1.47%	-3.00%	1.17%
APTD Persons	7,526	7,343	7,116	7,033	6,916	6,875	6,884
<i>% increase over prior</i>		-2.43%	-3.09%	-1.17%	-1.66%	-0.59%	0.13%
LTC - Persons	7,109	7,042	7,191	7,231	7,065	7,100	n/a
<i>% increase over prior</i>		-0.94%	2.10%	0.56%	-2.30%	0.50%	

**TANF – Fiscal Impact of Hendricks v. Department of Health and Human Services**

At the August 5, 2016, meeting of the Joint Legislative Fiscal Committee, the department was asked about the potential fiscal impact of the New Hampshire Supreme Court’s decision in the Hendricks case. In its opinion issued on August 2, 2016, the New Hampshire Supreme Court ruled unconstitutional a department administrative rule that required DHHS to include a child’s federal Supplemental Security Income (SSI) in the calculation of a family’s eligibility for benefits under the federal Temporary Assistance for Needy Families program (TANF), as administered by the State’s Financial Assistance to Needy Families Program (FANF).

The Department reviewed the decision and has calculated the potential fiscal impact. For the reasons discussed below, the immediate fiscal impact is \$78,237 annually, based upon the 17 open cases with individuals under the age of 20 who are currently receiving federal SSI benefits. In addition, there were 109 applications for TANF over the past 6 months that were denied as being over income as a result of SSI benefits for a child in the household. Were all of those families to reapply and now qualify because of the exclusion of their children’s SSI benefits, the increase in TANF expenditures would be approximately \$667,000 annually. Thus, the potential fiscal impact of the decision based on data from the past six months would be under \$750,000 per year assuming all families who were denied in that time frame re-applied and otherwise qualified.

The fiscal impact of the recent court decision is significantly lower than the TANF cost savings projected when the change in law was made in 2012 that included SSI income for purposes of TANF benefits. The projected cost savings in 2012 was based on including SSI income from both adults and children in nearly 1,500 open cases at that time. The court decision requires the department to exclude only those SSI benefits of children, and the number of open cases where there are children receiving SSI benefits are currently 17.

The fiscal impact of the decision is also lower than it might have been because the court decision is prospective only; it does not require the department to make any retroactive payments.

**Developmental Disability (DD) Waitlist**

The Department and the ten area agencies remain on track to serve 415 persons in the current biennium, as contemplated in the current biennial budget. However, more individuals than were budgeted are seeking services.

On September 13, 2016, the Department submitted to the Health and Human Oversight and Joint Legislative Fiscal Committees a report on the status of the DD Waitlist. At the end of July 2016, there were a total of 166 persons waiting for allocation of funding for services. As explained in the letter, the SFY 2016 budget had assumed that a total of 262 people would be served in SFY 2016. A total of 383, however required services. In addition, the average cost of services in SFY 2016 was approximately \$51,000, which was about \$7,000 per person higher than budgeted. The combination of more persons seeking services at a higher average cost of services resulted in an increased waitlist.

That trend is continuing in the first months of SFY 2017. At the end of August, there were 182 persons on the DD Waitlist. In August, 8 persons came off the wait list and were funded for services, but 24 new persons came onto the waitlist. These new persons included 8 who were turning 21 and 16 persons who are older, but needed new or expanded services. The number of older persons requiring services has increased significantly.

The area agencies and department staff meet weekly to review all relevant information concerning the management of the waitlist. Plans have been developed and are now being implemented to provide funding to an additional 30 persons currently on the waitlist with existing budgeted funds.

One constraint in directing funding most efficiently is the separation of funds into waitlist and waiver services. That division of funds restricts the allocation of funds where they may most be needed. In the coming session of the legislature, the department will seek changes to the budget that will combine the waitlist and the waiver funding lines.

#### **Division of Children, Youth and Families (DCYF)**

The Department this week is releasing an Interim Report on Assessment Staffing at DCYF that was done by the Center for the Support of Families. This interim report was requested by the department prior to the Center's final report to inform the development of the department's Fiscal Year 2018-2019 budget.

The Center for the Support of Families is undertaking a review of child protection activities of DCYF, including its practices, policies and resources, as well as DCYF's capacity to undertake the child protection goals established by the legislature. The Center's work has involved individual case reviews, interviews of DCY staff, families, law enforcement and advocates.

The Department requested this interim report to have available the Center's recommendations regarding child protection assessment staffing levels for budget and planning purposes. The Center's final report will be completed in accordance with its contract by the end of November.


The Center identifies five principle recommendations in the Interim Report:

1. Hire a sufficient number of assessment social workers to bring the total number of filled positions to 120, with the intent of reducing the current vacancy rate to at least 25%.
2. Hire a sufficient number of assessment supervisors to bring the total number of filled positions to 24, with the intent of reducing the current vacancy rate.
3. Resolve the current backlog of overdue assessments by assessing and closing open assessments that can be safely closed, and opening those where harm or threats of harm exist so that services can be provided through staff other than assessment workers.
4. Enforce the 60-day policy time frame for completing assessments on an ongoing basis so that a new backlog does not accrue; and
5. Make deliberate efforts to provide for assessment staff well-being in order to reduce turnover and absences due to work demands.

In anticipation of this interim report, I have already initiated filling 17 case assessment worker and 5 case assessment supervisor positions from existing vacant positions outside of DCYF. These positions would increase the total authorized caseworker positions to 102, which is still short of the 120 positions recommended by the Center for Support of Families in its Interim Report. The department's list of Prioritized Needs, which accompanies the department's Efficiency Budget, contains a placeholder for additional required positions.

These 22 positions are in addition to 21 positions required to implement the interim plan for 24/7 coverage, which the Department brought forward earlier this year and is in the process of recruiting for implementation.

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 Gerald Little	The Honorable John Reagan	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**



**OPERATING STATISTICS DASHBOARD**

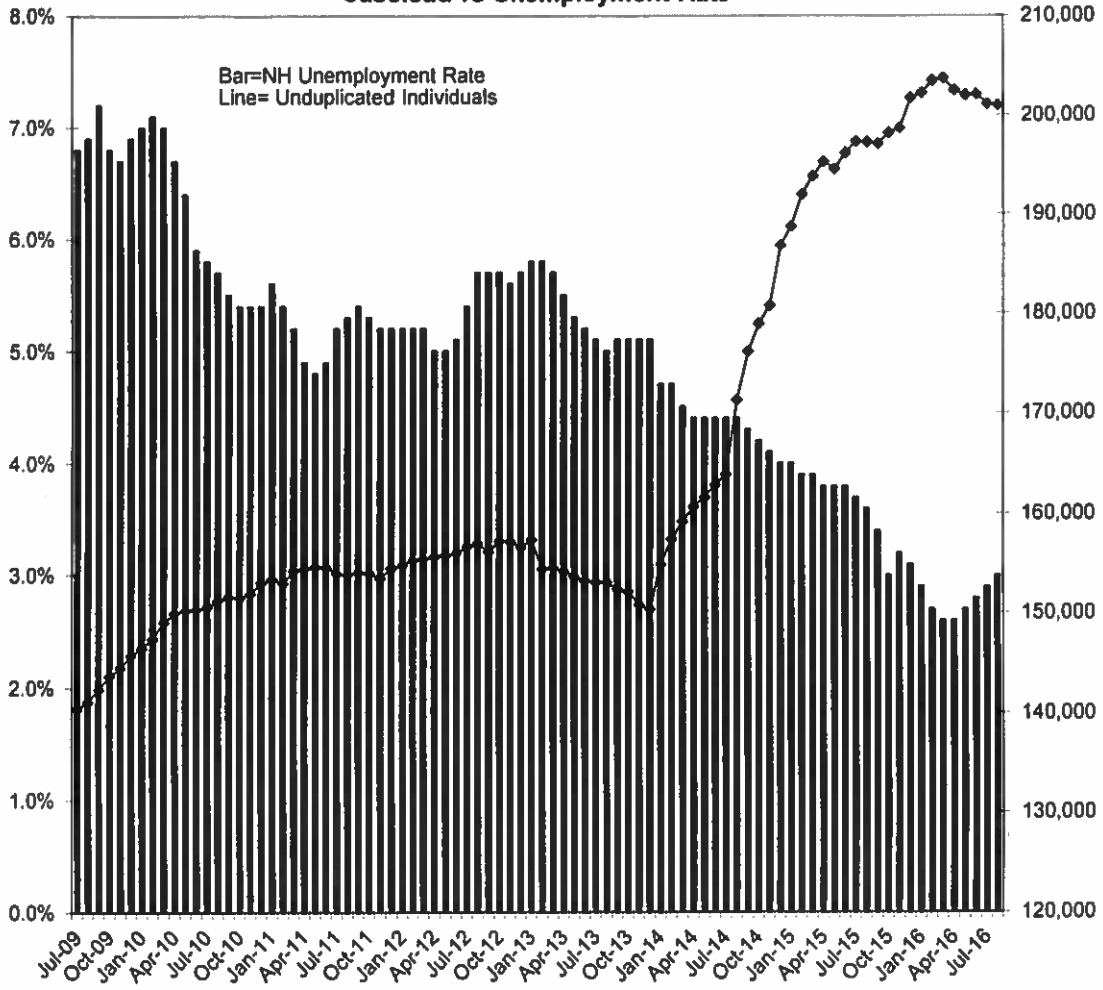
**Fiscal Meeting October 2016**

**SFY17**

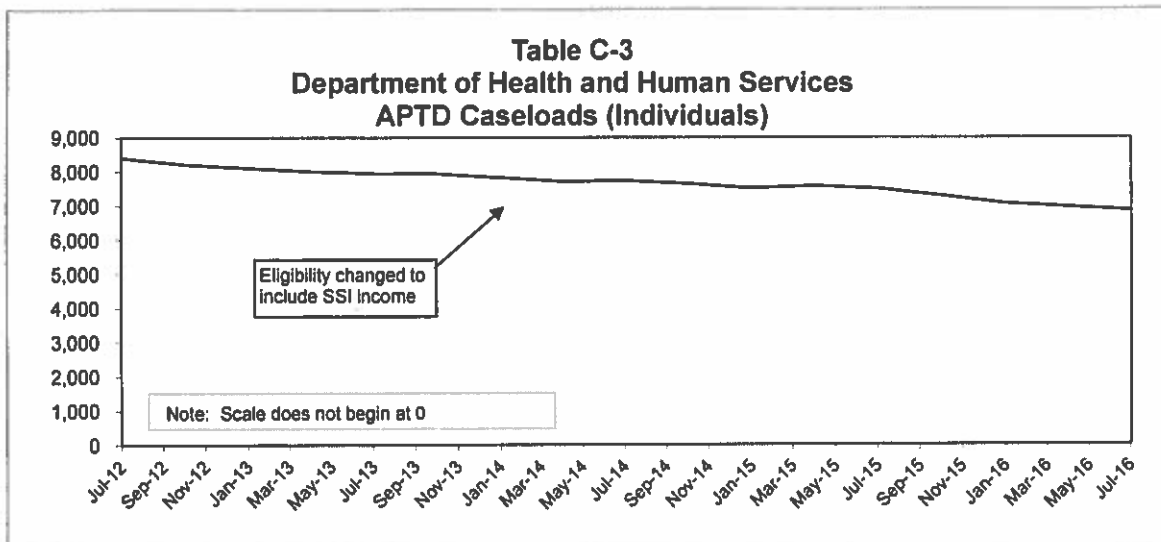
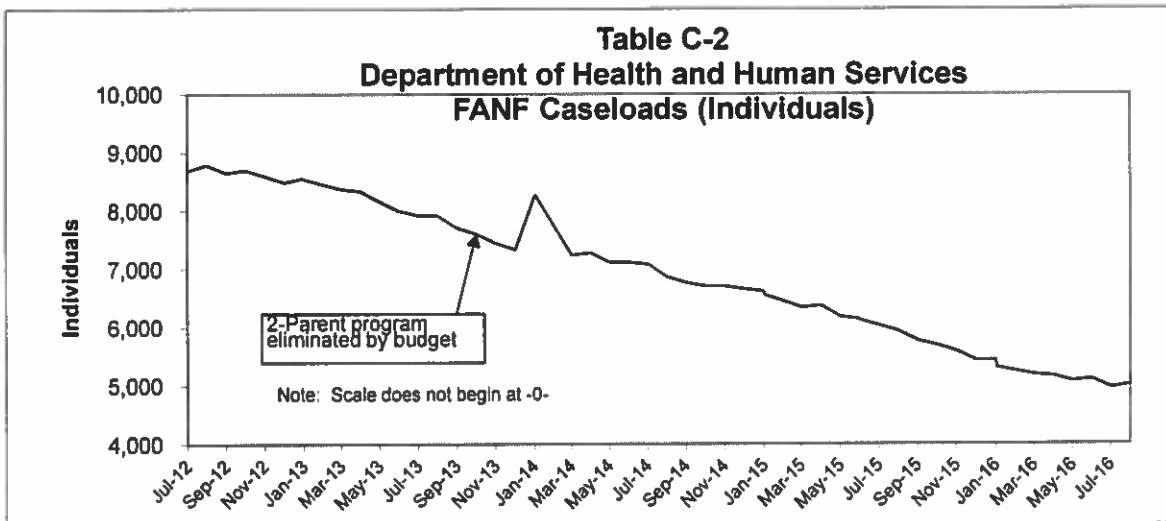
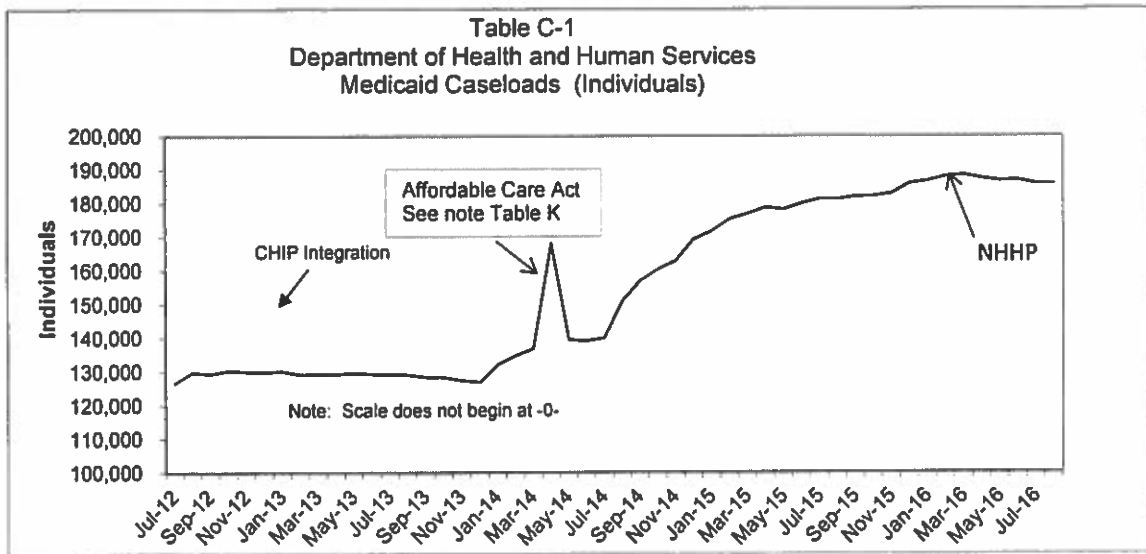
**Budget Summary as of 8/31/16  
Data/Caseloads as of 8/31/16 (except for MH as of 7/31/16)**

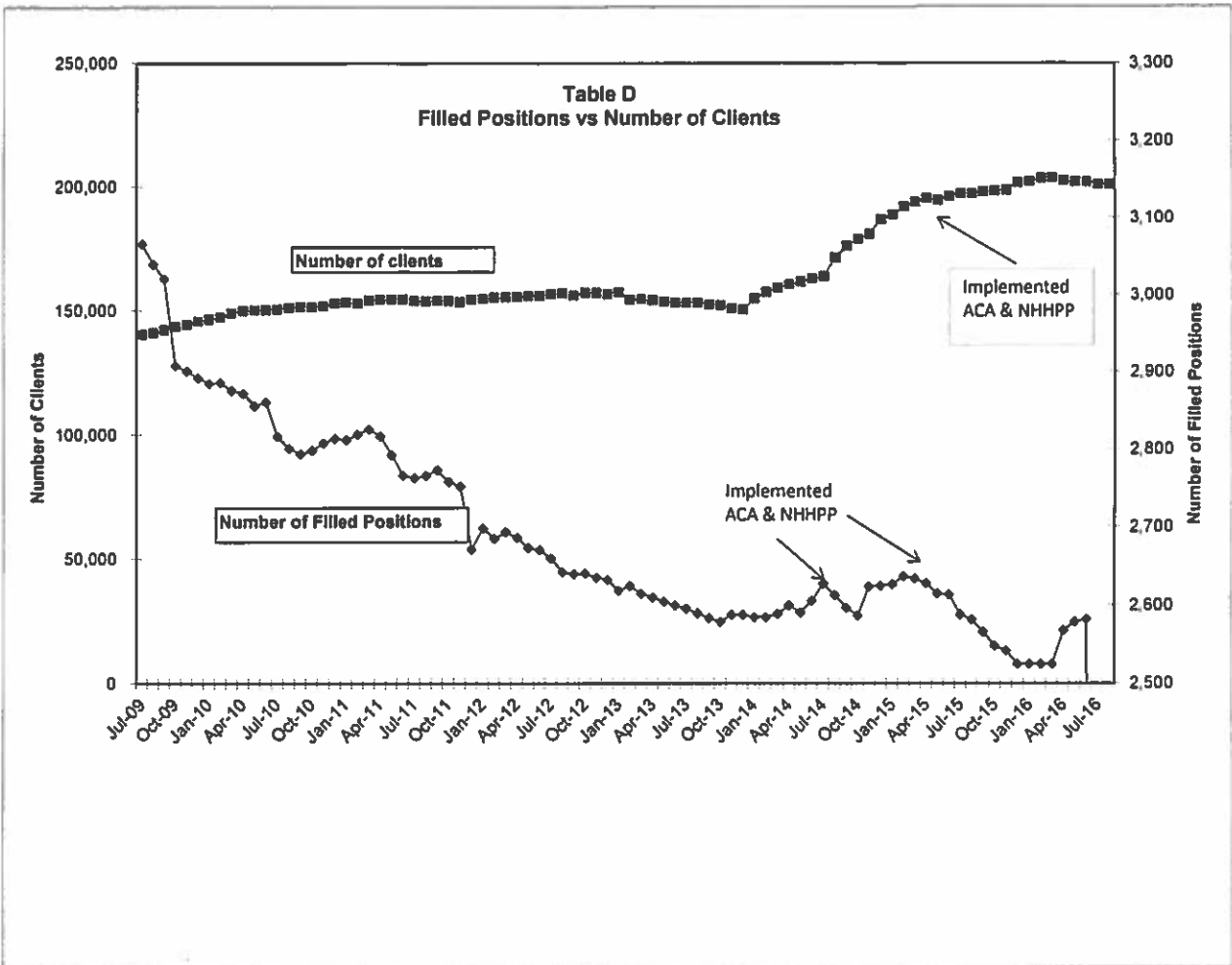
	A	B	C	E
1	<b>Department of Health and Human Services</b>			
2	<b>Financial Summary - CASH BASIS</b>			
3	<b>As of August 31 --- SFY17</b>			
4	<b>General Funds Rounded to \$000</b>			
5				
6	The budget for SFY16-17 provides insufficient general funds to address the legislative intents for services and 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	<b>Legislative Lapse Target per Final Budget (3.3%) = \$20,885</b>			
10				
11				<b>As of</b>
11				<b>8/31/16</b>
12	<b>Shortfalls</b>			
13	<b>Programs</b>			
14	Medicaid	MCM and FFS budget shortfall		TBD
15	Medicaid	DSH Obligations/ MET revenue shortfall		TBD
16		Total Medicaid		TBD
17				
18				
19				
20	SYSC	Footnote reduction SB466		\$1,700
21	NHH	Nursing shortfall - 15 % salary enhancement		\$408
22	TANF	Henricks Decision		78
23				
24	<b>Total Estimated Shortfalls</b>			<b>\$2,186</b>
25				
26	<b>Identified Funds that would otherwise Lapse (cash basis)</b>			
27				
28	Medicaid	Drug Rebate Revenue		TBD
29	SYSC	Operating Accounts		\$1,700
30	NHH	Salary & Benefits		\$408
31	Varies			\$78
32	<b>Total Estimated Funds that Would Otherwise Lapse</b>			<b>\$2,186</b>
33				
34				
35	<b>Net Surplus (Deficit)</b>			<b>\$0</b>

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









	A	B	C	D	E	F	G	H
1	<b>Table E</b>							
2	<b>Department of Health and Human Services</b>							
3	<b>Operating Statistics</b>							
4	<b>Children in Services</b>							
5								
6		<b>DCYF</b>	<b>DCYF</b>	<b>Family Foster</b>	<b>Residential</b>	<b>Child Care</b>	<b>Child Care</b>	<b>SYSC</b>
7		<b>Referrals</b>	<b>Assessments</b>	<b>Care</b>	<b>Placement</b>	<b>Emplmnt</b>	<b>Wait List</b>	<b>Secure</b>
8			<b>Closed</b>	<b>Placement</b>	<b>Placement</b>	<b>Related</b>		<b>Census</b>
9		<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
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							
97	Oct-16							
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	<b>YEAR-TO-DATE AVERAGE</b>							
107	SFY11	1,000	649	655	419	4,972	2,447	54
108	SFY12	1,018	757	579	334	5,054	0	67
109	SFY13	1,075	713	608	320	5,197	0	59
110	SFY14	1,085	682	571	319	5,543	0	61
111	SFY15	1,161	859	510	287	5,684	0	52
112	SFY16	1,097	826	568	321	5,620	0	49
113	SFY17	1,111	840	733	325	5,303	0	62
114								
115	<b>Source of Data</b>							
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
1	<b>Table G-1</b>				
2	<b>Department of Health and Human Services</b>				
3	<b>Operating Statistics</b>				
4	<b>Clients Served by Community Mental Health Centers</b>				
5					
6	<b>Annual Totals</b>				
7		<b>Adults</b>	<b>Children</b>	<b>Total</b>	
8	<b>FY2012</b>	36,407	13,122	49,529	
9	<b>FY2013</b>	34,819	13,013	47,832	
10	<b>FY2014</b>	35,657	14,202	49,859	
11	<b>FY2015</b>	34,725	10,736	45,461	
12	<b>FY2016</b>				
13					
14		<b>Adults</b>	<b>Children</b>	<b>Total</b>	
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			0	
41	Aug-16			0	
42	Sep-16			0	
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	<b>Notes:</b>				
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
1											
2	<b>Developmental Services Long Term Care</b>										
3											
4		<b>BDS Programs served FYTD**</b>	<b>FYTD Unduplicated Count</b>	<b>Early Supports &amp; Services</b>	<b>Special Medical Services</b>	<b>Partners in Health Program</b>	<b>Devl. Serv. Priority #1 DD Waitlist</b>	<b>Devl. Serv. ABD Waitlist</b>			
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	0									
93	Oct-16	0									
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	<b>YEAR-TO-DATE AVERAGE ***</b>										
103	SFY11	10,040	7,145	1,991	1,671	1,224	27	0			
104	SFY12	10,790	7,792	2,024	1,801	1,197	45	7			
105	SFY13	10,033	7,323	1,987	1,714	997	123	0			
106	SFY14	9,518	6,828	1,970	1,701	990	280	10			
107	SFY15	10,359	7,373	1,981	2,010	976	91	0			
108	SFY16	10,625	7,542	2,487	2,144	940	191	13			
109	SFY17	10,680	7,741	2,139	2,075	865	174	12			
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	<b>Table I</b>									
2	<b>Department of Health and Human Services</b>									
3	<b>Operating Statistics</b>									
4	<b>Shelters &amp; Institutions</b>									
5										
6		<b>NHH</b>						<b>BHHS</b>		<b>Glenciff</b>
7		<b>APS &amp; APC Census</b>	<b>APS &amp; APC Admissions</b>	<b>APS Waiting List</b>	<b>APC Waiting List</b>	<b>THS Census</b>	<b>All Shelters</b>		<b>% of</b>	<b>GH Census</b>
8		<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Capacity</b>	<b>Actual</b>	<b>Capacity</b>	<b>Actual</b>
9				<b>Adult</b>	<b>Adolescent</b>					
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	148	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									
97	Oct-16									
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	<b>YEAR-TO-DATE AVERAGE</b>									
107	SFY11	147	182			41	10,856	7,984	74%	112
108	SFY12	138	201			42	10,943	9,479	87%	114
109	SFY13	147	177							118
110	SFY14	158	176							117
111	SFY15	138	148	27	1		13,826	11,929	86%	117
112	SFY16	149	161	17	1		14,694	11,929	81%	114
113	SFY17	162	163	30	3		14,694	13,490	92%	115
114										
115	<b>Source of Data</b>									
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	
<b>Table J</b>									
<b>Medicaid Medical Caseloads (Persons)</b>									
1	Enrollment as of	12/30/13	6/30/14	12/31/14	6/30/2015	12/31/2015	6/30/2016	7/31/2016	8/31/2016
2	1. Low-Income Children (Age 0-18)	82,129	88,961	90,618	89,849	91,089	90,484	89,780	89,694
3	2. Children With Severe Disabilities (Age 0-18)	1,604	1,670	1,622	1,623	1,593	1,576	1,558	1,559
4	3. Foster Care & Adoption Subsidy (Age 0-25)	1,948	2,004	2,085	2,166	2,181	2,204	2,182	2,174
5	4. Low-Income Parents (Age 19-64)	10,324	13,976	13,212	13,677	13,851	13,113	12,505	12,162
6	5. Low-Income Pregnant Women (Age 19+)	2,275	3,246	2,602	2,432	2,244	2,173	2,157	2,162
7	6. Adults With Disabilities (Age 19-64)	19,997	20,222	19,540	19,727	19,111	18,997	18,813	18,834
8	7. Elderly & Elderly With Disabilities (Age 65+)	8,828	8,822	8,714	8,606	8,741	8,681	8,661	8,694
9	8. BCCP (Age 19-64)	205	204	189	172	149	144	151	150
10	Sub-Total	127,310	139,105	138,582	138,252	138,959	137,372	135,807	135,429
11	9. NH Health Protection Program (Age 19-64)			30,711	41,657	46,996	49,522	49,911	50,315
12	Total By Category	127,310	139,105	169,293	179,909	185,955	186,894	185,718	185,744
13	Reconciling Differences (Detail to Summary)	(405)	0	1	0	0	0	0	0
14	Reported On Summary	126,905	139,105	169,294	179,909	185,955	186,895	185,718	185,744
15	<b>ENROLLMENT IN MEDICAID CARE MANAGEMENT</b>								
16	Enrollment as of	01/01/14	07/01/14	1/1/2015	7/1/2015	1/1/2016	7/1/2016	8/1/2016	9/1/2016
17	Enrolled in Care Management	108,206	120,915	145,763	161,224	128,349	136,962	135,741	135,875
18	Premium Assistance Program (NHPPP formerly w/MCO, previously shown in Care Management and not new)					36,884	40,381	40,392	40,697
19	Enrolled in Fee-For-Service	25,186	15,549	22,067	17,594	19,100	8,069	8,147	8,188
20	Total	133,392	136,464	167,830	178,818	184,333	185,412	184,280	184,760
21									
22									
23									
24									
25									
26									
27									
28		(6,082)	2,641	1,463	1,091	1,622	1,482	1,438	984
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</p>								



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