



Department of Health & Human Services

Contracts Presentation

March 18, 2025



Department of
**HEALTH &
HUMAN SERVICES**



Providers & Contractors play a critical role in accomplishing DHHS' Mission

- Direct Services to NH Citizens on Behalf of Department
- Direct Services to Department

Agreement Type	Count As of 3/17/25
(SC) Service Contract	587
(GA) Grant Agreements	129
(SLRP) State Loan Repayment Program	113
Miscellaneous (Data Use/Sharing, Project Agreement, Provider Agreement)	65
(MOU) Memorandum of Understanding	31
(CPA) Cooperative Project Agreement	16
(LA) Lease Agreement	10
(IGT) Intergovernmental Transfer of Public Funds	10
(MOA) Memorandum of Agreement	8
Total	969



Contracts Summary

**Governor's Recommend Budget
Estimated Dollars budgeted for Agreements
Biennium Ending June 30, 2027**

Activity	SFY26		SFY27	
	General Funds	Total Funds	General Funds	Total Funds
042-HHS: DIV CHILDREN, YOUTH & FAM	\$ 57,773,552	\$ 81,873,144	\$ 69,442,420	\$ 93,708,046
045-HHS: DIV ECONOMIC STABILITY	\$ 3,043,702	\$ 40,774,745	\$ 3,172,121	\$ 45,569,530
047-HHS: DIV MEDICAID SERVICES	\$ 174,863,580	\$ 1,110,520,374	\$ 160,571,545	\$ 1,119,396,907
048-HHS: DLTSS-BUR ADULT & AGING	\$ 15,995,468	\$ 33,207,709	\$ 15,959,621	\$ 33,207,709
090-HHS: DIV PUBLIC HEALTH	\$ 12,590,515	\$ 64,679,196	\$ 12,586,313	\$ 62,250,996
091-HHS: GLENCLIFF HOME	\$ 445,790	\$ 570,196	\$ 445,790	\$ 570,196
092-HHS: DIV BEHAVIORAL HEALTH	\$ 86,037,461	\$ 152,087,568	\$ 86,035,330	\$ 152,081,288
093-HHS: DLTSS-DEVELOPMENTAL SVCS	\$ 22,057,230	\$ 34,281,828	\$ 22,057,230	\$ 34,281,828
094-HHS: NH HOSPITAL	\$ 12,776,211	\$ 30,725,766	\$ 13,034,204	\$ 31,415,354
095-HHS: COMMISSIONER'S OFFICE	\$ 3,712,692	\$ 12,859,441	\$ 2,654,614	\$ 12,016,707
Total*	\$ 389,296,201	\$ 1,561,579,967	\$ 385,959,188	\$ 1,584,498,561
DHHS Total Budget	\$ 1,100,930,330	\$ 3,452,866,758	\$ 1,140,184,172	\$ 3,567,198,190
*Classes Included: 046,047, 048, 049, 066, 067, 072, 073, 074, 075, 085, 100, 101, 102, 103, 108, 512, 519, 540, 541, 543, 544, 545, 546, 549, 562, 563, 566, 567, 570, 636, 637, 642, 643, 644, 646.				



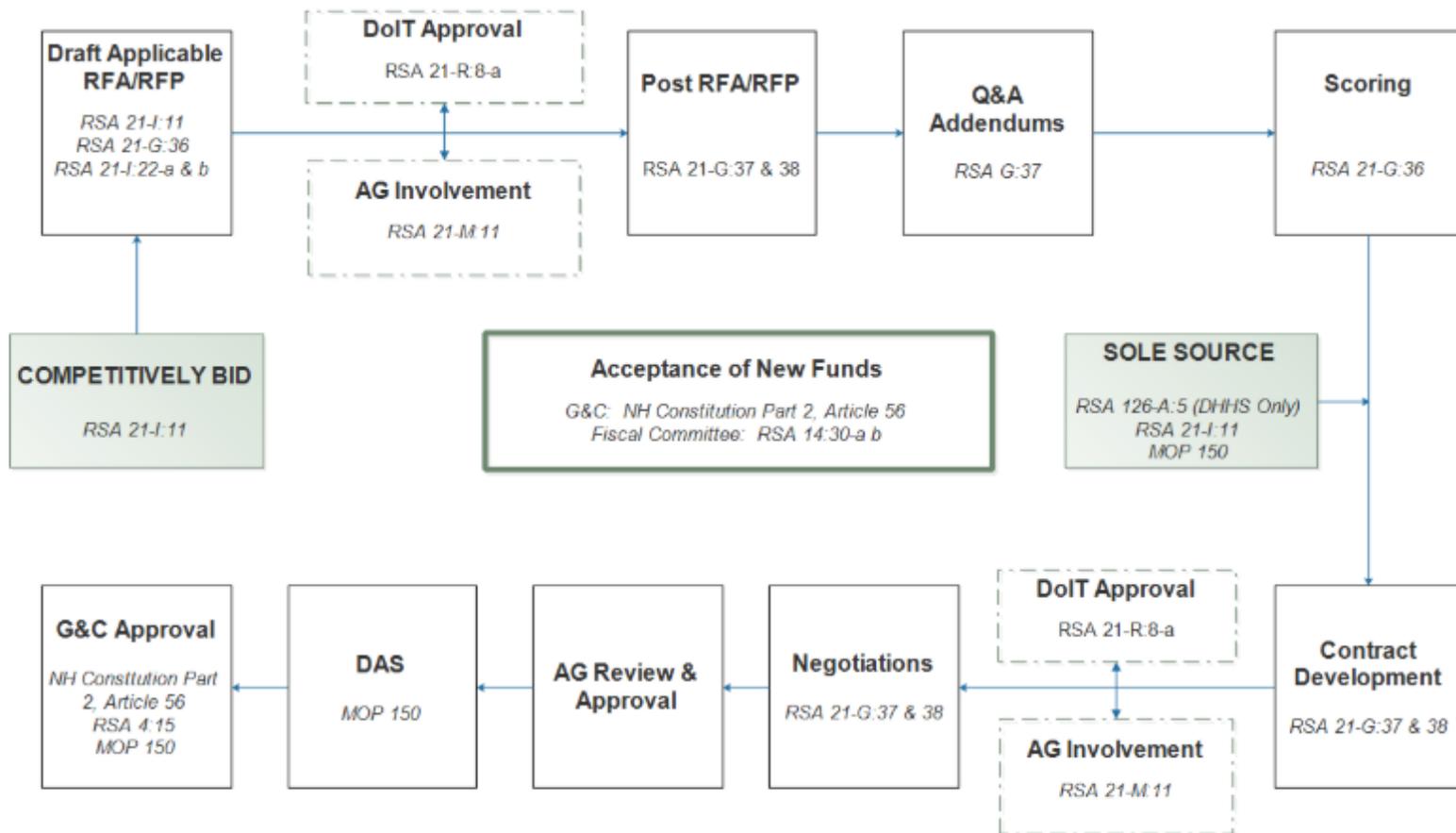
Contracts Summary

Governor's Recommended Budget General Fund \$ Budgeted			
Appendix #	Contract(s) Name	SFY 2026	SFY 2027
1	Medicaid Managed Care Organizations	\$147,008,746	\$138,849,554
2	Children's Residential Treatment	\$50,570,461	\$57,250,484
3	Community Mental Health Centers	\$32,224,914	\$32,224,914
4	Medicaid Management Information System	\$11,608,320	\$11,878,320
5	Mental Health Supportive Housing	\$10,322,065	\$10,322,065
6	State Grant in Aid (Shelter)	\$9,317,809	\$9,317,809
7	Nutrition- Bureau of Adult and Aging Services	\$9,258,027	\$9,258,027
8	Area Agencies	\$7,157,529	\$7,157,529
9	Psychiatric & Medical Services	\$5,014,434	\$5,208,000
10	Mental Health Peer Support Agencies	\$4,329,368	\$4,329,368
11	Rapid Response Access Point	\$4,114,318	\$4,114,318
12	Guardianship	\$3,542,014	\$3,542,014
13	Critical Time Intervention	\$3,087,687	\$3,087,687
14	In Home Care Services – Bureau of Adult and Aging Services	\$2,725,526	\$2,725,526
15	Aging and Disability Resource Centers (ADRCs)	\$2,332,787	\$2,332,787
16	Integrated Primary Care for Maternal & Child Health	\$2,573,649	\$2,453,049
17	Care Management Entity	\$2,300,000	\$2,300,000
18	Community Based Voluntary Services	\$2,204,197	\$2,204,197



Contracts Summary

Single Agency Contracting Process





Thank you



Department of
**HEALTH &
HUMAN SERVICES**





Appendix

for

Department of Health & Human Services Contracts Presentation

March 18, 2025



Department of
**HEALTH &
HUMAN SERVICES**



Medicaid Managed Care Organizations (MCOs)

Overview

Provide medical, behavioral health and prescription coverage for 185,000 individuals. 300,000 unique individuals access the program on an annual basis. Children up to age 21 have special protections federally regarding access to services.

Impacts to Federal Funds

An actuarial certification rate filing justifying the capitation rates prepared by state's actuary and approved by CMS' actuary required to draw a federal match. Federal match is 79% including Granite Advantage, excluding Granite Advantage the federal match is 53%.

Statutory Requirements

Program must meet Section 1903(m)(2) of the Social Security Act and 42 CFR §438.4; requires that capitation rates be actuarially sound, meaning they are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the Program.

[2024-2025 Medicaid Managed Care Rate Development Guide](#)

Anticipated Impact from Reductions

The MCO's administration and profit levels are heavily negotiated, and reductions beyond current levels risk loss of three MCOs, which provides the state with more leverage. Hospital rate reductions conflict with the MET/DSH program implementation. All provider rates are limited to no more than a 4% reduction. Drugs (31% of the medical spend) are national markets, other provider reductions risk litigation and access issues. Reducing eligibility would be the potential primary means of reducing this contract relative to standard Medicaid. Granite Advantage is off Budget.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$147,008,746	\$138,849,554
Federal Funds	\$435,270,087	\$434,422,557
Other Funds	\$250,458,209	\$259,240,529
Total	<u>\$832,737,042</u>	<u>\$832,512,640</u>



Medicaid Managed Care Organizations (MCOs) (continued)

Basis for Budgeted Amounts

The price limitation is a not to exceed amount (meaning actual payments drive the expenditure), based on the actuarial rates and built off a heavily negotiated competitive procurement. A minimum medical loss ratio and risk corridors have been used to control expenditures. In addition, all drugs are part of a shared risk high-cost drug pool with the MCOs.

Performance Metrics & Caseloads

90% of the capitation rate is the targeted to be spent on medical care. Profit target built into the capitation rate is 1.5%. The balance to 100% of the capitation rate are required premium tax and administrative allowance. Having three MCOs allows the state to negotiate rates from a strong position, as the minimum number of MCOs required for NH would be two. If you only have two, leverage is much less. The administrative allowance if lowered further than negotiated would likely lead to losing the third entrant. Exhibit N of the contract allows for substantive financial penalties for not meeting contract requirements and Exhibit O has 15 pages of metrics of performance. The contract in effect can be found at this link. <https://media.sos.nh.gov/govcouncil/2024/1218/13A%20GC%20Agenda%20121824.pdf>



Children's Residential Treatment

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Overview

Residential treatment includes a range of out-of-home treatment programs designed for children/youth (ages 5-21) with significant mental health or substance use concerns that cannot be addressed safely at

Impacts to Federal Funds

Some Residential Treatment Programs are identified as Institutes for Mental Disease (IMDs) and are not eligible for Medicaid reimbursement.

Statutory Requirements

RSA 135-F, Children's System of Care. RSAs 169 B, C, and D, DCYF is responsible for placement of children requiring out of home care.

Anticipated Impact from Reductions

These funds support the cost of residential treatment for children/youth who have been assessed to need residential treatment services. A reduction in funds places the safety of youth, foster parents and kinship caregivers, and staff at risk.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$50,570,461	\$57,250,484
Federal Funds	\$31,927,503	\$36,301,346
Other Funds	\$0	\$0
Total	<u>\$82,497,964</u>	<u>\$93,551,830</u>



Residential Treatment (continued)

Basis for Budgeted Amounts

A rate setting process is completed to establish program specific Medicaid rates based on detailed budgets submitted by each program. Board and care payments, which are not allowable through Medicaid, are made through contract.

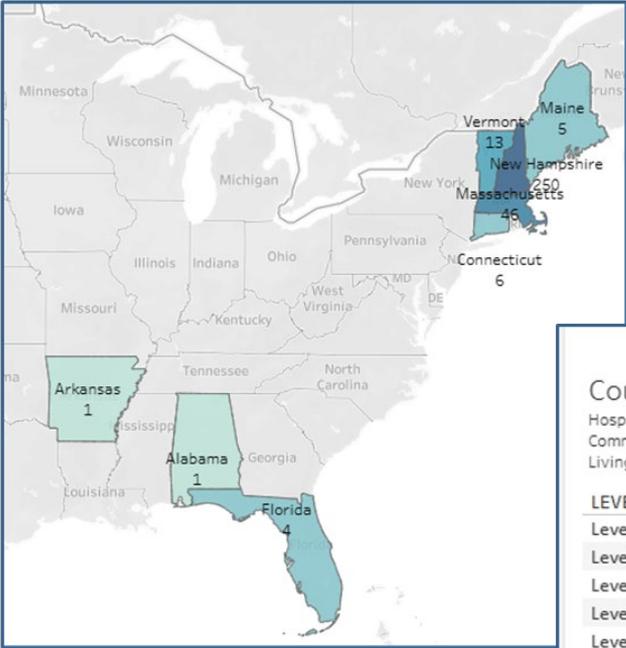
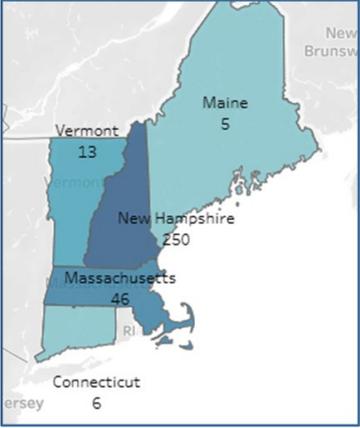
Performance Metrics & Caseloads

Data Includes DCYF and non-DCYF involved (BCBH) children & youth. See Count by Case table for the breakdown of type of case

State	
State	
New Hamps..	250
New England	70
National	6
Grand Total	326
Updated on 3/5/2025 8:04:19 AM	

Age (*excludes Hospital Stay, Secure Detention, Secure Commitment, Supervised Independent Living)	
Age Range	
0-4	2
5-11	34
12-17	245
18-20	44
21+	1
Grand Total	326

Count by Case (*excludes Hospital Stay, Secure Detention, Secure Commitment, Supervised Independent Living)	
CASE_TYPE_AUTH_PLACE..	
Abuse	10
BCBH Residential	63
CHINS	34
Delinquency	40
Director Authorized Only	1
Extended Foster Care	14
Guardianship	3
Neglect	161
Grand Total	326



Count by Level (*excludes Hospital Stay, Secure Detention, Secure Commitment, Supervised Independent Living)	
LEVEL_OF_CARE	
Level 1 - IL Supported Livi..	16
Level 2 - Intermediate Gro..	80
Level 3 - Intensive Group ..	190
Level 4 - Residential Treat..	32
Level 5 - PRTF	6



Community Mental Health Centers

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Overview

These contracts fund services for children with serious emotional disturbance and adults with serious mental illness as required in NH Administrative rule He-M 400. These funds address unbillable Medicaid services.

Impacts to Federal Funds

There is impact to Maintenance of Effort (MOE) requirements associated with the Mental Health Block Grant.

Statutory Requirements

Community Mental Health Services RSA 135-C, He-M 400, Olmstead Community MH Settlement Agreement, Substance Abuse & Mental Health Services Administration CMH Block Grant

Anticipated Impact from Reductions

Higher utilization of emergency departments, institutional settings, and an increase in criminal justice interventions.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$32,224,914	\$32,224,914
Federal Funds	\$0	\$0
Other Funds	\$0	\$0
<u>Total</u>	\$32,224,914	\$32,224,914



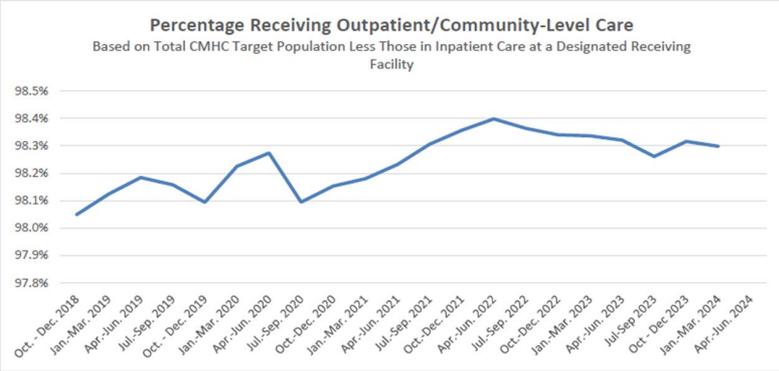
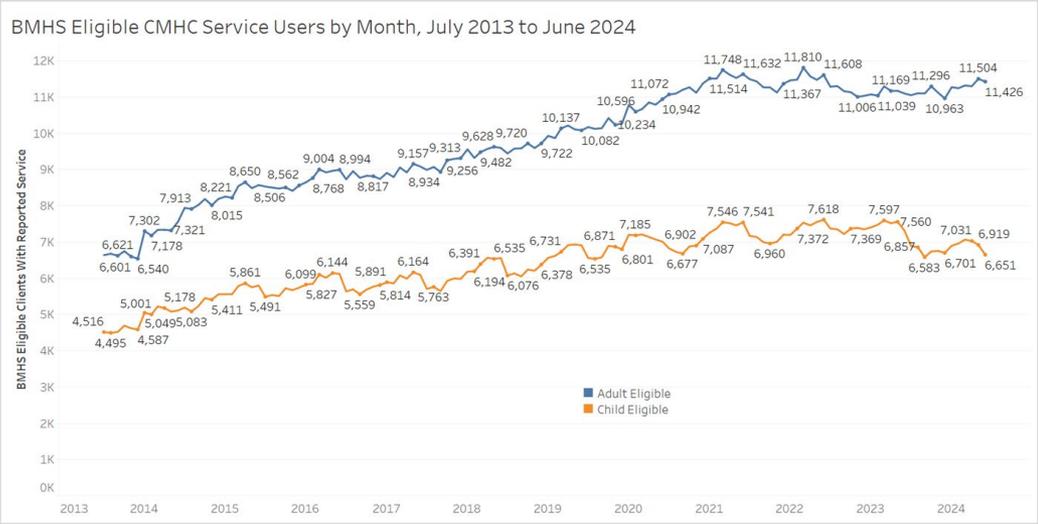
Community Mental Health Centers (continued)

Basis for Budgeted Amounts

The price limitation is based on the services provided, including Assertive Community Treatment (ACT), Supported Employment, Mobile Crisis, and Housing.

Performance Metrics & Caseloads

The graph on the left shows approximately 18,000 people served by CMHCs and the right graph shows the percentage of the total adult CMHC population less those in inpatient care at a designated receiving facility. More than 98% of adults served by the Community Mental Health Centers receive their treatment in an outpatient/community setting.



Medicaid Management Information System

Overview

MMIS contracts (1) pay or record \$2.5 billion of claims to the 30,000+ enrolled providers, (2) serve as the system of record for all Medicaid federal match claiming , (3) reporting of required uniform Medicaid statistics on beneficiary eligibility and enrollment for 300,000 people (annually), claims and payments, providers enrollments, and third-party liability.(4) MMIS security updated , vendor quality monitoring.

Impacts to Federal Funds

Federal matching for both the system and the \$2.5 billion in federal claiming would be at risk, and to knowingly operate an MMIS non-compliant system would also create fraud risk.

Statutory Requirements

The federal regulatory citation requiring states to have a Medicaid Management Information System (MMIS) to operate a Medicaid program is 42 CFR Part 433, Subpart C.

Anticipated Impact from Reductions

Non-compliance risks the 75% federal match if the MMIS can not compliantly operate. Financial risk to our 30,000 providers getting paid for their services.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$11,628,320	\$11,878,320
Federal Funds	\$36,159,959	\$38,409,959
Other Funds	\$0	\$0
Total	<u>\$47,788,279</u>	<u>\$50,288,279</u>



Medicaid Management Information System (continued)

Basis for Budgeted Amounts

The MMIS has been competitively bid and negotiated. CMS reviews the state's planning documents, implementation and acceptance and contracts as part of the approval process.

Performance Metrics & Caseloads

Annually, the MMIS serves over 30,000 providers, 300,000 beneficiaries and processes \$2.5 billion in Medicaid claims. The cost of operating the MMIS from a technology standpoint as a percentage of total expenditures runs at 1.8% of total claim dollars and 0.45% of general funds. The required federal reporting from the MMIS to CMS entails over 1300 data elements. The data elements can be found here: <https://www.medicaid.gov/tmsis/dataguide/data-elements/>



Mental Health Supportive Housing

Overview

Transitional Housing Programs (THP) provide intensive, community-based, rehabilitation-focused transitional treatment for adults discharging from NH Hospital or Designated Receiving Facilities (DRFs). There are a total of 76 standard THP beds statewide. An additional 20 beds specialized to serve adults with serious mental illness and complex medical needs are available.

Impacts to Federal Funds

There is impact to Maintenance of Effort (MOE) requirements associated with the Mental Health Block Grant.

Statutory Requirements

The community mental health agreement (Amanda D. Settlement, 2014) and Mission Zero.

Anticipated Impact from Reductions

Loss of these programs would increase lengths of inpatient stay and limit the availability of beds for individuals awaiting inpatient hospital services across the state. It will also increase hospital readmission rates and increase use of the justice system and hospital emergency departments.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$10,322,065	\$10,322,065
Federal Funds	\$0	\$0
Other Funds	\$0	\$0
Total	\$10,322,065	\$10,322,065



Mental Health Supportive Housing (continued)

Basis for Budgeted Amounts

These contracts were solicited through a competitive bidding process.

Performance Metrics & Caseloads

Each year, approximately 235 unique individuals transition out of NHH to one of the states' transitional housing programs (THP). The average length of stay for adults served through the THP is 536 days.



State Grant In Aid Shelter

Overview

These contracts are with community-based shelter program that provide 934 beds and case management services to people across the state.

Impacts to Federal Funds

N/A

Statutory Requirements

RSA 126-A:25 Emergency Shelter Program.

Anticipated Impact from Reductions

Any reductions will increase the homeless population and demand for on local welfare and community-based agencies.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$9,317,809	\$9,317,809
Federal Funds	\$0	\$0
Other Funds	\$0	\$0
<u>Total</u>	\$9,317,809	\$9,317,809

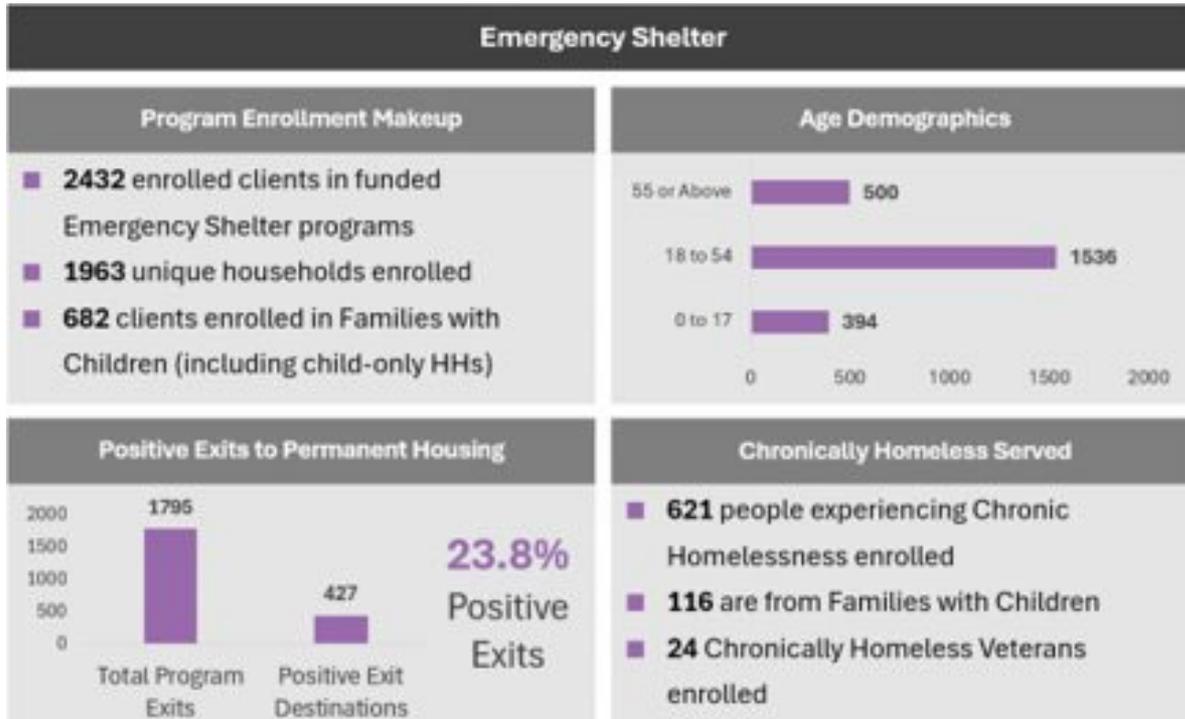


State Grant In Aid Shelter (continued)

Basis for Budgeted Amounts

The price limitation is based on services provided, including safe temporary shelter to people who are homeless with nowhere else to go and case management services to help people connect with housing, medical, and financial support as well as jobs.

Performance Metrics & Caseloads



Nutrition- Meals on Wheels & Congregate Meals

Overview

Provides nutritional services for older, isolated, and frail adults assisting them in continuing to live as independently and dignified as possible by providing home-delivered and congregate meals.

Impacts to Federal Funds

Nutrition Services require a 15% general fund match to receive the federal funds. In compliance with 45 CFR 1321.49th the Title III Older Americans Act; the state must meet maintenance of effort requirements. If the state spends less than this amount, the U.S. Assistant Secretary for Aging (ASA) reduces the State’s allotments for supportive and nutrition services under this part by a percentage equal to the percentage by which the State reduces its expenditures.

Statutory Requirements

NH HB2 2023, He-E 501, He-E 502 , 45 CFR 1321 (Title III), 45 CFR Subpart G (SSBG)

Anticipated Impact from Reductions

Older, isolated, and frail adults would be at risk for increased rates of hospitalizations, malnutrition and loneliness potentially leading to an increase in alternative services or institutional care.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$9,258,027	\$9,258,027
Federal Funds	\$4,085,225	\$4,085,225
Other Funds	\$0	\$0
Total	\$13,343,252	\$13,343,252



Nutrition- Meals on Wheels & Congregate Meals

Basis for Budgeted Amounts

Nutrition services are contracted with 11 local community-based organizations to provide statewide coverage. The current rate is \$8.68. The published cost for a meal is \$12.52 per meal.

Performance Metrics & Caseloads

In state FY 2024, the nutrition program delivered or provided more than 1.8 million meals and served 37,596 people.

What people are saying...

- 97% of respondents rate our programs service from good to excellent.
- 61% of respondents say MOW meals are their primary source of nutrition.
- 44% of respondents say they do not have enough money for food.
- 88% of respondents say MOW benefit their health.
- 83% of respondents say MOW is vital in their ability to remain in their home.
- 41% of respondents say the MOW driver is the only person they see all week.

More information about Food, Meals & Nutrition:

[Food, Meals & Nutrition | New Hampshire Department of Health and Human Services](#)

The HB 2 Increase of \$2,000,000 for SFY 24/25 equates to 330,000 meals across the state. In terms of people impacted, if the increase were not provided, 1,300 people would have been on a waitlist.



Area Agencies

Overview

Area Agencies provide services, quality oversight and shared governance with the Department over the Developmental Services System to meet the goals, objectives, and statutory requirements of RSA 171-A. This contract also includes funding for the Family Support Councils and for the provision of Early Supports and Services for children birth to age 3.

Impacts to Federal Funds

Potential impact on receipt of federal funds based on Individuals with Disabilities Education Act (IDEA) Part 303 (Part C) — Early Intervention Program For Infants And Toddlers With Disabilities statute.

Statutory Requirements

RSA 137-K, RSA 126-G, RSA 126-J, RSA 171-A, He-M 519.06

Anticipated Impact from Reductions

Reduced funding would lead to a decrease in the number of individuals and families that are supported by each Area Agency. It would cause a delay in eligibility determinations and oversight of the services provided in the community. It also would violate RSA 171-A by not providing services to those eligible.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$7,157,529	\$7,157,529
Federal Funds		
Other Funds		
Total	\$7,157,529	\$7,157,529



Area Agencies (continued)

Basis for Budgeted Amounts

Area Agencies are designated by the Department. Contract amounts are determined by population characteristics of the area in which the agency serves and historical spend.

Performance Metrics & Caseloads

The Developmental Services System serves over 14,450 individuals and families each year, done in a shared partnership between the Department, Area Agencies, Family Support Councils, and service providers.

The Bureau of Developmental Services (BDS) completes an annual governance audit for each Area Agency pursuant to He-M 505.04(aa) to measure compliance with requirements found in NH RSA 171-A, RSA 126-A, RSA 126-G, He-M 505 and He-M 519. These compliance areas provide meaningful data on an ongoing basis to ensure BDS has oversight of the service delivery system.

Pursuant to He-M 505, BDS conducts redesignation of each Area Agency on a rotating five-year schedule. The redesignation process involves a review of data from key indicators over the preceding five years including the annual governance audit and financial information for each agency. In addition, data from stakeholder forums, surveys and meetings with each Area Agency Board of Directors is used by BDS during the redesignation process.



Psychiatric & Medical Services

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Overview

Provider contract for the New Hampshire Hospital. This contract provides Physicians and Associate providers to treat patients with acute mental illness.

Impacts to Federal Funds

While NHH is reimbursed by government payers (Medicaid & Medicare), the revenue is recognized as Other Funds (Patient Service Revenue and Disproportionate Share Hospital Revenue)

Statutory Requirements

CMS, and The Joint Commission, have several accreditation requirements regarding provider staff. He-P 802 outlines multiple requirements for sufficient qualified provider staff and clinical leadership.

Anticipated Impact from Reductions

Reducing or removing the contract would reduce direct care and eliminate NHH's ability to stabilize patients and return them to their communities.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$5,014,434	\$5,208,000
Federal Funds		
Other Funds	\$11,161,160	\$11,592,000
<u>Total</u>	<u>16,175,594</u>	<u>\$16,800,000</u>



Psychiatric & Medical Services (continued)

Basis for Budgeted Amounts

This contract was competitively bid and is periodically amended as needed.

Performance Metrics & Caseloads

In addition to clinical benefits to patients, the documentation completed by the contracted providers allows the NHH to bill payers (private and government) for its services.

All provider staffing ratios are stable and within contract guidelines.

As the NHH has increased its bed availability back to full census of 185, contractor has ensured adequate staff are available to maintain the patient to psychiatric provider ratio of 8:1.

The contractor provides quarterly reports with detailed data on key performance indicators. The contractor also participates in multiple meetings with the department where compliance and performance is reviewed.



Mental Health Peer Support Agencies

Overview

Peer Support Agencies (PSAs) operate 14 physical locations around the state to provide an array of individual and group peer services designed to promote recovery and self advocacy. Peer services provide an alternative, non-clinical array of supports and services that reduce the use of emergency room and hospitalization stays. Five Recovery Oriented Step-up/Step-down programs (3-beds each).

Impacts to Federal Funds

There is impact to Maintenance of Effort (MOE) requirements associated with the Mental Health Block Grant.

Statutory Requirements

Programs are required as part of RSA 126-N:4 and the Amanda D. Settlement.

Anticipated Impact from Reductions

Out of compliance with legal and federal requirements. Higher utilization of emergency departments, institutional settings, and an increase in criminal justice interventions.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$4,329,368	\$4,329,368
Federal Funds		
Other Funds		
<u>Total</u>	\$4,329,368	\$4,329,368



Mental Health Peer Support Agencies (continued)

Basis for Budgeted Amounts

The price limitation is set through an RFA.

Performance Metrics & Caseloads

Peer Support Agencies have approximately 2,800 members statewide, and the 14 locations have approximately 160 average daily visits. The Recovery Oriented Step-up/Step-Down programs served 60 people in SFY 24 approximately 90% of participants discharged to a lower levels of care, diverting them from inpatient and jail settings.



Rapid Response Access Point

Overview

To provide comprehensive crisis response services to all NH residents experiencing a mental health and/or substance use crisis. Services include one 24/7 crisis contact center/Access Point.

Impacts to Federal Funds

There is impact to Maintenance of Effort (MOE) requirements associated with the Mental Health Block Grant.

Statutory Requirements

Community Mental Health Services RSA 135-C, Senate Bill 14, Children's System of Care RSA 135-F, Home & Community Based Services for Children RSA 167:3-I, He-M 400, Olmstead Community MH Settlement Agreement, Substance Abuse & Mental Health Services Administration CMH Block Grant, National 988 Crisis Lifeline network

Anticipated Impact from Reductions

Reduction of the Access Point will result in more calls to 911 and law enforcement engaging with citizens experiencing behavioral health crisis, and higher utilization of institutions such as hospital emergency rooms and jails.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$4,114,318	\$4,114,318
Federal Funds		
Other Funds		
<u>Total</u>	\$4,114,318	\$4,114,318



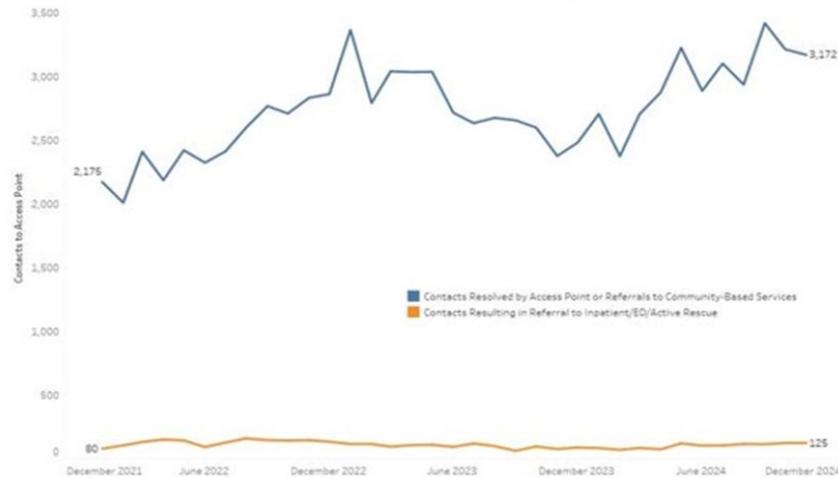
Rapid Response - Access Point (continued)

Basis for Budgeted Amounts

The price limitation is set through a RFA for non-Medicaid billable services.

Performance Metrics & Caseloads

NH Rapid Response Access Point Crisis Line Contacts by Phone/Text/Chat



The NH Rapid Response Crisis System is interacting with thousands of people each month. Of those interactions with the centralized Access Point, the majority are resolved over the phone with mobile deployments resulting approximately 25% of the time and **referrals to hospital settings resulting less than 5% of the time.**

Year	988 Lifeline	Access Point	Mobile Crisis
2023	11,906 contacts	29,589 contacts	6,109 dispatches
2024	13,204 contacts	33,205 contacts	6,429 dispatches



Guardianship

Overview

Public guardianship services statewide for individuals with mental illness or developmental disabilities, as well as incapacitated adults who are abused, neglected, or exploited.

Impacts to Federal Funds

N/A

Statutory Requirements

547-8, 171-A:10, 161-F:52 and 464-A

Anticipated Impact from Reductions

Out of compliance with State law, as well as individuals remaining in hospitals and institutional settings longer than necessary. Leaves incapacitated adults with no medical or financial decision-maker.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$3,542,014	\$3,542,014
Federal Funds	\$88,697	\$88,697
Other Funds		
<u>Total</u>	\$3,630,711	\$3,630,711



Guardianship (continued)

Basis for Budgeted Amounts

The price limitation was set based the amount appropriated. Case loads are constrained by funds available.

Performance Metrics & Caseloads

These contracts are funded approximately 50/50 between DLTSS and DBH to support a total of 1080 guardianship slots.

At this time, there are 39 individuals on the waiting list.



Critical Time Intervention

Overview

Critical Time Intervention (CTI) program, which provides coordination services for people transitioning from designated receiving facilities to community-based settings. The program is run by the community mental health centers (CMHCs).

Impacts to Federal Funds

No impact.

Statutory Requirements

Helps the Department with its obligations under the Amanda D. Settlement and Mission Zero.

Anticipated Impact from Reductions

Increased readmission rates to inpatient care.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$3,087,687	\$3,087,687
Federal Funds		
Other Funds		
<u>Total</u>	\$3,087,687	\$3,087,687

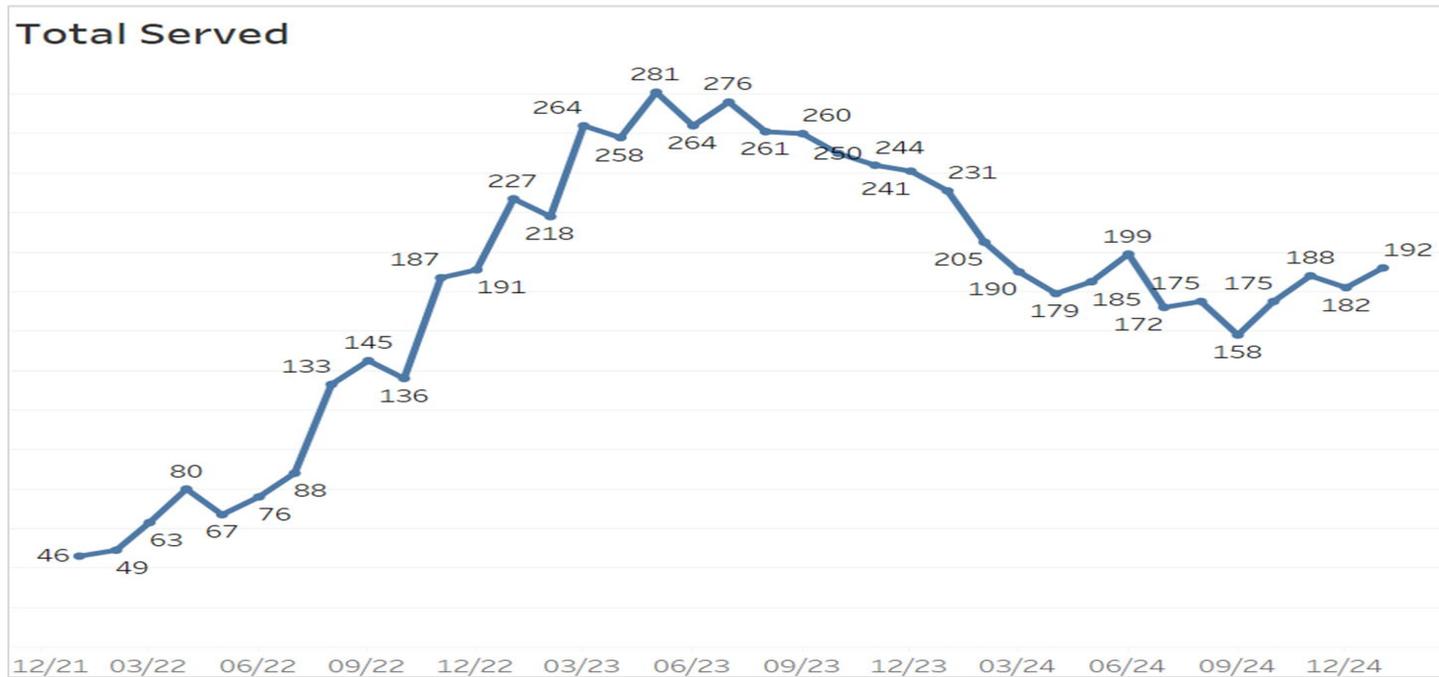


Critical Time Intervention (continued)

Basis for Budgeted Amounts

The price limited was set through a DHHS rate setting process.

Performance Metrics & Caseloads



In Home Care Services – Bureau of Adult and Aging Services

Overview

Provides older adults aged sixty and older and adults with disabilities with household maintenance and housekeeping services, meal planning and preparation services, home health aide services including assistance with eating, bathing and grooming, and nursing services.

Impacts to Federal Funds

In Home Care Services require a 15% GF match. Pursuant to 45 CFR 1321.49th the Title III Older Americans Act; the state must meet maintenance of effort requirements. If the state spends less than this amount, the U.S. Assistant Secretary for Aging (ASA) reduces the State’s allotment for In Home Care Services under this part by a % equal to the % by which the State reduces its expenditures.

Statutory Requirements

He-E 501, He-E 502 , 45 CFR 1321 (Title III), 45 CFR Subpart G (SSBG)

Anticipated Impact from Reductions

Older adults and adults with disabilities will not have in home care services leading to higher cost services such as hospitalization and/or institutional care.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$2,725,526	\$2,725,526
Federal Funds	\$3,780,473	\$3,780,473
Other Funds		
Total	\$6,505,899	\$6,505,899



In Home Care Services (continued)

Basis for Budgeted Amounts

11 local community-based organizations provide in home care services. Service rates were developed to have parity for similar services provided in the Choices for Independence (CFI) 1915(c) Medicaid waiver program.

Performance Metrics & Caseloads

Approximately 3,320 individuals have been identified as being eligible and are receiving services, supporting them to maintain home and community-based living. The contractors provide quarterly reports, and the department conducts onsite, and desk reviews as needed.



Aging and Disability Resource Centers (ADRCs) (*formally ServiceLink*)

Overview

Administers programs and services such as Information and Referral Services, Person-Centered Counseling, the Family Caregiver Support Program, State Health Insurance Assistance Program and Senior Medical Patrol program.

Impacts to Federal Funds

The Title III-E portion of the federal funds has a 25% matching requirement.

Statutory Requirements

151-E:22, 151-E:26, He-E 501, He-E 502, He-E 503

Anticipated Impact from Reductions

Over 62,000 individuals would be impacted and not provided with assistance to access services, home visits, Options Counseling, information and referral services, and Family Caregiver Support services.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$2,332,787	\$2,332,787
Federal Funds	\$1,485,018	\$1,485,018
Other Funds		
<u>Total</u>	\$3,817,805	\$3,817,805



Aging and Disability Resource Centers (ADRCs) (continued)

Basis for Budgeted Amounts

Services are provided by 7 home and community-based organizations in 10 locations statewide. The contractors were selected using a Request for Applications. Funding awarded was based on costs, including costs associated with salary and wages, benefits, supplies, travel and occupancy expenses.

Performance Metrics & Caseloads

Services are monitored by reviewing monthly program reports submitted by the contractors, which include metrics regarding Medicaid application support, information and referrals support, home and community-based visits, and caregiver support provided. In SFY 2024, ADRCs had over 62,901 total encounters with individuals and provided 965 home visits.



Integrated Primary Care for Maternal and Child Health

32

Overview

Provision of primary care services for uninsured, underinsured, and low-income infants, children, adolescents, and women who are pregnant or of childbearing age. Includes contracts with 10 health centers, including 8 FQHCs - non-profit, community-based health care organizations that provide primary care, behavioral health, and dental services in medically underserved regions. FQHCs serve 1 in 14 people in New Hampshire.

Impacts to Federal Funds

The General Funds in these contracts are part of the required Maintenance of Effort for the Federal Title V Maternal and Child Health Block Grant.

Statutory Requirements

CHAPTER 132: PROTECTION FOR MATERNITY AND INFANCY authorizes services to protect and promote the health of pregnant women, infants and children.

Anticipated Impact from Reductions

Elimination of funding would greatly diminish the availability of and access to health services for uninsured, underinsured, and low-income infants, children, adolescents, and women who are pregnant or of childbearing age. Impacts would likely include staff layoffs, site closures, and a reduction in the availability of core services at the state's Federally Qualified Health Centers.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$2,573,649	\$2,453,049
Federal Funds	\$426,351	\$546,951
Other Funds	\$0	\$0
<u>Total</u>	<u>\$3,000,000</u>	<u>\$3,000,000</u>



Integrated Primary Care for Maternal and Child Health (continued)

Basis for Budgeted Amounts

Through a competitive bid process, Community Health Centers are awarded funds based on a funding formula that considers the number and proportion of low-income pregnant women and children, social needs of the community, and quality of the vendor's proposal.

Performance Metrics & Caseloads

Community Health Centers serve more than 100,000 individuals across the state. More than 53,000 of these patients are directly served by Integrated Primary Care for Maternal and Child Health contracts.

SFY24 Performance Measures

- Lead Testing-1-year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months. **79%**
- Lead Testing-2-year-olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months. **69%**
- Percent of adolescents who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. **60%**
- Percentage of patients ages 12 through 21 screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented. **66%**
- Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery AND if positive, a follow-up plan is documented on the date of the positive screen. **85%**
- Percent of pregnant women who were screened for substance use AND if positive, received a brief intervention or referral to services. **81%**



Care Management Entities

Overview

The Care Management Entity (CME) oversees and manages residential treatment, psychiatric hospitalization, and the development of a continuum of community-based services and supports for children/youth with more complex needs.

Impacts to Federal Funds

Local and county organizations use for grant match.

Statutory Requirements

135-F, 167:3-I, 169-B

Anticipated Impact from Reductions

Out of compliance with State law, and children will require more expensive and higher levels care.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$2,300,000	\$2,300,000
Federal Funds		
Other Funds		
Total	\$2,300,000	\$2,300,000



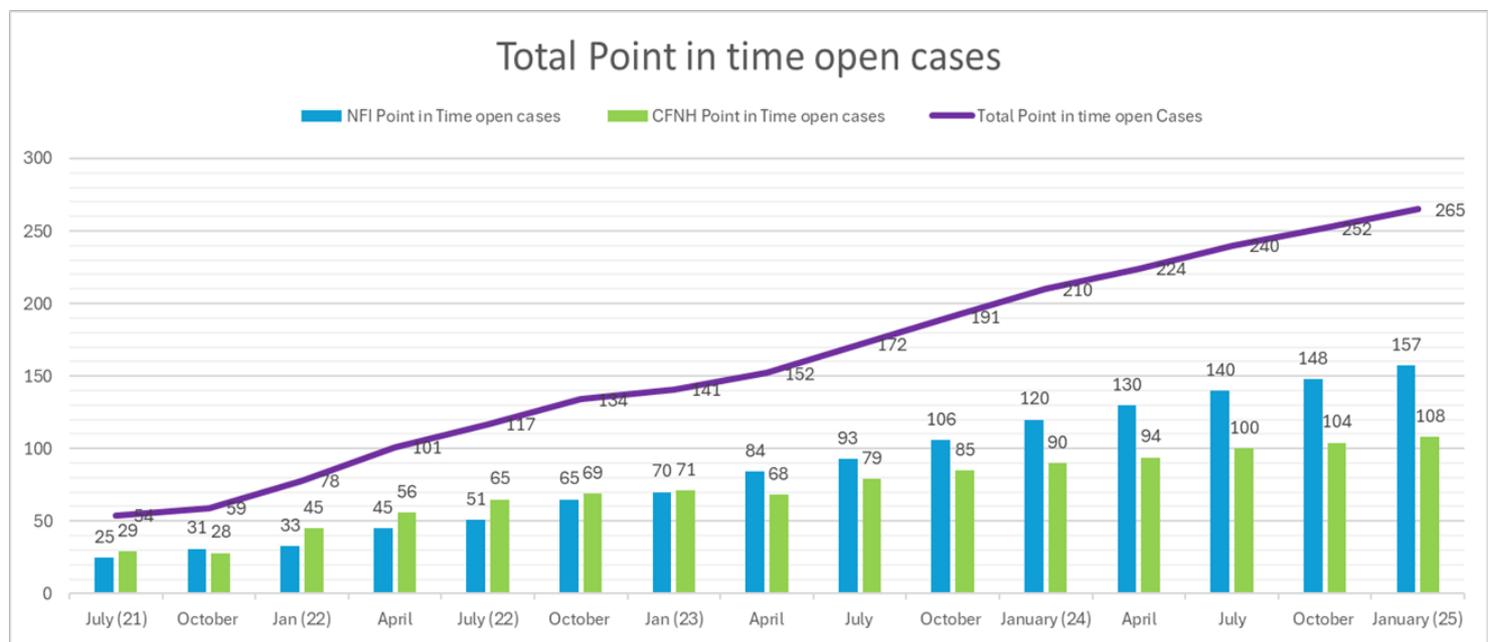
Care Management Entities(continued)

Basis for Budgeted Amounts

The price limitation was set based the amount appropriated. Case loads are constrained by funds available.

Performance Metrics & Caseloads

Total youth served through TRECC from 7.1.21 through 1.31.25: **453**



[Transitional Enhanced Care Coordination \(TrECC\) | Children's Behavioral Health Resource Center](#)



Community Based Voluntary Services

Overview

Community Based Voluntary Services are DCYF prevention services for families who have been investigated for abuse and neglect and who are at risk of future system involvement. The family receives evidence-based community-based services to get the support and resources needed without DCYF involvement. This is a voluntary service for families to prevent future abuse and neglect.

Impacts to Federal Funds

This is a Title IV-E evidence-based prevention service the Department has included in its Title IV-E Prevention Plan as part of the federal Family First Prevention Act Services enacted in 2018. This allows draw down of federal Title IV-E dollars to offset state general funds.

Statutory Requirements

There are no statutory requirements to provide this service. It is a prevention service to minimize risk of future child abuse and neglect.

Anticipated Impact from Reductions

Children who have come to DCYF's attention who are at risk of future maltreatment may experience future abuse and neglect, become involved in the formal child welfare system, and receive more costly in home or out of home placement services through an open court case. Reductions in these funds will likely cause increased costs to required services in DHHS and Corrections.

Governor's Recommended Budget		
\$ Amounts Budgeted		
	SFY 2026	SFY 2027
General Funds	\$2,204,197	\$2,204,197
Federal Funds	\$677,483	\$677,483
Other Funds	\$0	\$0
Total	\$2,881,680	\$2,881,680



Community Based Voluntary Services (continued)

Basis for Budgeted Amounts

DCYF utilized data on the number of families who had assessments that were Unfounded but deemed at high risk for future DCYF involvement to project the total number of families who could be served per fiscal year. This information, along with information pertaining to service gaps received through a Request for Information posted by the Department in 2019, informed the CBVS Request for Proposal (RFP) posted in 2020. DHHS received several proposals and two vendors were selected. Price limitation was developed through a competitive RFP process to ensure that an effective service is provided across the entire state. DCYF also worked with the DHHS Rate Setting Unit to set individualized daily rates for each of the two selected vendors. These rates, along with the projected number of families served for the projected length of service, determined the contract price limitation. Furthermore, to maximize federal fund draw down, DCYF worked with DHHS Rate Setting and the contracted vendors to complete detailed time studies to most accurately determine how much of the CBVS service uses Motivational Interviewing(MI). MI is a “well-supported” service on the federal Family First clearinghouse, thus eligible for IV-E reimbursement. This effort allows DHHS to maximize federal fund draw down, which reduces the amount of state funds needed to support this contract.

Performance Metrics & Caseloads

The charts on the following slide indicate the specific number of referrals through April 2024 and the percent of families with no DCYF case involvement 6 months after the service ends. Since contract inception during SFY 2021, over 4,000 families have been referred to this service across the state. Due to contractual requirements of the contractor to effectively engage with the family and provide the crisis support and weekly case management required, vendors are to ensure that caseloads do not exceed 15 families per contracted worker. This also allows the vendors to maintain fidelity to the Solution-Based Casework and Motivational Interviewing models, which enables the state to continue to draw down Title IV-E funding for the Motivational Interviewing prevention service.



Community Based Voluntary Services (continued)

Performance Metrics & Caseloads

Referral Counts by State Fiscal Year (by provider)

	Waypoint	Family Resource Center of Gorham
State Fiscal Year '21	285 families	28 families
State Fiscal Year '22	980 families	103 families
State Fiscal Year '23	1,038 families	84 families
State Fiscal Year '24 (to date as of 4/30/24)	790 families	75 families

Percent of Families Served by CBVS with no New DCYF Case within 6 Months of Service

	Waypoint	Family Resource Center of Gorham
State Fiscal Year '21	49%	60%
State Fiscal Year '22	52%	49%
State Fiscal Year '23	31%	37%
State Fiscal Year '24 (to date as of 4/30/24)	45%	29%

