

**COMMISSIONER’S OFFICE  
9500-5000**

**PURPOSE:**

The Commissioner’s Office provides policy direction to all program units and administrative support services such as legal support, financial management, human resources, employee assistance programs and emergency response services that require a department-wide uniformity.

**CLIENT PROFILE:**

The Commissioner supports all program and administrative units by providing policy direction.

**FINANCIAL SUMMARY 9500-5000**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	<b>SFY22</b>	<b>SFY23</b>	<b>SFY24</b>	<b>SFY25</b>	<b>SFY24</b>	<b>SFY25</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Request</b>	<b>Governor Budget</b>	<b>Governor Budget</b>
<b>TOTAL FUNDS</b>	\$3,139	\$4,120	\$9,084	\$9,160	\$9,070	\$9,146
<b>GENERAL FUNDS</b>	\$1,547	\$2,054	\$2,112	\$2,163	\$2,103	\$2,154

**FUNDING SOURCE:**

Allocation of most of the expenses in this unit are a mix of most of the funding sources the Department receives. The total fund mix budgeted for FY24/25 is 76.6% federal funds, 23.4% general funds.

**STATE MANDATES:**

RSA 126-A makes certain requirements of the Department of Health and Human Services at a policy and program level.

**FEDERAL MANDATES:**

All federal programs require financial reporting, management and oversight as outlined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

**SERVICES PROVIDED:**

The Commissioner’s Office provides department-wide policy development and leadership for the programs and operations.

**SERVICE DELIVERY SYSTEM:**

Financial management services are provided to program units through the statewide budget and accounting systems. Employee Assistance services are provided by licensed counselors for all state employees to assist those employees experiencing work and life challenges.

**OFFICE OF BUSINESS OPERATIONS  
9500-5676**

**PURPOSE:**

To promote fiscal responsibility, provide timely financial information, and contract processing to both internal and external stakeholders.

**CLIENT PROFILE:**

Budget processes allocate and analyze financial information for the Department. Additionally, the Departments centralized Contracts unit is included in this accounting unit. The Contracts Unit is responsible for working with internal and external stakeholders to produce RFIs, RFPs, Contracts, and related documentation.

**FINANCIAL SUMMARY 9500-5676**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
<b>TOTAL FUNDS</b>	\$14,570	\$17,688	\$19,990	\$20,663	\$19,888	\$20,557
<b>GENERAL FUNDS</b>	\$8,880	\$10,659	\$11,547	\$11,945	\$11,487	\$11,882

**FUNDING SOURCE:**

Funds from Child Support Enforcement, CCDF, Foods Stamps, Foster Care IV E, Medicaid, and TANF make up the majority of federal funds that support this accounting unit. The total fund mix budgeted for FY24/25 is 42.2% federal funds, 57.8% general funds.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Efficiency Measure – Timely Processing of Procurement Requests	Contracts Approved on-time	Services Delivered to DHHS Clients	96 Days	94 Days	92 Days

**OUTCOME:**

Contracted services are procured in an efficient manner to ensure positive outcomes for individuals, families, and communities served by the Department.

**STATE MANDATES:**

RSA 126-A, RSA 9:16-a, RSA 14:30-a, RSA 9:16-c, RSA 14:30-a, RSA 124:15, RSA 21-G:36-38, RSA 21-I:22-a-d

**FEDERAL MANDATES:**

Uniform Guidance (2 C.F.R., Part 200)

**SERVICES PROVIDED:**

The Division of Finance and Procurement provide centralized financial and contracting services to the Department. The Financial services include management of the budget, actuals, and cost allocation (as required by federal regulation), rate setting, revenue projections, audit, and federal reporting. The centralized contracting functions include the facilitation of the competitive bidding process (e.g., Requests for Proposals, Requests for Applications, Requests for Bids, Requests for Grant Applications), and the creation of contracts, memoranda of understanding, and other types of legal agreement, as well as all amendments.

**SERVICE DELIVERY SYSTEM:**

All activities are overseen by the Chief Financial Officer. The Deputy Chief Financial Officers manages financial activities and the Director of Contracts and Procurement manages the contracting functions.

**OFFICE OF HEALTH EQUITY (OHE)**

**9500-7208 (Director's Office)**

**PURPOSE:**

The Office of Health Equity (OHE) assures equitable access to effective DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, individuals from low-income backgrounds, and individuals with disabilities. OHE also bears responsibility for assuring DHHS cross-divisional compliance with all applicable federal civil rights laws, including those that require communication assistance, both through the Department's own staff, programs and services, and for those services provided by contracted providers.

This account funds the OHE Director's Office which includes DHHS communication access contract and activities for promoting communication access and education about communication access technology and resources, federal civil rights laws compliance; cultural and linguistic competence; minority health; DHHS community relations and rapid response; and repatriation.

**CLIENT PROFILE:**

The office provides services potentially to any/all New Hampshire residents through community relations, rapid response, and repatriation.

Individuals interacting with DHHS and needing communication assistance include individuals who are deaf, have hearing loss, are blind or low vision, have limited speech, or have limited English proficiency who are: current and potential customers of the Department; people seeking employment with the Department; employees, to permit an employee to perform the essential functions of his/her job; the public attending DHHS-sponsored public forums; and the public receiving DHHS public broadcasts and emergency communications, i.e. COVID Public Health Communication. In calendar year 2022, there were 12,898 Communication Access-Assisted DHHS Encounters including in-person, over-the-phone, and video-relay interpretation as well as translation of written materials.

**FINANCIAL SUMMARY 9500-7208**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,455	\$1,615	\$1,707	\$1,736	\$1,702	\$1,731
GENERAL FUNDS	\$1,144	\$1,020	\$1,115	\$1,129	\$1,112	\$1,126
ANNUAL COST PER CASE-TOTAL	\$92	\$102	\$108	\$110	\$107	\$109
CASELOAD	15,834	15,834	15,834	15,834	15,834	15,834

Caseload represents Communication Access encounters.

**FUNDING SOURCE:**

Allocation of most of the expenses in this unit are a mix of most of the funding sources the Department receives. The fund mix for FY 24/25 is 34.8% federal, 65.2% general funds, cost-allocated across the Department.

**FEDERAL MANDATES:**

The federal Office of Minority Health at the U.S. Department of Health and Human Services was created in 1986. The federal civil rights laws that are applicable to DHHS and its sub-recipients may include the following.

- Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in the delivery of benefits.
- Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability both in the delivery of services or benefits, as well as in employment.
- Title II of the Americans with Disabilities Act of 1990 prohibits discrimination in both the delivery of services and in employment.

- The Age Discrimination Act of 1975 prohibits discrimination in the delivery of services or benefits.
- Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in educational programs; and
- Section 1557 of the Patient Protection and Affordable Care Act of 2010 affords new civil rights protections; most notably it prohibits discrimination on the basis of sex in certain health programs and activities.
- Executive Order 13166 issued in 2000
- HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting LEP Persons
- 28 CFR parts 35 (Title II) and 36 (Title III) are regulations for nondiscrimination on the basis of disability, including requirements of effective communication, under the Americans with Disabilities Act (ADA).
- National Enhanced CLAS (Culturally and Linguistically Appropriate Services) Standards, 2013

#### **STATE MANDATES:**

- DHHS created the Office of Minority Health in 1999 to help ensure that all New Hampshire residents have access to DHHS services and to improve the health of minorities.
- State laws (RSA 521-A and RSA 354-A) require an interpreter be provided, when necessary, to ensure effective communication for individuals who are deaf or have hearing loss.
- State Law RSA 135-F:3-I-e requires that services that are family-driven, youth-guided, community-based, trauma-informed, and culturally and linguistically competent.
- He-M 309 – Rights of Persons Receiving Mental Health Services in the Community
- He-M 311 – Rights of Persons in State Mental Health Facilities

#### **SERVICES PROVIDED:**

- **DHHS Communication Access:** Facilitates effective, quality communication access across all DHHS programs and services for individuals needing communication assistance including individuals who are deaf, have hearing loss, are blind or low vision, have limited speech, or have limited English proficiency. OHE is responsible for policy, systems and training of all DHHS staff, and oversight of the contracted vendor for interpretation/ translation services for DHHS current and potential customers/clients, employees, and the public. A Hearing, Speech and Vision Specialist provides assistive technology client consultation and provider education.
- **Federal Civil Rights Laws Compliance:** Monitors DHHS contractor compliance with federal civil rights laws requirements including training and annual self-attestation.
- **DHHS Community Relations and Rapid Response:** Serves all NH residents. Liaison to communities and service providers. Provides Rapid Response Coordination within DHHS to assist workers dislocated due to a layoff or closing of a business.
- **Minority Health:** Improves DHHS and statewide capacity to assure equitable access and provide high quality services to all individuals and populations, including racial, ethnic, language, gender and sexual minorities, and individuals with disabilities, through program planning and partnership building to address disparities and promote health equity.
- **Repatriation:** Serves US Citizens who experience unexpected and unavoidable problems abroad, through direct coordination of any NH cases (approximately one to two per year), to assist repatriates in resuming lives as quickly as possible.

**SERVICE DELIVERY SYSTEM:**

Most services are provided by OHE staff. There are two contracts for the provision of statewide communication access services to DHHS to assure meaningful access to all persons including:

- Providing spoken language Interpretation and written Translation Services (including Braille); and
- Providing communication access services including American Sign Language (ASL); Certified Deaf Interpretation (CDI); Oral Interpretation; Tactile Interpretation (for the Deaf/blind); Cued Speech Interpretation; and Communication Access Real Time (CART) Services.

**OFFICE OF HEALTH EQUITY (OHE)  
9500-7209 (Refugee Services)**

**PURPOSE:**

The Office of Health Equity (OHE) assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, individuals from low-income backgrounds, and individuals with disabilities.

OHE conducts programming to facilitate immigrant and refugee resettlement and integration into NH society. The State Refugee Program serves refugees within their first five years of arrival to the US to assist refugees in achieving self-sufficiency at the earliest date possible after their arrival to the United States. This account funds services specific to the State Refugee Program.

**CLIENT PROFILE:**

Eligible clients have specific legal immigration status to qualify for services through the Refugee Program: refugees within five years of arrival to the United States; humanitarian parolees from Afghanistan and Ukraine; asylees; Cuban and Haitian Entrants; Amerasians; holders of Special Immigrant Visas and trafficking victims. The New Hampshire Refugee Program resettles about 150-550 individuals per year from these groups and last year ranked 35th among the fifty states in numbers resettled (meaning 33 states resettled more refugees and 16 resettled fewer). NH has resettled refugees from over 25 countries. Further information can be found on the DHHS website (<https://www.dhhs.nh.gov/programs-services/diversity-culture-inclusion/refugee-program>), including specific data on arrivals.

**FINANCIAL SUMMARY 9500-7209**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,669	\$1,516	\$2,827	\$2,842	\$2,824	\$2,839
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,113	\$1,011	\$1,885	\$1,895	\$1,883	\$1,893
CASELOAD	1,500	1,500	1,500	1,500	1,500	1,500

**FUNDING SOURCE:**

100% Federal Funds, from the U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR)

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Refugee employment and case management	91%	Job placements within one year of arrival resulting in increased self-sufficiency and reduced dependence on public benefits	91%	91%	91%
Refugee health screening	100%	Comprehensive health screening resulting in improved health profiles	100%	100%	100%
Refugee school supports	100%	Sustained grade advancement and graduation rates for participating students	100%	100%	100%

**FEDERAL MANDATES:**

The federal Refugee Act of 1980, 8 U.S.C. § 1521 et seq., established the federal Refugee Resettlement Program and directed the federal Office of Refugee Resettlement to implement strategies and policies for the placement and resettlement of refugees throughout the United States in consultation with state and local governments.

**OUTCOME:**

Cultural adjustment is a life-long process, but the program uses measures to demonstrate progress toward self-sufficiency and well-being. The following objectives were met in SFY 2022:

- 85%-95% job placement for all employable refugees; achieved 91% placement rate
- Cultural orientation and adjustment goals met for all new arrivals.
- Improvement of at least one English level for all new arrivals and other participating refugees.
- Transportation training goals met for 100% of new arrivals.
- 100% graduation rate for participating high school seniors.

**STATE MANDATES:**

RSA 161:2, XVIII

**SERVICES PROVIDED:**

Grants from the federal Office of Refugee Resettlement respond to the common adjustment challenges of new refugee groups. New Hampshire currently administers the following grant programs:

- **Refugee Health Promotion** – Provide health care management to all new refugee arrivals relative to the Refugee Health Assessment and follow-up. 1,000 individuals served
- **School Impact**—Provide school-related services to Concord, Nashua and Manchester School District refugee families and students. 250 families served.
- **Social Services**—Provide services that lead to self-sufficiency such as Case Management, English for Speakers of Other Languages and employment to refugees residing in Concord, Manchester and Nashua. Over 1,000 served.
- **Services for Older Refugees** – Provides support to 42 refugees over 55 within three years of arrival.
- **Youth Mentoring** – Provides integration support to 87 youth aged 15-25.
- **Wilson-Fish TANF Coordination** – Provides self-sufficiency coaching and services leading to integration and independence for refugee families with children under 18 years of age. 40-60 families served.
- **Immigration-related legal assistance**—Provides immigration-related legal assistance to eligible Afghan populations.
- **Cash and Medical** – Provide cash consistent with TANF payments levels (364 individuals) and medical support (37 individuals) to all refugees who are not categorically eligible for other support programs for the first eight months after arrival. The Refugee Program administrative costs are budgeted to this funding stream.

### **SERVICE DELIVERY SYSTEM:**

The Refugee Program funds contracted services to promote self-sufficiency and cultural adjustment. Most contracts are implemented by agencies that have some bi-lingual, bi-cultural staff and have experience working with new American populations. Bicultural, bilingual staff are often best suited to interpret mainstream culture to new arrivals. Service delivery is front-loaded and intensive, much of it happening within the first six months of arrival. However, clients may receive services up to five years after arrival to the U.S. Services are delivered in agencies, homes and other private and public settings and generally consist of, but are not limited to:

- Cultural orientation
- English for Speakers of Other Languages
- Employment-related services
- Transportation
- Interpretation
- Case management
- Health case management
- Preventive health education
- Service for Older Refugees
- School-related intervention and support
- Immigration-related services
- Youth services

### **QUALITY ASSURANCE & IMPROVEMENT 9510-7935 (Improvement/Integrity/Info/Reimb)**

#### **PURPOSE:**

The Bureau of Program Quality, within the Division of Program Quality and Integrity, serves two main functions for the Department: 1) the detection and prevention of errors or fraud, waste, and abuse within the assistance programs and services provided by the Department and 2) to ensure compliance with Federal regulations and State laws/rules through oversight, audits, and data analysis. Additionally, it is responsible for recoveries of overpayments and improper payments.

#### **CLIENT PROFILE:**

The Bureau serves the State and Federal government in ensuring that errors in eligibility and claims for all benefits are identified and reduced, that fraud, waste, and abuse is monitored and controlled, that Medicaid is the payer of last resort, that appropriate recoveries of State or Federal funds are completed, and that the Department completes federally mandates audits and uses audit findings to improve operations.

Case numbers:

- Fraud, Waste, and Abuse Investigation: 1,561

- Quality Case Reviews: 1,099
- Audits & Financial Reviews Performed: 89
- Financial Transactions Processed: 4,866
- Total: 7,615

**FINANCIAL SUMMARY 9510-7935**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$5,428	\$7,699	\$8,000	\$8,395	\$7,838	\$8,198
GENERAL FUNDS	\$2,753	\$3,861	\$3,939	\$4,134	\$3,833	\$3,997
ANNUAL COST PER CASE-TOTAL	\$71	\$1,011	\$1,050	\$1,102	\$1,029	\$1,077
CASELOAD	7,615	7,615	7,615	7,615	7,615	7,615

**FUNDING SOURCE:**

The fund mix for SFY 24/25 is 51.2% federal, 48.8% general funds. BPI is supported by Medicaid, TANF, SNAP, and Title IV-E. The mix of funding is based on the types of reviews and the areas under review. The primary funding source is Medicaid, SNAP and TANF. Any budget reduction in general funds would result in backlog of audit and investigation, reduced recoupment opportunities, and missed federal deadlines for reviews, which could in some cases, lead to Federal sanctions and loss of federal funds.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Investigate Member Fraud, Waste, and Abuse referrals	1195 Cases closed	Timeliness of referral resolution and elimination of backlog	20 % Completion Rate	75%	90%
Complete provider enrollment and revalidation reviews	105 open enrollments	Timeliness of referral resolution	10 enrollments per month	240	275
Complete Financial Compliance reviews required by regulations	465 Case Reviews	Timeliness of Case review	465 Case Reviews	640	300

**OUTCOME:**

To reduce member, provider, and contractor fraudulent and/or abusive activity in the programs administered by Department of Health and Humans Services, assess financial soundness of providers and sub-recipients to prevent loss of services for NH residences, and ensure State and Federal funds are properly spent per Federal regulation and State laws.

**STATE MANDATES:**

RSA 167:4-b Health Carrier Disclosure

RSA 167:14-a Recovery of Assistance

RSA 161:2, XV Human Services

RSA167:17-b Prohibited Acts

RSA 167:58-62 Medicaid Fraud & False Claims

RSA135-C10 Eligibility of Programs; Monitoring

**FEDERAL MANDATES:**

42 CFR Part 433 subpart D Medicaid Third Party Liability

42 CFR Part 455 Program Integrity - Medicaid

7 CFR 273.16 & 18 Disqualification Intentional Program Violation

7 CFR 275 Subpart C Quality Control (QC) Reviews

42 CFR431.812 Quality Control Review Procedures

Medicaid Eligibility Quality Control Fed Agencies & Pass-Through Circ.A133 Subpart D

**SERVICES PROVIDED:**

Federal and State law mandate these audits and investigation to ensure the integrity of the programs and services offered by Department of Health and Human Services. The Bureau of Program Integrity has several units to detect and monitor for fraud, waste, and abuse as follows:

- **Quality Assurance Unit** – This unit provides a federally required internal audit function to ensure that individuals and families who obtain SNAP benefits receive the appropriate benefits to which they are entitled. By performing comprehensive reviews of a statistically valid sample of SNAP active and terminated/denied benefits, Quality Assurance staff measure how accurately Department employees have determined eligibility and payment amounts in these programs.
- **Special Investigations Unit**- This unit is responsible for the investigation of allegations of beneficiary fraud in the public assistance programs administered by the Department. As part of this responsibility, investigators in the Special Investigations Unit prepare fraud cases for prosecution by County Attorneys in NH Superior Courts. Staff also establish claims for recovery of overpaid benefits and pursues recovery of these funds.
- **Medicaid Third Party Liability** – This unit is responsible for ensuring that all third-party payers meet any legal obligations, establishing responsible party's ability to pay and sources of payment for services delivered by the Department of Health and Human Services, and

collection of funds. This unit is responsible for monitoring the Managed Care Organizations to ensure they are properly following all Third-Party Liability regulations and rules and reducing costs to the Medicaid program.

- **Medicaid Program Integrity Unit** - This unit is responsible for ensuring the efficient and economical administration of New Hampshire's Medicaid State Plan. The unit accomplishes this by performing utilization reviews of Medicaid claims to prevent, detect and control fraud and abuse among Medicaid providers. This unit is responsible for monitoring the Managed Care Organizations to ensure they have the proper claims edits, analytical tools, and investigative staff to ensure any Fraud, Waste, and Abuse is prevented, detected and recovered as required.
- **Medicaid Provider Enrollment Unit** – This unit, in accordance with federal regulations, ensures the proper screening and enrollment of new Medicaid providers. The unit performs provider site visits and criminal background checks to ensure providers are qualified and not under sanction. This monitoring and review ensure quality providers for NH Medicaid members.
- **Financial Compliance Unit**– This unit is responsible to perform audits as directed by Senior Management, Federal audit oversight of PERM, CCDF, Nursing Facilities, and site reviews of contractors/providers (including sub-recipient monitoring) to determine internal control of financial reporting and federal A-133 audit tracking. This unit monitors DHHS corrective action plans and ensures audit issues are corrected.

### **SERVICE DELIVERY SYSTEM:**

The Division does not provide direct services to DHHS clients, but rather is an employee-driven administrative support function, aimed at meeting federal and state requirements and safeguarding the financial integrity of public assistance programs against fraud, waste and abuse.

### **CHILD CARE LICENSING 9520-5143**

#### **PURPOSE:**

Ensure that children are in safe and healthy environments provided with care, supervision, and developmentally appropriate activities that meet each child's physical and emotional needs, whether they are in licensed NH childcare programs or cared for by licensed-exempt providers receiving Child Care Development Funds.

#### **CLIENT PROFILE:**

Infants and children through 17 years of age in licensed day care facilities, licensed-exempt programs accepting Child Care Development Funds, youth recreation camps and children younger than 21 in short- or long-term residential care facilities and institutions.

**FINANCIAL SUMMARY 9520-5143**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
<b>TOTAL FUNDS</b>	\$1,571	\$1,976	\$1,832	\$1,883	\$1,819	\$1,870
<b>GENERAL FUNDS</b>	\$566	\$891	\$863	\$887	\$857	\$881

**FUNDING SOURCE:**

Federal Funds from CCDF, Medicaid, and SSBG XX primarily support these services. The fund mix for FY 24/25 is 51% federal, 47.1% general funds, 1.9% other.

**OUTCOME:**

Yearly inspection of all licensed facilities and licensed-exempt facilities receiving CCDF. Investigation of all complaints, which in SY 2022 was 292. Completing background record checks for approximately 5,400 individuals a year.

**STATE MANDATES:**

RSA 170-E Child Day Care, Residential Care, Recreation Camp Licensing, Admin Rules He-C 4001, 4002, 4003, and 4004 and He-C 6916-6917

**FEDERAL MANDATES:**

Child Care and Development Block Grant SEC 658

**SERVICES PROVIDED:**

The Child Care Licensing Unit (CCLU) conducts on-site inspections and investigations of youth recreation camps, childcare facilities including center based, family based, licensed-exempt providers receiving CCDF, and 24-hour residential based childcare. CCLU ensures compliance with applicable NH Statutes and Administrative Rules. CCLU approves and issues licenses and initiates appropriate disciplinary action when necessary for compliance and the protection of children. CCLU determines eligibility of employment for all individuals working for licensed programs and completes a background check for all individuals residing in licensed programs, which includes FBI fingerprints, National Crime Information Center sex offender registry file, State of NH criminal background check, abuse and neglect and sex offender registries check in NH and every state an individual has resided in the previous five years, which is repeated every five years.

As of July 2022, there are 743 licensed facilities with a capacity for 45, 189 children statewide, 13 licensed-exempt facilities receiving CCDF and 162 youth recreation programs.

**SERVICE DELIVERY SYSTEM:**

Child Care Licensing is overseen by one Admin IV, one Supervisor VII, two Supervisor IVs, eleven Licensing & Evaluation coordinators, three full time seasonal Program Assistant II positions, one Program Specialist I, one Program Assistant II, three full time Program Assistant I positions and one part time Program Assistant I position.

**HEALTH FACILITIES ADMINISTRATION  
9520-5146**

**PURPOSE:**

- To provide initial and annual renewal licensing to all facilities required to be licensed per RSA 151:2.
- To develop, establish and enforce the basic standards for the care and treatment of individuals who receive health care and services in licensed facilities in the State of New Hampshire. Approval of construction, maintenance and operation of such facilities to ensure safe and adequate treatment of individuals in licensed facilities in the State of New Hampshire.
- To verify compliance of federal and state law, administrative rules, and building and fire codes through inspections conducted annually or as indicated per RSA 151:6-a. To investigate in response to any complaints alleging violation of federal and/or state law, administrative rules, and building and fire codes.

**CLIENT PROFILE:**

Individuals receiving care and treatment in hospitals, nursing homes, assisted living facilities, ambulatory surgical centers, non-emergency walk care centers, hospice homes, home health agencies, home health hospice agencies, renal dialysis centers, outpatient physical therapy centers, collections stations, laboratories, birthing centers, educations health centers, community residences, adult day care, case management agencies, substance use disorder treatment facilities and psychiatric residential treatment facilities. Individuals living in residential care facilities, patients receiving health care in an acute care setting, and disabled individuals receiving care and treatment in their homes through a home health care provider

**FINANCIAL SUMMARY 9520-5146**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY22</b>	<b>SFY23</b>	<b>SFY24</b>	<b>SFY25</b>	<b>SFY24</b>	<b>SFY25</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Request</b>	<b>Governor Budget</b>	<b>Governor Budget</b>
<b>TOTAL FUNDS</b>	\$3,208	\$4,243	\$4,194	\$4,348	\$4,173	\$4,326
<b>GENERAL FUNDS</b>	\$1,178	\$1,698	\$1,440	\$1,501	\$1,433	\$1,494

**FUNDING SOURCE:**

Federal funding from Adult Licensure, CMS Cert XIX, CMS Cert XIX-NLTC, HLTH FAC CLIA, HLTH FAC XVIII, Hospice Med-NLTC, Medicaid, and Medicare primarily support these services. Agency income is received from the facilities for licenses issued. The fund mix for FY 24/25 is 50.8% federal, 34.4% general, 14.7% other.

**OUTCOME:**

License and regulate all facilities according to state and federal requirements. Investigate all facility reported incidents and complaints (approximately 4,000/year). Collaborate with stakeholders to increase levels of compliance and overall care. Facilitate impactful progress through establishment and enforcement of the required standards for the care and treatment of NH citizens in health care settings.

**STATE MANDATES:**

Title XI: Hospitals and Sanitaria, RSA 151 Residential Care and Health Facilities Licensing, RSA 153

**FEDERAL MANDATES:**

Social Security Act Title XVIII Medicare, Title XIX Medicaid Section 1864, National Fire Protection Association [NFPA] Clinical Laboratories Improvement Act 1987 (CLIA).

**SERVICES PROVIDED:**

Health Facilities Administration is comprised of Health Facilities Licensing and Certification. Health Facilities Licensing licenses all health care facilities and home health agencies required to be licensed pursuant to RSA 151:2 I (a-f) and inspects licensed health entities except those with deemed status per RSA 151:5-b. Inspections are conducted annually or as indicated per RSA 151:6-a. to determine compliance with all provisions of state law and administrative rules; both clinical and life safety code. Investigations in response to any complaints alleging violation of state law, administrative rules, and building and fire codes. Health facility Certification certifies health care facilities or home health agencies certified under Title XVIII or XIX of the Social Security Act for compliance with federal regulations aimed at keeping the clients, patients and residents of New Hampshire at their highest practicable level as well as investigating any complaints alleging violation of federal or state regulations.

**SERVICE DELIVERY SYSTEM:**

The Health Facilities Administration Licensing and Certification units are overseen by one Admin IV, two Supervisor VII's, one Supervisor V, three Supervisor IV's, two Health Construction Coordinators, twenty-one Licensing & Evaluation Coordinators, and five support staff.

**LEGAL SERVICES**

**9520-5680**

**PURPOSE:**

Provide legal support and services to the Department, and its program areas to ensure that DHHS’ delivery of services adheres to and fairly applies the laws and regulations developed to implement legislative policy.

**CLIENT PROFILE:**

Office of the Commissioner and associated Administrative Business Supports; Population Health, including Public Health and Medicaid Services; Human Services & Behavioral Health, including Economic & Housing Stability, Behavioral Health, Long Term Supports & Services, Children, Youth & Families; Operations, including Information Services, Human Resource Management, Facilities Maintenance & Office Services, Communications, Emergency Services and Employee Assistance Program; and DHHS Facilities, including New Hampshire Hospital, Hampstead Hospital, Glencliff Home, and the Sununu Youth Services Center.

**FINANCIAL SUMMARY 9520-5680**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$9,210	\$11,630	\$11,341	\$11,669	\$11,278,885	\$11,604,100
GENERAL FUNDS	\$5,166	\$6,372	\$6,970	\$7,170	\$6,929,998	\$7,129,108
CASELOAD	see below					

**CASELOAD:** DCYF: Approximately 8,059 hearing in SFY 2022, DCYF opened 10,490 investigations/assessments in SFY 2022, DCYF attorneys provided legal consultation and advice in a substantial number of those cases; General Counsel: Right to Know Requests approximately 290 year; Estate Recoveries approximately \$6.4 million year; third party liability recoveries approximately \$100,000; Client & Legal Services 63 complaints; Human Resources 30 matters; Court and AAU appearances approximately 1250; Child Support average monthly hearings 219; Client counseling matters approximately 300; Administrative Rules 80 rules opened.

**FUNDING SOURCE:**

Federal funds from Foster Care IV E, Med Elig Det, Medicaid, and TANF support these services. This account receives funds for Estate Administration (Revolving Fund) and agency income from ERU County Fees and Admin Fees. The fund mix for FY 24/25 is 38.6% federal, 61.4% general.

**OUTCOME:**

- Prompt representation on all legal issues and inquiries within DHHS.

- Funds recovered by Estate Recoveries from estates of individuals receiving various state financial assistance programs. (Approx. \$6.4m/year).
- Processing as required all right to know requests.
- Responding timely and appropriately to the increased need for children’s legal services in DCYF & DCSS as a result of the disruption on families caused by the opioid crisis and the COVID pandemic. All litigation deadlines including discovery needs are met and information distributed in lawful manner.
- Responding timely and appropriately to increased general counsel needs for services across the Department due to the opioid crisis and COVID pandemic, including the Division of Behavioral Health, Division of Long Term Supports and Services, Division and Economic and Housing Stability, Medicaid, and more.

**STATE MANDATES:**

Outlining all state mandates that the Bureau is responsible for counseling all areas of the Department is impossible considering the breadth of the state laws applicable to all services provided by the Department. A partial list of the state mandates includes: RSA 171-A:19 Client and Legal Services; RSA 161:2 XIV and XVI Child Support Program – DCSS Duties defined; RSA 167:13 – 167:16-a Recovery for Assistance Furnished, Claims, Liens, Limitations of Recoveries; RSA 126-A (Dept. of Health & Human Services); RSA 161 (Human Service); RSA 167 (Public Assistance to the Blind, Aged, or Disabled Persons, and to Dependent Children); RSA 135-C (New Hampshire Mental Health Services System); RSA 141 (Communicable Diseases); RSA 151 (Residential Care and Health Facilities); RSA 151-E (Long Term Care); RSA 171-A (Services for the Developmentally Disabled)

**FEDERAL MANDATES:**

Outlining all federal mandates that the Bureau is responsible for counseling all areas of the Department is impossible considering the breadth of the federal laws applicable to all services provided by the Department. Those that are specifically overseen by the Bureau include 42 U.S.C 1396p (Liens, adjustments and recoveries, and transfers of assets) through Estate Recoveries Unit; Social Security Act IV-B, IV-D, IV-E through the Child Support Services Legal Unit; and IV-A Adoption and Safe Families Act; Health Insurance Portability and Accountability Act (HIPAA) through the Privacy Officer.

**SERVICES PROVIDED:**

Legal services across the Department – representing the Department in court and administrative forums on issues such as personnel matters, defending administrative decisions, commitments to New Hampshire Hospital, pursuing debt owed to the State, internal and external audits, responding to law suits against the Department, providing legal advice and general counsel on matters concerning the administration of Department programs including the development and implementation of policies, interpretation of laws, responding to right to know requests, contract and procurement processes, HIPPA compliance, the promulgation of administrative rules, Division of Children, Youth & Families in matters of child protection (prosecuting abuse and neglect, guardianship and termination of parental rights cases), and Division of Child Support Services.

**SERVICE DELIVERY SYSTEM:**

Legal Services is overseen by the Chief & Deputy Legal Counsel, and includes attorneys providing general counsel (6 attorney, 1 support staff positions), support in the Attorney General's Office (1 attorney positions), Estate Recovery (1 attorney, 4 support staff positions), New Hampshire Hospital 1 attorney, 2 support staff positions), Division of Children, Youth & Families (33 attorney, 1 supervisor for the legal assistants, 11 legal assistant positions), Medicaid Services (1 attorney, 2 support staff positions), Client and Legal Services (Division for Behavioral Health and Developmental Services) (2 attorney, 2 support positions), Rules Unit (1 administrator, 1 staff position), Division of Child Support Services (11 attorney, 4 paralegal, 7 support staff positions).

**OPERATIONS SUPPORT ADMINISTRATION- (ADMINISTRATIVE APPEALS UNIT)**

**9520-5683**

**PURPOSE:**

Provide an opportunity for a fair hearing to give applicants and recipients of DHHS services an impartial, objective review of final actions taken in a program administered by the Department.

**CLIENT PROFILE:**

The Administrative Appeals Unit provides a process for clients and stakeholders who believe the department has incorrectly handled their issues to have their cases reviewed by an independent Hearings Examiner prior to pursuing a remedy through the court system.

**FINANCIAL SUMMARY 9520-5683**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$831	\$1,089	\$1,032	\$1,058	\$1,391	\$1,434
GENERAL FUNDS	\$510	\$659	\$608	\$623	\$824	\$850
ANNUAL COST PER CASE-TOTAL	\$831	\$545	\$573	\$705	\$927	\$956
CASELOAD	1,000	2,000	1,800	1,500	1,500	1,500

**FUNDING SOURCE:**

Federal funds from CMS CERT XIX, Food Stamps, HLTH FAC XVIII, and Medicaid support these services. This account receives funds from other agencies and agency income for Life Safety Inspection Fees. The fund mix for SFY 24/25 is 40.9% federal, 59.1% general.

**OUTCOME:**

Timely hearing of all appeals providing due process to all parties recognized, both inside and outside the Department, as fair, accurate, and supported by the law.

**STATE MANDATES:**

RSA 126-A:15 VIII Commissioner of Health and Human Services - Appeals Process; RSA 541-A:31-36 Administrative Procedure Act; New Hampshire Code of Administrative Rules He-C 200

**FEDERAL MANDATES:** Virtually every program reviewed has a federal mandate, the more common ones include, but are not limited to: 42 C.F.R. Section 431, Subpart E (Medicaid); 42 C.F.R. Section 438, Subpart F (Managed Care); 7 C.F.R. Sections 271.2 et seq. (Food Stamps) etc.

**SERVICES PROVIDED:**

The AAU provides objective, impartial decision making by Hearings Examiners, quality service to clients and providers involved in the appeals process, and communication in cooperation with Department program administrators to identify significant legal issues that emerge through the hearings process.

**SERVICE DELIVERY SYSTEM:** The Administrative Appeals Unit is staffed by one Senior Hearing Officer and five Hearings Officers (attorneys); and one full-time and one part-time support staff.

**ADMINISTRATION – HUMAN RESOURCES  
9530-5677**

**PURPOSE:**

The Bureau of Human Resources (BHR) provides leadership, strategy, and administrative support for the Department of Health and Human Services. The BHR drives excellence and innovation by deploying recruitment and retention strategies, and by investing in workforce development. The BHR develops and oversees the implementation of administrative policies and procedures, including State and federal law policies. The BHR is committed to cultivating a talented, high performing, and engaged workforce that is prepared to effectively support and serve the citizens of the State of New Hampshire.

**CLIENT PROFILE:**

The Bureau of Human Resources, under the leadership of the Human Resources Director, serves all the Departments 2,752 full time staff and 205 filled part time employees. BHR services the organization’s workforce development needs through talent acquisition, health benefits management, position management, employee relations, leave of absences, organizational development and training services, workers compensation claims and payroll services.

**FINANCIAL SUMMARY 9530-5677**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	<b>SFY22</b>	<b>SFY23</b>	<b>SFY24</b>	<b>SFY25</b>	<b>SFY24</b>	<b>SFY25</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Request</b>	<b>Governor Budget</b>	<b>Governor Budget</b>
<b>TOTAL FUNDS</b>	\$2,425	\$3,269	\$3,514	\$3,645	\$3,492	\$3,621
<b>GENERAL FUNDS</b>	\$1,713	\$2,289	\$2,488	\$2,580	\$2,472	\$2,563
<b>ANNUAL COST PER CASE-TOTAL</b>	\$820	\$1,106	\$1,188	\$1,233	\$1,181	\$1,225
<b>CASELOAD</b>	2,957	2,957	2,957	2,957	2,957	2,957

**FUNDING SOURCE:**

Funds from Child Support Enforcement, Foods Stamps, Foster Care IV E, Med Elig Det, Medicaid, and TANF make up the majority of federal funds supporting this accounting unit. The fund mix for FY 24/25 is 29.2% federal, 70.8% general.

**OUTCOME:**

Optimize recruitment candidate pools and reduce time to fill by 15% each year in the biennium. Produce paychecks with 100% accuracy in employee pay and leave balances. Increase employee training and development attendance by 25%. Reduce agency turnover by .5%.

**STATE MANDATES:**

Administrative Rules of the Division of Personnel  
Collective Bargaining Agreement

**SERVICES PROVIDED:**

The Bureau of Human Resources (BHR) is building, developing, and supporting a high performing and healthy workforce. This is achieved by taking a holistic approach to innovative strategies, recruitment, employee and labor relations, benefits and compensation management, and organizational development and employee training.

**MANAGEMENT SUPPORT  
9530-5685**

**PURPOSE:**

The Bureau of Facilities Management provides and manages safe, accessible, and cost-efficient facilities and maintenance services.

**CLIENT PROFILE:**

The Bureau of Facilities Management, through the Facilities Director, services all full and part time DHHS staff that have designated workspace and actively interfaces with the Department of Administrative Services, Bureau of Facilities & Assets Management, and the Bureau of Public Works to complete its work.

**FINANCIAL SUMMARY 9530-5685**

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$15,117	\$21,603	\$22,265	\$21,980	\$21,595	\$21,557
GENERAL FUNDS	\$10,295	\$15,038	\$15,323	\$14,898	\$14,701	\$14,435

**FUNDING SOURCE:**

Funds from Adoption IV E, Child Support Enforcement, CCDF, CMS Cert XIX, Foods Stamps, Foster Care IV E, HLTH Fac XVIII, Med Elig Det, Medicaid, and TANF make up the majority of federal funds supporting this accounting unit. The fund mix for FY 24/25 is 32.1% federal, 67.5% funds, .4% other.

**STATE MANDATES:**

RSA 126-A

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

The DHHS Facilities Director works through direct staff reports and facility coordinators located in each of the DHHS managed facilities, in addition to contractor/lessor staff and staff reporting to the Department of Administrative Services, Bureau of Facilities & Assets Management (BFAM). The Facilities Director is responsible for ensuring DHHS has sufficient and adequate space for staff to conduct all of the respective business functions of the DHHS managed facilities, including Sununu Youth Services Center, New Hampshire Hospital, Hampstead Hospital, Glencliff Home, district and itinerant offices located throughout the state, and state-owned facilities managed by the Department of Administrative Services, Bureau of Facilities & Assets Management. Additional services provided include the administration of Office Services (mail services, purchasing, inventory management and control services, worker safety and prevention, transportation (Fleet) services, logistics, and archiving services).

**OFFICE OF INFORMATION SERVICES**

**9540-5952**

**PURPOSE:**

The Bureau of Information Services (BIS) provides strategic planning, policy direction, project management, standards and operational oversight for electronic information systems supporting all DHHS program units and administrative support services to ensure consistency and uniformity.

**CLIENT PROFILE:**

BIS, under the leadership of the Director, serves all DHHS program and administrative units. In addition, BIS services New Hampshire citizens by administering and maintaining, either internally or through competitive contract process, more than 120 electronic information systems to protect and ensure public health and wellness, and the provision of human services.

**FINANCIAL SUMMARY 9540-5952**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	<b>SFY22</b>	<b>SFY23</b>	<b>SFY24</b>	<b>SFY25</b>	<b>SFY24</b>	<b>SFY25</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Request</b>	<b>Governor Budget</b>	<b>Governor Budget</b>
<b>TOTAL FUNDS</b>	\$44,461	\$48,010	\$60,809	\$60,502	\$56,086	\$57,462
<b>GENERAL FUNDS</b>	\$24,305	\$27,891	\$31,354	\$30,897	\$27,346	\$445

**FUNDING SOURCE:**

The Bureau of Information Services receives funding from programs across the Department of Health and Human Services. Federal funds are from Medicaid, Title IV E/Foster Care, the Social Services Block Grant, Food Stamps, Old Age Assistance Title III B, and other federal programs. The fund mix for FY 24/25 is 50.9% federal, 49.1% general. In addition, certain software systems administered by OIS receive as much as 75% to 90% federal funding depending on whether the initiative is in the implementation or operational/support and maintenance phases.

### **OUTCOME:**

High quality data, consistent standards, successfully delivered business and technology projects, reduced total cost of ownership for software solutions, federal and state regulatory compliance, reduced waste and continuous process improvement.

### **FEDERAL AND STATE MANDATES:**

The electronic business systems administered by the Bureau of Information Systems are implemented to meet the federal and state mandates for the respective program units served by those systems, including state and federal security.

### **SERVICES PROVIDED:**

#### Department-Wide Services

- **Project Management** - providing tools, staff and services that equip and enable staff to consistently deliver successful business and technology initiatives
- **Information Security** – establishes and enforces policies and standards to satisfy state and federal regulations and Department requirements for data privacy, protection and security
- **Information and Systems Architecture and Enterprise Business Intelligence** – Strategically evaluates and proposes solutions to reduce the use of redundant systems and data and provides an information rich environment to support information analysis, data analytics and informed decisions-making

#### Key Business Systems Serving NH Populations, Providers and Communities

- **Enterprise Business Intelligence** – system of record for all data integration and reporting across all divisions of DHHS. Currently serving dashboards for informed decision making in Public Health, Economic and Housing Stability, Long Term Supports and Services, Children, Youth and Families, New Hampshire Hospital and Behavioral Health.
- **New HEIGHTS** – System of record for eligibility, enrollment and service delivery for Medicaid, Medicare Savings Program, Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps, Temporary Assistance for Needy Families (TANF), Child Care Scholarships and State Supplemental Programs, serving 275,000 clients annually
- **NH Bridges** – System of record for the Division for Children, Youth and Families used to assist families in the protection, development, permanency, and well-being of their children
- **NECSES** – System of record for Child Support Services for the well-being of children assuring financial and medical support is available through location of parents, establishment of paternity and support obligations, and enforcement of those obligations
- **Elderly and Adult OPTIONS** - supports Adult Protection, Long Term Care Ombudsman, Medicaid Home and Community Based Care - Choices for Independence (CFI) Waiver, ServiceLink Resource Center, and Social Services Programs for individuals aged 60 and older and adults ages 18 and over with disabilities or chronic conditions

- **NH Health Enterprise Medicaid Management Information System (MMIS)** – system of record for NH Medicaid Program used to adjudicate, calculate, and issue payments to Medicaid providers, managed care organizations, and qualified health plans for monthly benefit coverage and/or services provided to Medicaid eligible clients.
- **Business-Critical Software Systems** - more than 120+ business-critical software systems supporting the mission and requirements for all areas of the Division of Public Health, New Hampshire Hospital and all other service and support divisions across the Department

**SERVICE DELIVERY SYSTEM:**

Services are delivered through strategic planning, policy setting, standards development, project management, Lean analysis, information architecture and data management, and through the administration of mission-critical software solutions.

**QUALITY ASSURANCE & IMPROVEMENT**

**9550-6637**

**PURPOSE:**

The Bureau of Program Quality, within the Division of Program Quality & Integrity strengthens the mission of the Department of Health and Human Services (DHHS) and partners with DHHS programs to provide data driven support and evaluation for program development, quality and performance improvement.

**CLIENT PROFILE:**

The Bureau of Program Quality supports Divisions and Bureaus throughout the Department, as well as responds to public inquiries and providing data for research purposes and mandated reporting.

**FINANCIAL SUMMARY 9550-6637**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$3,684	\$3,846	\$4,364	\$4,422	\$4,261	\$4,357
GENERAL FUNDS	\$1,993	\$2,076	\$2,461	\$2,494	\$2,402	\$2,457

**FUNDING SOURCE:**

The Bureau of Program Quality is funded from a number of programs across the Department of Health and Human Services (DHHS). Federal funds are earned from Medicaid and the Building Capacity for Transformation Demonstration 1115 waiver. The fund mix for FY 24/25 is 43.6% federal, 56.4% general funds.

**OUTCOME:**

Formal program evaluations are rigorously designed to evaluate the extent to which each project achieves its intended goals and objectives. High quality data are synthesized and disseminated to leadership, policy makers and stakeholders to ensure each have an optimal understanding about the value, performance, quality and effectiveness of services administered by DHHS. Partners and stakeholders have access and use of quality Medicaid data for analytics within the Enterprise Business Intelligence platform.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Provide access to Medicaid managed care data, statistics, and quantitative analysis to support evidence informed decision and policy making	# of monitored Medicaid managed care measures, tables, and plans	# of validated Medicaid managed care measures, tables, and plans available for data reporting and analysis	870 deliverables across 3 MCOs	Approx 870 deliverables, across 3 MCOs	TBD based on re-procured Medicaid Care Management Services Contract
Identify and utilize opportunities to improve Medicaid beneficiary health and assure the value of Medicaid resources, through the substantiation and reporting on Medicaid Care Management performance	Review of 290 MCO deliverables measures for performance to contract standards and quality strategy performance goals	# of measures identified for inclusion in the Medicaid Care Management quality strategy, Withhold and Incentive program, and the performance-based auto assignment incentive	20	23	TBD based on re-procured Medicaid Care Management Services Contract
Assist DHHS program areas in developing and implementing provider/service delivery	# of provider reviews requested	Completed provider reviews with data collection, analysis, reporting, and quality	23	23	23

reviews to monitor compliance and performance		improvement recommendations			
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**STATE MANDATES:**

- RSA 126-A:4, IV Establishment of a Quality Assurance Program
- RSA 126-A-XIX(a) Employ a managed care model for administering the Medicaid program consistent with 42U.S.C. 1396u-2
- RSA 126-A-XIX(g)(3) Monitor and report requirements for managed care organization’s prior authorizations for drugs associated with mental illness
- RSA 126-A:5-XIX(a)(1) Medicaid Managed Care Program; Dental Benefits
- RSA 126-AA:5 Evaluation report of NH Granite Advantage Health Care Program
- RSA 126-R: New Hampshire Council on Suicide Prevention
- RSA 126:U: Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
- RSA 135-C:5.II NH Mental Health Services System regulation of State services; conduct site visits, auditing and monitoring
- RSA 420-G:11-a Development of a Comprehensive Health Care Information System
- RSA 622:46: Secure Psychiatric Unit Treatment Standards

**FEDERAL MANDATES:**

- Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM Community Mental Health Settlement Agreement
- Public Law 102-321 (U.S. Code) Federal Block Grants for prevention and treatment of Substance Abuse
- 42 CFR Part 438 Managed Care sets the parameters that states must follow for quality assurance, monitoring, improvement, patient encounter data collection and external quality reviews of its contracted managed care organizations (MCOs)
- Section 1115 of the Social Security Act Development and implementation of a CMS approved monitoring and evaluation plan for demonstration projects

**SERVICES PROVIDED:**

Through quality measures, data validation, aggregation and analytics, evaluation of health services delivery systems and program quality, the Bureau of Program Quality (BPQ) assists DHHS in determining and monitoring performance, improvement and compliance with regulatory and contractual requirements that inform the health and wellbeing of NH citizens.

BPQ has five work units to direct quality monitoring, quality improvement, and data analysis through data driven, DHHS-wide collaborative activities:

1. **Data Analytics and Reporting-** Data Analytics and Reporting is the Department lead for data analysis with a focus on Medicaid and Behavioral Health system data and cross Departmental data integration, visualization and dash-boarding.

- Management and quality oversight of MCO encounter data that reflects the payments and services provided to Medicaid beneficiaries.
  - Management, quality oversight, monitoring and analysis of Medicaid Managed Care for nearly 20,000 quality data points submitted throughout the year to the Department by the MCOs covering 290 measures.
  - Consulting and data analysis to support Medicaid financial management and policy development.
  - Management of the Comprehensive Healthcare Information System all payer claims data system, which captures all health care claims from carriers regulated from the state (join project with NH Insurance Department) and release of data from the system to external parties as allowed by HIPAA.
  - Management of the Phoenix (community mental health system) data systems including Designated Receiving Facility and NH Hospital discharge data, analysis of client encounters, and data reporting of Community Mental Health Center services for the Community Mental Health Settlement Agreement.
  - Reporting on Substance Use Disorder treatment services from the Medicaid and Bureau of Drug and Alcohol payment systems.
  - Leadership and business analysis for the Department’s Enterprise Business Intelligence efforts that in partnership with the Bureau of Information Systems and Division of Public Health Services are modernizing how Departmental data is stored, linked, visualized, analyzed, dash boarded and publicly reported.
2. **Substance Misuse Systems Planning and Evaluation** - Substance Misuse Systems Planning and Evaluation (S-SPE) supports and strengthens the mission of the Department by offering data driven support that assesses substance misuse initiatives, activities, and outputs of the Department in its effort to assist families in achieving health and independence.
- Identification of the prevalence and consequence of substance misuse on individuals, families, communities, institutions, and the State.
  - Data analytics and identification of substance misuse metrics to use across Department programs to leverage data and inform access, quality of services, and customer experience.
  - Development and analysis of quality reports and performance management dashboards related to substance misuse.
  - Managing quality and performance projects, initiatives, and activities across the Department on the risk, progression, and impact of substance misuse on New Hampshire citizens, including clients served by the Department.
  - Consulting and grants/contracts management coordination with BDAS, and Division of Medicaid Services.
  - Assisting DHHS program areas in developing methodologies on aggregating data to demonstrate the relationship between provider performance and client outcomes and reporting this information.
3. **Medicaid Quality Program**- This program leads data driven quality assurance and improvement activities for the Division of Medicaid Services and Medicaid Care Management.
- Development and performance monitoring of the Medicaid Care Management federally required Quality Strategy.
  - Oversight of the External Quality Review Organization contract and associated Medicaid Care Management contract compliance and performance improvement activities.
  - Operationalizing federally required Medicaid 1115 Waiver Demonstration evaluations and monitoring plans.
  - Annual evaluation of quality measures for Department directed payment programs.
  - Establish Managed Care Organization incentive programs based on Department priorities.
  - Identify, substantiate, and catalogue MCO performance that meets the standard for liquidated damages.

4. **Health Services Assessment**- The Health Services Assessment unit develops and implements methods for evaluating the appropriateness and effectiveness of DHHS community service providers with data analysis and reports to inform public policy, resource allocation, and gaps in quality service delivery.

- Implementation of Quality Service Reviews, data analysis, and quarterly quality improvement monitoring of the 10 community mental health centers per the Community Mental Health Settlement Agreement on behalf of the Bureau of Mental Health Services.
- Home and community-based care program quality reviews of eight Case Management Agencies conducted per compliance with the Federal 1915(c) HCBS Waiver, Appendix H Quality Improvement Strategy on behalf of the Bureau of Elderly and Adult Services.
- Sentinel Event reporting oversight, data collection and analysis, coordination of cross-system reviews, including recommendations to address identified system issues and opportunities for operational improvements.
- Compliance and quality assurance reviews and data collection of the BDAS funded substance use disorder treatment providers, in accordance with He-W 513.
- Suicide Fatality Review Committee participation and coordination of reviews, in accordance with RSA 126-R:4, including review of suicide deaths in New Hampshire to determine trends, risk factors, and prevention strategies, determine and report on trends and patterns of suicide deaths in New Hampshire, and recommend improvements in the sources of data relative to investigating reported suicide.
- Support and development of quality assurance site review activities and policy and procedures development for ad hoc requests such as the Secure Psychiatric Unit in accordance with RSA 622: 46 and DHHS child seclusion and restraint reviews in accordance with He-C 901 and RSA 126-U.

5. **Contracts Quality Management** - The Contracts Quality Management unit uses an applied framework of process and systems to support DHHS program areas in creating evidence-informed and performance-based contracting that can be monitored across the strategic development stage through the contract deployment lifecycle.

- Lead change management strategies to support the understanding of managing contracts for performance and quality management.
- Provide technical expertise during procurement requests to determine alignment with strategic priorities and initiatives.
- Use financial and programmatic risk assessments to determine level of monitoring commensurate with the probability of risk through the contract lifecycle.
- Assist programs in monitoring and evaluating quality, outcomes, and performance measures.
- Assist programs in identifying and implementing contract quality improvement objectives and activities.

**SERVICE DELIVERY SYSTEM:**

The Bureau of Program Quality is an employee driven bureau that provides formal ongoing assistance with quality oversight, improvement, evaluation, and quantitative reporting to Department programs and the public through its teams of expert reviewers, quality improvement specialists, evaluators, and analysts. These functions assist the Department’s objective of improving the design, quality and effectiveness of services.