

Office of the Commissioner (OCOM)

Senate Finance Presentation

Morissa Henn, Deputy Commissioner
Nathan White, Chief Financial Officer
April 28, 2025



Department of
**HEALTH &
HUMAN SERVICES**

DHHS Roles & Responsibilities

Educate

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

Deliver Services to Clients

- Delivered through our District Offices around the State
- Contracted community-based organizations
- Client services call center
- Direct care - NH Hospital, Glenclyff Home, Hampstead Hospital, YDC

Protect the Health and Safety of Our Residents

- Protect children and adults from abuse and neglect
- Public health disease prevention, surveillance, and response
- Housing supports for those at-risk of becoming or who are homeless

Provide Regulatory Oversight

- Health facilities
- Childcare facilities
- Food service businesses
- Public health disease prevention, surveillance and response





- Foster a Culture of Belonging & Safety
- Strengthen recruitment, retention, and professional development practices
- Achieve “Mission Zero,” eliminating emergency department boarding of patients with psychiatric needs
- Reduce the health impacts from environmental threats
- Continue federal funding to Local Education Agencies (LEAs)
- Support Successful Transitions into the Community for Individuals After Incarceration
- Improve Access to a Broad Range of Community-Based and Residential Behavioral Health Services that Meet the Needs of NH Children and Families Close to Home
- Healthy Mothers, Healthy Babies
- Build a System of Care for Healthy Aging
- Strengthen the Developmental Disabilities System
- Strengthen Access and Services for Individuals and Families
- Improve outcomes for NH residents by enhancing the value of the contracting experience for partnering providers and the people they serve
- Build an infrastructure in which data is used to improve service delivery
- Ensure accurate, transparent, and appropriate public access to records
- Streamline payment methods to ensure more efficient and effective delivery of services



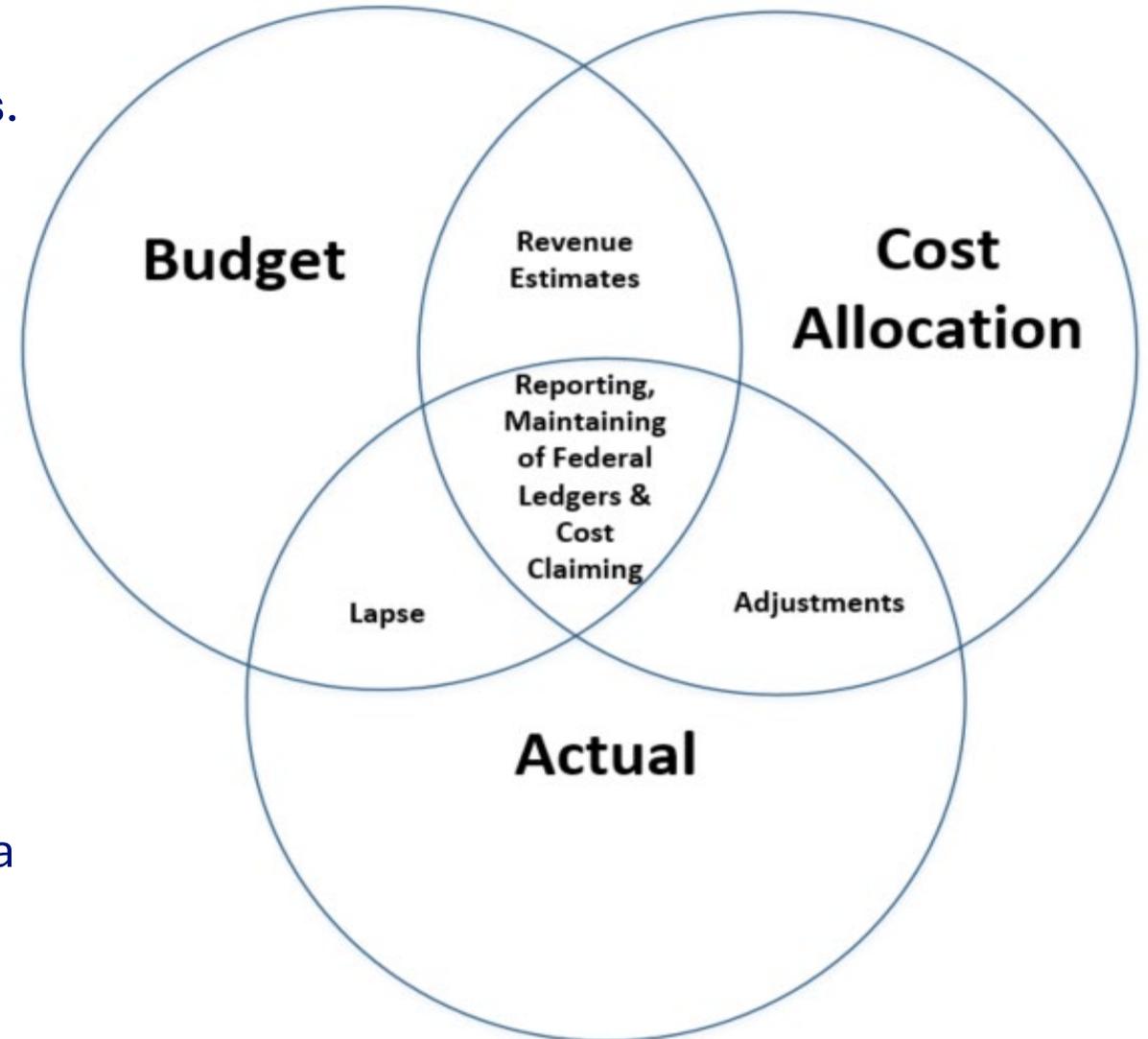
DHHS Budget - Complexity

Cost Allocation: DHHS employs a federally approved Public Assistance Cost Allocation Plan (PACAP) to maximize the utilization of Federal Funds.

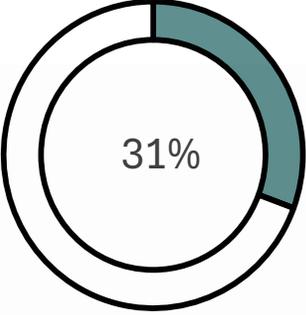
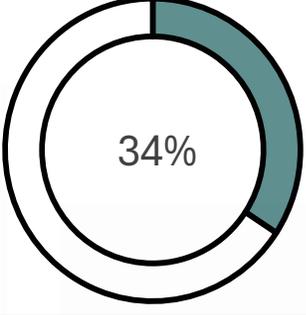
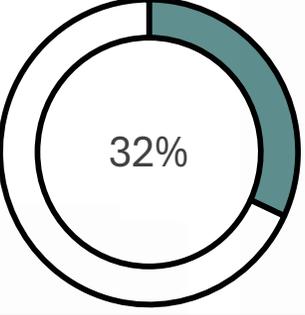
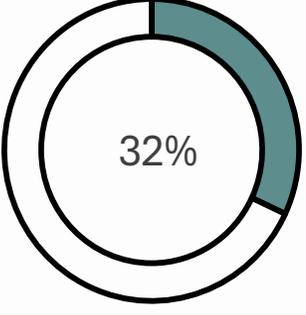
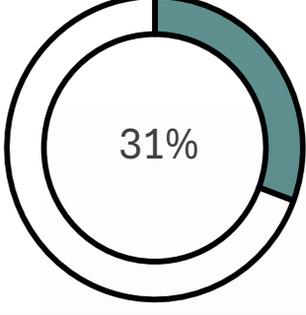
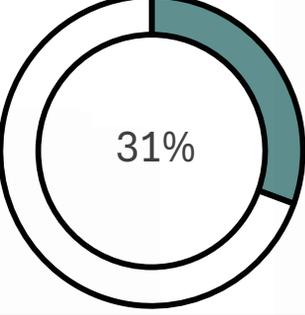
Funding Sources: DHHS has over 100+ different federal funding sources, each comes with specific requirements.

Maintenance of Effort: Certain federal awards require the State to spend General funds up to a certain amount or face a reduction of federal funds.

Matching Funds: Certain federal funds provide for a fixed matching percentage (e.g., standard Medicaid 50/50, CHIP 65/35, IV-E 50/50).



Department of Health and Human Services - Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 1,481,676	\$ 1,700,674	\$ 1,670,438	\$ 1,722,370	\$ 1,679,132	\$ 1,716,689
Gen	\$ 953,044	\$ 1,217,619	\$ 1,100,930	\$ 1,140,184	\$ 1,050,545	\$ 1,074,103
Other	\$ 675,395	\$ 637,886	\$ 681,498	\$ 704,644	\$ 695,594	\$ 726,650
Total	\$ 3,110,115	\$ 3,556,179	\$ 3,452,867	\$ 3,567,198	\$ 3,425,271	\$ 3,517,442



Department of Health and Human Services
Budget General Funds Only
(Expressed in Millions)

	Final Operating Budget		Governors Recommended		House Budget as Passed	
	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
House Bill 1	\$995.1	\$1,047.1	\$1,100.9	\$1,140.2	\$1,050.5	\$1,074.1
House Bill 2 GF Appropriations	\$110.7	\$137.8	\$0.0	\$0.0	\$0.0	\$0.0
Additional Legislative GF Appropriations	\$0.0	\$7.7	n/a	n/a	\$12.6	\$1.0
HB1 Back of Budget Reduction	-\$12.1	-\$11.3	\$0.0	\$0.0	-\$23.0	-\$23.0
HB2 3% Medicaid Rate Reduction	n/a	n/a	n/a	n/a	-\$17.5	-\$35.0
HB2 Delayed Capitation Payment	n/a	n/a	n/a	n/a	n/a	-\$25.0
<u>Total</u>	<u>\$1,093.6</u>	<u>\$1,181.2</u>	<u>\$1,100.9</u>	<u>\$1,140.2</u>	<u>\$1,022.6</u>	<u>\$992.1</u>



Department Staffing

Division	FT Authorized Positions
Division for Behavioral Health	60
Division for Children, Youth & Families	741
Division of Economic Stability	587
Division of Long Term Supports & Services	136
Division of Medicaid Services	33
Division of Public Health Services	252
Glenclyff	169
New Hampshire Hospital	699
Office of the Commissioner – Operations***	562**
Hampstead Hospital & Residential Treatment Facility	27
Grand Total*	3,260

*394 Positions were unfunded during the Governor’s Phase (12% of all Staff).

** House added 6 new positions, 3 without funding to bring the total unfunded position count to 397.

***House added HB2, Section 416, which created additional hiring freeze restrictions.



Significant HB2 House Changes

Reduction to Medicaid Rates

- Requires DHHS to reduce Medicaid rates by 3% and GF appropriations by \$17.5M and \$35M in SFYs 26/27 (Section 444).

Expanded Medicaid Funding Changes

- Makes structural changes to funding the expanded Medicaid Program by eliminating GF prohibition, will require addition of GAHCP to budget in future years, and other changes (Sections 411-413).

Governor's Commission Funding Changes

- Funds Governor's Commission with Opioid Funds at \$10.7M each year (Section 409), eliminates 5% gross profits to alcohol fund provision (Section 415), and requires DHHS to terminate all opioid agreements entered into after May 1, 2025 (Section 438).

Childhood Immunization

- Provisions remove Commissioner's ability to require Hep B, varicella (chickenpox), and haemophilus vaccination schedule effective June 30, 2026 (Section 467).

5% Surcharge to Dedicated Account Revenue

- New provision will assess 5% surcharge against dedicated account revenue. House Div. III did not discuss exemptions; Department requests exemptions for the Disproportionate Hospital Share and several accounts in public health with existing statutory restrictions. (Section 446).



Significant HB2 House Changes

State Loan Repayment Program (SLRP)

- Provision prohibits new SLRP agreements. Department requests modification to the suspension to allow the Department to utilize other funds (Section 382).

DD Rec. & DHHS as Charitable Organization

- Establishes Department as a Charitable Organization to earn money for DD Rec services for dedicated fund. DHHS request removal of these provisions (Sections 447-451).

\$46M GF Back of the Budget

- In addition to other reductions, DHHS is required to reduce GFs by \$23M each year. This will require the Department to cut services.



Department Recommended HB2 Provisions to Keep

Extension to DD Pilot Program

- Request extension of current appropriation supporting the DD Pilot Program to allow 5 individuals to age out of program and avoid services being cut (Sections 101-102).

DHHS Personnel Transfer Authority

- Request extension of DHHS personnel transfer authority to allow operational flexibility to meet mission/business objectives (Sections 84-85).

Technical Changes to Commissioner Appointing Authority

- Recommend keeping sections 96-98 as is which were developed with DAS to address technical appointing authority issues.

Continued Suspension of HB191 Laws 2011

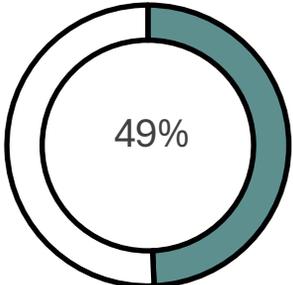
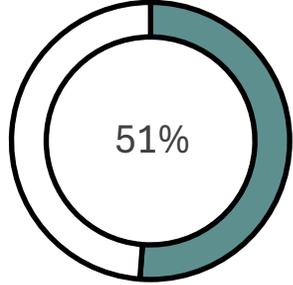
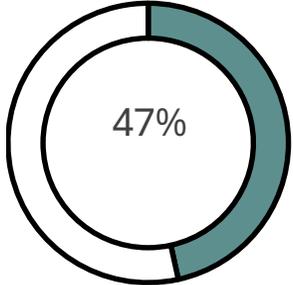
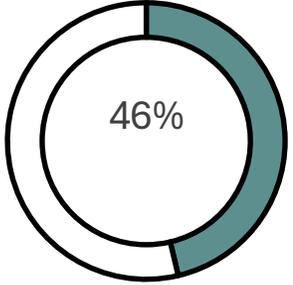
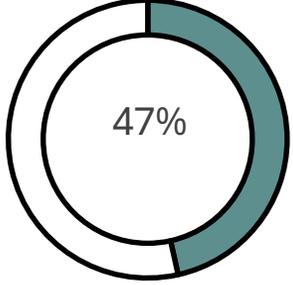
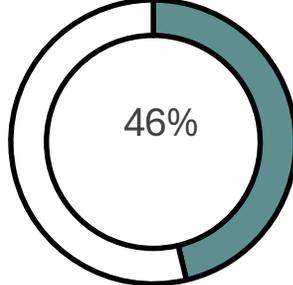
- Recommend continued suspension of HB191 relative to limitations on services for "severely mentally disabled individuals" (Section 86).

Conversion of Classified Attorneys

- Recommend keeping section 94 which converts classified attorney positions established by SB417 of the 2024 Regular Legislative Session to unclassified to make them consistent with all other attorneys.



Office of the Commissioner Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 68,757	\$ 78,857	\$ 81,872	\$ 84,468	\$ 83,571	\$ 86,186
Gen	\$ 70,110	\$ 84,191	\$ 79,287	\$ 80,903	\$ 79,450	\$ 81,143
Other	\$ 3,351	\$ 1,289	\$ 9,152	\$ 9,346	\$ 7,813	\$ 8,047
Total	\$ 142,217	\$ 164,337	\$ 170,311	\$ 174,716	\$ 170,834	\$ 175,376
FT Auth.	551	551	556	556	556	556

Allocated Federal Funds

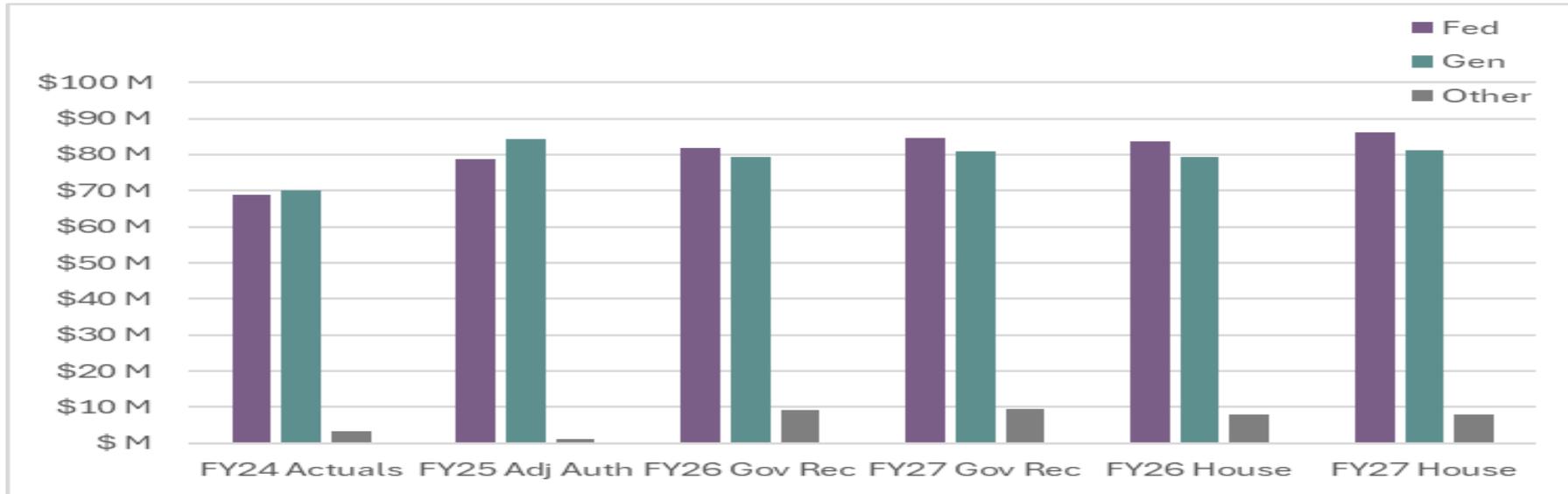
- Office of the Commissioner budget is cost allocated (in accordance with Public Assistance Cost Allocation Plan) to maximize Federal Funds.

Operations Support Entire Department

- Includes Bureaus of Facilities, Human Resources, and Information Services; PIO; Office of Legal and Regulatory Service; OHE; Division of Program Quality and Improvement; and Division of Finance and Procurement.



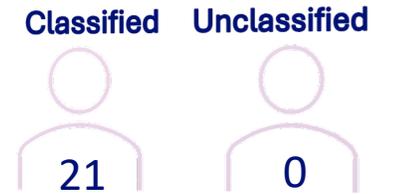
Office of the Commissioner – Activity 9500



Funded FT Authorized Positions



Unfunded FT Authorized Positions



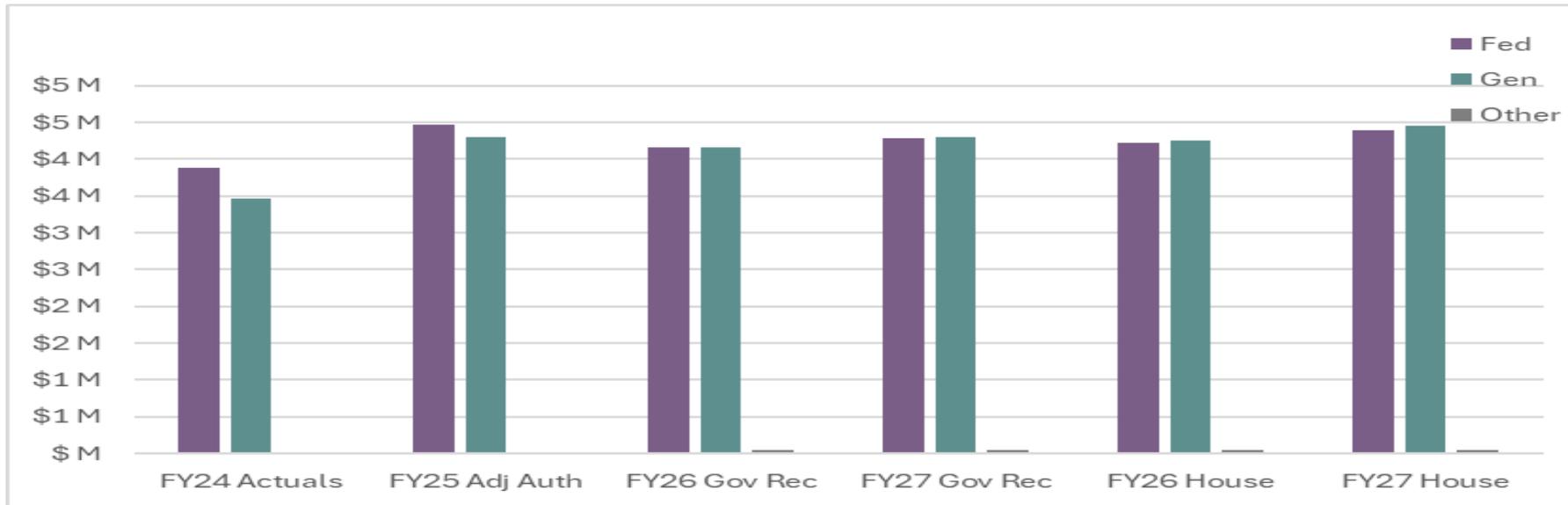
Summary of Significant Changes

Gifts Accepted by Commissioner

- HB2 as Introduced increased the G&C approval gift threshold for 24/7 facilities to \$1,000. House increased this amount to \$250k.



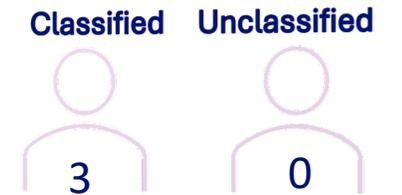
Office of Improvement – Activity 9510



Funded FT Authorized Positions



Unfunded FT Authorized Positions



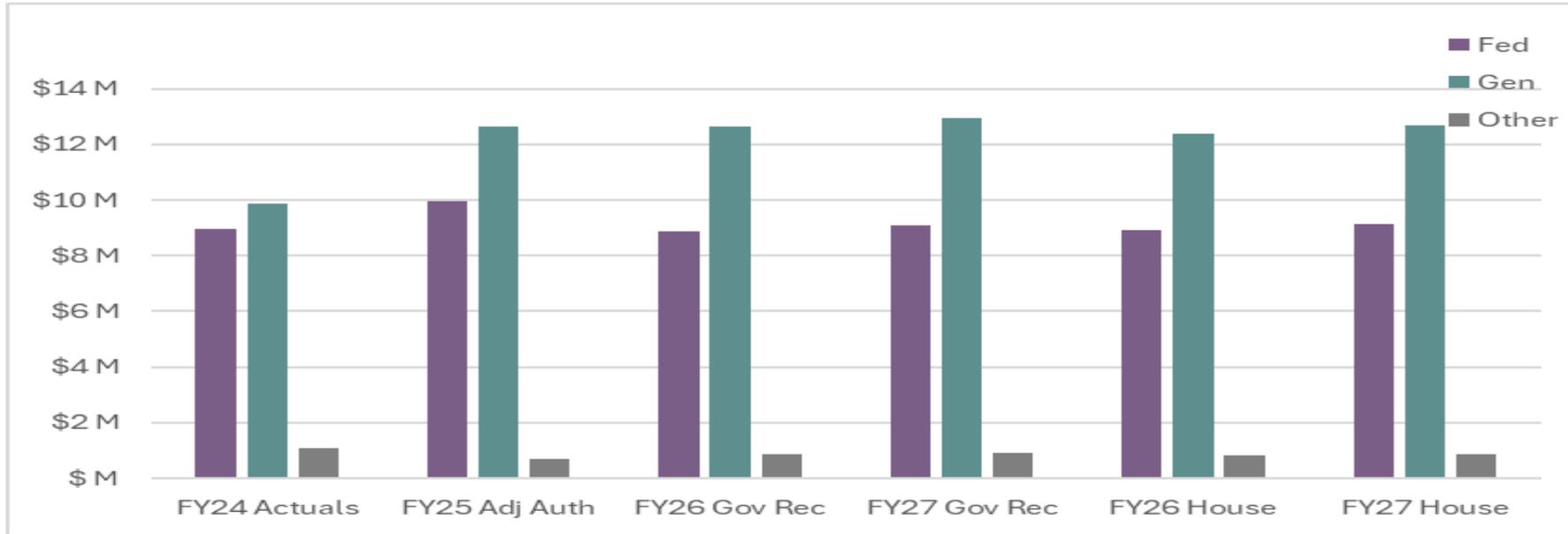
Summary of Significant Changes

Additional Medicaid Recovery Positions to Increase Other Revenue

- House established three new positions to increase Medicaid recoveries revenue by \$350k and \$700k in SFY26/27 respectively. However, these positions need to be moved to the Office of Legal and Regulatory Services (9520).



Legal & Regulatory Services – Activity 9520



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Prescription Drug Affordability Board

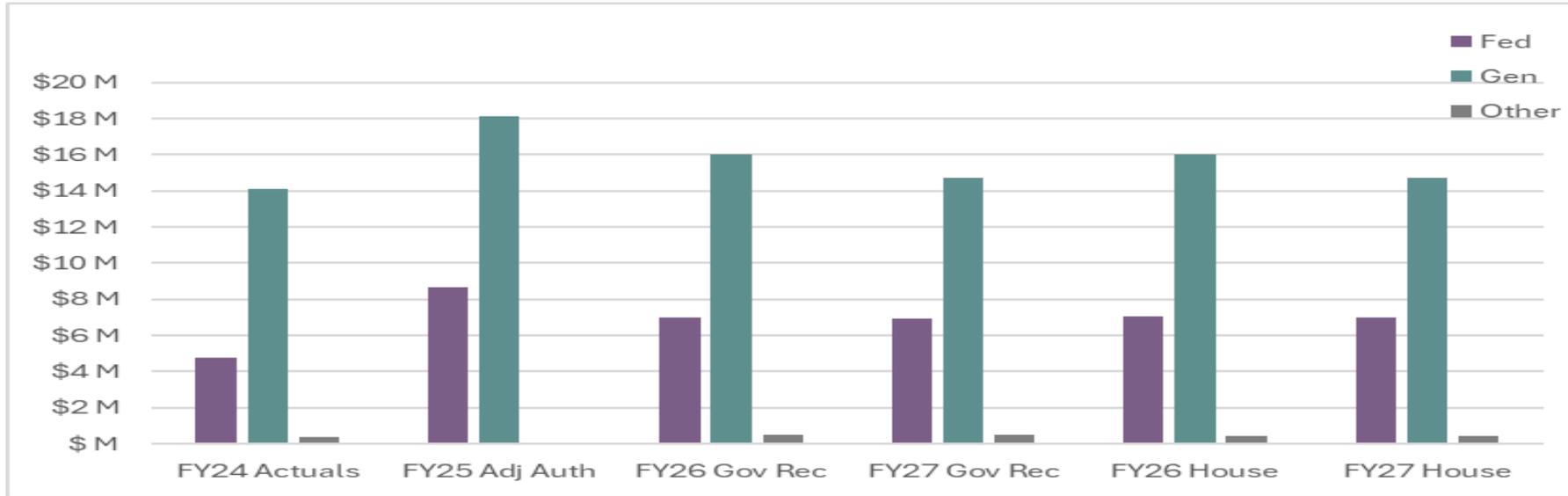
- House eliminated funding for PDAB – SFY26 -\$256K/ SFY27-\$265K. Additional HB2 provision allowed for \$20k lapse carryforward (Section 426), eliminates fiscal approval of contracts (Section 425), and 2-year restriction on executive director (Section 424).

DCYF Attorneys Converted

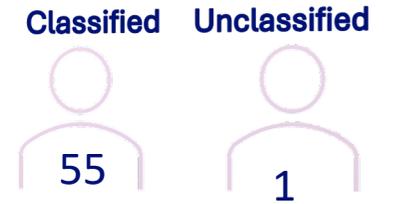
- In accordance with Chapter 79:218, Laws of 2023, the Department converted 32 classified positions to unclassified in SFY 2025.



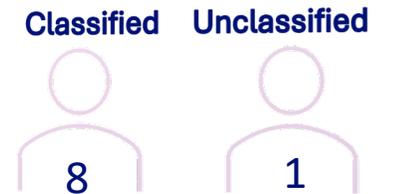
Office of Administration – Activity 9530



Funded FT Authorized Positions



Unfunded FT Authorized Positions



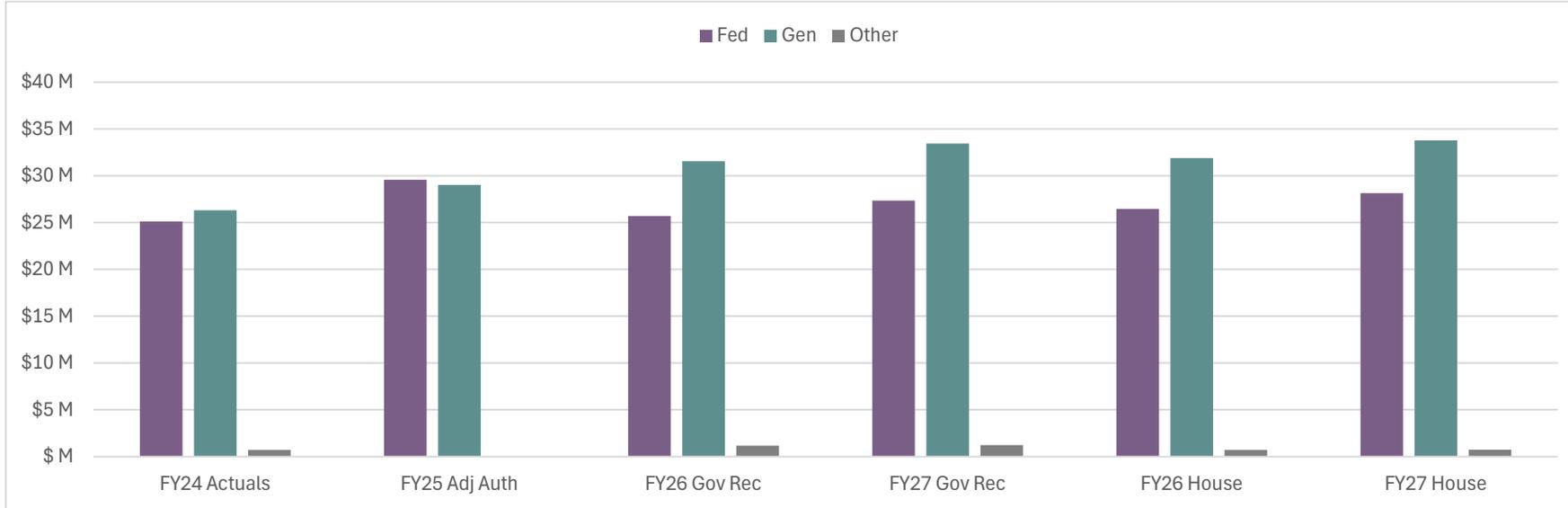
Summary of Significant Changes

Sale of State Property

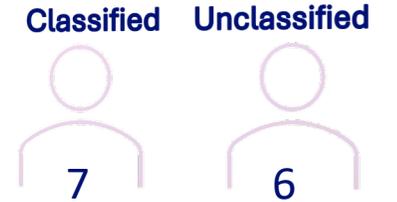
- House added HB2 provisions directing the Department sell three properties:



Office of Information Services – Activity 9540



Funded FT Authorized Positions



Unfunded FT Authorized Positions



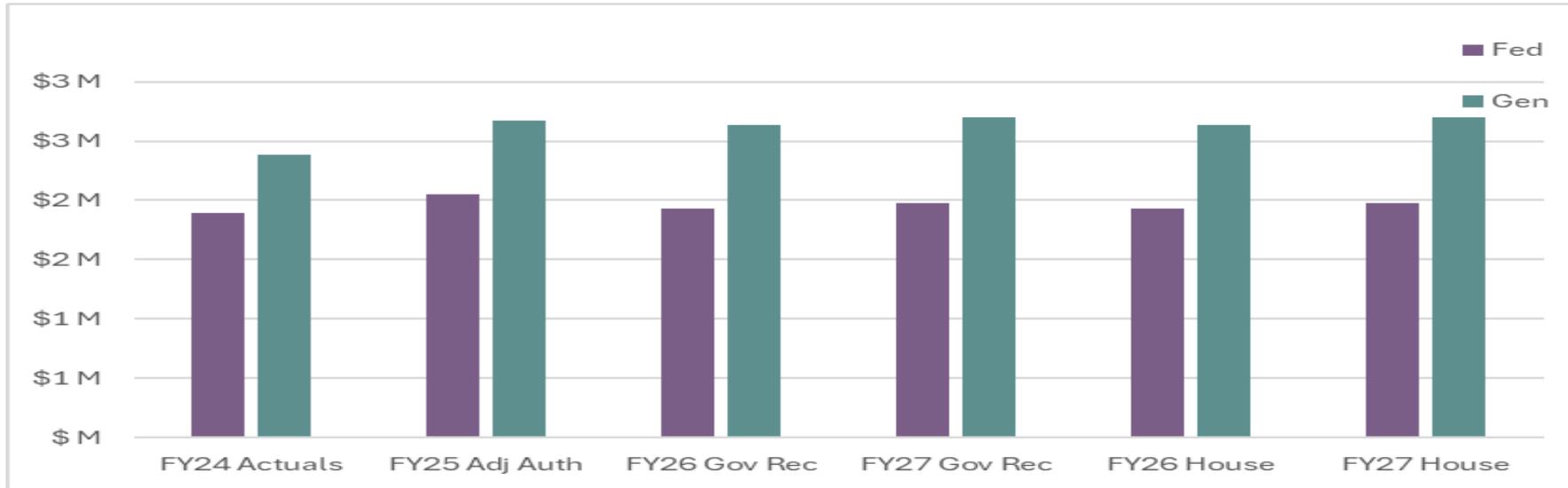
Summary of Significant Changes

Funding needed to continue Maintenance of System Supporting Clients

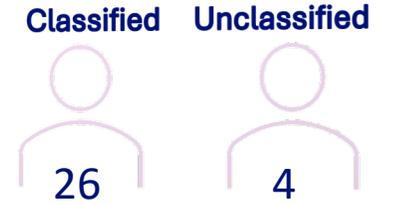
- In order to continue funding IT maintenance costs for DHHS’ New Heights & Salesforce DHHS needs approximately \$6.5M (53%GF) over the biennium. Without this funding clients would be negatively impacted. Negatively impacts client access to Eligibility services (serving 1 in 5 NH constituents) and ceases solution development of unsupported data bases, Environmental Health Information System, Incident Management System and Constituent Inquiry and Response System and other Department wide initiatives contributing to efficiency gains.



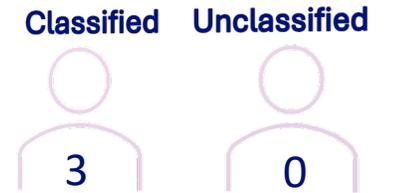
Quality Assurance & Improvement – Activity 9550



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

None



Division of Medicaid Services (DMS)

Senate Finance Presentation

Henry Lipman, Medicaid Director

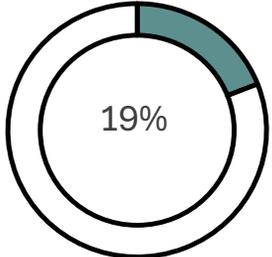
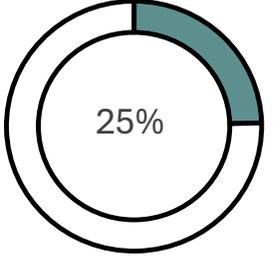
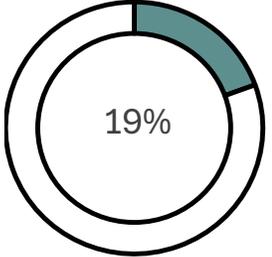
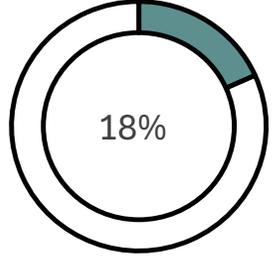
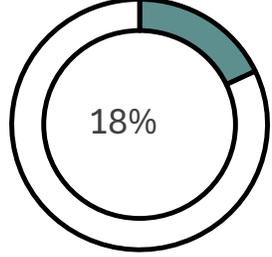
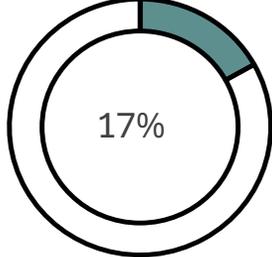
April 28, 2025

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Department of
**HEALTH &
HUMAN SERVICES**

Division of Medicaid Services Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 685,698	\$ 737,022	\$ 701,754	\$ 714,212	\$ 701,729	\$ 714,112
Gen	\$ 249,543	\$ 342,248	\$ 256,734	\$ 244,701	\$ 238,269	\$ 227,361
Other	\$ 374,447	\$ 312,513	\$ 361,687	\$ 376,463	\$ 383,187	\$ 404,463
Total	\$ 1,309,689	\$ 1,391,784	\$ 1,320,174	\$ 1,335,376	\$ 1,323,184	\$ 1,345,936
FT Auth.	32	32	33	33	33	33

Decreased operating budget costs

- Decreased Medicaid operating budget costs by **\$77.8M** in General Funds SFY26/27 compared to Agency budget.

Increased Agency Income (revenue)

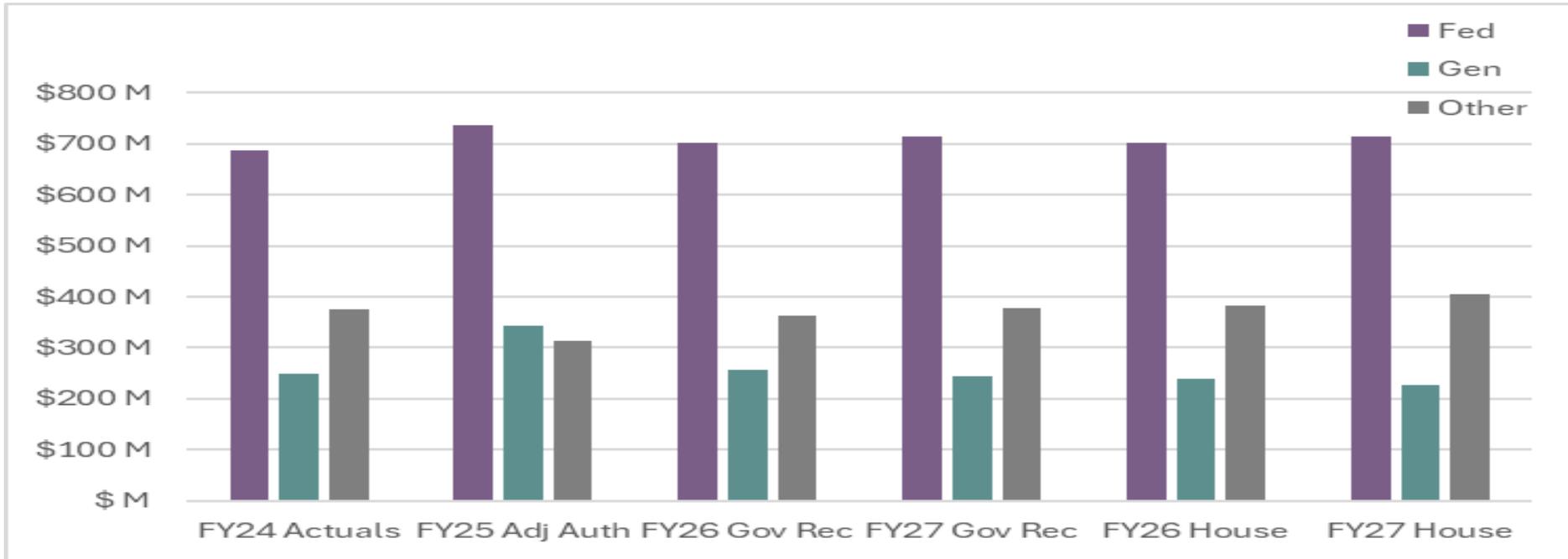
- **\$54.9M** increased agency income (revenue) / General Funds savings SFY26/27 resulting from increases to MET and Rebate revenue. Impact of Governor and House changes to Agency budget.

HB2 changes to decrease Medicaid operating budget costs. HB2 section 455

- Decreased Medicaid operating budget costs by **\$77.5M** in General Funds SFY26/27 – 3% rate decrease and 1-month delay in MCO capitation.



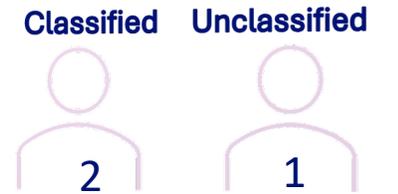
Division of Medicaid Services – 4700



Funded FT Authorized Positions



Unfunded FT Authorized Positions



The table above does not reflect all House budget changes which include:

- (1) Replacing liquor funds with \$12.6M SFY26 and \$1M SFY27 – HB2 Section 424
- (2) New GAHCP premium revenue in SFY27 \$12M Other Funds – HB2 Section 107.

Funding GAHCP with general funds may require federal matching funds to be part of the future budgets, which combined is over \$600M annually.



Division of Medicaid Services – 4700 (continued)

Summary of Significant Changes

Children’s Medicaid Premiums

HB2 section 108

- For households with income at or above 255% of the federal poverty line, and with children enrolled in Medicaid, charge a monthly premium of no greater than 5% of the household's income. This budget does not propose changing the federal poverty limit from 323%, which is 5th best in the country.
- New revenue of premiums collected / reduces general funds SFY26 **\$3.3M** and SFY27 **\$11M** AU 7051 – pg. 165

Tighten Medicaid Eligibility Requirements

HB2 section 109

- Return to pre-PHE Medicaid redetermination eligibility processes and remove optional CMS flexibilities to enable the Department to rely, to a greater extent than pre-PHE, on external data sources to verify income for Medicaid redeterminations.
- Reduces General Funds SFY26 = **\$5.7M** and SFY27 = **\$11.4M** AU7948 pg. 168

GAHCP Premiums

HB2 section 107

- Request a waiver from CMS to charge a monthly premium of no greater than 5% of the enrollee’s income. Monthly premiums on GAHCP enrollees would apply to GAHCP enrollees with income at or above 100% of the FPL.
- Projected new revenue of approximately **\$12M** in SFY27 would be deposited in the Granite Advantage Program Trust Fund (not part of the budget under current law).



Division of Medicaid Services – 4700 (continued)

Summary of Significant Changes

Lowest Net-Cost Drugs Enhanced Preferred Drug list HB2 section 99

- Current NH law requires the Medicaid program to always use generics first.
- Would allow the Medicaid Program to purchase drugs that have the lowest net cost to the program regardless of whether such drug is a brand drug or a generic drug.
- Increases Agency income / decreases general funds SFY26 **\$930k** and SFY27 **\$2.9M** AU7948 – pg. 168 (**\$3.8M** in general fund savings projected for SFY28)

Pharmacy Cost-Sharing HB2 section 105

- Increase pharmacy cost-sharing from \$1 and \$2 to \$4.
- Households that pay premiums would be exempt from pharmacy cost-sharing due federal cap on cost sharing of 5% of income.
- Reduces General Funds SFY26 = **\$750k** and SFY27 = **\$750k** AU7948 pg. 168.



Division of Medicaid Services – 4700 (continued)

Summary of Significant Changes

HB1 Change to Increase MET Revenue

- Based on January 2025 non-binding SFY25 MET Estimate from the hospitals of **\$348M**.
- SFY25 level plus 3% growth annually
- Reduces General Fund need in SFY26 by **\$12.2M** and SFY27 by **\$10.4M** AU 7948 – pg. 168

Reduced contract costs

- Total contract budget reduced by 25%.
- Contract reductions in SFY 26 **\$1.9M** GF and SFY27 **\$1.9M** GF AU 7937 – pg. 167

HB1 Change to Assume higher level of drug rebate revenue

- General Funds savings SFY26 **\$6M** and SFY27 **\$6.6M** AU7948 pg. 168
- In addition to general fund savings associated with lowest net cost drug changes.

Project Walk not funded as a prioritized need

- General Fund savings SFY26 = **\$240K** and SFY27 = **\$240K**. AU 7937 pg. 167.



Division of Medicaid Services – 4700 (continued)

Summary of Significant HB2 Changes

HB2 reduces Medicaid rates by 3%
HB2 section 454

- General Funds savings SFY26 = **\$17.5M** and SFY27 = **\$35M**
- Impacts accounting units across the Department.
- The Department is directed to complete a fiscal item to outline the reductions

HB2 delays June 2027 Capitation Payment by 1-Month
HB2 section 455

- General Funds savings SFY27 = **\$25M** AU7948 pg. 168.

HB2 provision to accelerate implementation of home dialysis HB-2 section 403

- General Funds savings SFY27 = **\$50k** AU7948 pg. 168

HB2 prohibition on Medicaid coverage of elective circumcisions HB-2 section 398

- General Funds savings SFY26 = **\$25k** and SFY27 = **\$50k** AU7948 pg. 168

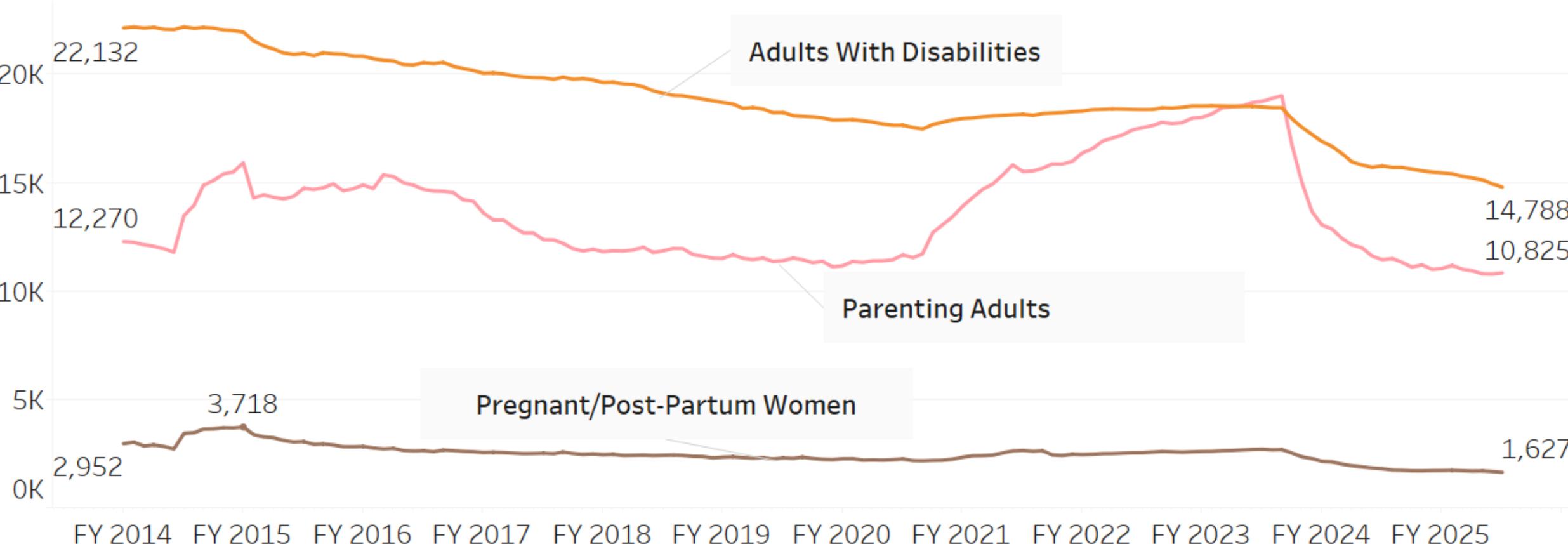


HB2 Changes to Granite Advantage

- HB2 repeals the prohibition on the use of general funds for the Granite Advantage Health Care Program (GAHCP) in RSA 126-AA:2 and removes the provision requiring liquor commission to make up for any short fall in GAHCP.
 - Current law authorizes a transfer from the liquor commission fund in the event of any GAHCP funding shortfall.
 - HB2 removes the transfer from the liquor commission fund in the event of any short fall in GAHCP funding, which equates to approximately **\$26M** in general funds over the biennium. Funding GAHCP with general funds might require federal matching funds to be part of the total budget, which combined is over **\$600M** annually.
 - Creates greater uncertainty relative to financing GAHCP and creates uncertainty with beneficiaries, MCOs, and providers regarding the continuation of the program.
- Individuals unable to enroll or remain in GAHCP could migrate to other eligibility categories with a general fund match required. This general fund match is not otherwise required through GAHCP coverage under current law.

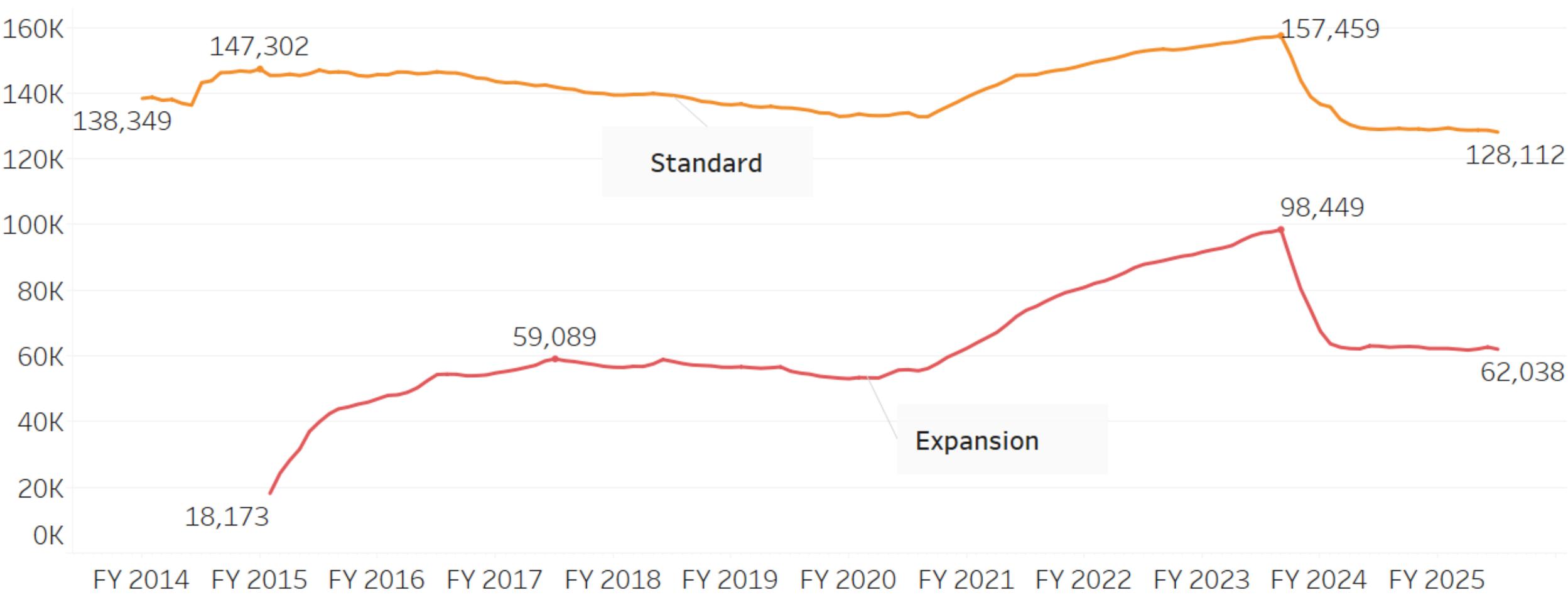


Medicaid Enrollment at End of Month: Adult Disabled, Pregnant & Parenting Eligibility Categories, July 2013 to January 2025



Note, data contains retroactive enrollment spans. Because of this, the most recent two or three periods are slightly understated. Source: data contained in New Heights Data Warehouse as of 1/31/2025.

Medicaid Enrollment at End of Month: Expansion vs Standard, July 2013 to January 2025



Note, data contains retroactive enrollment spans. Because of this, the most recent two or three periods are slightly understated. Source: data contained in New Heights Data Warehouse as of 1/31/2025.

5% Administrative Charge on Dedicated Accounts

- HB2 imposes a 5% administrative charge on certain dedicated accounts.
- HB2 exempts the uncompensated care and Medicaid fund (used to make disproportionate share hospital and other hospital directed payments under RSA 167:64).
- The disproportionate share hospital fund, which is necessary to collect and redistribute DSH overpayments in accordance with the CMS approved DSH State Plan Amendments, is not exempt.
- Funds in the disproportionate share hospital fund are monies owed to the hospitals under RSA 167:64 and federal law.



SB 134

- **Congressional Action?** Work requirements are currently under consideration by Congress and CMS. Appears possible that federal criteria around Medicaid work requirements will be included in the Congressional budget process or released by CMS.
 - Federal proposals on work requirements could include a State Plan Amendment option, which would avoid the evaluation costs (of approximately \$1.5M) associated with an 1115 Waiver.
- **Since there is no appropriation to implement SB134, and the Waiver submission is subject to Fiscal Committee approval,** is there an opportunity to condition implementation on sufficient funding to implement? The State could save general funds based on Congressional action and modeling its Waiver on what other states submit to CMS.



Potential Federal Changes

Proposal	Description	Impact		Likelihood
Capping Provider Taxes Below 6% of net patient service revenue	<p>Medicaid Enhancement Tax (MET) is currently 5.4% of net patient service revenue. All states but Alaska rely on these taxes to finance Medicaid</p> <p>Federal proposals to decrease the federal cap on provider taxes below 6.</p>	<p>\$6.4M decrease in Medicaid Enhancement Tax rate for each .1% of tax reduction below 5.4% of net patient service revenue.</p> <p>Based on January 2025 non-binding estimate.</p>		High. Consensus building between the GOP House and Senate to reduce the cap from 6% to 5-5.5%
Reduce Federal Match for Medicaid Expansion below 90%	<p>Currently there is a federal match of 90% for Granite Advantage.</p> <p>Federal proposals to eliminate or reduce enhanced FMAP for Medicaid expansion (Granite Advantage).</p>	FMAP – Federal Match Rate Reductions (90% current law).	Estimated Additional State Share of Projected SFY25 Costs for Granite Advantage (based on data provided by DHHS) ¹	Low-Medium
		80%	\$63 Million	
		70%	\$125 Million	
		60%	\$187 Million	
		50%	\$249 Million	
42%	\$299 Million			
Lower the minimum federal match or change the formula used to calculate a state's federal match	<p>New Hampshire currently receives the minimum federal match of 50%.</p> <p>Federal proposals to reduce the federal match floor below 50% and change the formula in how each state's federal match floor is calculated.</p>	<p>Lowering the federal match floor below 50% would result in a decrease in federal funds. Based on a point in time expenditure projection a 42% federal match floor for NH would result in \$194M in additional general state costs to fund the standard Medicaid program.</p>		Low
Block Grants / Capping Federal Contribution	<p>Federal proposal to convert Medicaid to a per capita cap where states receive only a fixed federal contribution per beneficiary.</p> <p>Funding structure for Medicaid changes entirely; all costs above a set capitation are borne by state.</p>	<p>Per capita caps or block grants would result in an additional \$103M² general state costs to fund the Medicaid program.</p>		<p>Medicaid program wide per capita caps - Low</p> <p>Per capita caps limited to Medicaid expansion – Medium</p>

¹ New Hampshire Fiscal Policy Institute (NHFPI) Analysis based on data provided by DHHS: [New Hampshire Medicaid Funding and Potential Federal Changes 3.25.25](#)

¹ NHFPI [Potential Federal Medicaid Policy Changes Could Shift Substantial Costs to States - New Hampshire Fiscal Policy Institute](#)

² KFF: A Medicaid Per Capita Cap: State by State Estimates: [A Medicaid Per Capita Cap: State by State Estimates | KFF](#)



Glenclyff Home (GH)

Senate Finance Presentation



GLENCLIFF HOME
CONTINUUM OF CARE IN A HOME-LIKE SETTING

Ellen Lapointe, CEO

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Bret Mason, CFO

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L Todd Bickford, Executive Director

Louis.T.Bickford@dhhs.nh.gov



Department of
**HEALTH &
HUMAN SERVICES**

Glenclyff Home

Division Mission

Strive to provide a continuum of service to New Hampshire's developmentally disabled and/or mentally ill population in a home-like atmosphere with an emphasis on independence, dignity and acceptance.



Glenclyff Home residents have a medical need that requires Long-Term Care level of service as well as a Mental Illness and/or Developmental Disability and have not been able to have their needs met by other providers.

- As required by RSA 135C, and under Administrative Rules He-M 700, Glenclyff Home provides Nursing Home Facility (NF) level of medical care, and any specialized services needed to individuals who require 24-hour care.
- Services provided include Nursing care, Activities of Daily Living, Recreational Services, Spiritual Services, Safe Environment (Housekeeping, Laundry, Maintenance), Dietary Services and Room and Board.
- Additional services include, but are not limited to: Primary Care Physicians, Psychiatry, Physical and Occupational Therapy, Podiatry, and Dental Services.
- Glenclyff Home strives to use non-medication modalities and alternative approaches, as well as training staff in behavioral interventions such as sensitivity training and nonviolent crisis intervention.



Glenclyff Home Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
Gen	\$ 8,833	\$ 10,896	\$ 11,294	\$ 11,576	\$ 11,780	\$ 12,062
Other	\$ 6,940	\$ 8,443	\$ 5,157	\$ 5,295	\$ 5,157	\$ 5,295
Total	\$ 15,773	\$ 19,339	\$ 16,451	\$ 16,871	\$ 16,937	\$ 17,357
FT Auth.	169	169	169	169	169	169

Personnel are Critical to Mission

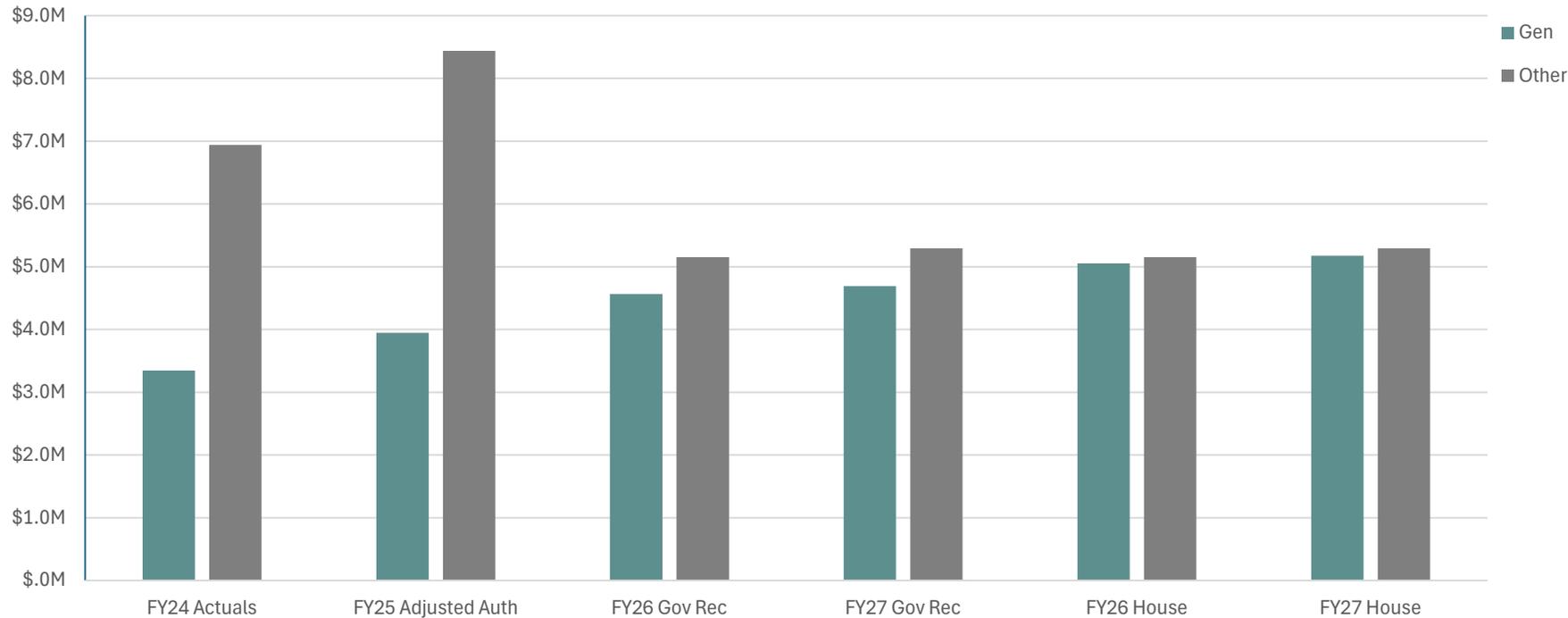
- Personnel Expenses equate to approximately 84% of Glenclyff's Budget.

Budget Supported by Patient Revenue

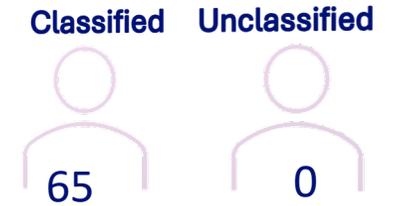
- Glenclyff collects Medicaid payments to offset General Fund expenditures.



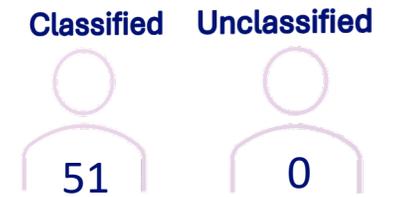
Glenclyff Home – Professional Care - 57100000



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Unfunded Positions

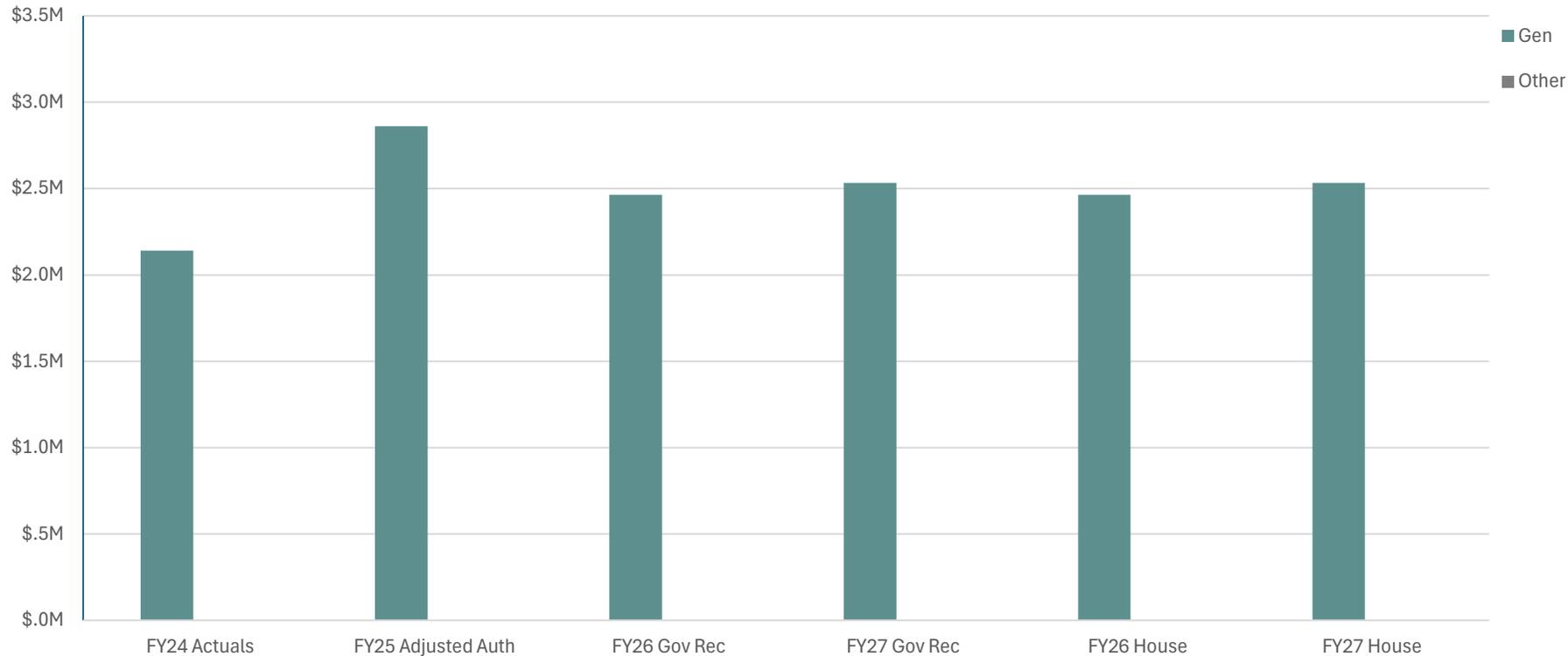
- 51 positions were unfunded in Governor's Budget.

House Funding Added

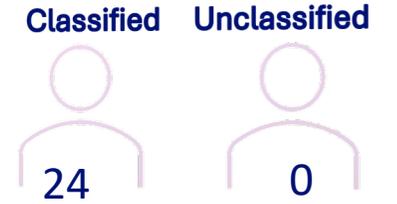
- House recognized that personnel vacancy drag has been used to fund agency contract staff and added \$486k GF each year to partially address shortfall.



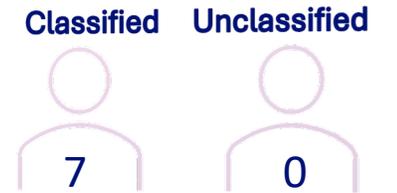
Glenclyff Home – Custodial Care - 57200000



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Unfunded Positions

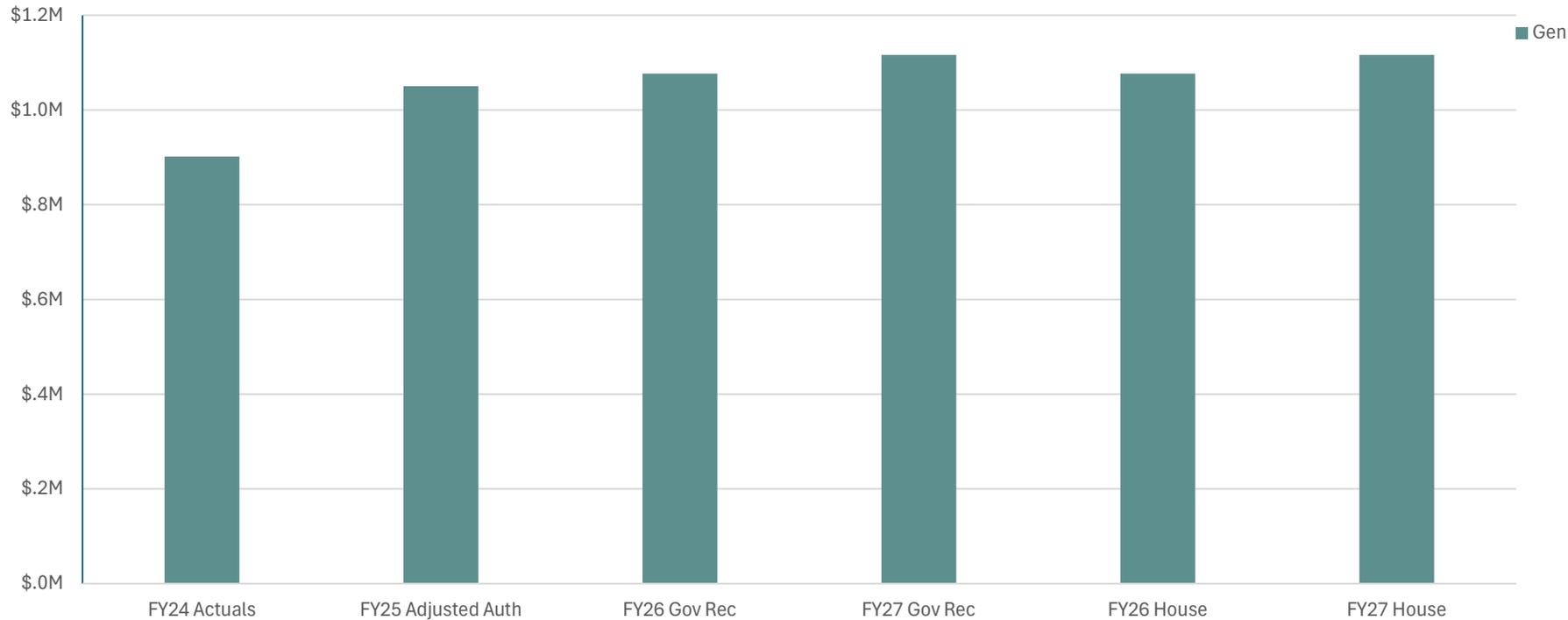
- 7 positions were unfunded in Governor's Budget

House Budget

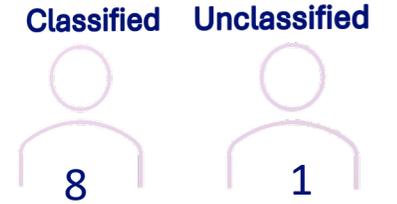
- No significant changes.



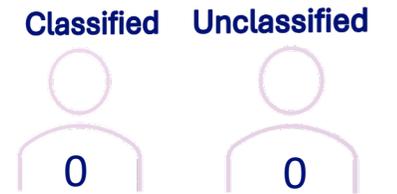
Glenclyff Home – Administration - 57400000



Funded FT Authorized Positions



Unfunded FT Authorized Positions

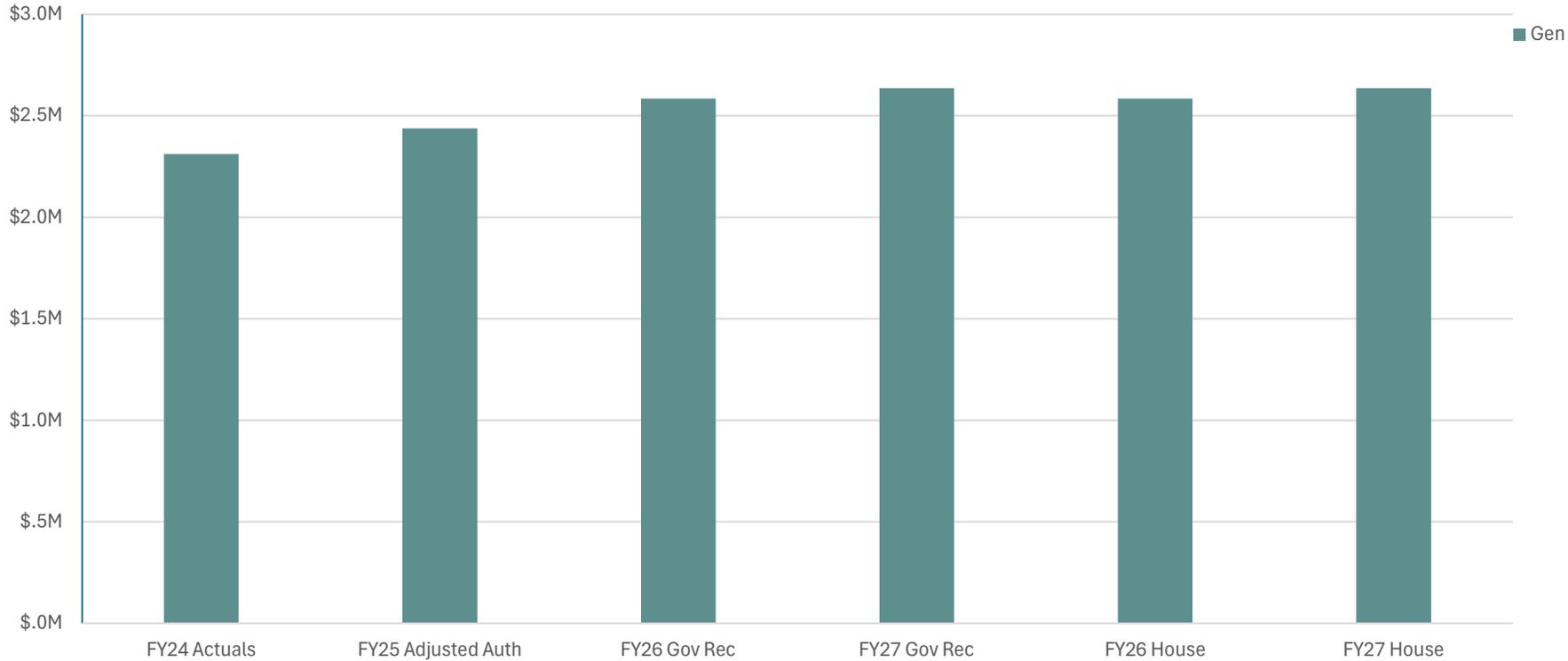


Summary of Significant Changes

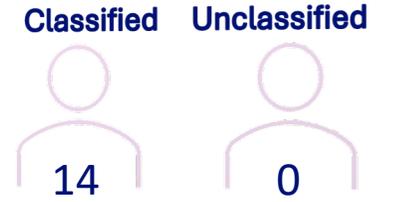
None



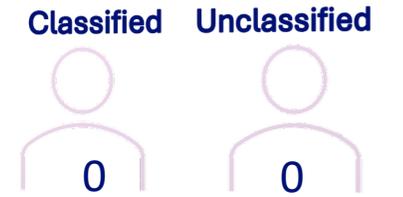
Glenclyff Home – Maintenance - 78920000



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

None



New Hampshire Hospital (NHH) Senate Finance Presentation

Ellen Lapointe, CEO

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Bret.R.Mason@dhhs.nh.gov



Department of
**HEALTH &
HUMAN SERVICES**

New Hampshire Hospital



Provides acute, inpatient psychiatric care to citizens experiencing severe and persistent mental illness



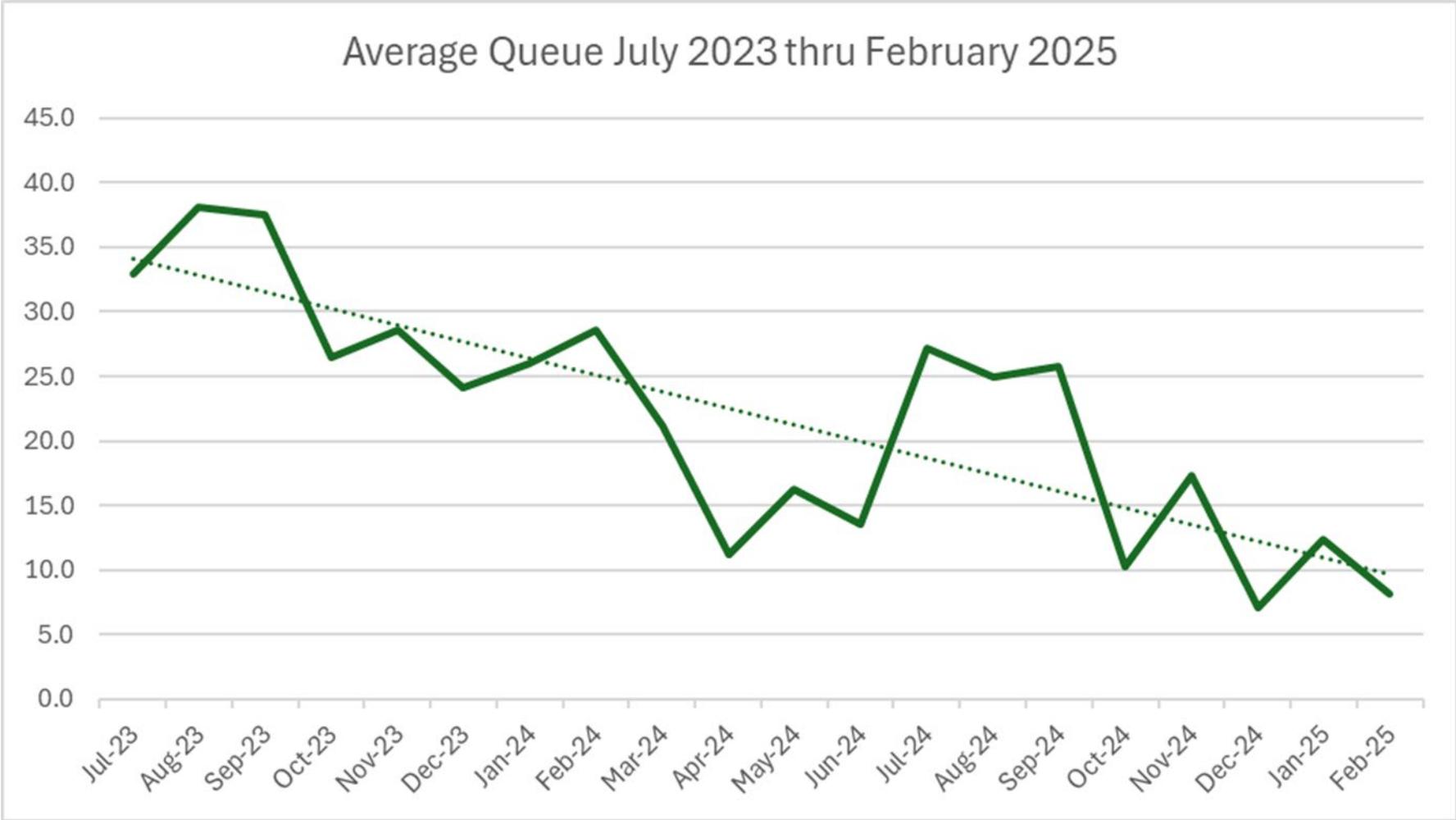
Coordinates the placement of patients experiencing acute mental illness across the State's Designated Receiving Facilities (DRFs)



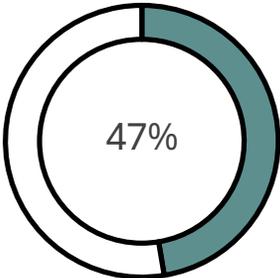
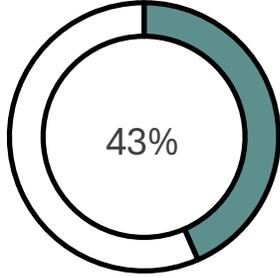
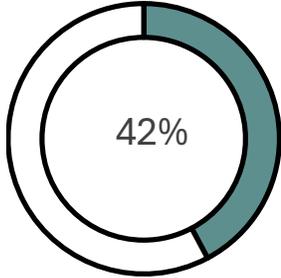
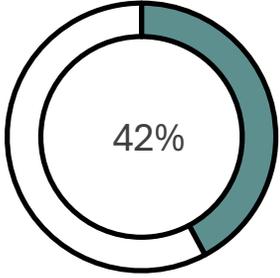
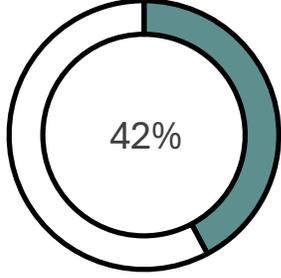
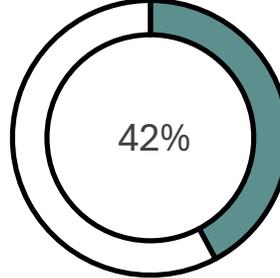
Discharges patients to the appropriate care setting when they reach stabilization



New Hampshire Hospital Reducing the Emergency Department Queue



New Hampshire Hospital Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Gen	\$ 47,094	\$ 48,151	\$ 49,858	\$ 51,247	\$ 49,863	\$ 51,257
Other	\$ 52,305	\$ 62,657	\$ 68,254	\$ 70,268	\$ 68,254	\$ 70,268
Total	\$ 99,399	\$ 110,809	\$ 118,112	\$ 121,515	\$ 118,117	\$ 121,525
FT Auth.	699	699	699	699	699	699

Budget Supported by Patient Revenue

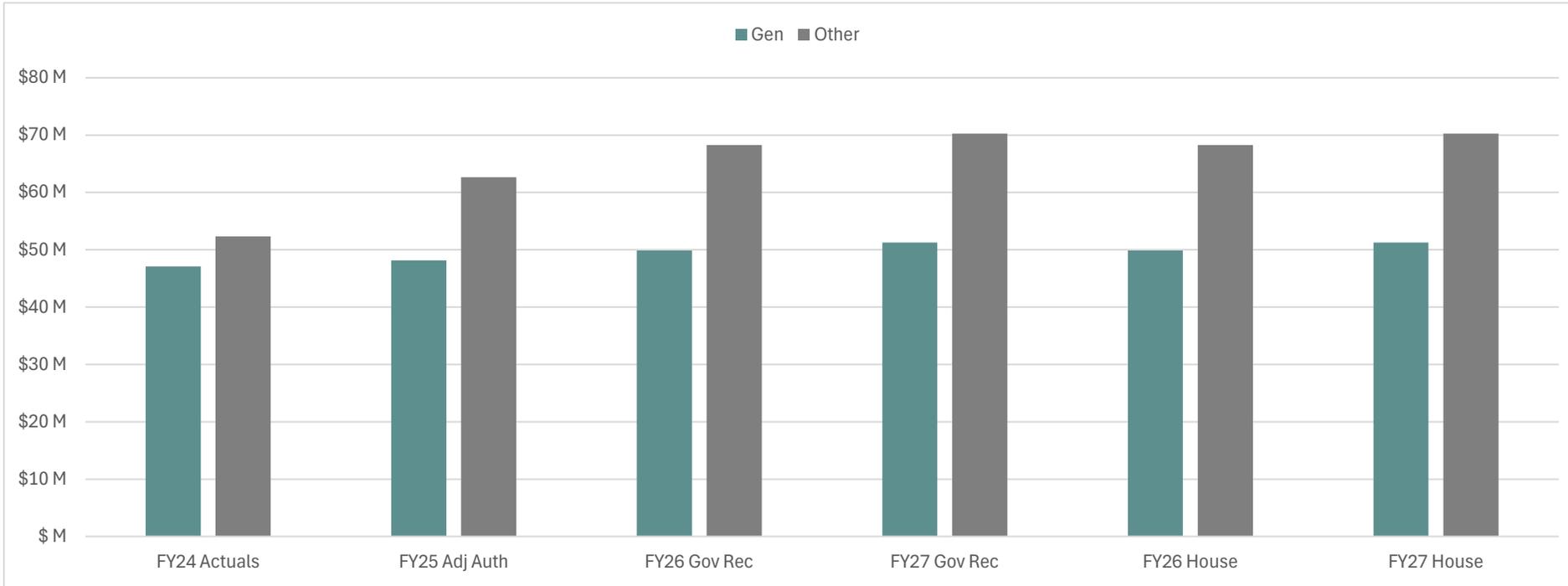
- NHH collects Medicaid, Medicare, and Commercial Insurance to support operations.

Financial Impact of Discharge Barriers

- When a patient is ready to be discharged, there is not always a suitable option available. Insurance has limits on what will be covered which results in NHH incurring uncompensated care costs.



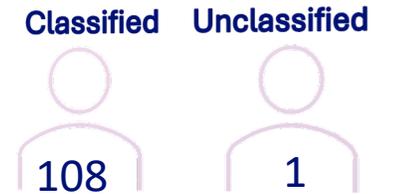
New Hampshire Hospital - 9400



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Personnel Expense

- The House added \$5,000 to personnel expense to indicate preference for additional funding (Classes 010 and 060 in AU 8750).

Philbrook Building

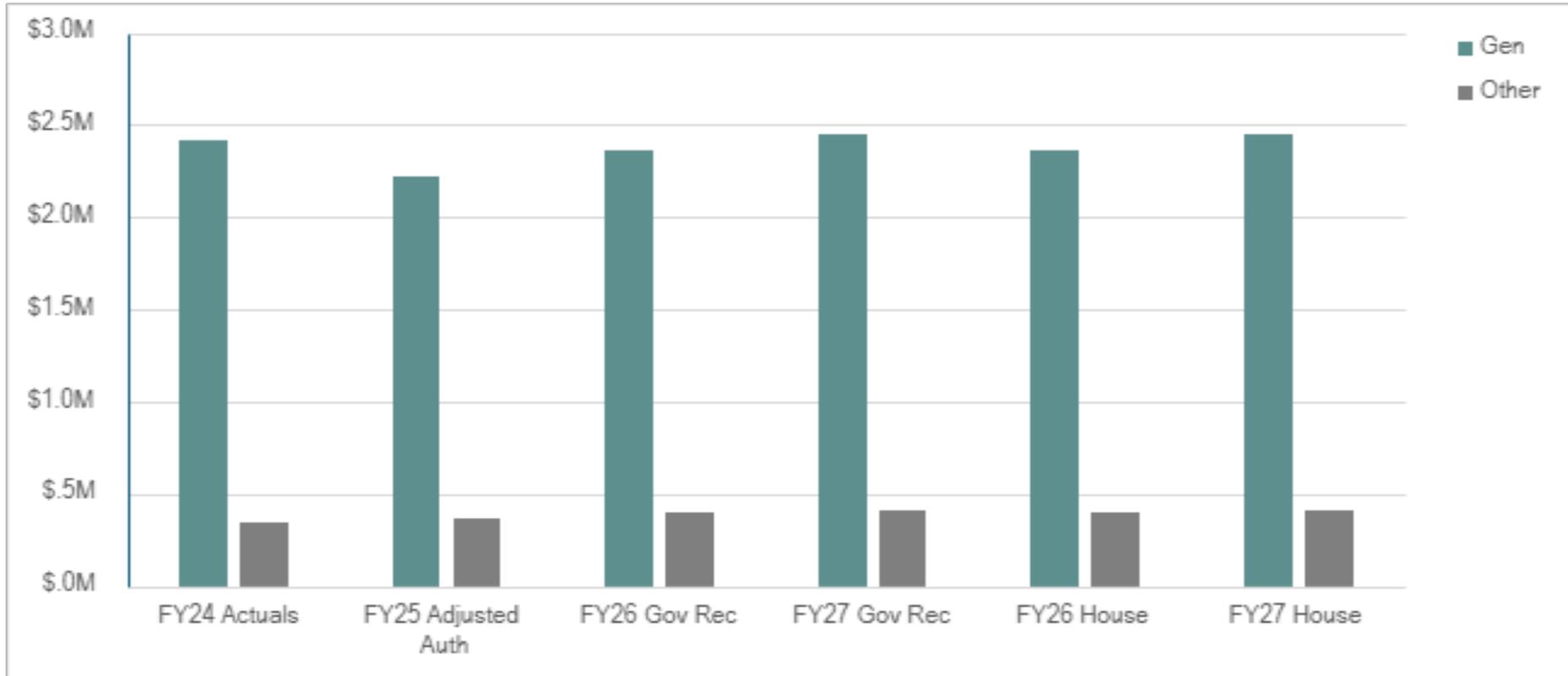
- The House added an HB2 provision (Section 442) requiring the sale of the Anna Philbrook Building, which houses 16 Transitional Housing beds in addition to dozens of office spaces for NHH Staff.

Basic Maintenance Costs

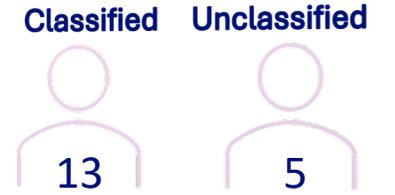
- In anticipation of future maximum security maintenance costs, the House added \$5k. (AU 8750 Pg. 620 H. Budget).



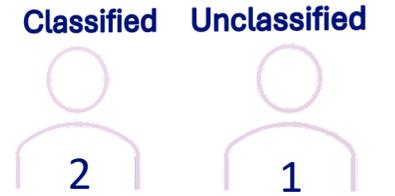
Administration- Accounting Unit 84000000



Funded FT Authorized Positions



Unfunded FT Authorized Positions

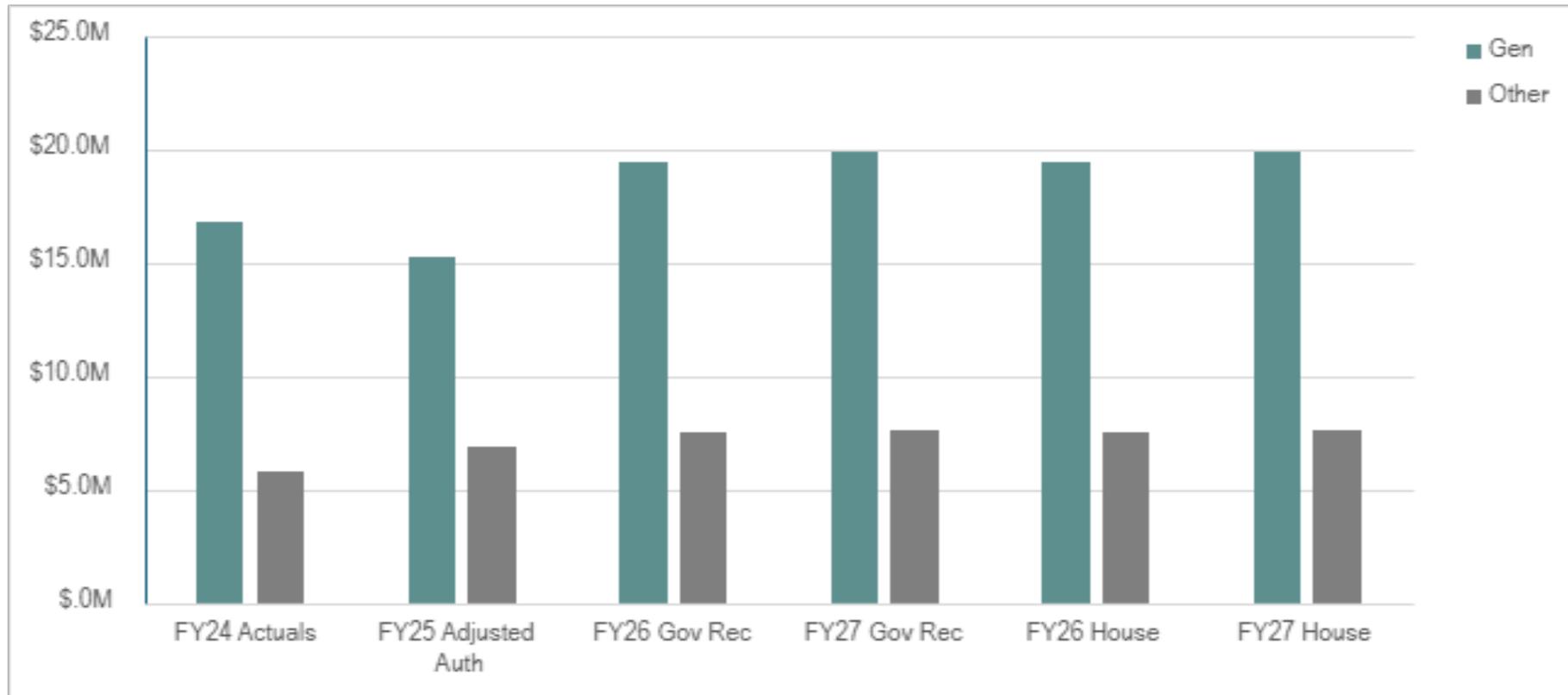


Summary of Significant Changes

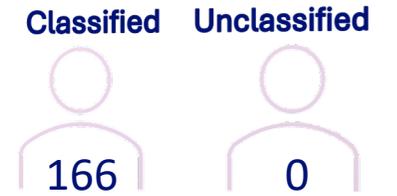
None.



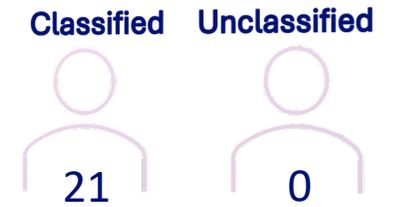
Facility/Patient Support - Accounting Unit 84100000



Funded FT Authorized Positions



Unfunded FT Authorized Positions



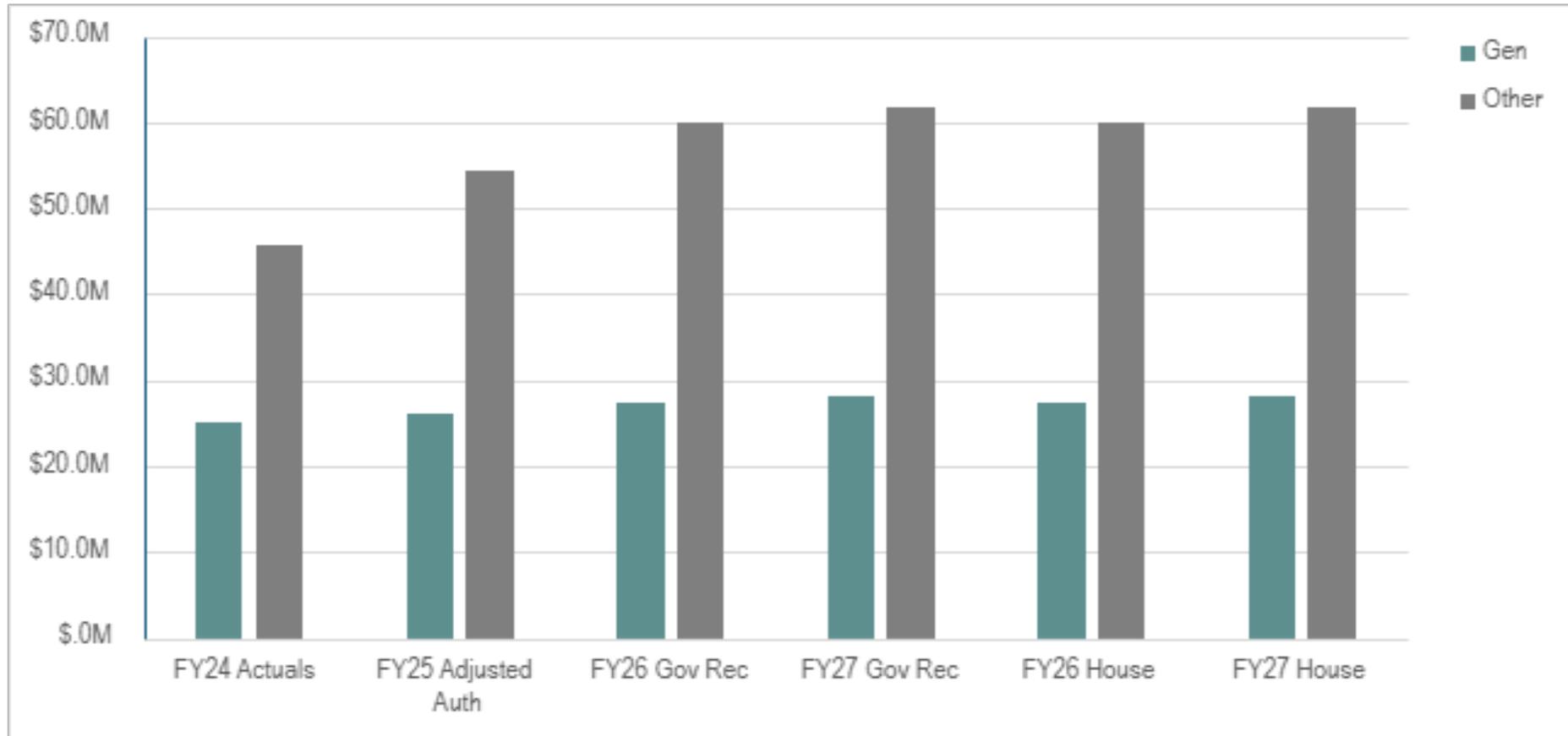
Summary of Significant Changes

Enhanced Security

- Funding was added in the 26/27 biennium to class 049 to enhance hospital and campus security. DOS has contracted with a security firm and NHH pays DOS via an MOU.



Facility/Patient Support - Accounting Unit 87500000



Funded FT Authorized Positions

Classified	Unclassified
 399	 7

Unfunded FT Authorized Positions

Classified	Unclassified
 85	 0

Summary of Significant Changes

None.



Hampstead Hospital & Residential Treatment Facility (HHRTF) Senate Finance Presentation

Nathan White, Chief Financial Officer
April 28, 2025



Department of
**HEALTH &
HUMAN SERVICES**

Hampstead Hospital & Residential Treatment Facility



Provides the highest levels of psychiatric care to young people in NH - both inpatient and residential treatment.



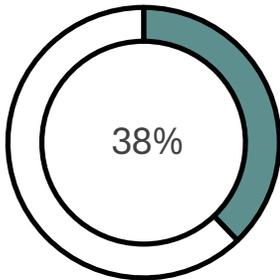
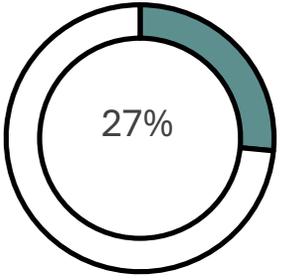
Facility and campus owned by State, leased to Dartmouth Health for seven-year period with explicit expectations and joint operating model.



In addition to paying rent to State, Dartmouth Health employs all staff and leaders and assumes all financial duties.



Hampstead Hospital & Residential Treatment Facility Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
			 0%	 0%	 0%	 0%
Gen	\$ 9,095	\$ 9,033	\$ -	\$ -	\$ -	\$ -
Other	\$ 14,924	\$ 25,052	\$ -	\$ -	\$ -	\$ -
Total	\$ 24,019	\$ 34,084	\$ -	\$ -	\$ -	\$ -
FT Auth.	27	27	27	27	27	27

No Operating Budget for 26/27 Biennium

- HHRTF no longer has any direct operating budget. Operations are indirectly supported by Office of the Commissioner. Need technical corrections for positions.

Lease Revenue – Dedicated Fund

- SB 118 provides for the establishment of a dedicated fund to deposit lease revenue into. Under the lease agreement the Department is required to match dollar-for-dollar Dartmouth capital investments up to \$3M.

Payment to Town of Hampstead

- \$200k is budget in each year of biennium for payment to the town of Hampstead in the OCOM Budget (Accounting Unit 5000, Class 213, Pg. 624 H. Budget).



Division of Public Health Services (DPHS) Senate Finance Presentation

Iain Watt, Division Director

April 28, 2025

iain.n.watt@dhhs.nh.gov



Department of
**HEALTH &
HUMAN SERVICES**

Division of Public Health Services



Protects the health of all people and communities in New Hampshire



Ensures access to effective, preventative focused healthcare



Collects and analyzes health data to target resources and programs



Serving New Hampshire



28,000
LEAD TESTS

The Lead Program processed results for more than 28,000 blood lead level tests for children and adults.



3,500
RADON TESTS

The Radon Program distributed more than 3,500 FREE radon test kits to New Hampshire residents.



3,762
INSPECTIONS

The Food Protection Program completed 2,676 routine inspections and 1,086 licensing inspections.



100
PEOPLE

EPRR trained 100 people on nerve agent antidote utilization and access.



137
VOLUNTEERS

EPRR trained 137 medical and public health volunteers at the all-hazard statewide volunteer conference.



7,030
FAMILIES

16 Family Resource Centers supported 7,030 families across the state.



5,229
HOME VISITS

The Maternal, Infant, and Early Childhood Home Visiting Program completed 5,229 home visits in 10 languages.



1,506
PEOPLE

The Breast and Cervical Cancer Program provided FREE cancer screening services to 1,506 people in New Hampshire.



689
PEOPLE

The Arthritis Program enrolled 689 adults in Arthritis Appropriate Evidence Based Programs.



9,000
PEOPLE

The Diabetes Program served more than 9,000 patients in 5 health systems through Diabetes Self-Management Education and Support programs.

Investigations for more than 1,000 events of potential public concern

4,776 sexually transmitted infection investigations

114 infectious disease or infection control breach investigations in healthcare settings

130 respiratory illness investigations

580 Hepatitis C, mpox, syphilis, gonorrhea, and HIV investigations involving the Linkage to Care team



131
HEALTHCARE FACILITIES

BPHSI completed or started onboarding 131 healthcare facilities into Electronic Case Reporting.

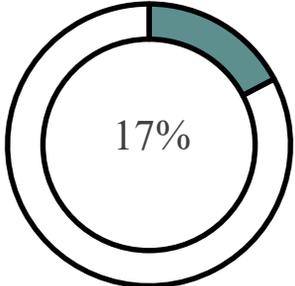
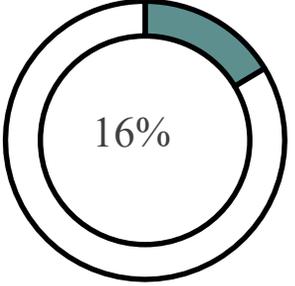
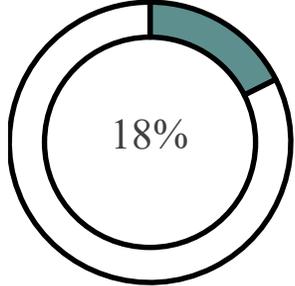
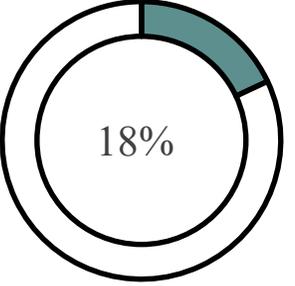
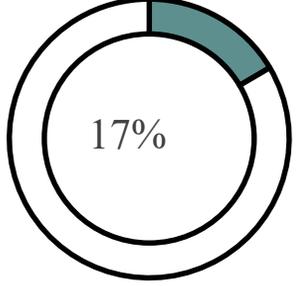
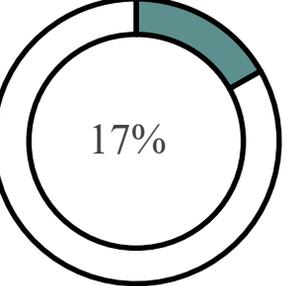


59,000 TESTS

PHL ran 59,900 tests on 16,590 water samples, including 2,560 samples from private wells.



Division Budget Highlights

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 49,232	\$ 78,161	\$ 78,095	\$ 76,711	\$ 77,099	\$ 75,718
Gen	\$ 17,706	\$ 22,205	\$ 24,240	\$ 24,475	\$ 22,376	\$ 22,410
Other	\$ 35,587	\$ 35,342	\$ 35,442	\$ 34,680	\$ 35,912	\$ 35,120
<u>Total</u>	\$ 102,525	\$ 135,708	\$ 137,777	\$ 135,866	\$ 135,387	\$ 133,248
FTAuth.	253	253	252	252	252	252

Federal Funding Reliant

- Public Health’s budget consists more than 80% Federal and Other funds
- Diverse array of funding sources across dozens of programs
- 50+ Federal Grants and Cooperative Agreements
- 70+ Accounting Units

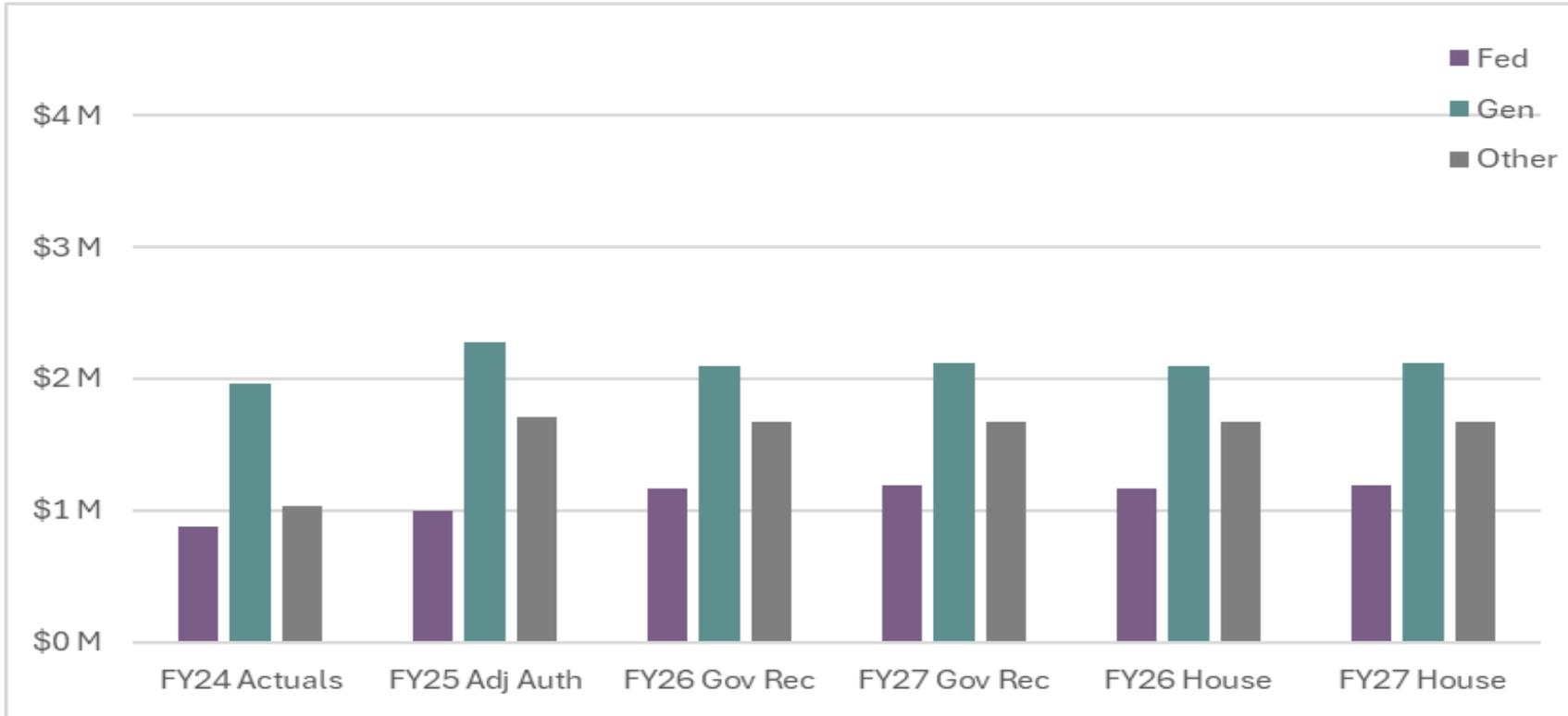


Dedicated Funds Impacted by House 5% Surcharge

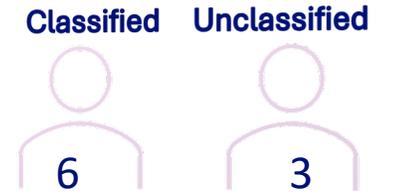
Dedicated Fund	Source	Exemption
WIC Food Rebates	Contracts with food and formula vendors for rebates made under the WIC program, including from infant formula and baby food	Federal statute
Newborn Screening Fund	Fees derived from newborn screening filter paper fees charged to hospitals	State statute
Public Health Services Special Fund	Fees from beverage manufacturer licensing and provisional licensing and license fees collected from milk plants, distributors or producer-distributors. Direct revenue for the Department is capped at \$300k per SFY.	% of revenue already diverted to State Treasury
Radiological Health Assessment	Fees collected for inspection and certification of radiation machines used in NH.	State statute
Lead Poisoning Prevention Fund	Licensing fees from certified lead abatement professionals and fines associated with non-compliance with He-P 1600, Lead Poisoning Prevention & Control Rules. The fund may also accept additional grants, donations, bequests from any public or private source.	State statute
AIDS Drug Assistance Program Fund	Rebates provided by drug manufacturers based upon the number of regimens of HIV medications prescribed to clients in the Ryan White CARE AIDS Drug Assistance Program.	Federal statute
Lab Equipment Replacement Fund	Fees collected from public or private clients for analyses required by the federal Safe Drinking Water Act. Fees are split 50/50 between the Department and the State Treasury as unrestricted revenue.	% of revenue already diverted to State Treasury
Grants in Aid to Health Care Providers	NH Medical Malpractice Joint Underwriting Association (JUA) escrow account set up with Treasury to provide grants administered by DHHS to healthcare providers serving medically underserved populations through the State Loan Repayment Program.	No revenue generated



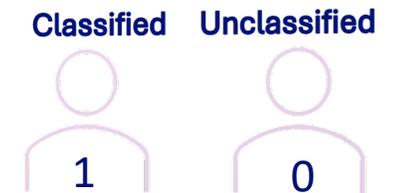
Administration – Activity 9000



Funded FT Authorized Positions



Unfunded FT Authorized Positions



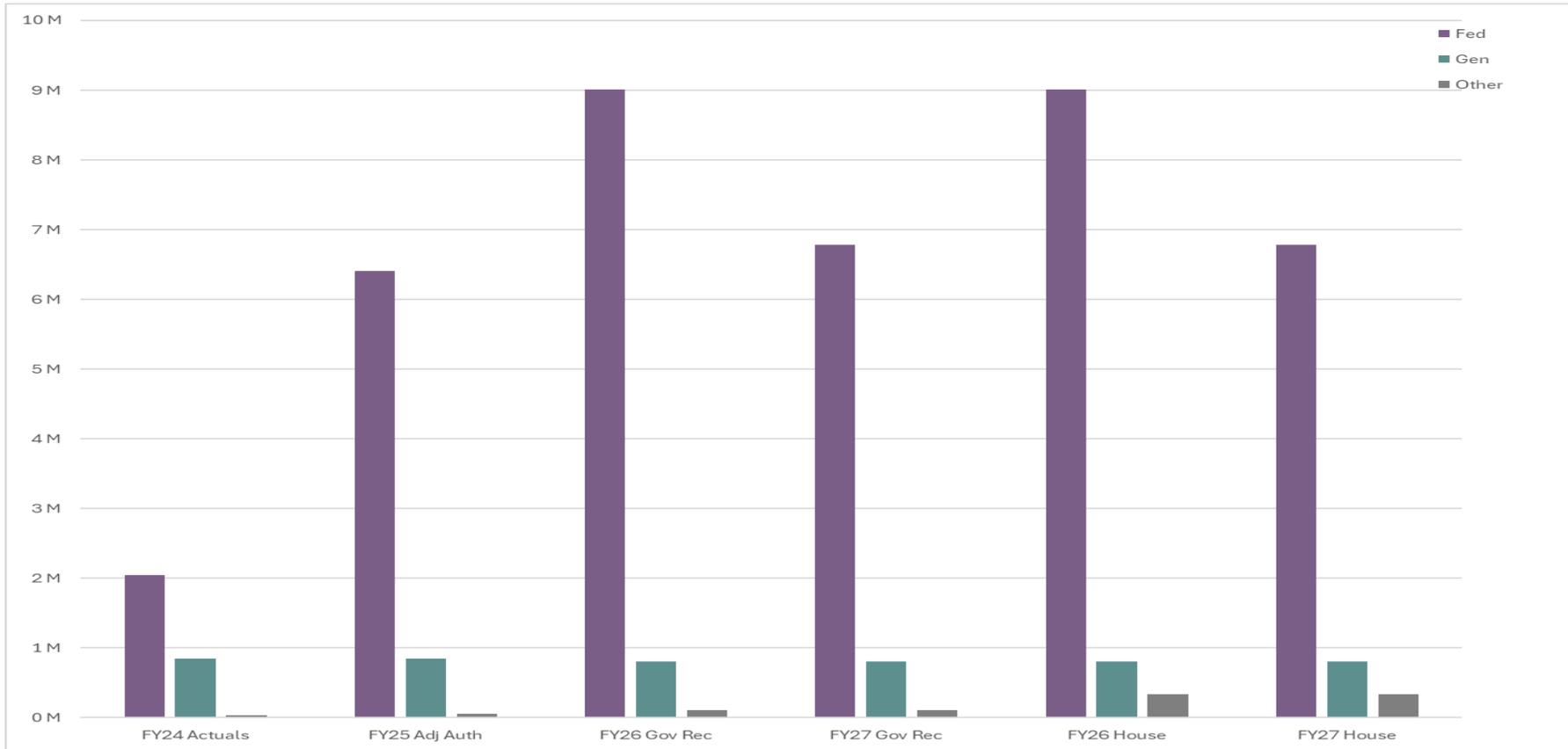
Leads and supports all Division staff and programs. Includes rent and indirect costs for the entire Division.

Summary of Significant Changes

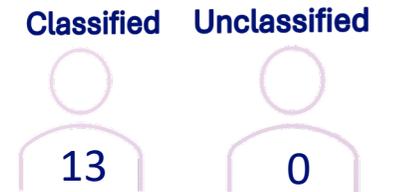
None



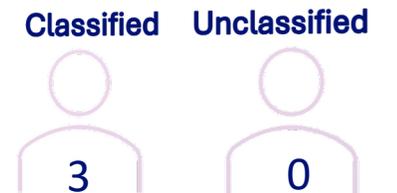
Bureau of Public Health Statistics and Informatics – Activity 9005



Funded FT Authorized Positions



Unfunded FT Authorized Positions



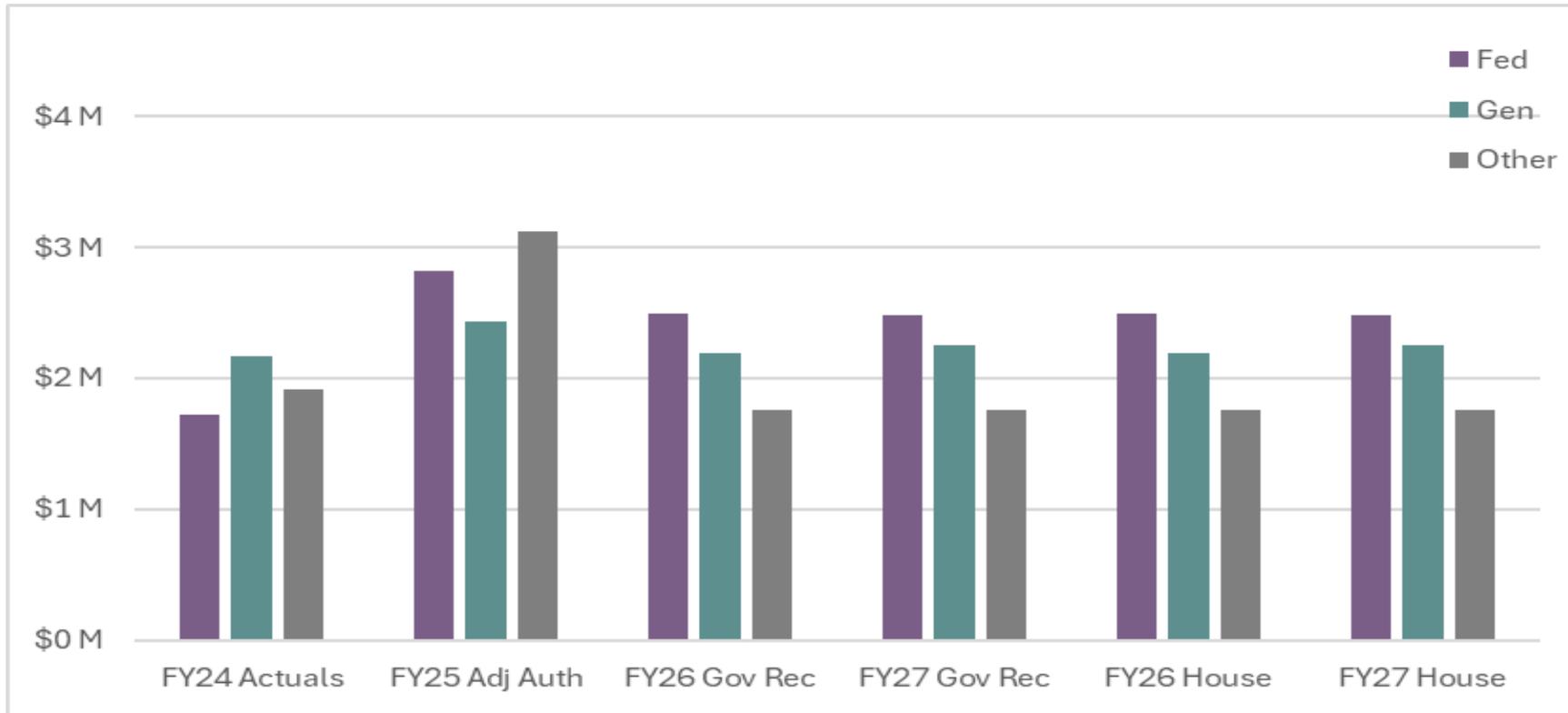
Collects, analyzes, and distributes New Hampshire health statistics. Oversees and maintains Public Health data systems.

Summary of Significant Changes

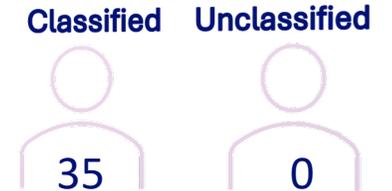
None



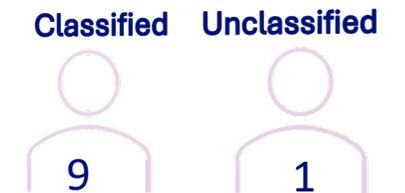
Bureau of Public Health Protection – Activity 9015



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Unfunded FT Authorized Positions



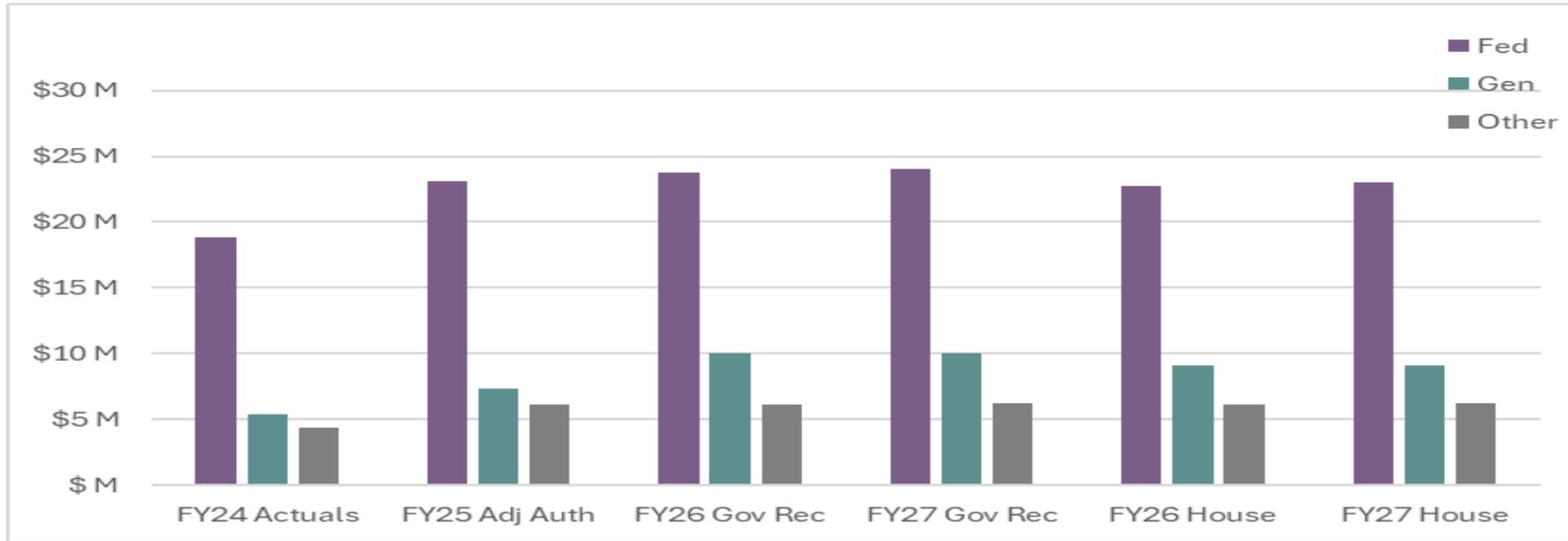
Assures public safety from environmental health risks.

Summary of Significant Changes

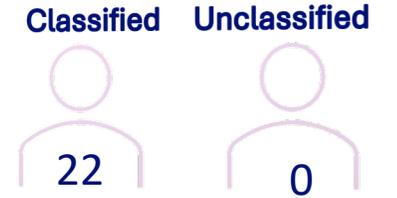
None



Bureau of Family Health and Nutrition – Activity 9020



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Provides comprehensive community and clinical services from birth to assess, protect, and promote healthy families.

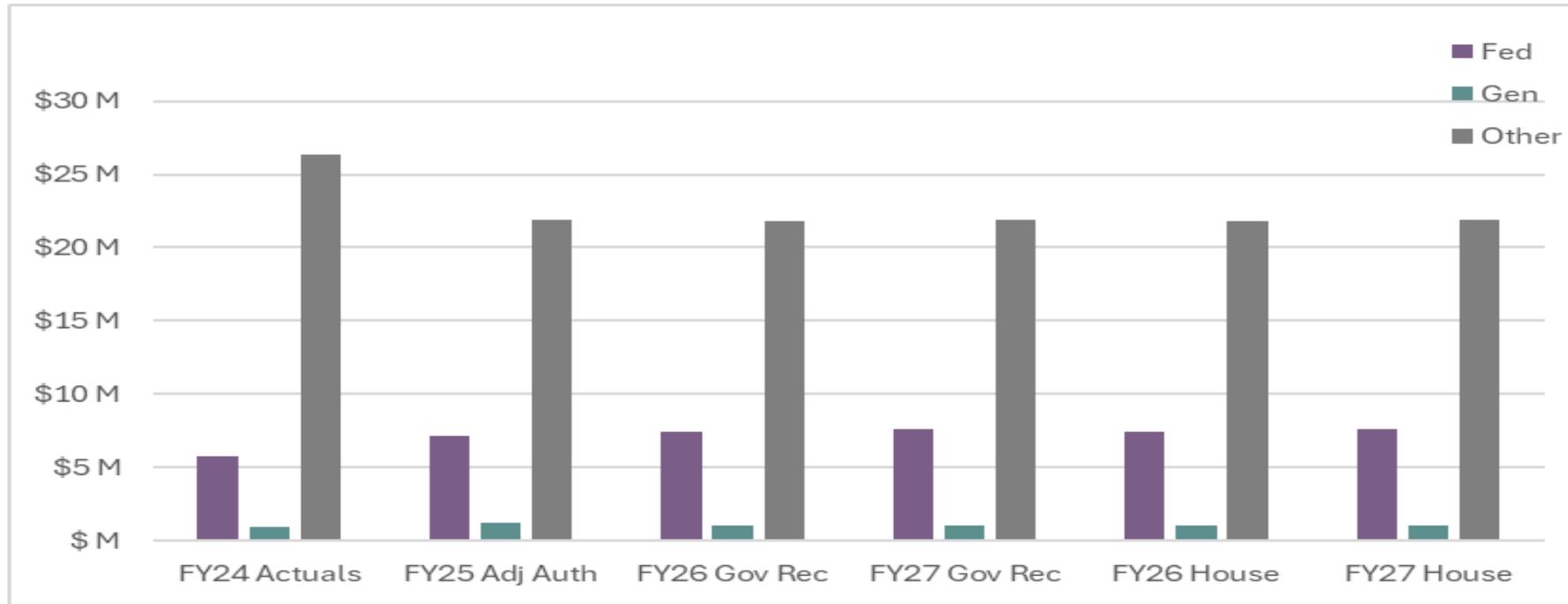
Summary of Significant Changes

Family Planning Eliminated from Budget

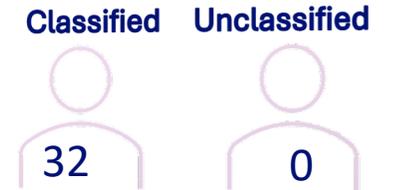
- Provides sexual health services to Medicaid, uninsured, and underinsured individuals, including cancer screening, STI testing, and basic fertility services
- Serves more than 2,300 patients annually
- Reduced in the House budget by \$3.7M (55% FF, 45% GF)
- AU 5530 (removed from budget, no page number)



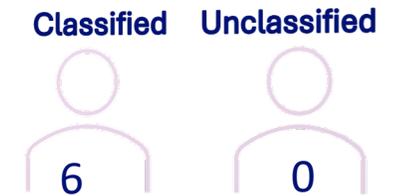
Bureau of Infectious Disease Control – Activity 9025



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Identifies, investigates, monitors, and prevents infectious disease.

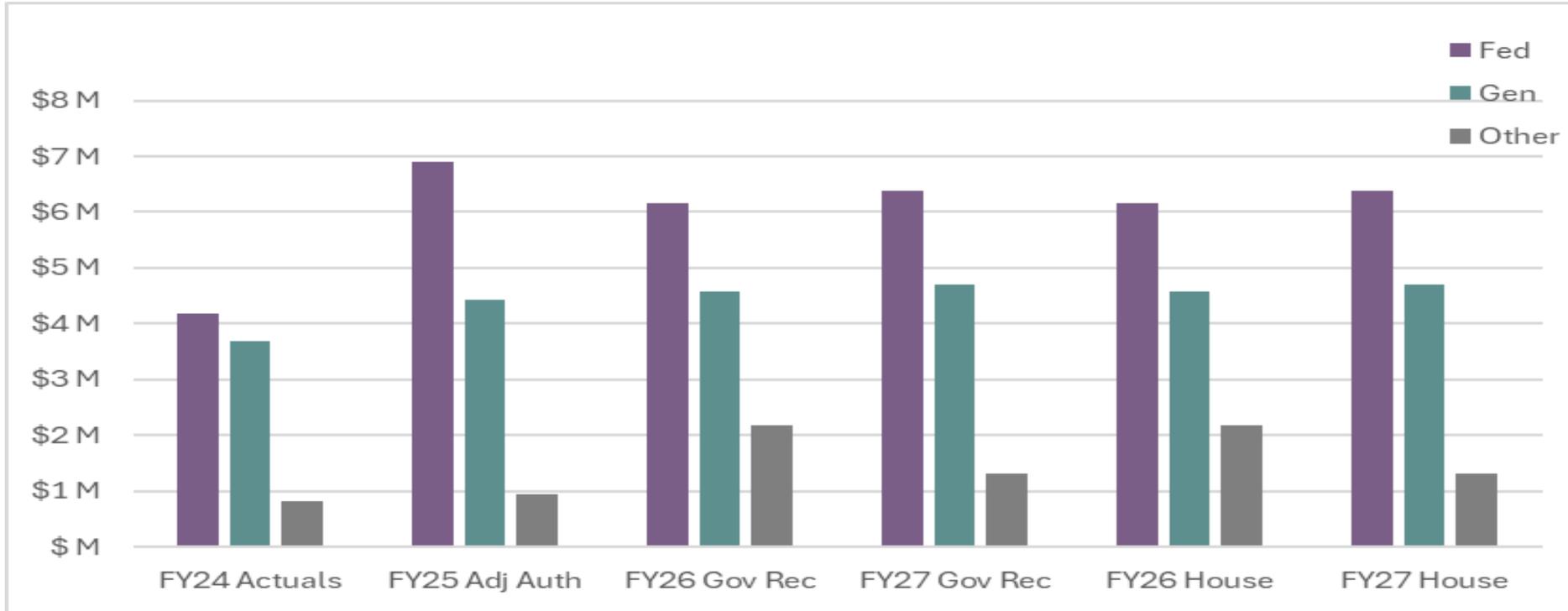
Summary of Significant Changes

Childhood Immunization Policy Amendment

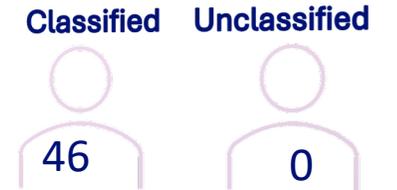
- Section 467 of HB2 contains an amendment to RSA-C:20-a, removing the Commissioner’s authority to update the vaccine schedule for children attending school or childcare in NH, as well as pertaining to specific immunizations in the current schedule
- As written, it would remove the Commissioner’s authority to update the vaccine schedule, as well as conclude existing requirements for the Hep B, varicella (chickenpox), and haemophilus vaccination from the schedule on 6/30/26



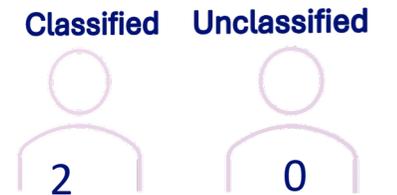
Bureau of Laboratory Services – 9030



Funded FT Authorized Positions



Unfunded FT Authorized Positions



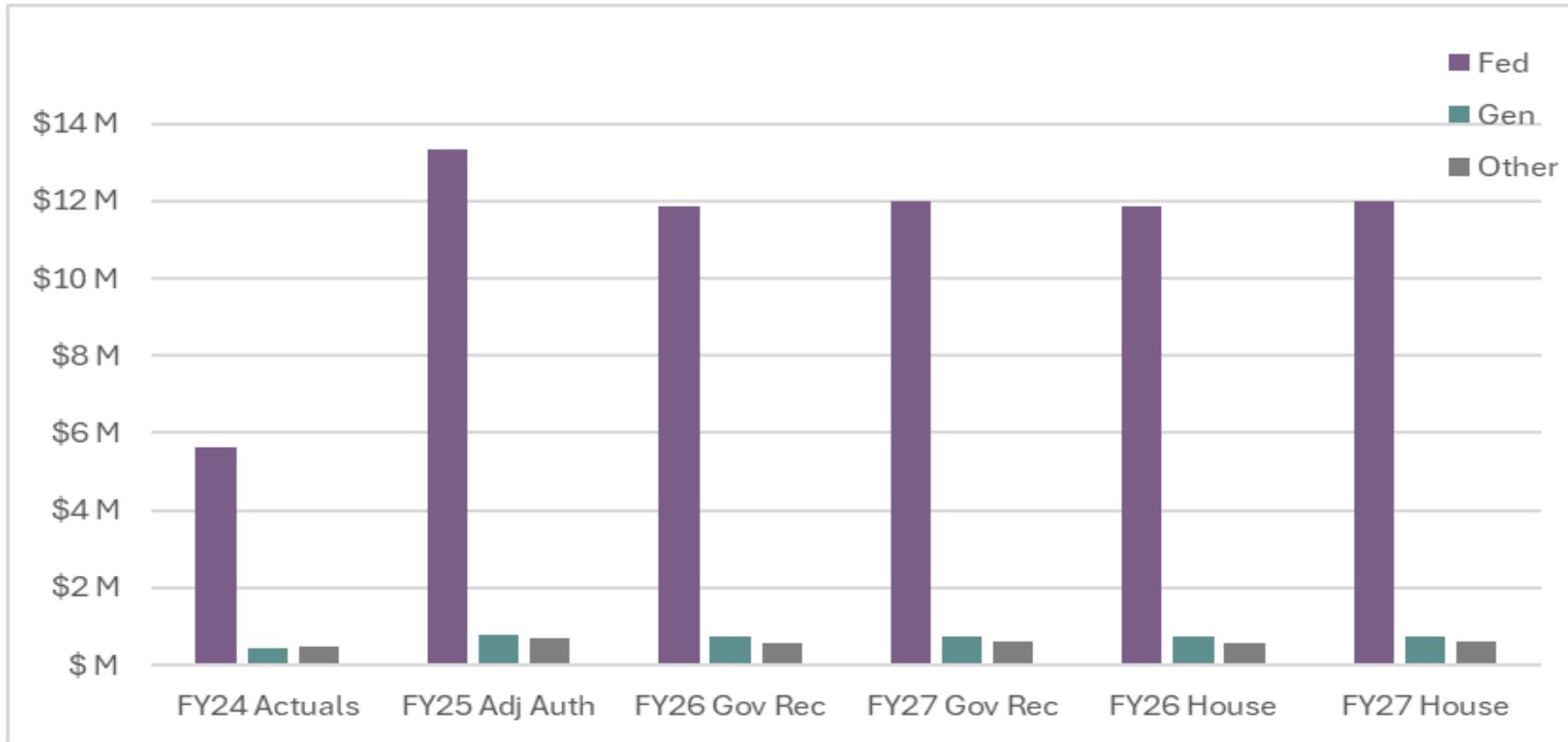
Conducts clinical and environmental laboratory testing (drinking water, food, emergency response, disease surveillance, external laboratory training, and quality improvement).

Summary of Significant Changes

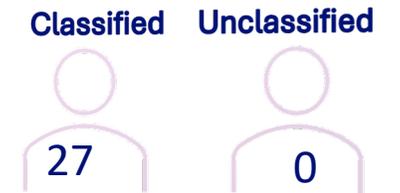
None



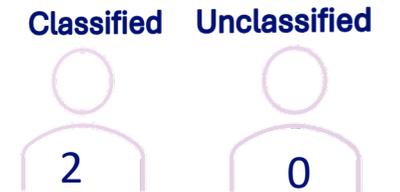
Bureau of Emergency Preparedness, Response & Recovery – 9035



Funded FT Authorized Positions



Unfunded FT Authorized Positions



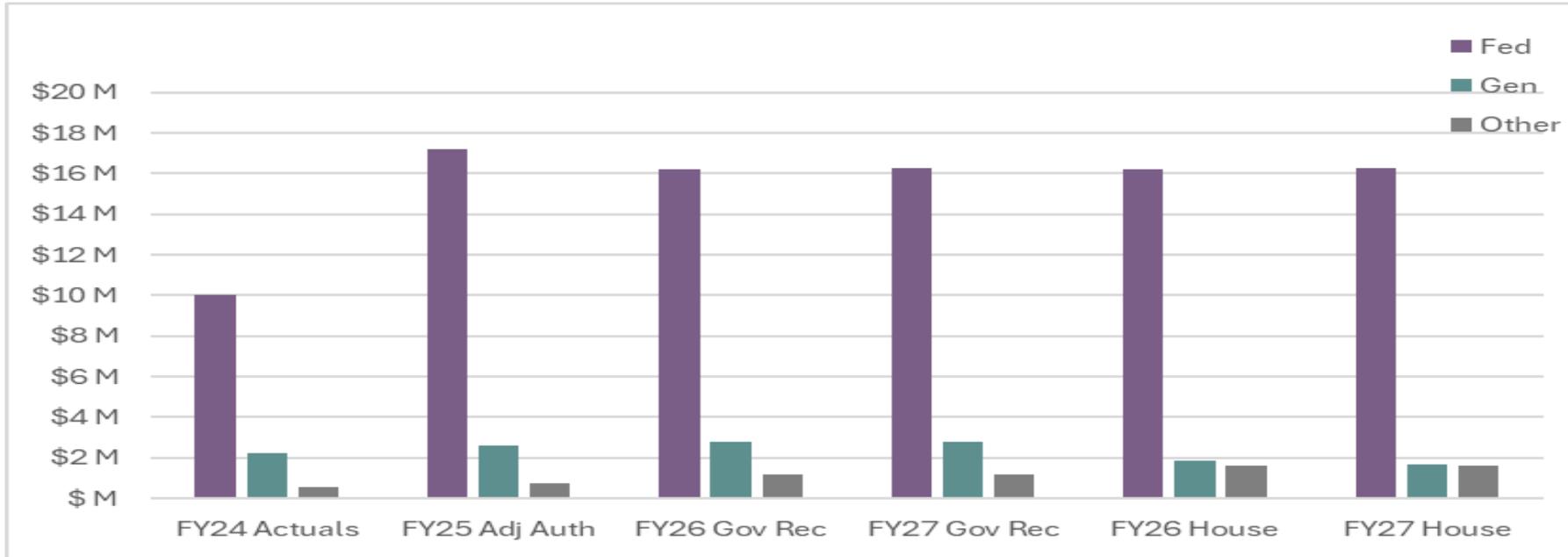
Prepares for and acts quickly to respond to emergencies and disasters.

Summary of Significant Changes

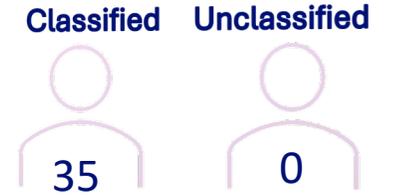
None



Bureau of Prevention and Wellness – 9045



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Prevents chronic disease and maximizes wellness and quality of life.

Summary of Significant Changes

Tobacco Prevention Eliminated

- House Budget removed all General Funds (\$606,841 per FY); 9045-3224, p.584

State Loan Repayment Program

- House Reduced General Funds by \$300k in SFY26 and \$500k in SFY27; 9045-2794. p.589
- HB2 provision (Section 382) prohibits the Department from entering into any new agreements