



FIS 16 162

State of New Hampshire
DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF THE COMMISSIONER
 25 Capitol Street – Room 120
 Concord, New Hampshire 03301

VICKI V. QUIRAM
 Commissioner
 (603)-271-3201

JOSEPH B. BOUCHARD
 Assistant Commissioner
 (603)-271-3204

October 6, 2016

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

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to the provisions of Chapter 276:4, Laws of 2015, Transfer Among Classes, and at the request of the Joint Concord Steam Task Force, authorize the Department of Administrative Services to transfer funds in and among accounting units in the amount of \$1,000,000. The adjustment is summarized below. Effective upon Fiscal Committee and Governor and Council approval through June 30, 2017. **Funding Source: 97% General Funds 3% Other**

SFY 2017 01-14-14-141510-29500000 Department of Administrative Services, Division of Plant and Property Management, General Services Maint. & Grounds

Class	Description	SFY 17 Adjusted Authorized	Requested Action	Revised SFY 17 Adjusted Authorized
010-500100	Personal Services	\$844,427		\$844,427
018-500106	Overtime	\$37,069		\$37,069
020-500200	Current Expenses	\$148,952		\$148,952
022-500257	Rents – Leases Other Than	\$1,209		\$1,209
023-500266	Utilities	\$1,393,672	(\$1,000,000)	\$393,672
024-500225	Maint Other Than Bldgs.	\$1		\$1
030-500301	Equipment	\$796		\$796
039-500188	Telecommunications	\$15,710		\$15,710
047-500240	Own Forces Maintenance	\$43,629		\$43,629
048-500226	Contract Maint Buildings	\$880,970	\$1,000,000	\$1,880,970
050-500109	Personnel Services Temp	\$269,267		\$269,267
060-500602	Benefits	\$506,942		\$506,942
061-500536	Unemployment Comp	\$7		\$7
070-500704	In State Travel	\$6,654		\$6,654
103-500737	Contracts for OP Services	\$108,763		\$108,763
	Total Expenses	\$4,258,068	\$0	\$4,258,068

EXPLANATION

The transfer is required within Accounting Unit 29500000, General Services Maintenance and Grounds to pay for emergency engineering services to convert state office buildings heated by Concord Steam to state owned heating equipment. The State has been buying steam from Concord Steam a Public Utilities Commission (PUC) regulated utility, to heat 25 state owned facilities in Concord. Concord Steam recently announced that it is planning to cease operations effective May 31, 2017 and is working with the PUC and customers toward a managed shut down. The estimated cost for the design, engineering, installation project management to replace these heat and hot water services with state owned equipment and decommission the existing plans is \$23.8 million. This has created an emergency need for the Department of Administrative Services to begin the design of new heating equipment for 25 state owned facilities, to be bid and contracted prior to the Concord Steam closing date. The cost to do the design and engineering work is estimated to be \$3.0 million, with \$1 million for preliminary engineering needed before issuance of the RFP in March 2017.

The legislature appointed the Joint Concord Steam Task Force to assist the Department of Administrative Services in assuring that state buildings have continued heat and hot water after the closure of Concord Steam. At their meeting on October 4, 2016 the Task Force recommended that Administrative Services request to transfer the funds from their utility class line to partially pay for the required engineering with the caveat that they could return to the Joint Fiscal Committee at a later date to request an additional appropriation to cover any shortfall in the FY 17 utility class line. Funding will be required to pay the utility shortfall beginning in December 2016 at which time DAS will request the Fiscal Committee and the Governor and Council to appropriate \$1 million pursuant to Chapter 275 Laws, of 2015, Agency Footnote, as follows:

Department of Administrative Services (DAS1410) appropriation budgeted in class 023 Heat-Electricity-Water, shall not lapse until June 30, 2017. In the event the expenditures are greater than amounts appropriated, the Commissioner may request, with prior approval of the Fiscal Committee, that Governor and Council authorize additional funding. Upon Fiscal Committee, and Governor and Council approval, the Governor is authorized to draw a warrant from money in the Treasury not otherwise appropriated.

The following is the information specifically required when transfers are requested, in accordance with the Budget Officer's instructional memorandum dated April 17, 1985, to support the above requested action.

- A. *Justification:* This transfer is required to pay for emergency engineering services that are required because of the 5/31/17 closure of Concord Steam and to assure that 25 state owned buildings have continuous heat and hot water.
- B. *Does this transfer involve continuing programs or one-time projects?* This transfer will pay for one time emergency engineering fees.
- C. *Is this transfer required to maintain existing program levels or will it increase the program level?* This transfer is required to maintain existing program levels; however upon project completion significant energy costs savings will be realized.
- D. *Cite any requirements which make this program mandatory.* The engineering is required to enable the State to have new heat infrastructure in place and operational by October 1, 2017 at two facilities and October 1, 2018 at the remaining 23 state owned facilities.
- E. *Identify the source of funds on all accounts listed on this transfer.*
- F. *Will there be any effect on revenue if this transfer is not approved?* There is no anticipated effect on revenue as a result of this transfer;

The Honorable Neal M. Kurk, Chairman
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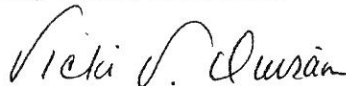
October 6, 2016

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- G. *Are funds expected to lapse if this transfer is not approved?* It is anticipated that there will be no lapse if this transfer is not approved; if the transfer is approved, an equal appropriation will need to be added to cover a shortfall in the 2017 utility class line.
- H. *Are personnel services involved?* No

The Department has conducted a detailed review of these line items in the budget to ensure that available funds are maximized to the greatest degree possible.

Respectfully submitted,



Vicki V. Quiram
Commissioner



State of New Hampshire

FIS 16 161

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

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 SFY16 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.

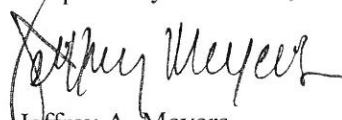
The Center identifies five principle recommendations in the Interim Report:

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 Bucu
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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

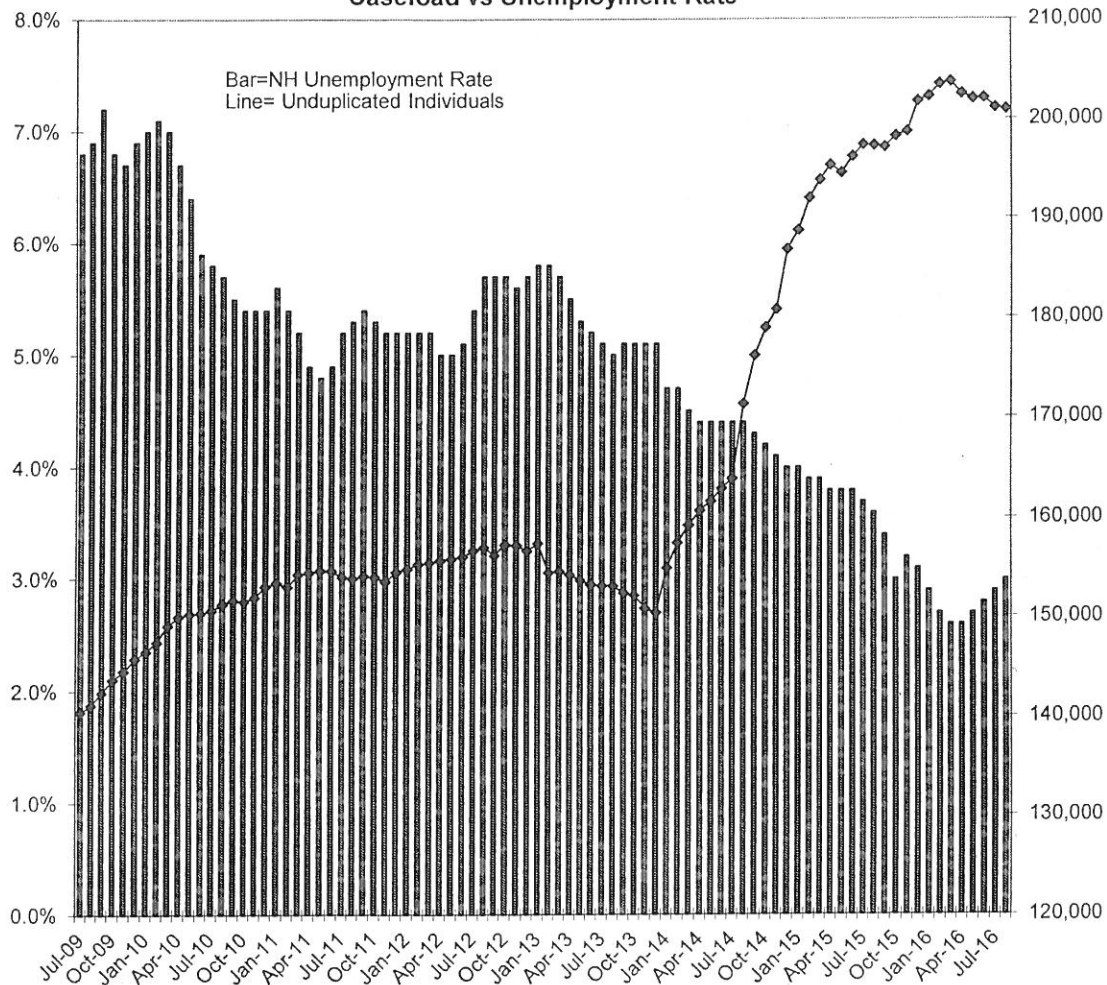
Fiscal Meeting October 2016

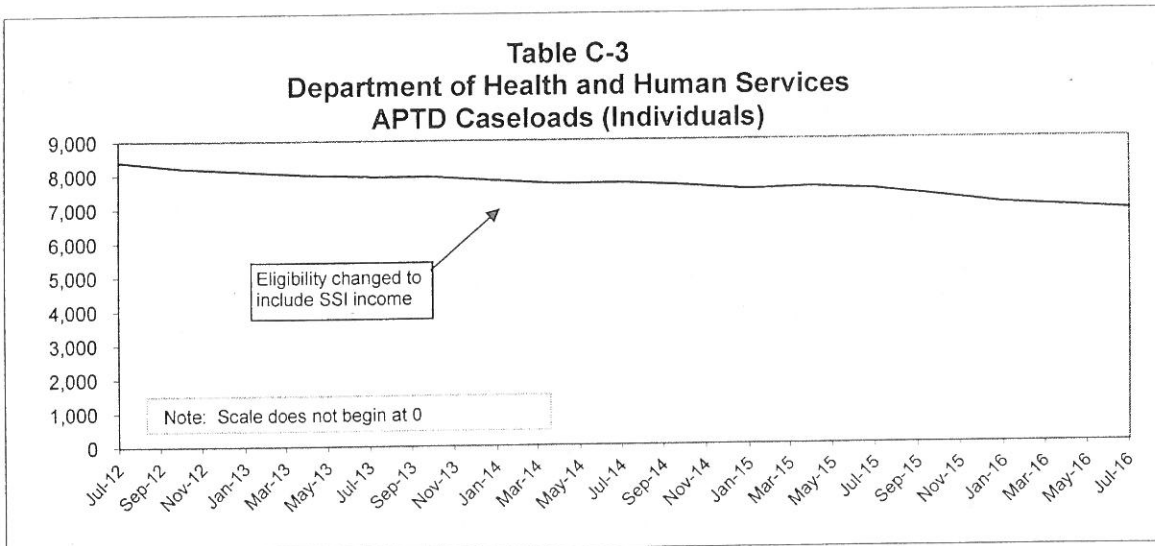
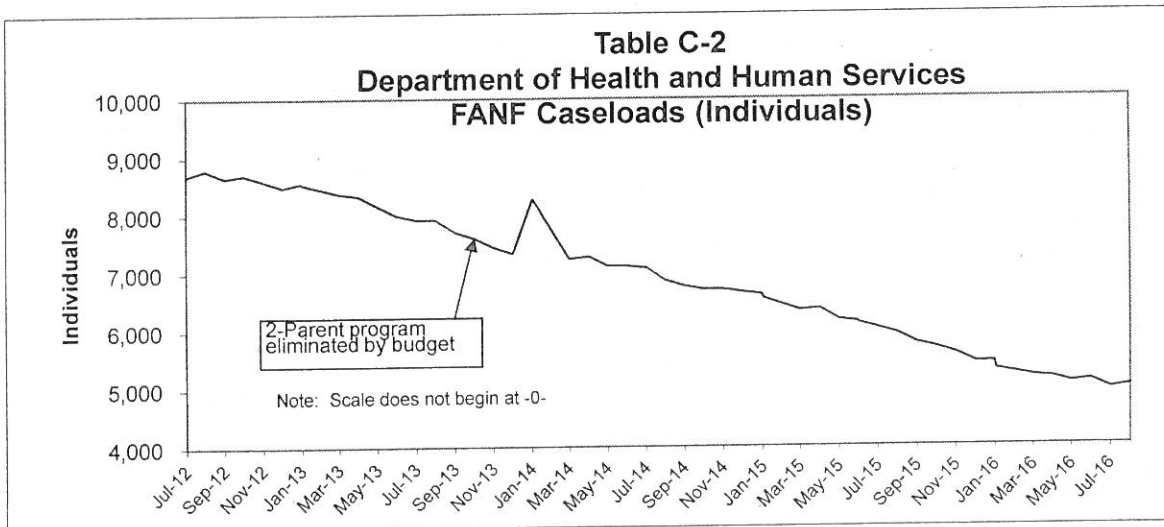
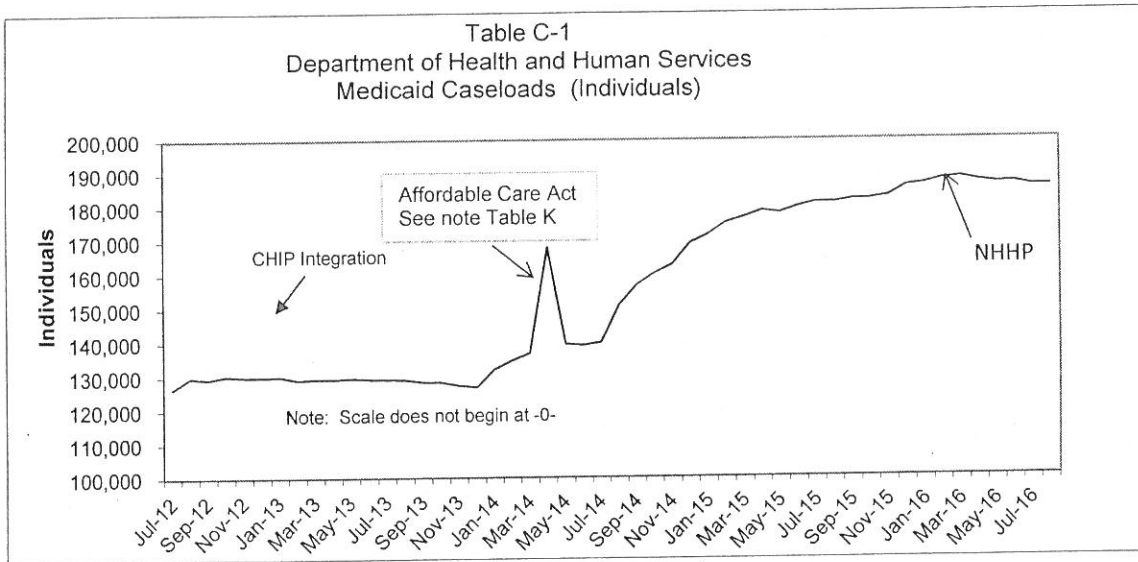
SFY17

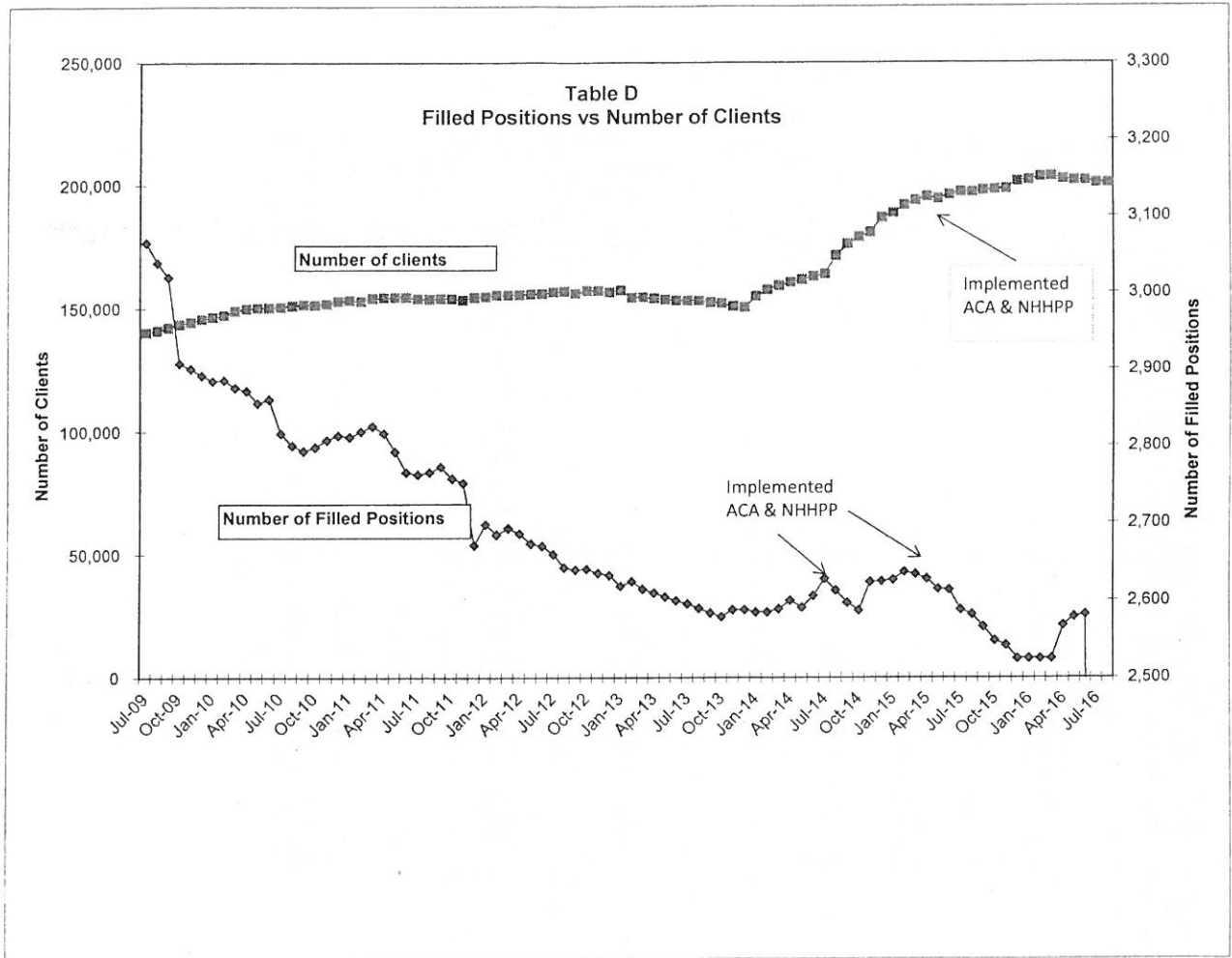
Budget Summary as of 8/31/16
Data/Caseloads as of 8/31/16 (except for MH as of 7/31/16)

	A	B	C	E
1	Department of Health and Human Services			
2	Financial Summary - CASH BASIS			
3	As of August 31 --- SFY17			
4	General Funds Rounded to \$000			
5				
6	The budget for SFY16-17 provides insufficient general funds to address the legislative intents for services and obligations that are expected to be incurred.			
7	The items reported on the list include only those which a) are likely to be incurred and b) for which amounts can be reasonably estimated.			
8				
9	Legislative Lapse Target per Final Budget (3.3%) = \$20,885			
10				
11				As of
11				8/31/16
12	Shortfalls			
13	Programs			
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	Total Estimated Shortfalls			\$2,186
25				
26	Identified Funds that would otherwise Lapse (cash basis)			
27				
28	Medicaid	Drug Rebate Revenue		TBD
29	SYSC	Operating Accounts		\$1,700
30	NHH	Salary & Benefits		\$408
31	Varies			\$78
32	Total Estimated Funds that Would Otherwise Lapse			\$2,186
33				
34				
35	Net Surplus (Deficit)			\$0

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							
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	YEAR-TO-DATE AVERAGE							
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	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
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			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	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
	Table H													
	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	
	Aug-16	7,178	7,286	2,525	466	32	4,187	4,350	58.3%	343	693	0	1337	
	Sep-16	-	-	-	-	-	-	-	-	-	-	-	-	
95	Oct-16	-	-	-	-	-	-	-	-	-	-	-	-	
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	7,254	7,740	2,518	387	35	4,350	4,063	60.0%	236	1,120	3	#DIV/0!	
106	SFY12	7,169	7,515	2,448	450	34	4,272	4,400	59.6%	213	1,076	2	#DIV/0!	
107	SFY13	7,337	7,578	2,435	458	37	4,445	4,422	60.6%	245	1,092	7	#DIV/0!	
108	SFY14	7,219	7,356	2,492	430	49	4,297	4,380	59.5%	270	1,228	1	#DIV/0!	
109	SFY15	7,216	7,421	2,417	442	44	4,357	4,380	60.4%	320	794	0	584	
110	SFY16	6,997	7,232	2,374	458	34	4,165	4,325	59.5%	309	744	0	1,586	
111	SFY17	7,139	7,286	2,520	456	32	4,164	4,350	58.3%	330	701	0	1,564	
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												
127	M	Quarterly Options Paid Claims from Business Systems Unit Manager												

	A	B	C	D	E	F	G	H	I	J	K
1	Developmental Services Long Term Care										
2											
3											
4		BDS Programs served FYTD**	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	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	YEAR-TO-DATE AVERAGE ***										
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	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									
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	YEAR-TO-DATE AVERAGE									
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	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
1	Table J								
2	Medicaid Medical Caseloads (Persons)								
3									
4	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
5									
6	1. Low-Income Children (Age 0-18)	82,129	88,961	90,618	89,849	91,089	90,484	89,780	89,694
7	2. Children With Severe Disabilities (Age 0-18)	1,604	1,670	1,622	1,623	1,593	1,576	1,558	1,559
8	3. Foster Care & Adoption Subsidy (Age 0-25)	1,948	2,004	2,085	2,166	2,181	2,204	2,182	2,174
9	4. Low-Income Parents (Age 19-64)	10,324	13,976	13,212	13,677	13,851	13,113	12,505	12,162
10	5. Low-Income Pregnant Women (Age 19+)	2,275	3,246	2,602	2,432	2,244	2,173	2,157	2,162
11	6. Adults With Disabilities (Age 19-64)	19,997	20,222	19,540	19,727	19,111	18,997	18,813	18,834
12	7. Elderly & Elderly With Disabilities (Age 65+)	8,828	8,822	8,714	8,606	8,741	8,681	8,661	8,694
13	8. BCCP (Age 19-64)	205	204	189	172	149	144	151	150
14	Sub-Total	127,310	139,105	138,582	138,252	138,959	137,372	135,807	135,429
15	9. NH Health Protection Program (Age 19-64)			30,711	41,657	46,996	49,522	49,911	50,315
16	Total By Category	127,310	139,105	169,293	179,909	185,955	186,894	185,718	185,744
17	Reconciling Differences (Detail to Summary)	(405)	0	1	0	0	0	0	0
18	Reported On Summary	126,905	139,105	169,294	179,909	185,955	186,895	185,718	185,744
19	ENROLLMENT IN MEDICAID CARE MANAGEMENT								
20									
21	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
22									
23	Enrolled in Care Management	108,206	120,915	145,763	161,224	128,349	136,962	135,741	135,875
24	Premium Assistance Program (NHHPP formerly w/MCO, previously shown in Care Management and not new)					36,884	40,381	40,392	40,697
25	Enrolled in Fee-For-Service	25,186	15,549	22,067	17,594	19,100	8,069	8,147	8,188
26	Total	133,392	136,464	167,830	178,818	184,333	185,412	184,280	184,760
27									
28		(6,082)	2,641	1,463	1,091	1,622	1,482	1,438	984
29	Figures by category versus figures by coverage are taken from two points in time. Medicaid Care Management is 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								

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