



New Hampshire
Department of Health and Human Services
Preparing for SFY 16/17

February 17, 2015
House Finance Committee
Nick Toumpas, Commissioner



Agenda

- Objective
 - Reconcile DHHS Agency Request to Governor's Budget
- Review of SFY 16/17 Budget Request
 - Key Assumptions and Policy Changes
- Review of Key Strategic Themes
- Questions and Answers
- Next Steps



Executive Summary

- The Department has and continues to face unprecedented challenges to fulfilling our core mission.
- These challenges and the demands on DHHS along with the realities of the external environment require rethinking how we do things.
 - The new normal is increased complexity and constrained resources.
- DHHS is responding with a dual agenda:
 - Focus on achieving greater efficiency and effectiveness in core operations.
 - Plan, design and implement a set of transformative initiatives that define how we deal with the new realities.
- Central to our future is a focus on the whole person and improving the health of the population.
 - Essential to this strategy is a redesign of the DHHS organization



Budget Analysis Challenge

- Medicaid makes up a significant proportion of the Department's budget. The program currently serves 170,000 people or 13% of the population.
- In December 2013, under authority of SB 147, DHHS shifted the business model to a Medicaid Care Management (MCM) model.
- This shift in the Medicaid program makes spending comparisons from prior years more complex.
- Medicaid medical services for all populations prior to MCM were paid from various DHHS accounts.
- In SFY 14 and SFYF 15, we have gone to the Joint Legislative Fiscal Committee to transfer funds into the MCM account in order to pay the managed care organizations.
- We will highlight in the analysis where these changes occur.



Setting the Context

Challenges

Strategy



Key Challenges

- We can no longer do “business as usual.” As a “mission driven” organization, we have continually adapted to change and embraced innovation.
- DHHS sits at the hub of several interrelated systems: Healthcare, Public Health, Human Services, Long Term Care, Mental Health and Substance Use Disorder Services, and Developmental Services.
 - The actions we take have implications at all levels of government and in our communities across the State.
- Continue full implementation of the Medicaid Care Management program to achieve our goals of cost-effective delivery and improved health outcomes.
- Increasingly complex populations that challenge where care can be best provided
 - Demographics and regional variances in access to care: rural and North Country
- A mental health system that is strained and driving additional costs at all levels of government
- An epidemic of drug and opioid use is challenging every level of government and communities
- Current payment methodologies are not aligned with desired client and provider behaviors
 - Many provider networks are financially fragile and fragmented



Key Challenges (continued)

- Cybersecurity threatens all of State government and DHHS is susceptible with our highly sensitive financial and health care data of clients.
- Accelerating need for changes to key information systems
- Department's workforce is aging, risking loss of significant program and operational knowledge
 - Skillsets to perform new functions require greater understanding of evolving healthcare systems, with increased analytic abilities in all professional areas.
 - Inability to recruit and retain professionals as job market improves



Promoting Health and Independence in New Hampshire



Organizational Supports

Finance, Human Resources, Legal & Regulatory, Quality Management, Information Management & Support Services



Strategic Themes

- **Strategy**
 - Focus first on population segment and then on primary need for services
 - Meeting the needs of the whole person over the life span
 - High quality services that contribute to the improvement in the health of the population
- **Customer Service**
 - Client-centric
 - No wrong door, efficient and effective interactions with clients
 - Centralize services with greater use of technology
- **Quality Management**
 - Assure that what we are doing in service delivery and operations is measurable and effective
- **Service Delivery**
 - Care management, service coordination through integrated service delivery systems
 - Performance based contracting
 - focused on outcomes vs. services
 - payment systems that align with desired outcomes
 - Strengthen and integrate provider networks
 - Community based services when more effective and efficient than institutional services
- **Enabling Management Infrastructure**
 - Strengthen data and information systems
 - Integrity and efficiency in all operations
 - Optimize State and Federal resources



SFY 15 Update and SFY 16-17 Budget Overview

SFY 15 Update

Budget Summary

Agency to Governor's Reconciliation



SFY 15 Budget Update

November 2014 Dashboard projected a **\$58 Million General Fund shortfall**, related to:

- Changes in federal eligibility standards for Medicaid that have resulted in growth in the Medicaid caseload separate and apart from the New Hampshire Health Protection Program
- Administrative (start-up and operational) costs for New Hampshire Health Protection Program that were not funded with the enactment of the program
- Delayed implementation of Medicaid Care Management
- Funding requirements of the Community Mental Health Agreement that resulted from a federal lawsuit
- Required changes to the Department's information systems, to meet federal certification requirements and to comply with new nationwide medical coding criteria
- A \$7 Million General Fund appropriation reduction imposed on the Department in the SFY14-15 budget.
- DHHS continues to monitor appropriation spending.



Overview SFY 16-17

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Amounts in '000s

	SFY14 Actual	Per Budget Book			Governor's Recommended	
		SFY15 Adjusted Authorized *	Carry Forward from SFY14	Revised SFY 15	SFY16	SFY17
Total Funds	1,877,984	2,049,534	79,296	2,128,830	2,233,688	2,265,890
General Funds	533,512	574,255	39,648	613,903	649,215	664,900
GF Increase over prior year				80,391	35,312	15,685
				15%	6%	2%
* Excludes balances brought forward from SFY14 of \$39.6m of General Funds.						

- \$39 Million in non-lapsing Medicaid appropriation carried into SFY 2015.
- These funds cover MCO services delivered in SFY 2014, and increased Medicaid expenditures resulting from changes in federal eligibility.



Agency Level Summary

GENERAL FUNDS ONLY

Amounts in '000s

Agency Name	SFY 14	Transfers				Agency Total Request		Governor's Recommended		Changes over Prior Year			
		Adjusted	Carry	Medicaid	Revised					Revised SFY 15		Gov. SFY 16	
		Authorized	Forward	medical **	SFY15	SFY 16	SFY17	SFY 16	SFY 17	vs. Gov. 16	% change	vs. Gov. 17	% change
888 42 Human Services (DCFY, SYSC)	72,493	80,233			80,233	84,913	86,653	77,907	78,894	(2,326)	-3%	987	1%
903 45 Div Family Asst & Div Client Svs	39,713	48,651			48,651	50,275	51,454	46,187	46,749	(2,464)	-5%	562	1%
911 47 Medicaid	113,051	49,740	39,648	82,221	171,609	310,346	305,044	206,231	206,485	34,622	20%	254	0%
933 48 Elderly & Adult Svs	63,727	76,191		(29,037)	47,154	61,976	59,238	46,850	47,759	(304)	-1%	909	2%
Community Based Care Services:													
941 49 BIP and Drug & Alcohol	4,147	6,142			6,142	16,350	12,821	7,292	9,366	1,150	19%	2,074	28%
1007 90 Public Health	13,457	17,786			17,786	19,175	19,344	15,773	15,958	(2,013)	-11%	185	1%
1013 91 Glenclyff Home	6,174	7,139			7,139	8,052	8,165	7,262	7,427	123	2%	165	2%
1026 92 Behavioral Health	41,755	73,024		(53,184)	19,840	31,504	33,471	21,818	25,285	1,978	10%	3,467	16%
1041 93 Developmental Svs	117,951	148,853			148,853	156,932	167,455	143,619	149,498	(5,234)	-4%	5,879	4%
1052 94 NHH	21,234	23,314			23,314	27,266	28,206	26,752	27,681	3,438	15%	929	3%
1076 95 Commissioner	39,810	43,182			43,182	54,703	54,917	49,524	49,798	6,342	15%	274	1%
TOTALS	533,512	574,255	39,648	-	613,903	821,492	826,768	649,215	664,900	35,312	6%	15,685	2%

** Medicaid medical related expenses were previously reported in separate agencies have been combined in SFY16-17 budget under agency 47



Agency Reconciliation

Reconciliation from Agency Budget to Governor's Recommended

Amounts in '000s

Draft - work in process

GENERAL FUNDS ONLY		
	SFY16	SFY17
DHHS TOTAL AGENCY REQUEST	821,492	826,768
<u>Reductions</u>		
Total 042 Human Services	(\$5,557)	(\$5,354)
Total 045 DFA and Client Services	(\$3,248)	(\$3,353)
Total 047 Medicaid	(\$104,115)	(\$98,660)
Total 048 Elderly and Adult	(\$14,236)	(\$11,347)
Total 049 Drug & Alcohol	(\$8,671)	(\$3,054)
Total 090 Public Health	(\$2,827)	(\$2,778)
Total 091 Glenciff	(\$723)	(\$659)
Total 092 Behavioral Health	(\$9,382)	(\$7,868)
Total 093 Developmental Services	(\$13,178)	(\$17,810)
Total 094 NHH	(\$331)	(\$287)
Total 095	(\$4,212)	(\$4,023)
Personnel Sal&Ben unfund and abolished positions	(\$5,000)	(\$5,500)
Replace 19 positions vacant to fund 9Temp conversion positions for NHHPP	(\$611)	(\$637)
Misc adjustments	(\$186)	(\$538)
TOTAL ADJUSTMENTS	(\$172,277)	(\$161,868)
Governor's Recommended Budget	649,215	664,900



Key Assumptions and Policy Changes Governor's Recommended Budget Segmented at Agency Level



Medicaid

Includes payments made to providers and care management organizations for medical services for eligible Medicaid recipients and DHHS staffing to administer the Medicaid program.

- Caseload assumptions:
 - SFY15: 5.5% growth
 - SFY 16: - 1.4% growth
 - SFY 17: - 1.4% growth
- No provider rate increases.
- Care management administration assumes a 2% decrease in SFY 16 from a current average of 9%. SFY17 decreases 1% from current average.
- Savings from Mandatory Enrollment (Step 1 services) effective 9/1/15.
- Savings from Breast and Cervical Cancer Program and Pregnant Women by changing eligibility effective 7/1/15 which will shift clients to NH Health Protection Program (NH HPP) and the Marketplace.
- Savings from adopting Medicaid Care Management Organizations Formularies.
- Assumes re-authorization of Children's Health Insurance Program to replace general funds in October 2015 of \$18.6 Million over Biennium.
- Added funding for State share of NH HPP assuming re-authorization effective 1/1/17, 5% General Fund match rate, \$12 Million.

16-17 GF reduction \$203m from Agency Request



Human Services

Activities related to promoting independence and self sufficiency for children and families. Program areas include: Cash Assistance, Child Care, Child Protection, Juvenile Justice Field Services and Sununu Youth Services Center (SYSC), Client Services Enrollment and Staffing at 11 District Offices.

Services delivered primarily at the community level.

- Additional funding added for Domestic Violence programs.
- Use of TANF funds in lieu of General Funds to cover the federally mandated market rate increases for Child Care Providers.
- SYSC reductions in personnel & operations. Census is declining, currently at 36.
 - We expect to see an increase of up to 12 residents due to the age of majority effective on 7/1/15
- Proposed new fee for non-TANF clients to cover administration of child support checks beginning in SFY17. \$10 fee per month for processing to non custodial parents where the payments are greater than \$50/month.
- Eliminated all inflationary/CPI increases in administrative accounts such as current expenses, equipment, training, travel, etc. Most admin accounts are at 2014 levels.
- No other provider rate increases.

16-17 GF reduction \$17.5m from Agency Request



Elderly & Adult Services

Includes both Medicaid long term Community and Nursing Home costs for seniors, social service provider payments for non-Medicaid clients such as meals & transportation, adult protective service workers, audits and reviews of providers, and bureau administration.

- Nursing home Medicaid acuity-based daily payments and supplemental payments (MQIP and Proshare) are budgeted in individual class lines similar to prior years. Governor's Budget does not blend the rates into a single payment.
- County Cap: is slightly below SFY15 levels (\$107.5M) for both SFY16 and 17 (\$103.6 & \$104.2)
- No provider rate increases or inflationary cost increases for Medicaid long term services or social service providers.
- Additional funding added for Crotched Mountain.
- Nursing Home caseloads: assume no change in SFY16 and a .5% increase in SFY17
- Choices for Independence caseloads: assumes 2.5% increase each year.
- Eliminates all inflationary/CPI increases in administrative accounts such as current expenses, equipment, training, travel, etc. Most admin accounts are at 2014 levels.

16-17 GF reduction \$25.5m from Agency Request



Developmental Services

Funding of long term support services for persons with Intellectual Developmental Disabilities, Acquired Brain Disorders and children with Autism, primarily in community settings and associated activities including employment, housing and family support.

- Medicaid Waiver Services and Waitlist funding comprise 80% of the amounts appropriated.
- During SFY16-17 the budgeting methodology was changed to develop a budget based upon estimating # of clients * actual cost per client. In prior years the budget was developed based on the existing appropriation with an inflationary increase.
- The SFY14 actual cost per case was used as the base for SFY16 & 17 with no provider rate increases budgeted.
- Caseloads for waived services are flat.
- Waitlist clients are estimated similar to SFY14 & 15 trends.
- Reduction to non Medicaid family supports (respite) for SFY16 are slightly below SFY15 levels while SFY17 was budgeted back at SFY15.
- Eliminates all inflationary/CPI increases in administrative accounts such as current expenses, equipment, training, travel, etc. Most admin accounts are at 2014 levels.

16-17 GF reduction \$31m from Agency Request



Behavioral Health & Drug Alcohol

Funding is for non Medicaid clients receiving behavioral health services and substance use prevention and treatment services.

- Realignment of funding for community based services and infrastructure with goal of less reliance on New Hampshire Hospital and hospital emergency rooms.
- Funding for the Community Mental Health Agreement.
- Reduced funding for emergency services to CMHCs.
- Significant increase in funding for the Governor's Commission on Drug and Alcohol focused on prevention and intervention services.
- Adds a new Substance Use Disorder benefit to the traditional Medicaid State Plan service array.
- Eliminates all inflationary/CPI increases in administrative accounts such as current expenses, equipment, training, travel, etc. Most admin accounts are at 2014 levels.

16-17 GF reduction \$42.7m from Agency Request



Glenclyff and NHH

Glenclyff Home provides nursing home level medical care and any needed mental health services. NHH provides comprehensive acute inpatient psychiatric services. NHH accepts admissions primarily on an involuntary basis and include children, adolescents, adults and seniors. Patients at NHH also include those found by the courts to be dangerous to themselves or others and for whom care is mandated.

- No provider rate increases included
- Reduces funding and postpones equipment purchases and delays preventative maintenance
- Eliminates all inflationary/CPI increases in administrative accounts such as current expenses, equipment, training, travel, etc. Most admin accounts are at 2014 levels.
- Level funds caseloads/admissions
- Provides new funding to open 10 bed inpatient stabilization unit at NHH on 7/1/15. (capital funding for infrastructure was received CH 195:1 L'13 and SB235 moved the opening date from 7/1/16 to 7/1/15)

16-17 GF reduction \$2.0m from Agency Request



Public Health

Division of Public Health Services is a responsive organization that promotes optimal health and well being for all people in New Hampshire and protects them from illness and injury. They respond promptly to public health threats, inquiries, and emerging issues. DPHS is charged with the authority and accountability to enforce laws to protect the public's health in areas as varied as the inspection of food establishments and the prevention of childhood lead poisoning.

- Almost all administrative and contracted expenses are either flat funded or at 2014 spending levels.
- Budget continues funding to Community Health Centers (CHC) at levels slightly above SFY15.
- Family planning services funded slightly above 2014 levels but not at 2015 levels.

16-17 GF reduction \$5.6m from Agency Request



Department Administration

The remaining activities not separately identified elsewhere are included here. It primarily accounts for funding related to the Department's information systems, licensing and oversight functions, legal, facility costs (such as rents & maintenance), and department wide administration.

- Eliminated all inflationary/CPI increases in administrative accounts such as current expenses, equipment, training, travel, overtime etc. Most admin accounts are at 2014 levels.
- Delayed information technology system improvements and preventative maintenance to outlying years.
- Focused information technology spending on cyber security, federally mandated system requirements, and infrastructure changes necessary to meet daily operational needs.
- Abolishes 30 positions and unfunded 129 positions
- Reclassifies 19 current positions to fund new NHHPP eligibility positions
- Reduces personnel across department by approx. \$12 Million General Funds over the biennium.

16-17 GF reduction \$20.7m from Agency Request



Next Steps

- Summary of presentation
- Division III
- Execution

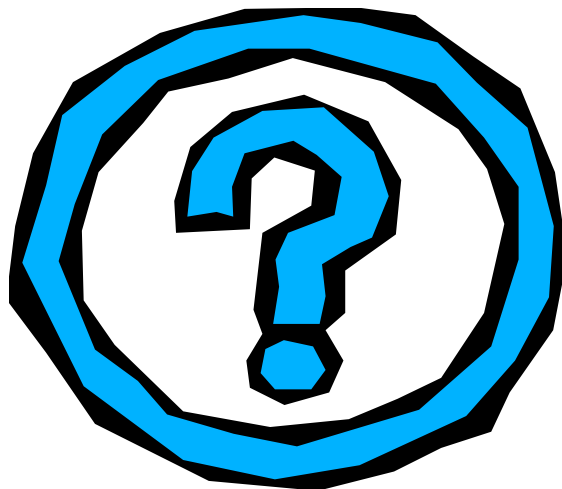


Resources

- State Health Improvement Plan
 - <http://www.dhhs.state.nh.us/dphs/documents/nhship2013-2020.pdf>
- Medicaid Care Management Key Indicators Report
 - <http://www.dhhs.nh.gov/ombp/quality/index.htm>
- Concord Monitor Article on DHHS Redesign
 - <http://www.concordmonitor.com/news/politics/15558812-95/amid-changing-needs-department-of-health-and-human-services-charts-blueprint-for-new-look>



Thank You



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DHHS Mission & Responsibilities

“To join communities and families in providing opportunities for citizens to achieve health and independence”

- To meet the ***health needs*** of New Hampshire citizens
- To meet the ***basic human needs*** of New Hampshire citizens
- To provide ***treatment and support*** services to those who have unique needs including ***disabilities, mental illness, special health care needs or substance abuse problems***
- To ***protect*** and care for New Hampshire’s most vulnerable citizens



Key Roles of DHHS

- Educate the public and providers on navigating complex systems of care
- Deliver services to clients
 - Directly via our 11 District Offices
 - Client Services Call Center
 - Directly via 3 Institutions
 - Purchased via contracts with providers
- Protect the health and safety of the population
 - Protect children and adults from abuse and exploitation
 - Public health disease prevention, surveillance and response
- Provide regulatory oversight
 - Health facilities
 - Child care facilities
 - Food service businesses
- Insure program and operational integrity



Staffing

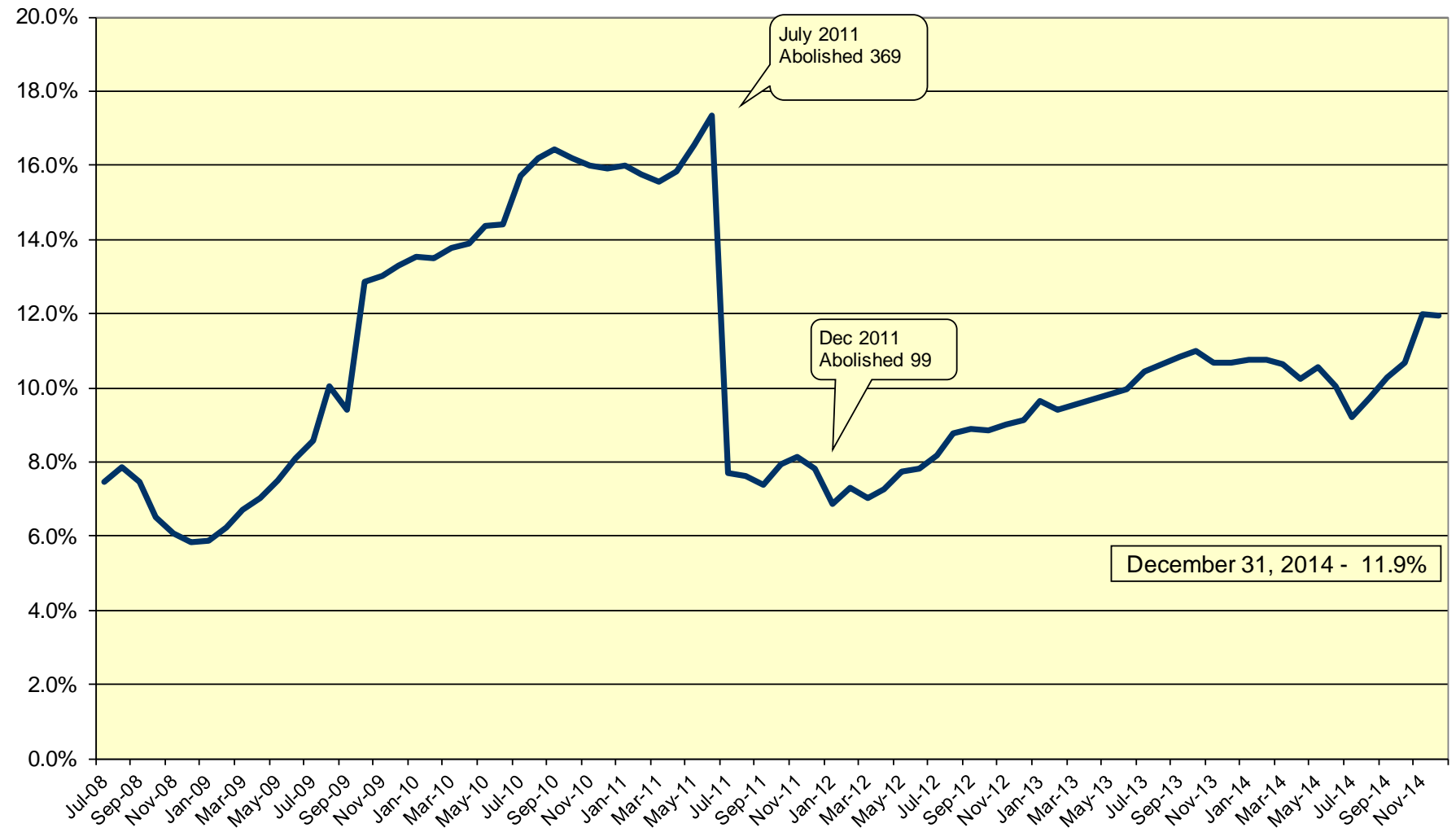
	SFY14-15	SFY16-17 Gov. Budget	Net Change	Abolished	Unfunded
Authorized Positions	2879	2915	36	(30)	(129)

Authorized	%	Organization
296	9.9%	Public Health, Drug and Alcohol
799	26.8%	Institutions: New Hampshire Hospital and Glenclyff Home
504	16.9%	Client Services and Family Assistance
841	28.3%	Human Services (DCYF, DCSS, HHS, OMHRA, BEAS/APS)
382	12.8%	Program Integrity, operations support, information and administrative services
159	5.3%	Medicaid enterprise

- Since July 2011, but prior to Governor's Recommended budget, DHHS has abolished 468 positions
- SFY16-17 Governor's Recommended budget has 30 additional positions abolished and unfunds 129
- 68 positions were added to address NH Health Protection Program eligibility (half were reclassified from existing positions)
- 24 added to NHH for the new stabilization & crisis unit



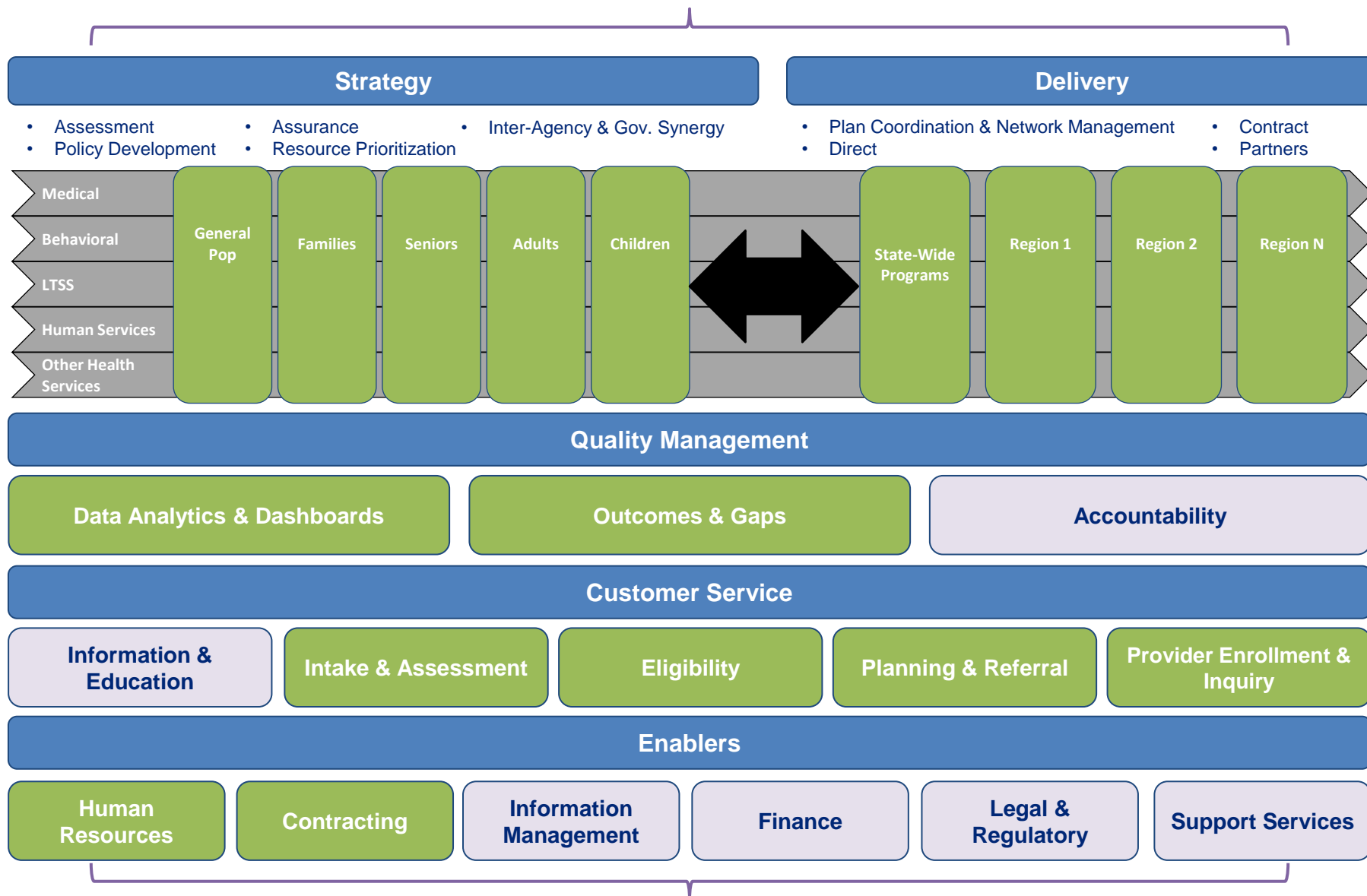
NH DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT VACANCY PERCENT July 1, 2008 Through December 31, 2014





DHHS Future State Integrated Operating Model

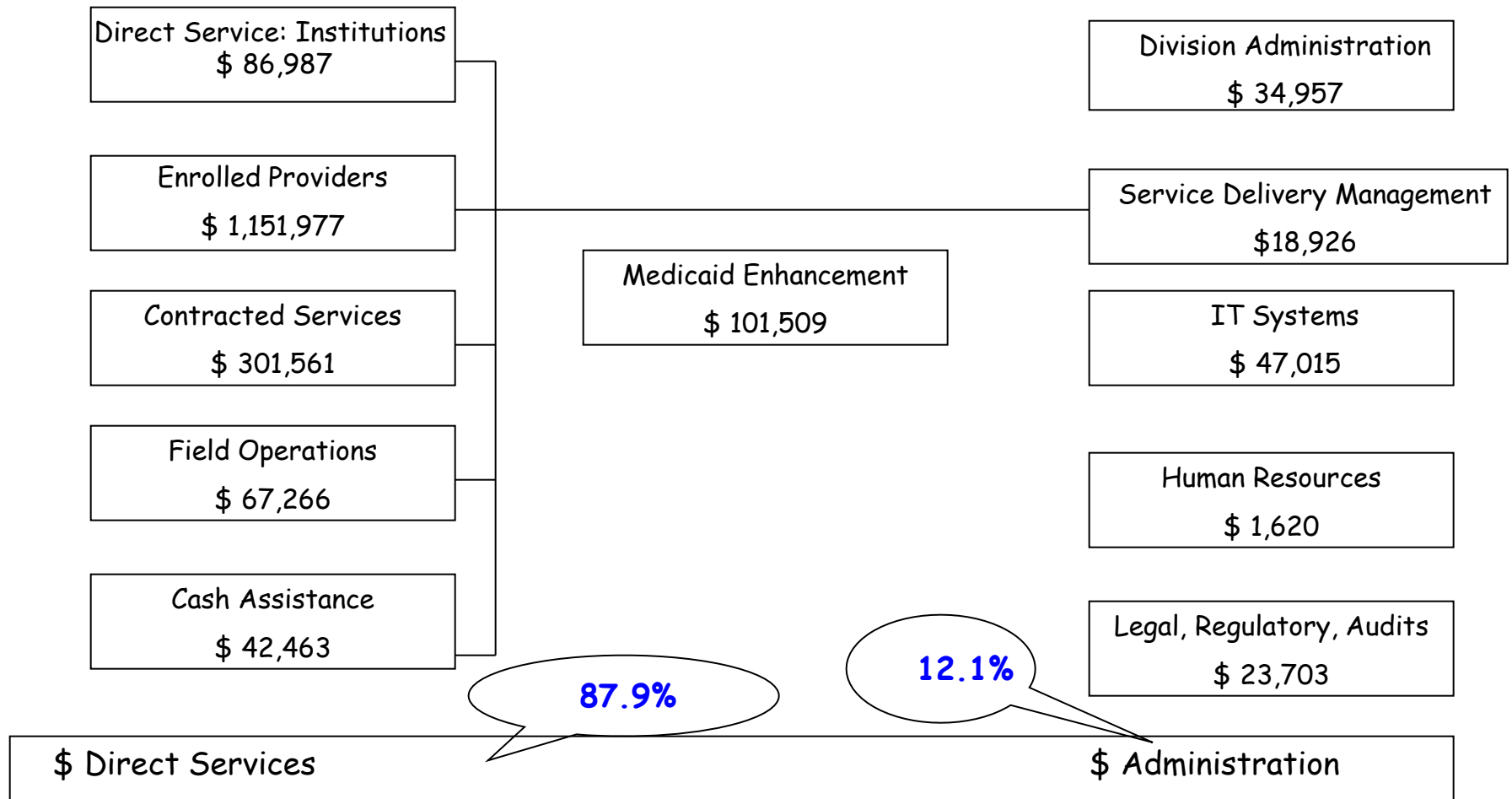
Population and Whole Person Health





SFY 14 Actual Spending (\$000's)

Total Spending of \$1,877,984





Segmented by Population

A whole person focus requires looking at the full range of activities for the segment
 Funds in 85 accounting units drive 98% of budget—this view shows what population served
 Supporting narratives provide details on who, what, how much, etc.

Figures Rounded to \$000	Total Funds SFY14	Genl Fund SFY14	Total Funds SFY15	Genl Fund SFY15	Total SFY16	General SFY16	Total SFY17	General SFY17	Biennium to Biennium Increase in GF
CHILDREN									
MEDICAL SERVICES	\$254,298	\$43,447	\$301,554	\$48,149	\$376,834	\$102,091	\$391,666	\$107,424	\$117,919
MENTAL HEALTH SERVICES	\$8,646	\$3,185	\$9,263	\$3,497	\$10,229	\$4,021	\$10,472	\$4,165	\$1,504
HUMAN SERVICES	\$165,489	\$72,321	\$198,351	\$83,704	\$193,463	\$85,906	\$196,246	\$87,410	\$17,291
LONG TERM SUPPORT SERVICES	\$13,902	\$5,981	\$19,666	\$8,854	\$18,635	\$9,377	\$19,044	\$9,607	\$4,149
TOTALS	\$442,335	\$124,934	\$528,834	\$144,203	\$599,161	\$201,395	\$617,427	\$208,606	\$140,864
ADULT									
MEDICAL SERVICES	\$277,081	\$52,805	\$332,768	\$58,376	\$416,579	\$127,772	\$435,629	\$134,613	\$151,204
MENTAL HEALTH SERVICES	\$68,667	\$26,326	\$86,079	\$36,256	\$93,244	\$43,028	\$98,731	\$47,260	\$27,706
HUMAN SERVICES	\$44,809	\$25,765	\$48,559	\$27,231	\$47,681	\$27,316	\$48,514	\$27,870	\$2,189
LONG TERM SUPPORT SERVICES	\$227,143	\$109,525	\$269,669	\$135,662	\$289,394	\$142,988	\$309,775	\$153,246	\$51,047
TOTALS	\$617,699	\$214,421	\$737,075	\$257,525	\$846,898	\$341,104	\$892,649	\$362,988	\$232,146
SENIORS									
MEDICAL SERVICES	\$94,221	\$56,212	\$117,961	\$69,132	\$84,791	\$54,807	\$88,629	\$57,281	(\$13,256)
MENTAL HEALTH SERVICES	0	0	0	0	0	0	0	0	\$0
HUMAN SERVICES	\$28,807	\$16,393	\$33,491	\$18,429	\$33,488	\$20,149	\$33,634	\$20,687	\$6,014
LONG TERM SUPPORT SERVICES	\$383,514	\$24,226	\$394,183	\$27,067	\$415,356	\$28,815	\$428,953	\$30,887	\$8,409
TOTALS	\$506,542	\$96,831	\$545,635	\$114,628	\$533,635	\$103,771	\$551,216	\$108,855	\$1,167
GENERAL POPULATION									
PREVENTION SERVICES	\$8,765	\$3,822	\$12,563	\$4,798	\$12,084	\$4,579	\$12,055	\$4,602	\$562
PROTECTION SERVICES	\$15,027	\$6,520	\$27,384	\$7,705	\$27,837	\$8,548	\$28,540	\$8,659	\$2,982
MEDICAL SERVICES	\$119,452	\$21,875	\$79,687	\$2,528	\$214,772	\$2,663	\$219,671	\$2,726	(\$19,014)
TOTAL	\$143,244	\$32,217	\$119,634	\$15,031	\$254,693	\$15,790	\$260,266	\$15,987	(\$15,470)
ADMINISTRATION									
TOTAL ADMINISTRATIVE	\$142,742	\$59,722	\$151,217	\$75,378	\$191,525	\$88,776	\$189,723	\$89,718	\$43,394
TOTALS									
MEDICAL SERVICES	\$745,052	\$174,338	\$831,970	\$178,184	\$1,092,975	\$287,333	\$1,135,595	\$302,043	\$236,853
MENTAL HEALTH SERVICES	\$77,313	\$29,511	\$95,342	\$39,753	\$103,473	\$47,049	\$109,203	\$51,425	\$29,210
HUMAN SERVICES	\$239,105	\$114,479	\$280,401	\$129,364	\$274,632	\$133,371	\$278,394	\$135,967	\$25,495
LONG TERM SUPPORT SERVICES	\$624,558	\$139,732	\$683,518	\$171,583	\$723,385	\$181,180	\$757,772	\$193,740	\$63,605
PREVENTION SERVICES	\$8,765	\$3,822	\$12,563	\$4,798	\$12,084	\$4,579	\$12,055	\$4,602	\$562
PROTECTION SERVICES	\$15,027	\$6,520	\$27,384	\$7,705	\$27,837	\$8,548	\$28,540	\$8,659	\$2,982
ADMINISTRATIVE COSTS	\$142,742	\$59,722	\$151,217	\$75,378	\$191,525	\$88,776	\$189,723	\$89,718	\$43,394
TOTALS	\$1,852,562	\$528,124	\$2,082,395	\$606,765	\$2,425,911	\$750,836	\$2,511,282	\$786,154	\$402,101
PERCENTAGE LISTED	98.6%	99.0%	98.3%	98.8%	98.7%	99.1%	98.8%	99.1%	



Caseloads

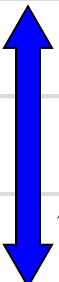
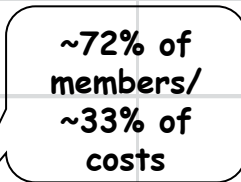
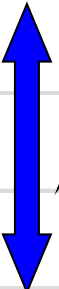
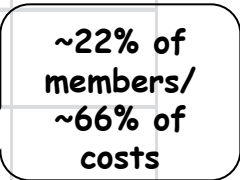
6 Year View

Date	Unduplicated	Medicaid	LTC	FANF	APTD	SNAP
Jan-2009	131,088	106,833	7,243	12,347	7,299	73,617
Jan-2010	146,491	117,326	7,312	14,392	8,337	101,013
Jan-2011	153,338	119,554	7,217	13,796	8,740	113,127
Jan-2012	154,765	119,338	7,189	11,781	8,834	117,047
Jan-2013	157,348	130,239	7,194	8,559	8,115	120,153
Jan-2014	154,862	132,034	7,265	7,330	7,834	113,326
Nov-2014	180,798	162,848	7,160	6,705	7,607	107,214

- **Caseloads in the traditional Medicaid program have stabilized and have actually declined**
- **We had a significant increase in low income children to the Medicaid program in the first half of CY 14**
- **The NH Health Protection Program has added over 31,000 newly eligible—100% FFP through 12/31/16**
- **Declines in FANF and APTD driven by policy decisions**
- **SNAP decreases driven by improved economy**



Medicaid Spending by Eligibility Category

	Percentage Of Clients	Percentage Of Costs		
Low Income Child	58.6%	22.0%		
Low Income Adult	12.0%	7.8%		
Severely Disabled Child	1.2%	3.6%		
Adults Disabled Physical	6.3%	20.1%		
Adults Mental Illness	8.6%	22.5%		
Elderly	6.6%	23.4%		
QMB/SLMB	6.6%	0.7%		

QMB: Qualified Medicare Beneficiary/SLMB: Special Low Income Beneficiary

Based on average for SFY 10 through SFY 14