

Office of the Commissioner (OCOM)

**Presented to Senate Finance Committee
April 30, 2021**



Agenda

- Mission and Responsibilities
- Key Roles of DHHS
- DHHS Overview/Org Chart
- Staffing
- Change Requests
 - HB1 and HB2 Language
 - HB1 Accounting Changes & Funding Requests
 - HB2 Funding Requests
- Presentation from Alvarez and Marsal
 - Will be continued into LTSS presentation



Mission and Responsibilities

Mission

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

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



Key Roles of DHHS

Educate

- Educate the public and providers on navigating complex systems of care

Deliver Services to Clients

- Delivered through our District Offices around the State
- Access to economic and medical assistance through a variety ways- in-person, phone, mail, and on-line
- Direct care - NH Hospital, Glenclyff Home, Designated Receiving Facility, and Sununu Youth Services Center

Protect the Health and Safety of Our Citizens

- Protect children and adults from abuse and neglect
- Public health-protect, promote and improve health, disease prevention, surveillance, and response

Provide Regulatory Oversight

- Health facilities
- Child care facilities
- Food service establishments
- Public health inspections, investigations, and response

Insure Program & Operational Integrity





NH Department of Health and Human Services DHHS Overview*

Office of the Commissioner

- Administrative Business Supports
- Program Planning & Integrity
 - Finance & Procurement
 - Project Management & LEAN
 - Legal & Regulatory
 - Quality Assurance & Improvement
 - Health Equity

Population Health

Division of Public Health

- Population Health & Community Services
- Infectious Disease Control
- Public Health Protection
- Laboratory Services
- Public Health Statistics and Information
- Public Health Systems, Policy & Performance
- Emergency Services Unit
- State Epidemiologist

Division of Medicaid Services

- Clinical Operations
- Medicaid Policy
- Dental Services
- Health Care Reform

DHHS 24/7 Facilities

- New Hampshire Hospital
- Glencliff Home for the Elderly
- Sununu Youth Services Center
- Designated Receiving Facility

Human Services & Behavioral Health

Division of Economic & Housing Stability

- Family Assistance
- Employment Supports
- Housing Supports
- Child Support Services
- Child Development & Head Start Collaboration

Division for Behavioral Health

- Mental Health
- Drug & Alcohol Services
- Children's Mental Health

Division of Long Term Supports & Services

- Adult Protection Services
- Elderly & Adult Services
- Developmental Services
- Designated Receiving Facility
- Family Centered Services
- Community Based Military Programs

Division for Children, Youth & Families

- Field Services
- Family, Community & Program Support
- Organizational Learning & Quality Improvement
- Sununu Youth Services Center

Operations

Bureau of Information Services

- Data Management
- Data Warehouse
- Information Security
- Medicaid Management Information System
- DHHS Systems Oversight
- Linkage to DoIT

Bureau of Human Resource Management

- Organizational Development & Training Services

Bureau of Facilities Maintenance & Office Services

- HHS Facilities & State Office
- Safety & Wellness
- Office Services
- Oversight – Institutional Services

Communications Bureau

Employee Assistance Program



Staffing

Current Staffing - FT Perm Positions (excluding 8T, 9T & TMPPT positions; including authorized Conversion positions)	FY18 & 19 Total Authorized Permanent Positions	FY20 & 21 Total Authorized Permanent Positions	FY22 & FY23 Total Authorized Permanent Positions through Gov Phase
Division of Behavioral Health	46	46	49
Division of Children, Youth, and Families	654	780	779
Division of Economic and Housing Stability	571	597	597
Division of Long Term Supports and Services	129	139	139
Division of Medicaid Services	42	23	33
Division of Public Health	250	245	249
Glenclyff	169	164	169
New Hampshire Hospital	585	630	690
Office of the Commissioner - Operations	470	529	521
Grand Total	2916	3153	3226

*Of the 3,226 positions in FY22/23, in the Governor's Phase 88 were unfunded. In the House phase an additional 226 positions were unfunded (via HB2), in addition to all SYSC position in FY2023. The result is 2,912 funded positions in 2022, and 2,797 in 2023.

*Majority of positions added in FY20/21 were related to DCYF, and in FY22/23 are related to NHH and PATH



HB1 and HB2 Language Requests (See document attached)

HB1 Footnotes – Add Non-Lapsing in Biennium Language

- BDAS Drug Forfeiture Fund
- Children’s Behavioral Health
- State Phase Down

Direct and Indirect Medical Graduate Medical Education Payments

- Repeal language

Eliminate SSBG Rulemaking Requirement

- Similar language to current law from HB4(2019)

Extend the Prospective Repeal relative to Waitlist of Community Mental Health Services

- Same language as trailer bills since 2011



HB1 and HB2 Language Requests, cont.

Medicaid Programs – Must be funded or Suspended/Repealed

- Adult Dental Benefit
- Expanded Home Visitation Services
- In & Out Program

Suspend LTSS Presumptive Eligibility

- If not suspended, must be funded

Reproductive Health Facilities

- Continue to fund Family Planning Facilities



HB1 Accounting Changes & Funding Requests

Several Accounting Adjustments (1A-28A)

- Net reduction of \$2.6m general funds for biennium, and increase of \$6m of Agency and Federal funds for the biennium
- Includes NHH DSH changes based on federal law changes
- Includes TANF MOE need

Requests made by Governor to be included in House Budget (1G-8G)

- Funding all Child Protection Workers
- Funding State Phase Down Fully (dual eligible)
- Funding several parental assistance programs in DPHS and DEHS
- Fully fund Protect and Prevent Childcare (children in DCYF care)
- Fund Mental Health stabilization services
- Funding additional Home Visiting in DPHS
- Funding deferred IT maintenance projects



HB1 Funding Requests, cont.

Funding for Standard Medicaid and CHIP (1S-5S)

- Adjust Standard Medicaid and CHIP account for PH emergency changes, contract changes, and caseload assumptions
- Rate Increase for Transitional Housing, and adding additional Transitional Housing beds in FY23
- Home visiting services as required in SB274 (must be funded or must be suspended/repealed)
- In & Out from HB1639 (must be funded or must be suspended/repealed)

Department Needs (1N-9N)

- Health Facilities - Construction and renovation plan review services for health facility and long-term care facility compliance with various construction codes
- Funds necessary for maintenance projects, to ensure that the deferred maintenance backlog does not continue to grow
- Housing Shelter - 211, youth street outreach, rapid re-housing, eviction prevention, additional shelter funds
- Mobile Crisis for children and adults - Costs to implement were reviewed by actuaries, determined additional funds needed to cover non-Medicaid covered participants
- Guardianship Services – additional cases
- For NHH and PATH a request to contract with a permanent staffing recruitment firm to reduce staff vacancy rates and maximize occupancy rates.

SYSC (1Y-10Y)

- Fund SYSC until an alternative plan for these children has been approved



HB2 Funding Requests

General Budget Reduction, \$30m and \$20m in FY22 and FY23 respectively

- Reductions cannot be made in: “developmental services, including acquired brain disorder services and children’s in-home support services; the children’s health insurance program; or county programs, including the state share of funding for nursing facilities and other long-term care services.”

Staffing Budget Reduction, \$22.6m for Biennium

- Requires reduction of 226 positions, and not to exceed 3,000 full-time positions
- See slide 6

Funding for projects identified by Alvarez and Marsal

- These funds are to implement the recommendations made by Alvarez and Marsal
- HB2 appropriation needs to be increased by \$6,960,000, for a total appropriation of \$10,260,000 (see next slide)
- House built savings projections into lapse estimates



Projects Identified by Alvarez and Marsal

Recommendation	Personnel Requirement Description	Personnel Included in Costs	System Requirement Description	Governor Recommended One-Time Costs (\$mm)	A&M Estimated One-Time Costs (\$mm, Low)	A&M Estimated One-Time Costs (\$mm, High)	Governor Recommended Biennium Costs (\$mm)	A&M Estimated Biennium Costs (\$mm, Low)	A&M Estimated Biennium Costs (\$mm, High)
Maximizing Federal IV-E Funding – Foster Care	Fiscal Specialist Unit staff and cross-division working group of key stakeholders	Existing (HB1)	Planning for adjustments to Bridges 2.0 and New Heights	\$ 0.05	\$ 0.05	\$ 0.05	\$ -	\$ -	\$ -
Critical Time Intervention (CTI)	Waiver and program management	New (FT Temp)	TBD	\$ 0.06	\$ 0.06	\$ 0.06	\$ 2.00	\$ 2.00	\$ 2.00
CMHC Funding	Analyst(s) and Medicaid policy team to set rate and draft SPA	Existing (HB1)	TBD	\$ 0.20	\$ 0.20	\$ 0.20	\$ -		
SMI IMD Waiver	New personnel will include staff for implementation and for ongoing waiver management.	Existing (HB1); New (FT Temp)	TBD	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.69	\$ 0.66	\$ 0.72
DD Redesign	New personnel will include staff for implementation and for ongoing waiver and technology management.	Existing (HB1); New (FT Temp)	IT system to manage ISP development, case management record keeping, service authorization and service billing, intergration with other Bureaus and Divisions	\$ 6.40	\$ 5.90	\$ 6.90	\$ 0.56	\$ 0.54	\$ 0.58
Total needed in HB2				\$ 7.01	\$ 6.51	\$ 7.51	\$ 3.25	\$ 3.20	\$ 3.30
				\$ 10.26					

