FIS 16 082
Additional Information

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State of New Hampshire
LIQUOR COMMISSION
Division of Enforcement & Licensing

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July 29, 2016

Joint Legislative Fiscal Committee
Office of Legislative Budget Assistant
107 North Main Street
State House, Room 102
Concord, NH 03301-4906

RE: Tabled Item FIS 16-082

Honorable Committee Members:

The Liquor Commission, Division of Enforcement and Licensing respectfully requests approval to accept and expend $249,270.39 in federal funds for twenty-five ruggedized tablet computers and accessories to be used in the field by Division of Enforcement and Licensing personnel. The federal funding comes to the Liquor Commission from the National Highway Traffic Safety Administration (NHTSA) via the NH Highway Safety Agency. The funding is federally designated as "405d Impaired Driving" funds. Attached you'll find a copy of the grant packet and approval notification from Commissioner Barthelmes.

Items purchased with these grant funds must be Buy America Act (BAA) compliant. With this in mind the tablets we plan to purchase are made by a company named Patrol PC which is based in Massachusetts. The devices have been inspected by DoIT and deemed as a device they will support. More information about device specifications has been included as an attachment to this document.

The current technology we have (Lenovo laptops) are not designed for the type of application in which they are deployed ie. vehicle mounted for use in the field subject to dust and temperature extremes. The Lenovo computers are not of a ruggedized design and because of the manner in which we use them are more susceptible to damage. Additionally the current computers do not have the cellular capability to connect remotely from the field. This means that personnel do not have real time access to the division's licensing and records management databases nor can they enter information to those databases while in the field. Instead they have to save their reports and other work locally on their laptop and travel to the Division Enforcement and Licensing in Concord to physically connect to the network or to a remote location and connect over the internet via VPN. As a result division personnel spend a significant amount of time traveling to and from the office in Concord for data transfer purposes. We estimate the annual travel time for sworn field personnel to be approximately 2,680 hours with a salary and vehicle operation cost exceeding $153,000.

We believe the current method of operation is not an efficient use of the state's human and fiscal resources. By purchasing and deploying the tablet devices, which will have cellular wireless connectivity, we will virtually eliminate the need for personnel to travel to the division office for the purpose of data transfer. Although there will still be a need for personnel to travel to Concord for things such as evidence transfer, trainings and meetings we believe the devices will help realize significant savings to the state in personnel time and money. We anticipate a one-half to two-thirds reduction in travel time and associated costs. This will allow division personnel to stay in their assigned patrol areas to perform their core functions and interact with licensees and communities. Additionally, the increased connectivity with the databases in Concord will increase the flow of information between the field and headquarters. This will allow the division to be more responsive to inquiries and more efficiently address the various issues that arise during daily operations. Lastly, the availability of real time data will help to ensure our personnel have the most current information available increasing officer safety as well as their overall effectiveness in handling licensing matters, inquiries, complaints and investigations.

During both the May and June 2016 Joint Fiscal Committee meetings committee members posed questions relative to the Division's enforcement vehicle fleet. Specifically, the grant budget lists a quantity of 25 vehicle mounting brackets for the Chevy Impala as well as 25 for the Ford Taurus models. The Division recognizes that this has led to some confusion as to the size and composition of the fleet. The Division current has an enforcement vehicle fleet of 24 cars; 19 Chevy Impalas and 5 Ford Taurus. Three of the Impalas are scheduled for replacement this year due to mileage and mechanical issues. These cars will be replaced with the Ford Taurus changing the fleet composition to 16 Impalas and 8 Fords.

About 71% of the Division's enforcement cars have over 100,000 miles on them, 10 are in excess of 150,000. Due to budget constraints the Division typically utilizes its cars for about ten years and about 180,000 +/- miles. During the last year the Liquor Commission has worked with Administrative Services to establish a leasing contract for cars with the goal of establishing a low cost, more consistent vehicle rotation which will reduce costs associated with repair and maintenance of our aging fleet.

When the application for this grant was written the Division fully expected to be entering into a lease program in the not too distant future. However, it was unclear how many vehicles would be procured as a contract had not yet been awarded and the final per car costs were not known. In anticipation of a changing fleet the grant budget for the mounts was written to ensure funding would be available to properly equip the fleet regardless of composition. The Division plans only to use the funds necessary to purchase twenty-five ruggedized tablet computers with accessories and equip the fleet as it exists at that time. Any unused portion of the grant award will be lapsed back to the grantor this was discussed with the grantor who did not raise objects or concerns.

Thank you for your time and consideration for this request.

Sincerely,

James M. Wilson
Chief
Division of Enforcement and Licensing

FIS 16-087
Additional Information

State of New Hampshire

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JEFFREY A. MEYERS
COMMISSIONER

July 29, 2016

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

Re: Response to Fiscal Committee Gateway to Work (GTW) Questions

Dear Chairman Kurk:

As requested, I am submitting a response to the two additional questions the Committee raised prior to the June 25, 2016, Fiscal Committee meeting, relative to the Gateway to Work Program. As before, the Department has endeavored to provide the best information it has at the present time to answer these questions, understanding that the programs design is both dynamic and complex in nature, necessitating a full six-month funding period for the program to demonstrate its full value.

Gateway to Work remains one of New Hampshire's best options for helping to eliminate barriers to work for many of its citizens that struggle with transportation, child care and training for long-term connection to the labor market. The program specifically addresses the legislature's expressed goal of the New Hampshire Health Protection Program by providing the opportunity for those members, who are not working, to be successfully and sustainably transitioned into the workforce.

It also aims to address the significant demand among our businesses for workers. Implementing innovative solutions to expand our workforce and meet that business demand is critical to our State's long-term economic success. Employers across the State have thousands of jobs to fill, and are struggling to find trained workers to fill them.

Even with extremely conservative estimates of employment success, Gateway – including the investments in related child care and youth programs -- offers the potential for a significant return on investment to state and federal taxpayers over three years. Although there is no general fund cost at all to this program, State of New Hampshire taxpayers will still see savings of more than $6 million over 3 years.

It is also important to note that this plan includes an allocation for data collection and evaluation to provide the Executive Branch and the Legislature the data they will need to judge its success.

Responses to the Committee's questions appear below.

1. **A schedule of the TANF expenditures for the next couple of fiscal years which includes the Gateway to Work program continuing.**

   The attached financial table documents estimated federal expenditures from SFY 2014 through SFY 19. The expenses for SFY 2014 and 2015 (Columns E & F) are actual federal expenditures incurred. The federal expenses estimated for SFYs 2016 are based on actual spend through 3/31/16 (Column G) and projected spend for the last quarter for a total projection for SFY16 (Column H).

The estimated expenditure for SFY17 for the traditional TANF program is in Column J, and Column K represents 6 months of activity for the Gateway to Work Program - (Columns L – O are the estimated expenditures for both the existing TANF program as well as the estimated expenditures for the Gateway to Work program for SFY 18 & 19. It must be noted that the dollars listed for SFYs 2018 & 2019 are preliminary estimates of what the Department may propose during the 18-19 budget process.

Based on actual spend through 3/31/16 the file shows a TANF reserve of $56 million (column G). After projecting the spend for the remaining of the fiscal year, the balance as of 6/30/16 is estimated at $61.0 million. The final balance for SFY16 will be known at the end of August when the federal reports are filed. By the end of the SFY19 the TANF reserve balance is projected to be $73.3 million (column O).

The traditional TANF program is increasing the reserve each year an average of $15 million per year. The table below shows the projected balance at the end of SFY17 assuming the GTW is not in place.

	SFY14	SFY15	SFY16	SFY17
Reserve Balance	$ 28.9	$ 44.7	$ 61.0	$ 74.5
increase over year		$ 15.8	$ 16.3	$ 13.5

When you factor in the proposed GTW program, at just under $15 million per year, the TANF reserve at the end of SFY19 is projected to be $73.3 m (see column O in the attached file). This means the GTW program can be sustained without significantly impacting the reserve balance.

2. **Estimated savings to other DHHS programs as a result of the Gateway to Work program (NHHPP, Food Stamps, etc.)**

As indicated in the June 20, 2016, *Response to Fiscal Committee Gateway to Work (GTW) questions*, a potential to place 232 individuals into employment within the first 6 months of the program was indicated. It is assumed the wages for those job placements would be above 138% of the Federal Poverty Level (FPL) and will close individuals from both the NH Health Protection Program (NHHPP) and Food Stamp (FS) programs. For a household size of three, 138% of the FPL equates to $27,821 annually, or $2,318 monthly. Family size is a variable for the FPL; the larger the household size, the higher the wages needed to close these programs.

The table below represents the projected three-year savings for GTW participants ending their reliance on DHHS services, due to an increase in their income, along with the projected revenue to the State, based on the Business Enterprise Tax (BET) for individuals that would be employed. Assumed is a $13.61 per hour wage for 40 hours a week that includes the addition of the BET calculated at .72% of wages for the remaining CY 2016 through CY 2018, and then at .675% with a $1.00 per hour wage increase for CY 2019, equaling a $14.61 per hour wage.

The CY 2016 savings row is based on a prorated calculation of 156 individuals to be employed within the first 4 months of the program, leaving the remaining 76 of the 232 to be employed during the first two months of CY 2017. Calendar years 2017 through 2019 are cumulative as follows: 602 for 2017, 1,046 for 2018 and 1,490 for 2019.

The child care subsidy calculation is based on an assumed $13.61 hour wage for CY 2016 through CY 2018, and a $14.61 hourly wage for CY 2019, which would make the family eligible for a Step 4 childcare subsidy. The Step 4 childcare subsidy has a cap of 160% of the FPL, or a $2,688.00 monthly family income.

	NHHPP Federal Savings	NHHPP Non-federal Savings	Food Stamp Federal Savings	Business Enterprise Tax	Child Care Subsidy – Federal Savings	Child Care Subsidy – Non-federal Savings	Total
2016 Savings 9/16 - 12/16	$233,610	$0	$36,395	$6,618	$73,320	$41,340	$391,283
CY 2017	$2,936,148	$153,024	$435,524	$81,150	$899,016	$506,892	$5,011,754
CY 2018	$6,622,050	$424,620	$915,329	$171,567	$3,845,352	$2,168,124	$14,147,042
CY 2019	$10,791,162	$818,214	$1,395,741	$263,681	$3,118,476	$1,744,494	$18,131,768
Totals	**$20,582,970**	**$1,395,858**	**$2,782,989**	**$523,016**	**$7,936,164**	**$4,460,850**	**$37,681,847**

NHHPP Savings

The costs for the NH Health Protection Program are currently $599 per participant, per month, and are funded with 100% federal dollars, through December 2016. The cost per participant increases to $646 and the federal/non-federal split changes to 95% federal funding and 5% non-federal funding, beginning in 2017. The cost per participant will increase to $697 and the federal/non-federal split changes to 94% federal funding and 6% non-federal funding in 2018. In 2019 the cost per participant increases to $752, and the federal/non-federal split changes to 93% federal funding and 7% non-federal funding.

If the GTW program were approved for the full six months, from September 2016 through February 2017, cost savings to federal and non-federal funds could be realized. For the purpose of the projected calculation, the 232 GTW job placements were spread out equally over the 6-month period, which identifies 39 individuals to be placed each month, for the first six months. The placement rate was dropped to 37 participants in February of 2017 anticipating that not everyone will retain employment. This number was maintained throughout this projection.

Over the course of the proposed three years of the GTW program, the federal NHHPP savings could be as much as $20,582,970, with the non-federal savings for NHHPP as much as $1,395,858.

Food Stamp Benefit Savings

Based on a DHHS report, 30% of NHHPP participants also receive a Food Stamp (FS) benefit allotment. If 30% of the 232 placements, or 70 participants over 6 months, were closed for Food Stamps due to increased wages, there would be additional federal fund savings. The 70 participants were spread out equally over the 6 month period, which identifies 12 people to be placed each month for the first six months. The placement rate was dropped to 11 participants in February of 2017 anticipating that not everyone will retain employment. This number was maintained throughout this projection.

From January through June 2016, the average FS benefit was $303.29 a month. As Food Stamp benefits are 100% federally funded, there is no non-federal savings. Over the course of the proposed three years of the GTW program, federal food stamp savings could equal as much as $2,782,989. The combined savings from NHHPP federal and non-federal and the federal food stamp savings over the length of the GTW program could be as much as $24,761,817.

Temporary Assistance to Needy Families

There are many initiatives being addressed under the GTW program, which utilizes an existing surplus of available TANF federal funds. These funds will help to further support agencies and organizations that

provide services to TANF and other low-income families, including GTW participants; ultimately helping them to obtain, retain and advance in NH's workforce.

Individuals currently receiving TANF cash assistance are participating in the mandatory New Hampshire Employment Program and would not be served under GTW. Once they closed TANF cash assistance, either due to an increase in income or as a result of exhausting their 60 month federal time limit on TANF, or failure to meet program requirements, they would have the option of enrolling in the GTW program. TANF is a 60% federally funded program and a 40% state funded program; therefore, savings would be seen in both programs.

The example below illustrates what the result of a parent with two children closing TANF due to an increase in the family's income would be, in addition to the associated cost savings relative to state and federal funding:

Scenario: A single parent with two children, ages 13 months and 5 years, no longer eligible for TANF cash assistance due to a $7.80* per hour job for 40 hours a week, or $1,350.96 per month. The maximum amount of a TANF grant for a household size of three is $675 a month, making them ineligible for this benefit. Accounting for a 60/40 percent split in federal and state funds, this would represent a $405.00 savings in federal funds and $270.00 savings in state funds, per month.

*Note: The hourly wage could be higher than $7.80; however, for a household size of three, the TANF Cash grant would close once the parent exceeded this threshold. Currently, the average hourly wage for a parent leaving TANF is $11.42 per hour, working 28 hours per week.

The parent would now be eligible for the NHHPP, which is currently funded with 100% federal dollars and costs $599 per month, per participant. The combined cost for the two children remaining on Medicaid would be $264.00 per month. The children would remain on basic Medicaid up to 196% of the FPL, which is a household income of $3,282 per month. They would then move to expanded Medicaid, ranging from 196% to 318% of the FPL, which is a maximum of $5,324 per month. This family would also continue to receive a Food Stamp allotment, having been reduced from $511 per month to $403 per month, as a result of the increase in wages. As the Food Stamp benefit is 100% Federal funds, the Federal savings would be $108.00 per month.

The family would also continue to receive child care assistance. While on TANF, the parent would have been participating in the TANF work program, New Hampshire Employment Program (NHEP) as required. They would have received full-time childcare for their youngest child, which would cost $930.95 per month. Since they are receiving TANF, the parent's cost share is $32.00 per month and the federal/state agencies would pay $898.95 for this childcare. Once the parent is employed, they would be required to contribute a total of $64.00 per month for the costs of this child care slot; the federal/state agencies would pay $866.95. Since the parent is contributing $64.00 a month for their child care costs, this is a savings for the federal/state agencies. The funding for child care is a 64/36 percent split, resulting in $40.96 in federal savings and $23.04 in state savings, due to the parent's wages and increased cost share.

Analysis: The total Federal savings from the parent's employment would be $154.96 per month ($405 savings from TANF cash assistance closing, $200 savings from Medicaid minus $599 costs for NHHPP = $6 in savings; $108 savings in food stamp benefit, and $40.96 from the increase in the parent's contribution to their child care cost = $154.96 in monthly federal savings) or $1,859.52 annually. The total State savings would be $493.04 per month ($270 from the TANF cash assistance closing, the $200 from TANF Medicaid closing and $23.04 from the increase in the parent's contribution to their child care cost) or $5,916.48. The total combined state and federal savings would be $7,776.00 annually.

Family – mom and 2 kids	Monthly Income (Federal/ State Dollars)	Medicaid Cost (Federal/State Dollars)	Food Stamps benefit (100% Federal Dollars)	Child Care Costs (Federal/ State Dollars)	Savings Due To Wages - Federal	Savings Due To Wages - State
Family receiving a TANF cash assistance benefits	$675 TANF 60/40 split	$400 mom $264 kids 50/50 split	$511	$930.95 Family cost- $32 Federal/State $898.95 ($575.33/ $323.62)		
Mom working 40 hours a week at $7.80 an hour = $16,212.00 annually	$1,350.96 (savings $405/$270)	$599 mom NHHPP (100% federal) (increased cost $399/$200) $264 kids	$403 (savings $108)	$930.95 Family costs - $64 Federal/State $866.95 ($554.84/ $312.82) 64/36 (split savings) $40.96/ $23.04)	TANF $405 Med. -$399 (NHHPP) FS $108 CC $40.96 **$ 154.96 month** **$1,859.52 annual**	TANF $270 Med. $200 FS $0 CC $23.04 **$ 493.04 month** **$5,916.48 annual**
					Combined annual savings $7,776.00	

High Labor Need Industries

The goal of GTW is to employ NH residents in jobs that provide a livable wage and to help fill labor shortages. There are a number of occupations that have been identified as high labor need industries in NH. These include IT/Networking, Healthcare, Manufacturing and Hospitality. The chart below indicates the various occupations for each of these industries and the associated hourly wages for each.

Categories	Occupations	Average Wages
IT/Networking	Computer Automate Teller & Office Machine Repairs	$19.99
	Computer Operators	$19.50
	Computer User Support Specialist	$23.93
Healthcare	Emergency Medical Technicians & Paramedics	$17.27
	Medical Assistant	$15.47
	Medical Records & Health Information Technicians	$17.65
	Medical Transcriptionist	$18.48
	Nursing Assistant	$13.73
	Phlebotomists	$16.29
	Surgical Technologists	$22.51
Advanced Manufacturing	Cabinet Maker & Bench Carpenters	$17.65
	Crushing, Grinding, Polishing Machine Setters, Operators, & Tenders	$17.68
	Electrical & Electronic Equipment Assembler	$15.87
	Engine & Other Machine Assemblers	$19.84
	Heating, Air Conditioning, Refrigeration, Mechanics & Installers	$24.44
	Industrial Machinery Mechanics	$23.69
	Inspectors, Tester, Sorters, Samplers & Weighers	$18.64
	Machinists	$19.88
	Manufactured Building & Mobil Home Installers	$20.06
	Milling & Planning Machine Setters, Operators, & Tenders, Metal & Plastic	$21.03
	Multiple Machine Tool Setters, Operators, & Tenders, Metal & Plastic	$19.64
	Welders, Cutters, Solderers, & Brazers	$19.95
Hospitality	Lodging Managers	$30.02
	Reservation, Transportation, Ticket Agents & Travel Clerks	$12.20
	Travel Agents	$19.53
Data Source: NHES, Economic and LMI Bureau, Career Planning Guide 2012-2022		

Training and placing NH residents in these vocations will help provide stable employment, opportunity for advancement in a specific career path, helping to lift families out of poverty, while reducing dependence on federal/state benefits, making NH's workforce stronger and more competitive in both a regional and global market.

Gateway to Work – Work Program Contract and Ancillary Services

Based on an estimate of 1,160 to be initially served, out of a potential pool of 49,137 NHHPP and FS recipients, the following table provides a definitive breakout of the population participating in GTW, by whom, for what purpose, and the number and the cost for each of the identified categories. These categories include work program services, job training activities and participant support services. Based on the individual's circumstances they may not need to access all of the available services listed. The remaining category, titled Ancillary Services, would benefit the general TANF eligible population and is aimed at enabling parents to work and help in reducing intergenerational poverty, including after school programs for youth, child care and home visiting.

Gateway to Work – Work Program Contract Related Services					
Partner	**Role**	**Amount**	**Numbers to be Served**	**Types of Services**	**New Population Being Served**
NHES	Front door eligibility, recruitment, assessment, case management (CM) services for participants with little to no barriers to employment	$502,931	Anticipated 1160 applicant eligible from a potential pool of 49,137 NHHPP/Food Stamp recipients	Determine eligibility from potential pool & case management of 464 job ready participants	Yes
Case management - contracted community agency vendors	Case management (CM) services for participants with barriers to employment	$222,000	696	Case Management of 696 participants with barriers	Yes
Department of Corrections - Shea Farm	Case management for those with criminal backgrounds	$75,000	36	Estimated up to 36 incarcerated women	Yes
DFA (DHHS)	Positions, recruitment costs and audit set aside	$174,070	Overseeing 9 contracted vendors and 3 MOUs		No
Evaluation contractor	To evaluate GTW outcomes	$550,000		N/A	N/A
GTW Employment & Job Training Activities					
Business community - reimbursement of wages for hiring GTW participants	Subsidized employment positions	$74,550	144	Approximately $500 a placement to employers	Yes
Business community - reimbursement of wages for hiring GTW participants	On-the-job employment positions	$321,700	116	approximately $2775 per placement to employers	Yes
Community College System of NH	Training programs and apprenticeship development	$1,071,500	300 short term training slots & 100 apprenticeship slots	Industry specific short term training	Yes

Gateway to Work Participant Support Services					
Community providers, GTW participants and businesses statewide	Support service payments	$434,500	1160 GTW participants	All participants eligible for support service payments	Yes
Transportation providers	Assisting with accessing services statewide	$1,100,000	1160	All participants eligible for support service payments	Yes
Housing companies and landlords	Preventing homelessness	$62,500	81 (7% of all NHHPP cases in 6/16 indicate homelessness. 7% of 1160 = 81 families	GTW participants may utilize housing services.	Yes
	Sub-total cost:	**$4,588,751**			

Ancillary Services					
Partner	**Role**	**Amount**	**Numbers to be Served**	**Types of Services**	**New Population Being Served**
Department of Education	After school programs	$612,500	625	Career exploration & planning	Yes
DCYF-Child Development Bureau	Elimination of client cost-share and reduction of child care copay	$1,721,920	2,379	For TANF clients only	N/A
DCYF-Child Development Bureau RFP	Expanding number of child care slots for single TANF parents that are exempt and have a child under 1-year of age	$1,250,000	221	For TANF clients only	N/A
DCYF-Home Visiting	Expanding home visiting services to TANF parents that are exempt and have a child under 1-year of age	$125,000	221	For TANF clients only	N/A
	Sub-total Cost:	**$3,709,420**			
Total GTW and Ancillary Cost:		**$8,298,171**			

Evaluation Design & Annual Performance Measures

The evaluation of the GTW program will consist of two phases, based on the timeframes authorized for implementation. Phase 1 will address the preliminary results covering the first six-months, September 2016 through February 2017. Given there would be insufficient time to develop and release a Request for Proposal, a sole source contract with an existing vendor would be requested to ensure data is available to the Executive Branch and Legislature for review prior to the end of the first six months of the program.

Evaluation elements will address established and projected performance outcomes to include data indicating the number of participants enrolled, those deemed high need with employment barriers, versus those identified as work ready that have gained employment, and direct placement by industry. Additional elements will include the duration of time between entry and exit of the program, demography, wage gain or loss, number referred to community agencies, number of employment barriers identified and addressed, lost employment (with reason), financial tracking of funds paid to each case management agency, and the cost and take-up rate of on-the-job training, subsidized employment, apprenticeships and supportive services.

If GTW is funded beyond six months, a more in-depth and comprehensive evaluation and performance outcome design will be developed, through a formal Request for Proposal procurement process. As part of Phase 2, the evaluation conducted will address the long-term benefits of obtaining a livable wage, through work, and the impact it has on a family's socioeconomic stability and independence. Specific examples would include outcomes that measure how employment influences the overall well-being of a family, relative to improved health, education and employment, and if these factors lead to a reduction in homelessness, and/or dependence on state and federal assistance programs. Phase 2 will also evaluate the return on investment, in order to justify continued funding of the GTW program, as well as what the overall economic and social benefit to New Hampshire's employers, citizens, environment and stakeholders is, in both the short and long-term. Ultimately, answering the question… is the program design effective in helping to fill the needs of New Hampshire's employers by way of expanding the workforce in high labor need areas, resulting in more families reaching and staying in the middle-class?

In summary, GTW strategies include investing in training skilled labor pools, focusing on high-labor need areas such as manufacturing, IT, healthcare and hospitality, to assist NH employers to create needed training programs, apprenticeships, credentialing options and subsidized employment slots to address labor shortages in the targeted industries, ultimately keeping good jobs here in the State. This, in turn, will help more families lift themselves out of poverty through entry into the workforce, providing them the opportunity to earn a livable wage, which would lead to better overall health and well-being. Permanent full-time positions generally include benefits that create a healthier workforce and the advent of more disposable income, which ultimately generates more spending in local communities, helping to further strengthen NH's economy.

Respectfully submitted,

Jeffery A. Meyers
Commissioner

cc: Members, Fiscal Committee
Legislative Budget Assistant

Enclosures

	A	B	E	F	G	H	I	J	K	L	M	N	O
1	SUMMARY OF FUNDING FOR TANF PROGRAM - FEDERAL FUNDS ONLY												*slr 7-28-16*
2	MOE SPEND OF GF REQUIRED AT $32M PER YEAR (this is in addition to the TANF spending totals below)												
3			TANF SFY 2014	TANF SFY 2015	*TANF SFY 2016*	*TANF SFY 2016*		*TANF SFY 2017*	Add'l SFY 17	*TANF SFY 2018*	*TANF SFY 2018*	*TANF SFY 2019*	*TANF SFY 2019*
4		List of activities funded							Assumes program running for 6 months		*12 month*		*12 month*
5			ACTUAL	ACTUAL	*Actual as of 3/31/16*	*Projected SFY 6/30/16*		*Estimated spend*	GTW Estimate	*Estimated*	GTW Estimate	*Estimated*	GTW Estimate
6													
7	Work Activities	Bureau of Welfare to Work Staff Costs, NHEP Contracts, Employment & Training Costs	6,456,582	4,125,614	*3,126,646*	*4,169,000*		*4,100,000*	4,651,251	*4,100,000*	*9,302,502*	*4,100,000*	*9,302,502*
8													
9	Basic Assistance	Cash Assistance to Clients	8,946,698	5,277,779	*909,454*	*1,213,000*		*3,200,000*		*3,200,000*		*3,200,000*	
10													
13	DCYF/DJJS - Child and Family Services (5855) (Prior Law)	Svcs for Abuse/Neglect & CHINS authorized under AFDC	3,623,249	4,380,391	*3,825,961*	*5,101,000*		*5,101,000*		*1,625,000*		-	
14													
15	Prevention of out of wedlock pregnancies (Family Planning/Home Visiting)	Contracts for Family Planning and Home Visiting Services	576,643	593,226	*511,731*	*682,000*		*500,000*	125,000	*500,000*	*250,000*	*700,000*	*250,000*
16						-							
17	Non-Recurrent Costs-Emergency Assistance	Emergency Assistance	278,868	102,195	*133,857*	*178,000*		*125,000*		*125,000*		*125,000*	
18													
19	Transfer to CCDF for Child Care/SSBG Family Res Supp Contracts		2,335,166	4,200,000	$ *5,136,937*	*6,849,000*		$ *5,136,937*	2,971,920	*7,068,497*	*4,431,560*	*7,068,497*	*4,431,560*
20													
21	Other (Field Elig and CPSW Staff Costs)	Costs of Eligibility Staff and Child Protective Social Workers	2,948,829	1,325,948	$ *1,003,879*	*1,339,000*		$ *1,500,000*		*1,500,000*		*1,500,000*	
22						-							
23	Information Systems Operation & Support	New HEIGHTS and other system costs	1,394,182	839,999	*819,856*	*1,093,000*		*1,000,000*		*1,000,000*		*1,000,000*	
24													
25	Administration	Costs of other staff that support TANF across the Dept; Translation and Interpretation contract costs; EBT contract costs. GTW $550k for evaluation review	4,326,349	1,874,899	*2,416,979*	*1,661,300*		*4,400,000*	550,000	*2,000,000*	*550,000*	*2,000,000*	*550,000*
26													
29	**Total**		$ 30,886,566	22,720,051	$ *17,885,300*	$ *22,285,300*		$ *25,062,937*	8,298,171	*21,118,497*	*14,534,062*	*19,693,497*	*14,534,062*
30									-				
31													
32			*SFY14*	*SFY15*	*SFY16*	*SFY16*		*SFY17*					
33					*as of 3/31/16*	*projected*		*Projected*					
34	TANF Balance		$ 21,687,290	$ 28,900,919	$ *44,702,129*	$ *44,702,129*		$ *61,016,017*	$ *74,474,341*	$ *66,176,170*	$ *83,578,934*	$ *69,044,872*	$ *87,872,636*
35	Federal Grant		$ 38,100,195	$ 38,521,261	$ *29,162,000*	$ *38,599,188*		$ *38,521,261*		$ *38,521,261*		$ *38,521,261*	
36	Projected Expenditures		$ (30,886,566)	$ (22,720,051)	$ *(17,885,300)*	$ *(22,285,300)*		$ *(25,062,937)*	$ *(8,298,171)*	(21,118,497)	(14,534,062)	(19,693,497)	(14,534,062)
37	Ending Balance		$ 28,900,919	$ 44,702,129	$ *55,979,829*	$ *61,016,017*		$ *74,474,341*	$ 66,176,170	$ 83,578,934	$ 69,044,872	$ 87,872,636	$ 73,338,574
38	**BALANCE ROUNDED TO MILLIONS**		$ 28.9	$ 44.7	$ 56.0	$ 61.0		$ 74.5	$ 66.2	$ 83.6	$ 69.0	$ 87.9	$ 73.3
39													
40	TANF 14 & TANF 15 are acutal dollars expended												
41	TANF 16 Actual through 3/31/16 and projected for QE 6/30/16 & TANF 17 are the TANF												
42	TANF 18 & TANF 19 are estimated/draft dollars that may or may not be proposed for the 18-												
43													
44													
45													

Amendment Request for

State of New Hampshire **FIS 16-087**

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

August 2, 2016

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

Re: Fiscal Committee Gateway to Work (GTW) May 9, 2016 - Accept and Expend Item

Dear Chairman Kurk:

Please be advised that minor changes are required to the original Gateway to Work Accept and Expend request, dated May 9, 2016, in order to ensure a full six-month time frame be in place to demonstrate the program's full value, and to provide clarifying language in a number of the sections, as follows:

- The effective dates for implementation of the Gateway to Work program should be changed from July 1, 2016, through December 31, 2016, to September 1, 2016, through February 28, 2017; funding remains the same at $8,298,168.

- In the Funding section, the reference to SNHS Child Care: SNHS Amendment should be removed and replaced with Child Care; funding remains the same at $1,250,000; the reference to DOE - Youth after school and subsidized employment should be change to DOE Youth subsidized employment, as there is insufficient time for DOE to create an after school option; funding remains the same at $612,500.

- In the Program Services section, the Child Care narrative should be changed from "2) Gateway to Work supports child care centers being developed in five of the State's most populated areas. These centers will offer temporary child care solutions so parents' won't have to decline jobs and will assist the client in finding a long-term child care solution." to 2) an RFP will be issued to existing child care centers Statewide. These centers will offer temporary child care solutions to help mitigate barriers that might prevent parents' from accepting employment, and will assist the client in finding a long-term child care solution.

- In the Staffing section, the reference to the number of NHES staff should be changed from 5 to 6 full-time employment counselor specialists; noting the one full-time program specialist position, referenced in the Funding table, that was not captured in the narrative (total of 7 positions); NHES staff funding remains the same at $407,001

Respectfully submitted,

Jeffery A. Meyers
Commissioner

cc: Members, Fiscal Committee
Legislative Budget Assistant

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

FIS 16 129

July 27, 2016

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

Re: INFORMATIONAL ITEM: Health and Human Services Dashboard

Information

The Department of Health and Human Services (DHHS) hereby submits as an information item the Department's monthly dashboard in order to inform the legislature and the public on the current status of the utilization of the Department's programs and services and the related implications for the Department's budget. The financial and caseload information contained in this monthly dashboard is current through June 30, 2016. Because of the timing of the August meeting, information for the month ending July 30th was not complete. The Department will submit a dashboard for July later in August.

Explanation

Funding Issues

Leading up to June 30, 2016, the Department had anticipated a deficit of $46.6 million, on a cash basis. The anticipated deficit was the result of a combination of events impacting the Medicaid program consisting of: (i) anticipated managed care rate adjustments not included in the current budget; (ii) caseload projections not being realized; and (iii) uncompensated care payments in excess of the current budget that were impacted by litigation over federal changes to the definition of uncompensated care.

Despite these Medicaid-related funding issues, the Department ended SFY 2016 covering the anticipated deficit without any additional appropriation through transferring funds within the Department and additional drug rebate revenues. In addition to covering the deficit, the Department lapsed $13.4 million on a cash basis.

General Fund Only -Figures in $Millions

Medicaid Services	$25.5
Medicaid - DSH/MET	$15.9
SYSC	$ .7
Other	$ 4.5
Total Cash Basis Deficit	$46.6
Transfers	$20.7
Excess Rebate Revenue	$25.9
Total	$46.6
Department FY 16 Lapse	$13.4

SFY 16 Lapse – Cash Basis

At the time of the closing of SFY 16, the Department had recognized a lapse of $13.4 million on a cash basis. The lapse is in addition to the Department being able to fund all its shortfalls without a request to the Legislature for additional appropriations. This lapse amount is preliminary and unaudited, and may change as the result of any final analysis conducted by DHHS, the Department of Administrative Services, the Legislative Budget Assistant's Office and the auditor's, KPMG. (Reference Table A-1 for more detailed lapse analysis)

As of the May dashboard, DHHS was projecting a $6.0 million lapse. The increase of $7.4 million was primarily the result of 3 activities:

- **DoIT lapse $1.7 million**: While DHHS was experiencing actual spending patterns lower than the budget, DoIT during the year was reluctant to allow any use or transfer of these funds since they expected by year end all funds would have been either encumbered or spent. As a result, it was not known till the end of closing, after invoices and encumbrances were processed what the final excess would be.

- **Facilities lapse $1.6 million**: While DHHS had been projecting a surplus in this account based on spending, the Department of Administrative Services, Bureau of Facilities (BFAM), during the year was reluctant to allow us to transfer any of these funds since they expected by year end all would have been either encumbered or spent. As a result of the final months spending and encumbrances, the balance identified by DAS to bring forward was significantly less than expected and resulted in the lapse.

- **NHH $3.4 million**: This is mostly from salary and benefit accounts at NHH. While NHH had been tracking high vacancy rates, which would suggest a large year-end lapse, between the increased recruitment efforts, the 15% enhancement, hiring a temp staffing agency, and standing up the ISU, NHH expected the savings from the vacancies to be minimal by year end. However, the vacancies continued and resulted in a much higher lapse than expected.

Caseload Trends

	SFY 15	SFY 16					
	6/30/2015	9/30/2015	12/31/2015	3/31/2016	4/30/2016	5/31/2016	6/30/2016
Medicaid Standard	138,252	138,908	138,959	139,242	138,518	137,601	137,382
% increase over prior		*0.47%*	*0.04%*	*0.20%*	*-0.52%*	*-0.66%*	*-0.16%*
NHHPP	41,657	43,107	46,996	49,203	48,817	49,137	49,522
% increase over prior		*3.48%*	*9.02%*	*4.70%*	*-0.78%*	*0.66%*	*0.78%*
Food Stamps (SNAP)	105,322	102,869	100,495	99,543	99,453	97,610	96,872
% increase over prior		*-2.33%*	*-2.31%*	*-0.95%*	*-0.09%*	*-1.85%*	*-0.76%*
FANF Persons	*6,138*	*5,764*	*5,425*	*5,183*	5,159	5,068	5,107
% increase over prior		*-6.09%*	*-5.88%*	*-4.46%*	*-0.46%*	*-1.76%*	*0.77%*
APTD Persons	*7,526*	*7,343*	*7,116*	*7,033*	6,972	6,933	6,916
% increase over prior		*-2.43%*	*-3.09%*	*-1.17%*	*-0.87%*	*-0.56%*	*-0.25%*
LTC - Persons	*7,109*	*7,042*	*7,191*	*7,231*	7,229	7,103	7,065
% increase over prior		*-0.94%*	*2.10%*	*0.56%*	*-0.03%*	*-1.74%*	*-0.53%*

Medicaid Shortfall & Implications for SFY 2017

The Medicaid shortfall in SFY 2016 that was addressed through transfers and additional drug rebate revenues resulted from three budget related issues and litigation regarding how uncompensated care is calculated. First, the managed care (per member per month) rates for SFY 2016 exceeded the amount budgeted for the managed care program. Second, the budget assumptions regarding a Medicaid caseload reduction of 2% in SFY 2016 were not realized; in fact, caseloads remained static. Third, for a period of time in SFY 2016 mental health services were excluded from the managed care program and the fee for service rates in this period were higher than budgeted. Lastly, as a result of the federal government attempting to change the methodology of how uncompensated care is defined and litigation resulting from that attempted change, the amount of uncompensated care payments to the State's hospitals was significantly higher ($15.9 million) than budgeted.

DHHS managed the SFY16 Medicaid shortfall by transferring general funds that would otherwise lapse from other areas within the Department, including drug rebate revenue.

While the Department was able to cover these SFY 2016 Medicaid shortfalls, the underlying reasons for some of these shortfalls remain and have the potential, if not addressed, to produce shortfalls again in SFY 2017. Specifically, the current budget projects an additional decrease in Medicaid caseloads in SFY 2017. Although it is quite early in the fiscal year, it does not appear that caseloads will decrease to cover the cumulative impact of the SFY 2016 and 2017 reduction. This could generate a shortfall of up to $13 million by the end of SFY 2017.

In addition, the rates for the managed care program as determined by the actuary have increased slightly again for SFY 2017. Without offsetting revenue, the rate increases could generate a shortfall of up to $30 million by the end of SFY 2017. The composite average per member per month rate has increased since 2015 from $331.00 to $349.00

There has been substantial progress in discussions between the managed care organizations and the community mental health centers concerning capitated rate agreements for mental health services. Thus, the Department does not anticipate any significant shortfall as a result of fee for service rates for mental health services, provided these capitated agreements are concluded soon.

The extent of the FY 2017 uncompensated care (DSH) payment remains uncertain. Because the 2017 payment will be based on 2015 uncompensated care data, it is anticipated that the hospitals' uncompensated care will significantly decrease from the 2014 level as a result of the impact in 2015 of the New Hampshire Health Protection program. The Department will be working with hospitals this fall to obtain information in advance of the filing of their 2017 reports.

Sununu Youth Services Center (SYSC)

N.H. Laws of 2015, Chap. 276, (HB2), required a reduction in appropriation to SYSC of $1.7 million general funds for SFY16 and $3.5 million for SFY17 and for the Department to develop a plan around the use of SYSC.

SB 466, as enacted, reduced the SFY16 SYSC appropriation to $700,000 from $1.7 million and established a reduction of $1.7 million for SFY 2017. In addition, SB 466 states that "***the department shall lapse an additional $1,850,000 in state general fund appropriations for the fiscal year ending June 30, 2017, which shall be in addition to any previously required or estimated lapse for said fiscal year.***"

The Department was able to reduce the SYSC SFY 16 appropriations by the $700,000 and prior to June 30, 2016 provided the Department of Administrative Services with a list of application accounts from which the reduction was applied. As required by SB 466, the Department is separately filing a report with the legislature on or before August 5, 2016, related to the SFY17 reduction.

NHH Inpatient Stabilization Unit & Nurse Recruitment

The 10-bed ISU opened July 5, 2016. The unit admits those patients from emergency services departments who can reintegrate into the local community after an average of three days of treatment. Those who require a longer stay will be transferred to another unit within the facility. The census of the ISU is tracked and reported daily.

Respectfully submitted,

Jeffrey A. Meyers
Commissioner

Enclosure

cc: Her Excellency, Governor Margaret Wood Hassan
The Honorable Neal M. Kurk, Chairman, House Finance Committee
The Honorable Chuck W. Morse, President, NH State Senate
The Honorable Shawn Jasper, Speaker, NH House of Representatives
Michael W. Kane, Legislative Budget Assistant

Executive Council

The Honorable Colin Van Ostern
The Honorable Christopher Pappas
The Honorable Joseph D. Kenney
The Honorable Christopher Sununu
The Honorable David Wheeler

House Finance Committee

The Honorable Mary Allen
The Honorable Frank Byron
The Honorable Frank Edelblut
The Honorable William Hatch
The Honorable Betsy McKinney
The Honorable Joseph Pitre
The Honorable Marjorie Smith
The Honorable Karen Umberger
The Honorable Kenneth Wyler
The Honorable Richard Barry
The Honorable David Danielson
The Honorable J. Tracy Emerick
The Honorable Peter Leishman
The Honorable Sharon Nordgren
The Honorable Katherine Rogers
The Honorable Peter Spanos
The Honorable Mary Jane Wallner
The Honorable Thomas Buco
The Honorable Daniel Eaton
The Honorable Susan Ford
The Honorable Dan McGuire
The Honorable Lynne Ober
The Honorable Cindy Rosenwald
The Honorable Timothy Twombly
The Honorable Robert Walsh

Senate Finance Committee

The Honorable Jeanie Forrester
The Honorable Gerald Little
The Honorable Lou D'Allesandro
The Honorable John Reagan
The Honorable Andrew Hosmer

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OPERATING STATISTICS DASHBOARD

Fiscal Meeting August 2016

SFY16

Budget Summary as of 6/30/16-Estimated Amounts-Year End Close in Process
Data/Caseloads as of 6/30/16 (except for MH as of 5/31/16)

Department of Health and Human Services
Financial Summary - CASH BASIS
As of June 30 --- SFY16
General Funds Rounded to $000

The budget for SFY16-17 provides insufficient general funds to address the legislative intents for services and obligations that are expected to be incurred.
The items reported on the list include only those which a) are likely to be incurred and b) for which amounts can be reasonably estimated.

Legislative Lapse Target per Final Budget (3.3%) = $20,856

			As of 1/31/16	As of 2/29/16	As of 3/31/16	As of 4/30/16	As of 5/31/16	As of 6/30/16
Shortfalls								
	Programs							
	Medicaid (step 1 svs)	Medicaid services (excluding BDS waivers & Nursing/CFI)	$20,500	$15,400	$19,100	$19,100	$18,400	$18,400
	Medicaid	MCO Health Reimbursement Fee	$3,250	$3,250	$3,250	$3,250	$3,250	$3,250
	Medicaid	Part A&B	$994	$994	$994	$994	$994	$994
	Medicaid	Part D: State Phasedown	$3,055	$2,700	$2,900	$2,900	$2,900	$2,900
		Subtotal Medicaid	$27,799	$22,344	$26,244	$26,244	$25,544	$25,544
	Medicaid - DSH/MET	DSH Obligations Exceeded Budget/ MET revenue shortfall					$15,899	$15,899
		Total Medicaid	$27,799	$22,344	$26,244	$26,244	$41,443	$41,443
		Change over prior month	*$ (5,451)*	*$ (5,455)*	*$ 3,900*	*$ -*	*$ 15,199*	*$0*
	SYSC	Footnote reduction HB2	$1,722	$1,722	$1,722	$700	$700	$700
	DFA	APTD & Old Age Assistance cost per case	$507	$300	$295	$335	$335	$335
	NHH	Nursing shortfall - salary enhancement	$465	$465	$465	$465	$465	$465
	NHH	Nursing Temps Pending Contract			$375	$375	$375	$375
	DCYF	Enhanced CPSW coverage		$252	$252	$252	$252	$252
	DCYF	Foster Care & Out of Home Placement Case increases			$600	$600	$600	$600
	Litigation							
		Chase Home Settlement	TBD	TBD	TBD	$319	$319	$319
		Harbor Homes Settlement (paid)	TBD	$1,300	$1,350	$1,350	$1,350	$1,350
	Operational Challenges							
	Medicaid	Contracts: Actuarial	$609	$0	$0	$0	$0	$0
	Medicaid	Non-Emergency Medical Transportation	$522	$522	$522	$522	$522	$522
	Public Health	Water Testing Pease	$225	$225	$225	$225	$225	$225
	Medicaid	HIPP program	$50	$50	$50	$50	$50	$50
	Glencliff	Revenue Shortfall		$425	$425	$425	$325	$0
		Total Estimated Shortfalls	**$31,899**	**$27,605**	**$32,525**	**$31,862**	**$46,961**	**$46,636**
		Change over prior month	*$ (6,010)*	*$ (4,294)*	*$ 4,920*	*$ (663)*	*$ 14,436*	*($325)*
Funds that would otherwise Lapse (cash basis)								
	Medicaid	Drug Rebate Revenue (transferred per Fiscal 5/20/16)	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000
	Medicaid	Drug Rebate Excess Collections, including carry forward				$5,075	$15,899	$15,899
	Medicaid	MCO Health Reimbursement Fee (to be paid 7/6/16)					$3,250	$3,250
	DHHS	Salary & Benefits - Department Wide (Transferred Fiscal April) excluding NHI	$7,000	$7,000	$6,906	$6,906	$6,906	$6,884
	Agency Specific Accounts							
	Facilities	Utilities, Rent, Fuel	$2,500	$2,500	$540	$1,160	$1,160	$2,259
	OIS	IT	$500	$500	$456	$456	$456	$1,710
	Client Services	Misc Contracts (DDU, Transportation, Broker)	$500	$475	$244	$244	$257	$301
	SYSC	Utilities, Prescriptions, misc operations	$400	$400	$700	$900	$900	$1,147
	GH	Utilities and Sal/Ben	$100	$250	$425	$425	$807	$368
	NHH	Maintenance, Utilities, Misc Contracts and Sal/Ben	$500	$425	$953	$1,117	$1,063	$4,246
	Human Services	Misc Operations and Sal/Ben	$750	$500	$502	$364	$473	$939
	DFA	State Asst Non TANF Interim Disabled Parent (IDP)	$300	$300	$295	$335	$643	$1,130
	BEAS	Projected spend under budget from Step 2 FFS transferred to OMBP	$1,250	$2,750	$2,239	$2,239	$2,239	$2,239
	BEAS	Social Services Non-Medicaid Contracts	$1,045	$1,045	$1,038	$1,513	$1,838	$1,371
	BBH	Transferred to OMBP to cover BBH FFS		$2,500	$4,541	$4,541	$4,541	$4,541
	PH	Rent, Lab Supplies, Contracts:Emerg Prep & Maternal Child Health		$585	$483	$622	$622	$1,111
	Other	DHHS cover DAS did not reimburse for Harbor Homes				$1,350	$1,350	$1,350
	Other	Other misc lapses	TBD	$550	$550	$550	$550	$1,257
		Total Estimated Funds that Would Otherwise Lapse	**$24,845**	**$29,780**	**$ 29,872**	**$ 37,797**	**$ 52,954**	**$60,002**
		Change from prior month	*$14,845*	*$4,935*	*$92*	*$7,925*	*$23,082*	*$7,048*
		Net Surplus (Deficit)	**($7,054)**	**$2,175**	**($2,653)**	**$5,935**	**$5,993**	**$13,366**

TABLE A-1

Department of Health and Human Services
Preliminary Lapse Analysis Cash Basis
As of June 30 --- SFY16
General Funds Rounded to $000

		Prelim unaudited cash basis Lapse as of 6/30/2016
Salary & Benefits Dept Wide (exlcuding NHH)	$	1,761
NHH - Operations and Sal/Ben	$	3,406
Non sal/ben accounts:		
Facilities	$	1,603
Information Technololgy	$	1,710
Elderly and Adult Services	$	1,371
Division of Familiy Assistance	$	476
SYSC (includes excess revenue lapse $370k)	$	447
Public Health	$	404
Special Medical Services	$	381
Glencliff Home	$	368
Misc	$	1,439
Total Prelim Lapse	$	13,366

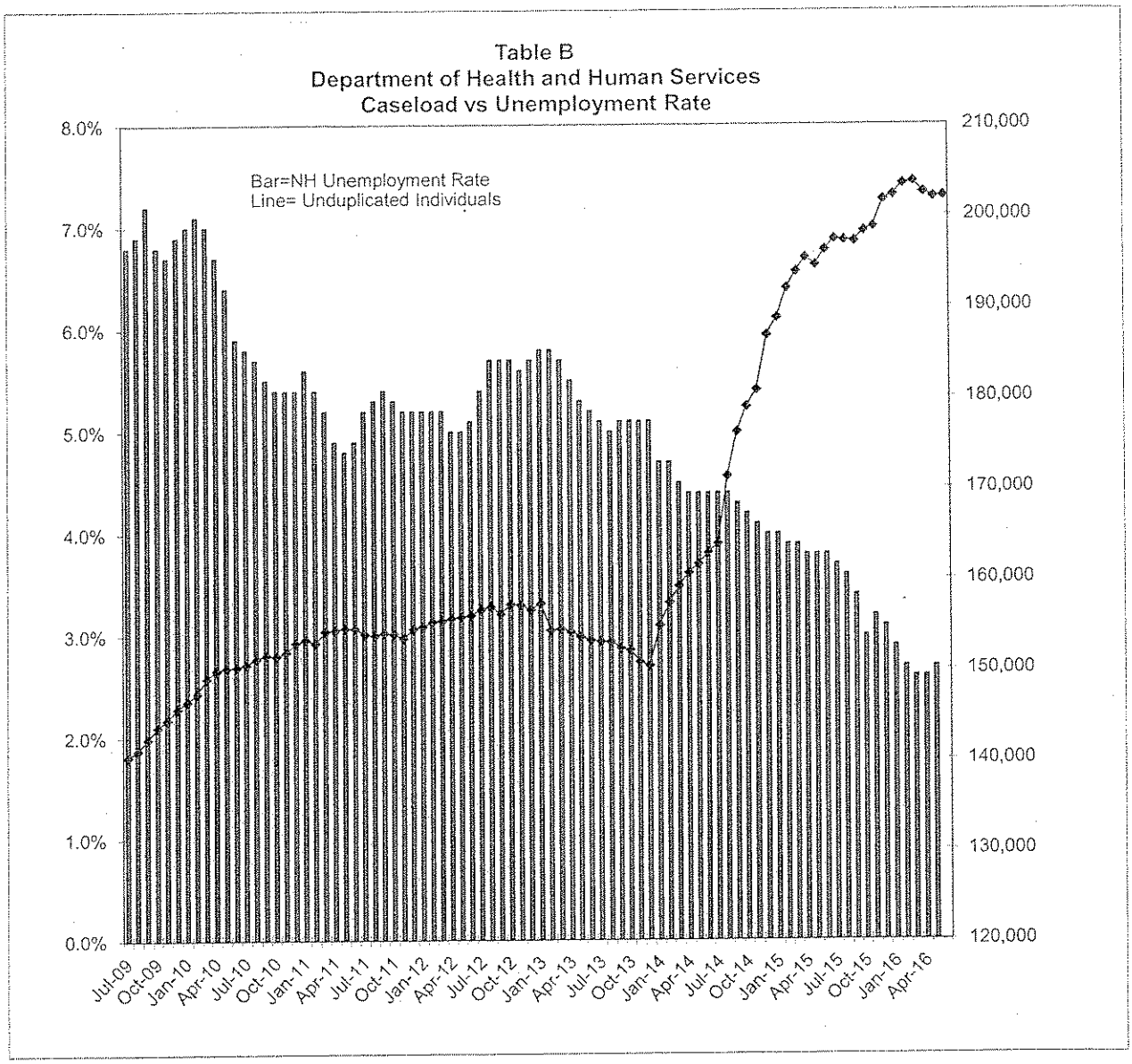


Table B
Department of Health and Human Services
Caseload vs Unemployment Rate
Bar=NH Unemployment Rate
Line= Unduplicated Individuals
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
210,000
200,000
190,000
180,000
170,000
160,000
150,000
140,000
130,000
120,000
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
Oct-13
Jan-14
Apr-14
Jul-14
Oct-14
Jan-15
Apr-15
Jul-15
Oct-15
Jan-16
Apr-16

Table C-1
Department of Health and Human Services
Medicaid Caseloads (Individuals)

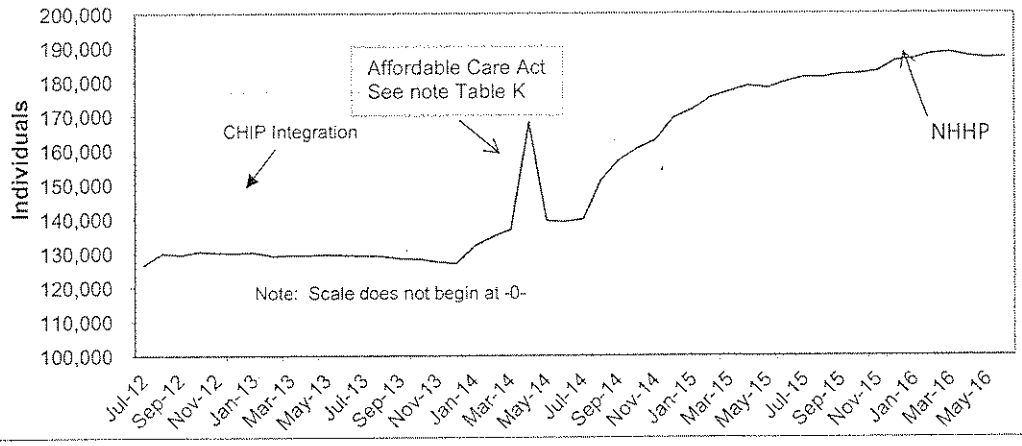


Table C-2
Department of Health and Human Services
FANF Caseloads (Individuals)

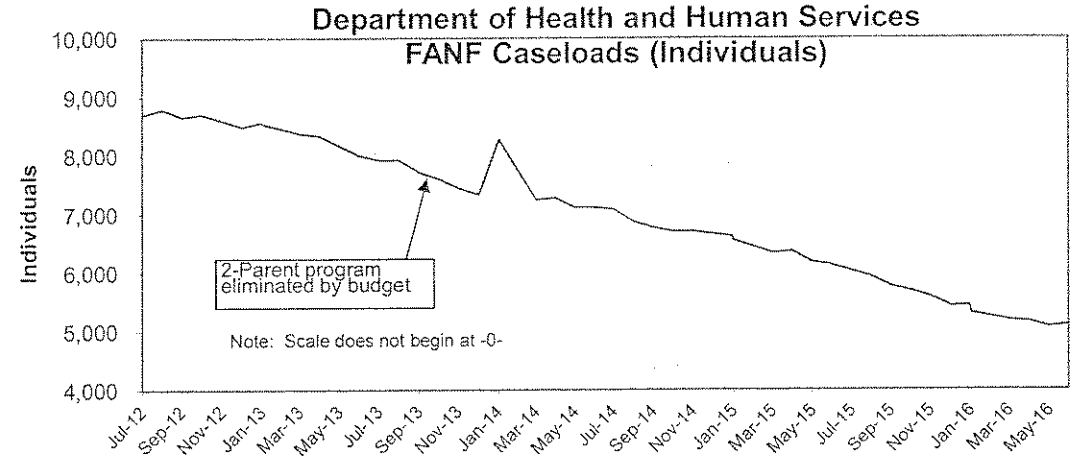
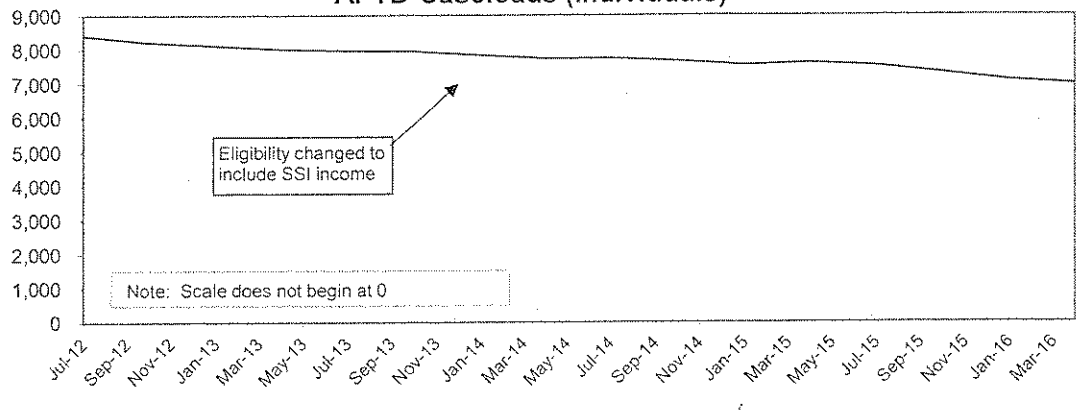


Table C-3
Department of Health and Human Services
APTD Caseloads (Individuals)



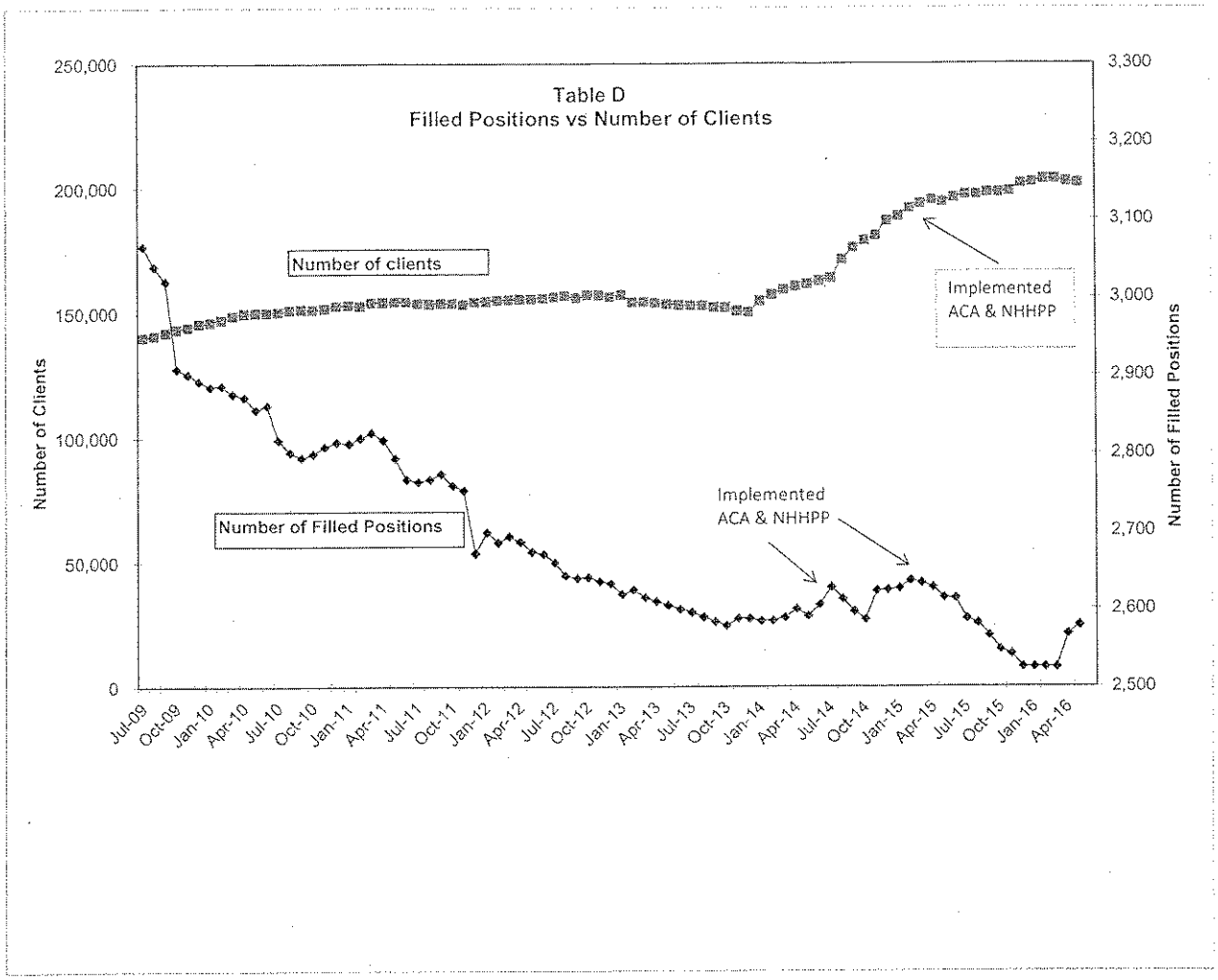


Table D
Filled Positions vs Number of Clients
Number of Clients
Number of Filled Positions
250,000
200,000
150,000
100,000
50,000
0
3,300
3,200
3,100
3,000
2,900
2,800
2,700
2,600
2,500
Number of clients
Implemented ACA & NHHPP
Number of Filled Positions
Implemented ACA & NHHPP
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
Oct-13
Jan-14
Apr-14
Jul-14
Oct-14
Jan-15
Apr-15
Jul-15
Oct-15
Jan-16
Apr-16

	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF Referrals	DCYF Assessments Closed	Family Foster Care Placement	Residential Placement	Child Care Emplmnt Related	Child Care Wait List	SYSC Secure Census
7								
8								
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
59	Jul-13	1,124	772	571	315	5,568	0	61
60	Aug-13	1,045	591	570	323	5,517	0	60
61	Sep-13	1,276	544	560	297	5,345	0	56
62	Oct-13	1,276	603	567	305	5,357	0	58
63	Nov-13	1,083	536	565	304	5,350	0	61
64	Dec-13	1,111	649	559	299	5,322	0	61
65	Jan-14	1,260	706	542	290	5,298	0	66
66	Feb-14	962	688	531	309	5,238	0	59
67	Mar-14	1,307	1,016	537	311	5,459	0	62
68	Apr-14	1,324	972	539	313	5,512	0	62
69	May-14	1,370	866	531	317	5,737	0	59
70	Jun-14	1,267	684	535	324	5,694	0	59
71	Jul-14	1,049	890	510	319	5,742	0	52
72	Aug-14	1,273	827	510	254	5,626	0	52
73	Sep-14	1,485	921	501	282	5,543	0	48
74	Oct-14	1,356	790	519	301	5,341	0	47
75	Nov-14	1,090	681	512	308	5,384	0	50
76	Dec-14	1,312	768	544	313	5,438	0	47
77	Jan-15	1,169	587	532	303	5,370	0	41
78	Feb-15	1,079	467	550	301	5,259	0	36
79	Mar-15	1,427	630	554	319	5,494	0	40
80	Apr-15	1,281	874	564	334	5,474	0	42
81	May-15	1,298	858	566	341	5,497	0	43
82	Jun-15	1,314	869	578	348	5,581	0	47
83	Jul-15	1,120	908	564	322	5,651	0	48
84	Aug-15	1,074	743	571	319	5,588	0	51
85	Sep-15	1,298	895	570	304	5,528	0	49
86	Oct-15	1,336	863	591	308	5,192	0	54
87	Nov-15	1,182	680	605	303	5,219	0	59
88	Dec-15	1,280	825	647	316	5,267	0	65
89	Jan-16	1,178	736	658	335	5,370	0	72
90	Feb-16	1,143	2,569	666	336	5,201	0	73
91	Mar-16	1,458	1,165	691	341	5,269	0	74
92	Apr-16	1,231	731	701	342	5,245	0	71
93	May-16	1,376	612	705	349	5,230	0	73
94	Jun-16	1,139	889	720	346	9,137	0	72
95	YEAR-TO-DATE AVERAGE							
96	SFY11	1,140	743	630	415	4,833	1,178	62
97	SFY12	1,189	771	596	322	5,043	0	60
98	SFY13	1,177	745	606	321	5,180	0	60
99	SFY14	1,200	719	551	309	5,450	0	60
100	SFY15	1,261	764	537	310	5,479	0	45
101	SFY16	1,235	968	641	327	5,658	0	63
102								
103	**Source of Data**							
104	Column							
105	B	DCYF SFY Management Database Report: Bridges.						
106	C	DCYF Assessment Supervisory Report: Bridges.						
107	D	Bridges placement authorizations during the month, unduplicated.						
108	E	Bridges placement authorizations during the month, unduplicated.						
109	F	Bridges Expenditure Report, NHB-OAR8-128						
110	G	Child Care Wait List Screen: New Heights						
111	H	Bridges Service Day Query - Bed days divided by days in month						

Table F

Department of Health and Human Services

Operating Statistics

Social Services

	FANF	APTD Persons	Food Stamps Persons	Child Support Cases			
				Current Cases	Former Cases	Never Cases	Total Cases
	Actual	Actual	Actual	Actual	Actual	Actual	Actual
Jul-13	7,926	7,962	115,691	4,035	17,724	13,193	34,952
Aug-13	7,922	7,955	115,499	3,866	17,901	13,180	34,947
Sep-13	7,709	7,889	114,725	3,772	17,913	13,183	34,868
Oct-13	7,609	7,945	114,915	3,938	17,797	13,227	34,962
Nov-13	7,449	7,882	113,514	3,793	17,908	13,325	35,026
Dec-13	7,334	7,820	112,908	3,803	17,774	13,331	34,908
Jan-14	7,330	7,834	113,326	3,762	17,783	13,316	34,861
Feb-14	7,353	7,803	112,791	3,767	17,695	13,329	34,791
Mar-14	7,242	7,704	112,511	3,723	17,734	13,361	34,818
Apr-14	7,277	7,727	112,144	3,863	17,593	13,453	34,909
May-14	7,119	7,751	111,362	3,828	17,592	13,518	34,938
Jun-14	7,116	7,745	110,590	3,700	17,766	13,683	35,149
Jul-14	7,085	7,741	109,239	3,672	17,849	13,748	35,269
Aug-14	6,871	7,727	108,767	3,671	17,803	13,741	35,215
Sep-14	6,767	7,679	108,434	3,598	17,831	13,736	35,165
Oct-14	6,705	7,657	108,343	3,702	18,674	13,214	35,590
Nov-14	6,705	7,607	107,214	3,711	18,814	13,347	35,872
Dec-14	6,660	7,532	107,900	3,753	18,868	13,529	36,150
Jan-15	6,622	7,530	107,934	3,917	18,811	13,735	36,463
Feb-15	6,547	7,542	107,224	3,956	18,906	13,981	36,843
Mar-15	6,339	7,538	107,521	3,803	19,202	14,294	37,299
Apr-15	6,366	7,596	107,283	3,842	19,249	14,538	37,629
May-15	6,179	7,561	106,042	3,914	19,180	14,666	37,760
Jun-15	6,138	7,526	106,322	3,820	19,207	14,742	37,769
Jul-15	6,120	7,513	104,705	3,852	19,228	14,937	38,017
Aug-15	5,934	7,438	103,544	3,866	19,211	15,004	38,081
Sep-15	5,764	7,343	102,869	3,685	19,344	15,133	38,162
Oct-15	5,688	7,307	101,917	3,808	19,263	15,257	38,328
Nov-15	5,583	7,227	100,525	3,763	19,319	15,345	38,427
Dec-15	5,425	7,116	100,495	3,614	19,366	15,373	38,353
Jan-16	5,435	7,081	99,978	3,699	19,261	15,402	38,362
Feb-16	5,307	7,117	99,486	3,658	19,258	15,506	38,422
Mar-16	5,183	7,033	99,543	3,558	19,390	15,694	38,642
Apr-16	5,159	6,972	98,453	3,646	19,242	15,828	38,716
May-16	5,068	6,933	97,610	3,627	19,187	15,886	38,700
Jun-16	5,107	6,916	96,872	3,544	19,147	15,952	38,643
YEAR-TO-DATE AVERAGE							
SFY11	13,696	8,794	112,302	5,581	17,264	13,006	35,850
SFY12	10,870	8,774	115,987	4,951	17,416	12,823	35,190
SFY13	8,494	8,136	117,899	4,086	17,677	12,942	34,705
SFY14	7,449	7,835	113,331	3,821	17,765	13,342	34,927
SFY15	6,582	7,603	107,685	3,780	18,700	13,939	36,419
SFY16	5,481	7,166	100,500	3,693	19,268	15,443	38,404

Source of Data

Column	
B	Office of Research & Analysis, Caseload Statistics
C	Budget Document
D	Budget Document
E-H	DCSS Caseload (Month End Actual from NECSES)

Note * Effective 3/1/12, SSI or SSP is considered when determining FANF eligibility. Those child support cases no longer eligible, are now "Former" assistance cases.

	A	B	C	D	E
1	Table G-1				
2	Department of Health and Human Services				
3	Operating Statistics				
4	Clients Served by Community Mental Health Centers				
5					
6		Annual Totals			
7		Adults	Children	Total	
8	FY2012	36,407	13,122	49,529	
9	FY2013	34,819	13,013	47,832	
10	FY2014	35,657	14,202	49,859	
11	FY2015	34,725	10,736	45,461	
12					
13		Adults	Children	Total	
14					
15	Jul-14	14,818	5,179	19,997	
16	Aug-14	14,436	5,132	19,568	
17	Sep-14	14,981	5,382	20,363	
18	Oct-14	15,172	5,651	20,823	
19	Nov-14	14,142	5,591	19,733	
20	Dec-14	14,734	5,775	20,509	
21	Jan-15	14,960	5,257	20,217	
22	Feb-15	14,024	4,757	18,781	
23	Mar-15	15,083	5,044	20,127	
24	Apr-15	14,641	5,073	19,714	
25	May-15	15,467	5,996	21,463	
26	Jun-15	15,935	6,044	21,979	
27	Jul-15	15,467	5,741	21,208	
28	Aug-15	15,213	5,806	21,019	
29	Sep-15	15,232	5,769	21,001	
30	Oct-15	15,324	6,027	21,351	
31	Nov-15	14,438	5,957	20,395	
32	Dec-15	14,753	6,084	20,837	
33	Jan-16	15,150	5,637	20,787	
34	Feb-16	15,393	5,041	20,434	
35	Mar-16	15,474	5,903	21,377	
36	Apr-16	14,918	5,776	20,694	
37	May-16	14,691	6,225	20,916	
38	Jun-16			0	
39					
40	Notes:				
41	1. Monthly data is a duplicated count.				
42	2. Year-end data is unduplicated.				

Table H

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-13	7,153	7,356	2,452	421	72	4,280	4,380	59.8%	276	1,230	1		
Aug-13	7,284	7,356	2,532	439	25	4,313	4,380	59.2%	263	1,225	1		
Sep-13	7,145	7,356	2,480	449	20	4,216	4,380	59.0%	264	1,247	1	474	YTD
Oct-13	7,290	7,356	2,435	459	24	4,396	4,380	60.3%	291	1,255	1		
Nov-13	7,264	7,356	2,422	488	36	4,354	4,380	59.9%	224	1,242	6		
Dec-13	7,342	7,356	2,417	454	27	4,471	4,380	60.9%	255	1,267	3	573	YTD
Jan-14	7,265	7,356	2,428	481	27	4,356	4,380	60.0%	319	1,269	3		
Feb-14	7,041	7,356	2,372	449	37	4,220	4,380	59.9%	258	1,270	0		
Mar-14	7,121	7,356	2,366	455	27	4,300	4,380	60.4%	283	1,266	0	652	YTD
Apr-14	7,125	7,356	2,317	493	24	4,315	4,380	60.6%	298	1,238	0		
May-14	7,439	7,356	2,418	477	24	4,544	4,380	61.1%	312	1,265	0		
Jun-14	7,271	7,356	2,356	475	32	4,440	4,380	61.1%	282	1,216	0	675	YTD
Jul-14	7,337	7,421	2,431	444	44	4,462	4,380	60.8%	363	801	0	0	
Aug-14	7,094	7,421	2,403	439	44	4,252	4,380	59.9%	276	786	0	1168	
Sep-14	7,088	7,421	2,428	431	37	4,229	4,380	59.7%	270	794	0	1438	
Oct-14	7,242	7,421	2,453	492	36	4,297	4,380	59.3%	301	757	0	2177	
Nov-14	7,160	7,421	2,422	460	36	4,278	4,380	59.7%	212	752	0	1276	
Dec-14	7,181	7,421	2,431	469	35	4,281	4,380	59.6%	263	764	0	1990	
Jan-15	6,996	7,421	2,404	469	32	4,123	4,380	58.9%	246	736	0	1845	
Feb-15	7,026	7,421	2,400	472	32	4,154	4,380	59.1%	221	739	0	1589	
Mar-15	7,109	7,421	2,432	448	32	4,229	4,380	59.5%	278	716	0	1802	
Apr-15	7,230	7,421	2,422	484	30	4,324	4,380	59.8%	244	723	0	1958	
May-15	7,170	7,421	2,428	464	29	4,278	4,380	59.7%	210	716	0	1838	
Jun-15	7,109	7,421	2,404	479	32	4,226	4,380	59.4%	294	726	0	1410	
Jul-15	7,045	7,232	2,409	463	33	4,173	4,325	59.2%	316	738	0	1410	
Aug-15	6,949	7,232	2,339	453	35	4,157	4,325	59.8%	301	750	0	1762	
Sep-15	7,042	7,232	2,335	481	40	4,226	4,325	60.0%	320	756	0	1645	
Oct-15	7,056	7,232	2,302	502	35	4,252	4,325	60.3%	332	756	0	1320	
Nov-15	7,047	7,232	2,317	444	40	4,286	4,325	60.8%	276	763	0	1842	
Dec-15	7,191	7,232	2,428	463	39	4,300	4,325	59.8%	284	734	0	1743	
Jan-16	7,114	7,232	2,434	435	35	4,245	4,325	59.7%	289	732	0	1712	
Feb-16	7,225	7,232	2,505	452	35	4,268	4,325	59.1%	289	742	0	1561	
Mar-16	7,231	7,232	2,671	345	34	4,215	4,325	58.3%	352	725	0	1709	
Apr-16	7,229	7,232	2,538	464	34	4,227	4,325	58.5%	291	715	0	1842	
May-16	7,103	7,232	2,489	430	37	4,184	4,325	58.9%	262	712	0	1423	
Jun-16	7,065	7,232	2,489	414	36	4,162	4,325	58.9%	360	718	0	1547	
YEAR-TO-DATE AVERAGE													
SFY11	7,188	7,740	2,513	399	33	4,277	4,063	59.5%	212	1,071	3	620	
SFY12	7,237	7,515	2,426	440	33	4,370	4,400	60.4%	226	1,084	6	681	
SFY13	7,152	7,578	2,445	431	29	4,276	4,422	59.8%	211	1,172	2	657	
SFY14	7,228	7,356	2,416	462	31	4,350	4,380	60.2%	277	1,249	1	594	
SFY15	7,145	7,421	2,422	463	35	4,261	4,380	59.6%	265	751	0	1,541	
SFY16	7,108	7,232	2,438	446	36	4,225	4,325	59.4%	306	737	0	1,626	

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 th

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

Developmental Services Long Term Care

	BDS Programs served FYTD**	BDS Programs FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist
				(8-09 to 8-12 Actual)	(8-09 to 8-12 Actual)	Actual*	Actual*
Jul-13	8,995	6,364	1,865	1,646	985	373	15
Aug-13	10,041	7,291	2,074	1,755	995	186	5
Sep-13	10,978	8,160	2,381	1,813	1,005	103	6
Oct-13	11,573	8,648	2,618	1,903	1,022	108	10
Nov-13	12,129	9,122	2,978	1,963	1,044	116	12
Dec-13	12,764	9,658	3,231	2,047	1,059	51	16
Jan-14	13,265	10,043	3,404	2,142	1,080	40	14
Feb-14	13,712	10,409	3,640	2,208	1,095	59	16
Mar-14	14,174	10,730	3,863	2,325	1,119	69	18
Apr-14	14,702	11,093	4,112	2,464	1,145	81	17
May-14	15,144	11,488	4,383	2,508	1,148	10	0
Jun-14	15,525	11,742	4,577	2,614	1,169	79	19
Jul-14	9,996	7,049	1,810	1,979	968	86	0
Aug-14	10,721	7,697	2,152	2,040	984	95	0
Sep-14	11,675	8,467	2,545	2,212	996	120	3
Oct-14	12,567	9,127	2,785	2,421	1,019	139	2
Nov-14	13,078	9,567	3,010	2,476	1,035	132	3
Dec-14	13,538	9,880	3,187	2,618	1,040	152	3
Jan-15	14,027	10,286	3,406	2,708	1,033	98	6
Feb-15	14,424	10,600	3,613	2,778	1,046	115	4
Mar-15	14,837	10,893	3,837	2,876	1,068	97	5
[illegible]-15	15,389	11,313	4,172	2,995	1,081	114	8
May-15	15,787	11,604	4,384	3,102	1,081	138	8
Jun-15	16,229	11,919	4,624	3,210	1,100	101	8
Jul-15	9,683	6,663	2,345	2,088	932	186	8
Aug-15	11,567	8,421	2,629	2,199	947	195	17
Sep-15	12,228	8,964	2,873	2,298	966	186	0
Oct-15	12,859	9,503	3,089	2,372	984	196	0
Nov-15	13,340	9,919	3,289	2,432	989	149	0
Dec-15	13,776	10,264	3,514	2,515	997	153	0
Jan-16	14,097	10,521	3,758	2,569	1,007	150	0
Feb-16	14,448	10,794	3,967	2,632	1,022	152	0
Mar-16	14,783	10,984	4,212	2,760	1,039	127	2
Apr-16	14,889	11,029	4,417	2,806	1,054	136	6
May-16	15,023	11,092	4,545	2,868	1,063	148	8
Jun-16	16,139	12,040	4,864	3,025	1,074	151	11

NOTE: 6-1-16 – FY 16 "BDS Programs Served FYTD" recalculated due to revisions in ESS monthly totals

YEAR-TO-DATE AVERAGE ***

SFY11	12,718	9,873	2,125	1,701	1,144	22	0
SFY12	12,373	9,568	3,160	1,744	1,061	64	4
SFY13	12,750	9,612	3,135	2,059	1,079	201	1
SFY14	12,750	9,562	3,261	2,116	1,072	106	12
SFY15	13,522	9,867	3,294	2,618	1,038	116	4
SFY16	13,569	10,016	3,625	2,547	1,006	161	4

***(1/4/16 - formulas corrected)

Data Sources:	NHLeads	NHLeads	NHLeads	SMSdb	PIHdb	Registry	Registry

G & *H Represent the number of individuals waiting at least 90-days for DD or ABD Waiver funding.

** BDS count excludes MTS Students served

E & F Represents year-to-date total number served

	A	B	C	D	E	F	G	H	I	J
1	Table I									
2	Department of Health and Human Services									
3	Operating Statistics									
4	Shelters & Institutions									
5										
6		NHH					BHHS			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					
58	Jul-13	155	187			n/a				117
59	Aug-13	161	164			n/a				116
60	Sep-13	163	165			n/a				115
61	Oct-13	161	184			n/a				116
62	Nov-13	164	149			n/a				119
63	Dec-13	151	144			n/a				118
64	Jan-14	160	190			n/a				118
65	Feb-14	161	165			n/a				116
66	Mar-14	160	181			n/a				118
67	Apr-14	163	193			n/a				118
68	May-14	164	184			n/a				116
69	Jun-14	162	164			n/a				114
70	Jul-14	141	153	23	1	n/a	13,826	11,737	85%	116
71	Aug-14	135	142	30	1	n/a	13,826	12,121	88%	117
72	Sep-14	145	173	33	5	n/a	13,380	11,625	87%	118
73	Oct-14	146	181	29	4	n/a	13,826	12,783	92%	116
74	Nov-14	150	166	27	6	n/a	13,380	12,064	90%	117
75	Dec-14	149	180	15	4	n/a	15,004	14,056	94%	118
76	Jan-15	150	159	22	3	n/a	15,748	15,016	95%	118
77	Feb-15	152	169	18	4	n/a	14,224	13,940	98%	116
78	Mar-15	156	171	16	8	n/a	15,748	14,996	95%	113
79	Apr-15	153	165	10	8	n/a	13,380	11,990	90%	115
80	May-15	150	170	14	7	n/a	13,826	11,598	84%	117
81	Jun-15	150	180	14	5	n/a	13,380	10,830	81%	114
82	Jul-15	148	169	13	1	n/a	14,694	11,628	79%	112
83	Aug-15	150	152	20	1	n/a	14,694	12,229	83%	115
84	Sep-15	151	162	17	5	n/a	14,220	11,861	83%	116
85	Oct-15	146	154	19	6	n/a	14,694	12,452	85%	116
86	Nov-15	144	163	18	5	n/a	14,220	12,684	89%	113
87	Dec-15	152	165	24	7	n/a	14,694	12,758	87%	114
88	Jan-16	153	133	28	5	n/a	14,694	12,351	84%	112
89	Feb-16	153	137	31	7	n/a	13,746	12,160	88%	113
90	Mar-16	156	191	22	5	n/a	14,694	11,224	76%	113
91	Apr-16	156	168	31	6	n/a	14,220	12,805	90%	113
92	May-16	154	185	26	11	n/a	14,694	11,270	77%	114
93	Jun-16	153	151	34	5	n/a	14,220	12,622	89%	114
94	YEAR-TO-DATE AVERAGE									
95	SFY11	151	192			42	10,971	9,159	83%	111
96	SFY12	148	197			39	11,095	10,551	95%	116
97	SFY13	153	164							118
98	SFY14	160	173							117
99	SFY15	148	167	21	5		14,129	12,730	90%	116
100	SFY16	151	161	24	5		14,457	12,170	84%	114

101		
102	**Source of Data**	
103	Column	
104	B	Daily in-house midnight census averaged per month*
105	C	Daily census report of admissions totalled per month
106	D	Daily Average wait list for adults
107	E	Daily average wait list for adolescents
108	F	Daily Average census in Transitional Housing (privatized 12/2011)
109	G	Total number of individual bednights available in emergency shelters
110	H	Total number of individual bednights utilized in emergency shelters
111	I	Percentage of individual bednights utilized during month
112	J	Daily in-house midnight census averaged per month
113		
114		* July 2014 average Census no longer reflects Pts on Leave

	A	B	H	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	Table J															
2	Medicaid Medical Caseloads (Persons)															
3		SFY 14		SFY 15	SFY 16											
4	Enrollment as of	12/30/13	6/30/14	6/30/2015	7/31/2015	8/31/2015	9/30/2015	10/31/2015	11/30/2015	12/31/2015	1/31/2016	2/29/2016	3/31/2016	4/30/2016	5/31/2016	6/30/2016
5																
6	1. Low-Income Children (Age 0-18)	82,129	88,961	89,849	90,104	89,934	90,345	90,197	90,298	91,089	91,095	91,105	91,276	90,834	90,544	90,484
7	2. Children With Severe Disabilities (Age 0-18)	1,604	1,670	1,623	1,613	1,623	1,613	1,602	1,584	1,593	1,588	1,571	1,570	1,574	1,579	1,576
8	3. Foster Care & Adoption Subsidy (Age 0-25)	1,948	2,004	2,166	2,160	2,139	2,152	2,163	2,175	2,181	2,173	2,227	2,215	2,216	2,231	2,204
9	4. Low-Income Parents (Age 19-64)	10,324	13,976	13,677	13,869	13,581	14,272	14,179	13,927	13,851	13,599	13,571	13,566	13,511	13,142	13,113
10	5. Low-Income Pregnant Women (Age 19+)	2,275	3,246	2,432	2,430	2,356	2,297	2,290	2,220	2,244	2,208	2,189	2,284	2,280	2,225	2,173
11	6. Adults With Disabilities (Age 19-64)	19,997	20,222	19,727	19,629	19,543	19,413	19,346	19,206	19,111	19,139	19,218	19,388	19,225	19,019	18,997
12	7. Elderly & Elderly With Disabilities (Age 65+)	8,828	8,822	8,606	8,644	8,650	8,652	8,714	8,756	8,741	8,747	8,788	8,795	8,736	8,714	8,681
13	8. BCCP (Age 19-64)	205	204	172	168	167	164	154	153	149	148	150	148	142	147	144
14	Sub-Total	127,310	139,105	138,252	138,617	137,993	138,908	138,645	138,319	138,959	138,697	138,819	139,242	138,518	137,601	137,372
15	9. NH Health Protection Program (Age 19-64)			41,657	42,579	43,126	43,107	43,577	44,568	46,996	47,902	49,135	49,203	48,817	49,137	49,522
16	Total By Category	127,310	139,105	179,909	181,196	181,119	182,015	182,222	182,887	185,955	186,599	187,954	188,445	187,335	186,738	186,894
17	Reconciling Differences (Detail to Summary)	(405)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Reported On Summary	126,905	139,105	179,909	181,196	181,119	182,015	182,222	182,887	185,955	186,599	187,954	188,445	187,335	186,738	186,895
19																
20	ENROLLMENT IN MEDICAID CARE MANAGEMENT															
21	Enrollment as of	01/01/14	07/01/14	7/1/2015	8/1/2015	9/1/2015	10/1/2015	11/1/2015	12/1/2015	1/1/2016	2/1/2016	3/1/2016	4/1/2016	5/1/2016	6/1/2016	7/1/2016
22																
23	Enrolled in Care Management	108,206	120,915	161,224	162,128	162,654	163,779	163,411	161,387	128,349	136,854	138,033	137,841	137,126	137,384	136,962
24	Premium Assistance Program (NHHPP formerly w/MCO, previously shown in Care Management and not new enrollees)									36,884	38,063	38,675	39,557	39,710	39,889	40,381
25	Enrolled in Fee-For-Service	25,186	15,549	17,594	17,219	17,098	17,191	17,117	19,887	19,100	10,217	9,951	9,414	8,395	8,118	8,069
26	Total	133,392	136,464	178,818	179,347	179,752	180,970	180,528	181,274	184,333	185,134	186,659	186,812	185,231	185,391	185,412
27																
28		*(6,082)*	*2,641*	*1,091*	*1,849*	*1,367*	*1,045*	*1,694*	*1,613*	*1,622*	*1,465*	*1,295*	*1,633*	*2,104*	*1,347*	*1,482*
29	Figures by category versus figures by coverage are taken from two points in time. Medicaid Care Managementis first of the month and the some people drop off during the month and go into Fee-For-Service. FFS is end of the month and builds during the month to include the spend down clients excluded from MCM. The early data points are switched because the MCM data includes retroactive FFS enrollment for those earlier months.															

Table K

Department of Health and Human Services

Caseloads Versus Prior Year & Prior Month

		Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANF Persons			APTD Persons			SNAP Persons		
		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
56	Jul-12	156,637	1.8%	0.4%	129,569	Eff. 7/1/12 CHIP included		7,225	1.2%	-2.0%	8,690	-27.9%	-1.0%	8,405	-6.9%	-1.3%	117,625	3.2%	-0.1%
57	Aug-12	156,966	2.1%	0.2%	129,951		0.3%	7,448	3.5%	3.1%	8,793	-26.6%	1.2%	8,296	-6.8%	-1.3%	114,916	0.6%	-2.3%
58	Sep-12	156,144	1.4%	-0.5%	129,479		-0.4%	7,281	1.5%	-2.2%	8,657	-27.9%	-1.5%	8,218	-7.3%	-0.9%	117,569	2.8%	2.3%
59	Oct-12	157,243	2.1%	0.7%	130,393		0.7%	7,293	3.4%	0.2%	8,704	-26.0%	0.5%	8,216	-6.6%	0.0%	119,101	3.8%	1.3%
60	Nov-12	157,170	2.4%	0.0%	130,110		-0.2%	7,254	3.1%	-0.5%	8,599	-26.3%	-1.2%	8,181	-7.6%	-0.4%	118,992	4.0%	-0.1%
61	Dec-12	156,588	1.4%	-0.4%	130,001		-0.1%	7,253	1.7%	0.0%	8,493	-27.9%	-1.2%	8,164	-9.3%	-0.2%	118,817	2.7%	-0.1%
62	Jan-13	157,348	1.7%	0.5%	130,239		0.2%	7,194	0.1%	-0.8%	8,559	-27.3%	0.8%	8,115	-8.1%	-0.6%	120,153	2.7%	1.1%
63	Feb-13	154,386	-0.6%	-1.9%	129,200		-0.8%	7,092	-3.0%	-1.4%	8,538	-26.6%	-0.2%	8,059	-8.3%	-0.7%	117,654	0.3%	-2.1%
64	Mar-13	154,504	-0.6%	0.1%	129,413		0.2%	7,052	-6.2%	-0.6%	8,378	-9.0%	-1.9%	8,011	-6.8%	-0.6%	117,409	0.1%	-0.2%
65	Apr-13	154,159	-1.0%	-0.2%	129,346		-0.1%	n/a			8,337	-6.8%	-0.5%	8,011	-6.8%	0.0%	117,147	-0.3%	-0.2%
66	May-13	153,625	-1.4%	-0.3%	129,598		0.2%	7,037	-4.2%		8,169	-7.7%	-2.0%	8,001	-6.3%	-0.1%	119,317	1.3%	1.9%
67	Jun-13	153,197	-1.8%	-0.3%	129,353		-0.2%	7,038	-4.6%	0.0%	8,005	-8.8%	-2.0%	7,951	-6.7%	-0.6%	116,087	-1.4%	-2.7%
68	Jul-13	153,075	-2.3%	-0.1%	129,255	-0.2%	-0.1%	7,153	-1.0%	1.6%	7,926	-8.8%	-1.0%	7,952	-5.3%	0.1%	115,691	-1.6%	-0.3%
69	Aug-13	153,065	-2.5%	0.0%	129,063	-0.7%	-0.1%	7,284	-2.2%	1.8%	7,922	-9.9%	-0.1%	7,955	-4.1%	-0.1%	115,499	0.5%	-0.2%
70	Sep-13	152,338	-2.4%	-0.5%	128,364	-0.9%	-0.5%	7,145	-1.9%	-1.9%	7,709	-11.0%	-2.7%	7,889	-4.0%	-0.8%	114,725	-2.4%	-0.7%
71	Oct-13	152,132	-3.3%	-0.1%	128,276	-1.6%	-0.1%	7,290	0.0%	2.0%	7,609	-12.6%	-1.3%	7,945	-3.3%	0.7%	114,915	-3.5%	0.2%
72	Nov-13	150,798	-4.1%	-0.9%	127,359	-2.1%	-0.7%	7,264	0.1%	-0.4%	7,449	-13.4%	-2.1%	7,882	-3.7%	-0.8%	113,514	-4.6%	-1.2%
73	Dec-13	150,372	-4.0%	-0.3%	126,905	-2.4%	-0.4%	7,342	1.2%	1.1%	7,334	-13.6%	-1.5%	7,820	-4.2%	-0.8%	112,908	-5.0%	-0.5%
74	Jan-14	154,862	-1.6%	3.0%	132,034	1.4%	4.0%	7,265	1.0%	-1.0%	7,330	-14.4%	-0.1%	7,834	-3.5%	0.2%	113,326	-5.7%	0.4%
75	Feb-14	157,397	2.0%	1.6%	134,728	4.3%	2.0%	7,041	-0.7%	-3.1%	7,353	-13.9%	0.3%	7,803	-3.2%	-0.4%	112,791	-4.1%	-0.5%
76	Mar-14	159,213	3.0%	1.2%	136,815	5.7%	1.5%	7,121	1.0%	1.1%	7,242	-13.6%	-1.5%	7,704	-3.8%	-1.3%	112,511	-4.2%	-0.2%
77	Apr-14	160,682	4.2%	0.9%	138,157	6.8%	1.0%	7,125	n/a	0.1%	7,277	-12.7%	0.5%	7,727	-3.5%	0.3%	112,144	-4.3%	-0.3%
78	May-14	161,647	5.2%	0.6%	138,562	6.9%	0.3%	7,439	5.7%	4.4%	7,119	-12.9%	-2.2%	7,751	-3.1%	0.3%	111,362	-6.7%	-0.7%
79	Jun-14	162,897	6.3%	0.8%	139,105	7.5%	0.4%	7,271	3.3%	-2.3%	7,116	-11.1%	0.0%	7,745	-2.6%	-0.1%	110,590	-4.7%	-0.7%
80	Jul-14	163,903	7.1%	0.6%	139,881	8.2%	0.6%	7,337	2.6%	0.9%	7,085	-10.6%	-0.4%	7,741	-2.8%	-0.1%	109,239	-5.6%	-1.2%
81	Aug-14	171,328	11.9%	4.5%	150,820	16.9%	7.8%	7,094	-2.6%	-3.3%	6,871	-13.3%	-3.0%	7,727	-2.9%	-0.2%	108,767	-5.8%	-0.4%
82	Sep-14	176,192	15.7%	2.8%	156,913	22.2%	4.0%	7,088	-0.8%	-0.1%	6,767	-12.2%	-1.5%	7,679	-2.7%	-0.6%	108,434	-5.5%	-0.3%
83	Oct-14	178,952	17.6%	1.6%	160,334	25.0%	2.2%	7,242	-0.7%	2.2%	6,705	-11.9%	-0.9%	7,657	-3.6%	-0.3%	108,343	-5.7%	-0.1%
84	Nov-14	180,798	19.9%	1.0%	162,848	27.9%	1.6%	7,160	-1.4%	-1.1%	6,705	-10.0%	0.0%	7,607	-3.5%	-0.7%	107,214	-5.5%	-1.0%
85	Dec-14	186,837	24.2%	3.3%	169,294	33.4%	4.0%	7,181	-2.2%	0.3%	6,660	-9.2%	-0.7%	7,532	-3.7%	-1.0%	107,900	-4.4%	0.6%
86	Jan-15	188,750	21.9%	1.0%	171,732	30.1%	1.4%	6,996	-3.7%	-2.6%	6,622	-9.7%	-0.6%	7,530	-3.9%	0.0%	107,934	-4.8%	0.0%
87	Feb-15	192,008	22.0%	1.7%	175,266	30.1%	2.1%	7,026	-0.2%	0.4%	6,547	-11.0%	-1.1%	7,542	-3.3%	0.2%	107,224	-4.9%	-0.7%
88	Mar-15	193,829	21.7%	0.9%	176,933	29.3%	1.0%	7,109	-0.2%	1.2%	6,339	-12.5%	-3.2%	7,538	-2.2%	-0.1%	107,521	-4.4%	0.3%
89	Apr-15	195,333	21.6%	0.8%	178,752	29.4%	1.0%	7,230	1.5%	1.7%	6,366	-12.5%	0.4%	7,596	-1.7%	0.8%	107,283	-4.3%	-0.2%
90	May-15	194,555	20.4%	-0.4%	178,143	28.6%	-0.3%	7,170	-3.6%	-0.8%	6,179	-13.2%	-2.9%	7,561	-2.5%	-0.5%	106,042	-4.8%	-1.2%
91	Jun-15	196,212	20.5%	0.9%	179,910	29.3%	1.0%	7,109	-2.2%	-0.9%	6,138	-13.7%	-0.7%	7,526	-2.8%	-0.5%	105,322	-4.8%	-0.7%
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%	5,425	-18.5%	-2.8%	7,116	-5.5%	-1.5%	100,495	-6.9%	0.0%
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%	0.2%	7,081	-6.0%	-0.5%	99,978	-7.4%	-0.5%
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%	7,065	-0.6%	-0.5%	5,107	-16.8%	0.8%	6,916	-8.1%	-0.2%	96,872	-8.0%	-0.8%
104								ANNUAL YEAR-TO-DATE AVERAGES											
105	SFY10	145,949			117,025			7,288			14,098			8,284			99,219		
106	SFY11	152,821	4.7%		119,612	2.2%		7,188	-1.4%		13,696	-2.8%		8,794	6.2%		112,302	13.2%	
107	SFY12	154,715	1.2%		119,832	0.2%		7,237	0.7%		10,870	-20.6%		8,778	-0.2%		115,987	3.3%	
108	SFY13	155,664	0.6%		129,721	n/a		7,197	-0.5%		8,494	-21.9%		8,136	-7.3%		117,899	1.6%	
109	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%	
110	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%	
111	SFY16	200,640	8.5%		184,947	10.9%		7,108	-0.5%		5,481	-16.7%		7,166	-5.7%		100,500	-6.6%	
112																			

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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16 130

JEFFREY A. MEYERS
COMMISSIONER

August 3, 2016

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 the requirements of the recent amendments to the New Hampshire Health Protection Act (HB 1696), now codified at RSA 126-A-5,XXX(f), the Department requests approval of its application for Amendment to the Special Terms and Conditions for Premium Assistance Project #11-W-00298/1 for submission to the Centers for Medicare and Medicaid Services (CMS) in order to continue the New Hampshire Health Protection Program until December 31, 2018.

EXPLANATION

On April 6, 2016, the Governor signed into law House Bill 1696, which reauthorized the New Hampshire Health Protection Program. The reauthorization through December 31, 2018, is conditioned on the Centers for Medicare and Medicaid Services approving any necessary state plan amendment or waiver to the Premium Assistance Program Demonstration no later than November 1, 2016. The reauthorization statute requires the Department to seek federal approval of certain amendments to the Premium Assistance Program Demonstration in order to:

1.) Promote work opportunities for the Health Protection Population who are not working by aligning existing federal work programs provided under the Temporary Assistance for Needy Families (TANF) Program, 42 U.S.C. section 607 (d) with coverage under the Health Protection Program. New Hampshire is the first state to seek CMS approval to promote coverage for unemployed childless, able-bodied newly eligible adults on their engaging in at least 30 hours per week of one or a combination of specific employment and training activities detailed in section X of the waiver amendment, consistent with the TANF program.

2.) Require newly eligible adults to verify United States citizenship by two (2) forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a non-driver's picture identification card.

3.) Require newly eligible adults who visit the emergency room for non-emergency purposes to make a payment of $8 for the first visit and $25 for each and every subsequent non-emergent use of a hospital emergency department.

4.) Provide that all veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in the State providing services to the newly eligible Medicaid population.

5.) Waive cost-sharing comparability under Section 1902(a)(17) to allow different levels of cost-sharing for NHHPP participants with incomes above 100 percent of the federal poverty level who participate in the Premium Assistance Program.

These measures seek to increase personal responsibility, improve accuracy and accountability of the Medicaid eligibility system, and ultimately lower costs by implementing principles of value based insurance design by using financial disincentives to dissuade participants from using low-value care.

The goals of the Premium Assistance Demonstration upon enactment were to construct a delivery system that ensured participants had (i) continuity of coverage, (ii) plan variety and (iii) cost-effective coverage.

In the event that any necessary state plan amendment or waiver is not approved by the Centers for Medicare and Medicaid Services by November 1, 2016, the Commissioner shall immediately notify all program participants that the program has not been reauthorized beyond December 31, 2016.

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 Human Services

August 2, 2016

Table of Contents

Section I – Introduction

New Hampshire is submitting this application for the Premium Assistance Waiver amendment in accordance with the reauthorization of the New Hampshire Health Protection Program as enacted on April 5, 2016.

As of June 24, 2016, the New Hampshire Health Protection Program provided coverage to 48,853 Granite Staters - 40,963 of whom were covered by the five commercial insurance carriers offering Qualified Health Plans (QHPs) in New Hampshire's federally facilitated Marketplace.[1] Another 5,637 members – those that are medically frail or can otherwise opt-out of the Premium Assistance program -- were served by the state's two Medicaid managed care organizations (MCOs), WellSense Health Plan and NH Healthy Families. The remaining 2,253 participants were in fee-for-service during their plan selection window. Approximately 75 percent of NHHPP participants have income below the federal poverty level and 25 percent have income greater than the federal poverty level. Those participants with income above the federal poverty level are subject to cost-sharing for a range of services, consistent with the cost-sharing requirements at 42 CFR 447.56. The NH Health Protection Program eligibility group is overwhelming young, with 48 percent of members under 35 years of age and 66 percent of members under 45 years of age. A majority of participants are female (52 percent); 48 percent are male.

New Hampshire Health Protection Program participants have access to local providers and the State's Alternative Benefit Plan (ABP) which includes the ten Essential Health Benefits, pursuant to the Affordable Care Act. Covered Benefits are based on the Secretary Approved Base benchmark Matthew Thornton Blue Health Plan. Enrollees in the Premium Assistance Program receive the following wraparound services through New Hampshire Medicaid's fee-for-service delivery system: EPSDT services to 19 and 20 year olds; out –of-network family planning providers; limited dental and vision benefits; and non-emergency medical transportation. Medically-frail NHHPP members are excluded from the Premium Assistance Program and instead enroll in the state's Medicaid managed care delivery system. All participants in the NHHPP, regardless of which delivery system provides their benefits, receive the ABP.

NHHPP Reauthorization

On April 5, 2016, the New Hampshire Legislature reauthorized the New Hampshire Health Protection Program through December 31, 2018 conditioned on the Centers for Medicare and Medicaid approving any necessary state plan amendment or waiver to this operating Demonstration no later than November 1, 2016. The New Hampshire Legislature enacted this legislation to continue coverage of newly eligible adults - those eligible for coverage under Section 1902(a)(10)(A)(I)(VIII). As previously noted, the medically frail newly eligible adults are not covered by the Demonstration and will continue to enroll in New Hampshire's Medicaid managed care delivery system; most of

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

the other newly eligible adults are eligible to be served through Qualified Health Plans (QHPs)[2].

Pursuant to the reauthorization of the New Hampshire Health Protection Program and the state's health policy goals, New Hampshire is seeking to amend its Demonstration to:

1.) Promote work opportunities for the Health Protection Population who are not working by aligning existing federal work programs provided under Temporary Assistance for Needy Families (TANF) Program, 42 U.S.C. section 607 (d) with coverage under the Health Protection Program. New Hampshire is the first state to seek CMS approval to promote coverage for unemployed childless, able-bodied newly eligible adults on their engaging in at least 30 hours per week of one or a combination of specific employment and training activities detailed in section X of the waiver amendment, consistent with the TANF program.
2.) Require newly eligible adults to verify United States citizenship by two (2) forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a non-driver's picture identification card.
3.) Require newly eligible adults who visit the emergency room for non-emergency purposes to make a payment of $8 for the first visit and $25 for each and every subsequent non-emergent use of a hospital emergency department.
4.) Provide that all veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in the state providing services to the newly eligible Medicaid population.
5.) Waive cost-sharing comparability under Section 1902(a)(17) to allow different levels of cost-sharing for NHHPP participants with incomes above 100 percent of the federal poverty level who participate in the Premium Assistance Program.

The Plan's newest proposed design features seek to increase personal responsibility, improve accuracy and accountability of the Medicaid eligibility system, and ultimately lower costs by implementing principles of value based insurance design by using financial disincentives to dissuade participants from using low-value care. The key premises of the Premium Assistance Demonstration at initial implementation were to construct a delivery system that ensured participants had: 1.) continuity of coverage, 2.) plan variety, 3.) cost-effective coverage and 4.) uniform provider access. The State continues to focus on these key goals, as well as foster appropriate health care consumer behavior for a population that remains relatively new to health care coverage.

There are no proposed changes to enrollment, benefits, enrollee rights, or other comparable program elements. The requested effective date of this amendment is January 1, 2017.

Section II – Public Process

Pursuant to the New Hampshire Health Protection Program Premium Assistance (11-W-00298/1) special terms and conditions (STCs), the following provides an explanation of

[2] NHHPP members who become pregnant after application can choose to opt-out of the demonstration, as can those who identify as American Indian/Alaskan Native. NHHPP members who enroll in the Health Insurance Premium Payment Program are excluded from the demonstration and obtain their coverage through employer sponsored insurance available.

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 the tribal consultation requirements in Section 1902(a)(73) of the Act as there are no federally recognized Indian tribes in New Hampshire.

Public Notice

On June 30th, 2016, the Department of Health and Human Services released a draft waiver amendment for the New Hampshire Health Protection Program Premium Assistance (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 one public hearing, along with a United States Postal Service address, to provide for remote and in-person public comment to the proposed amendment.

Please see web page at http://www.dhhs.state.nh.us/pap-1115-waiver/index/htm. Email address is deborah.fournier@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: Deborah Fournier, Deputy Medicaid Director.

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

Comment 1:
Most commenters expressed their appreciation for the continuation of the New Hampshire Health Protection Program.
Response 1:
Thank you. The Department appreciates this feedback.

Comment 2:
A number of commenters expressed concern about the requirement for applicants to verify their US citizenship by two (2) forms of identification. Commenters were specifically concerned that individuals who are homeless may not be able to produce two forms of identification.
Response 2:
The Department appreciates this feedback and is exploring all available avenues to address this provision of the statute.

Comment 3:
One commenter asked if the Department believes a waiver is required to authorize the co-pays for non-emergent use of a hospital emergency department.
Response 3: Yes.

Comment 4: One commenter asked if the co-pays for non-emergency use of a hospital

emergency room will apply to all New Hampshire Health Protection Program enrollees, regardless of income.
Response 4: This is an operational detail the Department is working on.

Comment 5: One commenter asked if the Department believes a waiver is required to permit residency to be considered verified only if the applicant or enrollee provides a New Hampshire driver's license or non-driver photo identification card.
Response 5: This is an operational detail the Department is working on.

Comment 6: One commenter asked if the Department will refer applicants or enrollees who are not already in compliance with the work requirement to the NH Employment Program (NHEP) for employment related services.
Response 6: This is an operational detail the Department is working on

Comment 7: One commenter asked if enrollees with temporary illness or incapacity are exempt from the work requirement, will enrollees who have permanent illness or incapacity be exempt as well.
Response 7: The Department believes the intent of the language that exempts those with temporary illness or incapacity would also reasonably apply to those who have on-going illness or permanent incapacity but will explore this question more fully.

Comment 8: One commenter asked for clarification of the due date/time for public input.
Response 8: Public input can be submitted until midnight on August 1, 2016.

Comment 9: One commenter asked for clarification regarding the use of the term "newly eligible adult".
Response 9: Individuals eligible to participate in the NH Health Protection Program are referred to as newly eligible adults.

Section III – Data Analysis

Updated Comparative Analysis - Budget Neutrality
Pursuant to the New Hampshire Health Protection Program Premium Assistance (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 July 28, 2016 included in Appendix C.

CHIP Allotment

Pursuant to the New Hampshire Health Protection Program Premium Assistance (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 (11-W-00298/1) 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.

Demonstration Enhancement -- The State seeks to amend the demonstration relative to eligibility and cost sharing as follows.

- *New Hampshire Health Protection Work Promotion and Personal Responsibility*

Consistent with the existing federal TANF program, newly eligible adults who are unemployed shall be eligible to receive benefits, under RSA 126A:5 XXIV-XXV, if the State finds the individual is engaging in at least 30 hours per week of one or a combination of the following activities: a.) unsubsidized employment, b.) subsidized private sector employment, c.) subsidized private sector employment, d.) work experience, including work associated with the refurbishing of publicly assisted housing, if sufficient private sector employment is not available, e.) on the job training, f.) job search and readiness assistance, g.) community programs, h.) vocational educational training not to exceed 12 months with respect to any individual, i.) job skills training directly related to employment, j.) 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, k.) satisfactory attendance at a 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, and l.) the provision of child care services to an individual who is participating in a community service program. Grounds for disqualification of benefits are consistent with the federal Temporary Assistance for Needy Families (TANF) Program, 42 U.S.C. Section 607 (e).

These requirements will apply only to those considered childless, able-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 secondary school or the equivalent.

These requirements will not apply to a person that is temporarily unable to participate due to illness or incapacity as certified by a licensed physician, and advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, or board certified psychologist. The physician, APRN, licensed behavioral health professional, licensed physician assistant, or board certified psychologist shall certify, on a form provided by the department, the duration and limitations of the disability. In addition, this requirement shall not apply to (i.) a person participating in a state-certified drug court program, as certified by the administrative office of the superior court or (ii.) 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.

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 to 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 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 citizens graduate from safety net programs and attain or return to a financially stable life. This trajectory provides flexibility to the state in future years to focus taxpayer dollars on other vitally needed services and to promote prosperity and well-being among its citizens.

- *Veteran medical services*

The state seeks to permit all veterans who are New Hampshire residents to receive medical and medical related services from any New Hampshire hospital currently providing services to the New Hampshire Health Protection Program population.

New Hampshire residents who are veterans deserve access to the same medical services that all current participants in the New Hampshire Health Protection Program enjoy. Their service on behalf of their country entitles them to nothing less. In order to better ensure that veterans are able to reliably and promptly obtain health care, with timely access to medical and medical-related services, through both Veteran Health Administration (VA) hospitals and other hospitals already serving newly eligible adults in the NHHPP, the state seeks to ensure timely and generous health insurance coverage for these New Hampshire veterans. Comprehensive health care services are especially important for veterans. Many veterans suffer from unique, ongoing and frequently acute or complicated health issues as a result of their time serving in combat zones on behalf of the nation. Access to health care that veterans will gain

through a statewide network of hospitals outside the VA system will help increase access to care, reduce unmet needs, and improve outcomes. This specific group of Granite Staters, regardless of their income level or their proximity to a VA hospital, should enjoy the continuity of care, uniform access to providers, variety of carriers and cost-effective coverage that the current participants in the NHHPP experience. By providing this comprehensive health insurance coverage, New Hampshire will be facilitating for veterans the successful re-entry or integration within their communities that are central to addressing the ongoing and complex needs veterans may have subsequent to their experiences in combat.

- *Payment for non-emergent use of the emergency department*

The State seeks to require newly eligible adults participating in the Demonstration who visit the emergency room for non-emergency purposes to pay a copayment of $8 for the first use of the non-covered service and $25 for each and every non-emergency visit thereafter in instances where the QHP determines to pay the hospital for the service. The State seeks to utilize value-based insurance design principles to encourage all members to seek care in the most medically appropriate and cost effective setting, as well as take personal responsibility for making informed decisions about where to seek care. The initial co-payment will give the participant an opportunity to receive education about the availability of, and advantages of, utilizing the most appropriate and cost effective setting for medical treatment, without placing an excessive financial burden on them. If the recipient continues to access the emergency room for non-emergent care, the co-payment amount will be higher in order to discourage use of low-value care, such as non-emergent care provided in an Emergency Department.

By requiring a co-payment, the State expects that more members will seek care in the most appropriate setting and deter utilization of the emergency department. There is some evidence that co-payments decrease inappropriate emergency department use and the State seeks approval to adopt a co-payment approach.

The waiver evaluation will analyze whether this use of co-payments encourages participants to seek non-emergency services from appropriate providers, thereby improving quality of care. The State's intent is to encourage members to seek high-value service at the right place, at the right time, in the right setting. Ultimately, through this value-driven effort along with patient education, the State hopes to drive appropriate care utilization, higher quality of care, and better outcomes for demonstration beneficiaries.

- *Citizenship Verification*

A person shall not be eligible to enroll or participate in the New Hampshire health protection program unless such person verifies his or her United States citizenship by two (2) forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a non-driver's picture identification card.

The State seeks to amend its demonstration authority to incorporate the additional eligibility verification processes noted above to improve the accuracy of the current Medicaid eligibility determination system. The state seeks to ensure that all citizenship and immigration eligibility requirements are robustly monitored and enforced at the state level. New Hampshire prides itself on being a good steward of the public dollars funding this coverage and as such is compelled to ensure that only those whose citizenship and immigration status are truly consistent with federal requirements are deemed eligible. The State's infrastructure and approach to implementation will be monitored so as not to cause excessive burden to applicants or unreasonable delays in eligibility determinations. The State will monitor eligibility determination timeframes to ensure that there is minimal inappropriate impact on participants and will also analyze data to report out any significant delays in eligibility processing or declines in enrollment after the enactment of this requirement.

- *Waive cost-sharing comparability between NHHPP medically frail participants in Medicaid managed care and NHHPP Premium Assistance demonstration participants.*

The State is requesting to waive comparability requirements for cost-sharing among the adults newly eligible at Section 1902(a)(10)(A)(i)(VIII) so that the copayments charged to NHHPP medically-frail participants who remain in Medicaid managed care will differ from the co-payments charged to the NHHPP participants in the Premium Assistance Program demonstration. The cost-sharing schedule in the Premium Assistance Program is a commercial design. The benefit of exposing NHHPP members to this schedule of payments is to introduce them to the features of commercial coverage to prepare them for their eventual graduation from the NHHPP and into commercial coverage that they will eventually have the financial stability to obtain on their own. The waiver of comparability allows the state to target this commercial cost-sharing to only those NHHPP members who are in the Premium Assistance demonstration.

Section V – Evaluation Design

Pursuant to the New Hampshire Health Protection Program Premium Assistance (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 additional waiver provisions for citizenship, veterans, and comparability will affect the current evaluation design. The State will include a PAP waiver goal to evaluate whether changing citizenship verification requirements had any negative impact on participants and will also analyze data to report out any significant delays in eligibility processing or declines in enrollment after the enactment of this requirement.
The State will also include a PAP waiver goal to evaluate the number and rate of veterans who took advantage of the health care services made available and whether the health care provided was comprehensive and timely.

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 if employment, along with other designated activities, and emergency department payments for non-emergent use will encourage 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 1.) beneficiaries who pay for emergency department utilization and their patterns of use and 2.) 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 effective January 1, 2017.

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 modifications:

- Modify eligibility to be inclusive and consistent with the federal Temporary Assistance for Needy Families (TANF) Program, 42 U.S.C. section 607 (d), as well as require that newly eligible 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 30 hours per week of one or a combination of other clearly outlined activities.
- Modify eligibility such that a participant cannot be eligible for coverage unless such person verifies his or her United States citizenship by 2 forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a non-driver's picture identification card.
- Modify cost-sharing requirements such that newly eligible adults who participate in the demonstration who visit the emergency room for non-emergency purposes shall be required to make a co-payment of $8 for the first visit and $25 for each and every non-emergency visit thereafter.
- Provide that all veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in the state providing services to the newly eligible Medicaid population.
- Waive comparability in cost-sharing requirements for the medically frail NHHPP participants under managed care and NHHPP participants who are in the Premium Assistance Program demonstration.

WAIVER & EXPENDITURE AUTHORITIES

Existing waiver and expenditure authorities will be not modified. However, the following will be added:

- Section 1902(a)(17) comparability of cost sharing in order to allow for different co-payments between NHHPP medically frail and the NHHPP PAP demonstration participants.
- Section 1902(a)(10)(A)(i)(VIII) requirements related to eligibility to add as a condition of eligibility individuals who are veterans may be eligible and those who are unemployed must engage in at least 30 hours per week in one or a combination of the activities defined in 42 U.S.C. Section 607 (d).
- Sections 1137, 1902(a)(46)(B), 1902(ee), and 1903(x) of the Act which governs verification of citizenship and immigration status.

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 August 1, 2016. Comments may be submitted by email to deborah.fournier@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 Deborah Fournier, Deputy Medicaid Director.

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, Deborah Fournier, Deputy Medicaid Director at 603-271-9434.

The State will host one public hearing during the public comment period.

Tuesday, July 12, 2016

1:00PM-3:00 PM
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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July 28, 2016

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

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

Dear Jeff:

This letter provides the New Hampshire Department of Health and Human Services (DHHS) with amended budget neutrality projections for the *New Hampshire Health Protection Program Premium Assistance Program* Section 1115 Demonstration Waiver. This letter includes documentation of the budget neutrality methodology and provides CMS template forms and related worksheets. This information is appropriate for including in the waiver application to CMS.

SUMMARY OF CHANGES

This letter revises the approved budget neutrality projections to reflect the following change in the waiver amendment:

1. Require newly eligible adults who visit the emergency room for non-emergency purposes to make a payment of $8 for the first visit and $25 for each and every subsequent non-emergent use of a hospital emergency department. We assumed the following distribution of visits to the emergency room:

   a. 95% of visits are deemed to be for emergency visits
   b. 4% of visits are deemed to be for non-emergency purposes and incur the $8 copay
   c. 1% of visits are deemed to be for non-emergency purposes and incur the $25 copay

   The impact of the copays is reflected as a 0.99998 adjustment to the projected with-waiver costs for CY 2017 and CY 2018 based on the results of the federal actuarial value (AV) calculator, resulting in a $0.01 per member per month (PMPM) reduction to the with-waiver costs. The without-waiver projections are unchanged.

The other changes in the waiver amendment are not expected to materially impact the PMPM projections in the budget neutrality projections.

The rest of this letter repeats the documentation of the approved budget neutrality projections so that the documentation of the amended projections is complete.

OVERVIEW OF METHODOLOGY

New Hampshire will maintain budget neutrality over the three-year lifecycle of the *Premium Assistance Program* Section 1115 Demonstration Waiver, with total spending under the waiver not exceeding what the federal government would have spent without the waiver. New Hampshire's budget neutrality methodology includes the following components, resulting in a projected net savings of $45.0 million over the three year demonstration period:

- The "without waiver" projections reflect the current New Hampshire Health Protection Program (NHHPP) Bridge Program capitation rates and enrolled population. The CY 2015 Bridge Program capitation rates were adjusted to reflect expected trends and population acuity for calendar year 2016.
- The "with waiver" projections reflect the expected cost of enrolling the Premium Assistance Program population in a qualified health plan (QHP) purchased on the federally facilitated New Hampshire Health Insurance Marketplace. The "with waiver" projections include the cost of the insurance premium, cost sharing subsidies, and wraparound fee-for-service (FFS) Medicaid services.
- We also extended the projections to include potential year two and year three projections if the waiver would be extended beyond the initial one year period based on expected 2017 and 2018 trends.

The rest of this document includes the information requested in the Budget Neutrality Form available at www.medicaid.gov regarding historical expenditure data and projected expenditures. The budget neutrality projections using the CMS template are included as Attachment A of this letter. The budget neutrality worksheet is also provided in Excel format.

HISTORICAL DATA

True historical data is not available for the NHHPP Bridge Program population because it is a newly covered population that began enrollment into Medicaid managed care organizations (MCOs) on September 1, 2014. The data presented in the "Historic Data" tab of the budget neutrality worksheet reflects the following information:

- The CY 2015 NHHPP Bridge Program capitation rates in our November 24, 2014 report
- The expected impact of pharmacy rebates DHHS will collect on MCO drug expenditures
- An expected enrollment of 45,000 adults
- The demographics of the population enrolled in the NHHPP Bridge Program as of October 2014, summarized Table 1:

Table 1
Summary of NHHPP Bridge Program Enrollment
October 2014

Age Group	Female	Male	Total
19 - 24	2,107	1,796	3,903
25 - 34	3,218	2,127	5,345
35 - 44	2,180	1,506	3,686
45 - 54	1,851	1,586	3,437
55 - 64	1,344	1,136	2,480
Total	**10,700**	**8,151**	**18,851**

BRIDGE PERIOD TO BASE YEAR

The Premium Assistance Program will begin on January 1, 2016. Therefore, the data used for the historical year (calendar year 2015) is the same as the Base Year prior to the first demonstration year (calendar year 2016). Therefore, zero months of aging are used in the "WOW" tab of the budget neutrality worksheet.

WITHOUT-WAIVER PROJECTIONS

We used the following adjustments to project the "without waiver" costs assuming that the NHHPP Bridge Program would continue during calendar year 2016:

- Annual enrollment trend = 0.0%: DHHS expects approximately 45,000 adults to enroll in the Premium Assistance Program. The historical data also reflects 45,000 adults.

- PMPM annual cost trend = 4.0%: The CY 2015 NHHPP Bridge Program capitation rates were trended for 12 months at an annual rate of 4.0% to reflect utilization and pharmacy trends. Reimbursement trends for non-pharmacy services are 0% since the NHHPP fee schedule is fixed at 2014 Medicare reimbursement rates.

- Wear-off of adverse selection = -9.1%: We removed the September 2014 – December 2015 NHHPP Bridge Program rating assumption that increased capitation rates by 10% for adverse selection (-9.1% = 1.00 / 1.10 - 1). The impact of adverse selection is expected to resolve prior to 2016.

- Wear-off of pent-up demand = -4.8%: We removed the September 2014 – December 2015 NHHPP Bridge Program rating assumption that increased capitation rates by 5% for pent up demand (-4.8% = 1.00 / 1.05 - 1). The impact of pent up demand is expected to resolve prior to 2016.

- Adjustment for actual medically frail population incidence = 4.4%: The September 2014 – December 2015 NHHPP Bridge Program capitation rates assumed that 10% of the population identified as medically frail and opted into traditional Medicaid coverage. Emerging experience shows that 8% of the population identifies as medically frail. The capitation rates would be 4.4% higher using the 8% medically frail rate.

The net impact of the "without waiver" adjustments is shown as a -6.0% trend adjustment in the "WOW" tab of the budget neutrality worksheet. The projection results in a $701.53 PMPM "without waiver" target for DY 01 (CY 2016).

The DY 02 and DY 03 projections assume a 4% annual trend rate from the DY 01 "without waiver" projection of $701.53 PMPM based on expected utilization and pharmacy trends.

Attachment B shows the "without waiver" projection in more detail.

BUDGET NEUTRALITY METHODOLOGY

New Hampshire expects to establish a "Per Capita Method" budget neutrality methodology where it will be at risk for the PMPM Cost of individuals under the Demonstration. Under a per capita method, New Hampshire will not be at risk for the number of member months of participation in the Demonstration.

WITH-WAIVER PROJECTIONS

The "with waiver" projections reflect the expected cost of enrolling the Premium Assistance Program population in a QHP purchased on the federally facilitated New Hampshire Health Insurance Marketplace. The "with waiver" projections include the cost of the insurance premium, cost sharing subsidies, and wraparound fee-for-service (FFS) Medicaid services.

We developed the "with waiver" projections using the following information and assumptions. Attachment B shows the development of the projections on a step by step basis.

- We developed an average premium rate for all Silver Plan coverage available on the Health Insurance Marketplace in 2015 that would qualify for Premium Assistance Program enrollment. Using the healthcare.gov website, we summarized the 2015 non-smoker premium rates offered by five carriers with 16 separate plans. We then excluded plans that would not be available to Premium Assistance Program enrollees because they are multi-state plans or HSA plans. We also removed one high cost outlier plan that would likely be excluded under New Hampshire's plan selection criteria. We weighted each of the remaining 10 plan premiums equally to determine the average premium rate by age, and then used the NHHPP Bridge Program demographics from Table 1 calculate the overall average premium rate of $356.37.

- The average tobacco use surcharge was about 15% for the 10 plans included in the average non-smoker premium. We assumed 27% of the Premium Assistance Program population would identify as a tobacco user based on New Hampshire and national tobacco use statistics. The impact of the tobacco use surcharge increases the average premium rate by 4.1% to $370.81.

- We assumed a best estimate pricing trend of 8% between 2015 and 2016 based on our commercial market pricing experience, resulting in a 2016 average premium of $400.47.

- We increased the average cost of the Health Insurance Marketplace risk pool by 3% to reflect induced utilization resulting from the reduced cost sharing levels under the Premium Assistance Program. We assumed an average induced utilization of 6% for the Premium Assistance Program population, and adding the premium assistance population doubles the size of the risk pool.

- We increased the average cost of the Health Insurance Marketplace risk pool by 5% to reflect the higher acuity level of the Premium Assistance Program population compared to the 2015 risk pool. While the Premium Assistance Program population is expected to be significantly younger than the current risk pool, they are expected to be slightly less healthy than currently insured members of the same age.

- We expect structural changes to the ACA reinsurance program to increase premiums by 3% from 2015 to 2016.

- We valued the cost sharing reduction (CSR) subsidies separately for the <100% FPL and 100 - 138% FPL populations.
  - The <100% FPL population will be enrolled in a 100% actuarial value (AV) plan rather than the 70% Silver Plan cost sharing. We added the expected cost of covering the 30% Silver Plan cost sharing amount.
  - The 100 - 138% FPL population will be enrolled in a 94% AV plan. The proposed 94% AV plan is valued at 95% in the 2016 AV calculator. In addition, DHHS will cover the plan deductible. Therefore, we added the expected cost of covering 27% of the 30% Silver Plan cost sharing amount.
  - We included a 3% adjustment to reflect induced utilization resulting from the reduced cost sharing levels under the Premium Assistance Program. The CSR subsidy is based on actual utilization, so since the Premium Assistance Program enrollees have a higher induced utilization than the average of the risk pool because they have reduced cost sharing amounts, then the expected CSR subsidy is higher than just the difference in the actuarial value of the benefit plans. We assumed an average induced utilization of 6% for the Premium Assistance Program population, which is 3% higher than the premium impact for the total risk pool.
- We estimated the cost of FFS wraparound services such as non-emergency medical transportation, limited dental services, and EPSDT services for 19 - 20 year olds to be $10 PMPM. We believe this to be a conservatively high estimate.
- We blended our projections for the <100% FPL population (72%) and 100 - 138% FPL population (28%) using the emerging NHHPP Bridge Program enrollment demographics.

The net impact of the "with waiver" projections compared to the "without waiver" projections is shown as a -7.5% adjustment in the "WW" tab of the budget neutrality worksheet. The projection results in a $648.92 PMPM "with waiver" target for DY 01 (CY 2016).

The DY 02 and DY 03 projections assume an 8% annual trend rate from the DY 01 "without waiver" projection of $648.92 PMPM based on Milliman's emerging expectations of the commercial insurance market from 2016 – 2018.

This letter revises the approved budget neutrality projections to reflect the following change in the waiver amendment:

1. Require newly eligible adults who visit the emergency room for non-emergency purposes to make a payment of $8 for the first visit and $25 for each and every subsequent non-emergent use of a hospital emergency department. We assumed the following distribution of visits to the emergency room:

   a. 95% of visits are deemed to be for emergency visits
   b. 4% of visits are deemed to be for non-emergency purposes and incur the $8 copay
   c. 1% of visits are deemed to be for non-emergency purposes and incur the $25 copay

   The impact of the copays is reflected as a 0.99998 adjustment to the projected with-waiver costs for CY 2017 and CY 2018 based on the results of the federal actuarial value (AV) calculator, resulting in a $0.01 per member per month (PMPM) reduction to the with-waiver costs.

DISPROPORTIONATE SHARE HOSPITAL EXPENDITURE OFFSET

New Hampshire is not proposing to use a reduction in Disproportionate Share Hospital (DSH) claims to offset Demonstration costs in the calculation of budget neutrality.

BUDGET NEUTRALITY WORKSHEET

The budget neutrality projections using the CMS template are included as Attachment A of this letter, which is also provided in Excel format. We customized the CMS template to be consistent with New Hampshire's budget neutrality approach.

Additional support for the projections is shown in Attachment B.

ADDITIONAL INFORMATION TO DEMONSTRATE BUDGET NEUTRALITY

We look forward to working with CMS and New Hampshire to discuss and refine the budget neutrality projections.

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 amended 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 emerging NHHPP Bridge Program experience, projected enrollment, and other information. 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 Consulting Services Agreement with DHHS signed on November 16, 2012 apply to this letter and its use.

❖ ❖ ❖ ❖ ❖

Please call Mathieu Doucet or me at (262) 784-2250 if you have any questions.

Sincerely,

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

JDM/vrr

Attachments

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ATTACHMENT A

CMS BUDGET NEUTRALITY WORKSHEET

Attachment A
New Hampshire Health Protection Program
Premium Assistance Program Section 1115 Demonstration Waiver
Budget Neutrality Template

	A	B	C	D	E	F	G
1	**5 YEARS OF HISTORIC DATA**						
2							
3	**SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:**						
4							
5	**NHHPP Bridge Program**	**NA**	**NA**	**NA**	**NA**	**CY 2015 (Projected*)**	**Total**
6	**TOTAL EXPENDITURES**	$ -	$ -	$ -	$ -	$ 402,982,471	$ 402,982,471
7	**ELIGIBLE MEMBER MONTHS**	-	-	-	-	540,000	
8	**PMPM COST**	$ -	$ -	$ -	$ -	$ 746.26	
9	**TREND RATES**						**5-YEAR**
10				**ANNUAL CHANGE**			**AVERAGE**
11	TOTAL EXPENDITURE		NA	NA	NA	NA	NA
12	ELIGIBLE MEMBER MONTHS		NA	NA	NA	NA	NA
13	PMPM COST		NA	NA	NA	NA	NA
47							
48	** Projection based on actual Calendar Year 2015 NHHPP Bridge Program premium rates and expected enrollment of 45,000 adults.*						

Attachment A
New Hampshire Health Protection Program
Premium Assistance Program Section 1115 Demonstration Waiver
Budget Neutrality Template

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS												
2													
3													
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)							TOTAL
5	GROUP	RATE 1	OF AGING	DY 00	RATE 2	DY 01	DY 01 to DY 02 Trend	DY 02	DY 02 to DY 03 Trend	DY 03	DY 04	DY 05	WOW
6													
7	NHHPP Bridge Program												
8	Pop Type:	Expansion											
9	Eligible Member Months	0.0%	0	540,000	0.0%	540,000	0.0%	540,000	0.0%	540,000	NA	NA	
10	PMPM Cost	0.0%	0	$ 746.26	-6.0%	$ 701.53	4.0%	$ 729.59	4.0%	$ 758.77	NA	NA	
11	Total Expenditure					$ 378,826,200		$ 393,978,600		$ 409,735,800	NA	NA	$ 1,182,540,600
12													

Attachment A
New Hampshire Health Protection Program
Premium Assistance Program Section 1115 Demonstration Waiver
Budget Neutrality Template

	A	B	C	D	E	F	G	H	I
1	DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
2									
3									
4				DEMONSTRATION YEARS (DY)					TOTAL WW
5	**ELIGIBILITY GROUP**	**DY 00**	**DEMO TREND RATE**	**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	
6									
7	**NHHPP Bridge Program**								
8	**Pop Type:**	**Expansion**							
9	Eligible Member Months	540,000	0.0%	540,000	540,000	540,000	NA	NA	
10									
11	PMPM Cost	$ 746.26	-6.0%	$ 701.53	NA	NA	NA	NA	
12	Adjustment to Reflect Projected 2016 Marketplace Premiums and Other Related Payments			-7.5%	NA	NA	NA	NA	
13	Trend to reflect expected 2017 and 2018 premium increases			NA	8.0%	8.0%	NA	NA	
14	Adjustment to Reflect Copays for Non-Emergency Use of the Emergency Room			NA	-0.002%	NA	NA	NA	
15	PMPM Cost Under Premium Assistance Program			$ 648.92	$ 700.82	$ 756.89	NA	NA	
16	Total Expenditure under Premium Assistance Program			$ 350,416,800	$ 378,442,575	$ 408,717,981	NA	NA	$ 1,137,577,356
17									
18									$ -
19									$ -
20									
21	Total Expenditure			$ 350,416,800	$ 378,442,575	$ 408,717,981	NA	NA	$ 1,137,577,356
72									
73									
74	**NOTES**								
75	For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.								

Attachment A
New Hampshire Health Protection Program
Premium Assistance Program Section 1115 Demonstration Waiver
Budget Neutrality Template

	A	B	C	D	E	F	G
1	**Panel 1: Historic DSH Claims for the Last Five Fiscal Years:**						
2	**RECENT PAST FEDERAL FISCAL YEARS**						
3		**20__**	**20__**	**20__**	**20__**	**20__**	
4	State DSH Allotment (Federal share)						
5	State DSH Claim Amount (Federal share)						
6	DSH Allotment Left Unspent (Federal share)	$ -	$ -	$ -	$ -	$ -	
7							
8	**Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period**						
9	**FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS**						
10		**FFY 00 (20__)**	**FFY 01 (20__)**	**FFY 02 (20__)**	**FFY 03 (20__)**	**FFY 04 (20__)**	**FFY 05 (20__)**
11	State DSH Allotment (Federal share)						
12	State DSH Claim Amount (Federal share)						
13	DSH Allotment Projected to be Unused (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
14							
15	**Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period**						
16	**FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS**						
17		**FFY 00 (20__)**	**FFY 01 (20__)**	**FFY 02 (20__)**	**FFY 03 (20__)**	**FFY 04 (20__)**	**FFY 05 (20__)**
18	State DSH Allotment (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
19	State DSH Claim Amount (Federal share)						
20	Maximum DSH Allotment Available for Diversion (Federal share)						
21	Total DSH Alltoment Diverted (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
22	DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -
23	DSH Allotment Projected to be Unused (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -
24							
25	**Panel 4: Projected DSH Diversion Allocated to DYs**						
26	**DEMONSTRATION YEARS**						
27			**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**
28	DSH Diversion to Leading FFY (total computable)						
29	FMAP for Leading FFY						
30							
31	DSH Diversion to Trailing FFY (total computable)						
32	FMAP for Trailing FFY						
33							
34	Total Demo Spending From Diverted DSH (total computable)		$ -	$ -	$ -	$ -	$ -

Attachment A
New Hampshire Health Protection Program
Premium Assistance Program Section 1115 Demonstration Waiver
Budget Neutrality Template

	A	B	C	D	E	F	G
1	**Budget Neutrality Summary**						
2							
3	**Without-Waiver Total Expenditures**						
4		**DEMONSTRATION YEARS (DY)**					**TOTAL**
5		**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	
6	**Medicaid Populations**						
7	**NHHPP Bridge Program**	$ 378,826,200	$ 393,978,600	$ 409,735,800	NA	NA	$ 1,182,540,600
17							
18	**TOTAL**	$ 378,826,200	$ 393,978,600	$ 409,735,800	$ -	$ -	$ 1,182,540,600
19							
20	**With-Waiver Total Expenditures**						
21		**DEMONSTRATION YEARS (DY)**					**TOTAL**
22		**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	
23	**Medicaid Populations**						
24	**NHHPP Bridge Program**	$ 350,416,800	$ 378,442,575	$ 408,717,981	NA	NA	$ 1,137,577,356
37							
38	**TOTAL**	$ 350,416,800	$ 378,442,575	$ 408,717,981	$ -	$ -	$ 1,137,577,356
39							
40	**VARIANCE**	$ 28,409,400	$ 15,536,025	$ 1,017,819	$ -	$ -	$ 44,963,244

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ATTACHMENT B

DETAILED BUDGET NEUTRALITY PROJECTIONS FOR PREMIUM ASSISTANCE PROGRAM

Attachment B
1115 Waiver Budget Neutrality Projections for Premium Assistance Program

Bridge Program Cost Projection (Without Waiver)	0-138% FPL	Comments
CY 2015 Bridge Program capitation rate	$793.90	Average rate based on emerging Bridge program demographics and July 7, 2014 NHHPP rate report
Impact of expected pharmacy rebates	0.940	Reflects estimated Medicaid drug rebate of 35% collected by DHHS on MCO drug expenditures
Average Bridge Program rate net of pharmacy rebates	$746.26	
Annual trend rate	4%	Reimbursement trend is 0% (fixed at 2014 Medicare fees), therefore utilization (3%) and Rx trend (8%) only
Trend factor to CY 2016	1.040	Trend period is 12 months (midpoint of CY 2015 rate period to midpoint of CY 2016)
Trended Premium	$776.11	
Wear-off of adverse selection	0.909	Remove 10% adverse selection adjustment from Bridge Program rate calculation
Wear-off of pent-up demand	0.952	Remove 5% pent-up demand adjustment from Bridge Program rate calculation
Adjustment for actual medically frail population	1.044	Actual medically frail identification rate in Bridge Program is 8% compared to rate setting assumption of 10% (still assumes medically frail population acuity is 2.5 x average 0-138% FPL population acuity)
Total "Without Waiver" CY 2016 cost projection (assumes Bridge Program continues)	**$701.53**	
Annual trend rate	4%	Best estimate trend factor for future Bridge Program capitation rate growth
Trend factor to CY 2017	1.040	Trend period is 12 months (midpoint of CY 2016 to midpoint of CY 2017)
Total "Without Waiver" CY 2017 cost projection (assumes Bridge Program continues)	**$729.59**	
Annual trend rate	4%	Best estimate trend factor for future Bridge Program capitation rate growth
Trend factor to CY 2018	1.040	Trend period is 12 months (midpoint of CY 2017 to midpoint of CY 2018)
Total "Without Waiver" CY 2018 cost projection (assumes Bridge Program continues)	**$758.77**	

Attachment B
1115 Waiver Budget Neutrality Projections for Premium Assistance Program

Premium Assistance Program Cost Projection (With Waiver)	<100% FPL	100-138% FPL	Comments
CY 2015 Average Non-Smoker Premium on New Hampshire's Individual Marketplace	$356.37	$356.37	Average non-smoker premium rate across all carriers' age-specific rates and Bridge Program population age demographics (excludes HSA plans, multistate plans, and one high cost outlier)
Average Tobacco use surcharge	1.15	1.15	Average tobacco use load for plans included above
Percent of Premium Assistance Program enrollees identifying as using tobacco	27%	27%	Assume 27% of population identifies as a tobacco user. Assume 18% of the New Hampshire adult population uses tobacco (16-20% depending on the source), and the low income population is about 50% more likely to use tobacco than an average adult (based on National Health Interview Survey, United States, 2005 and 2012).
CY 2015 Average Premium on New Hampshire's Individual Marketplace	370.81	370.81	
Annual pricing trend rate	8%	8%	Best estimate commercial market trend factor assumption based on Milliman expert expectations
Trend factor to CY 2016	1.080	1.080	Trend period is 12 months (midpoint of CY 2015 to midpoint of CY 2016)
Trended premium	$400.47	$400.47	
Impact of induced utilization by removing cost sharing (impact on total risk pool)	1.030	1.030	Impact of reduced cost sharing on utilization levels. Assumes an average induced utilization of 6% for the premium assistance population, and adding the premium assistance population doubles the size of the risk pool.
Adjusted premium	$412.48	$412.48	
Premium assistance population impact on individual marketplace risk pool average acuity	1.050	1.050	Assumes the premium assistance population is 10% "sicker" than the 2015 individual marketplace risk pool (after adjusting for A/G differences), and adding the premium assistance population doubles the size of the risk pool.
Adjusted premium	$433.11	$433.11	
General commercial pricing changes due to changes in the ACA reinsurance program	1.030	1.030	Based on Milliman's general commercial pricing work
Adjusted premium	$446.10	$446.10	
Actuarial Value	70%	70%	Silver plans reflect an average member cost sharing percentage of 30% (i.e., an actuarial value of 70%)
Actuarial Value of subsidized plan	100%	95%	For 100-138% population benefit, 2016 AV calculator is 95% (in allowable +/- 1% range for 94% AV plan)
Impact of induced utilization on CSR	1.03	1.03	Impact of reduced cost sharing on utilization levels. Assumes an average induced utilization of 6% for the premium assistance population, which is 3% higher than the premium impact for the total risk pool.
Value of cost sharing subsidy	$243.92	$211.10	
Total plan value	$644.39	$611.57	
AV of covering deductible for 100-138% FPL plan	0.0%	2.0%	Estimated value of the 94% AV plan deductible
Impact of induced utilization on value of deductible	1.03	1.03	Impact of reduced cost sharing on utilization levels. Assumes an average induced utilization of 6% for the premium assistance population, which is 3% higher than the premium impact for the total risk pool.
PMPM to cover deductible for 100-138% FPL plan	$0.00	$13.26	
Total Medicaid payments to carriers	$644.39	$624.83	
Estimate of FFS Medicaid wraparound service cost	$10.00	$10.00	Conservatively high placeholder
"With Waiver" CY 2016 projected cost by FPL group	$654.39	$634.83	
Bridge Program population split by FPL	72%	28%	October 2014 Bridge Program enrollment data
Total "With Waiver" CY 2016 projected cost for Premium Assistance Program		**$648.92**	
Projected Waiver Savings ($ PMPM)		**$52.61**	
Projected Waiver Savings (as a % of "Without Waiver" projection)		**7.5%**	
Annual pricing trend rate	8%	8%	Best estimate commercial market trend factor assumption based on Milliman expert expectations
Trend factor to CY 2017	1.080	1.080	Trend period is 12 months (midpoint of CY 2016 to midpoint of CY 2017)
Adjustment to reflect copays for non-emergency use of the emergency room	0.99998	0.99998	Assumes 4% of emergency room visits will be subject to the $8 copay and 1% of emergency room visits will be subject to $25 copay
Total "With Waiver" CY 2017 projected cost for Premium Assistance Program		**$700.82**	
Projected Waiver Savings ($ PMPM)		**$28.77**	
Projected Waiver Savings (as a % of "Without Waiver" projection)		**3.9%**	
Annual pricing trend rate	8%	8%	Best estimate commercial market trend factor assumption based on Milliman expert expectations
Trend factor to CY 2018	1.080	1.080	Trend period is 12 months (midpoint of CY 2017 to midpoint of CY 2018)
Total "With Waiver" CY 2018 projected cost for Premium Assistance Program		**$756.89**	
Projected Waiver Savings ($ PMPM)		**$1.89**	
Projected Waiver Savings (as a % of "Without Waiver" projection)		**0.2%**	