State of New Hampshire
DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
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FIS 17 190

Late Item

JEFFREY A. MEYERS
COMMISSIONER

October 16, 2017

The Honorable Neal M. Kurk, Chairman
Fiscal Committee of the General Court
Legislative Office Building, Room 210
104 North State Street
Concord, NH 03301

REQUESTED ACTION

Pursuant to Chapter 156 of Session laws of 2017, the Department requests approval of its application for Amendment to the Special Terms and Conditions for the New Hampshire Health Protection Program Premium Assistance 1115 Demonstration (Project #11-W-00298/1) to promote work opportunities for the New Hampshire Health Protection Program population. The waiver amendment must be in place no later than April 30, 2018.

EXPLANATION

On June 28, 2017, the Governor signed HB517 (Chapter 156, Laws of 2017), the trailer bill to the biennial budget for SFY 19-SFY20 for the State of New Hampshire, effective July 1, 2017. HB 517 includes a provision that requires the Department of Health and Human Services to seek a waiver from the Centers for Medicare and Medicaid Services in order to establish a work requirement as a condition of eligibility in the New Hampshire Health Protection Program.

The Department's application to the Centers for Medicare and Medicaid Services seeks a waiver to implement a work requirement in accordance with the provisions established in Section 219 of House Bill 517, as enacted.

A draft of the waiver application has already been submitted to the Centers for Medicare and Medicaid Services for its preliminary review pending the formal submission by Governor Sununu following approval by the fiscal committee. The Department has completed all of the public hearings and notice requirements established by federal law.

Respectfully submitted,

Jeffrey A. Meyers
Commissioner

DRAFT Section 1115 Demonstration Amendment

New Hampshire Health Protection Program Premium Assistance Project #11-W-00298/1

State of New Hampshire Department of Health and Human Services

August 30, 2017

Table of Contents

Section I – Introduction

New Hampshire is submitting this application for a Premium Assistance Demonstration Waiver amendment, in accordance with House Bill 517 (Chapter 156, Laws of 2017) which became effective on July 1, 2017. The purpose of the amendment is to obtain approval of a work requirement for the New Hampshire Health Protection population, as a condition of eligibility for the program in strict accordance with the provision adopted by the legislature in Section 219 of HB 517.

The New Hampshire Health Protection Program instituted: (1) a mandatory Health Insurance Premium Payment Program (HIPP) for individuals with access to cost-effective employer-sponsored insurance[1]; (2) a bridge program to cover the new adult group in Medicaid managed care plans through December 31, 2015; and (3) a mandatory individual qualified health plan (QHP) premium assistance program (the "Premium Assistance Program") beginning on January 1, 2016.

The Premium Assistance Program was designed to reduce coverage disruptions for individuals moving between Medicaid and the Marketplace due to changes in income, offer comparable provider access, enable higher provider payments for covered services in order to ensure access, encourage more cross-participation by plans in Medicaid and the Marketplace, and achieve cost reductions due to greater competition.

On March 4, 2015, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's application for a one-year Section 1115(a) Medicaid Research and Demonstration Waiver entitled, "New Hampshire Health Protection Program (NHHPP) Premium Assistance" (Project #11-W-100298/1), in accordance with section 1115(a) of the Social Security Act (the Act). The demonstration became effective on January 1, 2016. Its continuation beyond December 31, 2016 and through December 31, 2018 was contingent upon the reauthorization of the program by the New Hampshire legislature. Pursuant to NH RSA 126-A-5, XXIII-XXV, the demonstration was scheduled to sunset on December 31, 2016 unless the New Hampshire legislature reauthorized the program to continue.

On April 5, 2016, the New Hampshire Legislature reauthorized the New Hampshire Health Protection Program through December 31, 2018. The New Hampshire Legislature enacted this legislation to continue coverage of those individuals described under section 1902(a)(10)(A)(I)(VIII).

As of August 1, 2017, the New Hampshire Health Protection Program provided coverage to 51,924 Granite Staters – 41,392 of whom were enrolled in the Premium Assistance Program and receiving coverage through four commercial insurance carriers offering Qualified Health Plans (QHPs) in New Hampshire's federally facilitated Marketplace.[2] Another 7,093 members - those that are medically frail or may otherwise opt-out of the Premium Assistance Program - were served by the state's two Medicaid managed care

[1] The mandatory nature of applying for HIPP was repealed through a budget bill in September of 2015. Voluntary HIPP participants continue to be excluded from the demonstration.

[2] The four carriers are: Ambetter by NH Healthy Families, Anthem BlueCross BlueShield of New Hampshire, Harvard Pilgrim Health Care, and Minuteman Health Incorporated.

organizations (MCOs), WellSense Health Plan and NH Healthy Families. The remaining 3,439 participants were in fee-for-service during their plan selection window.

Budget Trailer Bill HB517 Seeks Work Activities as a Condition of Eligibility

On June 28, 2017, New Hampshire Governor Christopher Sununu signed HB517 (Chapter 156, Laws of 2017), the trailer bill to the biennial budget for SFY 19-SFY20 for the State of New Hampshire, effective July 1, 2017. HB 517 includes a provision that requires the Department of Health and Human Services to seek a waiver or state plan amendment from the Centers for Medicare and Medicaid Services in order to establish certain work requirements as conditions of eligibility in the New Hampshire Health Protection Program. Any waiver or state plan amendment must be in place by April 30, 2018. [3]

Pursuant to Chapter 156 of Session laws of 2017, New Hampshire is seeking to amend the New Hampshire Health Protection Program Premium Assistance 1115 Demonstration to promote work opportunities for the New Hampshire Health Protection Program population who are not working by aligning work requirements with eligibility for the New Hampshire Health Protection Program. New Hampshire seeks to be the first state to win CMS approval for covering unemployed, able-bodied newly eligible adults who are engaging in at least 20 hours per week of one or a combination of specific employment and training activities detailed in Section IV of the waiver amendment.

There are no proposed changes to enrollment, benefits, enrollee rights or other comparable program elements. The requested approval date of this amendment is no later than April 29, 2018.

The legislative directive for the work requirement is set forth in Section IV of the waiver amendment.

Section II- Public Process

Pursuant to the New Hampshire Health Protection Program Premium Assistance (Project #11-W-00298/1) special terms and conditions (STCs) the following provides an explanation of the public process used by the state to reach a decision regarding the requested amendment.

Per STC 16, regarding public notice, tribal consultation and consultation with interested parties, the State must comply with the State Notice Procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994). New Hampshire is not required to comply with tribal consultation requirements in Section 1902(a)(73) of the Act as there are no federally recognized Indian tribes in New Hampshire.

[3] While the reauthorizing legislation in 2016 instituted a severability provision, HB 517 (Chapter 156, Laws of 2017) does not have a severability provision and coverage under §1902(a)(10)(A)(i)(VIII) is scheduled to sunset on December 31, 2018, unless reauthorized by the NH Legislature.

Public Notice

On August 30, 2017, the Department of Health and Human Services released a draft waiver amendment for the New Hampshire Health Protection Program Premium Assistance Demonstration Waiver (Project # 11-W -00298/1). This release was preceded by the development of a publicly accessible web page, an email address for public input, and an announcement of two public hearings, along with a United States Postal Service address, to provide for remote and in-person public comment to the proposed amendment. Please see Appendix A. The Department held a supplementary third public hearing on October 3, 2017, providing email notification to stakeholders and public notice on the Department's website.

Please see web page at http://www.dhhs.state.nh.us/pap-1115-waiver/index/htm. Email address is NHPremiumAssistanceAmendment@dhhs.nh.gov. The United States Postal Services address is Department of Health and Human Services, Office of Medicaid and Business Policy, 129 Pleasant Street, Brown Building, Concord, NH 03301, Attn: Dawn Landry.

Responses to Comments on the draft waiver amendment for the New Hampshire Health Protection Program Premium Assistance (Project #11-W-00298/1):

Comment #1:
The majority of commenters noted that the NH Health Protection Program (NHHPP) has provided valuable health care coverage to many NH citizens, including those with chronic health conditions, behavioral health challenges and substance use disorders and voiced support for continuation of the program.

Response #1:
The Department appreciates this feedback.

Comment #2:
Many commenters asked how the Department will manage the administrative burden and operationalize the processes for implementing and monitoring the work requirements, including how exemptions will be managed.

Response #2:
The Department appreciates this feedback and is exploring all available avenues to operationalize the work requirements to comply with the requirements of HB 517.

Comment #3:
Will NHHPP enrollees who have self-attested to Medical Frailty automatically be given an exemption for the work requirements?

Response #3:
NHHPP enrollees who have self-attested to being Medical Frail will, in order to be exempted from the requirements, need to obtain certification from one of the medical professionals identified in the statute using the form provided by the Department.

Comment #4:
One commenter expressed concern that parent or caretakers of dependent children over the age of

6, particularly those living in rural areas, struggle to find affordable childcare which negatively impacts their ability to find and maintain employment.

Response #4:
The Department appreciates this observation.

Comment #5:
A number of commenters noted the potential for those who are unable to meet the requirements losing their health care coverage, resulting in worsening of health conditions and increasing the incidence of uncompensated care.

Response #5:
The Department appreciates this observation.

Comment #6:
A number of commenters requested that the Department develop Administrative Rules that specify the processes for applying for an exemption, the timeframes for DHHS decision making and timelines for the length of approved exemptions.

Response #6: The Department will take these suggestions under consideration during the rulemaking process.

Comment #7:
Several commenters suggested that enrollees with specific medical conditions be made exempt from the work requirement and from the requirement to request an exemption. Another suggested that enrollees who meet the criteria for exemption be allowed to self-attest versus producing documentation from their health care provider.

Response #7:
The Department appreciates this feedback. This is an operational detail the Department could consider.

Comment #8:
A number of commenters expressed concern that the work requirements, particularly when a person reaches 30 hours of work per week, could negatively impact an enrollee's financial eligibility for NHHPP and result in loss of health care coverage yet not yield sufficient income for the enrollee to purchase commercial health care coverage.

Response #8:
The Department appreciates this feedback and will explore this question more fully.

Comment #9:
One commenter noted that the administrative cost for the state to administer the requirements will result in increased expense for the NHHP.

Response #9:
The Department appreciates this concern.

Comment #10:
One commenter noted that the work requirements of HB 517 differ from those already in place for the TANF and SNAP programs.

Comment#10:

The Department appreciates this feedback and will explore this more fully.

Comment #11:
Several commenters expressed the opinion that work requirements are not consistent with the purposes of the Medicaid program and one questioned the Department's authority to impose work requirements under the 1115 Waiver.

Response #11:
The Department appreciates these observations. The purpose of requesting approval from the Centers for Medicare and Medicaid Services for the work requirements waiver amendment is to determine their appropriateness under the Medicaid program.

Comment #12:
Several commenters voiced opposition to the work requirements, describing them as punitive, ill-advised, counterproductive and adding to the inaccurate stereotype that Medicaid enrollees do not want to work.

Response #12:
Thank you for commenting on the Department's waiver amendment.

Comment #13:
Many comments expressed concern that the work requirements will create a barrier to access for enrollees with opioid addiction.

Response #13:
The Department appreciates this observation.

Comment #14:
Several commenters asked if the work requirements amendment would negatively affect the Waiver's budget neutrality.

Comment #14:
There is no negative impact on the waiver's budget neutrality. Please see Appendix C.

Comment #15:
One commenter asked if the Department has completed an assessment to determine how many NHHPP enrollees currently meet the proposed work requirements and how many meet criteria for an exemption.

Response #15:
This is an operational detail the Department is working on.

Comment #16:
Many commenters observed that enrollees who have unmanaged health conditions, substance use disorders or behavioral health conditions are unable to find and maintain employment as a result of these conditions and that losing their health care coverages would serve to exacerbate their health conditions and their prospects for long term employment.

Response #16:
The Department appreciates this observation.

Comment #17:
A number of commenters posited that enrollees with the lowest incomes, living in rural areas and with behavioral health or substance use disorders would be disproportionately affected by the work

requirements.
Comment #17:
The Department appreciates this observation.

Comment #18:
One commenter asked if the work requirements applied only to individuals in the Premium Assistance Program.

Response #18:
The Department believes the intent of the language in HB517 is that the work requirements apply to all individuals who are determined eligible under the New Hampshire Health Protection Program as defined in section 1902(a)(10)(A)(i)(VIII).

Comment #19:
One commenter expressed the opinion that the Department should seek a waiver to use Temporary Assistance to Needy Families (TANF) funds to assist with paying for work-related activities, such as on-the-job training.

Response #19:
The Department appreciates this observation.

Section III – Data Analysis

Comparative Analysis

Pursuant to the New Hampshire Health Protection Program Premium Assistance (Project #11-W-00298/1) special terms and conditions (STCs number 7 entitled Amendment Process), the following will provide a data analysis which identifies the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement. The analysis will include total computable "with waiver" and "without waiver" status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detail projections of the change in the "with waiver" expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment.

For details, please see the Amended 1115 Budget Neutrality Projections dated October 11, 2017 included in Appendix C.

CHIP Allotment

Pursuant to the New Hampshire Health Protection Program Premium Assistance (Project #11-W-00298/1) special terms and conditions (STCs), the following provides an up-to-date CHIP allotment neutrality worksheet.

Not applicable as the CHIP population is not covered under the New Hampshire Health Protection Program Premium Assistance.

Section IV – Description of Amendment

Pursuant to the New Hampshire Health Protection Program Premium Assistance (Project #11-W-000298/1) special terms and conditions (STCs), the following provides a detailed description of the amendment including impact on beneficiaries, with sufficient supporting documentation and data supporting the evaluation hypothesis as detailed in the evaluation design.

New Hampshire Health Protection Work Promotion and Personal Responsibility

In accordance with the requirements of HB 517, 2017 Laws Chapter 156:219, the Department seeks a waiver that shall require as follows:

(1) Newly eligible adults who are unemployed shall be eligible to receive benefits under RSA 126-A:5 XXIV-XXV, if the State finds that the individual is engaging in at least 20 hours per week upon application of benefits, 25 hours per week after receiving 12 months of benefits over the lifetime of the applicant and 30 hours per week after receiving 24 months of benefits over the lifetime of the applicant of one or a combination of the following activities:

(A) Unsubsidized employment.

(B) Subsidized private sector employment.

(C) Subsidized public sector employment.

(D) Work experience, including work associated with the refurbishing of public publicly assisted housing, if sufficient private sector employment is not available.

(E) On-the-job training.

(F) Job search and job readiness assistance.

(G) Vocational educational training not to exceed 12 months with respect to any individual.

(H) Job skills training directly related to employment.

(I) Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.

(J) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate

(2) If an individual in a family receiving benefits under this subparagraph refuses to engage in work required in accordance with subparagraph (1) above, the assistance shall be terminated. The commissioner of the department of health and human services shall adopt rules under RSA 541-A, with approval of the governor and the fiscal committee of the general court, to determine good cause and other exceptions to termination.

(3) These requirements shall only apply to those considered, abled-bodied adults as defined in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935, as amended, 42 U.S.C.

section 1396a(a)(10)(A)(i). In this subparagraph, "childless" means an adult who does not live with a dependent child which includes a child under 18 years of age or under 20 years of age if the child is a full-time student in a secondary school or the equivalent.

(4) This subparagraph shall not apply to:

(A) A person who is temporarily unable to participate in the requirements under subparagraph (1) above due to illness or incapacity as certified by a licensed physician, an advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, or a board-certified psychologist. The physician, APRN, licensed behavioral health professional, licensed physician assistant, or psychologist shall certify, on a form provided by the department, the duration and limitations of the disability.

(B) A person participating in a state-certified drug court program, as certified by the administrative office of the superior court.

(C) A parent or caretaker as identified in RSA 167:82, II(g) where the required care is considered necessary by a licensed physician, APRN, board-certified psychologist, physician assistant, or licensed behavioral health professional who shall certify the duration that such care is required.

(D) A parent or caretaker of a dependent child under 6 years of age.

New Hampshire seeks to encourage unemployed and underemployed adults to proceed to full employment by requiring them to become connected with job training or other work related activities while they look for full-time employment or obtain full-time employment. Waivers are intended to grant states flexibility to expand Medicaid in a way that recognizes local considerations and conditions. The poverty facing these residents is an important state issue. It is in New Hampshire's economic and financial interest to facilitate sustained employment or a return to sustained employment for as many participants as possible. Gaining financial stability will enable some participants to mitigate negative environmental factors and economic factors that can contribute to poor health. Putting participants on the path to attaining financial stability and moving out of poverty is a component of a long-term investment New Hampshire seeks to make in its vulnerable citizens. Ultimately, New Hampshire hopes to help residents graduate from safety net programs and attain or return a financially stable life. This trajectory provides flexibility to the state in future years to focus tax payer dollars on other vitally needed services and to promote prosperity and well-being among its citizens.

Section V – Evaluation Design

Pursuant to the New Hampshire Health Protection Program Premium Assistance (Project #11-W-00298/1), special terms and conditions (STCs), the following provides a description of how the evaluation design will be modified to incorporate the amendment provisions.

The State is amending "PAP Waiver Goal" number five (5) titled "Improve Health Outcomes and Increase Personal Accountability and Responsibility." The demonstration will, with this amendment, evaluate whether conditioning eligibility on participation in

work activities encourages appropriate utilization and improve health outcomes. The State will work closely with the evaluation vendor to determine specific design evaluation modifications which will be inclusive of an analysis of the correlation between the named activities and improved mental and physical health.

APPENDIX A

Notice of Amendment to Demonstration Authority

Notice is hereby given that the New Hampshire Department of Health and Human Services (DHHS) seeks to amend its Section 1115(a) Research and Demonstration Waiver, #11-W-100298/1 entitled, the New Hampshire Health Protection Program (NHHPP) Premium Assistance, with such amendment to be in place by March 31, 2018.

Summary of Demonstration

Under the NHHPP Premium Assistance demonstration, New Hampshire uses premium assistance to support the purchase of health insurance coverage for beneficiaries eligible under the new adult group provided via certain qualified health plans (QHPs) doing business in the individual market through the Marketplace. The demonstration affects individuals in the new adult group covered under Title XIX of the Social Security Act who are adults from age 19 up to and including age 64 with incomes up to and including 133 percent of the federal poverty level (FPL) who are neither enrolled in (nor eligible for) Medicare or enrolled in the state's Health Insurance Premium Payment (HIPP) program.

Proposed Amendment
The proposed amendment seeks to effect the following modification:

- Modify eligibility to require that newly eligibility adults who are unemployed be eligible to receive benefits if the Department of Health and Human Services finds that the individual is engaging in at least 20 hours per week upon application of benefits, 25 hours per week after receiving 12 months of benefits over the lifetime of the applicant and 30 hours per week after receiving 24 months of benefits over the lifetime of the applicant or a combination of other clearly outlined activities.

WAIVER & EXPENDITURE AUTHORITIES

Existing waiver and expenditure authorities will be not modified.

Opportunity for Public Input

The complete version of the current draft of the Demonstration application is available for public review at http://www.dhhs.nh.gov/pap-1115-waiver/index.htm. Public comments may be submitted until midnight on September 29, 2017. Comments may be submitted by email to NHPremiumAssistanceAmendment@dhhs.nh.gov. or by regular mail to Department of Health and Human Services, 129 Pleasant Street, Concord, NH 03301-3857. Comments should be addressed to Dawn Landry.

REVIEW OF DOCUMENTS & SUBMISSION OF DOCUMENTS

This notice, waiver documents, and information about the New Hampshire Health Protection Program (NHHPP) Premium Assistance Demonstration are available at: http://www.dhhs.nh.gov/pap-1115-waiver/index.htm. To reach all stakeholders, non-electronic copies of all the aforementioned documents are available by contacting the Department of Health and Human Services, Dawn Landry.

The State will host two public hearings during the public comment period.

September 13, 2017 1:00 – 2:30
Manchester Health Department
1528 Elm St
Manchester, NH 03010

September 21, 2017 11:00 – 12:30
New Hampshire Department of Health and Human Services
Brown Auditorium
129 Pleasant St,
Concord, NH 03301

APPENDIX B

TRIBAL IMPACT
Not applicable to the State of New Hampshire.

APPENDIX C

Amended 1115 Budget Neutrality Projections – New Hampshire Health Protection Program Premium Assistance Program

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October 11, 2017

Mr. Jeffrey A. Meyers
Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Re: Estimated Impact of Proposed Work Requirement on Premium Assistance Program 1115 Waiver Budget Neutrality Projections

Dear Commissioner Meyers:

At your request, we estimated the impact of implementing the proposed New Hampshire's Premium Assistance Program (PAP) work requirement on the 1115 waiver budget neutrality projections. DHHS can use this information in its 1115 waiver amendment materials.

Although the proposed work requirement will likely result in lower PAP enrollment levels, we do not believe it will have a material impact on the 1115 waiver budget neutrality projections for calendar year (CY) 2018 for the following reasons:

- CY 2018 premiums rates have already been filed by the carriers participating in the PAP and will not change if New Hampshire's waiver amendment is approved. Carrier premiums rates and the related prospective cost sharing reduction (CSR) payments represent the vast majority of PAP expenditures.
- The PAP budget neutrality projections are administered on a per capita basis. Therefore, the budget neutrality calculation will adjust automatically to reflect the number of members enrolled in PAP coverage.
- We are not aware of any data or estimates that project the demographics or medical expenditures of current PAP members that could lose coverage under the work requirement.

CAVEATS AND LIMITATIONS ON USE

This letter is intended for the internal use of the New Hampshire Department of Health and Human Services (DHHS) and it should not be distributed, in whole or in part, to any external party without the prior written permission of Milliman. We do not intend this information to benefit any third party, even if we permit the distribution of our work product to such third party. We understand this letter will be part of New Hampshire's application to CMS.

This letter is designed to provide DHHS with information regarding budget neutrality projections for the *New Hampshire Health Protection Program Premium Assistance Program* Section 1115 Demonstration Waiver. This information may not be appropriate, and should not be used, for other purposes.

Actual without-waiver and with-waiver results will vary from estimates due to costs and savings under the demonstration being higher or lower than expected. DHHS should monitor emerging results and take corrective action when necessary.

In preparing this information, we relied on information from DHHS regarding the proposed work requirement in its waiver amendment application. We accepted this information without audit, but reviewed the information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

The terms of Milliman's contract with NH DHHS dated June 14, 2017 apply to this letter and its use.

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Please call me at (262) 796-3434 if you have any questions.

Sincerely,

John D. Meerschaert, FSA, MAAA
Principal and Consulting Actuary

JDM/kal

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Bow, NH 03304
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Fax: 603-228-2464

BI-STATE PRIMARY CARE ASSOCIATION
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Improving Access to Health Care for 30 Years
bistatepca.org

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Montpelier, VT 05602
Voice: 802-229-0002
Fax: 802-223-2336

October 3, 2017

Submitted electronically to NHPremiumAssistanceAmendment@dhhs.nh.gov

Dawn Landry
Office of Medicaid Business and Policy
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Re: Comments on the NH Department of Health and Human Services draft amendment to the Section 1115(a) demonstration waiver, #11-W-00298/1, adding work requirements to the New Hampshire Health Protection Program

Dear Ms. Landry:

Thank you for the opportunity to provide comments on New Hampshire's draft amendment to the Section 1115(a) demonstration waiver, #11-W-00298/1, adding work requirements to the New Hampshire Health Protection Program enrollees as a condition of eligibility. I am submitting comments on behalf of Bi-State Primary Care Association. Bi-State is a non-profit, two-state organization that represents 16 non-profit Community Health Centers (CHCs) with 33 locations in New Hampshire. Bi-State advocates for access to health care for all New Hampshire citizens, with a special emphasis on medically underserved areas.

New Hampshire's CHCs serve over 109,000 residents annually, of which approximately 17,000 are uninsured. The New Hampshire Health Protection Program (NHHPP) is invaluable to health center patients. Our CHCs are non-profit community-based providers that serve patients regardless of their ability to pay.[1] Health center services include primary medical care, specialty care, behavioral health, and substance use disorder treatment. Over 60% of health center patients have household incomes under 200% of the federal poverty level (FPL).[2] Many patients experience barriers to health care and we strive to increase access to effective and affordable services.

The NHHPP enabled the state to provide needed coverage to uninsured people and increased access to primary and preventive care: in one year of the NHHPP, the number of health center patients increased by nearly 3,000 patients. The percentage of uninsured patients decreased from 19.5% to 14.5%.[3] The number of patients who accessed mental health services at CHCs increased by almost 2,300 patients and the number of patients who accessed substance use disorder treatment increased by over 200 patients.[4]Any amendment to the Section 1115 waiver should "increase and strengthen overall coverage of low-income individuals" in NH.[5]

The draft waiver amends the NHHPP to add, as a condition of Medicaid eligibility, a work requirement for able-bodied adults of 20 hours per week of a combination of specific employment and training activities.[6] The stated purpose of the amendment is to help put recipients on the path to attaining financial stability and move out of

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[1] Federally qualified health care centers (FQHC) are required to provide services without regard to patients' ability to pay or insurance status, use a sliding fee discount payment system tied to patients' income; operate as not-for-profit entities, have governing boards with 51% patient representation *See* the Public Health Services Act 42 U.S.C. §254b, Section 330.

[2] Annual income at 200% FPL for a household of three is $40,840 https://aspe.hhs.gov/poverty-guidelines

[3] Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).

[4] *Id.*

[5] *About Section 1115 Demonstrations*, https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html (last visited Sept. 26, 2017)

[6] NH House Bill 517 (Chapter 156, Laws of 2017); *See also* Draft Section 1115 Demonstration Amendment, New Hampshire Protection Program Premium Assistance Project #11-W-00298/1, August 30, 2017, page 6. The work requirement is based on length in the program: 20 hours per week initially, 25 hours per week after 1 year, 30 hours per week after 2 years. Under TANF, the work requirement is a flat 30 hours per week (20 per week for single parents) *See* Center on Budget and Policy Priorities, "Policy Basics: An introduction to TANF," June 15, 2015

poverty.[7] We agree that poverty facing those at and below 200% FPL is an important issue our state needs to address;[8] however, research shows most recipients subject to work requirements stayed poor and the employment increases were modest.[9] More importantly, the proposed work requirement does not further the objective of the Medicaid program as it may result in fewer people accessing critical health insurance coverage.

Today, low income adults covered under NHHPP have lower uninsured medical bills and access to more treatment for conditions like substance use disorder; and health care providers are seeing fewer uninsured patients.[10] As stated above, when people seek care for their untreated health conditions, their health improves. While the proposed amendment includes exemption criteria, the exemptions are too narrow to accommodate the reality of many of our low-income residents.[11] We are concerned that adding work requirements may thwart the critical gains our residents have made by having access to health care coverage under NHHPP if the patient is unable to meet one of the exemptions.

In addition, the implementation of the work requirement will be administratively burdensome for DHHS and could result in fewer people accessing Medicaid coverage. How will DHHS identify and track people whose disabilities or circumstances should exempt them? How will DHHS track the number of hours each recipient is working per week to determine compliance?[12] The staffing cuts to DHHS through the budget process are well known. Mistakes in determining eligibility could result in loss of coverage and administrative appeals. Self-attestation when applying for Medicaid should be sufficient and will minimize the burden on DHHS staff.

Also, research shows that most Medicaid recipients work in some capacity, and those potentially affected by work requirements are disproportionately from vulnerable populations and rural locations.[13] A work requirement could cause patients who are unable to work but are not included in the listed exceptions to lose their health coverage, exacerbating their chronic health conditions. For example, parents or caretakers of dependent children six years and older struggle to find affordable child care, especially in low-income families. The amendment does not include an exemption or exception for these caretakers. The approval of the draft amendment as written may result in parents losing access to critical health insurance coverage, health care, and ultimately, employment.

In closing, Bi-State appreciates the opportunity to submit comments on the waiver amendment. Please do not hesitate to contact me if you would like additional information or have questions on the comments presented above.

Sincerely,

Kristine E. Stoddard, Esq.
Director of NH Public Policy
603-228-2830, ext. 113
kstoddard@bistatepca.org

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[7] Draft Section 1115 Demonstration Amendment, page 7.
[8] *See* N H. Fiscal Policy Institute, "New Hampshire Poverty Rate Continues to Decline, but Many Granite Staters still struggle with very limited income" September 14, 2017
[9] Center on Budget and Policy Priorities, "Medicaid work requirements would limit health care access without significantly boosting employment," July 13, 2017, stating implementation of TANF work requirements cost states thousands of dollars per beneficiary and they were unsuccessful in increasing long-term employment
[10] https://www.dhhs.nh.gov/ocom/documents/senate-finance-oms-05012017.pdf#page=23
[11] *See* Kaiser Family Foundation, "Understanding the Intersection of Medicaid and Work, 3 (Feb. 2017).
[12] Draft Section 1115 Demonstration Amendment, page 7.
[13] UNH Carsey School of Public Policy, http://scholars.unh.edu/cgi/viewcontent.cgi?article=1310&context=carsey. *See also* NHFPI, "Medicaid Expansion work requirements hinge on federal approval" September 5, 2017 showing higher enrollment in NHHPP north of the Lakes Region

CYSTIC FIBROSIS FOUNDATION
ADDING TOMORROWS

Dawn Landry
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

October 3, 2017

Re: Section 1115 Demonstration Amendment: New Hampshire Health Protection Premium Assistance Program

Thank you for the opportunity to comment on New Hampshire's 1115 Demonstration Waiver Amendment. While we applaud the state for its success thus far in increasing access to health care coverage for low-income beneficiaries through the New Hampshire Health Protection program, we are concerned that the amendment to the 1115 demonstration to establish a Medicaid work requirement would create barriers to access for people with cystic fibrosis.

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 209 people in New Hampshire and 30,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. Given the role that Medicaid plays in helping this patient population access the high-quality care and treatment they need to maintain or improve their health, we urge the state to ensure the needs of CF patients are met as the state makes changes to its Medicaid program.

Research shows that nearly 8 in 10 Medicaid adults are in working families and 59 percent are working themselves.[1] Medicaid is critical to helping employed individuals stay healthy and retain their employment status. Those with chronic conditions and significant health problems rely on Medicaid coverage to manage their disease and maintain their health for work.

For people who rely on Medicaid and are unable to work, we are concerned that this policy will jeopardize their access to vital health care. While many individuals living with CF are able to work full or part-time, others are not able to maintain employment based on their health or the amount of time they need to spend on their treatments. For instance, variations in health status due to pulmonary exacerbations, infections, and other events are common and can take someone out of the workforce temporarily or for longer periods of time. Furthermore, many patients bear a significant treatment burden, amounting to hours of chest physiotherapy, delivery of nebulized treatments, administration of intravenous antibiotics, and/or other activities required to maintain or improve their health, which can interfere with their ability to work.

[1] Kaiser Family Foundation. *Medicaid and Work Requirements.* (Online) March 2017. Available: http://kff.org/medicaid/issue-brief/medicaid-and-work-requirements/

While we appreciate the state's decision to exempt from work requirements a person who is temporarily unable to fulfill the requirements due to illness—which reflects the important reality that health status can significantly affect an individual's ability to search for and sustain employment—we urge the state to provide specificity on this exemption. In particular, for the reasons outlined above, we ask the state to include cystic fibrosis as part of the definition of individuals who may be temporarily unable to work and automatically exempt them from the work requirement.

Finally, we urge the state to provide specificity on the timeline for exemption determination. Getting a disability determination is difficult and time-consuming, it typically takes about 90 days for a disability determination and applicants often need legal assistance to complete the process.[2] Clear rules around the application process, eligibility requirements, and timeframes will help ensure that eligible individuals are able to get an exemption.

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. As the health care landscape continues to evolve, we look forward to working with the state of New Hampshire to ensure access to high-quality, specialized CF care and improve the lives of all people with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,

Mary B. Dwight
Senior VP of Policy & Patient Assistance Programs
Cystic Fibrosis Foundation

Lisa Feng, DrPH
Senior Director of Access Policy & Innovation
Cystic Fibrosis Foundation

Margaret F. Guill, M.D.
Director, Pediatric Cystic Fibrosis Program
Dartmouth-Hitchcock Medical Center
Lebanon, NH

[2] Health Affairs. *Medicaid Work Requirements: Who's at Risk?* (Online). April 2017. Available: http://healthaffairs.org/blog/2017/04/12/medicaid-work-requirements-whos-at-risk/

NEW HAMPSHIRE
MEDICAL CARE ADVISORY COMMITTEE

Department of Health & Human Services ♦ Office of Medicaid Services
129 Pleasant Street ♦ Concord, NH 03301
(603) 271-9422 ♦ Fax (603) 271-4912

P. Travis Harker, MD, MPH
Chair

Carolyn Virtue
Vice-Chair

September 28, 2017

Jeffrey Meyers
Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

Dear Commissioner Meyers:

I am writing to you as the Chair of the Medical Care Advisory Committee (MCAC) to share our thoughts on Draft Section 1115 Demonstration Amendment, New Hampshire Health Protection Program Premium Assistance, Project #11-W-00298/1 seeking approval from the Centers For Medicare and Medicaid Services (CMS) of a work requirement for the New Hampshire Health Protection population, as a condition of eligibility for the program.

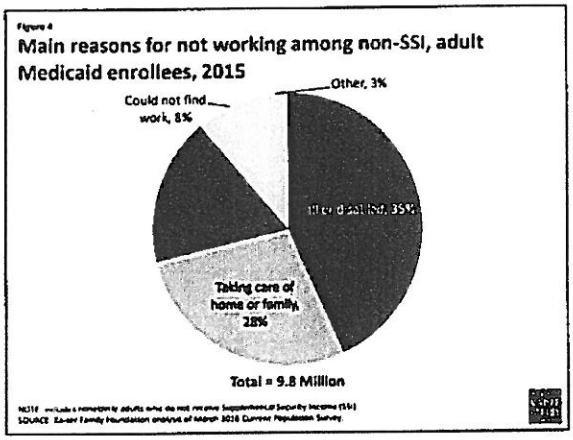
The MCAC is a public advisory group established in accordance with 42 CFR § 431.12 to advise the State Medicaid Director regarding New Hampshire Medicaid policy and planning. Our members come with extensive health policy and lived experience and are committed to making Medicaid work for low income, categorically eligible, at risk individuals and the State of New Hampshire.

This amendment may not have the intended outcomes of increasing employment among the expansion population for a number of reasons. High employment among NHHPP enrollees, exemption criteria for participation, and administrative costs threaten the success of this amendment. We have outlined below how these 3 factors impact a work requirement and show that a one-size fits all approach to this work requirement will be costly and not dramatically increase employment. State resources could be better applied to the stated aim of this amendment which is to increase employment. For example, child care, transportation are significant barriers to work that state resources would be better utilized to address.

These 3 factors that will need to be addressed in this amendment:

Majority of Medicaid Expansion Enrollees are employed: Employment rates among NHHPP enrollees is high with 60% working and 74% members of working families. (http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/) Because a large majority is working, the amendment should be written to minimize bureaucratic burdens on both enrollees and DHHS staff for these individuals who are working. Initial self-attestation to work status at enrollment is sufficient to determine employment status and minimize administrative burden. Those that are unemployed at that time and do not meet exemption criteria should be offered a suite of services to increase the likelihood of becoming employed. Because churn is high among NHHPP enrollees, ongoing attestation and monitoring of employment status is unnecessary.

Many who are not working would meet exemption criteria: We agree that exemption criteria are appropriate *if* a work requirement is implemented. Sixty-three percent of adult Medicaid enrollees are unemployed because either they are sick or they are caring for another family member. Eighteen percent are pursing education to gain skills that would make them more competitive in the job market.



The Department should focus their efforts on the percentage who are unsuccessfully looking for work. Again, self-attestation to exemption criteria at enrollment is sufficient to identify the most appropriate individuals in need of assistance in finding employment.

Administrative costs: Resources to administer this program for the entire expansion population will pull funds from other programs within the department and threaten budget neutrality. The Department will need to fully explain the budget and health implications of implementing the work requirement. The amendment must discuss the costs of running the program, the expected increase in employment as a result of the program and detail all potential harm that may come from this requirement in terms of financial and health costs.

Thank you for the opportunity to express our thoughts regarding this work requirement proposal. The MCAC would welcome the opportunity to discuss this matter further with you.

Sincerely,

P. Travis Harker MD, MPH
Chair, Medical Care Advisory Committee

American Cancer Society
Cancer Action Network
2 Commerce Drive
Suite 110
Bedford, NH 03110
603.471.4115
www.acscan.org/nh

September 29, 2017

Dawn Landry
Department of Health and Human Services
Office of Medicaid Business and Policy
129 Pleasant Street
Brown Building
Concord, NH 03301

Re: New Hampshire Health Protection Program Section 1115 Demonstration Amendment

Dear Ms. Landry:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on New Hampshire's 1115 demonstration waiver amendment application. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports New Hampshire's decision to maintain comprehensive health care coverage for thousands of low-income state residents through the New Hampshire Health Protection Program (NHHPP). Over 8,600 residents of New Hampshire are expected to be diagnosed with cancer this year[1] – many of whom rely on NHHPP for their health care coverage. ACS CAN wants to ensure that low-income cancer patients and survivors in New Hampshire have adequate access and coverage under the NHHPP, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer during their lifetime. We are concerned about the waiver's proposed work requirement as a condition of eligibility for NHHPP enrollees. Enforcement of a work requirement could adversely impact the most vulnerable New Hampshire residents enrolled in the program, particularly low-income cancer patients and survivors.

The requirement that all able-bodied NHHPP enrollees be engaged in 20 to 30 hours of work, education, and job training as a condition of eligibility would severely limit eligibility and access

[1] American Cancer Society. *Cancer Facts & Figures 2017.* Atlanta, GA: American Cancer Society; 2017.

to care for low-income New Hampshire residents managing complex chronic conditions, including cancer patients, recent survivors, and those women diagnosed with cancer through the state's *Let No Woman Be Overlooked* program. Unfortunately, it may not be possible for some cancer patients to meet these requirements. Cancer patients in active treatment are often unable to work for periods of time or require significant work modifications due to the side effects commonly associated with treatment.[2,3,4] If this requirement is included as a condition of eligibility for coverage, some cancer patients could be ineligible for the lifesaving cancer treatment services provided through NHHPP.

The proposal's graduated hours of employment, based on the length of an enrollee's enrollment in NHHPP, disregards the complex nature of many chronic conditions and the toll these diseases have on individuals, such as cancer patients and survivors. Increasing the number of hours that an individual must be engaged in work, education, and/or training based on the cumulative length of their eligibility is arbitrary and will likely result in the most vulnerable NHHPP enrollees facing coverage disruptions that could adversely impact their management of complex conditions, like cancer.

We appreciate the State's acknowledgement that not all eligible individuals are able to work and have laid out exemptions from the work requirement. Unfortunately, we are concerned that cancer patients and, particularly, recent survivors may not explicitly fit in the state's exemption categories. We urge the state to utilize the federal medically frail designation (42 CFR §440.315(f)), which would more clearly define the serious and complex medical conditions that would allow an individual to be exempt from this requirement. Further, we ask that New Hampshire include in its definition of medically frail or alternative exemption criteria those individuals who are currently undergoing active cancer treatment –including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

Conclusion

We appreciate the opportunity to provide comments on the NHHPP draft waiver amendment. The preservation of eligibility and coverage through NHHPP remains critically important for many low-income New Hampshire residents who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. As the Department of Health

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[2] Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv.* 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

[3] de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

[4] Stergiou-Kita M, Pritlove C, van Eerd D, Holness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv.* 2016; 10:480. doi: 10.1007/s11764-015-0492-5.

and Human Services considers its final waiver application, we ask that you weigh the impact this proposed policy change could have on NHHPP enrollees access to lifesaving health care coverage, particularly those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the New Hampshire Department of Health and Human Services to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at mike.rollo@cancer.org or 603.471.4115.

Sincerely,

Mike Rollo
Government Relations Director, New Hampshire
American Cancer Society Cancer Action Network

NEW HAMPSHIRE LEGAL ASSISTANCE

Working for Equal Justice Since 1971

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Administration
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603-224-4107
Fax: 603-224-2053

TTY: 1-800-735-2964

September 29, 2017

Dawn Landry
New Hampshire Department of Health and Human Services (NHDHHS)
129 Pleasant Street – Thayer Building
Concord, NH 03301

RE: Draft Section 1115 Demonstration Amendment
New Hampshire Health Protection Program
Premium Assistance (NHHPP) Project #11-W-00298/1

Dear Ms. Landry:

We write on behalf of New Hampshire Legal Assistance (NHLA) to convey NHLA's opposition to Draft Section 1115 Demonstration Amendment (Amendment), New Hampshire Health Protection Program Premium Assistance Project #11-W-00298/1 seeking approval from the Centers For Medicare and Medicaid Services (CMS) of a work requirement for the New Hampshire Health Protection population, as a condition of eligibility for the program.[1]

NHLA is a non-profit law firm. We represent low-income and elderly clients in civil cases impacting their basic needs, including healthcare. Our concerns are detailed in the following testimony, but in short, approval of the work requirement is impermissible under federal law. Medicaid Section 1115 demonstration projects may only be approved if they promote the objectives of the Medicaid program. The objective of the Medicaid program is to provide healthcare services. In addition, the proposed Amendment is unnecessary as the majority of NHHPP adults who are not disabled are already working. Consequently, the administrative burden and expense of administering and verifying the work requirement will likely outweigh any financial gain caused by additional NHHPP adults finding work or savings from reduced enrollment. It is likely that otherwise eligible adults will lose health care due to difficulties with the work verification process. Finally, there is little empirical data that work requirements in other public benefit programs increase long term work participation or reduce poverty.

1. This Amendment goes farther than the previous amendment and fails to recognize that most Medicaid enrollees already work.

Making Medicaid eligibility contingent on work fails to address the barriers to work that exist, such as access to and cost of childcare and transportation. The Amendment goes farther than the previous amendment by applying the work requirement to parents with school-aged children and removing community service as a qualifying activity. In addition, qualifying activities to meet the required hours fail to include higher education and community service. The way in which hours will be counted fails to address the fluctuation inherent in low-wage

[1]NHLA submits these comments without prejudice to the right of our law firm and/or our current or future clients to make any claims in any current or future litigation. Absence of comment regarding any proposed changes set forth Draft Section 1115 Demonstration Amendment, New Hampshire Health Protection Program Premium Assistance Project #11-W-00298/1 should not be construed as support for those proposed changes nor agreement that they are lawful.

jobs, such as seasonal work, varying hours, insufficient hours, and short notice of shifts. Finally, the amendment provides no phase-in or flexibility with calculating hours over the course of the month or year.

The Amendment is unnecessary as New Hampshire has one of the lowest unemployment rates in the nation and the majority of NHHPP adult enrollees who are not disabled or elderly are already working. Currently, receipt of medical assistance under NHHPP requires the recipient to contact NH Employment Security for the purpose of finding employment and filing for unemployment.

An issue brief by the Kaiser Foundation shows that, without a work requirement in place, in New Hampshire 60% of healthy (not on federal disability programs) and non-elderly adults are working and that 74% are in working families[2]. Even when excluding SSI, most Medicaid adults not working report major impediments to work such as illness/disability, going to school, and taking care of family[3].

Good health is a pre-condition to work. Without access to medical care, untreated medical conditions, chronic pain, and dental needs are additional barriers to work. One study of adults on Medicaid reported that having that coverage made it easier to look for employment, continue working, pay their rent/mortgage, and buy food. Those with medical debt fell by nearly half since enrollment in Medicaid.[4]

2. The expenses and burden of imposing work requirements for NHHPP enrollees will outweigh any benefits to reduce poverty and increase employment.

The Amendment, if approved, will undoubtedly lead to added NHDHHS expenses to administer the NHHPP and cause improper termination of health insurance for NHHPP enrollees with little empirical evidence that the work rules will increase long term employment rates or reduce poverty. As of August 2017, over 51,000 individuals received NHHPP coverage. The Amendment will require employed NHHPP enrollees to document in some fashion that they are working the required hours. NHHPP enrollees are also in the program because they are unable to work due to disability but still waiting for a decision in their Social Security disability case. It will now be necessary for those individuals to document that they are unable to work. This will be an added expense and burden to NHDHHS and to enrollees and their health care providers.

The state will have to pay for at least 50% of the administrative costs to make these changes, train staff, and absorb the costs of decreased productivity. In addition to costs to the state, it is important to recognize the potential costs to the health care system. For example, when people lose coverage, emergency department use goes up. NH hospitals report ED visits among the uninsured have gone down 28% since NHHPP began[5].

There are already work requirements for the TANF and Food Stamp programs. The work rules and verification requirements for these programs are different. NHDHHS has developed a customer service office and systems for beneficiaries to provide verification. Many beneficiaries have limited contact with local NHDHHS offices. NHLA clients report to us:

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[2] http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/
[3] http://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements/
[4] http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf
[5] https://nhha.org/images/NHHPP_economic_impact_document_october_2015_final.pdf

- difficulty understanding the NHDHHS notices because the verification requirements are often not clear;
- losing benefits because documents scanned were not timely or properly put into their electronic case file; and
- not understanding what verification is needed even after talking to someone at the customer service office.

The Center on Budget and Policy Priorities has reviewed work rules in the TANF program and concluded that not only could work requirements be costly and burdensome for states, but that there were only modest long-term gains in employment. The share of families living in deep poverty (below half the poverty line) rose in programs that imposed work requirements because of the loss of cash benefits.[6]

3. The Section 1115 Demonstration Amendment is contrary to the purposes of Medicaid.

Section 1115 Demonstration Amendments are supposed to test an experimental concept to improve health care. A mandatory work rule is not medical care, especially if the implementation of the work rules causes individuals to lose health insurance. Under 42 U.S.C. § 1315(a), demonstration projects may be approved if they promote the objectives of the Medicaid program. The objective of the Medicaid program is to provide healthcare services. As you know in November 2016, CMS rejected an earlier New Hampshire Section 1115 Demonstration Amendment with work requirements stating:

> *"CMS reviews section 1115 demonstration applications and amendments to determine whether they are likely to further the objectives of the Medicaid program, including strengthening coverage or health outcomes for low-income individuals in the state or increasing access to providers. After reviewing NH's amendment require to determine whether it meets these standards, CMS is unable to approve the request which could undermine access, efficiency, and quality of care provided to Medicaid beneficiaries and do not support the objectives of the Medicaid program."*

To date, Congress has failed to amend federal law to allow for work requirements under the Medicaid Act. Given the limits of Section 1115 Waivers there are serious legal questions as to whether CMS has authority to allow New Hampshire to impose work requirements.

Thank you for the opportunity to comment on the proposed Draft Section 1115 Demonstration Amendment. Please contact us at the numbers below if you have any questions.

Sincerely,

Dawn McKinney
Policy Director
206-2228

/s/ Bennett B. Mortell
Bennett B. Mortell, Esq.
Public Benefit Project Director
206-2239

[6] https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows

September 29, 2017

Jeffrey Meyers
Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

Via Email Only: NHPremiumAssistanceAmendment@dhhs.nh.gov

Re: Draft Section 1115 Demonstration Amendment, New Hampshire Health Protection Program

Dear Commissioner Meyers:

New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. New Futures envisions State and local communities where public policies support timely access to quality and affordable healthcare for all Granite Staters. With that mission in mind, we offer the following comments:

Administrative Costs and Burden

The work requirement outlined in the 1115 Demonstration Amendment proposed on August 20, 2017 is not similar to any work requirement that the Department of Health and Human Services (DHHS) is currently administering (ie. TANF). Therefore, the work requirement for the New Hampshire Health Protection Program (NHHPP) will pose a new administrative burden on DHHS, the cost of which was not appropriated in HB 517. This graduated work requirement (starting at 20 hours per week upon application and increasing over time to a 30 hour per week requirement upon receiving benefits for 24 months) adds to the administrative complexity. Kentucky recently amended its Medicaid work requirement proposal from a graduated work requirement to a flat work requirement due to the complexity of the administrative burden caused by a graduated work requirement.

New Futures questions whether DHHS has calculated the cost and assessed the burden of administering the proposed graduated work requirement for the NHHPP, and provided such estimates to the legislature. If so, such information should be made public. New Futures also questions whether DHHS has articulated a strategy to offset this cost to achieve the required budget neutrality for an 1115 waiver.

To ease this administrative burden, New Futures suggests that DHHS use a self-attestation approach to assess work status at the time of enrollment and during reauthorization periods.

Work Requirements Alone Do Not Effectively Increase Employment

Work requirements alone will not result in the intended outcome of increasing employment among NHHPP recipients. First, only a very small percentage of individuals in the NHHPP will be affected by this requirement, since most are either already working or meet the criteria for one of the exemptions. Second, the work requirement does nothing to address the barriers that keep many out of the workforce.

About seventy percent of the individuals in the Medicaid expansion programs across the country are either working, enrolled in school, caring for a child under 6, or retired. Of the remaining thirty percent, twenty percent worked some, and about three percent were actively looking for a job. Only about seven percent were not actively looking for a job, in school, or caring for a child under 6. (https://carsey.unh.edu/publication/3-in-10-medicaid). In 2015, of those who were not working, thirty-five percent were disabled, twenty-eight percent were taking care of family, eighteen percent were going to school, eight percent were retired, eight percent could not find work, and three percent provided another reason for not working. (http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/). Since the work requirement would only affect a very small number individuals, it will have very little impact on raising the employment status of people receiving NHHPP benefits.

These facts prompt New Futures to ask, has DHHS done an assessment to ascertain exactly how many people on the NHHPP currently meet the proposed work requirement? If so, how many individuals currently meet the proposed work requirement? Has DHHS done an assessment to ascertain exactly how many people on the NHHPP currently meet the criteria for one of the exemptions of the proposed work requirement? If so, how many individuals currently meet criteria for one of the exemptions?

Many low-income individuals have difficulty obtaining and maintaining employment because of significant barriers. These barriers include: having a behavioral health condition, limited education and skills, a criminal justice background, and/or a lack of access to childcare and transportation. (https://www.cbpp.org/research/health/medicaid-work-requirement-would-limit-health-care-access-without-significantly). Without supports in place for individuals to overcome these barriers, simply having a work requirement will do no more than limit healthcare to some of the most vulnerable residents of our state.

Since the stated intent of this 1115 Demonstration Amendment is to "promote work opportunities" for the NHHPP population, it is imperative that barriers to employment be addressed. New Futures suggests that barriers be addressed either through providing supports for individuals to overcome the barriers or by allowing exceptions of the work requirement for those who have barriers that make obtaining and maintaining employment difficult.

Sincerely,

Holly A. Stevens, Esq.
Health Policy Coordinator

Reagan, Lorene

From: Cindy Rosenwald <cindy.rosenwald@gmail.com>
Sent: Thursday, September 07, 2017 3:27 PM
To: DHHS: NH Premium Assistance Amendment
Subject: Medicaid Expansion Work Requirement waiver
Attachments: hb517-nhhpp-work-reqs-2017.pdf; ATT00001.txt

Dear Commissioner Meyers:

Thank you for the opportunity to offer comment on the proposed amendment to New Hampshire's 1115 waiver to implement a work requirement for the Medicaid Expansion program.

I have a general concern that implementing a work requirement on this population, which has higher-than-average mental health and substance abuse disorder diagnoses, will not further Medicaid's goal of improving health outcomes. Requiring work in a population that has medical problems severe enough to limit ability to hold a job will lead directly to dis-enrollment. Dis-enrollment from the NH Health protection Program will prohibit the access to care that can improve the individual's health and work-readiness, the goals of the program. The program's effectiveness in improving health and ability to work is strongly suggested by the fact that being over income accounts for more than half the enrollees losing eligibility.

I also have a specific concern with the proposed elements of the work requirement under discussion to the extent they are stricter than the work requirements of the Temporary Assistance to Needy Families program (which only requires 50% of recipients to meet). In limiting the exemption from the requirement to parents or caretakers of children under six, I worry that either young children will be left unsupervised during summer break from school, or the parents will be dis-enrolled from the program because they are working and do not have access to affordable childcare.

The New Hampshire Health Protection Program has been highly effective in providing access to health care for 50,000 low income residents, many of whom have a mental health or substance abuse disorder. In the midst of a significant opioid crisis, we should be very leery of making changes to the program that could jeopardize its continued effectiveness.

Sincerely,
Rep. Cindy Rosenwald
Hillsborough District 30

Reagan, Lorene

From: Joe Kilcullen <jkilccdc@yahoo.com>
Sent: Tuesday, September 05, 2017 4:14 PM
To: DHHS: NH Premium Assistance Amendment
Subject: Work

Another ill advised bill by ignorant, self righteous politicians. It is not a good idea to ask persons in early stages of recovery to work when the are recovering from a debilitating disease.

The motivation to work is often there early on in recovery, but the clients are not work ready. They would be better off putting there energy into recovery activities; meetings, etc.

Most of the jobs they qualify for are low paying service jobs in environments that are not drug free. Most relapses occur because a fellow employee is actively using and offers drugs to the person in recovery.

After the first 3 months of recovery it should be enough that the person is actively seeking employment. Most are.

Joe Kilcullen, MLADC

Reagan, Lorene

From: Kelly Warner <kellwarner@gmail.com>
Sent: Thursday, September 21, 2017 8:35 PM
To: DHHS: NH Premium Assistance Amendment
Subject: public comment

Good evening Ms. Landry,

I recently learned about the New Hampshire legislature's plan to ask the federal government for a waiver to require citizens who request access to expanded Medicare to provide proof of employment or a physician's note to certify that they are medically unable to work. To me, that does not make sense. As a high school teacher, I have had contact with many students who struggle with mental health issues or other health issues, and I can only imagine that there are many people in our state who are around the poverty line and are having trouble finding employment because they cannot afford health care to help them cope with their health issues. It makes more sense to allow such people access to health care so that they can get their health under control and then seek out employment. Once they do this, many of them will probably end up on their employer's insurance or earn enough to qualify for ACA coverage soon anyway. Preventing them from accessing health care in the meantime would make it harder for them to move away from needing social services provided by the state, perhaps costing taxpayers more money in the long run. I work in Maine, a state that has not expanded Medicare. New Hampshire has made the wise decision to do so, and I urge the legislature to continue to do what makes sense for our citizens, and not move forward with this waiver request.

Sincerely,

Kelly Warner
Exeter, NH

Reagan, Lorene

From: EILEEN FLOCKHART <hartflock@comcast.net>
Sent: Friday, September 29, 2017 10:51 AM
To: DHHS: NH Premium Assistance Amendment
Subject: citizen of Exeter comment

I write in opposition to this work requirement amendment.

As a former teacher, State representative and now board member of our local community assistance center and food pantry, I see this amendment as counter productive and ill advised.

We see clients daily that are working hard to maintain their lives and families. When they come to our center we see a genuine eagerness to find work and get away from assistance they are often embarrassed to receive. When they find that work they often return to us to share the good news. These are responsible adults able to make decisions not children who need punitive guidelines before receiving help.

Please respect their intelligence and our efforts in helping them to succeed and defeat this amendment.

thank you

former State Rep. Eileen Flockhart

Reagan, Lorene

From: Nancy Rockwell <nanrockwell@comcast.net>
Sent: Friday, September 29, 2017 10:31 AM
To: DHHS: NH Premium Assistance Amendment
Subject: Comment on Proposed Work Rule for Medicaid

This idea, of imposing a work rule on Medicaid recipients is mean-spirited enough to be called evil. The constant drum-beat of suspicion of the poor is a view of poverty without any compassion, and a view of humanity that is disdainful.

It has always been true that the variation in human includes many who simply are not fit to work - because of visible disability, because of mental illness, severe ADD, biologically based depression, addiction, a lack of attention to details that drives employers crazy but is intrinsic to some people, chronic illnesses like asthma, emphysema, and severe pain, and because of a borderline IQ which makes every day difficult.

Instead of having heartfelt gratitude if you are not among the many who cannot work, too many indulge in angry suspicion that the poor are really bad people. The bad-seed theory, this used to be called.

As a Pastor in New Hampshire, I know that none of this is Christian. In the Bible, the rich are the problem the poor are struggling with. Not the other way around. In the Bible, Jesus especially asks us to be generous to the poor and the vulnerable.

I don't find it pleasant to deal with addicts who try to lie their way into some money from me, but I do know they are in misery, and their human need outweighs my desire for better behavior.

We have an opioid crisis in NH, and it affects the families of addicts, too.

And we have families with many children and hardly any income, people too old to find work again, and too young for Medicare, immigrants whose papers may not exist but whose illnesses are real.

Don't restrict this compassionate action - don't let human need go unmet.

Reagan, Lorene

From: jane oldfield-spearman <janeellen.os@gmail.com>
Sent: Friday, September 29, 2017 1:29 PM
To: DHHS: NH Premium Assistance Amendment
Subject: Work requirement for Medicaid recipients is a bad idea

To whom it may concern:

I am very alarmed at the proposal to require medicaid recipients to engage in at least 20 hours of employment or training activities in order to receive their health care coverage. This is a punitive measure that would effectively knock more poor and disabled people out of the medicaid pool. The whole reason they are eligible for medicaid is because they usually have a profound disability and are sadly lacking in financial resources. Demanding that they show proof of employment adds another hurdle for these folks and is morally wrong. It is also going to lead to more people who are struggling with the opioid crisis to be blocked from receiving the treatment they need and will cause terrible suffering and crime in our communities.

Jane Oldfield-Spearman
35 Pine Street
Exeter, NH 03833

State of New Hampshire
DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

FIS 17 191
Late Item

mac

JEFFREY A. MEYERS
COMMISSIONER

October 13, 2017

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

Requested Action

Pursuant to the provisions of Chapter Law 156:183 *Department of Health and Human Services; Unfunded Positions; Authorization (Laws of 2017),* authorize the Department of Health and Human Services (DHHS) to fill 9 unfunded positions effective upon Fiscal Committee approval through the biennium ending June 30, 2019. See following page for a list of the unfunded positions.

Explanation

The Department had a total of 122 positions unfunded in the current operating budget effective July 1, 2017 totaling approximately $5 million in general funds. Those savings were targeted by the legislature to fund provider workforce rate increases. 119 positions were identified early in the budget process and 3 were added in the House phase. The original 119 positions included many direct care positions including Child Protection Social Workers (CPSWs), Nurses, and Mental Health Workers and the 3 added subsequently were attorney positions.

Chapter 156:183 allows the Department to seek Fiscal approval to fill unfunded positions provided that the total expenditure for such positions shall not exceed the amount appropriated for personal services. The table on the following page identifies 9 positions that are currently vacant and funded, for which the savings from those vacant-funded positions will be used to fill the 9 unfunded positions.

The attached "rolling vacancy list" represents 122 positions that the Department plans to keep vacant to ensure funding will be available to cover the intended savings from the original 122 positions that were unfunded in the budget. In addition to the "rolling vacancy list," the Department has a total of 220 vacant funded positions as of September 20, 2017.

Respectfully submitted,

Sue L Rockle for

Jeffrey A. Meyers
Commissioner

Enclosures

ROLLING VACANCY LIST

#	Approved list of positions to be held vacant approved 9/29/17 FIS 17-161 Position Description	Program	Number	SFY 18 Sal & Ben TF	Proposed list of positions to be held vacant as of 10/20/17 Position Description	Program	Number	SFY 18 Sal & Ben TF
	The highlighted positions represent those that we are requesting to fund at this time				**These highlighted positions will be kept vacant to fund the position list to the left**			
1	Supervisor III	Client Services	12588	$ 91,848	Internal Auditor II	OCOM	42837	$82,759
2	Health Promotion Advisor	DPHS	42860	$ 95,133	Youth Counselor	DCYF	11676	$63,189
3	Administrator II	BDS	15637	$ 87,493	Supervisor VII	DCYF	40785	$121,599
4	Executive Secretary	Juvenile Justice	19440	$ 52,808	Switchboard Operator	NHH	15836	$49,641
5	Supervisor V	Health fac.	30318	$ 105,265	Psychologist	NHH	16044	$105,078
6	Executive Project Manager	Finance	40399	$ 109,218	Finance Reporting Admin II	OOF	12353	$147,961
7	Recreational Therapist II	NHH	15998	$ 84,607	Youth Counselor	DCYF	11650	$55,994
8	Administrator III	BII	12180	$ 105,265	Administrator II	OCOM	14794	$106,458
9	Paralegal II	OLRS	44205	$ 59,392	Teacher I	SYSC	40129	$116,558
				$ 791,029				**$849,238**
	No change in the positions listed below - they will remain vacant				**No change in the positions listed below - they will remain vacant**			
10	Administrator III	BII	14986	124,901	Administrator III	BII	14986	$ 124,901
11	PH Nurse Coordinator	PH	14807	73,823	PH Nurse Coordinator	PH	14807	$ 73,823
12	Source Document Examiner	OOF	12490	72,371	Source Document Examiner	OOF	12490	$ 72,371
13	Teacher	sysc	40131	64,598	Teacher	sysc	40131	$ 64,598
14	Teacher III	SYSC	40127	85,156	Teacher III	SYSC	40127	$ 85,156
15	Accountant III	OOF	30324	56,427	Accountant III	OOF	30324	$ 56,427
16	Program Planner III	PH	42956	109,103	Program Planner III	PH	42956	$ 109,103
17	Administrative Asst I	DPHS	42848	72,279	Administrative Asst I	DPHS	42848	$ 72,279
18	Employment Counselor Spec.	DFA	11088	71,561	Employment Counselor Spec.	DFA	11088	$ 71,561
19	Program Specialist III	OMHRA	14750	71,561	Program Specialist III	OMHRA	14750	$ 71,561
20	Family Services Specialist I	Client Services	42738	53,557	Family Services Specialist I	Client Services	42738	$ 53,557
21	Supervisor IV	SYSC	11779	95,206	Supervisor IV	SYSC	11779	$ 95,206
22	Health Facilities Cleaner	NHH	40382	65,875	Health Facilities Cleaner	NHH	40382	$ 65,875
23	Hearings Examiner	OLS	19152	123,104	Hearings Examiner	OLS	19152	$ 123,104
24	Accounting Technician	Finance - DCYF	11697	66,621	Accounting Technician	Finance - DCYF	11697	$ 66,621
25	Fiscal Specialist 1	Finance- DCYF	16146	56,539	Fiscal Specialist 1	Finance- DCYF	16146	$ 56,539
26	Fiscal Specialist II	Finance- DCYF	40117	59,857	Fiscal Specialist II	Finance- DCYF	40117	$ 59,857
27	Fiscal Specialist I	Finance-DCYF	42623	56,539	Fiscal Specialist I	Finance-DCYF	42623	$ 56,539
28	Clerk IV	DCYF	43492	52,334	Clerk IV	DCYF	43492	$ 52,334
29	Maintenance Technician	DCYF	11666	71,939	Maintenance Technician	DCYF	11666	$ 71,939
30	Building Service Worker III	DCYF	16418	49,214	Building Service Worker III	DCYF	16418	$ 49,214
31	Psychological Associate	DCYF	11637	75,560	Psychological Associate	DCYF	11637	$ 75,560
32	Librarian	NHH	15702	67,285	Librarian	NHH	15702	$ 67,285
33	Business System Analyst II	Finance-OMS	12278	120,521	Business System Analyst II	Finance-OMS	12278	$ 120,521
34	Clerk IV	Client Services	12305	61,375	Clerk IV	Client Services	12305	$ 61,375
35	Assistant House Leader	DCYF	11717	88,818	Assistant House Leader	DCYF	11717	$ 88,818
36	Training Development Manager	NHH	42865	93,192	Training Development Manager	NHH	42865	$ 93,192

ROLLING VACANCY LIST

#	Approved list of positions to be held vacant approved 9/29/17 FIS 17-161				Proposed list of positions to be held vacant as of 10/20/17			
	Position Description	Program	Number	SFY 18 Sal & Ben TF	Position Description	Program	Number	SFY 18 Sal & Ben TF
37	Teacher I	DCYF	11679	75,106	Teacher I	DCYF	11679	$ 75,106
38	Teacher II	DCYF	16640	79,816	Teacher II	DCYF	16640	$ 79,816
39	Teacher III	DCYF	16642	85,156	Teacher III	DCYF	16642	$ 85,156
40	Psychologist	DCYF	19458	108,767	Psychologist	DCYF	19458	$ 108,767
41	Teacher II	DCYF	19461	79,816	Teacher II	DCYF	19461	$ 79,816
42	Training & Dev Therapist	NHH	16080	84,290	Training & Dev Therapist	NHH	16080	$ 84,290
43	Teacher III	DCYF	40133	85,156	Teacher III	DCYF	40133	$ 85,156
44	Teacher Assistant	DCYF	41202	62,263	Teacher Assistant	DCYF	41202	$ 62,263
45	Supervisor III	Child Support	12157	71,560	Supervisor III	Child Support	12157	$ 71,560
46	Case Technician I	Child Support	19159	54,911	Case Technician I	Child Support	19159	$ 54,911
47	Secretary II	Child Support	19759	69,360	Secretary II	Child Support	19759	$ 69,360
48	Case Technician Trainee	Child Support	19782	55,091	Case Technician Trainee	Child Support	19782	$ 55,091
49	Attorney I	OLRS-Child Support	40525	93,296	Attorney I	OLRS-Child Support	40525	$ 93,296
50	Program Assistant I	Client Services	12216	52,154	Program Assistant I	Client Services	12216	$ 52,154
51	Program Specialist IV	OII	42921	97,626	Program Specialist IV	OII	42921	$ 97,626
52	Senior Management Analyst	Medicaid	14785	90,647	Senior Management Analyst	Medicaid	14785	$ 90,647
53	Fiscal Specialist II	DCYF	16127	59,676	Fiscal Specialist II	DCYF	16127	$ 59,676
54	Training Coordinator	Client Services	16409	65,206	Training Coordinator	Client Services	16409	$ 65,206
55	Executive Secretary	NHH	15826	63,172	Executive Secretary	NHH	15826	$ 63,172
56	Staff Dev. Training Specialist	NHH	15903	73,897	Staff Dev. Training Specialist	NHH	15903	$ 73,897
57	Chief Accountant	OMS- DSRIP	16577	78,832	Chief Accountant	OMS- DSRIP	16577	$ 78,832
58	Administrator III	OMS	40141	120,520	Administrator III	OMS	40141	$ 120,520
59	Administrator I	OMS	41013	81,566	Administrator I	OMS	41013	$ 81,566
60	Program Specialist IV	BEAS	12539	76,239	Program Specialist IV	BEAS	12539	$ 76,239
61	Accounting Technician	OOF	43187	47,193	Accounting Technician	OOF	43187	$ 47,193
62	Senior Management Analyst	Public Health	43582	79,013	Senior Management Analyst	Public Health	43582	$ 79,013
63	Executive Secretary	DCYF	11812	43,285	Executive Secretary	DCYF	11812	$ 43,285
64	Senior Management Analyst	OII	19154	79,013	Senior Management Analyst	OII	19154	$ 79,013
65	Supervisor VII	Public Health	42893	84,549	Supervisor VII	Public Health	42893	$ 84,549
66	Executive Secretary	Public Health	42943	51,073	Executive Secretary	Public Health	42943	$ 51,073
67	Program Specialist IV	Public Health	42884	76,239	Program Specialist IV	Public Health	42884	$ 76,239
68	Laboratory Scientist IV	Public Health	14602	98,429	Laboratory Scientist IV	Public Health	14602	$ 98,429
69	Microbiologist IV	Public Health	14721	87,312	Microbiologist IV	Public Health	14721	$ 87,312
70	Program Assistant II	Public Health	40965	81,339	Program Assistant II	Public Health	40965	$ 81,339
71	Buyer	NHH	16430	50,889	Buyer	NHH	16430	$ 50,889
72	Plumber Supervisor II	NHH	16498	78,271	Plumber Supervisor II	NHH	16498	$ 78,271
73	Electrical/Electronic Specialist	NHH	16506	81,208	Electrical/Electronic Specialist	NHH	16506	$ 81,208
74	Business Administrator IV	Finance-BDS	14607	87,493	Business Administrator IV	Finance-BDS	14607	$ 87,493
75	Program Planner I	BDS	16482	69,922	Program Planner I	BDS	16482	$ 69,922
76	Program Planning and Review Sp.	DBH	16158	111,375	Program Planning and Review Sp.	DBH	16158	$ 111,375
77	Supervisor III	BDS	40363	71,380	Supervisor III	BDS	40363	$ 71,380
78	Administrative Supervisor	NHH	15984	65,932	Administrative Supervisor	NHH	15984	$ 65,932

ROLLING VACANCY LIST

Approved list of positions to be held vacant approved 9/29/17 FIS 17-161

#	Position Description	Program	Number	SFY 18 Sal & Ben TF
79	Health Facilities Cleaner II	NHH	16376	47,605
80	Food Service Worker II	NHH	16403	46,578
81	Electrical/Electronic Specialist	NHH	30885	82,959
82	Food Service Worker II	NHH	40374	46,578
83	Business Administrator	oof	12425	115,848
84	Administrator III	DDS	12435	93,847
85	Program Planner III	DPHS	42944	76,420
86	Claims Processor I	Public Health	14710	48,597
87	Program Planning and review Sp	Quality Unit	12398	96,409
88	Accountant II	OOF	21025	61,585
89	Training Coordinator	Client Services	30284	67,286
90	Family Services Associate	Client Services	12783	70,253
91	Business System Analyst I	OMS- DSRIP	30595	84,549
92	Laundry Worker III	NHH	16348	58,336
93	Secretary II	DCYF	11830	68,358
94	Financial Analyst	DPHS	14764	109,937
95	Financial Reporting Admin II	Finance	12335	81,566
96	Business Administrator II	Finance	12340	95,284
97	Claims Processor II	Finance	12357	52,154
98	Planning Analyst/Data System	Finance	14676	96,003
99	Accountant II	OOF	15946	61,585
100	Medical Records Technician	NHH	16250	56,372
101	Data Control Clerk II	HR	19752	49,631
102	Program Specialist III	OCOM	19837	71,380
103	Youth Counselor III	SYSC	16651	80,809
104	Program Planning and review Sp	Medicaid	41020	71,561
105	Licensing & Eval Coordinator	OLRS	40410	48,416
106	Attorney II	OLRS	40367	82,449
107	Utilization and Review	Behavior Health	16129	93,048
108	Executive Secretary	HR	12154	51,073
109	Payroll Officer I	HR	12173	54,911
110	Health Promotion Advisor	Public Health	42849	95,327
111	Planning Analyst/Data System	HR	16658	82,928
112	Information Technology Manager V	OIS	11750	104,903
113	Information Technology Manager V	OIS	14736	104,903
114	Business System Analyst II	OIS	14762	90,466
115	Information Technology Manager V	OIS	16383	148,320
116	Administrator I	OIS	19187	81,746
117	Systems Development Spec. VI	OIS	41072	90,466
118	Business System Analyst I	OIS	41122	84,369
119	Business Sytesm Analyst II	OIS	43071	90,466

Proposed list of positions to be held vacant as of 10/20/17

Position Description	Program	Number	SFY 18 Sal & Ben TF
Health Facilities Cleaner II	NHH	16376	$ 47,605
Food Service Worker II	NHH	16403	$ 46,578
Electrical/Electronic Specialist	NHH	30885	$ 82,959
Food Service Worker II	NHH	40374	$ 46,578
Business Administrator	oof	12425	$ 115,848
Administrator III	DDS	12435	$ 93,847
Program Planner III	DPHS	42944	$ 76,420
Claims Processor I	Public Health	14710	$ 48,597
Program Planning and review Sp	Quality Unit	12398	$ 96,409
Accountant II	OOF	21025	$ 61,585
Training Coordinator	Client Services	30284	$ 67,286
Family Services Associate	Client Services	12783	$ 70,253
Business System Analyst I	OMS- DSRIP	30595	$ 84,549
Laundry Worker III	NHH	16348	$ 58,336
Secretary II	DCYF	11830	$ 68,358
Financial Analyst	DPHS	14764	$ 109,937
Financial Reporting Admin II	Finance	12335	$ 81,566
Business Administrator II	Finance	12340	$ 95,284
Claims Processor II	Finance	12357	$ 52,154
Planning Analyst/Data System	Finance	14676	$ 96,003
Accountant II	OOF	15946	$ 61,585
Medical Records Technician	NHH	16250	$ 56,372
Data Control Clerk II	HR	19752	$ 49,631
Program Specialist III	OCOM	19837	$ 71,380
Youth Counselor III	SYSC	16651	$ 80,809
Program Planning and review Sp	Medicaid	41020	$ 71,561
Licensing & Eval Coordinator	OLRS	40410	$ 48,416
Attorney II	OLRS	40367	$ 82,449
Utilization and Review	Behavior Health	16129	$ 93,048
Executive Secretary	HR	12154	$ 51,073
Payroll Officer I	HR	12173	$ 54,911
Health Promotion Advisor	Public Health	42849	$ 95,327
Planning Analyst/Data System	HR	16658	$ 82,928
Information Technology Manager V	OIS	11750	$ 104,903
Information Technology Manager V	OIS	14736	$ 104,903
Business System Analyst II	OIS	14762	$ 90,466
Information Technology Manager V	OIS	16383	$ 148,320
Administrator I	OIS	19187	$ 81,746
Systems Development Spec. VI	OIS	41072	$ 90,466
Business System Analyst I	OIS	41122	$ 84,369
Business Sytesm Analyst II	OIS	43071	$ 90,466

ROLLING VACANCY LIST

Approved list of positions to be held vacant approved 9/29/17 FIS 17-161					Proposed list of positions to be held vacant as of 10/20/17				
#	Position Description	Program	Number	SFY 18 Sal & Ben TF	Position Description	Program	Number	SFY 18 Sal & Ben TF	
120	Accounting Technician	Finance	15782	70,542	Accounting Technician	Finance	15782	$	70,542
121	Attorney	OLRS	30559	84,549	Attorney	OLRS	30559	$	84,549
122	Paralegal I	DCYF	NEWLE18	59,392	Paralegal I	DCYF	NEWLE18	$	59,392
			TOTALS	**$ 9,468,148**			**TOTALS**	**$**	**9,526,356**

State of New Hampshire
DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

JEFFREY A. MEYERS
COMMISSIONER

mac

FIS 17 192
Late Item

October 16, 2017

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 SFY18

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 position and caseload information contained herein is current through September 30, 2017. (SFY 18).

Explanation

Caseload Trends

	SFY 15	SFY 16	SFY 17				SFY 18		
	6/30/2015	6/30/2016	9/30	12/31	3/31/2017	6/31/2017	7/31/2017	8/31/2017	9/30/2017
Medicaid Standard	138,252	137,372	136,022	134,636	133,829	133,054	132,291	132,680	132,427
% inc/dec over prior 6/30		*-0.64%*				*-3.14%*	*-0.57%*	*-0.28%*	*-0.47%*
NHHPP	41,657	49,522	50,911	52,474	53,099	52,313	51,973	52,185	51,887
% inc/dec over prior 6/30		*18.88%*				*5.64%*	*0.65%*	*-0.24%*	*-0.81%*
Food Stamps (SNAP)	105,322	96,872	95,421	94,191	93,050	91,633	90,522	90,231	89,873
% inc/dec over prior 6/30		*-8.02%*				*-5.41%*	*1.21%*	*-1.53%*	*-1.92%*
FANF Persons	*6,138*	5,107	4,965	4,999	5,011	4,972	4,983	5,439	5,774
% inc/dec over prior 6/30		*-16.80%*				*-2.64%*	*-0.22%*	*9.39%*	*16.13%*
APTD Persons	*7,526*	6,916	6,837	6,732	6,698	6,655	6,565	6,563	6,505
% inc/dec over prior 6/30		*-8.11%*				*-3.77%*	*1.35%*	*-1.38%*	*-2.25%*
LTC - Persons	*7,109*	7,065	7,035	7,000	7,130	7,480	7,399	7,414	7,422
% inc/dec over prior 6/30		*-0.62%*				*5.87%*	*1.08%*	*-0.88%*	*-0.78%*

Budget Overview

The Department has been tracking revenues and expenditures over the first 100 days of FY 2018. At this point in time, there are no material changes to the Department's anticipated financial position to report for FY 18. We continue to track Medicaid caseloads and out of home placements for DCYF youth as potential watch items in the next quarter of the fiscal year. Disproportionate Share Payments to the state's hospitals for uncompensated care is another item being followed, which is expected to be influenced by the outcome of litigation over federal rulemaking pending in New Hampshire and other jurisdictions. The Department will be adjusting its managed care rates by the end of the year to reflect the implementation of the mental health measures adopted in HB 400/HB517, but this adjustment is anticipated to be minimal. The Department is awaiting the federal government's adjustment to

Medicare Part A and B rates. The actual rates will be reported to the legislature should they be materially different from what was budgeted.

CHIP Reauthorization

As has been widely reported, federal authorization for the Children's Health Insurance Program expired at the end of Federal Fiscal Year on September 30, 2017. While the expiration of the CHIP program funding also ended the enhanced matching rate for Medicaid enrolled youth, which traditionally has ranged from 65% to 88%, the lapse of the CHIP authority did not affect the availability of standard Medicaid reimbursement for the youth eligibility group. Medicaid reimbursement at the state's regular matching rate (50% for NH) will continue.

New Hampshire should not experience any budget shortfall in the current biennium because the Department and Governor Sununu anticipated a potential lapse in CHIP authorization and budgeted for health coverage of the Medicaid youth at the 50% matching rate. CHIP reauthorization legislation is now pending in both the House and US Senate. Should CHIP be reauthorized in the current fiscal year or next, then depending upon the precise terms of that reauthorization and any enhanced matching rate that is restored, New Hampshire could realize some additional revenue. Any such additional revenue, however, might be offset by caseloads if these do not decrease by 2% as assumed in the budget.

Developmental Disability (DD) Waitlist

At the start of SFY18, the Waiting List was at 227 people. As of July 31, 2017 this number decreased to 164 people waiting for services, this number decreased in August 31, 2017 to 158 people waiting for services. As of September 30, 2017, this number decreased to 141 people waiting for services. A total of 38 people came off and 21 people were added in the month. Of those added to the Waiting List in September, there was one student, 7 people are newly eligible, and 13 were those people who are receiving services and are requesting additional services. Of the total 141 people waiting, 6 are students transitioning into the adult service system, 31 are people newly eligible for services, and 104 are receiving some level of services are have requested additional services. As expected, this number went down slightly in September.

The approved budget has significantly increased funding for DD services. All of the Area Agencies have submitted Wait List Proposals and will be serving at least 295 people during the SFY 2018, which are 28 more people served than anticipated. The intent will be, as of today to serve an additional 214 people in SFY 2019 for a total of 509 people in the Biennium. The need for the Biennium is projected to be 715 people needing services. It is very early in this Biennium to predict how many people may be without services. The Bureau of Developmental Services (BDS) met with each Area Agency during the month of September to review those individuals they feel they are unable to serve and we are finalizing the number and dollar amount for the biennium. With the support of BDS, Area Agencies are also working within their region to assess utilization and have been moving dollars to serve more individuals. Included in this Dashboard are new tables representing Wait List activity for the Developmental Disabilities, Acquired Brain Disorder, and In Home Support clients (see attached Tables 10 and 11).

Implementation of Mental Health Measures under HB 400 and HB 517

The Department is providing the following summary of the status of actions taken to implement the Mental Health measures in HB 400 and HB 517, as of October 10, 2017:

Evaluation of Inpatient Bed Capacity:

On September 27, 2017, the Governor and Council approved a contract with Human Services Research Institute (HRSI) to conduct the study. HRSI was chosen from the four vendors who submitted proposals.

Mobile Crisis Team/Apartments:

While the Request for Proposals was issued within the statutory deadline of June 30, 2017, the DHHS did not receive any proposals. Based on input from the provider community, the Department is making additional changes to respond to the input while ensuring the goal of diverting individuals with severe mental illness from emergency rooms is met.

Designated Receiving Facility Beds:

The RFA was released by the statutory deadline of June 30, 2017. As of this date, the RFA was canceled in order to consult further with the providers to understand the barriers to the procurement. The Department has met with legislative leadership, the Governor, and providers in order to discuss how this procurement may be adjusted to facilitate additional capacity at NH and in the community that would decrease the numbers of persons waiting at hospital emergency departments.

Transitional Community Housing:

The RFA was released by June 30 2017 and 3 applications were received. The Department plans to submit contracts to the Governor and Council for its consideration at its meeting on October 25, 2017.

Data Management System:

The RFP is posted with proposals due October 20, 2017. We are working closely with DoIT on this effort.

New 10 year Plan:

On September 27, 2017 G&C approved a contract with Antioch University, which will assist the Department in the development of the Plan with a robust stakeholder input process. We also are working with NASHMPD (National Association of State Mental Health Directors) for technical/consulting assistance to help develop the new 10 year plan.

Due Process Rights for Patients:

The Department has convened a working group of four hospitals, the Courts, and New Hampshire Hospital Staff to meet weekly to plan for the implementation of a 90-day pilot program that we anticipate will begin before the end of the calendar year, There is considerable planning to be done will all four providers to address security, patient privacy, scheduling, technology and other issues for the pilot. All parties are working together to undertake this effort.

Plan required for removal of certain persons from NHH: Use of Philbrook Center:

The Department has been reviewing several options to remove the children's population from NHH. A report will be issued by the statutory deadline of November 1, 2017.

Children's Behavioral Health Medicaid Benefit:

On September 29, 2017 DHHS staff had a call with CMS to discuss the Medicaid benefit, the approach and all the requirements necessary to fulfill the requirements of each option.

Inpatient Substance Use Disorder Treatment at SYSC:

Work has begun to craft the RFP for the program requirements for the treatment portion of the work.

SYSC

The current average census at SYSC for the month of September was 45 of which 38 are committed youth. Traditionally census is lower during summer months leading into the start of the school year. With that being said the current trend appears to be influenced by issues other than normal practice.

	Average Daily Census
Jun-17	64
Jul-17	53
Aug-17	50
Sep-17	45

If we look at the admissions data since the passage of HB 517 there has been a steady decrease in the number of youth admitted. Although many sections of this bill do not take effect until 2018 it would appear as though judicial practice has already been influenced by this legislation. Over the past 24 months admissions for both detained and committed youth have averaged 28. For the past 2 months admissions have been 20 for July and 2 year low of 17 for August and 16 for September.

In addition, a Request for Proposals for enhanced capacity in the community was issued on October 6, 2017. A bidder's conference will be held on Tuesday, October 17 2017 at the Department, The due date for submissions is November 9, 2017.

Provider Rate Increase

The NH Legislature appropriated a one-time increase of up to 5% over the reimbursement rates in place on June 30, 2017 for certain direct service providers. This increase shall be used exclusively for the purpose of increasing either per diem rates or wages and benefits paid to individuals providing services directly to recipients.

HB 144 Laws of 2017, Organization Note 05-95-95-950010-5000-101 included funding for the following:

- Select services related to the Elderly Medicaid Choices for Independence (CFI) program such as home support care and case management;
- Non Medicaid social services for the elderly such as transportation and meals;
- DCYF residential providers for board and care and education;
- Public Guardian services
- Foster Care services

CFI, DCYF and Foster Care providers have been notified of their rate increases and are able to bill against those increased rates. The Public Guardian rate increase required contract amendments with two providers and those contract amendments were approved at the Governor & Council meeting on September 29, 2017. The remaining group of providers, for elderly non-Medicaid social services, requires amending more than 30 provider contracts and DHHS is actively working with the vendors to get those processed. We expect those contracts to go before the Governor & Council by December with a request to make those payments retroactive to July 1st. All providers have been asked to sign attestations that the increases would be passed along to direct care workers. DHHS will submit a list of any providers that fail to submit an attestation.

Respectfully submitted,

Jeffrey A. Meyers
Commissioner

Enclosures

CC: In lieu of the individual copies, the dashboard is available at the following website address:

https://www.dhhs.nh.gov/ocom/operatingstatsdashboards.htm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OPERATING STATISTICS DASHBOARD

Fiscal Meeting October 2017

SFY18

Data/Caseloads as of 9/30/17
Except for MH as of 8/31/17 and SUD

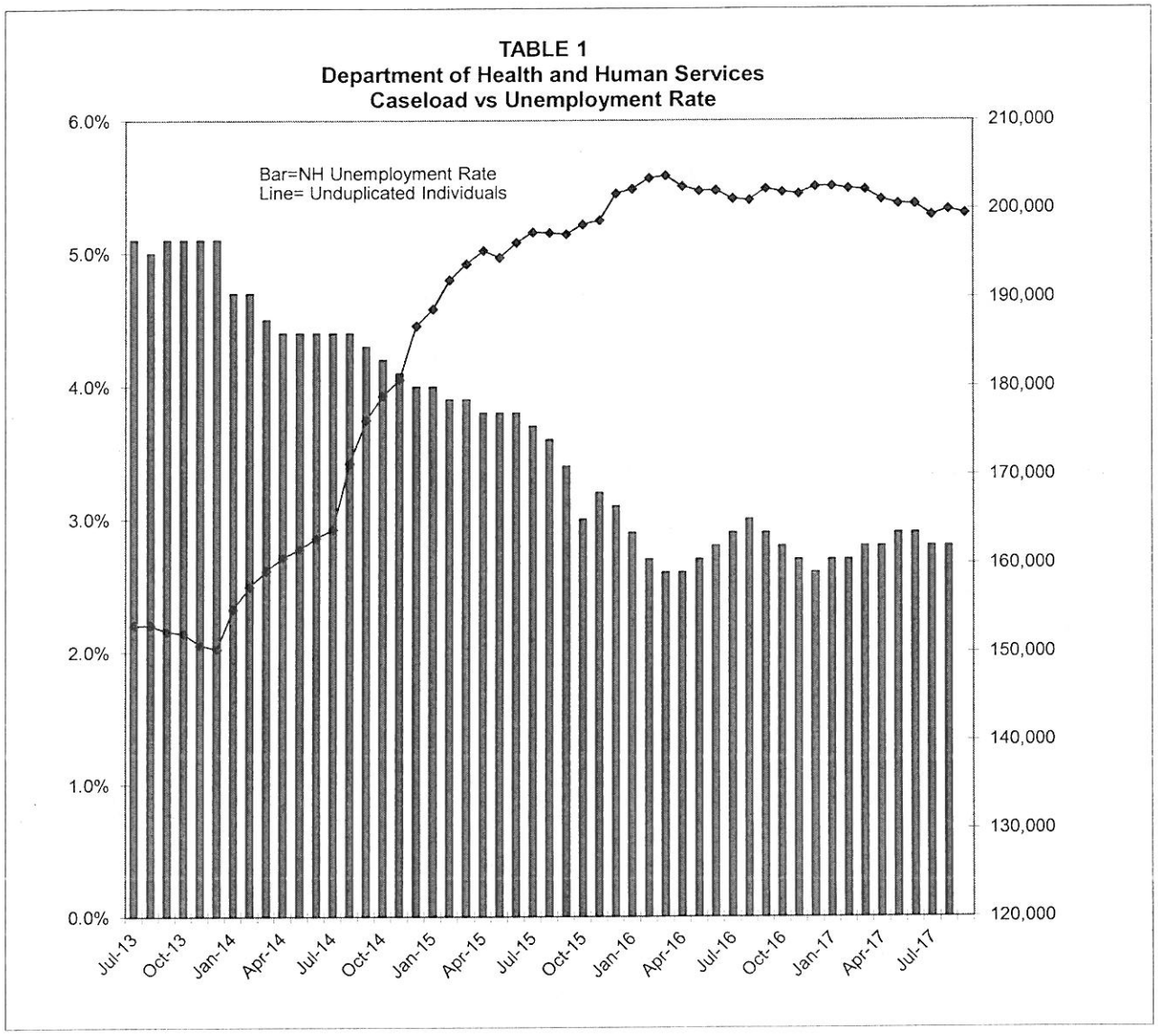
TABLE 1
Department of Health and Human Services
Caseload vs Unemployment Rate
Bar=NH Unemployment Rate
Line= Unduplicated Individuals
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
210,000
200,000
190,000
180,000
170,000
160,000
150,000
140,000
130,000
120,000
Jul-13
Oct-13
Jan-14
Apr-14
Jul-14
Oct-14
Jan-15
Apr-15
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17

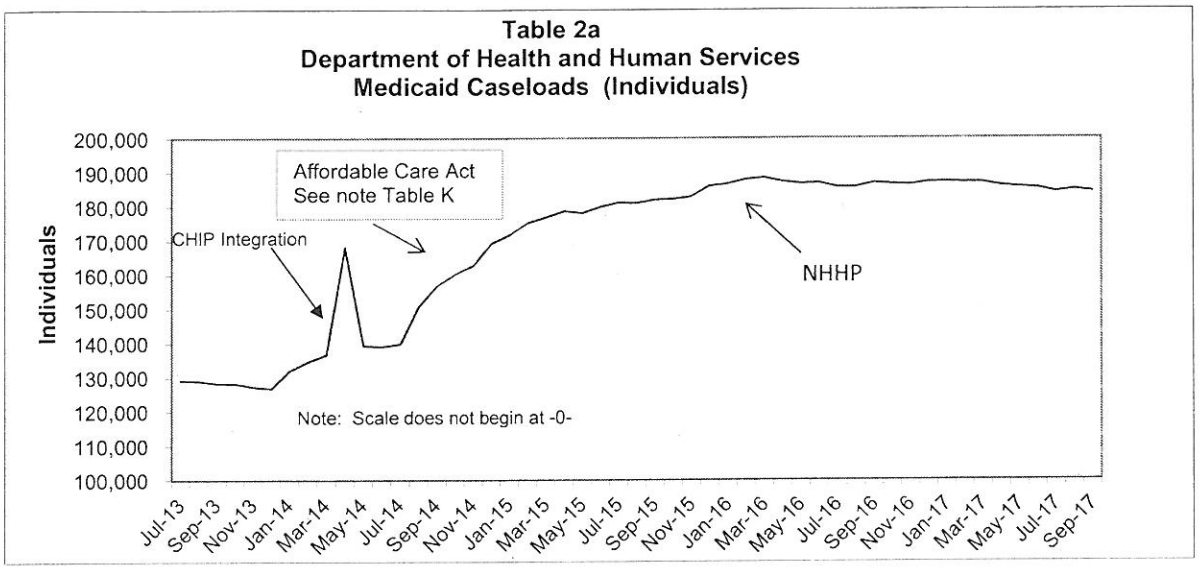
Table 2a
Department of Health and Human Services
Medicaid Caseloads (Individuals)
Individuals
200,000
190,000
180,000
170,000
160,000
150,000
140,000
130,000
120,000
110,000
100,000
Affordable Care Act
See note Table K
CHIP Integration
NHHP
Note: Scale does not begin at -0-
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
May-17
Jul-17
Sep-17

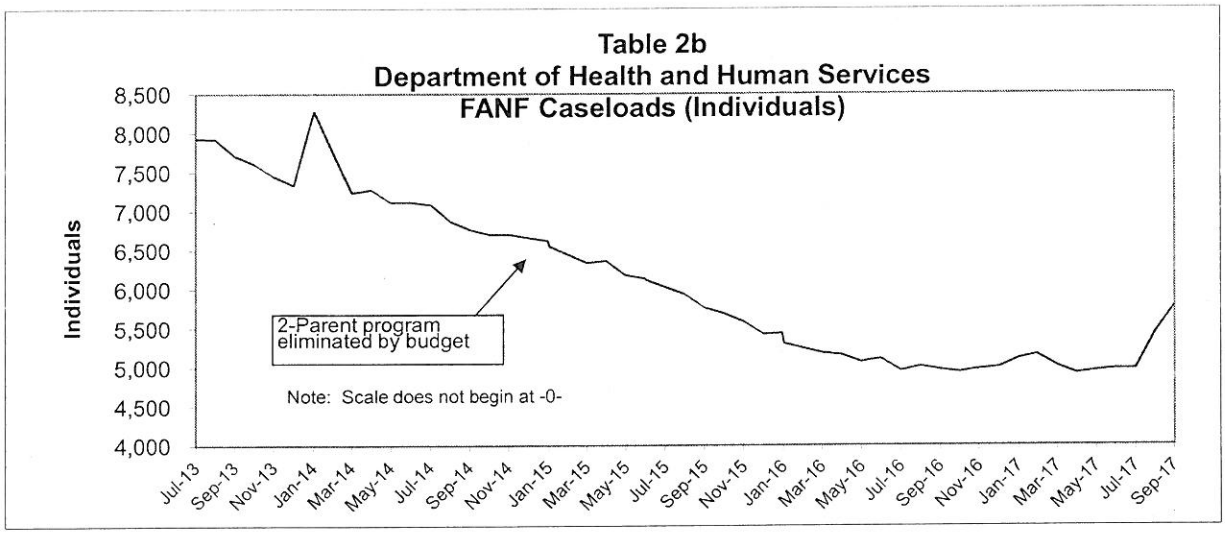
Table 2b
Department of Health and Human Services
FANF Caseloads (Individuals)
Individuals
8,500
8,000
7,500
7,000
6,500
6,000
5,500
5,000
4,500
4,000
2-Parent program
eliminated by budget
Note: Scale does not begin at -0-
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
May-17
Jul-17
Sep-17

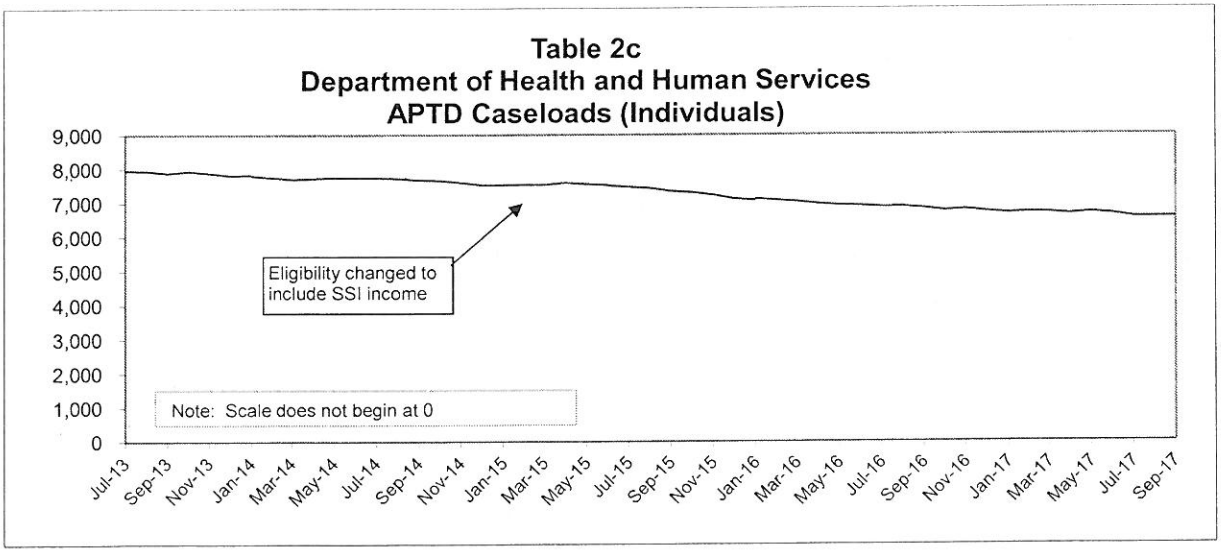
Table 2c
Department of Health and Human Services
APTD Caseloads (Individuals)
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Eligibility changed to
include SSI income
Note: Scale does not begin at 0
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
May-17
Jul-17
Sep-17

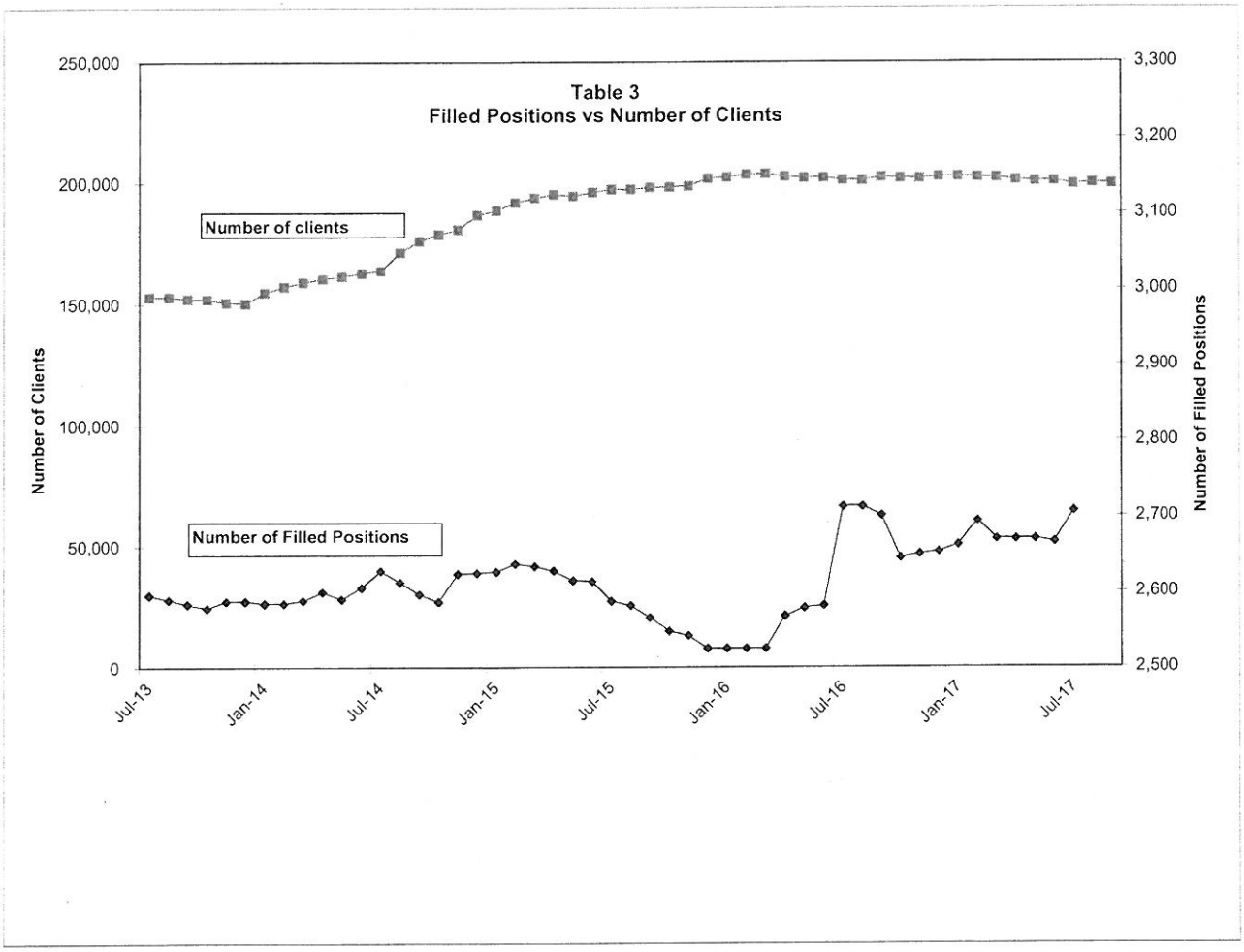
Table 3
Filled Positions vs Number of Clients
Number of clients
Number of Filled Positions
Number of Clients
Number of Filled Positions
250,000
200,000
150,000
100,000
50,000
0
3,300
3,200
3,100
3,000
2,900
2,800
2,700
2,600
2,500
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Jul-16
Jan-17
Jul-17

	A	B	C	D	E	F	G
1	Table 4						
2	Department of Health and Human Services						
3	Operating Statistics						
4	Children In Services						
5							
6		DCYF Referrals	DCYF Assessments Closed	Family Foster Care Placement	Residential Placement	Child Care Emplmnt Related	Child Care Wait List
7							
8							
9		Actual	Actual	Actual	Actual	Actual	Actual
82	Jul-15	1,120	908	564	322	5,651	0
83	Aug-15	1,074	743	571	319	5,588	0
84	Sep-15	1,298	895	570	304	5,528	0
85	Oct-15	1,336	863	591	308	5,192	0
86	Nov-15	1,182	680	605	303	5,219	0
87	Dec-15	1,280	825	647	316	5,267	0
88	Jan-16	1,178	736	658	335	5,370	0
89	Feb-16	1,143	2,569	666	336	5,201	0
90	Mar-16	1,458	1,165	691	341	5,269	0
91	Apr-16	1,231	731	701	342	5,245	0
92	May-16	1,376	612	705	349	5,230	0
93	Jun-16	1,139	889	720	346	9,137	0
94	Jul-16	978	762	729	327	5,326	0
95	Aug-16	1,243	918	736	323	5,279	0
96	Sep-16	1,364	868	763	308	5,185	0
97	Oct-16	1,313	687	786	325	5,013	0
98	Nov-16	1,210	633	799	324	4,978	0
99	Dec-16	1,154	493	824	333	4,969	0
100	Jan-17	1,326	780	838	348	4,962	0
101	Feb-17	1,307	751	864	352	4,921	0
102	Mar-17	1,486	853	902	361	4,998	0
103	Apr-17	1,269	663	917	372	5,007	0
104	May-17	1,745	1,212	975	374	5,102	0
105	Jun-17	1,466	1,159	1,025	362	5,104	0
106	Jul-17	1,242	961	1,023	352	5,096	0
107	Aug-17	1,380	1,130	1,034	355	5,059	0
108	Sep-17	1,517	826	1,015	340	4,981	0
109	Oct-17						
110	Nov-17						
111	Dec-17						
112	Jan-18						
113	Feb-18						
114	Mar-18						
115	Apr-18						
116	May-18						
117	Jun-18						
118							
119	ANNUAL AVERAGE						
124	SFY15	1,261	764	537	310	5,479	0
125	SFY16	1,235	968	641	327	5,658	0
126	SFY17	1,322	815	847	342	5,070	0
127	SFY18-YTD	1,380	972	1,024	349	5,045	0
128							
129	**Source of Data**						
130	Column						
131	**B**	DCYF SFY Management Database Report: Bridges.					
132	**C**	DCYF Assessment Supervisory Report: Bridges.					
133	**D**	Bridges placement authorizations during the month, unduplicated.					
134	**E**	Bridges placement authorizations during the month, unduplicated.					
135	**F**	Bridges Expenditure Report, NHB-OAR8-128					
136	**G**	Child Care Wait List Screen: New Heights					
137	**H**	Bridges Service Day Query - Bed days divided by days in month					

Table 5
Department of Health and Human Services
Operating Statistics

DCYF- CHILD PROTECTION SOCIAL WORKERS - STAFFING UPDATE

	ASSESSMENT WORKERS					FAMILY SERVICE WORKERS					INTAKE WORKERS				
	Positions/ Authorized	Staff with Cases		New hires in training/ on leave	Vacant	Positions/ Authorized	Staff with Cases		New hires in training / on leave	Vacant	Positions/ Authorized	Staff with Cases		New hires in training/ on leave	Vacant
SFY 17															
Jul-16	84	56		18	10	81	69		11	1	10	10		0	0
Aug-16	84	54		16	14	81	66		10	5	10	9		1	0
Sep-16	84	51		23	10	81	69		9	3	10	10		0	0
Oct-16	84	49		26	9	81	66		13	2	10	9		1	0
Nov-16	84	53		25	6	81	66		9	6	10	9		1	0
Dec-16	84	61		19	4	81	68		6	7	10	10		0	0
Jan-17	116	70		21	25	81	71		4	6	10	10		0	0
Feb-17	116	68		26	22	81	68		9	4	10	10		0	0
Mar-17	116	65		27	24	81	68		9	4	10	8		1	1
Apr-17	116	69		25	22	81	65		14	2	10	8		1	1
May-17	115	70		24	21	82	61		17	4	10	8		1	1
Jun-17	115	75		28	12	82	60		15	7	10	9		1	0
SFY 18	Positions/ Authorized	Staff with Cases	CORE training	FMLA	Vacant/ transition	Positions/ Authorized	Staff with Cases	CORE training	FMLA	Vacant/ transition	Positions/ Authorized	Staff with Cases	CORE training	FMLA	Vacant/ transition
Jul-17	125	76	24	1	25	91	61	14	3	13	11	10	0	0	1
Aug-17	125	68	31	3	23	91	60	14	3	14	11	10	0	0	1
Sep-17	125	63	35	4	23	91	59	14	4	14	11	10	0	0	1
Oct-17															
Nov-17															
Dec-17															
Jan-18															
Feb-18															
Mar-18															
Apr-18															
May-18															
Jun-18															

Note: the newly authorized positions (20) budgeted in SFY18 are reflected in the counts above as authorized and vacant as they are currently being established & activated by DOP (July and August)

Note: Assessment workers include statewide assessment team workers, but does not include SIU; Family service workers are all workers that carry a caseload, it does not include Resource workers.

TABLE 6
Department of Health and Human Services
Operating Statistics

DCYF- Sununu Youth Services Center Census

SFY 17	Average Daily Census	ADC Committed Youth	ADC Detained Youth	Admissions
Jul-16	68	54	14	22
Aug-16	60	50	9	28
Sep-16	63	47	15	37
Oct-16	64	51	13	28
Nov-16	64	52	12	29
Dec-16	64	57	7	23
Jan-17	68	57	11	23
Feb-17	67	57	10	21
Mar-17	61	50	11	30
Apr-17	58	48	10	21
May-17	69	50	20	33
Jun-17	64	48	16	27
SFY 18	Average Daily Census	ADC Committed Youth	ADC Detained Youth	Admissions
Jul-17	53	43	10	20
Aug-17	50	43	8	17
Sep-17	45	38	7	16
Oct-17				
Nov-17				
Dec-17				
Jan-18				
Feb-18				
Mar-18				
Apr-18				
May-18				
Jun-18				

."ADC" = Average Daily Census

	A	B	C	D	E	F	G	H
1	Table 7							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Social Services							
5								
6		FANF	APTD Persons	Food Stamps Persons	Child Support Cases			
7					Current Cases	Former Cases	Never Cases	Total Cases
8								
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
82	Jul-15	6,120	7,513	104,705	3,852	19,228	14,937	38,017
83	Aug-15	5,934	7,438	103,544	3,866	19,211	15,004	38,081
84	Sep-15	5,764	7,343	102,869	3,685	19,344	15,133	38,162
85	Oct-15	5,688	7,307	101,917	3,808	19,263	15,257	38,328
86	Nov-15	5,583	7,227	100,525	3,763	19,319	15,345	38,427
87	Dec-15	5,425	7,116	100,495	3,614	19,366	15,373	38,353
88	Jan-16	5,435	7,081	99,978	3,699	19,261	15,402	38,362
89	Feb-16	5,307	7,117	99,486	3,658	19,258	15,506	38,422
90	Mar-16	5,183	7,033	99,543	3,558	19,390	15,694	38,642
91	Apr-16	5,159	6,972	98,453	3,646	19,242	15,828	38,716
92	May-16	5,068	6,933	97,610	3,627	19,187	15,886	38,700
93	Jun-16	5,107	6,916	96,872	3,544	19,147	15,952	38,643
94	Jul-16	4,954	6,875	95,956	3,589	19,058	15,945	38,592
95	Aug-16	5,012	6,884	95,575	3,440	19,184	15,953	38,577
96	Sep-16	4,965	6,837	95,421	3,473	19,105	15,973	38,551
97	Oct-16	4,938	6,767	94,873	3,587	18,964	16,043	38,594
98	Nov-16	4,972	6,799	94,563	3,516	18,986	16,102	38,604
99	Dec-16	4,999	6,732	94,191	3,612	18,808	16,147	38,567
100	Jan-17	5,109	6,690	93,856	3,722	18,739	16,231	38,692
101	Feb-17	5,159	6,719	93,303	3,764	18,717	16,279	38,760
102	Mar-17	5,011	6,698	93,050	3,665	18,747	16,312	38,724
103	Apr-17	4,917	6,661	92,386	3,799	18,550	16,306	38,655
104	May-17	4,948	6,706	92,072	3,785	18,545	16,326	38,656
105	Jun-17	4,972	6,655	91,633	3,818	18,472	16,379	38,669
106	Jul-17	4,983	6,565	90,522	3,899	18,338	16,429	38,666
107	Aug-17	5,439	6,563	90,231	3,958	18,277	16,361	38,596
108	Sep-17	5,774	6,565	89,873	4,039	17,875	16,233	38,147
109	Oct-17							
110	Nov-17							
111	Dec-17							
112	Jan-18							
113	Feb-18							
114	Mar-18							
115	Apr-18							
116	May-18							
117	Jun-18							
118								
119	ANNUAL AVERAGES							
124	SFY15	6,582	7,603	107,685	3,780	18,700	13,939	36,419
125	SFY16	5,481	7,166	100,500	3,693	19,268	15,443	38,404
126	SFY17	4,996	6,752	93,907	3,648	18,823	16,166	38,637
127	SFY18-YTD	5,399	6,564	90,209	3,965	18,163	16,341	38,470
128								
129	**Source of Data**							
130	Column							
131	**B**	Office of Research & Analysis, Caseload Statistics						
132	**C**	Budget Document						
133	**D**	Budget Document						
134	**E-H**	DCSS Caseload (Month End Actual from NECSES)						
135								
136	**Note**	* Effective 3/1/12, SSI or SSP is considered when determining FANF						
137		eligibility. Those child support cases no longer eligible, are now "Former"						
138		assistance cases.						
139								

	A	B	C	D	E
1	**Table 8**				
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**	32,600	11,699	44,299	
13	**FY2017**	30,597	11,432	42,029	
14					
15		**Adults**	**Children**	**Total**	
28	Jul-15	15,467	5,741	21,208	
29	Aug-15	15,213	5,806	21,019	
30	Sep-15	15,232	5,769	21,001	
31	Oct-15	15,324	6,027	21,351	
32	Nov-15	14,438	5,957	20,395	
33	Dec-15	14,753	6,084	20,837	
34	Jan-16	15,150	5,637	20,787	
35	Feb-16	15,393	5,041	20,434	
36	Mar-16	15,474	5,903	21,377	
37	Apr-16	14,918	5,776	20,694	
38	May-16	14,691	6,225	20,916	
39	Jun-16	14,756	5,876	20,632	
40	Jul-16	14,225	5,538	19,763	
41	Aug-16	15,017	5,694	20,711	
42	Sep-16	14,456	5,633	20,089	
43	Oct-16	14,106	5,743	19,849	
44	Nov-16	14,327	6,151	20,478	
45	Dec-16	13,955	6,336	20,291	
46	Jan-17	14,994	5,890	20,884	
47	Feb-17	14,529	5,904	20,433	
48	Mar-17	14,995	6,130	21,125	
49	Apr-17	14,440	6,040	20,480	
50	May-17	15,211	6,362	21,573	
51	Jun-17	14,961	6,240	21,201	
52	Jul-17	14,330	6,149	20,479	
53	Aug-17	14,828	6,112	20,940	
54	Sep-17				
55	Oct-17				
56	Nov-17				
57	Dec-17				
58	Jan-18				
59	Feb-18				
60	Mar-18				
61	Apr-18				
62	May-18				
63	Jun-18				
64					
65	**Notes:**				
66	1. Monthly data is a duplicated count.				
67	2. Year-end data is unduplicated.				

Table 9
Department of Health and Human Services
Operating Statistics
Elderly & Adult Long Term Care

	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
	Actual	Budget	Note 2		Note 1	3 mo. Avg	Budget					Note 3
Jul-15	7,045	7,232	2,409	463	33	4,173	4,325	59.2%	316	738	0	1,410
Aug-15	6,949	7,232	2,339	453	35	4,157	4,325	59.8%	301	750	0	1,762
Sep-15	7,042	7,232	2,335	481	40	4,226	4,325	60.0%	320	756	0	1,645
Oct-15	7,056	7,232	2,302	502	35	4,252	4,325	60.3%	332	756	0	1,320
Nov-15	7,047	7,232	2,317	444	40	4,286	4,325	60.8%	276	763	0	1,842
Dec-15	7,191	7,232	2,428	463	39	4,300	4,325	59.8%	284	734	0	1,743
Jan-16	7,114	7,232	2,434	435	35	4,245	4,325	59.7%	289	732	0	1,712
Feb-16	7,225	7,232	2,505	452	35	4,268	4,325	59.1%	289	742	0	1,561
Mar-16	7,231	7,232	2,671	345	34	4,215	4,325	58.3%	352	725	0	1,709
Apr-16	7,229	7,232	2,538	464	34	4,227	4,325	58.5%	291	715	0	1,842
May-16	7,103	7,232	2,489	430	37	4,184	4,325	58.9%	262	712	0	1,423
Jun-16	7,105	7,232	2,557	414	32	4,134	4,325	58.2%	360	718	0	1,547
Jul-16	7,100	7,286	2,515	445	32	4,140	4,350	58.3%	316	708	0	1,791
Aug-16	7,166	7,286	2,516	467	33	4,183	4,350	58.4%	343	693	0	1,337
Sep-16	7,035	7,286	2,476	449	31	4,110	4,350	58.4%	307	684	0	1,839
Oct-16	6,969	7,286	2,504	408	37	4,057	4,350	58.2%	286	666	0	1,778
Nov-16	7,032	7,286	2,539	445	38	4,048	4,350	57.6%	237	627	0	1,318
Dec-16	7,000	7,286	2,480	447	31	4,073	4,350	58.2%	243	631	0	1,285
Jan-17	6,968	7,286	2,472	419	30	4,077	4,350	58.5%	271	610	0	1,517
Feb-17	7,015	7,286	2,566	391	32	4,058	4,350	57.8%	267	568	0	1,445
Mar-17	7,128	7,286	2,567	493	32	4,068	4,350	57.1%	351	727	0	1,327
Apr-17	7,206	7,286	2,646	417	30	4,143	4,350	57.5%	273	533	0	2,173
May-17	7,409	7,286	2,761	452	38	4,196	4,350	56.6%	291	545	0	1,412
Jun-17	7,480	7,286	2,840	454	31	4,186	4,350	56.0%	321	525	0	1,493
Jul-17	7,395	7,036	2,812	455	34	4,128	4,100	55.8%	291	502	0	1,526
Aug-17	7,410	7,036	2,836	483	32	4,091	4,100	55.2%	284	491	0	1,418
Sep-17	7,422	7,036	2,809	493	33	4,120	4,100	55.5%	215	468	0	1,619
Oct-17												
Nov-17												
Dec-17												
Jan-18												
Feb-18												
Mar-18												
Apr-18												
May-18												
Jun-18												
ANNUAL AVERAGES												
SFY15	7,145	7,421	2,422	463	35	4,261	4,380	1	265	751	0	1,541
SFY16	7,111	7,232	2,444	446	36	4,222	4,325	1	306	737	0	1,626
SFY17	7,126	7,286	2,574	441	33	4,112	4,350	1	292	626	0	1,560
SFY18-YTD	7,409	7,036	2,819	477	33	4,113	4,100	1	263	487	0	1,521

Note 1: These clients are also captured under OMBP Provider Payments
Note 2: CFI Home Health = CFI Home Support and Home Health Care Waiver Services
Note 3: In preparation for 2016, Converted IHCS to monthly paid basis
Note 4: Four Midlevel facilities did not file claims during the month representing about 100 clients.
Due to the reporting of Case Management under Home Health, these clients are however reported in the

Source of Data

Columns	
D-F	MDSS monthly client counts
G	3 month Avg of the number of paid bed days in the month/days in prior month
	by the number of days in the previous month. MDSS
J	Options Monthly Protective Reports
K	Options Monthly Activity Report
L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator
M	Quarterly Options Paid Claims from Business Systems Unit Manager

Table 10

Department of Health and Human Services

Operating Statistics

Developmental Disability Waitlist

	Students transitioning into the adult service system (A's)				New eligibles (B's)				Those requiring additional services (C's)			
	Begin WL	OFF (-)	NEW (+)	Ending WL	Begin WL	OFF (-)	NEW (+)	Ending WL	Begin WL	OFF (-)	NEW (+)	Ending WL
Jul-16				36				32				98
Aug-16	36	(3)	8	41	32	(3)	8	37	98	(2)	8	104
Sep-16	41	(6)	7	42	37	(1)	11	47	104	0	17	121
Oct-16	42	(7)	9	44	47	(3)	0	44	121	(21)	15	115
Nov-16	44	(14)	3	33	44	(7)	4	41	115	(36)	8	87
Dec-16	33	(1)	6	38	41	(1)	4	44	87	(4)	12	95
Jan-17	38	(2)	13	49	44	(1)	0	43	95	(6)	13	102
Feb-17	49	(1)	4	52	43	(3)	2	42	102	(7)	11	106
Mar-17	52	(6)	9	55	42	(6)	5	41	106	(10)	32	128
Apr-17	55	(2)	4	57	41	(13)	3	31	128	(10)	5	123
May-17	57	(3)	10	64	31	(1)	3	33	123	0	13	136
Jun-17	64	(1)	5	68	33	(4)	1	30	136	(16)	9	129
TOTALS FOR SFY 17	**36**	**(46)**	**78**	**68**	**32**	**(43)**	**41**	**30**	**98**	**(112)**	**143**	**129**
SFY 18												
Jul-17	68	(46)	0	22	30	(17)	15	28	129	(44)	29	114
Aug-17	22	(6)	0	16	28	(6)	8	30	114	(14)	12	112
Sep-17	16	(11)	1	6	30	(6)	7	31	112	(21)	13	104
Oct-17												
Nov-17												
Dec-17												
Jan-18												
Feb-18												
Mar-18												
Apr-18												
May-18												
Jun-18												
TOTALS FOR SFY 18	**68**	**(63)**	**1**	**6**	**30**	**(29)**	**30**	**31**	**129**	**(79)**	**54**	**104**

Source: Registery

Table 11

Department of Health and Human Services

Operating Statistics

Acquired Brain Disorder (ABD) & In-Home Supports (IHS) Waitlist

	ABD Waitlist (1)				IHS Waitlist (1)			
	Begin WL	OFF (-)	NEW (+)	Ending WL	Begin WL	OFF (-)	NEW (+)	Ending WL
Jul-16				11				78
Aug-16				13				83
Sep-16				14				85
Oct-16				15				88
Nov-16				20				86
Dec-16				18				89
Jan-17				20				94
Feb-17				19				83
Mar-17				15				80
Apr-17				15				78
May-17				18				76
Jun-17				12				76
TOTALS FOR SFY17								
Jul-17	12	(1)	1	12	76	(23)	4	57
Aug-17	12	(5)	2	9	57	(10)	15	62
Sep-17	9	(1)	3	11	62	(13)	1	50
Oct-17								
Nov-17								
Dec-17								
Jan-18								
Feb-18								
Mar-18								
Apr-18								
May-18								
Jun-18								
TOTALS FOR SFY18	12	(7)	6	11	76	(46)	20	50

Data Sources: Registry

(1) For SFY17 BDS did not track the "off" and "new" for ABD & HIS WL.

	A	B	C	D	E	F	G	H	I	J
1	Table 12									
2	Department of Health and Human Services									
3	Operating Statistics									
4	Shelters & Institutions									
5										
6		NHH					BHHS			Glencliff
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					
82	Jul-15	148	169	13	1	n/a	14,694	11,628	79%	112
83	Aug-15	150	152	20	1	n/a	14,694	12,229	83%	115
84	Sep-15	151	162	17	5	n/a	14,220	11,861	83%	116
85	Oct-15	146	154	19	6	n/a	14,694	12,452	85%	116
86	Nov-15	144	163	18	5	n/a	14,220	12,684	89%	113
87	Dec-15	152	165	24	7	n/a	14,694	12,758	87%	114
88	Jan-16	153	133	28	5	n/a	14,694	12,351	84%	112
89	Feb-16	153	137	31	7	n/a	13,746	12,160	88%	113
90	Mar-16	156	191	22	5	n/a	14,694	11,224	76%	113
91	Apr-16	156	168	31	6	n/a	14,220	12,805	90%	113
92	May-16	154	185	26	11	n/a	14,694	11,270	77%	114
93	Jun-16	153	151	34	5	n/a	14,220	12,622	89%	114
94	Jul-16	161	165	24	3	n/a	14,694	13,483	92%	114
95	Aug-16	163	161	35	2	n/a	14,694	13,497	92%	115
96	Sep-16	154	180	36	5	n/a	14,220	12,950	91%	113
97	Oct-16	158	168	32	5	n/a	14,694	14,068	96%	111
98	Nov-16	155	140	39	3	n/a	14,220	13,898	98%	111
99	Dec-16	155	121	43	5	n/a	14,415	15,576	108%	108
100	Jan-17	163	141	39	5	n/a	14,415	15,460	107%	104
101	Feb-17	162	131	45	5	n/a	13,485	14,378	107%	102
102	Mar-17	162	136	46	4	n/a	14,415	14,686	102%	103
103	Apr-17	163	154	25	5	n/a	13,950	14,973	107%	105
104	May-17	163	144	28	15	n/a	14,415	15,113	105%	107
105	Jun-17	161	133	30	6	n/a	15,510	14,108	91%	107
106	Jul-17	155	116	49	4	n/a	15,510	15,344	99%	107
107	Aug-17	156	103	65	4	n/a	15,510	14,431	93%	107
108	Sep-17	161	92	67	5	n/a	15,510	14,493	93%	106
109	Oct-17									
110	Nov-17									
111	Dec-17									
112	Jan-18									
113	Feb-18									
114	Mar-18									
115	Apr-18									
116	May-18									
117	Jun-18									
118	YEAR-TO-DATE AVERAGE									
123	SFY15	148	167	21	5	n/a	14,129	12,730	89.9%	116
124	SFY16	151	161	24	5	n/a	14,457	12,170	84.2%	114
125	SFY17	160	148	35	5	n/a	14,427	14,349	99.7%	108
126	SFY18	157	104	60	4	n/a	15,510	14,756	100.2%	107
127										
128	**Source of Data**									
129	Column									
130	**B**	Daily in-house midnight census averaged per month*								
131	**C**	Daily census report of admissions totalled per month								
132	**D**	Daily Average wait list for adults								
133	**E**	Daily average wait list for adolescents								
134	**F**	Daily Average census in Transitional Housing (privatized 12/2011)								
135	**G**	Total number of individual bednights available in emergency shelters								
136	**H**	Total number of individual bednights utilized in emergency shelters								
137	**I**	Percentage of individual bednights utilized during month								
138	**J**	Daily in-house midnight census averaged per month								
139										
140		* July 2014 average Census no longer reflects Pts on Leave								

	A	H	T	W	Z	AC	AF	AG	AH	AI
1	**Table 13**									
2	**Medicaid Medical Caseloads (Persons)**									
3		**SFY 15**	**SFY 16**	**SFY 17**				**SFY 18**		
4	Enrollment as of	6/30/2015	6/30/2016	9/30/2016	12/31/2016	3/31/2017	6/30/2017	7/31/2017	8/31/2017	9/30/2017
5										
6	1. Low-Income Children (Age 0-18)	89,849	90,484	90,246	89,759	89,176	88,418	87,938	88,168	88,175
7	2. Children With Severe Disabilities (Age 0-18)	1,623	1,576	1,551	1,519	1,497	1,483	1,471	1,475	1,483
8	3. Foster Care & Adoption Subsidy (Age 0-25)	2,166	2,204	2,191	2,218	2,299	2,320	2,323	2,315	2,316
9	4. Low-Income Parents (Age 19-64)	13,677	13,113	12,252	11,615	11,183	10,958	10,831	10,897	10,850
10	5. Low-Income Pregnant Women (Age 19+)	2,432	2,173	2,124	2,064	2,169	2,138	2,097	2,121	2,065
11	6. Adults With Disabilities (Age 19-64)	19,727	18,997	18,816	18,651	18,624	18,666	18,559	18,593	18,445
12	7. Elderly & Elderly With Disabilities (Age 65+)	8,606	8,681	8,693	8,662	8,732	8,922	8,924	8,963	8,948
13	8. BCCP (Age 19-64)	172	144	149	148	149	149	148	148	145
14	**Sub-Total Medicaid excluding Expansion**	**138,252**	**137,372**	**136,022**	**134,636**	**133,829**	**133,054**	**132,291**	**132,680**	**132,427**
15	9. NH Health Protection Program (Age 19-64)	41,657	49,522	50,911	52,474	53,099	52,313	51,943	52,185	51,887
16	**Total By Category**	**179,909**	**186,894**	**186,933**	**187,110**	**186,928**	**185,367**	**184,234**	**184,865**	**184,314**
19										
20										
21	**ENROLLMENT IN MEDICAID CARE MANAGEMENT**									
22	Enrollment as of	7/1/2015	7/1/2016	10/1/2016	1/1/2017	4/1/2017	7/1/2017	8/1/2017	9/1/2017	10/1/2017
23										
24	Enrolled in Care Management	161,224	136,962	135,479	133,520	134,136	133,774	133,227	133,849	133,516
25	Premium Assistance Program (NHHPP formerly w/MCO, previously show		40,381	40,939	41,407	42,260	41,959	41,396	41,459	41,371
26	Enrolled in Fee-For-Service	17,594	8,069	8,732	10,553	8,693	7,578	7,710	8,179	7,847
27	**Total**	**178,818**	**185,412**	**185,150**	**185,480**	**185,089**	**183,311**	**182,333**	**183,487**	**182,734**
28										
29										

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Table 14																		
2	Department of Health and Human Services																		
3	Caseloads Versus Prior Year & Prior Month																		
4																			
5		Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANF Persons			APTD Persons			SNAP Persons		
6		Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo
92	Jul-15	197,379	20.4%	0.6%	181,192	29.5%	0.7%	7,045	-4.0%	-0.9%	6,120	-13.6%	-0.3%	7,513	-2.9%	-0.2%	104,705	-4.2%	-0.6%
93	Aug-15	197,305	15.2%	0.0%	181,115	20.1%	0.0%	6,949	-2.0%	-1.4%	5,934	-13.6%	-3.0%	7,438	-3.7%	-1.0%	103,544	-4.8%	-1.1%
94	Sep-15	198,157	12.5%	0.4%	182,017	16.0%	0.5%	7,042	-0.6%	1.3%	5,764	-14.8%	-2.9%	7,343	-4.4%	-1.3%	102,869	-5.1%	-0.7%
95	Oct-15	198,265	10.8%	0.1%	182,225	13.7%	0.1%	7,056	-2.6%	0.2%	5,688	-15.2%	-1.3%	7,307	-4.6%	-0.5%	101,917	-5.9%	-0.9%
96	Nov-15	198,716	9.9%	0.2%	182,889	12.3%	0.4%	7,047	-1.6%	-0.1%	5,583	-16.7%	-1.8%	7,227	-5.0%	-1.1%	100,525	-6.2%	-1.4%
97	Dec-15	201,743	8.0%	1.5%	185,957	9.8%	1.7%	7,191	0.1%	2.0%	6,660	0.0%	19.3%	7,532	0.0%	4.2%	107,900	0.0%	7.3%
98	Jan-16	202,248	7.2%	0.3%	186,599	8.7%	0.3%	7,114	1.7%	-1.1%	5,435	-17.9%	-18.4%	7,081	-6.0%	-6.0%	99,978	-7.4%	-7.3%
99	Feb-16	203,485	6.0%	0.6%	187,954	7.2%	0.7%	7,225	2.8%	1.6%	5,307	-18.9%	-2.4%	7,117	-5.6%	0.5%	99,486	-7.2%	-0.5%
100	Mar-16	203,739	5.1%	0.1%	188,445	6.5%	0.3%	7,231	1.7%	0.1%	5,183	-18.2%	-2.3%	7,033	-6.7%	-1.2%	99,543	-7.4%	0.1%
101	Apr-16	202,526	3.7%	-0.6%	187,335	4.8%	-0.6%	7,229	0.0%	0.0%	5,159	-19.0%	-0.5%	6,972	-8.2%	-0.9%	98,453	-8.2%	-1.1%
102	May-16	202,025	3.8%	-0.2%	186,738	4.8%	-0.3%	7,103	-0.9%	-1.7%	5,068	-18.0%	-1.8%	6,933	-8.3%	-0.6%	97,610	-8.0%	-0.9%
103	Jun-16	202,097	3.0%	0.0%	186,895	3.9%	0.1%	7,105	-0.1%	0.0%	5,107	-16.8%	0.8%	6,916	-8.1%	-0.2%	96,872	-8.0%	-0.8%
104	Jul-16	201,132	1.9%	-0.5%	185,718	2.5%	-0.6%	7,100	0.8%	-0.1%	4,954	-19.1%	-3.0%	6,875	-8.5%	-0.6%	95,956	-8.4%	-0.9%
105	Aug-16	201,001	1.9%	-0.1%	185,744	2.6%	0.0%	7,166	3.1%	0.9%	5,012	-15.5%	1.2%	6,884	-7.4%	0.1%	95,575	-7.7%	-0.4%
106	Sep-16	202,260	2.1%	0.6%	186,933	2.7%	0.6%	7,035	-0.1%	-1.8%	4,965	-13.9%	-0.9%	6,837	-6.9%	-0.7%	95,421	-7.2%	-0.2%
107	Oct-16	201,922	1.8%	-0.2%	186,538	2.4%	-0.2%	6,969	-1.2%	-0.9%	4,938	-13.2%	-0.5%	6,767	-7.4%	-1.0%	94,873	-6.9%	-0.6%
108	Nov-16	201,720	1.5%	-0.1%	186,383	1.9%	-0.1%	7,032	-0.2%	0.9%	4,972	-10.9%	0.7%	6,799	-5.9%	0.5%	94,563	-5.9%	-0.3%
109	Dec-16	202,524	0.4%	0.4%	187,110	0.6%	0.4%	7,000	-2.7%	-0.5%	4,999	-24.9%	0.5%	6,732	-10.6%	-1.0%	94,191	-12.7%	-0.4%
110	Jan-17	202,563	0.2%	0.0%	187,222	0.3%	0.1%	6,968	-2.1%	-0.5%	5,109	-6.0%	2.2%	6,690	-5.5%	-0.6%	93,856	-6.1%	-0.4%
111	Feb-17	202,283	-0.6%	-0.1%	186,987	-0.5%	-0.1%	7,015	-2.9%	0.7%	5,159	-2.8%	1.0%	6,719	-5.6%	0.4%	93,303	-6.2%	-0.6%
112	Mar-17	202,182	-0.8%	0.0%	186,928	-0.8%	0.0%	7,128	-1.4%	1.6%	5,011	-3.3%	-2.9%	6,698	-4.8%	-0.3%	93,050	-6.5%	-0.3%
113	Apr-17	201,081	-0.7%	-0.5%	186,033	-0.7%	-0.5%	7,206	-0.3%	1.1%	4,917	-4.7%	-1.9%	6,661	-4.5%	-0.6%	92,386	-6.2%	-0.7%
114	May-17	200,580	-0.7%	-0.2%	185,612	-0.6%	-0.2%	7,409	4.3%	2.8%	4,948	-2.4%	0.6%	6,706	-3.3%	0.7%	92,072	-5.7%	-0.3%
115	Jun-17	200,542	-0.8%	0.0%	185,367	-0.8%	-0.1%	7,480	5.3%	1.0%	4,972	-2.6%	0.5%	6,655	-3.8%	-0.8%	91,633	-5.4%	-0.5%
116	Jul-17	199,295	-0.9%	-0.6%	184,234	-0.8%	-0.6%	7,395	4.2%	-1.1%	4,983	0.6%	0.2%	6,565	-4.5%	-1.4%	90,522	-5.7%	-1.2%
117	Aug-17	199,918	-0.5%	0.3%	184,865	-0.5%	0.3%	7,410	3.4%	0.2%	5,439	8.5%	9.2%	6,563	-4.7%	0.0%	90,231	-5.6%	-0.3%
118	Sep-17	199,504	-1.4%	-0.2%	184,314	-1.4%	-0.3%	7,422	5.5%	0.2%	5,774	16.3%	6.2%	6,505	-4.9%	-0.9%	89,873	-5.8%	-0.4%
119	Oct-17																		
120	Nov-17																		
121	Dec-17																		
122	Jan-18																		
123	Feb-18																		
124	Mar-18																		
125	Apr-18																		
126	May-18																		
127	Jun-18																		
128																			
129	ANNUAL AVERAGES																		
134	SFY14	155,707	0.0%		132,385	2.1%		7,228	0.4%		7,449	-12.3%		7,835	-3.7%		113,331	-3.9%	
135	SFY15	184,891	18.7%		166,736	25.9%		7,145	-1.2%		6,582	-11.6%		7,603	-3.0%		107,602	-5.1%	
136	SFY16	200,640	8.5%		184,947	10.9%		7,111	-0.5%		5,584	-15.2%		7,201	-5.3%		101,117	-6.0%	
137	SFY17	201,649	0.5%		186,381	0.8%		7,126	0.2%		4,996	-10.5%		6,752	-6.2%		93,907	-7.1%	
138	SFY18-YTD	199,572	-1.0%		184,471	-1.0%		7,409	4.0%		5,399	8.1%		6,544	-3.1%		90,209	-3.9%	

Table 15
Department of Health and Human Services
Operating Statistics
SUD Financial Activity - SUMMARY
SFY 17 Contracts Issued and Spent as of 9/30/17

	FINAL SFY17 As of June 30, 2017			SFY18 as of 9/30/17		
	Total Amount	Actual Provider Contract Spent	Provider Contract Funds Unspent	Carry Forward Amount	Actual Provider Contract Spent	Provider Contract Funds Unspent
GOVERNOR'S COMMISSION						
Appropriation	5,906,526					
Balance Forward from 6/30/16 (available non-encumbrance)	1,996,346					
Balance Available from Prior Year Liquidations	773,920					
TOTAL AVAILABLE	**8,676,792**					
Amount Encumbered for SFY17 Contracts	**5,433,124**	**(3,792,929)**	**1,640,195**	**$ 1,640,195**	**$ (456,843)**	**$ 1,183,352**
Pending Commitments & Contracts	1,119,581					
Pending Commitment for SYSC SUD 36 bed inpatient residential facility renovation per HB 2 (HB 517:174)	2,000,000					
TOTAL COMMITTED AND EXPECTED to be Committed	**8,552,705**					
AMOUNT UNALLOCATED	**124,087**					
CLINICAL / TREATMENT						
Appropriation for SFY17	11,507,350					
Balance Forward from 6/30/16 (available non-encumbrance)	2,673,853					
Balance Available from Prior Year Liquidations	2,915,072					
TOTAL AVAILABLE	**17,096,275**					
Amount Encumbered for SFY17 Contracts	**16,731,152**	**(10,973,458)**	**5,757,694**	**5,757,694**	**(2,544,592)**	**3,213,101**
AMOUNT UNALLOCATED	**365,123**					
PREVENTION						
Appropriation	3,069,350					
Balance Forward from 6/30/16 (available non-encumbrance)	444,577					
Balance Available from Prior Year Liquidations	565,706					
TOTAL AVAILABLE	**4,079,633**					
Amount Encumbered for SFY17 Contracts	**3,613,180**	**(2,659,836)**	**953,344**	**953,344**	**(703,287)**	**250,057**
AMOUNT UNALLOCATED	**386,334**					

Table 15 - a
Department of Health and Human Services
Operating Statistics
SUD Financial Activity - DETAIL BY CONTRACT GOV. COMMISSION FUNDS
SFY 17 Contracts Issued and Spent as of 9/30/17

		SFY17 Contracts				
Approval	Name	Gov Comm Encumbered Funds in SFY17 Total	Gov Comm Expended to Date during SFY17 (as of 6/30/17)	Gov Comm Remaining Balance FINAL SFY 17 (as of 6/30/17)	Spent in SFY18 thru 9/30/17	Remaining Balance 9/30/17
G&C 12/16/15 #11	DOC	$ 25,000	$ 10,227	$ 14,773	$ 7,478	$ 7,295
G&C 6/24/15 #22	Geovision	$ 13,550	$ 8,375	$ 5,175	$ 1,541	$ 3,633
G&C 6/24/15 #28	NH Interscholastic	$ 250,000	$ 148,335	$ 101,665	$ 101,665	$ -
Dec 16, 2015 #28; Aug 24 #16B	JSI	$ 561,747	$ 469,624	$ 92,123	$ 92,123	$ -
Mar 9 #22	Southwestern	$ 125,000	$ 115,989	$ 9,011	$ -	$ 9,011
Mar 23 #6; June 7 #19A	SUD Tx	$ 1,802,640	$ 1,627,867	$ 174,773	$ 114,365	$ 60,408
Mar 23 #18	CADY	$ 20,000	$ 20,000	$ -		$ -
Mar 23 #19	Juv Court Div	$ 110,200	$ 97,864	$ 12,336	$ 12,336	$ -
Apr 6 #9	NCADD(Serenity)Gr Manch	$ 130,000	$ 130,000	$ -		$ -
Apr 6 #9A	Governor's Advisor	$ 123,136	$ 122,083	$ 1,053	$ 1,053	$ -
June 1 #12	Goodwin Community Health	$ 61,677	$ 16,396	$ 45,281	$ 36,073	$ 9,208
June 1 #13; June 7 #20	Harbor Homes	$ 815,403	$ 699,403	$ 116,000	$ -	$ 116,000
Sept 21 Late Item A	New Futures	$ 103,500	$ 82,664	$ 20,836	$ 10,716	$ 10,120
Nov 18 #18	Juv Court Div (SB533)	$ 258,424	$ 222,060	$ 36,364	$ 36,364	$ -
Dec 21 #24A	Bi-State -MAT	$ 375,000	$ 22,041	$ 352,959	$ 10,382	$ 342,577
April 19 #14B	Harbor Homes BDAS $500K	$ 500,000	$ -	$ 500,000	$ -	$ 500,000
June 21 Late item B	Prevention Direct Svs	$ 157,847	$ -	$ 157,847	$ 32,748	$ 125,099
Total Activity to Date- Gov Comm		**$ 5,433,124**	**$ 3,792,929**	**$ 1,640,195**	**$ 456,843**	**$ 1,183,352**

Ties to Summary Table 15

NOTE: These funds were approved to be carried forward for SFY18 expenditures

Table 15 - a
Department of Health and Human Services
Operating Statistics
SUD Financial Activity - DETAIL BY CONTRACT - CLINICAL SERVICE FUNDS
SFY 17 Contracts Issued and Spent as of 9/30/17

SFY17 Contracts

Approval	Name	Treatment Contracted Funds in SFY17 Total	Treatment Encumbered Funds in SFY17 Total	Treatment Expended to Date during SFY17 (as of 6/30/17)	Treatment Remaining Balance FINAL SFY 17 (as of 6/30/17)	Spent in SFY18 thru 9/30/17	Remaining Balance 9/30/17
G&C 6/24/15 #58	SBIRT Contracts	$ 110,724	$ 82,515	$ 13,521	$ 68,994	$ 14,502	$ 54,491
Dec 16, 2015 #28; June 29, 2016 #25A	JSI	$ 95,500	$ 95,500	$ 65,362	$ 30,138	$ 30,138	$ -
Numerous	RPHN	$ 560,246	$ 556,954	$ 393,786	$ 163,168	$ 125,003	$ 38,165
Jan 27 #6	MOA- Dept of Safety	$ 17,210	$ 17,210	$ 17,210	$ -		$ -
Mar 9 #22	Southwestern	$ 24,300	$ 24,300	$ 765	$ 23,535		$ 23,535
Mar 23 #6;June 7, 2017 #19A	SUD Tx	$ 7,812,369	$ 6,787,369	$ 5,303,822	$ 1,483,547	$ 1,055,464	$ 428,084
Mar 23 #2B	Narcan	$ 420,300	$ 420,300	$ 420,300	$ -		$ -
Apr 6 #9	NCADD(Serenity)Gr Manch	$ 28,350	$ 28,350	$ 28,260	$ 90		$ 90
June 1 #12	Goodwin Community Health	$ 329,923	$ 279,923	$ -	$ 279,923	$ 65,786	$ 214,137
June 1 #13	Harbor Homes	$ 799,327	$ 799,327	$ 428,364	$ 370,962	$ 295,195	$ 75,768
June 15 #11D	BiState WFD	$ 134,948	$ 134,948	$ 55,356	$ 79,592	$ 20,098	$ 59,494
June 29 #22	SUD Tx Infrastructure	$ 4,180,800	$ 3,030,800	$ 1,667,569	$ 1,363,231	$ 594,002	$ 769,228
July 13 #6B	Foundation for Healthy Comm	$ 1,500,000	$ 1,500,000	$ 711,875	$ 788,125	$ 10,943	$ 777,181
July 13 #6C	Granite Pathways	$ 1,200,000	$ 1,200,000	$ 754,559	$ 445,441	$ 107,490	$ 337,950
Aug 24 #10A	MLADC-E Davis	$ 87,750	$ 87,750	$ 56,790	$ 30,960	$ 2,115	$ 28,845
Sept 21 #21A	Helping Hands	$ 138,542	$ 138,542	$ 124,964	$ 13,578	$ 805	$ 12,773
Oct 5 #11	MLADC-S DeGenarro	$ 87,750	$ 87,750	$ 59,085	$ 28,665	$ 1,800	$ 26,865
Oct 5 #12	MLADC-T Pillsbury	$ 87,750	$ 87,750	$ 57,375	$ 30,375	$ 2,475	$ 27,900
Oct 26 #24	Hope for NH(Berlin/Franklin) (GF)	$ 100,000	$ 100,000	$ 100,000	$ -		$ -
Oct 26 #26	FEI	$ 690,225	$ 690,225	$ 221,332	$ 468,893	$ 137,683	$ 331,210
Oct 26 Late Item A	PRSS (SB433) (GF)	$ 500,000	$ 500,000	$ 430,404	$ 69,596	$ 63,693	$ 5,904
Nov 18 #13	MLADC-R Sayres	$ 87,750	$ 21,690	$ 21,690	$ -		$ -
Mar 8 #18A	Governor's Advisor (GF)	$ 56,700	$ 56,700	$ 41,069	$ 15,631	$ 15,631	$ -
	Copier Contract		$ 3,250	$ -	$ 3,250	$ 1,769	$ 1,481
Total SFY17 Activity to Date		**$ 19,050,463**	**$ 16,731,152**	**$ 10,973,458**	**$ 5,757,694**	**$ 2,544,592**	**$ 3,213,101**

Ties to Summary Table 15

NOTE: These funds were approved to be carried forward for SFY18 expenditures

Table 15 - a
Department of Health and Human Services
Operating Statistics
SUD Financial Activity - DETAIL BY CONTRACT - PREVENTION SERVICE FUNDS
SFY 17 Contracts Issued and Spent as of 9/30/17

SFY17 Contracts

Approval	Name	Prevention Encumbered Funds in SFY17 Total	Prevention Expended to Date during SFY17 (as of 6/30/17)	Prevention Remaining Balance FINAL SFY 17 (as of	Spent in SFY18 thru 9/30/17	Remaining Balance 9/30/17
June 24, 2015 #22	Geovision	$ 13,550	$ 8,375	$ 5,175	$ 1,541	$ 3,633
Mar 23, 2016 #17	Liq Comm	$ 50,000	$ 2,507	$ 47,493		$ 47,493
Oct 7, 2015 #20; Sept 21,2016 #21; Nov 18, 2016 #20	SAP	$ 686,754	$ 507,811	$ 178,943	$ 104,176	$ 74,766
Oct 7, 2015 #20A	NH Cert Board	$ 32,000	$ 24,081	$ 7,919	$ 7,569	$ 349
June 24, 2015#19	Seacoast MH -REAP	$ 63,000	$ 63,000	$ -		$ -
Dec 16, 2015 #28; June 29, 2016 #25A	JSI	$ 988,500	$ 810,315	$ 178,185	$ 177,330	$ 855
Numerous	RPHN	$ 1,779,376	$ 1,243,747	$ 535,629	$ 412,670	$ 122,959
Total Activity to Date- Prevention		**$ 3,613,180**	**$ 2,659,836**	**$ 953,344**	**$ 703,287**	**$ 250,057**

Ties to Summary Table 15

Table 16
Department of Health and Human Services
Operating Statistics
SUD Caseloads

Unique Clients Receiving Any SUD Services by Service Month

Paid Year Month	MEDICAID	Non- Medicaid SUD FUNDED
	Unique Clients With Paid Claims	
7/1/2016	3,361	unavailable
8/1/2016	3,305	unavailable
9/1/2016	3,405	unavailable
10/1/2016	3,651	unavailable
11/1/2016	3,777	unavailable
12/1/2016	3,891	unavailable
1/1/2017	3,908	unavailable
2/1/2017	4,047	unavailable
3/1/2017	4,048	unavailable
4/1/2017	4,090	unavailable
5/1/2017	4,245	unavailable
6/1/2017	4,080	unavailable
SFY 17 YTD COUNTS UNDUPLICATED	**8,934**	**3,062**

Paid Year Month	MEDICAID	Non- Medicaid SUD FUNDED
	Unique Clients With Paid Claims	
7/1/2017	4,215	560
8/1/2017	4,309	348
9/1/2017	NA	NA
10/1/2017		
11/1/2017		
12/1/2017		
1/1/2018		
2/1/2018		
3/1/2018		
5/1/2018		
6/1/2018		
SFY 18 YTD COUNTS UNDUPLICATED		

MEDICAID SOURCE

Source: NH MMIS Ad Hoc paid fee for service claims and paid managed care ei

Note: SUD Services include opioid treatment program, medication assisted treatment, pharmacy paid naloxone, evaluation and management physician/clinic services, inpatient hospitalization, screening, assessment & intervention, outpatient counseling, intensive outpatient & partial hospitalization, residential treatment services, withdrawal management, and recovery support

Prepared by DHHS - OQAI - DA Andrew

Non -medicaid SUD

WITS: BDAS NH Web Information Technology System (WITS) SFY 2017

Prepared by Mike Rogers, BDAS

Handout FIS 17-181