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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCIAL SERVICES

Lori A. Shibinette
Commissioner

Kerrin A. Rounds
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9546 1-800-852-3345 Ext. 9546
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 25, 2022

The Honorable Karen Umberger, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, Additional Revenues, authorize the Department of Health and Human Services to accept and expend additional federal revenue in the amount of \$42,261,815 effective upon approval by the Fiscal Committee and Governor and Council through June 30, 2023, and further authorize the allocation of these funds in the account below. 100% Federal Funds

05-95-47-470010-7051, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF
HHS: DIVISION OF MEDICAID SERVICES, OFC OF MEDICAID SERVICES, CHILD HEALTH INSURANCE PROGRAM

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-403978	Federal Funds	\$68,987,984	\$2,621,584	\$71,609,568
007-407145	Agency Income Drug Rebates	\$1,500,000		\$1,500,000
	General Fund	\$31,862,718		\$31,862,718
	Total Revenue	\$102,350,702	\$2,621,584	\$104,972,286
041-500801	Audit Set Aside	\$93,349	\$2,619	\$95,968
101-500729	Medical Payments to Providers	\$102,257,353	\$2,618,965	\$104,876,318
	Total Expense	\$102,350,702	\$2,621,584	\$104,972,286

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05-95-47-470010-7207, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF MEDICAID SERVICES, OFC OF MEDICAID SERVICES, MEDICAID TO SCHOOLS PROGRAM

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-403978	Federal Funds	\$14,999,870	\$207,147	\$15,207,017
	General Fund	\$364,776		\$364,776
	Total Revenue	\$15,364,646	\$207,147	\$15,571,793
041-500801	Audit Set Aside	\$30,334	\$207	\$30,541
511-500351	Medical Payments to Providers	\$15,334,312	\$206,940	\$15,541,252
	Total Expense	\$15,364,646	\$207,147	\$15,571,793

05-95-47-470010-7937, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF MEDICAID SERVICES: OFC OF MEDICAID SERVICES, MEDICAID ADMINISTRATION

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-403978	Federal Funds	\$42,126,603	\$1,560,726	\$43,687,329
000-406762	Federal Funds	\$146,341		\$146,341
	General Fund	\$8,102,427		\$8,102,427
	Total Revenue	\$50,375,371	\$1,560,726	\$51,936,097
010-500100	Personal Services - Perm Classified	\$1,773,209		\$1,773,209
012-500128	Personal Services - Unclassified	\$564,650		\$564,650
018-500106	Overtime	\$7,500		\$7,500
020-500200	Current Expenses	\$70,669		\$70,669
026-500251	Organizational Dues	\$12,312		\$12,312
030-500300	Equipment New/Replacement	\$4,000		\$4,000
039-500188	Telecommunications	\$17,888		\$17,888
040-500800	Indirect Costs	\$920,882		\$920,882
041-500801	Audit Set Aside	\$41,520	\$1,559	\$43,079
042-500620	Additional Fringe benefits	\$104,604		\$104,604
049-584994	Transfer to other State Agencies	\$30,999,517	\$1,559,167	\$32,558,684
050-500109	Personal Services Temp/Appoin	\$145,743		\$145,743
059-500117	Temp Full time	\$126,360		\$126,360
060-500602	Health Insurance Benefit - Perm	\$1,171,724		\$1,171,724
066-500543	Employee Training	\$1,000		\$1,000
070-500704	In-State Travel	\$1,500		\$1,500
080-500714	Out-of State Travel	\$0		\$0
101-500729	Medical Payments to Providers	\$364,617		\$364,617
102-500731	Contracts for Program Services	\$14,047,679		\$14,047,679
211-500200	Property and Casualty Insurance	\$0		\$0
	Total Expense	\$50,375,371	\$1,560,726	\$51,936,097

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05-95-47-470010-7948, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF
 HHS: DIVISION OF MEDICAID SERVICES, OFC OF MEDICAID SERVICES, MEDICAID CARE MANAGEMENT

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-403978	Federal Funds	\$474,898,230	\$25,834,110	\$500,732,340
001-403187	Trans from Other Agy	(\$50,575)		(\$50,575)
005-402201	Agency Income: Medicaid Enhancement - Local	\$135,261,583		\$135,261,583
007-407145	Agency Income Drug Rebates	\$29,120,743		\$29,120,743
009-406848	Agency Income MEAD	\$168,378		\$168,378
009-405615	Agency - MCO Liquid Damages	(\$2,599)		(\$2,599)
	General Fund	\$247,098,381		\$247,098,381
	Total Revenue	\$886,494,141	\$25,834,110	\$912,328,251
041-500801	Audit Set Aside	\$542,163	\$25,808	\$567,971
101-500729	Medical Payments to Providers	\$832,117,164	\$23,671,266	\$855,788,430
535-500376	Out of Home Placements	\$34,042,843	\$1,415,276	\$35,458,119
563-500915	Community Based Services	\$19,791,971	\$721,760	\$20,513,731
	Total Expense	\$886,494,141	\$25,834,110	\$912,328,251

05-95-48-482010-2152, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: ELDERLY & ADULT SVCS DIV, WAIVER AND NURSING FACILITIES, WAIVER/NF PMTS-COUNTY PARTIC

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404362	Federal Funds	\$172,929,635	\$9,130,463	\$182,060,098
005-403011	Private Local Funds	\$123,689,436		\$123,689,436
009-407129	Agency Income-Other Income	\$11,000,000		\$11,000,000
	General Fund	\$35,230,524		\$35,230,524
	Total Revenue	\$342,849,595	\$9,130,463	\$351,980,058
041-500801	Audit Set Aside	\$174,215	\$9,131	\$183,346
502-500891	Payments to Providers	\$3,011,457		\$3,011,457
504-500893	Nursing Home Payments	\$247,082,142	\$6,727,177	\$253,809,319
505-500894	Mid Level Care Expenses	\$14,758,975	\$352,764	\$15,111,739
506-500895	Home Support Waiver Services	\$68,655,726	\$1,761,070	\$70,416,796
529-500370	Home Health Care Waiver Services	\$9,167,081	\$280,321	\$9,447,402
	Total Expense	\$342,849,595	\$9,130,463	\$351,980,058

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05-95-48-482010-2154, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: ELDERLY & ADULT SVCS DIV, WAIVER AND NURSING FACILITIES, NURSING SERVICES

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404362	Federal Funds	\$4,411,379	\$184,947	\$4,596,326
	General Fund	\$4,161,654	\$0	\$4,161,654
	Total Revenue	-\$8,573,033	\$184,947	\$8,757,980
041-500801	Audit Set Aside	\$8,169	\$185	\$8,354
101-500729	Medical Payments to Providers	\$3,435,815	\$89,496	\$3,525,311
504-500893	Nursing Home Payments	\$1	\$0	\$1
509-500897	Home Health Care Waiver Services	\$5,129,048	\$95,266	\$5,224,314
	Total Expense	\$8,573,033	\$184,947	\$8,757,980

05-95-48-482010-2157, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: ELDERLY & ADULT SVCS DIV, WAIVER AND NURSING FACILITIES, MQIP PAYMENTS

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404362	Federal Funds	\$59,271,626	\$2,350,759	\$61,622,385
007-402241	Agency Income	\$54,863,322		\$54,863,322
	Total Revenue	\$114,134,948	\$2,350,759	\$116,485,707
041-500801	Audit Set Aside	\$47,394	\$2,351	\$49,745
516-500358	Medicaid Quality Incentive	\$114,087,554	\$2,348,408	\$116,435,962
	Total Expense	\$114,134,948	\$2,350,759	\$116,485,707

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05-95-92-920010-7155, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, DIV BEHAVIORAL HLTH OPERATIONS, MEDICAID PAYMENTS NHH & GH

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404663	Federal Funds	\$8,994,811	\$278,675	\$9,273,486
	General Fund	\$0		\$0
	Total Revenue	\$8,994,811	\$278,675	\$9,273,486
041-500801	Audit Set Aside	\$8,986	\$279	\$9,265
510-500898	Medicaid to Institutions	\$8,985,825	\$278,396	\$9,264,221
	Total Expense	\$8,994,811	\$278,675	\$9,273,486

05-95-93-930010-7014, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SVCS, EARLY INTERVENTION

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-406738	Federal Funds	\$4,287,400	\$93,404	\$4,380,804
	General Fund	\$6,851,902	\$0	\$6,851,902
	Total Revenue	\$11,139,302	\$93,404	\$11,232,706
041-500801	Audit Set Aside	\$4,290	\$94	\$4,384
102-500731	Contracts for Program Services	\$2,983,498		\$2,983,498
502-500891	Payments to Providers	\$8,151,514	\$93,310	\$8,244,824
	Total Expense	\$11,139,302	\$93,404	\$11,232,706

EXPLANATION

The public health emergency for COVID-19 was declared by the Secretary of Health and Human Services on January 31, 2020. The current PHE was renewed on January 16, 2022 for an additional 90 days.

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Section 6008(a) of the Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act effective beginning January 1, 2020 and is available for each calendar quarter during the public health emergency (PHE), through the end of the quarter in which the public health emergency including any extensions, ends. If this renewal remains in place for the full 90 day period, it would expire on April 16, 2022. Under current law, the additional 6.2 percent FMAP would remain in effect through the fourth quarter of state fiscal year 2022.

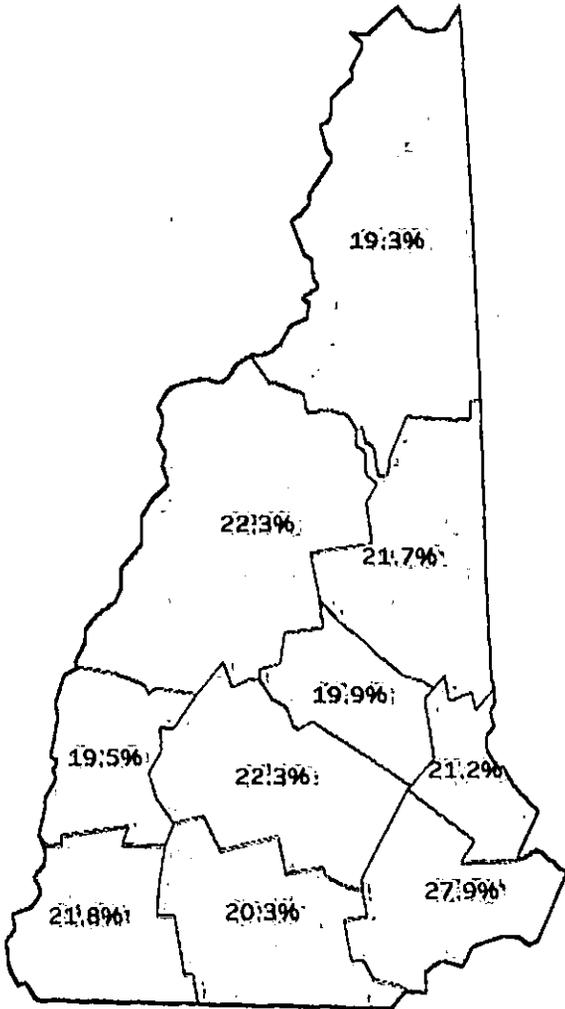
The Department is requesting to accept and expend the federal matching dollars to support anticipated costs of the increase in Medicaid caseload resulting from the COVID-19 pandemic. NH Medicaid caseload, including both Standard Medicaid and Granite Advantage Healthcare Program has increased by 58,474 or 33% for the period of March 16, 2020 through January 17, 2022. The Standard Medicaid program, for which this funding is requested, has increased by 24,096 or 19.1% for the period March 16, 2020 through January 17, 2022.

Medicaid caseloads have been directly impacted as a result of the COVID-19 pandemic and the continuous coverage requirement of the Families First Coronavirus Response Act, which requires states, as a condition of receiving an enhanced federal match for Medicaid (except for adult expansion) to suspend termination of eligibility for Medicaid except for members who die, move out of state, or request ending Medicaid coverage. The costs driven by the increase in caseloads have been funded by the increased 6.2% federal match.

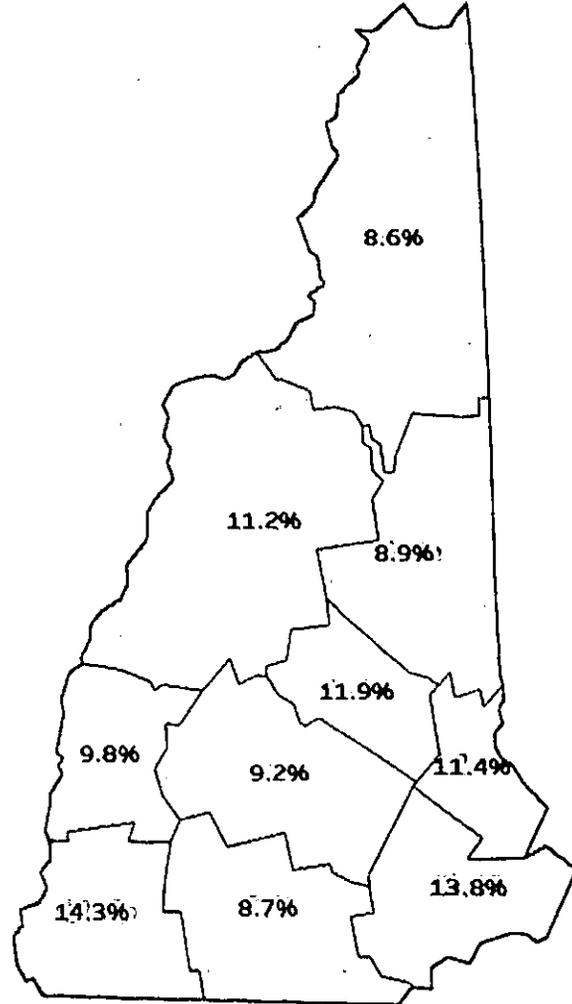
States will receive a sixty day advance notice of the end date of the PHE as promised to Governors by the Federal government. The most recent guidance from the Centers for Medicare & Medicaid Services (CMS) gives states up to 12 months to complete income eligibility redeterminations for its Medicaid members. The Department is diligently developing an unwind plan with the goal of ensuring that there are no gaps in medical coverage, whether that coverage is continued Medicaid or other sources of private or Marketplace coverage, and which is consistent with the budget in managing coverage transfer or disenrollment within a three to four month timeframe.

The map below shows the increase during the pandemic and is evident across all counties in the state.

Standard - Income Based



Standard - Disabled/Elderly/Foster Care



Pursuant to Chapter 91, Section 35 (Laws of 2021): "Department of Health and Human Services; Change in Federal Match Revenue. During the biennium ending June 30, 2023 any item submitted to the fiscal committee of the general court which increases a draw on federal funds, as a result of miscalculation of or change in the state's share of a federal match program in excess of \$100,000 in an accounting unit, shall include an explanation stating if any general funds have been supplanted, and if so, for what purpose those supplanted general funds will be used, and the

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amount of supplanted general funds anticipated to lapse.” For all of the accounting units included in this request, the general funds being supplanted are going to be used to support the programs due to the increased enrollment and the continuation of the public health emergency for which the federal funds were not previously budgeted. DHHS does not anticipate any of these funds to lapse.

Respectfully submitted,



Lori A. Shibinette
Commissioner