

**HEALTH AND HUMAN SERVICES
APPROPRIATIONS SUBCOMMITTEE**

JANUARY 2024



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Analysis of the Governor’s Budget Recommendations

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Health and Human Services Subcommittee Members

Analysis of the Governor's Budget Recommendations

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Molly Donahue, Ranking Member
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Joint Health and Human Services Appropriations Subcommittee



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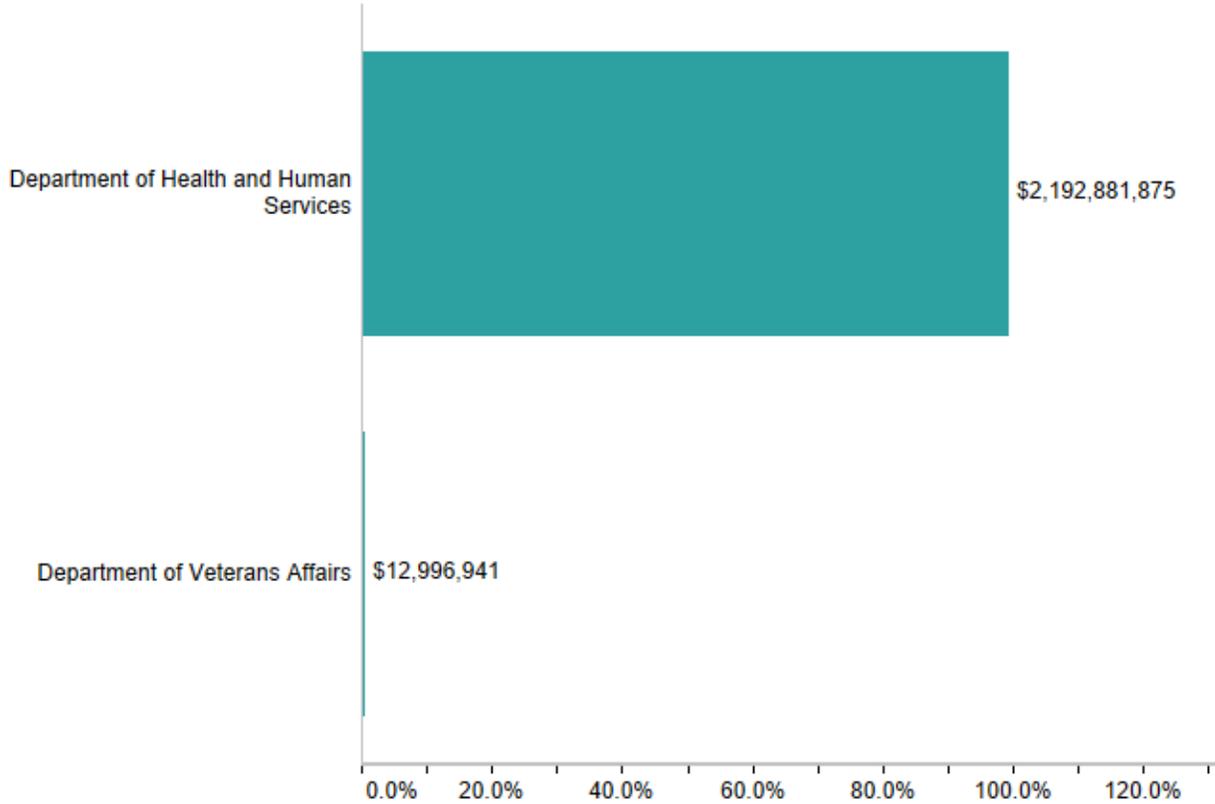


Representative
Turek, Josh

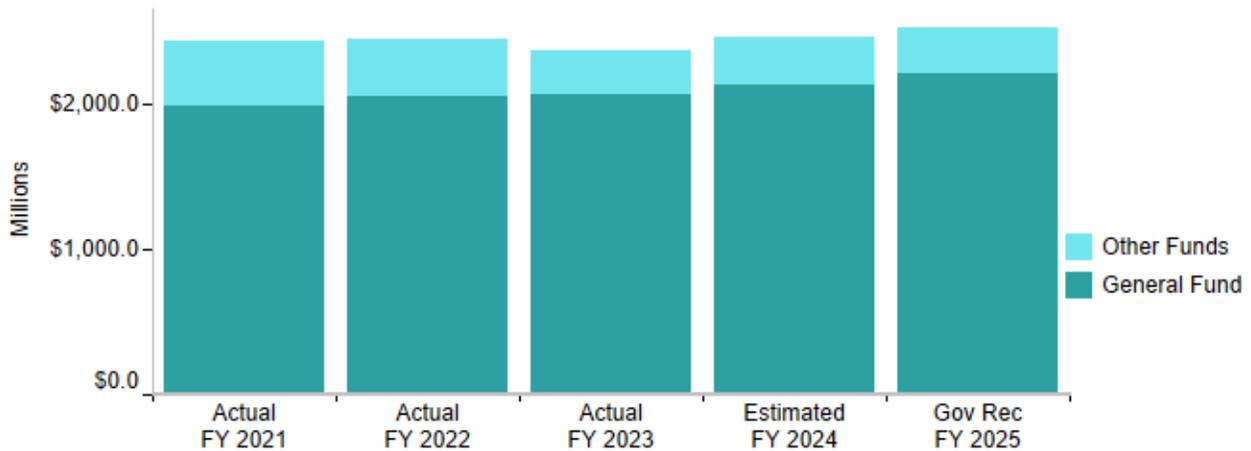


Representative
Wilson, Elizabeth

**FY 2025 General Fund Governor's Recommendations
 Total: \$2,205,878,816**



**Funding History by Appropriations Subcommittee —
 Health and Human Services**



DEPARTMENT ON AGING

Department on Aging Alignment — Due to [Senate File 514](#) (State Government Alignment Act), all General Fund programs previously administered by the Department on Aging (IDA) are now administered by the [Department of Health and Human Services \(HHS\)](#).

General Fund Recommendations

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|---|---------------------------------|------------------------------------|----------------------------------|---|
| <u>Aging, Iowa Department on</u> | | | | |
| Aging | | | | |
| Aging Programs | \$ 11,304,082 | \$ 0 | \$ 0 | \$ 0 |
| Office of LTC Ombudsman | 1,149,821 | 0 | 0 | 0 |
| Total Aging, Iowa Department on | \$ 12,453,903 | \$ 0 | \$ 0 | \$ 0 |



DEPARTMENT OF PUBLIC HEALTH

Department of Public Health Alignment — Due to [Senate File 514](#) (State Government Alignment Act), all General Fund and Other Fund programs previously administered by the Department of Public Health (DPH) are now administered by the HHS.

General Fund Recommendations

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|---|---------------------------------|------------------------------------|----------------------------------|---|
| <u>Public Health, Department of</u> | | | | |
| Public Health | | | | |
| Addictive Disorders | \$ 23,659,379 | \$ 0 | \$ 0 | \$ 0 |
| Healthy Children and Families | 5,816,681 | 0 | 0 | 0 |
| Chronic Conditions | 4,258,373 | 0 | 0 | 0 |
| Community Capacity | 6,519,306 | 0 | 0 | 0 |
| Essential Public Health Services | 7,662,464 | 0 | 0 | 0 |
| Infectious Diseases | 1,796,206 | 0 | 0 | 0 |
| Public Protection | 4,466,601 | 0 | 0 | 0 |
| Resource Management | 933,871 | 0 | 0 | 0 |
| Congenital & Inherited Disorders Registry | 202,081 | 0 | 0 | 0 |
| Total Public Health, Department of | \$ 55,314,962 | \$ 0 | \$ 0 | \$ 0 |

Other Fund Recommendations

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|---|---------------------------------|------------------------------------|----------------------------------|---|
| <u>Public Health, Department of</u> | | | | |
| Public Health | | | | |
| Gambling Treatment Program - SWRF | \$ 1,750,000 | \$ 0 | \$ 0 | \$ 0 |
| Total Public Health, Department of | \$ 1,750,000 | \$ 0 | \$ 0 | \$ 0 |

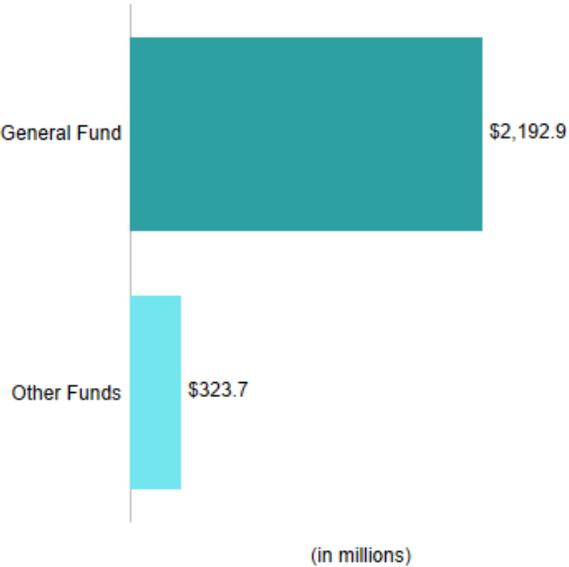


DEPARTMENT OF HEALTH AND HUMAN SERVICES

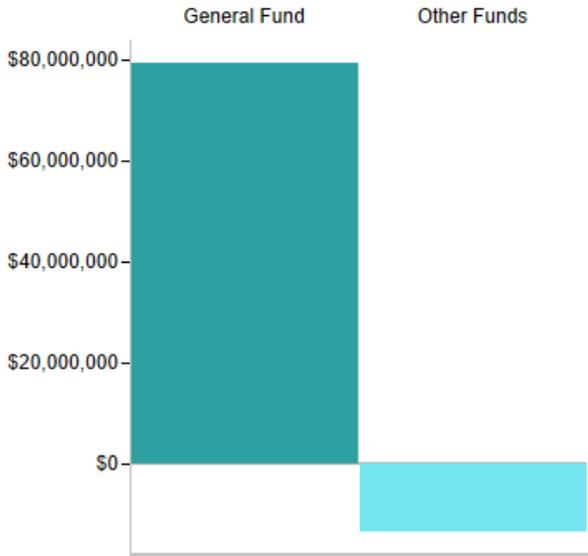
Overview and Funding History

Agency Overview: The [Department of Health and Human Services \(HHS\)](#) is responsible for administering cash assistance for needy families (Family Investment Program), food assistance, and Medicaid, as well as providing services in the areas of family well-being and protection, behavioral health, public health, human rights, aging, mental health and disability, and child care. The HHS operates six state-run facilities, including two mental health institutes and two resource centers for individuals with intellectual disabilities. [Senate File 514](#) (State Government Alignment Act) merged the departments of Aging, Human Services, and Public Health together to form HHS.

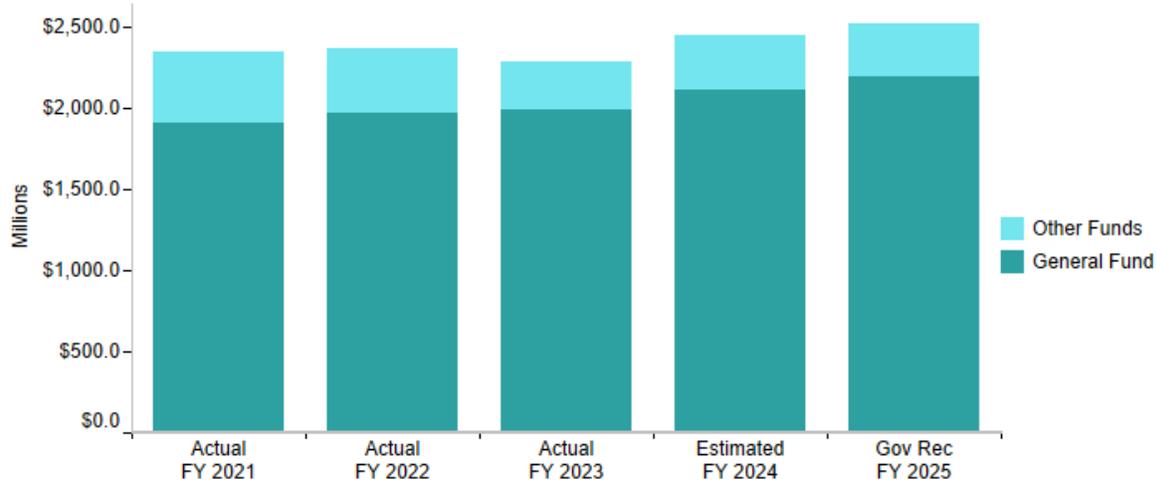
FY 2025 Governor's Recommendations
Total: \$2,516,622,827



Governor's Recommendations Compared to FY 2024



Funding History



General Fund Recommendations

| | Actual FY 2023 (1) | Estimated FY 2024 (2) | Gov Rec FY 2025 (3) | Gov Rec vs Est FY 2024 (4) |
|---|--------------------------|-----------------------------|---------------------------|----------------------------------|
| Health and Human Services, Department of | | | | |
| HHS - Aging | | | | |
| Aging Programs | \$ 0 | \$ 11,799,361 | \$ 11,799,361 | \$ 0 |
| Office of LTC Ombudsman | 0 | 1,148,959 | 1,148,959 | 0 |
| HHS - Aging | \$ 0 | \$ 12,948,320 | \$ 12,948,320 | \$ 0 |
| HHS - Assistance Payment | | | | |
| Family Investment Program/PROMISE JOBS | \$ 41,003,978 | \$ 41,003,575 | \$ 38,103,575 | \$ -2,900,000 |
| Medical Assistance | 1,510,127,388 | 1,543,626,779 | 1,618,583,680 | 74,956,901 |
| Health Program Operations | 17,446,343 | 17,446,067 | 18,631,728 | 1,185,661 |
| State Supplementary Assistance | 7,349,002 | 7,349,002 | 5,749,002 | -1,600,000 |
| State Children's Health Insurance | 38,661,688 | 38,661,688 | 42,597,798 | 3,936,110 |
| Child Care Assistance | 40,816,931 | 64,223,730 | 64,223,730 | 0 |
| Child and Family Services | 93,571,677 | 79,027,794 | 79,362,294 | 334,500 |
| Adoption Subsidy | 40,596,007 | 40,883,507 | 40,883,507 | 0 |
| Family Support Subsidy | 949,282 | 949,282 | 949,282 | 0 |
| Conner Training | 33,632 | 33,632 | 33,632 | 0 |
| Volunteers | 84,686 | 84,686 | 84,686 | 0 |
| Child Abuse Prevention | 202,081 | 232,570 | 232,570 | 0 |
| HHS - Assistance Payment | \$ 1,790,842,695 | \$ 1,833,522,312 | \$ 1,909,435,484 | \$ 75,913,172 |
| HHS - Eldora State Training School | | | | |
| Eldora Training School | \$ 17,606,871 | \$ 17,568,511 | \$ 18,529,635 | \$ 961,124 |
| HHS - Cherokee Mental Health Institution | | | | |
| Cherokee MHI | \$ 15,613,624 | \$ 15,923,252 | \$ 18,482,310 | \$ 2,559,058 |
| HHS - Independence Mental Health Institution | | | | |
| Independence MHI | \$ 19,688,928 | \$ 19,811,470 | \$ 22,876,090 | \$ 3,064,620 |
| HHS - Glenwood Resource Center | | | | |
| Glenwood Resource Center | \$ 16,288,739 | \$ 16,255,132 | \$ 5,255,132 | \$ -11,000,000 |
| HHS - Woodward Resource Center | | | | |
| Woodward Resource Center | \$ 13,409,294 | \$ 13,389,577 | \$ 13,389,577 | \$ 0 |
| HHS - Civil Commitment Unit / Sexual Offenders | | | | |
| Civil Commitment Unit for Sexual Offenders | \$ 13,891,276 | \$ 14,865,337 | \$ 16,793,575 | \$ 1,928,238 |
| HHS - Community Services | | | | |
| Child Support Services | \$ 15,942,885 | \$ 15,914,329 | \$ 15,914,329 | \$ 0 |
| Field Operations | 65,894,438 | 72,056,945 | 72,736,945 | 680,000 |
| HHS - Community Services | \$ 81,837,323 | \$ 87,971,274 | \$ 88,651,274 | \$ 680,000 |
| HHS - Human Services | | | | |
| General Administration | \$ 15,842,189 | \$ 18,913,662 | \$ 19,490,662 | \$ 577,000 |
| HHS Facilities | 4,172,123 | 2,157,590 | 7,882,987 | 5,725,397 |
| Commission of Inquiry | 0 | 1,394 | 1,394 | 0 |
| Nonresident Mental Illness Commitment | 12,530 | 142,802 | 142,802 | 0 |
| HHS - Human Services | \$ 20,026,842 | \$ 21,215,448 | \$ 27,517,845 | \$ 6,302,397 |
| HHS - Human Rights | | | | |
| LiHEAP Weatherization Assistance Program – Standing | \$ 0 | \$ 1 | \$ 1 | \$ 0 |
| Central Administration | 0 | 186,913 | 186,913 | 0 |
| Community Advocacy and Services | 0 | 956,894 | 956,894 | 0 |
| Criminal & Juvenile Justice | 0 | 1,318,547 | 156,843 | -1,161,704 |
| Single Grant Program | 0 | 140,000 | 140,000 | 0 |
| HHS - Human Rights | \$ 0 | \$ 2,602,355 | \$ 1,440,651 | \$ -1,161,704 |

General Fund Recommendations (cont'd)

| | Actual FY 2023 (1) | Estimated FY 2024 (2) | Gov Rec FY 2025 (3) | Gov Rec vs Est FY 2024 (4) |
|---|--------------------------|-----------------------------|---------------------------|----------------------------------|
| HHS - Public Health | | | | |
| Congenital & Inherited Disorders Registry | \$ 0 | \$ 223,521 | \$ 223,521 | \$ 0 |
| Psychiatry Residency & Fellowship Program | 0 | 1,200,000 | 1,200,000 | 0 |
| Addictive Disorders | 0 | 23,656,992 | 23,656,992 | 0 |
| Healthy Children and Families | 0 | 5,815,491 | 5,815,491 | 0 |
| Chronic Conditions | 0 | 4,256,595 | 4,256,595 | 0 |
| Community Capacity | 0 | 7,435,682 | 7,435,682 | 0 |
| Essential Public Health Services | 0 | 7,662,464 | 7,662,464 | 0 |
| Infectious Diseases | 0 | 1,795,902 | 1,795,902 | 0 |
| Public Protection | 0 | 4,581,792 | 4,581,792 | 0 |
| Resource Management | 0 | 933,543 | 933,543 | 0 |
| HHS - Public Health | \$ 0 | \$ 57,561,982 | \$ 57,561,982 | \$ 0 |
| Total Health and Human Services, Department of | \$ 1,989,205,591 | \$ 2,113,634,970 | \$ 2,192,881,875 | \$ 79,246,905 |

Governor’s Recommendations FY 2025

Family Investment Program/PROMISE JOBS **\$-2,900,000**
 A decrease of \$2,900,000 due to a decline in program enrollment.

Medical Assistance **\$74,956,901**

- A net increase of \$34,920,314 for an expected increase in Managed Care Organization (MCO) expenditures.
- An increase of \$16,500,000 to the Home- and Community-Based Services (HCBS) program as a backfill to federal [American Rescue Plan Act of 2021 \(ARPA\)](#) funding that expired.
- An increase of \$14,600,000 to increase access to community-based providers.
- An increase of \$5,000,000 for enhanced case management.
- An increase of \$3,000,000 for a home health provider rate adjustment.
- An increase of \$418,121 for a physical therapist provider rate adjustment.
- An increase of \$276,947 for a community mental health centers provider rate adjustment.
- An increase of \$144,014 for a medical supplies provider rate adjustment.
- An increase of \$64,692 for an occupational therapist provider rate adjustment.
- An increase of \$29,691 for a physician assistant provider rate adjustment.
- An increase of \$3,122 for a certified nurse midwife provider rate adjustment.

Health Program Operations **\$1,185,661**

- An increase of \$115,428 in order to replace pharmaceutical settlement funds.
- An increase of \$74,046 for a federal services data hub connection.
- An increase of \$170,812 for FY 2024 unfunded need.
- An increase of \$825,375 for a 10.00% procurement factor for six major contracts.

State Supplementary Assistance **\$-1,600,000**

A decrease of \$1,600,000 due to decreased enrollment in the program.

State Children’s Health Insurance Program **\$3,936,110**

An increase of \$3,936,110 due to a projected increase in enrollment through FY 2025 to the Healthy and Well Kids in Iowa (Hawki) program.

Child and Family Services **\$334,500**

An increase of \$334,500 for an increase in the Preparation for Assisted Living stipend.

Eldora Training School **\$961,124**

An increase of \$961,124 to annualize one-time money.

Cherokee Mental Health Institute **\$2,559,058**

An increase of \$2,559,058. Of this increase, \$644,903 is to annualize FY 2024 staffing increases, and \$1,914,155 is to annualize one-time money.

Independence Mental Health Institute **\$3,064,620**

An increase of \$3,064,620. Of this increase, \$163,371 is to annualize FY 2024 staffing increases, and \$2,901,249 is to annualize one-time money.

Glenwood Resource Center **-\$11,000,000**

A decrease of \$11,000,000 due to the closing of the Glenwood Resource Center in FY 2024.

Civil Commitment Unit for Sexual Offenders **\$1,928,238**

An increase of \$1,928,238. Of this increase, \$750,000 is for 3.00 new full-time equivalent (FTE) positions and to annualize FY 2024 staffing increases, and \$1,178,238 is to annualize one-time money.

Field Operations **\$680,000**

An increase of \$680,000 due to Title IV-E penetration rate adjustments.

General Administration **\$577,000**

An increase of \$577,000 due to Title IV-E penetration rate adjustments

HHS Facilities **\$5,725,397**

An increase of \$5,725,397 for the HHS facilities for increased operational needs.

Criminal and Juvenile Justice **-\$1,161,704**

A decrease of \$1,161,704 due to the program transitioning to the Iowa Department of Management.



Other Fund Recommendations

| | Actual FY 2023 (1) | Estimated FY 2024 (2) | Gov Rec FY 2025 (3) | Gov Rec vs Est FY 2024 (4) |
|---|--------------------------|-----------------------------|---------------------------|----------------------------------|
| <u>Health and Human Services, Department of</u> | | | | |
| HHS - Assistance Payment | | | | |
| Medical Assistance - HCTF | \$ 200,660,000 | \$ 189,860,000 | \$ 176,470,000 | \$ -13,390,000 |
| Medicaid Supplemental - MFF | 150,000 | 150,000 | 150,000 | 0 |
| Health Program Operations - PSA | 234,193 | 234,193 | 234,193 | 0 |
| Medical Assistance - QATF | 66,282,906 | 111,216,205 | 111,216,205 | 0 |
| Medical Assistance - HHCAT | 33,920,554 | 33,920,554 | 33,920,554 | 0 |
| HHS - Assistance Payment | <u>\$ 301,247,653</u> | <u>\$ 335,380,952</u> | <u>\$ 321,990,952</u> | <u>\$ -13,390,000</u> |
| HHS - Public Health | | | | |
| Gambling Treatment Program - SWRF | \$ 0 | \$ 1,750,000 | \$ 1,750,000 | \$ 0 |
| Total Health and Human Services, Department of | <u>\$ 301,247,653</u> | <u>\$ 337,130,952</u> | <u>\$ 323,740,952</u> | <u>\$ -13,390,000</u> |

Governor’s Recommendations FY 2025

Medical Assistance — Health Care Trust Fund \$-13,390,000

A decrease of \$13,390,000 due to fewer receipts available in the Fund for appropriation. The Fund receives all revenues from taxes on the sale of tobacco.

Discussion Items

Medicaid — For information and discussion items for Medicaid, see the Medicaid section of this document.

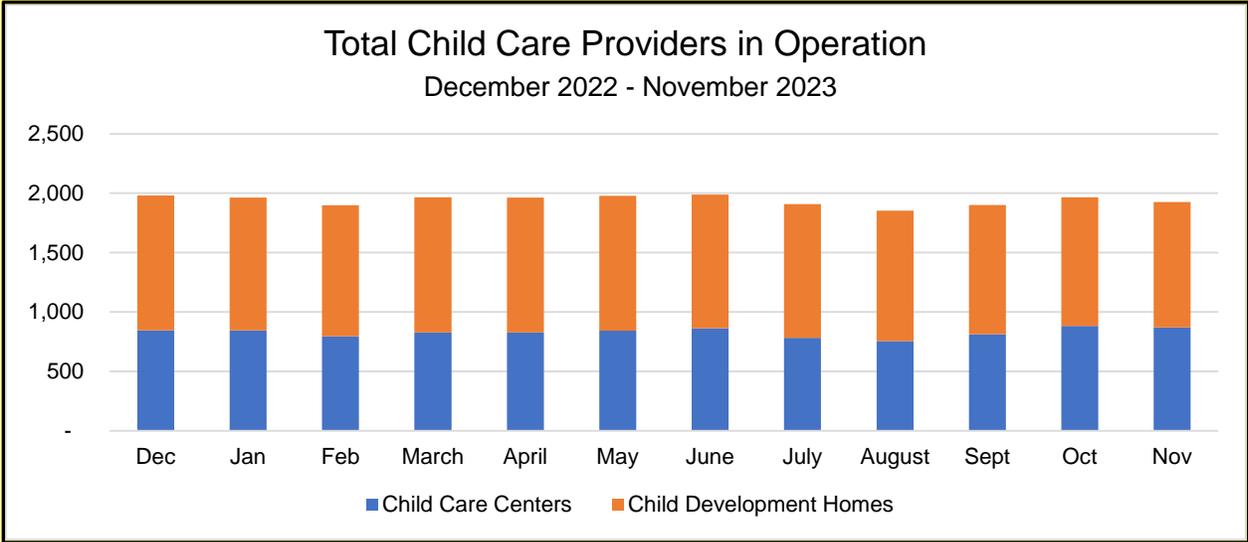
State-Funded Psychiatric Residency and Fellowship Program — Created in 2022 Iowa Acts, [House File 2578](#), (FY 2023 Health and Human Services Appropriations Act), the Psychiatric Residency Treatment Program was initially intended to create 12 psychiatric residency positions at the State Training School at Eldora. The Program was modified by 2023 Iowa Acts, [House File 274](#) (Psychiatry Residency Program Act), to reduce the number of residency positions to nine and expand the Program to include two fellowship positions. A Psychiatric Residency and Fellowship Program Fund was created in the State treasury and received a standing appropriation for FY 2024 of \$1,200,000. Of the moneys in the Fund \$100,000 is required to be appropriated to the Program for each approved residency position and \$150,000 is required to be appropriated to the Program for each approved fellowship position. For FY 2025, there are two approved residency positions and one approved fellowship position, resulting in \$350,000 being appropriated to the Program.

Postpartum Medicaid Coverage — *The Governor is recommending extending continuous postpartum Medicaid coverage from 60 days to 12 months for new mothers at 215.00% of the federal poverty level (FPL) and below, which equates to \$64,500 for a family of four. The option for states to extend postpartum Medicaid coverage beyond 60 days was originally available as a temporary measure in the [American Rescue Plan Act of 2021](#) (ARPA) and was made permanent by the [2023 Consolidated Appropriations Act](#). Extension of postpartum coverage would allow Medicaid to provide full health benefits to eligible recipients during pregnancy and the 12-month postpartum period.*

Glenwood and Woodward Resource Centers — On December 8, 2021, the U.S. Department of Justice (DOJ) notified the State that it had completed its investigation into whether the State violated the rights of people with intellectual and developmental disabilities and concluded there was reasonable cause to believe that the State violated Title II of the Americans with Disabilities Act by failing to provide services to qualified individuals in the most integrated setting appropriate to their needs. The report with the findings is available [here](#). The Subcommittee may wish to review the [settlement agreement and consent decree](#) finalized in FY 2023.

On April 7, 2022, Governor Kim Reynolds, Senate Majority Leader Jack Whitver, and House Speaker Pat Grassley announced the closure of the Glenwood Resource Center (GRC), set to take place in 2024. In consultation with families, the HHS is transitioning current residents from GRC to alternative care options, such as community-based facilities. The GRC had average staffing levels of 428.00 full-time equivalent (FTE) positions in FY 2023, a decrease of 113.00 FTE positions from FY 2022, while the WRC had average staffing levels of 482.00 FTE positions in FY 2023, an increase of 9.00 FTE positions from FY 2022.

Child Care Provider Availability — In December 2023, the HHS reported that there were 1,925 total child care providers in the State, with 870 child care centers and 1,055 child development homes. In the past 12 months, the number of child care providers has continued to fluctuate month to month, with a low of 1,853 child care providers in August 2022. The total number of child care providers in the State has continued to decline year to year for the past 10 years.



Title IV-E Adoption Subsidy Savings — An enhanced federal eligibility match for Title IV-E funding requires that states reinvest savings into other child welfare services. The current projected total of unfunded Title IV-E Adoption Subsidy Reinvestment Savings is estimated at \$4,900,000. Most of the expenditures to date have been for the Treatment Outcome Package (TOP) Tool and the Parent Partner initiative expansion. The HHS anticipates further spend-down opportunities in these programs as well as the Subsidized Guardianship Program and Family-Centered Services.

Molina Healthcare of Iowa Managed Care Organization (MCO) — Beginning in FY 2024, Molina Healthcare [became](#) the third MCO operating within the Iowa Medicaid Program. The Subcommittee may wish to ask the Department about the transition for Medicaid enrollees to the new MCO and how Molina’s services will affect future costs of Iowa Medicaid.

Iowa Medicaid Dental Contracts — Beginning in FY 2025, the HHS intends to award contracts to Delta Dental of Iowa and DentaQuest USA Inc. to provide dental care to Iowa Medicaid and Hawki members. The Subcommittee may want to ask the Department about the transition for Medicaid and Hawki enrollees, new services involved with the dental contracts, and how the new contracts will affect future costs of Iowa Medicaid and Hawki.

MCO Premium Tax — 2023 Iowa Acts, [House File 685](#) (Medicaid, Liens, and Third-Party Recovery Act) established a new tax on MCO premiums received and taxable, to begin effective January 1, 2024. The tax will be paid by MCOs on or before March 1 of the year following the calendar year when the tax is due, with the first due date in FY 2025. The tax is expected to be federally reimbursed to the State through Medicaid Federal Medical Assistance Percentage (FMAP) rates, with the MCOs reimbursed for their share of the tax. The Subcommittee may want to ask the Department about the rate at which the tax

will be assessed and whether the federal government has approved the maximum tax rate enacted in HF 685.

Senate File 494 Administration — 2023 Iowa Acts, [Senate File 494](#) (Medicaid, Supplemental Nutrition Assistance Program (SNAP) Eligibility Verification Act), enacted various changes related to public assistance programs, including Medicaid, SNAP, the Family Investment Program, and the Children’s Health Insurance Program (CHIP). Changes include new income thresholds and enrollment procedures for applicants, new State and federal information review by the HHS, the modification or creation of a computerized system to provide identify verification and authentication for applicants, and new communication protocols for applicants to public assistance programs. New requirements enacted are expected to increase FTE positions in the coming years. The Subcommittee may wish to ask the HHS about how the HHS is implementing SF 494 and what, if any, third-party contracts have been secured to help with the implementation of the legislation.

DEPARTMENT OF VETERANS AFFAIRS

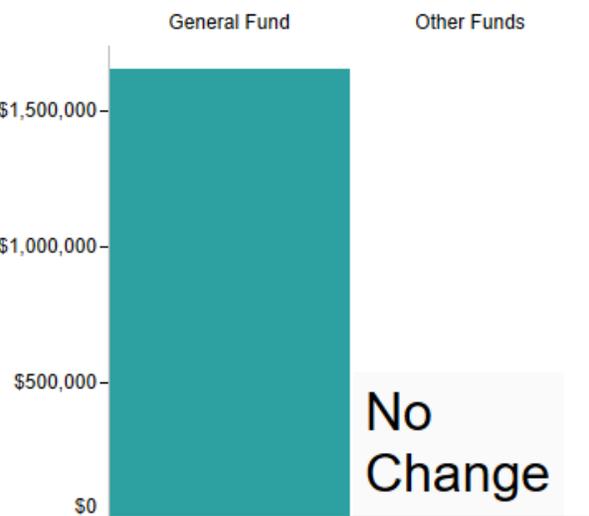
Overview and Funding History

Agency Overview: The [Department of Veterans Affairs](#) includes the Department and the [Iowa Veterans Home](#). The Department provides services to veterans regarding federal pension applications and identifies services to reimburse from the Veterans Trust Fund. The Department also established and operates the Veterans Cemetery and provides assistance for the County Veterans Grant Program and the Injured Veterans Grant Program. The Iowa Veterans Home is located in Marshalltown and provides services to veterans, including domiciliary, residential, and pharmaceutical services.

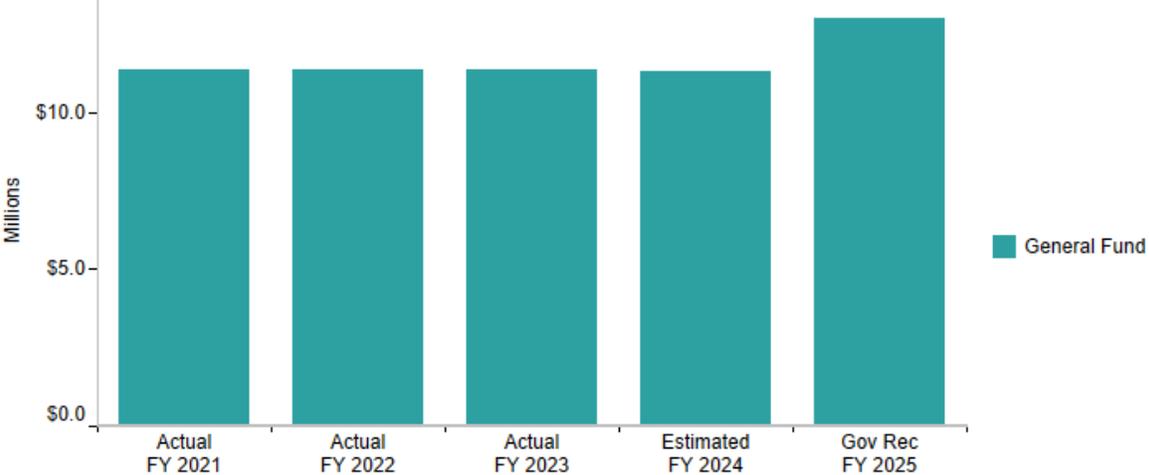
**FY 2025 Governor's Recommendations
Total: \$12,996,941**



**Governor's Recommendations
Compared to FY 2024**



Funding History



General Fund Recommendations

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|--|---------------------------------|------------------------------------|----------------------------------|---|
| Veterans Affairs, Department of | | | | |
| Veterans Affairs, Dept. of | | | | |
| General Administration | \$ 1,229,763 | \$ 1,033,289 | \$ 1,369,205 | \$ 335,916 |
| Cemetery Grounds Service | 0 | 0 | 292,000 | 292,000 |
| Home Ownership Assistance Program | 2,000,000 | 2,200,000 | 2,200,000 | 0 |
| Veterans County Grants | 990,000 | 990,000 | 990,000 | 0 |
| Veterans Affairs, Dept. of | \$ 4,219,763 | \$ 4,223,289 | \$ 4,851,205 | \$ 627,916 |
| Veterans Affairs, Dept. of | | | | |
| Iowa Veterans Home | \$ 7,131,552 | \$ 7,115,335 | \$ 8,145,736 | \$ 1,030,401 |
| Total Veterans Affairs, Department of | \$ 11,351,315 | \$ 11,338,624 | \$ 12,996,941 | \$ 1,658,317 |

Governor’s Recommendations FY 2025

General Administration **\$335,916**

An increase of \$335,916 for unfunded need in FY 2024.

Cemetery Grounds Service **\$292,000**

An increase of \$292,000 in order to contract groundskeepers to achieve national standards for veterans’ cemeteries.

Iowa Veterans Home **\$1,030,401**

An increase of \$1,030,401 to be used at the discretion of the Iowa Veterans Home to support administering care to Iowa veterans.

Discussion Items

Iowa Veterans Trust Fund — The Iowa Veterans Trust Fund (IVTF) aids veterans and their families who have less than \$20,000 in liquid assets and have a household income below 300.00% of the FPL. The Iowa General Assembly has enumerated [11 areas of eligible expenditures](#) for Iowa veterans, and eligibility is judged on a program-by-program basis.

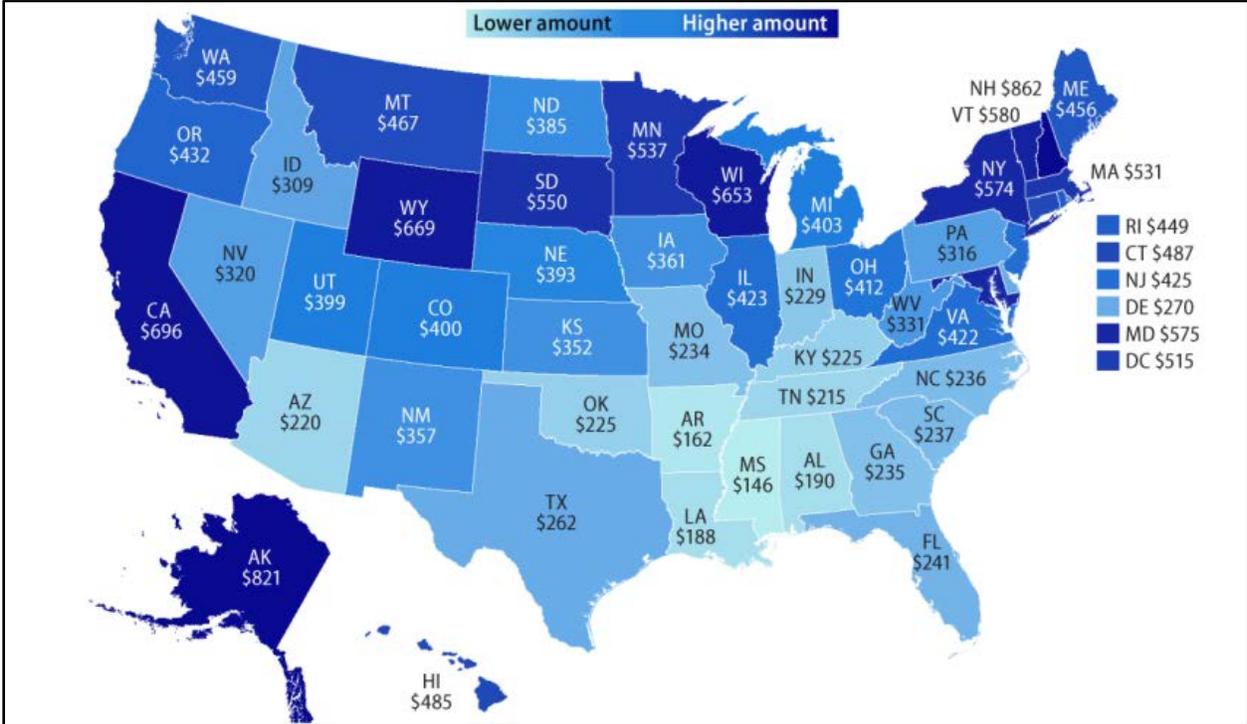
Since 2008, a portion of the Iowa Lottery proceeds has been dedicated to the IVTF, and under current law, the amount of that transfer has been set at \$2,500,000 annually. As of September 30, 2023, the Trust Fund had a spendable balance of \$1,307,459 and a total balance of \$39,398,629. Total expenditures from the Fund in FY 2022 totaled \$1,487,464, and in FY 2023 that amount decreased to \$810,922.

Comparisons to Other States — Monthly Maximum TANF Benefit

The map below represents the monthly maximum federal Temporary Assistance for Needy Families (TANF) benefit for a single parent with one child. Benefits are set by the states, and in Iowa, the maximum benefit is set at \$361 per month. In FY 2023, there were an average of 4,564 families per month in the Family Investment Program (FIP), which is the program that provides the cash benefit. The average monthly benefits issued in FY 2023 was \$1,476,992.

Compared to surrounding states, Iowa has the third lowest maximum monthly benefit, with only Kansas at \$352 per month and Missouri at \$234 per month providing a lower benefit. Iowa has a comparable benefit level to Kansas, Nebraska, and North Dakota. South Dakota, Wisconsin, and Minnesota have a significantly larger maximum benefit for a family of two compared to Iowa. Wisconsin has the highest benefit in the Midwest at \$653 per month for a family of two.

TANF Cash Assistance Maximum Monthly Benefit Amounts — Single-Parent Family with One Child



Source: Congressional Research Service, [The Temporary Assistance for Needy Families \(TANF\) Block Grant: Responses to Frequently Asked Questions](#), November 29, 2023.

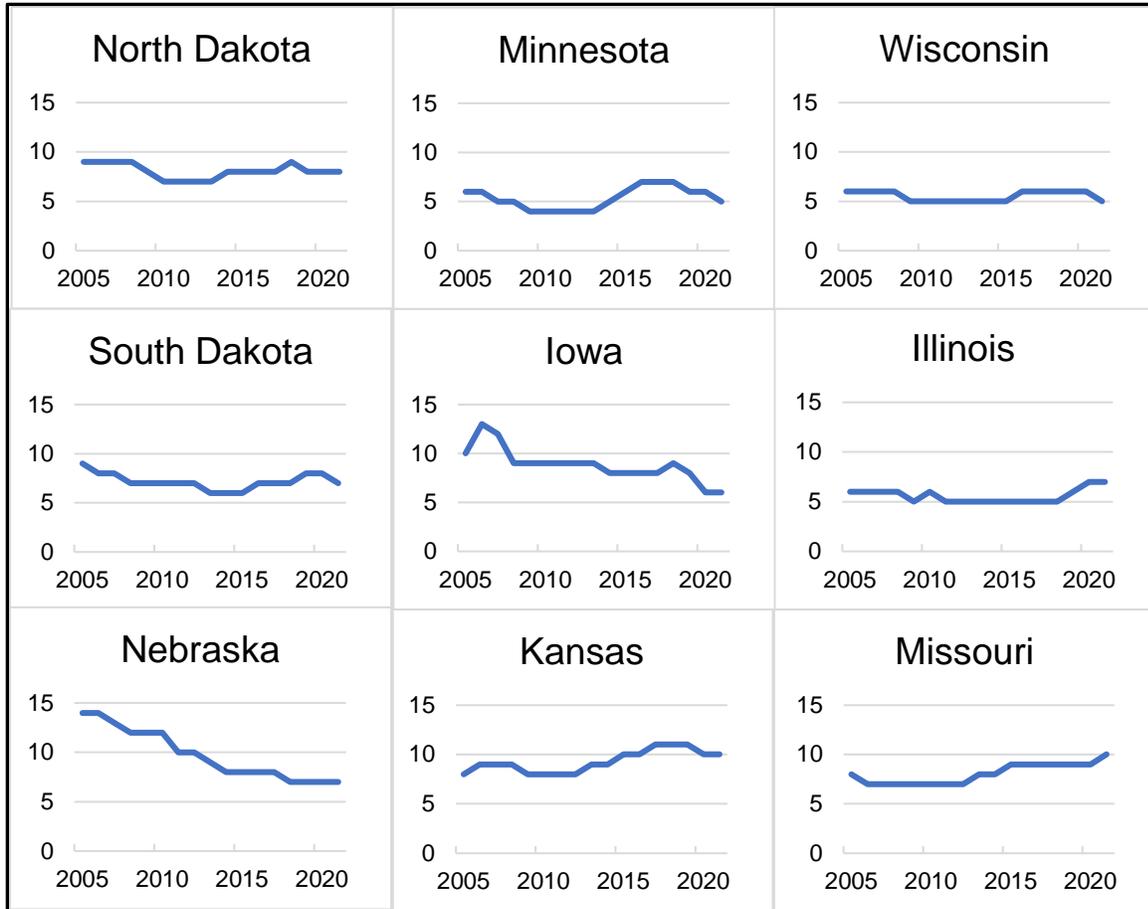
Comparison to Other States — Children in Foster Care

The Anne E. Casey Foundation [Kids Count Data Center](#) uses data from the Adoption and Foster Care Analysis and Reporting System to track the rate of children in foster care per 1,000 children age 17 and under. Children are categorized as being in foster care if they entered foster care prior to the end of the current fiscal year and have not been discharged from their latest period of time in foster care by the end of the current fiscal year. Census numbers indicate population estimates of children age 17 and under in each state as of July of the respective year.

The rate of children in foster care in Iowa and contiguous states for 2021 was 7.2 per 1,000. Iowa’s rate was lower than the regional average rate at 6.0 per 1,000, while the state reporting the highest rate in the region was Kansas at 11.0 per 1,000. Minnesota and Wisconsin shared the lowest rate in the region, with 5.0 children per 1,000 in foster care.

The national rate for 2021 was 5.0 per 1,000, which is unchanged from the 2020 rate. The highest rate in the nation remains West Virginia at 20.0 per 1,000 for the third consecutive year. Delaware, New Jersey, Utah, and Virginia shared the lowest rate at 2.0 per 1,000.

Children in Foster Care Per 1,000 — 2005 to 2021



LSA Publications

Publications that have been published by the LSA Fiscal Services Division that relate to the Health and Human Services Appropriations Subcommittee can be found on the [Fiscal Analysis webpage](#).

Reports Required to Be Filed with the General Assembly

Reports and other documents required to be filed with the General Assembly are organized by submitting department and by date and are published on this [webpage](#).

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Fiscal Year 2025 Governor's Recommendations

In FY 2024, the Governor did not recommend any supplemental changes for Medicaid. There is a surplus carryforward of \$247.4 million estimated by the Medicaid Forecasting Group on December 19, 2023, including the capitation rate increase of \$65.6 million recently agreed to by the Department Health and Human Services (HHS) and the managed care organizations (MCOs). The FY 2025 carryforward estimated by the Group is \$110.8 million.

The Governor is recommending an increase of \$75.0 million in FY 2025 to Medical Assistance (Medicaid), which includes \$34.9 million to offset an expected increase in MCO expenditures, \$16.5 million to the Home- and Community-Based Services (HCBS) program as a backfill to federal [American Rescue Plan Act of 2021 \(ARPA\)](#) funding, \$14.6 million to increase access to community-based providers, \$5.0 million for enhanced case management, and \$3.9 million for various provider rate adjustments. A detailed list of the Governor's FY 2025 recommendations is illustrated in **Figure 1** below.

Figure 1 — Medicaid Funding — Governor's Recommended Changes FY 2025

| | FY 2024 | FY 2025 |
|---|-----------------------|-----------------------|
| Revenue Changes | | |
| General Fund Appropriation Change | \$ 0 | \$ 74,956,901 |
| Total Revenue Changes | \$ 0 | \$ 74,956,901 |
| Expenditure Changes | | |
| Managed Care Expenditures | \$ 0 | \$ 34,920,314 |
| ARPA HCBS Backfill | 0 | 16,500,000 |
| Enhanced Case Management | 0 | 5,000,000 |
| Increased Access to Community-Based Providers | 0 | 14,600,000 |
| Home Health Rate Adjustment | 0 | 3,000,000 |
| Medical Supplies Rate Adjustment | 0 | 144,014 |
| Physician Assistant Rate Adjustment | 0 | 29,691 |
| Physical Therapist Rate Adjustment | 0 | 418,121 |
| Occupational Therapist Rate Adjustment | 0 | 64,692 |
| Certified Nurse Midwife Rate Adjustment | 0 | 3,122 |
| Community Mental Health Centers Rate Adjustment | 0 | 276,947 |
| Total Expenditure Changes | \$ 0 | \$ 74,956,901 |
| Grand Total | \$ 0 | \$ 0 |
| Forecasting Group Estimated Surplus* | \$ 247,351,846 | \$ 110,829,593 |
| Estimated Surplus After Governor's Changes | \$ 247,351,846 | \$ 110,829,593 |

* Forecasting Group estimates do not include increases in capitation rates for the MCOs for FY 2025.

Medicaid Forecast FY 2024 and FY 2025

Figure 2 shows actual and estimated revenues and expenditures for actual FY 2023 through estimated FY 2025. The Medicaid Forecasting Group, consisting of staff members from the HHS, the Department of Management (DOM), and the Fiscal Services Division of the Legislative Services Agency (LSA), met on December 19, 2023, to discuss estimated Medical Assistance (Medicaid) expenditures for FY 2024 and FY 2025. The Forecasting Group meets periodically to discuss revenues and expenditures and agree on estimates for the current and upcoming fiscal years.

Final Fiscal Year 2023. Fiscal Year 2023 ended with a \$421.4 million surplus above what was appropriated in 2022 Iowa Acts, [House File 2578](#) (FY 2023 Health and Human Services Appropriations Act). The surplus was a result of the enhanced 6.2% Federal Medical Assistance Percentage (FMAP) increase, which was part of the federal COVID-19 relief to states and includes \$53.4 million in unspent ARPA State funds. The FMAP increase provided approximately \$72.0 million per quarter beginning January 1, 2020. The surplus includes an increase in the capitation payments for the two MCOs for FY 2023. The surplus also includes the end of the federal public health emergency (PHE) in April 2023, and individuals who are no longer eligible for Medicaid were disenrolled beginning May 2023. Eligibility redeterminations and the disenrollment process will likely take 9 to 12 months in accordance with federal guidelines.

Fiscal Year 2024 Estimate. For FY 2024, the Forecasting Group estimates Medicaid will have a surplus of \$247.4 million above what was appropriated in 2023 Iowa Acts, [Senate File 561](#) (FY 2024 Health and Human Services Appropriations Act). The estimated surplus is due to the projected carryforward from FY 2023, and an enhanced FMAP of 2.5% in the first quarter and 1.5% in the second quarter of FY 2024 due to the end of the PHE, as provided in the federal [Consolidated Appropriations Act of 2023](#). The FY 2024 estimate also includes capitation rate increases.

Fiscal Year 2025 Estimate. For FY 2025, the Forecasting Group estimates Medicaid will have a surplus of \$110.8 million. The estimated surplus is lower than FY 2024 due to the end of the PHE, along with a preliminary 0.41% decrease in Iowa's FMAP. The FY 2025 estimate does not include any capitation rate increases. Revenue from the Medicaid MCO premium tax enacted in 2023 Iowa Acts, [House File 685](#) (Medicaid, Liens, and Third-Party Recovery Act), has been included in the forecast estimate. The tax is scheduled to be collected beginning January 1, 2024, and submitted by the MCOs beginning in FY 2025.

Figure 2 — Medicaid Forecast Balance Sheet

| | Actual FY 2023 | Estimated FY 2024 | Estimated FY 2025 |
|---|-------------------------|---|-------------------------|
| Medicaid Funding | | | |
| Carryforward from Previous Year | \$ 273,039,251 | \$ 367,990,615 | \$ 247,351,846 |
| Palo Replacement Generation Tax | 0 | 0 | 0 |
| Health Care Trust Fund | 183,706,173 | 178,726,476 | 176,470,000 |
| Nursing Facility Quality Assurance Fund | 57,161,022 | 111,216,205 | 111,216,205 |
| Hospital Trust Fund | 33,920,554 | 33,920,554 | 33,920,554 |
| MCO Premium Tax | 0 | 0 | 119,165,439 |
| Medicaid Fraud Fund | 58,806 | 150,000 | 150,000 |
| Transfer Decategorization Reversion | 880,576 | 0 | 0 |
| Total Non-General Fund Sources | \$ 548,766,382 | \$ 692,003,850 | \$ 688,274,044 |
| General Fund Appropriation | 1,510,127,388 | 1,543,626,779 | 1,543,626,779 |
| General Fund Supplemental | 0 | 0 | 0 |
| Total General Fund Sources | \$ 1,510,127,388 | \$ 1,543,626,779 | \$ 1,543,626,779 |
| Total Medicaid Funding | \$ 2,058,893,770 | \$ 2,235,630,629 | \$ 2,231,900,823 |
| Estimated State Medicaid Need | \$ 1,911,664,412 | \$ 1,994,168,871 | \$ 2,094,471,230 |
| FMAP Changes | -40,981,094 | -47,280,411 | 26,600,000 |
| FMAP Adjustment — COVID-19 | -263,787,097 | -44,709,677 | 0 |
| MCO Capitation Increase | 76,700,000 | 65,600,000 | 0 |
| HCBS Program Increase | 0 | 5,500,000 | 0 |
| Nursing Facility Rebase | 0 | 15,000,000 | 0 |
| Home Health Rural Incentives | 1,777,082 | 0 | 0 |
| ICF/ID Rate Increase | 1,339,971 | 0 | 0 |
| Behavioral Health Intervention Services Rate Increase | 1,277,082 | 0 | 0 |
| Psychiatric Tiered Rates | 1,500,000 | 0 | 0 |
| Functional Family and Multisystemic Therapy | 118,799 | 0 | 0 |
| Medicaid Refunds and Offsets | 909,000 | 0 | 0 |
| Applied Behavioral Analysis Rate Increase | 385,000 | 0 | 0 |
| Office of Chief Information Officer Adjustment | 0 | -609 | 0 |
| Mental Health Service Rate Increase (85.0%) | 0 | 3,000,000 | 0 |
| Mental Health Therapy | 0 | 7,000,000 | 0 |
| Substance Abuse Provider Rates | 0 | 3,000,000 | 0 |
| Total Estimated Medicaid Need | \$ 1,690,903,155 | \$ 1,988,278,783 | \$ 2,121,071,230 |
| Balance (Underfunded If Negative) | \$ 367,990,615 | \$ 247,351,846 | \$ 110,829,593 |
| Unspent ARPA State Funds | \$ 53,388,793 | \$ 0 | \$ 0 |
| Ending State Balance | \$ 421,379,408 | \$ 247,351,846 | \$ 110,829,593 |
| MCO – Managed Care Organization | | | |
| FMAP – Federal Medical Assistance Percentage | | | |
| ARPA – American Rescue Plan Act of 2021 | | | |
| HCBS – Home- and Community-Based Services | | | |
| | | ICF/ID – Intermediate Care Facilities for Persons with an Intellectual Disability | |

Medicaid Income and Eligibility

Medicaid is funded jointly by State and federal funds to provide health care services to low-income persons who are elderly, blind, disabled, pregnant, under age 21, or members of families with dependent children.

The Iowa Medicaid Program covers individuals at various levels of income as allowed under federal law. To be eligible for Medicaid, an individual must meet income requirements and qualify as a member of an eligible category.

Figure 3 shows the maximum income level for children, pregnant women, adults with dependent children, adults over age 65, recipients of Supplemental Security Income (SSI), the Medically Needy Program, and the Medicare Buy-In Program. The income levels are based on the percentage of the federal poverty level (FPL) calculated annually by the federal government and vary by the size of the household. The FPL for a family of four was \$30,000 for 2023. The 2024 amount will be released at the end of January 2024.

Figure 3 — Medicaid Eligibility Income Level by Category

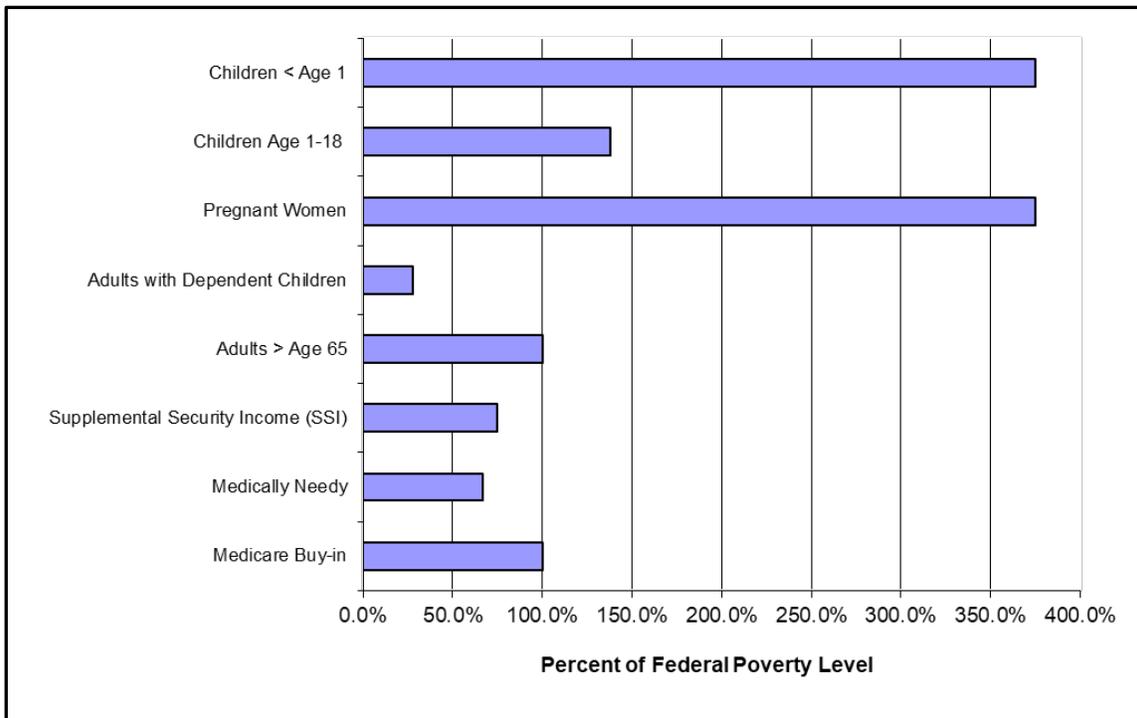
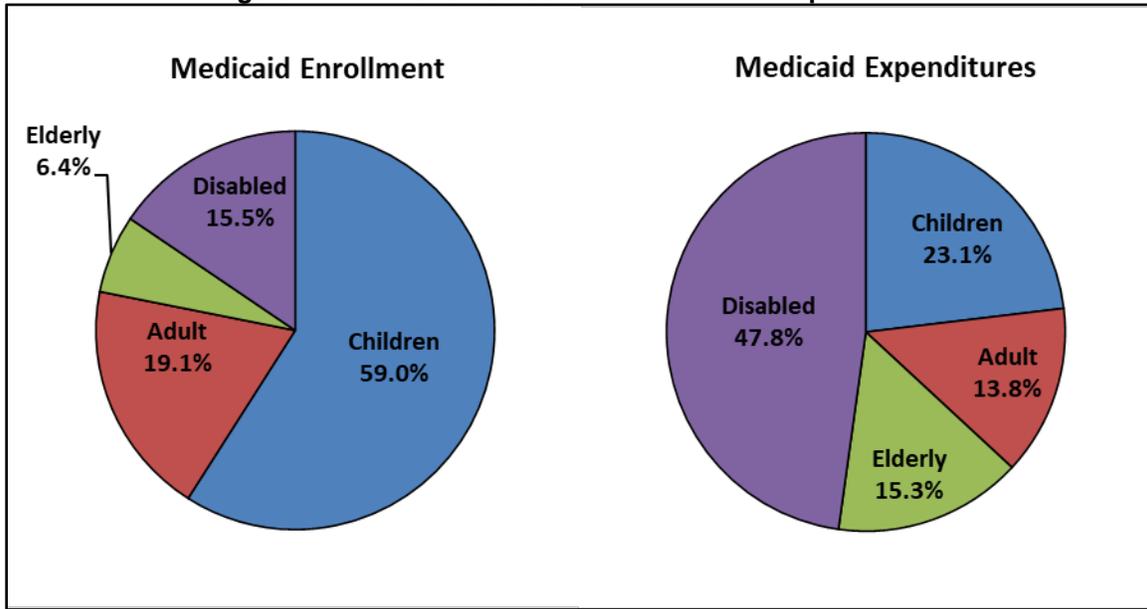


Figure 4 shows a comparison of enrollment and expenditures by eligibility category. In FY 2023, an average of 528,650 lowans were enrolled in Medicaid. Of the total, 59.0% were children, 19.1% were adults with dependent children, 15.5% were disabled, and 6.4% were elderly. Medicaid expenditures for FY 2023 totaled \$6.987 billion. Of the total expenditures, 23.1% was for children; 13.8% was for adults with dependent children, including pregnant women; 47.8% was for the disabled; and 15.3% was for the elderly. While children account for 59.0% of the enrollment, they consume only 23.1% of Medicaid expenditures. Elderly and disabled individuals account for 21.9% of enrollment and utilize 63.1% of expenditures.

Figure 4 — FY 2023 Medicaid Enrollment vs. Expenditures



Medicaid Enrollment. Before COVID-19, enrollment tended to fluctuate on a monthly basis by as many as 3,000 individuals in Medicaid and 1,500 in Iowa Health and Wellness Plan (IHAWP) in a normal month. In FY 2023, Medicaid and IHAWP grew by an average of 477 individuals per month, with total growth of 5,725 individuals for the fiscal year. Disenrollment was prohibited by the federal government during the PHE, which ended in April 2023. Beginning May 2023, the State began to disenroll ineligible individuals, which reduced the FY 2023 monthly average. The majority of the monthly increases were associated with the maintenance of effort requirement for receiving the 6.2% enhanced FMAP rate related to COVID-19; however, with the PHE ending in April 2023, disenrollment reduced overall Medicaid totals beginning in May 2023, which has continued into FY 2024.

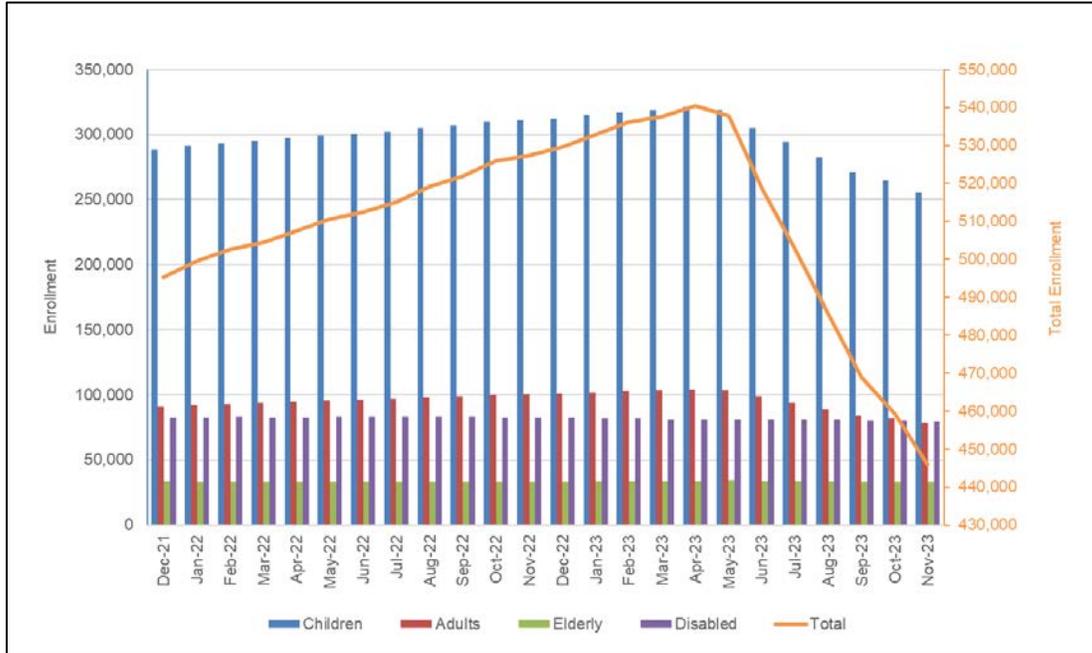
Figure 5 shows Medicaid and IHAWP enrollment changes by month. Through the first five months of FY 2024, enrollment has decreased from the FY 2023 pace and is averaging -25,136 per month for the two programs, with a total enrollment decrease of -125,680 for both Medicaid and IHAWP through November.

Figure 5 — Changes in Medicaid and IHAWP Enrollment — FY 2024

| | Regular Medicaid | | | | | IHAWP |
|-------------------------|------------------|---------|--------|----------|---------|---------|
| | Children | Adults | Aged | Disabled | Total | Total |
| FY 2023 Total | 305,184 | 98,543 | 33,971 | 80,859 | 518,557 | 249,804 |
| FY 2024 Monthly Changes | | | | | | |
| July | -10,885 | -4,761 | -154 | 91 | -15,709 | -15,066 |
| August | -11,659 | -5,139 | -272 | -70 | -17,140 | -15,198 |
| September | -11,557 | -4,681 | -289 | -372 | -16,899 | -10,450 |
| October | -6,716 | -2,162 | -116 | -514 | -9,508 | -5,479 |
| November | -8,856 | -3,511 | -273 | -603 | -13,243 | -6,988 |
| Total FY 2024 | -49,673 | -20,254 | -1,104 | -1,468 | -72,499 | -53,181 |
| Grand Total FY 2024 | 255,511 | 78,289 | 32,867 | 79,391 | 446,058 | 196,623 |

Figure 6 shows monthly Medicaid enrollment over the past two years. The Medicaid Program saw a large increase in enrollment after March 2020 as a result of suspending disenrollment. However, with the end of the PHE in April 2023, monthly disenrollment has decreased total enrollment through FY 2024.

Figure 6 — Medicaid Enrollment Two-Year Actual



Revenues and Expenditures

Figure 7 shows actual Medicaid expenditures for FY 2021 through FY 2023 and projected expenditures for FY 2024 and FY 2025. The four largest categories that drive Medicaid costs are hospitals (inpatient and outpatient treatment), nursing homes, pharmaceuticals, and physician costs.

Figure 7 — State Medicaid Expenditures — All State Funds
(Dollars in Millions)

| | <u>State Actual</u> | <u>FMAP Cost</u> | <u>Adjusted State Total</u> |
|------------------------|-------------------------|----------------------|---------------------------------|
| FY 2021 Actual | 2,010.8 | -307.8 | 1,703.0 |
| FY 2022 Actual | 2,030.6 | -298.6 | 1,732.0 |
| FY 2023 Actual | 1,995.7 | -304.8 | 1,690.9 |
| FY 2024 Estimated Need | 2,080.3 | -92.0 | 1,988.3 |
| FY 2025 Estimated Need | 2,094.5 | 26.6 | 2,121.1 |

*Note: Estimated expenditures reflect the estimate of the Medicaid forecasting group for FY 2024 and FY 2025. The FY 2021 through FY 2024 FMAP includes the 6.2% enhanced FMAP rate due to COVID-19, which was scaled down and ended after December 2023.

As Figure 7 illustrates, Medicaid expenditures fluctuate significantly between FY 2021 and estimated FY 2025. One of the driving factors of this fluctuation was the change in the regular FMAP rate, which is the federal and State funding formula for Medicaid and is based on a rolling three-year average of per capita income. Over the five-year time period shown, the FMAP rate has shifted back in the State's favor by

2.59%, reducing the State share an estimated \$113.5 million. In addition to the FMAP change, a number of other factors have contributed to significant changes in Medicaid expenditures, including:

- From FY 2021 through FY 2024, there have been \$146.5 million in capitation rate increases for the MCOs. Capitation rate increases include changes enacted by the Governor and General Assembly such as provider rate increases. The MCO capitation rates have not yet been negotiated for FY 2025.
- Over the past five years, the General Assembly has enacted a number of rate increases for providers, including increases for nursing facilities, home health care providers, and Home- and Community-Based Services (HCBS) waiver providers. The General Assembly has also provided funds to reduce the waiting lists for HCBS and for children’s and adult mental health services, including \$10.0 million for FY 2024.
- Due to the maintenance-of-effort requirement that did not allow the State to disenroll anyone while the federal PHE was in effect, approximately 165,000 individuals were enrolled in the Program between March 2020 and April 2023 who would normally have been disenrolled from the Program. This drove significant increases in expenditures, but those expenditures were offset by \$966.4 million in revenues the State received as part of the 6.2% enhanced FMAP rate.

FY 2025 FMAP Rate

The Bureau of Economic Analysis [released](#) final State personal per capita income data for 2022 on September 29, 2023. This allows states to calculate the final federal fiscal year (FFY) 2025 FMAP rates. The FFY 2025 FMAP rates are based on per capita personal incomes for calendar years 2020 through 2022. These rates are calculated on a federal fiscal year basis, but the numbers in this article have been blended to reflect State fiscal year (SFY) 2025. Iowa’s SFY 2025 FMAP rate decreased by -0.41% to 63.47%. This means for every dollar spent on the Medicaid program, the federal government will pay \$0.6347 and Iowa pays \$0.3653. The FMAP change is 0.58% less on a State fiscal year basis than the preliminary estimate that was released in March.

The FMAP decrease indicates that Iowa’s economy is doing better compared to other states, resulting in a smaller share of the total FMAP portion for Iowa. This is the first time since FY 2016 that the FMAP rate has moved against the State’s favor, meaning Iowa pays more. Prior to the 9.22% increase from FY 2017 to FY 2024, the rate declined 8.2% from FY 2010 to FY 2016.

Fiscal Impact. Although the final fiscal impact is still being calculated, the -0.41% change in the FMAP rate means that the State will be responsible for approximately \$26.6 million more in Medicaid expenditures in SFY 2025. **Figure 8** shows the five-year change in the FMAP rate.

Figure 8 — Five-Year State Regular Medicaid FMAP

| State Fiscal Year | Federal Share | State Share | Federal % Change |
|-------------------|---------------|-------------|------------------|
| FY 2021 | 61.61% | 38.39% | 0.73% |
| FY 2022 | 62.04% | 37.96% | 0.43% |
| FY 2023 | 62.88% | 37.12% | 0.84% |
| FY 2024 | 63.88% | 36.12% | 1.00% |
| FY 2025 | 63.47% | 36.53% | -0.41% |

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This Appendix contains tracking for the following:

- General Fund
- Other Funds
- Full-Time Equivalent (FTE) Positions

The Legislative Services Agency publishes **Budget Unit Briefs** that discuss the purpose of particular appropriations and programs. If a publication is available, it has been hyperlinked in the title of the appropriation.

Health and Human Services

General Fund

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|--|---------------------------------|------------------------------------|----------------------------------|---|
| <u>Aging, Iowa Department on</u> | | | | |
| Aging | | | | |
| Aging Programs | \$ 11,304,082 | \$ 0 | \$ 0 | \$ 0 |
| Office of LTC Ombudsman | 1,149,821 | 0 | 0 | 0 |
| Total Aging, Iowa Department on | \$ 12,453,903 | \$ 0 | \$ 0 | \$ 0 |
| <u>Public Health, Department of</u> | | | | |
| Public Health | | | | |
| Addictive Disorders | \$ 23,659,379 | \$ 0 | \$ 0 | \$ 0 |
| Healthy Children and Families | 5,816,681 | 0 | 0 | 0 |
| Chronic Conditions | 4,258,373 | 0 | 0 | 0 |
| Community Capacity | 6,519,306 | 0 | 0 | 0 |
| Essential Public Health Services | 7,662,464 | 0 | 0 | 0 |
| Infectious Diseases | 1,796,206 | 0 | 0 | 0 |
| Public Protection | 4,466,601 | 0 | 0 | 0 |
| Resource Management | 933,871 | 0 | 0 | 0 |
| Congenital & Inherited Disorders Registry | 202,081 | 0 | 0 | 0 |
| Total Public Health, Department of | \$ 55,314,962 | \$ 0 | \$ 0 | \$ 0 |
| <u>Veterans Affairs, Department of</u> | | | | |
| Veterans Affairs, Dept. of | | | | |
| General Administration | \$ 1,229,763 | \$ 1,033,289 | \$ 1,369,205 | \$ 335,916 |
| Cemetery Grounds Service | 0 | 0 | 292,000 | 292,000 |
| Home Ownership Assistance Program | 2,000,000 | 2,200,000 | 2,200,000 | 0 |
| Veterans County Grants | 990,000 | 990,000 | 990,000 | 0 |
| Veterans Affairs, Dept. of | \$ 4,219,763 | \$ 4,223,289 | \$ 4,851,205 | \$ 627,916 |
| Veterans Affairs, Dept. of | | | | |
| Iowa Veterans Home | \$ 7,131,552 | \$ 7,115,335 | \$ 8,145,736 | \$ 1,030,401 |
| Total Veterans Affairs, Department of | \$ 11,351,315 | \$ 11,338,624 | \$ 12,996,941 | \$ 1,658,317 |
| <u>Health and Human Services, Department of</u> | | | | |
| HHS - Aging | | | | |
| Aging Programs | \$ 0 | \$ 11,799,361 | \$ 11,799,361 | \$ 0 |
| Office of LTC Ombudsman | 0 | 1,148,959 | 1,148,959 | 0 |
| HHS - Aging | \$ 0 | \$ 12,948,320 | \$ 12,948,320 | \$ 0 |
| HHS - Assistance Payment | | | | |
| Family Investment Program/PROMISE JOBS | \$ 41,003,978 | \$ 41,003,575 | \$ 38,103,575 | \$ -2,900,000 |
| Medical Assistance | 1,510,127,388 | 1,543,626,779 | 1,618,583,680 | 74,956,901 |
| Health Program Operations | 17,446,343 | 17,446,067 | 18,631,728 | 1,185,661 |
| State Supplementary Assistance | 7,349,002 | 7,349,002 | 5,749,002 | -1,600,000 |
| State Children's Health Insurance | 38,661,688 | 38,661,688 | 42,597,798 | 3,936,110 |

Health and Human Services General Fund

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|---|---------------------------------|------------------------------------|----------------------------------|---|
| Child Care Assistance | 40,816,931 | 64,223,730 | 64,223,730 | 0 |
| Child and Family Services | 93,571,677 | 79,027,794 | 79,362,294 | 334,500 |
| Adoption Subsidy | 40,596,007 | 40,883,507 | 40,883,507 | 0 |
| Family Support Subsidy | 949,282 | 949,282 | 949,282 | 0 |
| Conner Training | 33,632 | 33,632 | 33,632 | 0 |
| Volunteers | 84,686 | 84,686 | 84,686 | 0 |
| Child Abuse Prevention | 202,081 | 232,570 | 232,570 | 0 |
| HHS - Assistance Payment | \$ 1,790,842,695 | \$ 1,833,522,312 | \$ 1,909,435,484 | \$ 75,913,172 |
| HHS - Eldora State Training School | | | | |
| Eldora Training School | \$ 17,606,871 | \$ 17,568,511 | \$ 18,529,635 | \$ 961,124 |
| HHS - Cherokee Mental Health Institution | | | | |
| Cherokee MHI | \$ 15,613,624 | \$ 15,923,252 | \$ 18,482,310 | \$ 2,559,058 |
| HHS - Independence Mental Health Institution | | | | |
| Independence MHI | \$ 19,688,928 | \$ 19,811,470 | \$ 22,876,090 | \$ 3,064,620 |
| HHS - Glenwood Resource Center | | | | |
| Glenwood Resource Center | \$ 16,288,739 | \$ 16,255,132 | \$ 5,255,132 | \$ -11,000,000 |
| HHS - Woodward Resource Center | | | | |
| Woodward Resource Center | \$ 13,409,294 | \$ 13,389,577 | \$ 13,389,577 | \$ 0 |
| HHS - Civil Commitment Unit / Sexual Offenders | | | | |
| Civil Commitment Unit for Sexual Offenders | \$ 13,891,276 | \$ 14,865,337 | \$ 16,793,575 | \$ 1,928,238 |
| HHS - Community Services | | | | |
| Child Support Services | \$ 15,942,885 | \$ 15,914,329 | \$ 15,914,329 | \$ 0 |
| Field Operations | 65,894,438 | 72,056,945 | 72,736,945 | 680,000 |
| HHS - Community Services | \$ 81,837,323 | \$ 87,971,274 | \$ 88,651,274 | \$ 680,000 |
| HHS - Human Services | | | | |
| General Administration | \$ 15,842,189 | \$ 18,913,662 | \$ 19,490,662 | \$ 577,000 |
| HHS Facilities | 4,172,123 | 2,157,590 | 7,882,987 | 5,725,397 |
| Commission of Inquiry | 0 | 1,394 | 1,394 | 0 |
| Nonresident Mental Illness Commitment | 12,530 | 142,802 | 142,802 | 0 |
| HHS - Human Services | \$ 20,026,842 | \$ 21,215,448 | \$ 27,517,845 | \$ 6,302,397 |
| HHS - Human Rights | | | | |
| LIHEAP Weatherization Assistance Program – Standing | \$ 0 | \$ 1 | \$ 1 | \$ 0 |
| Central Administration | 0 | 186,913 | 186,913 | 0 |
| Community Advocacy and Services | 0 | 956,894 | 956,894 | 0 |
| Criminal & Juvenile Justice | 0 | 1,318,547 | 156,843 | -1,161,704 |
| Single Grant Program | 0 | 140,000 | 140,000 | 0 |
| HHS - Human Rights | \$ 0 | \$ 2,602,355 | \$ 1,440,651 | \$ -1,161,704 |
| HHS - Public Health | | | | |
| Congenital & Inherited Disorders Registry | \$ 0 | \$ 223,521 | \$ 223,521 | \$ 0 |
| Psychiatry Residency & Fellowship Program - Standing | 0 | 1,200,000 | 1,200,000 | 0 |
| Addictive Disorders | 0 | 23,656,992 | 23,656,992 | 0 |

Health and Human Services

General Fund

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|---|---------------------------------|------------------------------------|----------------------------------|---|
| Healthy Children and Families | 0 | 5,815,491 | 5,815,491 | 0 |
| Chronic Conditions | 0 | 4,256,595 | 4,256,595 | 0 |
| Community Capacity | 0 | 7,435,682 | 7,435,682 | 0 |
| Essential Public Health Services | 0 | 7,662,464 | 7,662,464 | 0 |
| Infectious Diseases | 0 | 1,795,902 | 1,795,902 | 0 |
| Public Protection | 0 | 4,581,792 | 4,581,792 | 0 |
| Resource Management | 0 | 933,543 | 933,543 | 0 |
| HHS - Public Health | \$ 0 | \$ 57,561,982 | \$ 57,561,982 | \$ 0 |
| Total Health and Human Services, Department of | \$ 1,989,205,591 | \$ 2,113,634,970 | \$ 2,192,881,875 | \$ 79,246,905 |
| Total Health and Human Services | \$ 2,068,325,771 | \$ 2,124,973,594 | \$ 2,205,878,816 | \$ 80,905,222 |

Health and Human Services

Other Funds

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|--|---------------------------------|------------------------------------|----------------------------------|---|
| <u>Public Health, Department of</u> | | | | |
| Public Health | | | | |
| Gambling Treatment Program - SWRF | \$ 1,750,000 | \$ 0 | \$ 0 | \$ 0 |
| Total Public Health, Department of | \$ 1,750,000 | \$ 0 | \$ 0 | \$ 0 |
| <u>Health and Human Services, Department of</u> | | | | |
| HHS - Assistance Payment | | | | |
| Medical Assistance - HCTF | \$ 200,660,000 | \$ 189,860,000 | \$ 176,470,000 | \$ -13,390,000 |
| Medicaid Supplemental - MFF | 150,000 | 150,000 | 150,000 | 0 |
| Health Program Operations - PSA | 234,193 | 234,193 | 234,193 | 0 |
| Medical Assistance - QATF | 66,282,906 | 111,216,205 | 111,216,205 | 0 |
| Medical Assistance - HHCAT | 33,920,554 | 33,920,554 | 33,920,554 | 0 |
| HHS - Assistance Payment | \$ 301,247,653 | \$ 335,380,952 | \$ 321,990,952 | \$ -13,390,000 |
| HHS - Public Health | | | | |
| Gambling Treatment Program - SWRF | \$ 0 | \$ 1,750,000 | \$ 1,750,000 | \$ 0 |
| Total Health and Human Services, Department of | \$ 301,247,653 | \$ 337,130,952 | \$ 323,740,952 | \$ -13,390,000 |
| Total Health and Human Services | \$ 302,997,653 | \$ 337,130,952 | \$ 323,740,952 | \$ -13,390,000 |



Explanation of FTE Position Data

Analysis of the Governor's Budget Recommendations

The following is an explanation of the full-time equivalent (FTE) position information provided on the following tables. The columns of FTE position data represent different points in time that the numbers were compiled. For additional information on the State's FTE positions, see the **Issue Review** entitled [FY 2017 FTE Positions and Personnel Costs](#).

Actual FY 2023: This data represents the actual FTE position utilization calculated at the close of the fiscal year. The FTE position usage is calculated by taking the actual hours worked during the fiscal year and dividing the number by 2,080 hours. For example, if a department has budgeted a full-time position (equating to 1.00 FTE) and this position is vacant for six months of the fiscal year, at the close of the fiscal year the calculation of the actual FTE position would be 0.50 ($1,040 \div 2,080 = 0.50$). The calculation of the actual FTE position factors out the portion of the position that was vacant during the fiscal year.

Estimated FY 2024: This data represents the estimated FTE positions that were budgeted by the departments at the beginning of FY 2024 and incorporates any revisions made to the budget by the departments through (approximately) December 2023. Changes to the estimates can occur for a variety of reasons. For example, if departments are not provided funding for salary adjustments to cover the costs of funding collective bargaining contracts, the departments will often reduce the number of FTE positions in order to cover costs.

Gov. Rec. FY 2025: This is the Governor's recommendation for FY 2025.

Gov. Rec. FY 2025 vs Est. FY 2024: This represents the difference between the Governor's recommended FTE positions for FY 2025 and the most recent estimates for FY 2024.

Health and Human Services

FTE Positions

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|--|---------------------------------|------------------------------------|----------------------------------|---|
| <u>Health and Human Services, Department of</u> | | | | |
| HHS - Aging | | | | |
| Aging Programs | 0.00 | 31.02 | 31.00 | -0.02 |
| Office of LTC Ombudsman | 0.00 | 12.00 | 12.00 | 0.00 |
| HHS - Aging | <u>0.00</u> | <u>43.02</u> | <u>43.00</u> | <u>-0.02</u> |
| HHS - Assistance Payment | | | | |
| Family Investment Program/PROMISE JOBS | 20.13 | 18.50 | 17.50 | -1.00 |
| Medical Assistance | 8.53 | 13.10 | 12.10 | -1.00 |
| Health Program Operations | 3.29 | 3.00 | 3.00 | 0.00 |
| Child Care Assistance | 2.73 | 5.22 | 5.22 | 0.00 |
| Child and Family Services | 4.62 | 5.00 | 4.00 | -1.00 |
| HHS - Assistance Payment | <u>39.30</u> | <u>44.82</u> | <u>41.82</u> | <u>-3.00</u> |
| HHS - Eldora State Training School | | | | |
| Eldora Training School | 165.87 | 206.82 | 206.82 | 0.00 |
| HHS - Cherokee Mental Health Institution | | | | |
| Cherokee MHI | 148.97 | 167.49 | 167.49 | 0.00 |
| HHS - Independence Mental Health Institution | | | | |
| Independence MHI | 163.46 | 184.20 | 184.20 | 0.00 |
| HHS - Glenwood Resource Center | | | | |
| Glenwood Resource Center | 428.45 | 343.50 | 343.50 | 0.00 |
| HHS - Woodward Resource Center | | | | |
| Woodward Resource Center | 477.35 | 545.76 | 545.76 | 0.00 |
| HHS - Woodward Resource Center | <u>477.35</u> | <u>545.76</u> | <u>545.76</u> | <u>0.00</u> |
| HHS - Civil Commitment Unit / Sexual Offenders | | | | |
| Civil Commitment Unit for Sexual Offenders | 129.07 | 146.02 | 148.02 | 2.00 |
| HHS - Community Services | | | | |
| Child Support Services | 415.14 | 423.00 | 423.00 | 0.00 |
| Field Operations | 1,519.26 | 1,589.00 | 1,589.00 | 0.00 |
| HHS - Community Services | <u>1,934.40</u> | <u>2,012.00</u> | <u>2,012.00</u> | <u>0.00</u> |
| HHS - Human Services | | | | |
| General Administration | 279.17 | 323.67 | 323.67 | 0.00 |
| HHS - Human Services | <u>279.17</u> | <u>323.67</u> | <u>323.67</u> | <u>0.00</u> |

Health and Human Services

FTE Positions

| | Actual FY 2023 <u>(1)</u> | Estimated FY 2024 <u>(2)</u> | Gov Rec FY 2025 <u>(3)</u> | Gov Rec vs Est FY 2024 <u>(4)</u> |
|---|---------------------------------|------------------------------------|----------------------------------|---|
| HHS - Human Rights | | | | |
| Central Administration | 0.00 | 5.58 | 5.58 | 0.00 |
| Community Advocacy and Services | 0.00 | 7.53 | 7.53 | 0.00 |
| Criminal & Juvenile Justice | 0.00 | 7.57 | 1.57 | -6.00 |
| HHS - Human Rights | <u>0.00</u> | <u>20.68</u> | <u>14.68</u> | <u>-6.00</u> |
| HHS - Public Health | | | | |
| Addictive Disorders | 0.00 | 12.00 | 12.00 | 0.00 |
| Healthy Children and Families | 0.00 | 12.05 | 14.00 | 1.95 |
| Chronic Conditions | 0.00 | 11.00 | 10.00 | -1.00 |
| Community Capacity | 0.00 | 14.00 | 14.00 | 0.00 |
| Infectious Diseases | 0.00 | 6.00 | 6.00 | 0.00 |
| Public Protection | 0.00 | 59.00 | 57.00 | -2.00 |
| Resource Management | 0.00 | 4.00 | 4.00 | 0.00 |
| HHS - Public Health | <u>0.00</u> | <u>118.05</u> | <u>117.00</u> | <u>-1.05</u> |
| Total Health and Human Services, Department of | <u>3,766.04</u> | <u>4,156.03</u> | <u>4,147.96</u> | <u>-8.07</u> |
| <u>Aging, Iowa Department on</u> | | | | |
| Aging | | | | |
| Aging Programs | 33.78 | 0.00 | 0.00 | 0.00 |
| Office of LTC Ombudsman | 12.23 | 0.00 | 0.00 | 0.00 |
| Total Aging, Iowa Department on | <u>46.00</u> | <u>0.00</u> | <u>0.00</u> | <u>0.00</u> |
| <u>Public Health, Department of</u> | | | | |
| Public Health | | | | |
| Addictive Disorders | 8.65 | 0.00 | 0.00 | 0.00 |
| Healthy Children and Families | 10.68 | 0.00 | 0.00 | 0.00 |
| Chronic Conditions | 8.66 | 0.00 | 0.00 | 0.00 |
| Community Capacity | 6.31 | 0.00 | 0.00 | 0.00 |
| Infectious Diseases | 4.76 | 0.00 | 0.00 | 0.00 |
| Public Protection | 140.08 | 0.00 | 0.00 | 0.00 |
| Resource Management | 3.42 | 0.00 | 0.00 | 0.00 |
| Total Public Health, Department of | <u>182.56</u> | <u>0.00</u> | <u>0.00</u> | <u>0.00</u> |
| <u>Veterans Affairs, Department of</u> | | | | |
| Veterans Affairs, Dept. of | | | | |
| General Administration | 8.83 | 9.00 | 9.00 | 0.00 |
| Veterans Affairs, Dept. of | <u>8.83</u> | <u>9.00</u> | <u>9.00</u> | <u>0.00</u> |
| Total Veterans Affairs, Department of | <u>8.83</u> | <u>9.00</u> | <u>9.00</u> | <u>0.00</u> |
| Total Health and Human Services | <u>4,003.43</u> | <u>4,165.03</u> | <u>4,156.96</u> | <u>-8.07</u> |

The following information summarizes FY 2023 General Fund and non-General Fund appropriations for departments under the purview of the Health and Human Services Appropriations Subcommittee. Appropriations are adjusted for several factors throughout the fiscal year, including supplemental appropriations, deappropriations, and adjustments to standing appropriations to account for actual expenditures. Other activity associated with appropriated funds includes balances brought forward, transfers, and reversions. The tables show each of the departments’ appropriations and the changes that occurred throughout the fiscal year. The following information describes each column. Columns described below that are not displayed in the tables did not have any activity

- **Original Appropriation:** This is the amount appropriated in enacted appropriations bills during the 2022 Legislative Session.
- **Adjustment to Standings:** These adjustments represent changes that are made to budgeted standing unlimited appropriations for the purpose of balancing the year-end amount. There are numerous standing unlimited appropriations established in the Iowa Code. The exact amount for each of these appropriations is not known until the close of the fiscal year. As the General Assembly develops the annual budget, an estimated amount is included for budgeting purposes. This estimated appropriation is then adjusted to reflect actual expenditures.
- **Supplemental Appropriations/Deappropriations:** These changes represent the supplemental appropriations and deappropriations enacted during the 2023 Legislative Session.
- **Session Law Adjustment:** During the 2022 Legislative Session [House File 2559](#) (FY 2023 Justice System Appropriations Act) appropriated \$243,797 for allocation across Department of Corrections (DOC) institutions. The Department allocated the funding to the appropriation for DOC Institutional Pharmaceuticals.
- **Salary Adjustment (Other Funds Only):** Several non-General Fund appropriations were authorized to receive appropriation adjustments to fund salary increases for FY 2023.
- **Total Appropriation:** This is the sum of all of appropriations and adjustments listed above. It represents the final appropriation amount after changes were applied.
- **Balance Brought Forward:** These are the appropriated funds allowed to carry forward from FY 2022 to FY 2023. These funds provided additional spendable dollars for FY 2023.
- **Transfers In and Out (General Fund Only):** These adjustments represent transferred appropriation spending authority between enacted appropriations. These transfers are usually implemented by the Governor through the authority provided in Iowa Code section [8.39](#).
- **Balance Carryforward:** These are appropriated funds that are allowed to carry forward from FY 2023 to FY 2024. These funds provide additional spendable dollars for FY 2024.
- **Reversions:** These are the unspent appropriated funds that revert back to the fund from which they were appropriated.
- **Total Adjustments:** This is the sum of the Balance Brought Forward, Transfers, Balance Carryforward, and Reversions.
- **Total Expended:** This number represents the appropriation after all of the above adjustments have been made. The result is the total appropriated funds that were expended in FY 2023.

Health and Human Services – FY 2023
General Fund

| | | Total Appropriation | | | | | Adjustments | | | | | Total Expended | |
|---------------------------------------|--|---------------------|------------------|-----------------|-----------------|---------------|-------------------------|-------------|----------------|-----------------------|---------------|-----------------|--------------|
| | | Original Approp | Adj to Standings | Session Law Adj | Supp & Deapprop | Total | Balance Brought Forward | Transfer In | Transfer Out | Balance Carry Forward | Reversion | Total | |
| Aging, Iowa Department on | Aging Programs | \$11,304,082 | \$0 | \$0 | \$0 | \$11,304,082 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$11,304,082 |
| | Office of LTC Ombudsman | \$1,149,821 | \$0 | \$0 | \$0 | \$1,149,821 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,149,821 |
| Human Services, Department of | Adoption Subsidy | \$40,596,007 | \$0 | \$0 | \$0 | \$40,596,007 | \$16,355,335 | \$0 | \$0 | \$-13,368,373 | \$0 | \$2,986,961 | \$43,582,968 |
| | Cherokee MHI | \$15,613,624 | \$0 | \$0 | \$0 | \$15,613,624 | \$124,733 | \$0 | \$0 | \$-138,722 | \$0 | \$-13,988 | \$15,599,636 |
| | Child Abuse Prevention | \$232,570 | \$-30,490 | \$0 | \$0 | \$202,081 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$202,081 |
| | Child and Family Services | \$93,571,677 | \$0 | \$0 | \$0 | \$93,571,677 | \$21,970,875 | \$0 | \$0 | \$-21,635,251 | \$0 | \$335,624 | \$93,907,301 |
| | Child Care Assistance | \$40,816,931 | \$0 | \$0 | \$0 | \$40,816,931 | \$0 | \$0 | \$0 | \$-2,862,321 | \$0 | \$-2,862,321 | \$37,954,610 |
| | Child Support Services | \$15,942,885 | \$0 | \$0 | \$0 | \$15,942,885 | \$0 | \$0 | \$0 | \$-8,706 | \$0 | \$-8,706 | \$15,934,179 |
| | Civil Commitment Unit for Sexual Offenders | \$13,891,276 | \$0 | \$0 | \$0 | \$13,891,276 | \$384,213 | \$0 | \$0 | \$-7,900,237 | \$0 | \$-7,516,024 | \$6,375,252 |
| | Commission of Inquiry | \$1,394 | \$-1,394 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Conner Training | \$33,632 | \$0 | \$0 | \$0 | \$33,632 | \$0 | \$0 | \$0 | \$0 | \$-3,229 | \$-3,229 | \$30,403 |
| | Eldora Training School | \$17,606,871 | \$0 | \$0 | \$0 | \$17,606,871 | \$0 | \$0 | \$0 | \$-718,144 | \$0 | \$-718,144 | \$16,888,727 |
| | Family Investment Program/ PROMISE JOBS | \$41,003,978 | \$0 | \$0 | \$0 | \$41,003,978 | \$12,401,243 | \$0 | \$0 | \$-14,884,505 | \$0 | \$-2,483,262 | \$38,520,716 |
| | Family Support Subsidy | \$949,282 | \$0 | \$0 | \$0 | \$949,282 | \$276,074 | \$0 | \$0 | \$-343,695 | \$0 | \$-67,621 | \$881,661 |
| | Field Operations | \$65,894,438 | \$0 | \$0 | \$0 | \$65,894,438 | \$5,673,717 | \$0 | \$0 | \$-6,425,620 | \$0 | \$-751,903 | \$65,142,535 |
| | General Administration | \$15,842,189 | \$0 | \$0 | \$0 | \$15,842,189 | \$3,225,201 | \$0 | \$0 | \$-3,594,704 | \$0 | \$-369,503 | \$15,472,686 |
| Glenwood Resource Center | \$16,288,739 | \$0 | \$0 | \$0 | \$16,288,739 | \$12,063,614 | \$0 | \$0 | \$-13,531,971 | \$0 | \$-1,468,357 | \$14,820,382 | |
| Health Program Operations | \$17,446,343 | \$0 | \$0 | \$0 | \$17,446,343 | \$0 | \$0 | \$0 | \$0 | \$-281,150 | \$-281,150 | \$17,165,193 | |
| HHS Facilities | \$4,172,123 | \$0 | \$0 | \$0 | \$4,172,123 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,172,123 | |
| Independence MHI | \$19,688,928 | \$0 | \$0 | \$0 | \$19,688,928 | \$0 | \$0 | \$0 | \$-420,124 | \$0 | \$-420,124 | \$19,268,804 | |
| Medical Assistance | \$1,510,127,388 | \$0 | \$0 | \$0 | \$1,510,127,388 | \$373,606,538 | \$0 | \$0 | \$-421,379,409 | \$0 | \$-47,772,870 | \$1,462,354,518 | |
| Nonresident Mental Illness Commitment | \$142,802 | \$-130,272 | \$0 | \$0 | \$12,530 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$12,530 | |
| State Children's Health Insurance | \$38,661,688 | \$0 | \$0 | \$0 | \$38,661,688 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$38,661,688 | |

Health and Human Services – FY 2023
General Fund

| | | Total Appropriation | | | | | Adjustments | | | | | Total Expended | |
|-----------------------------------|---|------------------------|------------------|-----------------|-----------------|-----------------|-------------------------|-------------|--------------|-----------------------|------------|----------------|-----------------|
| | | Original Approp | Adj to Standings | Session Law Adj | Supp & Deapprop | Total | Balance Brought Forward | Transfer In | Transfer Out | Balance Carry Forward | Reversion | Total | |
| Human Services, Department of | State Supplementary Assistance | \$7,349,002 | \$0 | \$0 | \$0 | \$7,349,002 | \$2,691,270 | \$0 | \$0 | \$-4,258,454 | \$0 | \$-1,567,184 | \$5,781,818 |
| | Volunteers | \$84,686 | \$0 | \$0 | \$0 | \$84,686 | \$0 | \$0 | \$0 | \$0 | \$-54,443 | \$-54,443 | \$30,243 |
| | Woodward Resource Center | \$13,409,294 | \$0 | \$0 | \$0 | \$13,409,294 | \$6,780,647 | \$0 | \$0 | \$-10,937,808 | \$0 | \$-4,157,161 | \$9,252,133 |
| Public Health, Department of | Addictive Disorders | \$23,659,379 | \$0 | \$0 | \$0 | \$23,659,379 | \$0 | \$0 | \$0 | \$0 | \$-13,300 | \$-13,300 | \$23,646,079 |
| | Chronic Conditions | \$4,258,373 | \$0 | \$0 | \$0 | \$4,258,373 | \$0 | \$0 | \$0 | \$0 | \$-11,406 | \$-11,406 | \$4,246,967 |
| | Community Capacity | \$6,519,306 | \$0 | \$0 | \$0 | \$6,519,306 | \$412,021 | \$0 | \$0 | \$-429,805 | \$-112,656 | \$-130,440 | \$6,388,866 |
| | Congenital & Inherited Disorders Registry | \$223,521 | \$-21,441 | \$0 | \$0 | \$202,081 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$202,081 |
| | Essential Public Health Services | \$7,662,464 | \$0 | \$0 | \$0 | \$7,662,464 | \$0 | \$0 | \$0 | \$0 | \$-1,532 | \$-1,532 | \$7,660,932 |
| | Healthy Children and Families | \$5,816,681 | \$0 | \$0 | \$0 | \$5,816,681 | \$446 | \$0 | \$0 | \$0 | \$-35,428 | \$-34,981 | \$5,781,700 |
| | Infectious Diseases | \$1,796,206 | \$0 | \$0 | \$0 | \$1,796,206 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,796,206 |
| | Public Protection | \$4,466,601 | \$0 | \$0 | \$0 | \$4,466,601 | \$0 | \$0 | \$0 | \$0 | \$-2,742 | \$-2,742 | \$4,463,859 |
| | Resource Management | \$933,871 | \$0 | \$0 | \$0 | \$933,871 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$933,871 |
| | Veterans Affairs, Department of | General Administration | \$1,229,763 | \$0 | \$0 | \$0 | \$1,229,763 | \$0 | \$0 | \$0 | \$0 | \$-5 | \$-5 |
| Home Ownership Assistance Program | | \$2,000,000 | \$0 | \$0 | \$0 | \$2,000,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,000,000 |
| Injured Veterans Grant Program | | \$0 | \$0 | \$0 | \$0 | \$0 | \$163,897 | \$0 | \$0 | \$-133,897 | \$0 | \$30,000 | \$30,000 |
| Iowa Veterans Home | | \$7,131,552 | \$0 | \$0 | \$0 | \$7,131,552 | \$18,248,153 | \$0 | \$0 | \$-13,345,981 | \$0 | \$4,902,173 | \$12,033,724 |
| Veterans County Grants | | \$990,000 | \$0 | \$0 | \$0 | \$990,000 | \$128,389 | \$0 | \$0 | \$-125,172 | \$0 | \$3,217 | \$993,217 |
| Grand Total | | \$2,068,509,367 | \$-183,596 | \$0 | \$0 | \$2,068,325,771 | \$474,506,368 | \$0 | \$0 | \$-536,442,898 | \$-515,891 | \$-62,452,420 | \$2,005,873,350 |

Health and Human Services – FY 2023
Other Funds

| | | Total Appropriation | | | Adjustments | | | Total Expended |
|-------------------------------|-----------------------------------|---------------------|------------------|-----------------|---------------|---------------|---------------|----------------|
| | | Original Approp | Adj to Standings | Supp & Deapprop | Total | Reversion | Total | |
| Human Services, Department of | Health Program Operations - PSA | \$234,193 | \$0 | \$0 | \$234,193 | \$-183,120 | \$-183,120 | \$51,073 |
| | Medicaid Supplemental - MFF | \$150,000 | \$0 | \$0 | \$150,000 | \$-91,194 | \$-91,194 | \$58,806 |
| | Medical Assistance - HCTF | \$200,660,000 | \$0 | \$0 | \$200,660,000 | \$-16,953,827 | \$-16,953,827 | \$183,706,173 |
| | Medical Assistance - HHCAT | \$33,920,554 | \$0 | \$0 | \$33,920,554 | \$0 | \$0 | \$33,920,554 |
| | Medical Assistance - QATF | \$56,305,139 | \$9,977,767 | \$0 | \$66,282,906 | \$-9,121,884 | \$-9,121,884 | \$57,161,022 |
| Public Health, Department of | Gambling Treatment Program - SWRF | \$1,750,000 | \$0 | \$0 | \$1,750,000 | \$0 | \$0 | \$1,750,000 |
| Grand Total | | \$293,019,886 | \$9,977,767 | \$0 | \$302,997,653 | \$-26,350,024 | \$-26,350,024 | \$276,647,629 |



Appendix C – Sample of Budget Schedules

Analysis of the Governor’s Budget Recommendations

Schedule 1 Example

Schedule 1 shows the decision packages used by the Executive Branch to arrive at a department’s annual budget request (dollars and FTE positions) and the Governor’s recommendations for a budget unit.

STATE OF IOWA
Fiscal Year 2025 Annual Budget
SPECIAL DEPARTMENT: (460) Health and Human Services, Department of
Budget Unit: (413N200001) Medical Assistance
Schedule 1

| <u>Rank</u> | <u>Description</u> | <u>Funding Source</u> | <u>Fiscal Year 2025 Department Request</u> | <u>Fiscal Year 2025 Governor's Recommendations</u> |
|----------------------------------|------------------------|-------------------------------|--|--|
| Base | | Appropriation | 1,543,626,752 | 1,543,626,752 |
| | | FTE | 12.10 | 12.10 |
| 0001 | Medicaid increase need | Appropriation | 0 | 74,956,904 |
| Total Budget Unit Funding | | Fiscal Year 2024 Estimated | <u>Fiscal Year 2025 Department Request</u> | <u>Fiscal Year 2025 Governor's Recommendations</u> |
| Appropriation | | <u>\$ 1,543,626,779</u> | <u>\$ 1,543,626,779</u> | <u>\$ 1,618,583,680</u> |
| Total FTE | | 13.10 | 12.10 | 12.10 |

Department name & budget unit number

Fiscal year

Base appropriation and FTE positions plus decision packages

Total appropriation and FTE positions

Budget schedules are available at: www.legis.iowa.gov/publications/fiscal/budgetSchedules.

Schedule 6 Example

Schedule 6 provides a detailed budget for all appropriated accounts or funds under the control of a department. Resources include the appropriation, the salary adjustment (if applicable), across-the-board reductions, supplemental appropriations, intrastate receipts from other agencies, receipts from local governments, and other receipts such as fees. Expenditures include all expenses related to the operating budget, such as salary, travel, and contracts. Expenditures also include reversions or balance brought forward.

| STATE OF IOWA | | | | | |
|--|----------------------------|-------------------------------|---|--|--|
| Fiscal Year 2025 Annual Budget | | | | | |
| SPECIAL DEPARTMENT: (460) Health and Human Services, Department of | | | | | |
| Budget Unit: (413N200001) Medical Assistance | | | | | |
| Schedule 6 | | | | | |
| | Fiscal Year 2023 Actual | Fiscal Year 2024 Estimated | Fiscal Year 2025 Department Request | Fiscal Year 2025 Governor's Recomm | |
| Resources | | | | | |
| Appropriations | | | | | |
| Appropriation | \$ 1,510,127,388 | \$ 1,543,626,779 | \$ 1,543,626,779 | \$ 1,618,583,680 | ← Department name & budget unit number |
| Other Resources | | | | | |
| Balance Brought Forward (Approps) | 373,606,538 | 421,379,409 | 201,179,093 | 229,781,534 | ← Fiscal year |
| Receipts | | | | | |
| Federal Support | 5,019,670,866 | 4,900,589,034 | 4,784,768,556 | 4,936,697,810 | |
| Local Governments | 34,470,133 | 44,634,490 | 44,634,490 | 44,634,490 | |
| Intra State Receipts | 283,018,887 | 340,346,759 | 335,602,759 | 335,602,759 | ← Budget unit receipts |
| Interest | 128,828 | 150,000 | 150,000 | 150,000 | |
| Fees, Licenses & Permits | 9,956,071 | 10,585,740 | 11,097,827 | 11,097,827 | |
| Refunds & Reimbursements | 743,949,559 | 598,758,944 | 722,345,126 | 722,345,126 | |
| Other Sales & Services | 176,511 | 3,000,000 | 3,000,000 | 3,000,000 | |
| Unearned Receipts | 170,999,066 | 142,044,930 | 251,067,719 | 251,067,719 | |
| | <u>6,262,369,922</u> | <u>6,040,109,897</u> | <u>6,152,666,477</u> | <u>6,304,595,731</u> | |
| Total Resources | <u>\$ 8,146,103,848</u> | <u>\$ 8,005,116,085</u> | <u>\$ 7,897,472,349</u> | <u>\$ 8,152,960,945</u> | |
| FTE | <u>8.53</u> | <u>13.10</u> | <u>12.10</u> | <u>12.10</u> | ← FTE positions |
| Disposition of Resources | | | | | |
| Personal Services-Salaries | \$ 864,498 | \$ 1,145,524 | \$ 1,145,524 | \$ 1,145,524 | ← Budget unit expenditures |
| Personal Travel In State | 0 | 9,582 | 9,582 | 9,582 | |
| Personal Travel Out of State | 0 | 500 | 500 | 500 | |
| Office Supplies | 0 | 3,000 | 3,000 | 3,000 | |
| Printing & Binding | 36,497 | 82,000 | 82,000 | 82,000 | |
| Postage | 643,009 | 1,080,116 | 1,080,116 | 1,080,116 | |
| Communications | 3,491 | 500 | 500 | 500 | |

Budget schedules are available at: www.legis.iowa.gov/publications/fiscal/budgetSchedules.



Appendix D – Report on Federal Grants

Analysis of the Governor’s Budget Recommendations

Grants Enterprise Management Report

The Grants Enterprise Management System (GEM\$) was established by the Iowa Legislature in 2003 to simplify the grant identification and application process for State customers and to provide a unified grants management approach within State government.

The Office of Grants Enterprise Management under the DOM is required to submit a report to the Fiscal Services Division of the Legislative Services Agency (LSA) by January 31 of each year, with a listing of all grants received during the previous calendar year with a value over \$1,000 and the funding entity and purpose for each grant.

The tables below are the report received by the DOM.

2023 Competitive-Noncompetitive Grant Report
Report Required by Iowa Code Section 8.9
Iowa Department of Management
Source: Data submitted by State Agencies

| State Agency | Title of Application | CFDA # if known | Application Date | Amount Awarded | Match Amount | MOE Required Y/N | Funding Start Date | Funding End Date | # of FTE's Associated with Grant | Notes |
|------------------------------|---|-----------------|------------------|--------------------|--------------------|------------------|--------------------|------------------|----------------------------------|--|
| DAS | National Park Service - Semiquincentennial Grant Program | 15.904 | 12/6/2022 | \$77,096 | \$18,762 | N | 9/1/2023 | 8/31/2026 | 0.15 | |
| DAS | Library of Congress Teaching with Primary Sources | N/A | 2/15/23 | \$85,204 | \$30,821 | N | 10/1/2023 | 9/30/2024 | 0.4 | |
| DAS | National Endowment for the Humanities: United We Stand Connecting through Culture | 45.149 | 5/9/2023 | \$28,290 | \$0 | N | TBD | | | |
| DAS | National Endowment for the Humanities - Infrastructure and Capacity Building Challenge Grants: Capital Projects | 45.130 | 5/17/2023 | \$995,027 | \$3,980,108 | N | TBD | | | Requested amt; award notification expected 12/2023 |
| DAS | National Endowment for the Humanities - National History Day Supplemental Funding | 45.149 | 6/30/2023 | \$13,518 | \$0 | N | TBD | | | Requested amt; award notification expected 12/2024 |
| DAS | IMLS - Grants To States Program | 45.310 | 3/15/2023 | \$2,222,261 | \$1,144,801 | Y | 10/1/2022 | 9/30/2024 | 5 | |
| DCA | National Endowment for the Arts State Partnership Agreement | 45.025 | 10/5/2022 | \$865,270 | \$865,270 | N | 7/1/2023 | 8/31/2024 | 5 | |
| Subtotal DAS | | | | \$4,286,666 | \$6,039,762 | | | | | |
| Aging | Senior Community Service Employment Program | 17.235 | 7/1/2022 | \$1,021,711 | | N/A | 7/1/2022 | 6/20/2023 | 0.7 | Match is In-Kind, Supervisory Hours-AARP Documents for grant |
| Subtotal Legacy Aging | | | | \$1,021,711 | \$0 | | | | | |
| IDALS | FFY2023 Umbrella Grant | 10.025 | 4/13/2023 | \$442,146 | \$0 | N | 4/1/2023 | 3/31/2024 | 2.6 | |
| IDALS | FFY2023 ADT Traceability Grant | 10.025 | 4/28/2023 | \$306,519 | \$0 | N | 4/1/2023 | 3/31/2024 | 2.5 | |
| IDALS | FFY2023 Swine Health Improvement Plan (SHIP) | 10.025 | 3/2/2023 | \$78,576 | \$0 | N | 4/1/2023 | 3/31/2024 | 0.5 | |
| IDALS | 2023 CAPS Grant | 10.025 | 2/16/2023 | \$117,854 | \$14,241 | N | 1/1/2023 | 12/31/2023 | 1 | |
| IDALS | National Animal Disease Preparedness and Response Program (NADPRP) 2022 | 10.025 | 3/16/2023 | \$107,362 | \$0 | N | 3/1/2023 | 12/31/2024 | 1 | |
| IDALS | FFY2023 Specialty Crop Block Grant Program | 10.170 | 4/26/2023 | \$355,600 | \$0 | N | 9/30/2023 | 9/29/2026 | 0.15 | |
| IDALS | FFY2024 Meat and Poultry Base | 10.475 | 9/18/2023 | \$1,900,000 | \$1,900,000 | N | 10/1/2023 | 9/30/2024 | 27.63 | |
| IDALS | FFY2024 Meat and Poultry CIS | 10.475 | 9/18/2023 | \$200,000 | \$133,333 | N | 10/1/2023 | 9/30/2024 | 11.38 | |
| IDALS | 2024 FERN Grant | 10.479 | 7/24/2023 | \$95,833 | \$0 | N | 10/1/2023 | 9/30/2024 | 0.5 | |
| IDALS | WIC FMNP ARPA | 10.557 | 4/13/2023 | \$302,369 | \$0 | N | 5/15/2023 | 9/30/2025 | 0 | |
| IDALS | 2024 USDA WIC FMNP | 10.572 | 9/30/2023 | Unknown | | N | 10/1/2023 | 9/30/2024 | | |
| IDALS | 2024 USDA Seniors FMNP | 10.576 | 9/30/2023 | Unknown | \$0 | N | 10/1/2023 | 9/30/2024 | | |
| IDALS | Seniors FMNP ARPA | 10.576 | 11/18/2022 | \$660,308 | \$0 | N | 1/1/2023 | 9/30/2024 | 0 | |
| IDALS | 2024 A&E Regulatory Grant | 15.250 | 6/6/2023 | \$5,000 | \$5,000 | N | 7/1/2023 | 6/30/2024 | 0.07 | |

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|-----------------------|---|-----------------|------------------|---------------------|---------------------|------------------|--------------------|------------------|----------------------------------|-------|
| IDALS | FFY23 Abandoned Mine Land Reclamation Grant | 15.252 | 6/6/2023 | \$2,829,000 | \$0 | N | 7/1/2023 | 6/30/2024 | 3 | |
| IDALS | FFY23 BIL Abandoned Mine Land Reclamation Grant | 15.252 | 6/16/2023 | \$5,988,480 | \$0 | N | 1/1/2023 | 12/31/2028 | 5.59 | |
| IDALS | 2024 Pesticide Performance Partnership Grant | 66.605 | 5/3/2023 | \$1,099,670 | \$257,471 | N | 7/1/2023 | 6/30/2024 | 12 | |
| IDALS | 2024 Produce Safety Rule Grant | 93.103 | 4/28/2023 | \$235,233 | \$0 | N | 7/1/2023 | 6/30/2024 | 1 | |
| IDALS | FFY2023 AFRPS Grant | 93.103 | 4/27/2023 | \$365,579 | \$0 | N | 7/1/2023 | 6/30/2024 | 1 | |
| IDALS | FFY2023 ERPS Grant | 93.103 | 4/27/2023 | \$48,393 | \$0 | N | 7/1/2023 | 6/30/2024 | 0.5 | |
| IDALS | FFY2023 LFFM Grant | 93.103 | 4/26/2023 | \$419,983 | \$0 | N | 7/1/2023 | 6/30/2024 | 1 | |
| Subtotal IDALS | | | | \$15,557,904 | \$2,310,045 | | | | | |
| IEDA | FY2023 - Historic Preservation Fund- Annual State Historic Preservation Office Grants | 15.904 | 4/27/2023 | \$1,071,922 | \$714,615 | | 10/1/2022 | 9/30/2025 | 12 | |
| Subtotal EDA | | | | \$1,071,922 | \$714,615 | | | | | |
| IDOE | 21st Century - Career Pathway | 84.287 | N/A | \$270,175 | \$0 | N | 01/12/23 | 05/11/26 | 0.25 | |
| IDOE | Technology Innovation | 10.541 | N/A | \$373,134 | \$0 | N | 09/20/23 | 12/30/26 | 1.1 | |
| IDOE | Team Nutrition Training | 10.574 | N/A | \$831,023 | \$0 | N | 09/15/23 | 12/30/26 | 0.3 | |
| IDOE | Gear Up 3.0 | 84.3345 | 07/31/23 | \$25,823,545 | \$25,862,579 | N | 12/30/30 | 12/30/30 | 8.44 | |
| Subtotal IDOE | | | | \$27,297,877 | \$25,862,579 | | | | | |
| HSEM | 2023 Hazardous Materials Emergency Preparedness Grant | 20.703 | 2/27/2023 | \$353,475 | \$88,369 | N | 10/1/2022 | 9/30/2025 | | |
| HSEM | 2023 Nonprofit Security Grant Program - competitive | 97.008 | 5/1/2023 | \$3,144,579 | \$0 | N | 9/1/2023 | 8/31/2026 | | |
| HSEM | 2023 Emergency Operations Center Grant Program | 97.052 | 4/14/2023 | \$218,054 | \$0 | N | 6/1/2023 | 5/31/2023 | | |
| HSEM | 2023 Homeland Security Grant Program | 97.067 | 5/5/2023 | \$4,847,500 | \$0 | N | 9/1/2023 | 8/31/2023 | | |
| HSEM | 2023 Emergency Management Performance Grant | 97.042 | 5/18/2023 | \$4,686,295 | \$44,686,295 | N | 10/1/2022 | 9/30/2025 | | |
| HSEM | Public Assistance 4732 Flooding | 97.036 | 4/24/2023 | \$5,008,745 | \$1,669,582 | N | 8/25/2023 | 8/25/2027 | | |
| HSEM | Hazard Mitigation 4732 Spring Flooding | 97.039 | 4/24/2023 | \$1,284,005 | \$321,001 | N | 8/25/2023 | 8/25/2028 | | |
| HSEM | 2023 Legislative Pre-Disaster Mitigation (competitive) | 97.047 | 3/1/2023 | \$3,140,156 | \$996,875 | N | 9/25/2023 | 9/25/2026 | | |
| HSEM | 2023 Building Resilience Infrastructure and Communities (BRIC) (competitive) | 97.047 | 4/26/2023 | \$0 | \$0 | N | 10/16/2023 | 10/16/2027 | | |

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|----------------------|---|--------------------|---------------------|---------------------|---------------------|------------------------|-----------------------|---------------------|--|-------|
| HSEM | 2023 Flood Mitigation Assistance (FMA) (competitive) | 97.029 | 4/26/2023 | \$0 | \$0 | N | 10/16/2023 | 10/16/2027 | | |
| HSEM | Public Assistance 4642 Severe Storms | 97.036 | 12/15/2021 | \$5,231,843 | \$523,184 | N | 2/23/2022 | 2/23/2026 | | |
| HSEM | Hazard Mitigation 4642 Severe Storms | 97.039 | 12/15/2021 | \$1,448,377 | \$144,838 | N | 2/23/2022 | 2/23/2026 | | |
| HSEM | 2021 Building Resilience Infrastructure and Communities (BRIC) (competitive) | 97.047 | 9/13/2021 | \$1,384,056 | \$291,654 | N | 9/13/2021 | 9/13/2025 | | |
| HSEM | 2022 Building Resilience Infrastructure and Communities (BRIC) (competitive) | 97.047 | 9/30/2022 | \$67,000 | \$16,750 | N | 9/30/2022 | 9/30/2026 | | |
| Subtotal HSEM | | | | \$30,814,086 | \$48,738,547 | | | | | |
| DHR | OJJDP Combined FY21&FY22 PREA funds | 16.735 | 6/12/2023 | \$10,231 | \$0 | N | 10/1/2022 | 9/30/2024 | 0 | |
| DHR | OJJDP FY 2023 Title II Formula Grants | | 8/7/2023 | \$600,000 | \$60,000 | N | 10/1/2023 | 9/30/2027 | 1 | |
| DHR | FY 2023 State Justice Statistics program | 16.55 | 4/17/2023 | \$225,000 | \$0 | N | 1/1/2024 | 12/31/2024 | 1.25 | |
| DHR | Environmental Justice Government-to- Government Program (EJG2G) | 66.312 | 4/13/2023 | \$1,000,328 | \$0 | N | 12/1/2023 | 9/30/2026 | 0.1 | |
| Subtotal DHR | | | | \$1,835,559 | \$60,000 | | | | | |
| Human Services | Access & Visitation | | | \$100,000 | | N/A No | 10/1/2022 | 9/30/2023 | 0 | |
| Human Services | Adoption Assistance (Title IV-E) | | | \$12,934,546 | | N/A No | 10/1/2020 | 9/30/2022 | 0 | |
| Human Services | Adoption Assistance (Title IV-E) | | | \$38,796,034 | | N/A No | 10/1/2022 | 9/30/2023 | 0 | |
| Human Services | Adoption Incentive Program | | | \$1,360,500 | | N/A No | 10/1/2021 | 9/30/2025 | 0 | |
| Human Services | CFSP | | | \$305,476 | | N/A No | 10/1/2022 | 9/30/2023 | 0 | |
| Human Services | Chafee Foster Care Program for Successful Transition to Adulthood | | | -\$1,183,036 | | N/A No | 10/1/2020 | 9/30/2022 | 0 | |
| Human Services | Child Care & Development Fund - Discretionary | | | \$8,764,874 | | N/A Yes | 10/1/2021 | 9/30/2024 | 0 | |
| Human Services | Child Care & Development Fund - Discretionary | | | \$62,695,075 | | N/A Yes | 10/1/2022 | 9/30/2025 | 0 | |
| Human Services | Child Care & Development Fund - Mandatory | | | \$8,507,792 | | N/A Yes | 10/1/2021 | 9/30/2025 | 0 | |
| Human Services | Child Care & Development Fund - Matching | | | \$21,628,996 | | N/A Yes | 10/1/2021 | 9/30/2025 | 0 | |
| Human Services | Child Support (IV-D) | | | \$5,904,372 | | N/A No | 10/1/2021 | 9/30/2022 | 0 | |
| Human Services | Child Support (IV-D) | | | \$21,595,564 | | N/A No | 10/1/2022 | 9/30/2023 | 0 | |
| Human Services | Child Support (IV-D) Incentive Payments | | | \$125,301 | | N/A No | 7/1/2021 | 9/30/2021 | 0 | |
| Human Services | Child Support (IV-D) Incentive Payments | | | \$1,750,000 | | N/A No | 7/1/2022 | 9/30/2022 | 0 | |
| Human Services | Child Support (IV-D) Incentive Payments | | | \$5,250,000 | | N/A No | 10/1/2022 | 6/30/2023 | 0 | |
| Human Services | Child Welfare (IV-B) | | | \$28,805 | | N/A No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | Child Welfare (IV-B) | | | \$2,894,987 | | N/A No | 10/1/2022 | 9/30/2024 | 0 | |

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|----------------|--|--------------------|---------------------|-----------------|--------------|-----------------|-----------------------|---------------------|--|----------------|
| | | | | | | Required Y/N | | | | |
| Human Services | Children's Justice Act | | | \$190,201 | N/A | No | 10/1/2021 | 9/30/2025 | 0 | |
| Human Services | Community Mental Health Block Grant | | | \$7,739,414 | N/A | No | 10/1/2022 | 9/30/2024 | 0 | |
| Human Services | Community Mental Health Block Grant | | | \$621,948 | N/A | No | 10/17/2022 | 10/16/2024 | 0 | |
| Human Services | Crisis Counseling | | | -\$51,781 | N/A | No | 9/9/2020 | 6/10/2022 | 0 | |
| Human Services | Developmental Disabilities | | | \$774,176 | N/A | No | 10/1/2022 | 9/30/2024 | 0 | |
| Human Services | E&T 50% | | | \$26,426 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | E&T 100% Admin | | | \$616,141 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | E&T Participant Costs x390 | | | \$248,681 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | Education and Training Vouchers | | | \$462,110 | N/A | No | 10/1/2021 | 9/30/2024 | 0 | |
| Human Services | Expanding DD Councils Access to COVID 19 Vaccines | | | -\$4,746 | N/A | No | 4/1/2021 | 9/30/2022 | 0 | |
| Human Services | Family Resources | | | \$639,603 | N/A | No | 10/1/2021 | 9/30/2024 | 0 | |
| Human Services | Foster Care (Title IV-E) | | | \$17,409,980 | N/A | No | 10/1/2020 | 9/30/2023 | 0 | |
| Human Services | Guardianship | | | \$239,505 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | Health Information Technology (HIT) Administrative Payments | | | \$266,797 | N/A | No | 10/1/2021 | 9/30/2022 | 0 | |
| Human Services | Independent Living | | | \$1,380,917 | N/A | No | 10/1/2021 | 9/30/2024 | 0 | |
| Human Services | Kinship Navigator Programs | | | \$200,000 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | Medical Administration | | | \$91,407,010 | N/A | No | 1/1/2022 | 6/30/2023 | 0 | |
| Human Services | Medical Program | | | \$4,964,918,881 | N/A | No | 1/1/2022 | 6/30/2023 | 0 | |
| Human Services | Money Follows the Person | | | \$18,710,639 | N/A | No | 1/1/2007 | 9/30/2027 | 0 | |
| Human Services | Child Abuse Basic | | | \$1,048,191 | N/A | No | 10/1/2021 | 9/30/2027 | 0 | |
| Human Services | Nutrition Education | | | \$3,041,925 | N/A | No | 10/1/2022 | 9/30/2025 | 0 | |
| Human Services | P-EBT Grants to States | | | -\$388,788 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | OSCE (REACH) | | | -\$14,181 | N/A | No | 9/30/2016 | 9/29/2017 | 0 | |
| Human Services | PATH | | | \$346,662 | N/A | No | 7/1/2022 | 6/30/2023 | 0 | Amount pending |
| Human Services | Preventative Services (DCFE) | | | \$4,421,261 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | Amount pending |
| Human Services | Promoting Safe & Stable Families | | | \$2,540,874 | N/A | No | 10/1/2021 | 9/30/2024 | 0 | Amount pending |
| Human Services | Promoting Safe & Stable Families - Case Worker | | | \$151,558 | N/A | No | 10/1/2022 | 9/30/2024 | 0 | Amount pending |
| Human Services | Refugee Cash & Medical Administrative | | | \$2,190,857 | N/A | No | 10/1/2020 | 9/30/2023 | 0 | |
| Human Services | Refugee Social Services | | | \$7,928,436 | N/A | No | 10/1/2018 | 9/30/2024 | 0 | |
| Human Services | Refugee Health Promotion | | | -\$40,166 | N/A | No | 8/15/2019 | 8/14/2020 | 0 | |
| Human Services | SNAP Administration | | | \$26,539,252 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | SNAP Contingency | | | \$2,824,067 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | Social Services Block Grant | | | \$3,836,109 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | Social Services Block Grant | | | \$11,481,253 | N/A | No | 10/1/2022 | 9/30/2024 | 0 | |

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|--------------------------------|--|--------------------|---------------------|------------------------|--------------------|-----------------|-----------------------|---------------------|--|--|
| | | | | | | Required Y/N | | | | |
| Human Services | State Children's Health Insurance Program | | | \$155,944,494 | N/A | No | 10/1/2021 | 9/30/2024 | 0 | |
| Human Services | State Exchange Regular | | | \$4,359 | N/A | No | 10/1/2021 | 9/30/2022 | 0 | |
| Human Services | Survey & Certification | | | \$3,664,961 | N/A | No | 4/1/2022 | 6/30/2023 | 0 | |
| Human Services | TEFAP Reach & Resiliency | | | \$1,417,046 | N/A | No | 6/13/2022 | 6/30/2025 | 0 | |
| Human Services | State Exchange E & T | | | \$4,609 | N/A | No | 10/1/2021 | 9/30/2023 | 0 | |
| Human Services | TEFAP and TEFAP Farm Bill | | | \$1,025,375 | N/A | No | 10/1/2022 | 9/30/2023 | 0 | |
| Human Services | TEFAP Farm to Food Bank | | | \$37,898 | N/A | No | 10/1/2022 | 9/30/2023 | 0 | |
| Human Services | Temporary Assistance for Needy Families | | | \$32,102,227 | N/A | Yes | 10/1/2021 | 9/30/2022 | 0 | |
| Human Services | Temporary Assistance for Needy Families | | | \$96,965,023 | N/A | Yes | 10/1/2022 | 9/30/2023 | 0 | |
| | TANF Pandemic Emergency Assistance Funds- | | | | | | | | | |
| Human Services | ARPA | | | \$744,995 | N/A | Yes | 10/1/2022 | 9/30/2024 | 0 | |
| Human Services | CCBHC | | | \$458,333 | N/A | No | 4/30/2022 | 4/29/2024 | 0 | |
| Human Services | ARP ELDER ABUSE | | | \$1,567,993 | N/A | No | 8/1/2021 | 9/30/2024 | 0 | |
| Human Services | CCBHC | | | \$1,000,000 | N/A | No | 3/31/2023 | 3/30/2024 | 0 | |
| Subtotal Human Services | | | | \$5,658,099,810 | | | | | | |
| Justice | OVW 2023 STOP VAWA | 16.588 | 9/13/2023 | \$1,908,936 | \$397,622 | N | 7/1/2023 | 6/30/2025 | 1 | |
| Justice | OVW 2023 Sexual Assault Services | 16.017 | 8/22/2023 | \$857,935 | \$0 | N | 8/1/2023 | 7/31/2025 | 0.5 | |
| Justice | OVC FY2023 VOCA Victim Assistance | 16.575 | 8/23/2023 | \$13,070,205 | \$3,104,174 | N | 10/1/2022 | 9/30/2026 | 6 | |
| Justice | OVC FY2023 VOCA Victim Compensation | 16.576 | 8/23/2023 | \$1,989,000 | \$0 | N | 10/1/2022 | 9/30/2026 | 1.5 | |
| Justice | Family Violence Prevention & Services | 93.671 | 9/19/2023 | \$1,609,076 | \$382,156 | N | 10/1/2022 | 9/30/2024 | 1 | |
| Subtotal Justice | | | | \$19,435,152 | \$3,883,952 | | | | | |
| DOM / DoIT | ACP Outreach Grant Program | 32.011 | 6/30/2023 | \$399,704 | \$0 | N | 9/1/2023 | 8/31/2024 | 0.3 | |
| Subtotal DOM/DoIT | | | | \$399,704 | \$0 | | | | | |
| DNR | Iowa Partners for Conservation (IPC 23) | 10.902 | 5/25/2023 | \$1,260,000 | \$159,390 | N | 9/22/2023 | 8/30/2028 | | |
| DNR | Support Urban Species of Greater | 15.634 | 2/15/2023 | \$245,176 | \$82,395 | N | | | | |
| DNR | IA FY23 Spongy Moth Survey | 10.025 | 2/15/2023 | \$20,000 | \$0 | N | 4/18/2023 | 4/15/2024 | | |
| DNR | Walnut Twig Beetle Survey | 10.025 | 3/22/2023 | \$20,000 | \$0 | N | 4/17/2023 | 4/1/2024 | | Requested amt; award notification is TBD |
| DNR | Mississippi Monitoring | 15.978 | 2/10/2023 | \$584,053 | \$0 | N | 10/1/2022 | 9/30/2024 | | |
| DNR | Iowa Wildlife Action Plan Revision Assistance 2023-2025 | 15.634 | 6/14/2023 | \$84,452 | \$28,151 | N | 10/1/2023 | 9/30/2025 | | |
| DNR | Performance Partnership Grant (2023 partial) | 66.605 | 09/27/21 | \$1,183,121 | N/A | Y | 10/01/21 | 09/30/23 | N/A | |
| DNR | Performance Partnership Grant (2023 partial) | 66.605 | 09/27/21 | \$2,420,470 | N/A | Y | 10/01/21 | 09/30/23 | N/A | |

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|--------------|--|-----------------|------------------|----------------|--------------|------------------|--------------------|------------------|----------------------------------|-------|
| DNR | CWA Section 604b Base & BIL Water Quality Management Planning (2023) | 66.454 | 09/30/22 | \$417,000 | \$0 | N | 10/01/22 | 06/30/27 | 0.85 | |
| DNR | Brownfield BIL State Response (2022) | 66.817 | 12/09/22 | \$300,000 | \$0 | N | 10/01/22 | 12/31/23 | 0.25 | |
| DNR | Leaking Underground Storage Tanks Clean-up (2023) | 66.805 | 01/19/23 | \$773,555 | \$85,951 | N | 04/01/23 | 03/31/26 | 5 | |
| DNR | Groundwater Monitoring Network (2023) | 15.980 | 01/25/23 | \$27,444 | \$0 | N | 07/01/23 | 06/30/25 | 0.25 | |
| DNR | Supplemental 106 Monitoring (2022 partial) | 66.419 | 01/26/23 | \$132,300 | \$0 | N | 10/01/22 | 12/31/25 | 0 | |
| DNR | PM2.5 Air Quality Monitoring (2023) | 66.034 | 03/22/23 | \$496,679 | \$0 | N | 04/01/23 | 03/31/25 | 0 | |
| DNR | Supplemental 106 Monitoring (2023) | 66.419 | 03/23/23 | \$306,997 | \$0 | N | 10/01/22 | 12/31/25 | 0 | |
| DNR | Brownfield State Response (2023) amended | 66.817 | 04/03/23 | \$520,000 | \$0 | N | 07/01/21 | 06/30/24 | 1.95 | |
| DNR | Brownfield BIL State Response (2023) amended | 66.817 | 04/15/23 | \$117,700 | \$0 | N | 10/01/22 | 12/31/24 | 0.35 | |
| DNR | Air Monitoring Network IRA (2023) | 66.034 | 04/17/23 | \$173,267 | \$0 | N | 07/01/23 | 06/30/25 | 0 | |
| DNR | Performance Partnership Grant (2023 final) | 66.605 | 05/08/23 | \$2,452,930 | | | | | N/A | |
| DNR | Iowa IJA SWIFR Grant (2023) | 66.920 | 05/26/23 | \$511,502 | \$0 | N | 10/01/23 | 09/30/26 | 0 | |
| DNR | Cooperating Technical Partners (2023) | 97.045 | 06/01/23 | \$2,053,323 | \$0 | N | 08/29/23 | 09/28/27 | 1.1 | |
| DNR | Community Assistance Program - State Support Services (2023) | 97.023 | 06/07/23 | \$343,618 | | N | 07/01/23 | 06/30/24 | 3 | |
| DNR | Superfund Combined (2023) amended | 66.802 | 06/08/23 | \$480,822 | \$6,817 | N | 07/01/18 | 06/30/24 | 1.75 | |
| DNR | Underground Storage Tank Operations (2023) | 66.804 | 06/21/23 | \$100,000 | \$33,333 | N | 10/01/23 | 09/30/26 | 1.5 | |
| DNR | Underground Storage Tank Prevention (2023) | 66.804 | 06/21/23 | \$292,263 | \$97,421 | N | 10/01/23 | 09/30/26 | 3.25 | |
| DNR | DWSRF BIL Lead Service Lines (2022) | 66.468 | 06/22/23 | \$44,913,000 | \$0 | N | 09/01/23 | 09/30/26 | 0 | |
| DNR | DWSRF BIL PFAS/Emerging Contaminants (2022) | 66.468 | 06/22/23 | \$11,969,000 | \$0 | N | 09/01/23 | 09/30/26 | 0 | |
| DNR | CWSRF BIL PFAS/Emerging Contaminants (2022) | 66.458 | 06/22/23 | \$1,265,000 | \$0 | N | 09/01/23 | 09/30/26 | 0 | |
| DNR | DWSRF Capitalization Grant (2023) amended | 66.468 | 06/23/23 | \$160,000 | \$32,000 | N | 09/01/22 | 09/30/25 | 0 | |
| DNR | CWA Section 319h Non-point Source Management (2023) | 66.46 | 06/29/23 | \$3,852,000 | \$2,568,000 | N | 10/01/23 | 09/30/28 | 12.5 | |
| DNR | National Dam Safety Program (2023) | 97.041 | 07/20/23 | \$294,076 | \$0 | N | 09/14/23 | 09/13/24 | 2.35 | |

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|---------------------|---|--------------------|---------------------|----------------------|---------------------|------------------------|-----------------------|---------------------|--|---|
| DNR | CWSRF Capitalization Grant (2023) | 66.458 | 08/08/23 | \$10,152,000 | \$2,030,400 | N | 09/01/23 | 09/30/26 | 3 | |
| DNR | CWSRF BIL General Supplemental (2023) | 66.458 | 08/08/23 | \$28,210,000 | \$2,821,000 | N | 09/01/23 | 09/30/23 | 6 | |
| DNR | Performance Partnership Grant (2024-2025) | 66.605 | 09/19/23 | | | Y | | | | |
| DNR | DWSRF Capitalization Grant (2023) | 66.468 | 09/22/23 | | | N | | | | |
| DNR | DWSRF BIL General Supplemental (2023) | 66.468 | 09/22/23 | | | N | | | | |
| DNR | CWA Section 604b Base & BIL Water Quality Management Planning (2024) | 66.454 | 09/26/23 | | | N | | | | |
| DNR | Iowa FY24 Fisheries Research | 15.605 | 3/17/2023 | \$934,498 | \$311,500 | N | 7/1/2023 | 6/30/2024 | | |
| DNR | Iowa FY24 Fish Culture | 15.605 | 3/9/2023 | \$2,578,040 | \$859,347 | N | 7/1/2023 | 6/30/2024 | | |
| DNR | Iowa FY24 F&W Management | 15.611 | 3/24/2023 | \$8,100,000 | \$3,813,326 | N | 7/1/2023 | 6/30/2024 | | |
| DNR | Iowa FY24 Wildlife Research and Surveys | 15.611 | 3/6/2023 | \$915,585 | \$305,195 | N | 7/1/2023 | 6/30/2024 | | |
| DNR | Iowa FY24 Boone Co R3 land acq | 15.611 | 7/20/2023 | \$425,250 | \$150,750 | N | 10/1/2023 | 9/30/2025 | 0 | |
| DNR | IA FY24 Hunter Education | 15.611 | 3/15/2023 | \$1,423,618 | \$474,593 | N | 7/1/2023 | 6/30/2024 | | |
| DNR | Iowa-2022 BIG Tier 1-Dubuque Marina | 15.622 | 9/8/2021 | \$200,000 | \$66,700 | N | 8/1/2023 | 12/31/2024 | 0 | |
| DNR | Iowa ANS Management FFY23 | 15.608 | 5/15/2023 | \$95,023 | \$27,283 | N | 1/1/2024 | 12/31/2024 | 0 | |
| DNR | Removal of Steamboat Rock Dam on the Iowa River, Iowa | 15.685 | 10/30/2023 | \$1,000,000 | \$600,000 | N | 1/1/2024 | 12/31/2028 | 0 | Through continuing resolution 0 date |
| DNR | Iowa Des Moines Lobe Wetland Initiative II | 15.623 | 2/24/2022 | \$1,000,000 | \$2,515,500 | N | 10/1/2023 | 9/30/2026 | 0 | |
| DNR | Three-Mile Lake Fish Habitat Project | 15.686 | 6/9/2023 | \$40,000 | \$40,000 | N | 7/1/2023 | 6/30/2025 | 0 | Balance due to states |
| DNR | Wetland Restoration in PPJV Priority Areas of the Iowa Wetland Management District | 15.654 | 6/7/2023 | \$162,534 | \$0 | N | 7/1/2023 | 12/31/2025 | 0 | |
| Subtotal DNR | | | | \$133,006,296 | \$17,109,052 | | | | | |
| DPS | Iowa ICAC Task Force | 16.543 | 9/8/2023 | \$442,013 | \$0 | N | 10/1/2023 | 9/30/2024 | 0 | |
| DPS | National Criminal History Record Improvement (NCHIP) | 16.554 | 2/16/2023 | \$1,200,000 | \$0 | N | 6/1/2023 | 9/30/2024 | 0 | |
| DPS | Residential Substance Abuse (RSAT) | 16.593 | 8/2/2023 | \$422,329 | \$140,776 | N | 10/1/2023 | 9/30/2027 | 0.25 | |
| DPS | Project Safe Neighborhood (PSN) Northern District | 16.609 | 4/4/2023 | \$94,718 | \$0 | N | 10/1/2023 | 9/30/2026 | 0.1 | |
| DPS | Project Safe Neighborhood (PSN) Southern District | 16.609 | 4/4/2023 | \$122,335 | \$0 | N | 10/1/2023 | 9/30/2026 | 0.1 | |
| DPS | Byrne Justice Assistance Grant (JAG) | 16.738 | 8/29/2023 | \$2,178,973 | \$0 | N | 10/1/2023 | 9/30/2026 | 1.3 | |
| DPS | JAG Sex Offender Registration Act (SORNA) | 16.738 | 8/11/2023 | \$0 | \$0 | | 10/1/2023 | 9/30/2025 | 0 | |
| DPS | State Crisis Intervention Program (SCIP) | 16.738 | 1/3/2023 | \$2,478,792 | \$0 | N | 10/1/2022 | 9/30/2026 | 0.82 | |

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|--------------|--|--------------------|---------------------|----------------|--------------|------------------------|-----------------------|---------------------|--|-------|
| DPS | Capacity Enhancement for Backlog Reduction (CEBR) | 16.741 | 3/27/2023 | \$968,753 | \$0 | N | 10/1/2023 | 9/30/2025 | 3 | |
| DPS | Coverdell Forensic Science | 16.742 | 5/24/2023 | \$312,708 | \$0 | N | 10/1/2023 | 9/30/2025 | 0.2 | |
| DPS | John R. Justice (JRJ) | 16.816 | 7/13/2023 | \$90,276 | \$0 | | 10/1/2023 | 9/30/2025 | 0.1 | |
| DPS | FY24 MCSAP Grant Program | 20.218 | 8/18/2023 | | \$373,871 | Y | 10/1/2023 | 9/30/2026 | 100 | |
| DPS | Section 405b Occupant Protection High Belt Use | 20.616 | 2/14/2023 | \$511,802 | \$204,721 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405c Data Program | 20.616 | 2/14/2023 | \$567,921 | \$227,168 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405d Impaired Driving | 20.616 | 2/14/2023 | \$2,023,064 | \$809,225 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405d 24-7 Soberiety | 20.616 | 2/14/2023 | \$61,049 | \$24,420 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405f Motorcycle Safety Grant | 20.616 | 2/14/2023 | \$62,116 | \$24,846 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405b Occupant Protection High Belt Use | 20.616 | 11/30/2023 | \$131,902 | \$52,761 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405b Occupant Protection High Belt Use | 20.616 | 11/30/2023 | \$40,870 | \$16,348 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405c Data Program | 20.616 | 11/30/2023 | \$146,365 | \$58,546 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405c Data Program | 20.616 | 11/30/2023 | \$45,351 | \$18,141 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405d Impaired Driving | 20.616 | 11/30/2023 | \$521,330 | \$208,532 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405d Impaired Driving | 20.616 | 11/30/2023 | \$161,994 | \$64,798 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405d 24-7 Soberiety | 20.616 | 11/30/2023 | \$15,732 | \$6,293 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405d 24-7 Soberiety | 20.616 | 11/30/2023 | \$4,888 | \$1,955 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405f Motorcycle Safety Grant | 20.616 | 11/30/2023 | \$16,009 | \$6,403 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | Section 405f Motorcycle Safety Grant | 20.616 | 11/30/2023 | \$4,960 | \$1,984 | Y | 10/1/2022 | 9/30/2023 | 0 | |
| DPS | STOP | 93.243 | 2/12/2023 | \$60,000 | \$0 | N | 9/30/2023 | 9/29/2024 | 0.1 | |
| DPS | Drug Free Communities | 93.276 | 3/1/2023 | \$125,000 | \$125,000 | N | 9/30/2023 | 9/29/2024 | 0.1 | |
| DPS | De-escalation Virtual Reality Training | 16.710 | 5/22/2023 | \$285,000 | \$0 | N | 1/1/2024 | 3/1/2025 | 0 | |
| DPS | Law Enforcement Mental Health & Wellness Program | 16.710 | 4/21/2023 | \$0 | \$0 | N | 10/2/2023 | 10/2/2025 | 0 | |
| DPS | Body-worn Camera Policy and Implementation Program | 16.835 | 4/7/2023 | \$1,225,000 | \$1,225,000 | N | 10/1/2023 | 9/30/2026 | 0 | |
| DPS | HP-CMV (Multi-Agency Strike Force) | 20.237 | 4/2/2023 | \$2,000,000 | \$0 | N | 9/1/2023 | 9/30/2025 | 67 | |
| DPS | Section 402 Federal Highway Safety Program | 20.600 | 2/14/2023 | \$3,816,916 | \$1,526,767 | Y | 10/1/2022 | 9/30/2023 | 12 | |
| DPS | Section 402 Federal Highway Safety Program | 20.600 | 2/14/2023 | \$238,631 | \$95,452 | Y | 10/1/2022 | 9/30/2023 | 12 | |
| DPS | Section 402 Federal Highway Safety Program | 20.600 | 2/14/2023 | \$19,310 | \$7,724 | Y | 10/1/2022 | 9/30/2023 | 12 | |

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|---|--|--------------------|---------------------|---------------------|--------------------|------------------------|-----------------------|---------------------|--|-------|
| DPS | Section 402 Federal Highway Safety Program | 20.600 | 11/30/2023 | \$994,471 | \$397,789 | Y | 10/1/2022 | 9/30/2023 | 12 | |
| DPS | Section 402 Federal Highway Safety Program | 20.600 | 11/30/2023 | \$262,008 | \$104,803 | Y | 10/1/2022 | 9/30/2023 | 12 | |
| DPS | HIDTA | 95.001 | 3/23/2023 | \$2,216,206 | \$0 | N | 1/1/2023 | 12/31/2024 | 6 | |
| Subtotal DPS | | | | \$23,868,792 | \$5,723,323 | | | | | |
| IUB | PHMSA 2024 State Base Gas & Hazardous Liquid Grant | 20.700 | 9/28/2023 | \$1,373,657 | N/A | N | 1/1/2024 | 12/31/2024 | 14 | |
| IUB | State Damage Prevention Program Grants - 2023 | 20.720 | 4/28/2023 | \$97,001 | N/A | N | 10/1/2023 | 9/30/2024 | 15 | |
| IUB | PHMSA 2023 Pipeline Safety Program One Call Grant | 20.721 | 4/28/2023 | \$48,840 | N/A | N | 9/30/2023 | 9/29/2024 | 10 | |
| Subtotal IUB (includes ODCP, GTSB, CMVU) | | | | \$1,519,498 | \$0 | | | | | |
| IVA | Veterans Cemetery Grant Program | 64.203 | 6/28/2023 | TBD | | | | | | |
| Subtotal IVA | | | | \$0 | \$0 | | | | | |
| IWD | PY 2022 WIOA Adult Program Activities | 17.258 | 6/3/2022 | \$735,303 | N/A | N | 7/1/2022 | 6/30/2025 | 87 | |
| IWD | PY 2022 WIOA Dislocated Worker Program | 17.278 | 6/3/2022 | \$904,368 | N/A | N | 7/1/2022 | 6/30/2025 | 87 | |
| IWD | FY 2023 WIOA Adult Program Activities | 17.258 | 6/3/2022 | \$3,281,479 | N/A | N | 10/1/2022 | 9/30/2025 | 87 | |
| IWD | FY 2023 WIOA Dislocated Worker Program | 17.278 | 6/3/2022 | \$3,592,867 | N/A | N | 10/1/2022 | 9/30/2025 | 87 | |
| IWD | PY 2023 WIOA Youth Activities | 17.259 | 5/26/2023 | \$5,652,031 | N/A | N | 4/1/2023 | 6/30/2024 | 87 | |
| IWD | PY 2023 WIOA Adult Program Activities | 17.258 | 5/26/2023 | \$802,571 | N/A | N | 7/1/2023 | 6/30/2026 | 87 | |
| IWD | PY 2023 WIOA Dislocated Worker Program | 17.278 | 5/26/2023 | \$889,451 | N/A | N | 7/1/2023 | 6/30/2026 | 87 | |
| IWD | FY 22 Trade Adjustment Assistance (TAA) Program Training and Other Activities | 17.245 | 7/8/2022 | \$4,227,047 | N/A | N | 10/1/2021 | 9/30/2024 | 5 | |
| IWD | FY 23 Trade Adjustment Assistance (TAA) Program Training and Other Activities | 17.245 | 8/15/2023 | \$263,170 | N/A | N | 10/1/2022 | 9/30/2025 | 5 | |
| IWD | UIPL No. 11-23 Integrity Grant | 17.225 | 7/28/2023 | \$1,739,000 | \$0 | N | 9/1/2023 | 12/31/2025 | 19 | |
| IWD | FY 2023 ARPA-UI Tiger Team Grant | 17.225 | 8/18/2023 | \$267,019 | \$0 | N | 4/1/2023 | 12/31/2025 | | |
| IWD | American Rescue Plan - UI Tiger Team Grant | 17.225 | 3/10/2023 | \$2,714,781 | \$0 | N | 4/17/2023 | 3/31/2024 | 6 | |
| IWD | Iowa Foreign Labor Certification | 17.273 | 4/24/2023 | \$361,216 | \$0 | | 10/1/2023 | 9/30/2024 | 6 | |

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|---------------------|--|--------------------|---------------------|------------------------|----------------------|------------------------|-----------------------|---------------------|--|-------|
| IWD | PY 2023 Iowa Workforce Development SCSEP Application | 17.235 | 6/23/2023 | \$1,023,423 | \$113,714 | | 7/1/2023 | 6/30/2024 | 1 | |
| IWD | Iowa Workforce Development WOTC Funding Allotments for Fiscal Year 2023 | 17.271 | 11/16/2022 | \$48,591 | \$0 | | 10/1/2022 | 9/30/2024 | 3 | |
| IWD | Iowa Workforce Development WOTC 2023 | 17.271 | 4/13/2023 | \$170,185 | \$0 | | 10/1/2022 | 9/30/2024 | 3 | |
| IWD | Adult Education and Literacy | 84.002 | NA | \$4,413,447 | \$5,790,000 | Yes | 7/1/2023 | 9/30/2025 | 4 | |
| IWD | Work Opportunity Tax Credit (WOTC) Program Senior Community Service Employment Program | 17.271 | | \$218,776 | \$0 | No | 10/1/2022 | 9/30/2024 | 2 | |
| IWD | FY 2023 Foreign Labor Certification (FLC) Program | 17.235 | | \$1,023,423 | \$113,714 | No | 7/1/2023 | 6/30/2024 | 1 | |
| IWD | Wagner-Peyser Employment Services (ES) Program | 17.273 | | \$361,216 | \$0 | No | 10/1/2022 | 9/30/2025 | 4 | |
| IWD | "Growing an Organic, Diverse, High-Performing, High-Demand, and Dynamic Registered Apprenticeship Ecosystem in Iowa" | 17.285 | 5/1/2023 | \$669,827 | | N/A | 7/1/2023 | 6/30/2024 | 2 | |
| Subtotal IWD | | | | \$39,443,113 | \$6,017,428 | | | | | |
| Total | | | | \$5,957,658,090 | \$116,459,303 | | | | | |



Appendix E – Fee Project

Analysis of the Governor’s Budget Recommendations

The Fee Project acts as a reference guide to fees charged by departments and agencies. The information reflects FY 2021 and FY 2022 and, when possible, includes the number of persons who paid each fee and the amount of revenue generated by each fee. The information is reported by State agencies as of December 2022. The Fee Project workbooks for each subcommittee are available on each respective subcommittee webpage at the links listed below. Hard copies of these reports are available from the Fiscal Services Division upon request.

Administration and Regulation — www.legis.iowa.gov/docs/publications/FEES/1313507.xlsx

Agriculture and Natural Resources — www.legis.iowa.gov/docs/publications/FEES/1313425.xlsx

Economic Development — www.legis.iowa.gov/docs/publications/FEES/1313432.xlsx

Education — www.legis.iowa.gov/docs/publications/FEES/1313434.xlsx

Human Services — www.legis.iowa.gov/docs/publications/FEES/1313436.xlsx

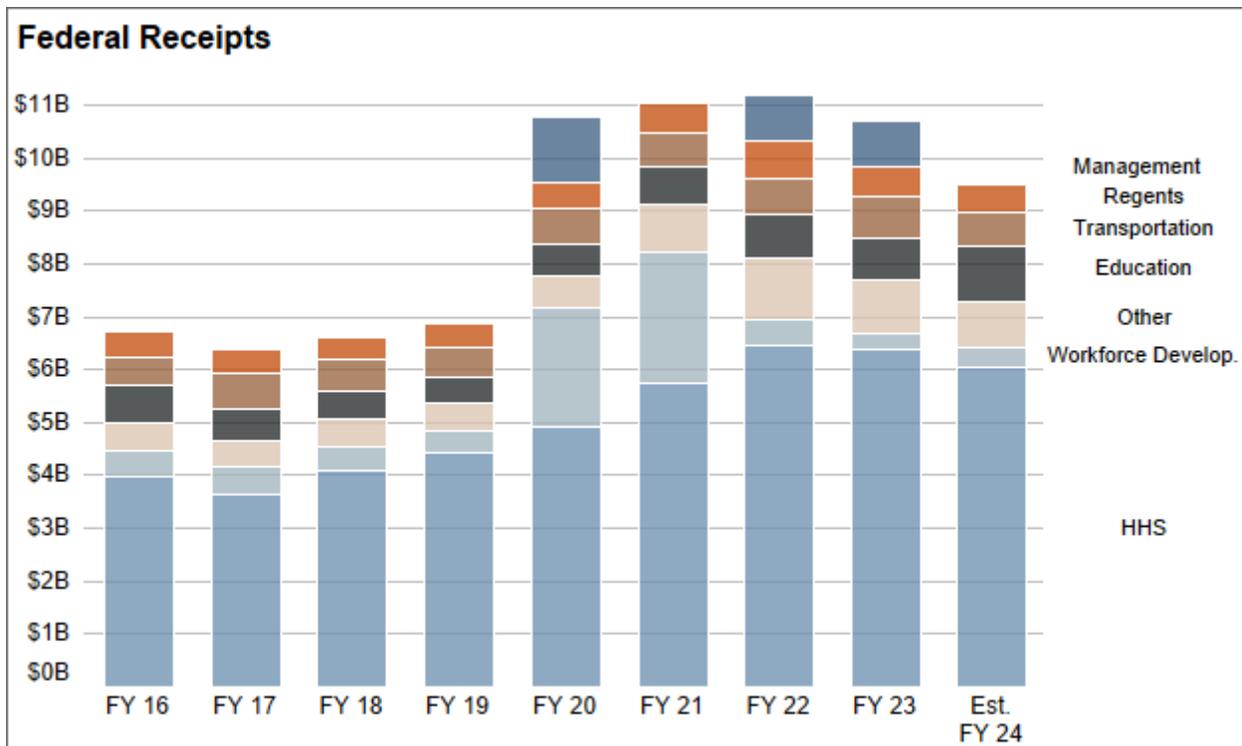
Justice System — www.legis.iowa.gov/docs/publications/FEES/1313438.xlsx

Transportation — www.legis.iowa.gov/docs/publications/FEES/1313287.xlsx

FY 2024 Federal Funds

Beginning in FY 2020, federal receipts received by the State of Iowa increased by \$3.895 billion compared to FY 2019 due to the COVID-19 pandemic. Prior to the pandemic, year-over-year increases ranged from \$100.0 million (FY 2017) to \$606.1 million (FY 2019). Federal receipts have remained elevated since FY 2020, though a decrease for estimated FY 2024 and FY 2025 is expected. For FY 2024, it is estimated that Iowa will receive a total of \$9.526 billion in federal funds. The majority of the federal funds received by the Department of Health and Human Services (HHS) are distributed to the Medicaid Program. **Figure 1** shows the major recipients of federal funds from FY 2016 to estimated FY 2024.

Figure 1



Note: Fiscal Years in **Figure 1** are on a state fiscal year.

Figure 2 provides a history of federal funds received by Iowa departments for FY 2021, FY 2022, and FY 2023 and includes estimated federal funds for FY 2024.

Figure 2

| Federal Receipts | | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|------------------------------|
| (in millions) | | | | |
| | Actual FY 2021 | Actual FY 2022 | Actual FY 2023 | Estimated FY 2024 |
| Health and Human Services | 5,739.5 | 6,455.6 | 6,371.0 | 6,055.7 |
| Workforce Development | 2,473.4 | 475.8 | 321.8 | 367.2 |
| Education | 911.3 | 1,183.6 | 1,004.2 | 853.7 |
| Other | 721.2 | 815.6 | 805.9 | 1,050.5 |
| Transportation | 633.1 | 697.2 | 787.6 | 652.3 |
| Regents | 610.2 | 715.6 | 548.5 | 545.8 |
| Management | 0.5 | 852.2 | 851.6 | 1.0 |
| Total | 11,089.4 | 11,195.5 | 10,690.6 | 9,526.2 |

Federal Funds Tracking: Grants Enterprise Management System

The Iowa [Grants Enterprise Management System \(GEM\\$\)](#) is operated by the Department of Management (DOM) and is designed as a resource for State agencies and local governments for researching and applying for federal grant opportunities and tracking the award of funding, if granted. The System:

- Manages the reporting of grants applied for and received by State agencies.
- Posts State grants available for application.
- Manages State agency awards to government entities, nonprofit organizations, private businesses, and individuals. This includes the grant application, selection, award/contracting, monitoring, communications, modification, reporting, closeout, and financial management processes.

GEM\$ also enables State departments to collaborate on grants when possible. Agencies that used GEM\$ to report their awards in FY 2023 included:

- Department of Administrative Services
- Iowa Economic Development Authority
- Department of Education
- Department of Management
- Department of Homeland Security and Emergency Management
- Iowa Commission on Volunteer Service
- Governor’s Office of Drug Control Policy
- Department of Health and Human Services
- Department of Cultural Affairs
- Department of Public Defense
- Department of Public Safety
- Department of Justice
- Department of Corrections
- Iowa College Student Aid Commission
- Department of Agriculture and Land Stewardship
- Department of Natural Resources
- Attorney General
- Iowa Vocational Rehabilitation Services
- Civil Rights Commission
- Department for the Blind
- Department on Aging
- Department of Transportation
- Iowa Public Television
- Judicial Branch

Related Websites

Federal Funds Information for States: www.ffis.org

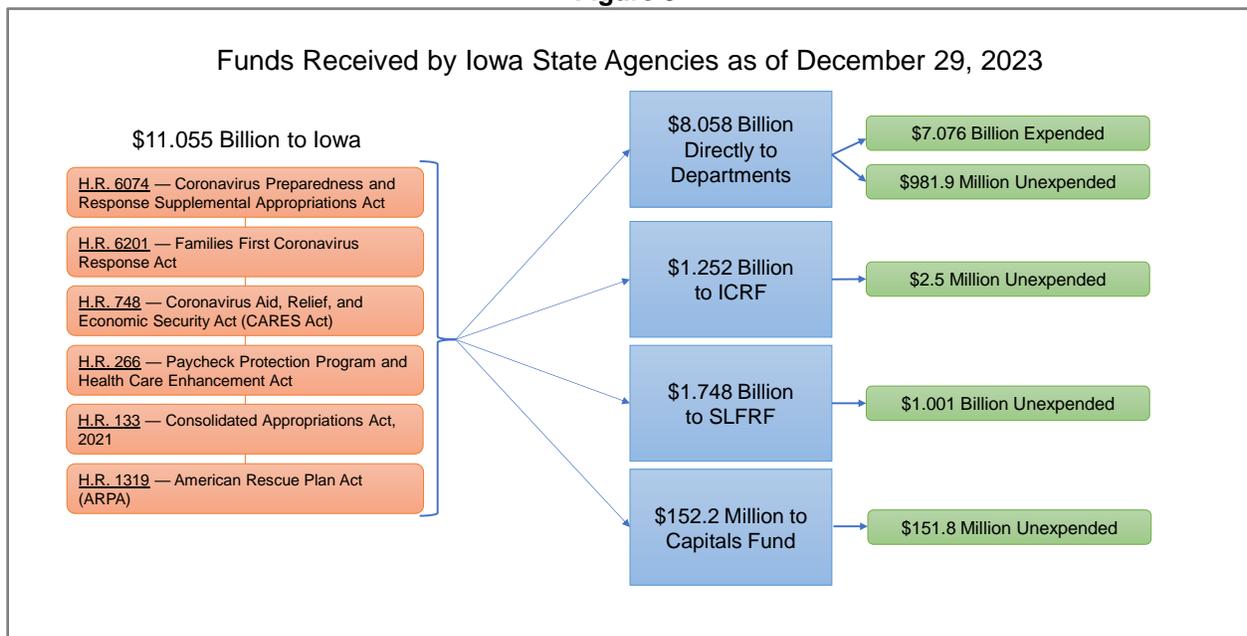
Government Accountability Office: www.gao.gov

CARES Act, ARPA, and Other Federal Stimulus Acts. In response to the COVID-19 pandemic, the federal government enacted six Acts in 2020 and 2021. Those Acts are:

- [H.R. 6074](#) — Coronavirus Preparedness and Response Supplemental Appropriations Act, enacted March 6, 2020.
- [H.R. 6201](#) — Families First Coronavirus Response Act, enacted March 18, 2020.
- [H.R. 748](#) — Coronavirus Aid, Relief, and Economic Security (CARES) Act, enacted March 27, 2020.
- [H.R. 266](#) — Paycheck Protection Program and Health Care Enhancement Act, enacted April 24, 2020.
- [H.R. 133](#) — Consolidated Appropriations Act, 2021, enacted December 27, 2020.
- [H.R. 1319](#) — American Rescue Plan Act of 2021 (ARPA), enacted March 11, 2021.

Through December 29, 2023, State agencies in Iowa have reported federal awards totaling \$11.055 billion related to the six Acts to address a wide variety of expenses related to the COVID-19 pandemic. Of this total, \$8.058 billion has been awarded directly to departments, \$1.252 billion was awarded to the Iowa Coronavirus Relief Fund (ICRF), \$1.748 billion was awarded to the Iowa Coronavirus State and Local Fiscal Recovery Fund (SLFRF) for the State and nonentitlement units of government, and \$152.2 million was awarded to the Coronavirus Capitals Fund. The **Appendix** at the end of the Federal Funds section details the \$8.058 billion awarded directly to State departments.

Figure 3



Of the \$8.058 billion in federal funds awarded directly to State departments, \$7.076 billion (87.8%) has been expended as of December 29, 2023. Of the total year-to-date expenses, \$2.993 billion (42.3%) has been expended for worker unemployment benefits. This figure does not include the funds from the ICRF and SLFRF allocated for this same purpose.

Total expenses from the programs that have expended the most funding are outlined in **Figure 4**. The majority of expenditures (78.8%) occurred from FY 2020 to FY 2022. Federal payments for unemployment insurance, which are separate from any payments made to unemployment insurance from the ICRF and SLFRF, were more than half of all expenses in FY 2020 (58.1%) and FY 2021 (55.8%). The Coronavirus Relief Fund was the second major program from which expenses were made and comprised 26.2% of expenditures in FY 2020 and 18.9% in FY 2021. Funding for the Medical Assistance Program (Medicaid) was a key piece of expenditures from federal funding. Expenditures made monthly are continued until the end of calendar year 2023. Although the Medical Assistance Program was the top program in expenses in FY 2023, consistent awards mean that expenses total \$1.257 billion and comprised 13.9% of expenditures. Beginning in FY 2022, two new programs established under ARPA began to contribute to total spending. The SLFRF has totaled \$750.2 million in expenses and will be one of the major programs in the future. The American Rescue Plan Elementary and Secondary School Emergency Relief Program also comprised a major source of expenses with a total of \$564.2 million.

Figure 4

| COVID-19 Aid Expenses by Top Eight Programs | | | | | | |
|--|------------------|------------------|------------------|------------------|----------------|------------------|
| (in millions) | | | | | | |
| | FY 2020 | FY 2021 | FY 2022 | FY 2023 | FY 2024 | Total |
| American Rescue Plan Elementary and Secondary School Emerg. Relief | \$0.0 | \$0.0 | \$176.0 | \$294.3 | \$93.8 | \$564.2 |
| Child Care and Development Block Grant | \$6.2 | \$62.6 | \$205.0 | \$137.9 | \$7.6 | \$419.3 |
| Coronavirus Relief Fund | \$553.3 | \$574.3 | \$104.5 | \$14.7 | \$0.0 | \$1,246.8 |
| Coronavirus State and Local Fiscal Recovery Fund | \$0.0 | \$0.0 | \$386.8 | \$253.3 | \$110.0 | \$750.2 |
| Elementary and Secondary School Emergency Relief Fund | \$64.4 | \$75.3 | \$221.5 | \$48.9 | \$5.9 | \$415.9 |
| Medical Assistance Program | \$136.6 | \$301.1 | \$322.0 | \$340.9 | \$156.9 | \$1,257.5 |
| National School Lunch Program | \$38.8 | \$59.2 | \$6.6 | \$27.3 | \$13.1 | \$145.1 |
| Other | \$86.4 | \$266.1 | \$543.6 | \$268.2 | \$117.0 | \$1,281.3 |
| Unemployment Insurance | \$1,228.0 | \$1,692.8 | \$64.6 | \$7.0 | \$0.3 | \$2,992.6 |
| Grand Total | \$2,113.8 | \$3,031.4 | \$2,030.7 | \$1,392.5 | \$504.6 | \$9,073.0 |

Note: This figure reflects expenses that occurred between July 1 and June 30 without regard to accrual adjustments.

Figure 5

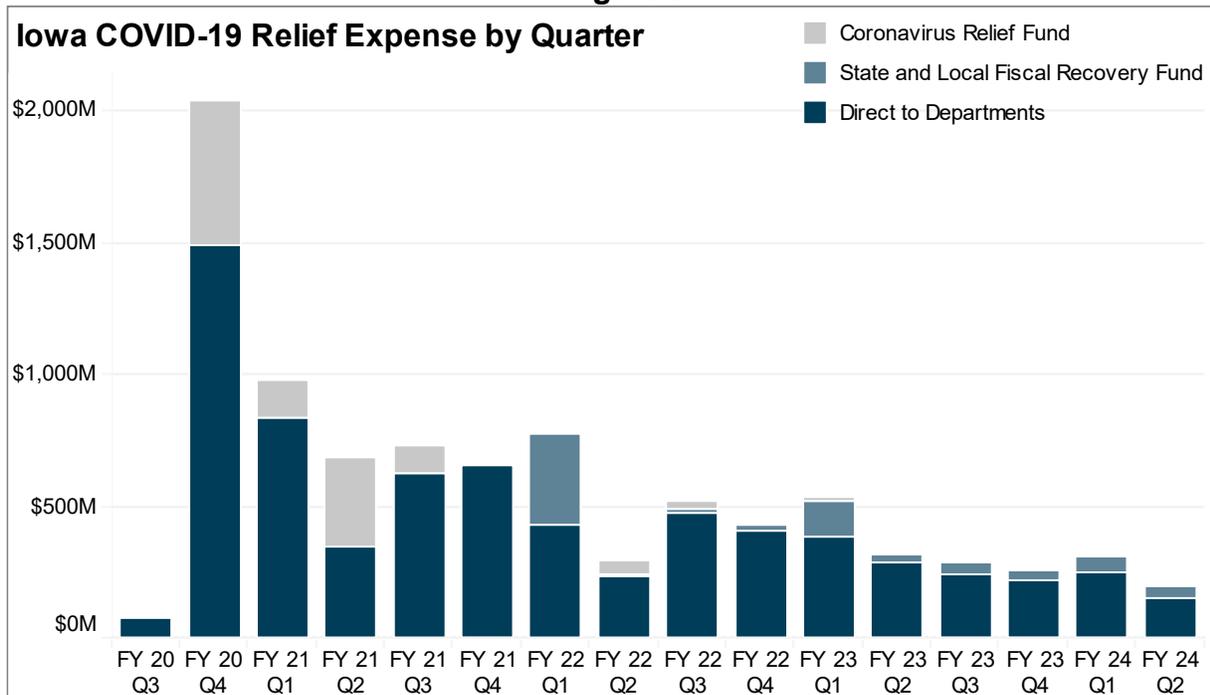


Figure 5 shows how federal relief funding has been spent, and how expenses have slowed when reviewed by quarter. The figure displays larger expenses at the start of the COVID-19 pandemic (FY 2020 Q4). The ICRF was a major part of spending through FY 2021 Q3, but expenses since then have decreased. Funding provided directly to departments has provided the largest share of expenditure in each quarter. Expenditure from the SLFRF began in earnest in FY 2022 Q1, but this expense was driven by the two largest payments. The first was a transfer to the Unemployment Insurance Fund, and the second was a transfer to nonentitlement units of government in Iowa.

To summarize, the ICRF is nearing the point of final closeout. Programs allocated directly to departments have remained the majority of expenses, but these funding streams will begin sunseting soon. The majority of the expenditures from the SLFRF remain to be made.

Figure 6 focuses on the top eight programs for the four most recent quarters. The Medical Assistance Program comprises 31.5% of all expenses, and American Rescue Plan Elementary and Secondary School Emergency Relief comprises 21.1% of all expenses. Lastly, the SLFRF will remain a major portion of State expenditures into FY 2027, with \$1.001 billion in funds remaining.

Figure 6

| Federal COVID-19 Aid Expenses by Four Most Recent Quarters | | | | | |
|--|----------------|----------------|----------------|----------------|------------------|
| Top 8 Programs (in millions) | | | | | |
| | FY 23 Q3 | FY 23 Q4 | FY 24 Q1 | FY 24 Q2 | Total |
| American Rescue Plan Elementary and Secondary School Emerg. Relief | \$71.0 | \$56.9 | \$91.6 | \$2.2 | \$221.7 |
| Child Care and Development Block Grant | \$10.2 | \$15.4 | \$6.7 | \$0.9 | \$33.2 |
| Coronavirus State and Local Fiscal Recovery Fund | \$46.9 | \$37.9 | \$63.6 | \$46.4 | \$194.7 |
| Elementary and Secondary School Emergency Relief Fund | \$6.4 | \$5.5 | \$5.9 | \$0.0 | \$17.9 |
| Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) | \$6.3 | \$4.2 | \$6.2 | \$23.6 | \$40.2 |
| Highway Planning and Construction | \$5.6 | \$10.1 | \$12.6 | \$3.0 | \$31.2 |
| Medical Assistance Program | \$86.2 | \$87.8 | \$85.4 | \$71.5 | \$330.9 |
| National School Lunch Program | \$5.9 | \$0.0 | \$0.0 | \$13.1 | \$19.0 |
| Other | \$47.4 | \$41.2 | \$39.3 | \$32.6 | \$160.5 |
| Total | \$285.9 | \$258.9 | \$311.3 | \$193.4 | \$1,049.5 |

Note: This figure reflects expenses that occurred between July 1 and June 30 without regard to accrual adjustments.

Awards Directly to Departments

Figure 7 displays the eight agencies that received the most funding and combines all other agencies. Of the \$8.058 billion in federal funds awarded directly to State agencies, \$7.076 billion (87.8%) has been expended as of December 29, 2023. Of the total year-to-date expenses, \$2.993 billion (42.3%) has been expended for worker unemployment benefits. This figure does not include the funds from the ICRF and SLFRF allocated for this same purpose.

Figure 7

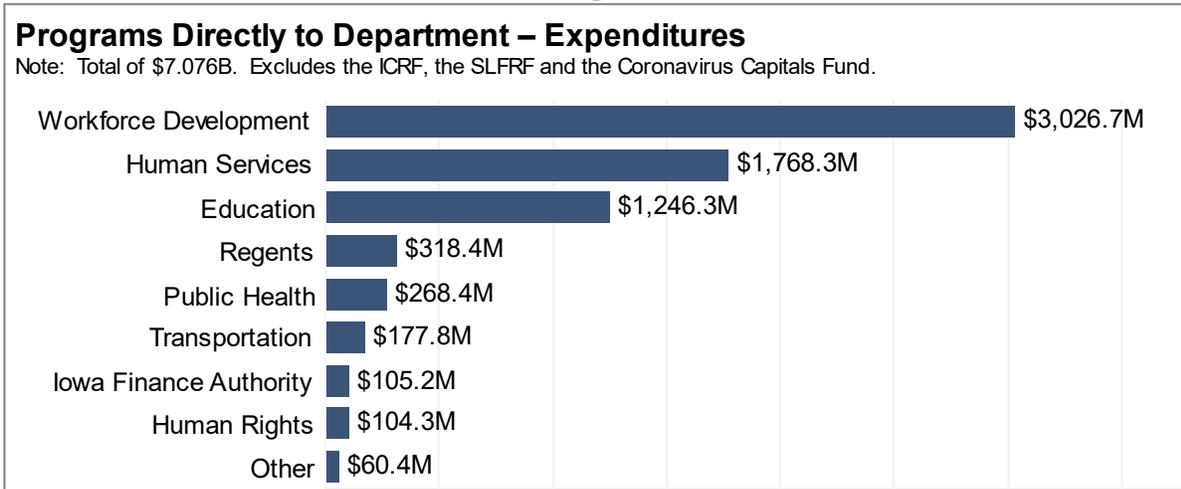
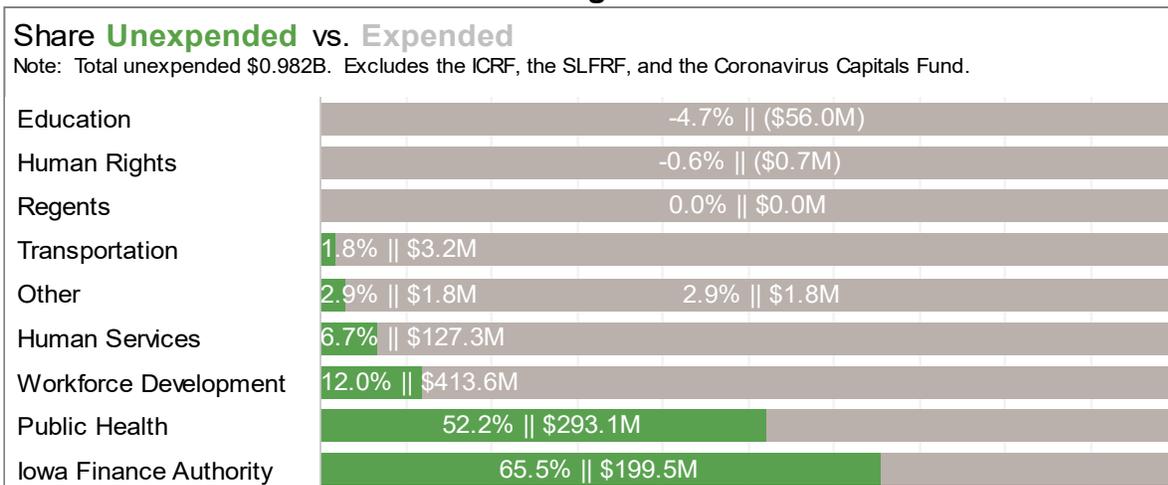


Figure 8 displays the share of awarded funds that have been unexpended versus expended by State agencies. The Department of Public Health (DPH), initially a standalone department but now within the HHS, and the Iowa Finance Authority (IFA) currently have the largest percentage of dollars awarded to them that are unexpended. Some of these awarded dollars may no longer be available for expenditure. However, the DPH and IFA have reported expenditures as late as December 2023. For the DPH, the majority of unexpended funds are for the Epidemiology and Laboratory Capacity for Infectious Diseases Program. Expense reporting for this program is ongoing, and funding will remain available in future years. For the IFA, the majority of the unexpended funds are for Emergency Rental Assistance. Similar to the DPH, expense reporting for Emergency Rental Assistance is ongoing and funding will remain available in future years.

Figure 8



Note: Expenses for the Departments of Education and Human Rights exceeded the awarded amount because receipts exceeded estimated awards.

Iowa Coronavirus Relief Fund

Iowa received \$1.250 billion in federal funds through the CARES Act on April 20, 2020, illustrated in **Figure 9**. To date, \$2.4 million in interest earnings has been credited to the Fund. As of December 29, 2023, net transfers to agencies total \$1.247 billion, with some moneys having been returned to the Fund. The current balance in the Fund is \$2.5 million. Of the \$1.247 billion transferred to the agencies, a total of \$1.247 billion has been expended for various programs. The Treasury has revised the guidance to provide that a cost associated with a necessary expenditure incurred due to the public health emergency shall be considered to have been incurred by December 31, 2021, if the recipient has incurred an obligation concerning such cost by December 31, 2021. Recipients were allowed to record their expenditures through September 30, 2022. As of this date, \$3.1 million has been returned to the federal government. A final report has not been issued on all ICRF expenditures, but the State is allowed to retain interest earnings for administrative expenses.

Figure 9

| Coronavirus Relief Fund (April 2020 CARES Act) | | |
|---|-----------|------------------|
| Coronavirus Relief Fund | | |
| Federal Support | \$ | 1,250,000,000 |
| Interest | | 2,411,565 |
| Federal Support Returned | | -3,125,641 |
| Net Transfers to Agencies | | -1,247,199,802 |
| Fund Balance | \$ | 2,086,121 |
| Department Activities | | |
| Transfers Received | | 1,247,199,802 |
| Reported Expenses | | -1,246,832,986 |
| Unexpended Transfers | \$ | 366,817 |
| Total Unexpended | \$ | 2,452,938 |

The LSA published an update on [Federal Assistance Related to COVID-19](#) in August. Adjustments were made to Coronavirus Relief Administration and Oversight under the DOM. For this program, the Governor has transferred \$477,000 to the DOM to administer the Coronavirus Relief Fund. A balance of \$344,000 remains unexpended. The LSA will continue to monitor the Fund for future transactions.

Iowa State and Local Coronavirus Fiscal Recovery Fund

The State of Iowa has received \$1.703 billion in federal funds and \$48.9 million in interest, which has been deposited into the SLFRF. As of December 29, 2023, \$771.1 million has been transferred to various departments. The first \$237.5 million was transferred to the Department of Workforce Development's (IWD's) Unemployment Insurance Trust Fund. These funds are used to support ongoing unemployment benefits for Iowans. An additional \$221.2 million was transferred to the Iowa Department of Revenue for payments to nonentitlement units of government, which are cities with a population of less than 50,000. Funds provided to State and local governments have broad spending flexibility, including addressing emergency and economic effects of the pandemic; replenishing revenue losses due to the shutdown of the economy; investments in water, sewer, and broadband infrastructure; and premium pay to essential workers.

Funds in the SLFRF must be used to cover costs incurred by recipients between March 3, 2021, and December 31, 2024, and funds must be expended by December 31, 2026, or they will revert to the federal government.

Figure 10 reflects SLFRF activity across the State. This includes moneys that remain in the Fund and moneys that have been transferred to departments and are no longer in the SLFRF but have not been expended by the State.

Figure 10

| Coronavirus State and Local Fiscal Recovery Fund Revenue, Transfers, and Department Activities | | |
|---|-----------|----------------------|
| Coronavirus Fiscal Recovery Fund | | |
| Federal Support | \$ | 1,702,586,735 |
| Interest | | 48,857,072 |
| Net Transfers to Agencies | | -771,136,399 |
| Fund Balance | \$ | 980,307,408 |
| Department Activities | | |
| Transfers Received | | 771,136,399 |
| Reported Expenses | | -750,149,387 |
| Unexpended Transfers | \$ | 20,987,012 |
| Total Unexpended | \$ | 1,001,294,421 |

Figure 11 shows expenses at a program level. Note that some programs may show expenses that exceed transfers that have been made to a department. The discrepancy is primarily due to the ongoing nature of transaction reporting. The LSA will continue to monitor these programs.

In addition, several of these departments were moved by 2023 Iowa Acts, [Senate File 514](#) (State Government Alignment Act). However, these departments received transfers and made expenditures that occurred before the passage of SF 514. These instances will show the initial department that received the funding, and the department that currently administers the program will be displayed in parentheses.

Figure 11

**Iowa Coronavirus State and Local Fiscal Recovery Fund
Total Transfers and Expenses**

| | Net Transfers | Expenses |
|---|----------------------|-----------------------|
| Administrative Services | \$ 27,661,436 | \$ 28,826,974 |
| Local Government Relief Payments Support | 386,225 | 386,225 |
| Public Sector Premium Pay - Corrections | 1,524,000 | 1,524,000 |
| Public Sector Premium Pay - Teachers | 95,000 | 95,000 |
| Public Sector Premium Pay - Peace Officer | 5,988,000 | 5,988,000 |
| Premium Pay Administration | 6,000 | 6,000 |
| PPE and DME Storage and Distribution - DAS | 1,003,933 | 903,189 |
| Iowa Juvenile Home - Demolition and Asbestos Remediation | 353,278 | 353,278 |
| Park Avenue Project | 18,305,000 | 18,183,483 |
| HHS Strategic Space Planning | 0 | 1,387,798 |
| Aging (HHS) | \$ 435,000 | \$ 230,800 |
| Office of Public Guardian | 435,000 | 230,800 |
| Agriculture and Land Stewardship | \$ 3,500,000 | \$ 2,950,681 |
| Iowa Conservation Infrastructure | 3,500,000 | 2,950,681 |
| Office of the Chief Information Officer (DOM) | \$ 96,204,983 | \$ 108,301,505 |
| OCIO Broadband Community Engagement | 1,320,000 | 1,320,000 |
| Broadband Infrastructure Support Grants | 57,530,354 | 69,591,483 |
| Broadband Expansion Grant Administration | 2,855,320 | 2,953,274 |
| Security Operations Center | 2,487,567 | 2,681,336 |
| Data Center Migration | 11,720,439 | 9,761,583 |
| Operations System Replacement | 760,000 | 144,498 |
| Endpoint Detection and Response Platform | 3,922,972 | 3,408,364 |
| Cap. Complex Network Upgrade | 1,163,179 | 1,163,179 |
| Inventory and Asset Management | 420,000 | 389,681 |
| Digital Transformation Project | 3,394,441 | 4,156,647 |
| Identity and Access Management | 3,490,375 | 3,490,375 |
| Identity and Access Management Fall 2023 | 3,595,086 | 3,595,086 |
| State Financial System | 3,416,257 | 5,452,006 |
| Joint Forces HQ HVAC Replacement | 128,993 | 128,993 |
| Statewide IT Organization | 0 | 65,000 |
| College Student Aid Commission (Department of Education) | \$ 7,710,211 | \$ 7,541,969 |
| GEAR UP Iowa Future Ready | 1,834,657 | 1,663,280 |
| National Guard Benefits Program | 600,000 | 600,000 |
| National Guard Service Scholarship Supp. Spring 2023 | 1,600,000 | 1,600,000 |
| National Guard Service Scholarship Supp. Spring 2023 - Additional | 175,554 | 175,554 |
| Last Dollar Scholarship Program | 3,500,000 | 3,500,000 |
| ICAPS Security | 0 | 3,135 |
| Corrections | \$ 8,264,040 | \$ 9,543,983 |
| Homes for Iowa | 8,150,497 | 9,430,440 |
| Iowa Correctional Offender Network | 113,542 | 113,542 |
| Education | \$ 766,950 | \$ 1,227,097 |
| Iowa Private Sector Premium Pay | 732,020 | 732,020 |
| Critical Incident Mapping | 34,930 | 34,930 |
| GEAR UP Iowa Future Ready | 0 | 460,148 |

Figure 11 (cont.)

| Iowa Coronavirus State and Local Fiscal Recovery Fund | | |
|--|----------------------|----------------------|
| Total Transfers and Expenses | | |
| | Net Transfers | Expenses |
| Economic Development Authority | \$ 46,274,736 | \$ 45,891,208 |
| Tourism Marketing Projects | 1,241,754 | 1,241,754 |
| Iowa Promotional Campaign Fall 2021 | 3,899,982 | 3,899,982 |
| Iowa Promotional Campaign Spring 2022 | 4,700,000 | 4,700,000 |
| Iowa Promotional Campaign Spring 2023 | 3,750,000 | 3,750,000 |
| Manufacturing 4.0 Small Manufacturers | 4,200,000 | 4,128,201 |
| Manufacturing 4.0 Mid-Size Manufacturers | 17,200,000 | 16,751,476 |
| Downtown Housing Grant Program | 1,591,000 | 1,589,543 |
| Nonprofit Initiative | 7,974,000 | 7,979,505 |
| Destination Iowa - Outdoor Recreation | 478,000 | 558,674 |
| Iowa Brand Development | 240,000 | 305,000 |
| Manufacturing 4.0 - Tech. Investment Small Manufacturers | 1,000,000 | 932,529 |
| Talent Attraction | 0 | 54,544 |
| Health and Human Services | \$ 2,650,000 | \$ 0 |
| Lucas Building Renovation Planning | 2,650,000 | 0 |
| Homeland Security | \$ 12,388,167 | \$ 7,807,834 |
| PPE Storage | 213,304 | 213,304 |
| School Safety Improv. Fund and Vulnerability Assessments | 10,151,778 | 6,006,950 |
| Hazardous Condition Remediation Plan | 448,085 | 0 |
| School Safety Administration | 1,575,000 | 1,587,580 |
| Iowa Finance Authority | \$ 37,618,229 | \$ 22,079,751 |
| Wastewater Infrastructure for Unsewered Communities | 8,144,279 | 7,631,245 |
| Economically Significant Projects | 22,000,000 | 10,881,511 |
| Minority Down Payment Assistance Pilot Program | 965,000 | 965,000 |
| Watershed Protection Projects | 6,451,138 | 2,544,182 |
| Industrial Water Reuse Projects | 57,813 | 57,813 |
| Management | \$ 6,043,784 | \$ 6,043,784 |
| Fund Administration | 3,165,633 | 3,165,633 |
| Workforce Realignment Consultant | 42,500 | 42,500 |
| Guidehouse - Alignment Consultant | 1,035,514 | 1,035,514 |
| Rule Management Program | 362,546 | 362,546 |
| Organizational Change Management Support | 475,125 | 475,125 |
| Alignment Employee Engagement | 837,465 | 837,465 |
| Area Education Agency Benchmarking | 125,000 | 125,000 |
| Natural Resources | \$ 892,479 | \$ 892,479 |
| Hazardous Condition Remediation Plan | 892,479 | 892,479 |
| Public Defense | \$ 0 | \$ 1,405,734 |
| DPS and DPD Deployment | 0 | 1,405,734 |

Figure 11 (cont.)

| Iowa Coronavirus State and Local Fiscal Recovery Fund | | |
|--|-----------------------|-----------------------|
| Total Transfers and Expenses | | |
| | Net Transfers | Expenses |
| Public Safety | \$ 11,713,658 | \$ 11,349,296 |
| Computer Aided Dispatch | 0 | 24,975 |
| DPS Recruitment Initiative | 368,485 | 368,485 |
| School Safety Hardware and Software | 6,154,615 | 6,154,574 |
| School Safety Bureau | 1,325,000 | 1,207,347 |
| Motor Vehicle Enforcement | 3,297,226 | 3,025,583 |
| DPS and DPD Deployment | 568,332 | 568,332 |
| State Fair | \$ 0 | \$ 1,324,057 |
| Iowa State Fair Security Improvements | 0 | 1,324,057 |
| Regents | \$ 3,407,576 | \$ 3,365,485 |
| UNI Future Ready Iowa Scholarship Program | 1,444,493 | 1,317,199 |
| Veterinary Diagnostic Lab Phase II | 1,813,208 | 1,898,411 |
| Biosciences Infrastructure | 149,875 | 149,875 |
| Revenue | \$ 221,185,312 | \$ 221,185,312 |
| Local Government Relief | 221,185,312 | 221,185,312 |
| Transportation | \$ 28,000,000 | \$ 13,934,548 |
| Commercial Aviation Airports | 28,000,000 | 13,934,548 |
| Veterans Affairs | \$ 248,411 | \$ 265,232 |
| Veterans Trust Fund Supplemental Grant | 248,411 | 265,232 |
| Workforce Development | \$ 256,171,428 | \$ 255,981,659 |
| Unemployment Insurance Trust Fund | 237,470,586 | 237,470,586 |
| IowaWORKS Program Promotion | 601,023 | 601,023 |
| Reemployment Case Management System | 4,123,955 | 3,751,694 |
| Child Care Challenge | 6,728,485 | 6,728,485 |
| Summer Youth Internship Projects | 1,441,975 | 1,312,892 |
| Labor Market Information | 235,071 | 279,900 |
| Child Care Challenge Bus. Incentive | 244,253 | 244,253 |
| Health Careers Registered Apprenticeship | 687,390 | 687,390 |
| Work-Based Learning Professional Profiling System | 853,750 | 863,720 |
| Teacher and Paraeducator Registered Apprenticeship | 3,447,288 | 3,680,023 |
| Iowa Language Learners Job Training Program | 72,386 | 79,302 |
| Entry-Level Driver Training Program | 110,537 | 127,662 |
| Home Base Iowa Portal | 154,729 | 154,729 |
| | \$ 771,136,399 | \$ 750,149,387 |

Department of Administrative Services (DAS)

- **Local Government Relief Payments Support:** The Governor has transferred \$386,000 to administer local government relief for nonentitlement units in cities with a population less than 50,000. The DAS has expended the balance of the funds.
- **Iowa Public Sector Premium Pay:** The Governor has transferred \$7.6 million to the program. This program provides a premium pay lump-sum payment to teachers (\$95,000) employed by the State, law enforcement (\$6.0 million) and corrections officers (\$1.5 million), and medical professionals working in corrections. The DAS has expended the balance of the funds. This includes \$6,000 expended for administration.
- **PPE and DME Storage and Distribution:** The Governor has transferred \$1.0 million to pay for centralized storage of personal protective equipment (PPE) and durable medical equipment (DME). The DAS has expended \$903,000, and there is a balance of \$101,000 remaining.
- **Iowa Juvenile Home:** The Governor has transferred \$353,000 to the DAS for the demolition and asbestos remediation at the Iowa Juvenile Home to prepare the site for community redevelopment. The DAS has expended the balance of the funds.
- **Park Avenue Project:** The Governor has transferred \$18.3 million for the purchase of a building, completion of short-term improvements and relocation of staff, and long-term improvements. The DAS has expended \$18.2 million, and there is a balance of \$122,000 remaining.
- **HHS Strategic Space Planning:** A transfer has not been recorded, but funds are expected to be transferred in the future. This project is a renovation of the Hoover State Office Building and the Lucas State Office Building related to the relocation of HHS staff. The DAS has expended \$1.4 million.

Department on Aging

- **Office of the Public Guardian:** The Governor has transferred \$435,000 to reduce the current waiting list of lowans in need of guardianship-conservatorship via contracted services. This will pay for one calendar year of public guardianship services for 81 people. The Department has expended \$231,000, and there is a balance of \$204,000 remaining.

Department of Agriculture and Land Stewardship (DALs)

- **Iowa Conservation Infrastructure:** The Governor has transferred \$3.5 million to improve water quality by harnessing the collective ability of both private and public resources, organizations, and contractors to rally around the Nutrient Reduction Strategy and implement proven conservation practices to reduce nutrients. This program will invest in nonpoint source conservation projects in priority watersheds with layered benefits including improved water quality, habitat, recreation, and carbon sequestration. The DALs has expended \$3.0 million, and there is a balance of \$549,000 remaining.

Office of the Chief Information Officer (OCIO)

- **OCIO Broadband Community Engagement:** The Governor has transferred \$1.3 million to provide Iowa cities and counties with education, research, consulting, and related support in connection with the development of broadband plans. Such plans will identify stakeholders, partners, funding sources, and supporting data that can be used to support broadband development at the local government level. The OCIO has expended the balance of the funds.
- **Broadband Infrastructure Support Grants:** The Governor has transferred \$57.5 million to Broadband Infrastructure Grants. These grants are intended to support broadband expansion across the State. The OCIO has expended \$69.6 million. This expense exceeds the amount transferred to date by \$12.1 million, but additional funds are expected to be transferred in the future.
- **Broadband Expansion Grant Administration:** The Governor has transferred \$2.9 million to administer broadband grants. The OCIO has expended \$3.0 million. This expense exceeds the amount transferred to date by \$98,000, but additional funds are expected to be transferred in the future.
- **Security Operations Center:** The Governor has transferred \$2.5 million to expand the Security Operations Center to provide continuous security monitoring services, provide security of network systems, and improve the State's ability to respond to cyberattacks. The OCIO has expended

\$2.7 million. This expense exceeds the amount transferred to date by \$194,000, but additional funds are expected to be transferred in the future.

- **Data Center Migration:** The Governor has transferred \$11.7 million to support the State's Data Center Migration and Resiliency Project to include migration of data to a new data center and to update or replace aged infrastructure. The OCIO has expended \$9.8 million, and there is a balance of \$2.0 million remaining.
- **Operations System Replacement:** The Governor has transferred \$760,000 to replace unsupported endpoints and software across the State network. The OCIO has expended \$144,000, and there is a balance of \$616,000 remaining.
- **Endpoint Detection and Response Platform:** The Governor has transferred \$3.9 million to acquire software licenses for a new Endpoint Detection and Response (EDR) platform capable of serving State agencies and local governments. The EDR platform will provide additional security protections for managed endpoints including personal computers, servers, and other devices. The OCIO has expended \$3.4 million, and there is a balance of \$515,000 remaining.
- **Capitol Complex Network Upgrade:** The Governor has transferred \$1.2 million to replace network and wireless infrastructure across the Capitol complex. The OCIO has expended the balance of the funds.
- **Inventory and Asset Management:** The Governor has transferred \$420,000 to acquire or build systems intended to track information technology (IT) assets. The OCIO has expended \$390,000, and there is a balance of \$30,000 remaining.
- **Digital Transformation Project:** The Governor has transferred \$3.4 million to update State websites to improve user experience. The OCIO has expended \$4.2 million. This expense exceeds the amount transferred to date by \$762,000, but additional funds are expected to be transferred in the future.
- **Identity and Access Management:** The Governor has transferred \$3.5 million to renew the Okta platform, which provides a single identity access point to employees and citizens to interact with systems operated by the State. The OCIO has expended the balance of the funds.
- **Identity and Access Management Fall 2023:** The Governor has transferred \$3.6 million to support the fall 2023 one-year renewal of the OCIO's Okta platform, which provides a single identity for employees and citizens interacting with State government systems. The OCIO has expended the balance of the funds.
- **State Financial System:** The Governor has transferred \$3.4 million to upgrade the current State finance and accounting system to the latest cloud-based version to ensure greater security of the State's financial infrastructure and to provide greater transparency and accountability through the improved system functionality. The OCIO has expended \$5.5 million. This expense exceeds the amount transferred to date by \$2.0 million, but additional funds are expected to be transferred in the future.
- **Heating, Ventilation, and Air Conditioning (HVAC) Replacement:** The Governor has transferred \$129,000 to replace HVAC equipment in the data center at the Joint Forces Headquarters. This equipment serves the Iowa Air National Guard, the Iowa Communications Network, and the OCIO. The OCIO has expended the balance of the funds.
- **Statewide IT Organization:** A transfer has not been recorded, but funds are expected to be transferred in the future. This project will support costs to engage a third party for consulting and development of various implementation plans for statewide IT reorganization. The OCIO has expended \$65,000.

College Student Aid Commission (CSAC)

- **GEAR UP Iowa Future Ready:** The Governor has transferred \$1.8 million to GEAR UP. These funds will be used to launch the GEAR UP Iowa Future Ready Project. This four-year project will support a cohort of students beginning in the ninth grade and will follow them as they progress through school, while also supporting the graduating class at partner schools each year. The program is a partnership between Iowa College Aid, partner school districts, certain higher education institutions, and community-based organizations. The CSAC has expended \$1.7 million, and there is a balance of \$171,000 remaining.

- **National Guard Benefits Program:** The Governor has transferred \$600,000 to the National Guard Benefits Program. These funds will be used to cover a 20.0% increase in applicants to the scholarship program. The Program provides scholarship awards to Iowa National Guard members who attend eligible Iowa colleges and universities. The CSAC has expended the balance of the funds.
- **National Guard Service Scholarship:** The Governor has transferred \$1.6 million to provide tuition reimbursement for Iowa National Guard soldiers and airmen for spring 2023. The CSAC has expended the balance of the funds.
- **National Guard Service Scholarship — Additional:** The Governor has transferred \$176,000 to provide additional funding for tuition reimbursement for Iowa National Guard soldiers and airmen for spring 2023. The CSAC has expended the balance of the funds.
- **Last Dollar Scholarship Program:** The Governor has transferred \$3.5 million to the Last Dollar Scholarship Program. The Program will cover any remaining tuition and qualified fees for students who meet the Federal Pell Grant qualifications. The Program provides funding to Iowans for short-term programs of study aligned with high-demand jobs at Iowa colleges. The CSAC has expended the balance of the funds.
- **Iowa College Aid Processing System (ICAPS) Security:** A transfer has not been recorded, but funds are expected to be transferred in the future. The project will protect ICAPS data by adding multi-factor authentication, enhancing record audit history, using the State's web application firewall, and adding CAPTCHA technology. The CSAC has expended \$3,000.

Department of Corrections (DOC)

- **Homes for Iowa:** The Governor has transferred \$8.2 million to support a building trades jobs training program for Iowa inmates. This program will construct modular homes for income-qualified Iowa residents. The DOC has expended \$9.4 million. This expense exceeds transfers by \$1.3 million, but additional funds are expected to be transferred in the future.
- **Iowa Corrections Offender Network (ICON):** The Governor transferred \$114,000 to support essential data programming for the ICON system, which will increase operational efficiency within the system and reporting capabilities. The DOC has expended the balance of the funds.

Department of Education

- **Iowa Private Sector Premium Pay:** The Governor has transferred \$732,000 to provide a premium pay lump-sum payment to teachers at independent schools. The Department has expended the balance of the funds.
- **Critical Incident Mapping:** The Governor has transferred \$35,000 for a critical incident mapping system. Critical incident mapping will be made available to independently accredited nonpublic K-12 school locations to include a detailed floor plan of the school building and surrounding school grounds that incorporates key information needed by emergency first responders to plan for and respond to an emergency. The Department has expended the balance of the funds.
- **GEAR UP Iowa Future Ready:** A transfer has not been recorded, but funds are expected to be transferred in the future. These funds will be used to launch the GEAR UP Iowa Future Ready Project. This four-year project will support a cohort of students beginning in the ninth grade and will follow them as they progress through school, while also supporting the graduating class at partner schools each year. The program is a partnership between Iowa College Aid, partner school districts, certain higher education institutions, and community-based organizations. The Department has expended \$460,000.

Economic Development Authority (IEDA)

- **Tourism Marketing Projects:** The Governor has transferred \$1.2 million to promote tourism through investment in an image inventory for tourism marketing campaigns and redesign of the Travellowa.com tourism website. The IEDA has expended the balance of the funds.
- **Iowa Promotional Campaign Fall 2021:** The Governor has transferred \$3.9 million to invest in a comprehensive multimedia advertising campaign around a 30-second video that introduces Iowa to the nation and encourages travelers to explore the State. The IEDA has expended the balance of the funds.

- **Iowa Promotional Campaign Spring 2022:** The Governor has transferred \$4.7 million to invest in a comprehensive multimedia advertising campaign around a 30-second video that introduces Iowa to the nation and encourages travelers to explore the State. The IEDA has expended the balance of the funds.
- **Iowa Promotional Campaign Spring 2023:** The Governor has transferred \$3.8 million to a multimedia advertising campaign intended to encourage people to visit, live in, and work in Iowa. The IEDA has expended the balance of the funds.
- **Manufacturing 4.0 “Small”:** The Governor has transferred \$4.2 million to help Iowa’s small manufacturers continue to advance their processes; automate decision making; and optimize their current human capital from manual, labor-intensive positions into highly skilled, value-added occupations, thus allowing manufacturing to continue to be the largest contributor to the State’s gross domestic product (GDP). The IEDA has expended \$4.1 million, and there is a balance of \$72,000 remaining.
- **Manufacturing 4.0 “Mid-Size”:** The Governor has transferred \$17.2 million to help Iowa’s mid-size manufacturers continue to advance their processes; automate decision making; and optimize their current human capital from manual, labor-intensive positions into highly skilled, value-added occupations, thus allowing manufacturing to continue to be the largest contributor to the State’s GDP and competitive on the worldwide manufacturing scale. The IEDA has expended \$16.8 million, and there is a balance of \$449,000 remaining.
- **Downtown Housing Grant Program:** The Governor has transferred \$1.6 million to the Downtown Housing Grant Program. The Program is intended to develop upper-story spaces in downtown properties into residential units to create new housing units in rural Iowa communities. The IEDA has expended \$1.6 million, and there is a balance of \$1,500 remaining.
- **Nonprofit Initiative:** The Governor has transferred \$8.0 million to the Nonprofit Initiative. The Program will provide grants for Iowa nonprofits to invest in infrastructure. The IEDA has expended \$8.0 million. This expense exceeds transfers by \$5,500, but additional funds are expected to be transferred in the future.
- **Destination Iowa — Outdoor Recreation:** The Governor has transferred \$478,000 to support projects that support outdoor recreation. The IEDA has expended \$559,000. This expense exceeds transfers by \$81,000, but additional funds are expected to be transferred in the future.
- **Iowa Brand Development:** The Governor has transferred \$240,000 for brand development. The IEDA has expended \$305,000. This expense exceeds transfers by \$65,000, but additional funds are expected to be transferred in the future.
- **Manufacturing 4.0 — Tech Investment Small Manufacturers:** The Governor transferred \$1.0 million to assist firms that have between 3 and 150 employees acquire specialized hardware or software in the industry 4.0 technology groups. The IEDA has expended \$933,000, and there is a balance of \$67,000 remaining.
- **Talent Attraction:** A transfer has not been recorded, but funds are expected to be transferred in the future. This program will build a talent attraction system that is trackable, personal, leverages partnerships statewide and strengthens them, and gives communities a meaningful role in the This Is Iowa campaign. The IEDA has expended \$55,000.

Department of Health and Human Services (HHS)

- **Lucas Building Renovation:** The Governor has transferred \$2.7 million to the HHS to begin renovation planning. No funds have been expended.

Department of Homeland Security and Emergency Management (HSEMD)

- **Personal Protective Equipment (PPE) Storage:** The Governor has transferred \$213,000 to pay for a warehouse lease for the storage of PPE. The HSEMD has expended the balance of the funds.
- **School Safety Improvement Fund and School Safety Vulnerability Assessments:** The Governor has transferred \$10.2 million to perform vulnerability assessments and minor capital improvements for school safety enhancements. The HSEMD has expended \$6.0 million, and there is a balance of \$4.1 million remaining.
- **Hazardous Condition Remediation Plan:** The Governor has transferred \$448,000 to the HSEMD. The Project will support the replacement of damaged equipment and supplies for first responders and

hazardous condition remediation associated with an explosion and subsequent fire at a factory in the city of Marengo. No funds have been expended.

- **School Safety Administration:** The Governor has transferred \$1.6 million to pay for costs associated with the administration of the School Safety Program. The HSEMD has expended \$1.6 million. This expense exceeds transfers by \$13,000, but additional funds are expected to be transferred in the future.

Iowa Finance Authority (IFA)

- **Wastewater Infrastructure for Unsewered Communities:** The Governor has transferred \$8.1 million to the Water Infrastructure Fund to provide grants for property owners residing in an unsewered community to repair or upgrade their septic system. A portion of funding will also be reserved to provide financial assistance to unsewered communities to implement an existing plan for constructing a centralized wastewater system. The IFA has expended \$7.6 million, and there is a balance of \$513,000 remaining.
- **Economically Significant Projects:** The Governor has transferred \$22.0 million to provide funding to support the Clean and/or Drinking Water State Revolving Fund-eligible water infrastructure components of projects in Iowa that serve a large population or geographical area, with the added benefit of promoting tourism and supporting economic growth by creating jobs and/or increasing local revenue. The IFA has expended \$10.9 million, and there is a balance of \$11.1 million remaining.
- **Minority Down Payment Assistance (DPA) Pilot Program:** The Governor has transferred \$965,000 to provide 200 eligible Iowa minority households with assistance purchasing a home. The Program provides a \$5,000 down payment and a closing costs assistance grant when used with the IFA's FirstHome mortgage program. The IFA has expended the balance of the funds.
- **Watershed Protection Projects:** The Governor has transferred \$6.5 million for projects that will invest in nonpoint source watershed projects. The IFA has expended \$2.5 million, and there is a balance of \$3.9 million remaining.
- **Industrial Water Reuse Projects:** The Governor has transferred \$58,000 to provide matching grants for manufacturers to install onsite water reuse systems at industrial and/or manufacturing facilities. The IFA has expended the balance of the funds.

Department of Management

- **Fund Administration:** The Governor has transferred \$3.2 million to pay for administrative costs associated with the State and Local Fiscal Recovery Fund. The DOM has expended the balance of the funds.
- **Workforce Realignment Consultant:** The Governor has transferred \$43,000 to the DOM to review workforce service delivery and to align State programs with the goal of returning to prepandemic rates of unemployment and labor participation. The DOM has expended the balance of the funds.
- **Guidehouse Alignment Consultant:** The Governor has transferred \$1.0 million to pay for a contract with Guidehouse Consulting. The DOM has expended the balance of the funds.
- **Rule Management Program:** The Governor has transferred \$363,000 to the DOM. This application is intended to be used by the Governor and State agencies to review and rewrite administrative code rules. The DOM has expended the balance of the funds.
- **Organizational Change Management Support:** The Governor has transferred \$475,000 to the DOM for outside services. The DOM has expended the balance of the funds.
- **Alignment Employee Engagement:** The Governor has transferred \$837,000 to the DOM to use employee survey results to improve employee retention through the alignment transition. The DOM has expended the balance of the funds.
- **Area Education Agency Benchmarking:** The Governor has transferred \$125,000 to the DOM. This project will identify leading approaches for administering special education services and will provide an in-depth analysis of peer state performance, structure, and approach for providing special education services. The DOM has expended the balance of the funds.

Department of Natural Resources (DNR)

- **Hazardous Condition Remediation Plan:** The Governor has transferred \$893,000 to the DNR. The project will support the replacement of damaged equipment and supplies for first responders and

hazardous condition remediation associated with an explosion and subsequent fire at a factory in the city of Marengo. The DNR has expended the balance of the funds.

Department of Public Defense (DPD)

- **DPD and DPS Deployment:** A transfer has not been recorded, but funds are expected to be transferred in the future. The program will deploy Iowa National Guard troops and Department of Public Safety (DPS) employees to the southern border in response to the State of Texas Emergency Management Assistance Compact (EMAC) request. The DPD has expended \$1.4 million.

Department of Public Safety

- **Computer Aided Dispatch:** A transfer has not been recorded, but funds are expected to be transferred in the future. The project will provide funds to purchase a new computer aided dispatch system and record management system which will facilitate the sharing and searching of joint law enforcement data. The DPS has expended \$25,000.
- **DPS Recruitment Initiative:** The Governor has transferred \$368,000 to the DPS for a recruitment program. This funding will be used to enhance the ability of the DPS to recruit public sector employees. The Department is planning to develop outreach materials, conduct digital marketing, and create a careers website for sworn officers. The DPS has expended the balance of the funds.
- **School Safety Hardware and Software:** The Governor has transferred \$6.2 million for threat monitoring software, the creation of an anonymous reporting tool, and safety radios that allow schools to communicate with law enforcement during emergencies. The DPS has expended \$6.2 million, and there is a balance of \$40 remaining.
- **School Safety Bureau:** The Governor has transferred \$1.3 million to the School Safety Program. Funds will be made available to schools to assess school safety, coordinate and facilitate training requests, and provide continuous monitoring for an anonymous reporting tool. The DPS has expended \$1.2 million, and there is a balance of \$118,000 remaining.
- **Motor Vehicle Enforcement:** The Governor has transferred \$3.3 million to the DPS to move motor vehicle enforcement (MVE) from the Department of Transportation (DOT) to the DPS. The project will support costs to align commercial vehicle enforcement under one department. The DPS will utilize funds to support MVE transition costs, purchase a fleet and supply building, and support DPS general operation costs. The DPS has expended \$3.0 million, and there is a balance of \$272,000 remaining.
- **DPS and DPD Deployment:** The Governor has transferred \$568,000. The Program will deploy Iowa National Guard troops and DPS employees to the southern border in response to the State of Texas EMAC request. The DPS has expended the balance of the funds.

Iowa State Fair

- **Security Improvements:** A transfer has not been recorded, but funds are expected to be transferred in the future. This funding will be used for construction and renovation of an Iowa State Fair Patrol and Security Office. The State Fair has expended \$1.3 million.

Board of Regents

- **UNI Future Ready Scholarship Program:** The Governor has transferred \$1.4 million to the University of Northern Iowa (UNI) for scholarships. These scholarships are intended to cover the difference between the tuition rates of UNI and community colleges. This Program is for students pursuing one of the qualifying UNI online degree completion programs. The Board of Regents has expended \$1.3 million, and there is a balance of \$127,000 remaining.
- **Veterinary Diagnostic Laboratory Phase II:** The Governor has transferred \$1.8 million to Iowa State University to support phase two of the construction of the Veterinary Diagnostic Laboratory. The Board of Regents has expended \$1.9 million. This expense exceeds transfers by \$85,000, but additional funds are expected to be transferred in the future.
- **Biosciences Infrastructure:** The Governor has transferred \$150,000 for biosciences infrastructure. The Board of Regents has expended the balance of the funds.

Department of Revenue (IDR)

- **Local Government Relief:** The Governor has transferred \$221.2 million to distribute the Local Fiscal Recovery Fund payment to nonentitlement units within Iowa. Nonentitlement units are cities with less than 50,000 in population. The IDR has expended the balance of the funds.

Department of Transportation

- **Commercial Aviation Airports:** The Governor has transferred \$28.0 million to the DOT for projects on commercial aviation airports. The total cost of the program was announced at \$100.0 million. There are currently eight commercial aviation airports, which are located in Burlington, Cedar Rapids, Des Moines, Dubuque, Fort Dodge, Mason City, Sioux City, and Waterloo. Commercial airports may apply for funding based on a formula, with 10.0% split evenly between the eight commercial service airports in Iowa, and the additional amount allocated based on 2019 passenger enplanements. The DOT has expended \$13.9 million, and there is a balance of \$14.1 million remaining.

Department of Veterans Affairs

- **Veterans Trust Fund Supplemental Grant:** The Governor has transferred \$248,000. The program was intended to clear the backlog of Veterans Trust Fund applications approved by the State Commission on Veterans Affairs or received by the Department of Veterans Affairs from counties as of November 3, 2022. Applications submitted by veterans prior to March 3, 2021, are not eligible for this program. The Department of Veterans Affairs has expended \$265,000. This expense exceeds transfers by \$17,000, but additional funds are expected to be transferred in the future.

Department of Workforce Development (IWD)

- **Unemployment Insurance Trust Fund:** The Governor has transferred \$237.5 million to support the Unemployment Insurance Trust Fund and reduce the pandemic's impact on employers. The IWD has expended the balance of the funds.
- **IowaWORKS Program Promotion:** The Governor has transferred \$601,000 to promote the IowaWorks.gov website, which is the central location for Iowans looking for employment. With job vacancies at an all-time high, this marketing campaign has helped promote opportunities that are being offered by employers across the State of Iowa. The IWD has expended the balance of the funds.
- **Reemployment Case Management System:** The Governor has transferred \$4.1 million to support expanded Reemployment Services and Eligibility Assessment (RESEA) interviews and work search audits, reducing unemployment time for those on unemployment benefits through individualized reemployment plans. The IWD has expended \$3.8 million, and there is a balance of \$372,000 remaining.
- **Child Care Challenge:** The Governor has transferred \$6.7 million to create new child care slots across the State to help communities improve their child care options and bolster opportunities for Iowans to reenter the workforce. The IWD has expended the balance of the funds.
- **Summer Youth Internship Projects:** The Governor has transferred \$1.4 million to provide internship opportunities in high-demand fields to youth with barriers to employment and/or who are at risk of not graduating. The IWD has expended \$1.3 million, and there is a balance of \$129,000 remaining.
- **Labor Market Information:** The Governor has transferred \$235,000 for projects to enhance the State's ability to provide detailed labor market data to stakeholders to build a stronger, more skilled workforce. The IWD has expended \$280,000. This expense exceeds transfers by \$45,000, but additional funds are expected to be transferred in the future.
- **Child Care Challenge Business Incentive:** The Governor has transferred \$244,000. This Program is intended to help employers offer or expand child care options as a benefit to their employees. Funds awarded will support local infrastructure investments to build or expand child care capacity or to support arrangements between employers and child care facilities to expand and reserve child care slots. The IWD has expended the balance of the funds.
- **Health Careers Registered Apprenticeship:** The Governor has transferred \$687,000. The Program will support community efforts to establish new or expand on existing registered apprenticeship programs for health care careers for high school students. The program will be an

alternative pathway to health education with an added opportunity to earn and learn, including one-to-one mentoring during on-the-job training. Supplemental assistance will be provided to acquire simulation software and hardware to further enhance apprentices' educational and practical experience and readiness for the field. The IWD has expended the balance of the funds.

- **Work-Based Learning Professional Profiling System:** The Governor has transferred \$854,000. The project will provide an application and platform for tracking apprenticeship credentials and sharing them with employers. This will create a more efficient way for prospective employers to assess the qualifications of candidates and a simple method for prospective employees to make their qualifications and background known to employers who are looking for workers. The IWD has expended \$864,000. This expense exceeds transfers by \$10,000, but additional funds are expected to be transferred in the future
- **Teacher and Paraeducator Registered Apprenticeship:** The Governor has transferred \$3.4 million. The Program is intended to provide opportunities for current high school students and adults to earn a paraeducator certificate and associate degree and for paraeducators to earn their bachelor's degree while learning and working in the classroom. The IWD has expended \$3.7 million. This expense exceeds transfers by \$233,000, but additional funds are expected to be transferred in the future.
- **Iowa Language Learners Job Training Program:** The Governor has transferred \$72,000. The Program will make funds available to encourage and enable businesses and employer consortiums to provide onsite language learning opportunities to reduce language barriers within the workplace. The IWD has expended \$79,000. This expense exceeds transfers by \$6,900, but additional funds are expected to be transferred in the future.
- **Entry-Level Driver Training Program:** The Governor has transferred \$111,000. This funding is intended to reimburse employers and nonprofits that provide Entry-Level Driver Training (ELDT). The IWD has expended \$128,000. This expense exceeds transfers by \$17,000, but additional funds are expected to be transferred in the future.
- **Home Base Iowa Portal:** The Governor has transferred \$155,000 to improve job resources and data collection through the IowaWORKS platform related to veterans employed through Home Base Iowa. The IWD has expended the balance of the funds.

Coronavirus Capitals Fund. The Coronavirus Capitals Fund is another source of federal funding under the discretion of the Governor. The funding for this program will total \$152.2 million. These funds will be allocated for broadband expansion in Iowa. As of December 29, 2023, \$233,000 has been transferred to the Broadband Fund and the OCIO is reporting \$233,000 in expenses. Additional transfers to the Broadband Fund are expected.

Reporting Requirements. On June 17, 2021, the U.S. Department of the Treasury released [Compliance and Reporting Guidance](#) for the State and Local Federal Recovery Funds, which required the State to submit an Interim Report and a Recovery Plan Performance Report to the federal government by August 31, 2021.

In addition to the requirement to submit the reports to the federal government, 2021 Iowa Acts, [House File 895](#) (FY 2022 and FY 2023 Federal Block Grant Appropriations Act), requires that whenever the DOM is required to report to the U.S. Department of the Treasury on the State and Local Federal Recovery Funds, the DOM is also required to submit the same information to the LSA. The most recent [report](#) issued by the DOM is available online.

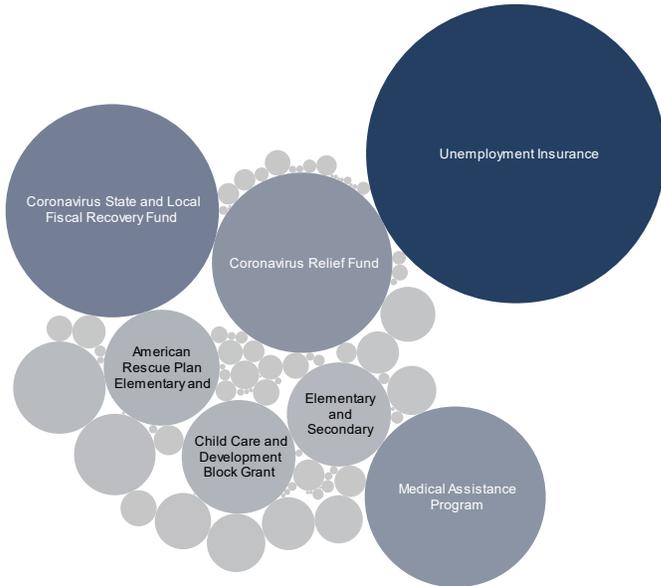
Dashboard: Federal COVID-19 Relief — Awards and Expenditures. The Fiscal Services Division of the LSA has published an interactive Tableau dashboard that displays details regarding federally provided COVID-19 relief. The dashboard details statewide awards and expenses at the program level. The dashboard is available at: legis.iowa.gov/publications/covid19Relief.

Federal COVID-19 Relief Awards
Iowa Legislative Services Agency || Source: Iowa Department of Management

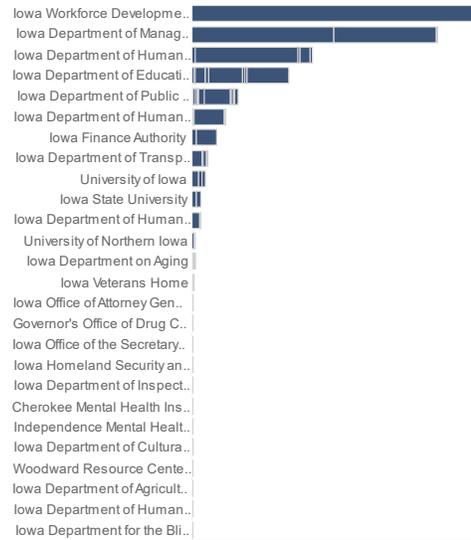
\$11.055B Total Reported Awards

87 Federal Programs Reported

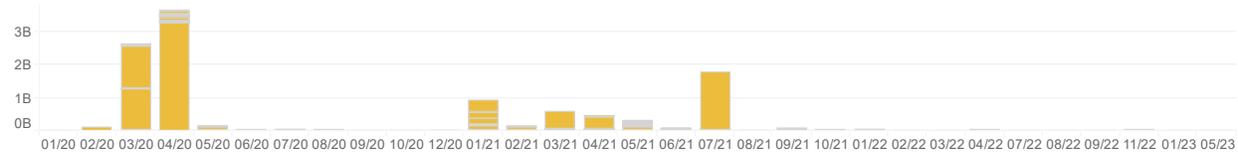
About this dashboard
Click the icon on/off 



Awards by Department



Awards by Month (as of 12/29/2023)



The data displayed in this dashboard is provided by the DOM and is updated weekly. The dashboard allows users to review detailed information regarding the awarded and expended funds. Additional details may be available upon request.

Additional Information. The DOM and DAS have established a process for tracking expenditures of federal funds that State agencies have received for costs associated with the COVID-19 pandemic. The expenditure data is available at: data.iowa.gov.

The LSA will continue to analyze the estimated funding allocations to Iowa and will provide future updates as more information becomes available. For more information about awards, allocations, or expenditures, please contact the LSA.

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Appendix – Federal Awards by Department and Program

Source: data.iowa.gov || Updated Through December 29, 2023

| Department | Federal Program | Awards | Expenses | Available Funds |
|----------------------------------|---|---------------|-----------------|-----------------|
| Aging | Elder Abuse Prevention Interventions Program | \$38,952 | (\$38,250) | \$702 |
| | National Family Caregiver Support, Title III, Part E | \$2,412,567 | (\$2,089,767) | \$322,800 |
| | Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers | \$6,903,516 | (\$6,032,401) | \$871,115 |
| | Special Programs for the Aging, Title III, Part C, Nutrition Services | \$15,957,362 | (\$14,767,505) | \$1,189,857 |
| | Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services | \$426,326 | (\$331,206) | \$95,120 |
| | Special Programs for the Aging, Title IV, and Title II, Discretionary Projects | \$692,290 | (\$677,983) | \$14,307 |
| | Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals | \$292,850 | (\$226,887) | \$65,963 |
| | Total | \$26,723,863 | (\$24,163,999) | \$2,559,864 |
| Agriculture and Land Stewardship | Plant and Animal Disease, Pest Control, and Animal Care | \$266,176 | (\$237,992) | \$28,184 |
| | Total | \$266,176 | (\$237,992) | \$28,184 |
| Blind | Randolph-Sheppard – Financial Relief and Restoration Payments | \$203,966 | (\$203,966) | \$0 |
| | Total | \$203,966 | (\$203,966) | \$0 |
| Cultural Affairs | Promotion of the Humanities Division of Preservation and Access | \$465,700 | (\$465,700) | \$0 |
| | Promotion of the Humanities Federal/State Partnership | \$442,700 | (\$442,700) | \$0 |
| | Total | \$908,400 | (\$908,400) | \$0 |
| Drug Control Policy | Coronavirus Emergency Supplemental Funding Program | \$5,754,321 | (\$5,781,132) | (\$26,811) |
| | Total | \$5,754,321 | (\$5,781,132) | (\$26,811) |
| Education | American Rescue Plan Elementary and Secondary School Emergency Relief | \$516,344,144 | (\$564,184,355) | (\$47,840,211) |
| | American Rescue Plan Elementary and Secondary School Emergency Relief – Homeless Children and Youth (ARP-HCY) | \$1,268,374 | (\$2,108,971) | (\$840,597) |
| | American Rescue Plan Emergency Assistance to Non-Public Schools | \$23,744,042 | (\$13,358,144) | \$10,385,898 |
| | Child and Adult Care Food Program | \$1,862,614 | (\$1,683,903) | \$178,711 |
| | Coronavirus Response and Relief Supplemental Appropriations Emergency Assistance for Non-Public Schools | \$26,271,345 | (\$26,271,345) | \$0 |

Appendix – Federal Awards by Department and Program

Source: data.iowa.gov || Updated Through December 29, 2023

| Department | Federal Program | Awards | Expenses | Available Funds |
|-----------------------------------|--|------------------------|--------------------------|-----------------------|
| Education | Elementary and Secondary School Emergency Relief Fund | \$416,489,855 | (\$415,930,352) | \$559,503 |
| | Governor's Emergency Relief Fund | \$37,783,389 | (\$35,807,023) | \$1,976,366 |
| | Grants to States | \$2,974,383 | (\$2,581,572) | \$392,811 |
| | National School Lunch Program | \$115,772,703 | (\$145,100,039) | (\$29,327,336) |
| | Pandemic EBT Administrative Costs | \$204,482 | (\$203,868) | \$614 |
| | Rethink K12 Education Models Grants | \$17,681,016 | (\$9,790,540) | \$7,890,476 |
| | Special Education - Grants for Infants and Families | \$1,962,406 | (\$2,203,609) | (\$241,203) |
| | Special Education Grants to States | \$25,016,861 | (\$25,016,861) | \$0 |
| | Special Education Preschool Grants | \$2,032,917 | (\$2,032,917) | \$0 |
| | Supply Chain Resiliency: Farm to School State Agency Formula Grant | \$892,116 | (\$74,892) | \$817,224 |
| Total | | \$1,190,300,647 | (\$1,246,348,391) | (\$56,047,744) |
| Homeland Security and Emer. Mgmt. | Emergency Performance Management Grant | \$2,640,448 | (\$2,487,008) | \$153,440 |
| | Total | \$2,640,448 | (\$2,487,008) | \$153,440 |
| Human Rights | Community Services Block Grant | \$10,821,398 | (\$10,813,390) | \$8,008 |
| | Low-Income Home Energy Assistance | \$92,842,993 | (\$93,518,305) | (\$675,312) |
| | Total | \$103,664,391 | (\$104,331,696) | (\$667,305) |
| Human Services | Adoption Assistance | \$16,552,708 | (\$16,552,708) | \$0 |
| | Block Grants for Community Mental Health Services | \$18,067,154 | (\$9,846,349) | \$8,220,805 |
| | Chafee Education and Training Vouchers Program (ETV) | \$697,415 | (\$697,415) | \$0 |
| | Child Abuse and Neglect State Grants | \$985,790 | (\$734,300) | \$251,490 |
| | Child Care and Development Block Grant | \$496,585,094 | (\$380,309,430) | \$116,275,664 |
| | Children's Health Insurance Program | \$34,434,859 | (\$34,434,859) | \$0 |

Appendix – Federal Awards by Department and Program

Source: data.iowa.gov || Updated Through December 29, 2023

| Department | Federal Program | Awards | Expenses | Available Funds |
|---|--|--------------------------|------------------------|----------------------|
| Human Services | Community-Based Child Abuse Prevention Grants | \$2,424,305 | (\$55,000) | \$2,369,305 |
| | Developmental Disabilities Basic Support and Advocacy Grants | \$36,536 | (\$25,990) | \$10,546 |
| | Elder Abuse Prevention Interventions Program | \$1,696,036 | (\$1,693,399) | \$2,637 |
| | Emergency Food Assistance Program (Administrative Costs) | \$2,492,473 | (\$2,492,473) | \$0 |
| | Foster Care Title IV-E | \$1,958,252 | (\$1,958,252) | \$0 |
| | Guardianship Assistance | \$747,333 | (\$747,333) | \$0 |
| | John H. Chafee Foster Care Program for Successful Transition to Adulthood | \$4,798,212 | (\$3,615,176) | \$1,183,036 |
| | MaryLee Allen Promoting Safe and Stable Families Program | \$610,050 | (\$161,403) | \$448,647 |
| | Medical Assistance Program | \$1,257,493,348 | (\$1,257,493,348) | \$0 |
| | Money Follows the Person Rebalancing Demonstration | \$37,918,155 | (\$37,918,155) | \$0 |
| | Pandemic EBT Administrative Costs | \$5,888,500 | (\$7,452,374) | (\$1,563,874) |
| | Provider Relief Fund | \$4,525,988 | (\$4,379,825) | \$146,163 |
| | Refugee and Entrant Assistance State/Replacement Designee Administered Programs | \$264,134 | (\$264,134) | \$1 |
| | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | \$594,192 | (\$594,192) | \$0 |
| | Stephanie Tubbs Jones Child Welfare Services Program | \$476,722 | (\$476,722) | \$0 |
| Temporary Assistance for Needy Families | \$6,333,899 | (\$6,425,737) | (\$91,839) | |
| Total | \$1,895,581,155 | (\$1,768,328,575) | \$127,252,580 | |
| Inspections and Appeals | State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare | \$2,277,832 | (\$706,820) | \$1,571,012 |
| | Total | \$2,277,832 | (\$706,820) | \$1,571,012 |
| Iowa Finance Authority | Emergency Rental Assistance Program | \$254,716,328 | (\$84,033,206) | \$170,683,123 |
| | Homeowner Assistance Fund | \$50,000,000 | (\$21,146,552) | \$28,853,448 |
| | Total | \$304,716,328 | (\$105,179,758) | \$199,536,570 |

Appendix – Federal Awards by Department and Program

Source: data.iowa.gov || Updated Through December 29, 2023

| Department | Federal Program | Awards | Expenses | Available Funds |
|--|--|--------------------|----------------------|----------------------|
| Justice | Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services | \$4,894,484 | (\$2,340,078) | \$2,554,406 |
| | Family Violence Prevention and Services/Sexual Assault/Rape Crisis Services and Supports | \$1,803,338 | (\$926,832) | \$876,506 |
| | Total | \$6,697,822 | (\$3,266,910) | \$3,430,912 |
| Management | Child Care and Development Block Grant | \$0 | (\$5,881,444) | (\$5,881,444) |
| | Total | \$0 | (\$5,881,444) | (\$5,881,444) |
| Public Health | Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises | \$31,646,110 | (\$22,627,190) | \$9,018,920 |
| | Behavioral Risk Factor Surveillance System | \$19,479 | (\$19,479) | \$0 |
| | Block Grants for Prevention and Treatment of Substance Abuse | \$23,239,115 | (\$14,235,383) | \$9,003,732 |
| | CDC's Collaboration with Academia to Strengthen Public Health | \$26,958,149 | (\$482,133) | \$26,476,016 |
| | Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 | \$4,859,647 | (\$3,186,880) | \$1,672,767 |
| | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) | \$327,570,183 | (\$144,056,283) | \$183,513,900 |
| | Grants to States for Loan Repayment | \$1,425,169 | (\$682,001) | \$743,168 |
| | HIV Care Formula Grants | \$173,500 | (\$173,500) | \$0 |
| | Immunization Cooperative Agreements | \$68,753,135 | (\$31,193,566) | \$37,559,569 |
| | Maternal, Infant, and Early Childhood Home Visiting Program | \$5,862,138 | (\$2,915,229) | \$2,946,909 |
| | National Bioterrorism Hospital Preparedness Program | \$2,464,248 | (\$2,158,263) | \$305,985 |
| | National Center for Injury Prevention and Control | \$33,588 | (\$33,588) | \$0 |
| | Preventive Health Services: Sexually Transmitted Diseases Control Grants | \$4,672,767 | (\$3,652,337) | \$1,020,430 |
| | Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response | \$25,800,617 | (\$13,753,382) | \$12,047,235 |
| | Public Health Training Centers Program | \$3,000,000 | (\$685,920) | \$2,314,080 |
| Rural Health Research Centers | \$17,569,568 | (\$15,210,299) | \$2,359,269 | |
| Small Rural Hospital Improvement Grant Program | \$7,588,530 | (\$7,277,182) | \$311,348 | |

Appendix – Federal Awards by Department and Program

Source: data.iowa.gov || Updated Through December 29, 2023

| Department | Federal Program | Awards | Expenses | Available Funds |
|-----------------------|---|--------------------------|--------------------------|----------------------|
| Public Health | Traumatic Brain Injury State Demonstration Grant Program | \$86,400 | (\$14,611) | \$71,789 |
| | WIC Special Supplemental Nutrition Program for Women, Infants, and Children | \$9,778,952 | (\$6,028,063) | \$3,750,889 |
| | Total | \$561,501,295 | (\$268,385,290) | \$293,116,005 |
| Regents | Higher Education Emergency Relief Fund | \$107,569,348 | (\$107,569,348) | \$0 |
| | Higher Education Emergency Relief Fund II | \$131,249,902 | (\$131,249,902) | \$0 |
| | Provider Relief Fund | \$79,531,217 | (\$79,531,217) | \$0 |
| | Total | \$318,350,467 | (\$318,350,467) | \$0 |
| Secretary of State | 2018 HAVA Election Security Grants | \$4,870,694 | (\$4,870,694) | \$0 |
| | Total | \$4,870,694 | (\$4,870,694) | \$0 |
| Transportation | Enhanced Mobility of Seniors and Individuals with Disabilities | \$349,811 | (\$313,888) | \$35,923 |
| | Federal Transit Formula Grants | \$42,820,959 | (\$39,957,656) | \$2,863,303 |
| | Formula Grants for Rural Areas and Tribal Transit Program | \$16,000,554 | (\$14,317,878) | \$1,682,676 |
| | Highway Planning and Construction | \$121,866,016 | (\$123,222,550) | (\$1,356,534) |
| | Total | \$181,037,340 | (\$177,811,972) | \$3,225,368 |
| Veterans Affairs | Provider Relief Fund | \$4,847,353 | (\$4,847,353) | \$0 |
| | Veterans State Nursing Home Care | \$7,092,601 | (\$7,092,601) | \$0 |
| | Total | \$11,939,954 | (\$11,939,955) | \$0 |
| Workforce Development | Child Care and Development Block Grant | \$0 | (\$33,109,243) | (\$33,109,243) |
| | Unemployment Insurance | \$3,438,693,947 | (\$2,992,633,088) | \$446,060,859 |
| | WIOA National Dislocated Worker Grants / WIA National Emergency Grants | \$1,665,000 | (\$977,610) | \$687,390 |
| | Total | \$3,440,358,947 | (\$3,026,719,940) | \$413,639,007 |
| Total | \$8,057,794,047 | (\$7,075,904,408) | \$981,889,639 | |



Appendix G – General Fund Health and Human Services Spreadsheet

Analysis of the Governor's Budget Recommendations

This spreadsheet is used to demonstrate the incremental change in the appropriations from one fiscal year to the next. Similar to the Schedule 1 in the State Accounting System, these are the decision packages used to show the incremental change to an appropriation.

| | Estimated FY 2024 (1) | Gov Rec FY 2025 (2) | Gov Rec FY 25 vs FY 2024 (3) |
|---|-----------------------------|---------------------------|------------------------------------|
| <u>Veterans Affairs, Department of</u> | | | |
| General Administration | \$ 1,033,289 | \$ 1,033,289 | \$ 0 |
| Unfunded Need | 0 | 335,916 | 335,916 |
| Total General Administration | \$ 1,033,289 | \$ 1,369,205 | \$ 335,916 |
| Cemetery Grounds Service | \$ 0 | \$ 0 | \$ 0 |
| Contract Groundskeepers | 0 | 292,000 | 292,000 |
| Total Cemetery Grounds Service | \$ 0 | \$ 292,000 | \$ 292,000 |
| Total Home Ownership Assistance Program | \$ 2,200,000 | \$ 2,200,000 | \$ 0 |
| Total Veterans County Grants | \$ 990,000 | \$ 990,000 | \$ 0 |
| Iowa Veterans Home | \$ 7,115,335 | \$ 7,115,335 | \$ 0 |
| Administering Care | 0 | 1,030,401 | 1,030,401 |
| Total Iowa Veterans Home | \$ 7,115,335 | \$ 8,145,736 | \$ 1,030,401 |
| Total Veterans Affairs, Department of | \$ 11,338,624 | \$ 12,996,941 | \$ 1,658,317 |
| <u>Health and Human Services — Aging</u> | | | |
| Total Aging Programs | \$ 11,799,361 | \$ 11,799,361 | \$ 0 |
| Total Office of LTC Ombudsman | \$ 1,148,959 | \$ 1,148,959 | \$ 0 |
| Total Health and Human Services — Aging | \$ 12,948,320 | \$ 12,948,320 | \$ 0 |
| <u>Health and Human Services</u> | | | |
| Family Investment Program/PROMISE JOBS | \$ 41,003,575 | \$ 41,003,575 | \$ 0 |
| Decreased Enrollment | 0 | -2,900,000 | -2,900,000 |
| Total Family Investment Program/PROMISE JOBS | \$ 41,003,575 | \$ 38,103,575 | \$ -2,900,000 |
| Medical Assistance | \$ 1,543,626,779 | \$ 1,543,626,779 | \$ -10,097,065 |
| MCO Expenditures | 0 | 40,920,314 | 40,920,314 |
| HCBS Backfill | 0 | 16,500,000 | 16,500,000 |
| Provider Access | 0 | 14,600,000 | 14,600,000 |
| Hospital Directed Payment Plan | 0 | -6,000,000 | -6,000,000 |
| Enhanced Case Management | 0 | 5,000,000 | 5,000,000 |
| Home Health Rate Adjustment | 0 | 3,000,000 | 3,000,000 |
| Physical Therapist Rate Adjustment | 0 | 418,121 | 418,121 |
| Community Mental Health Centers Rate Adjustment | 0 | 276,947 | 276,947 |
| Mental Health Centers Rate Adjustment | 0 | 144,014 | 144,014 |
| Medical Supplies Rate Adjustment | 0 | 64,692 | 64,692 |
| Occupational Therapist Rate Adjustment | 0 | 29,691 | 29,691 |
| Physician Assistant Rate Adjustment | 0 | 3,122 | 3,122 |
| Total Medical Assistance | \$ 1,543,626,779 | \$ 1,618,583,680 | \$ 74,956,901 |
| Health Program Operations | \$ 17,446,067 | \$ 17,446,067 | \$ 0 |
| Replace Pharmaceutical Settlement Funds | 0 | 115,428 | 115,428 |
| Data Hub Connection | 0 | 74,046 | 74,046 |
| Unfunded Need | 0 | 170,812 | 170,812 |
| Major Contracts Procurement Factor | 0 | 825,375 | 825,375 |
| Total Health Program Operations | \$ 17,446,067 | \$ 18,631,728 | \$ 1,185,661 |
| State Supplementary Assistance | \$ 7,349,002 | \$ 7,349,002 | \$ 0 |
| Decreased Enrollment | 0 | -1,600,000 | -1,600,000 |
| Total State Supplementary Assistance | \$ 7,349,002 | \$ 5,749,002 | \$ -1,600,000 |

| | Estimated FY 2024 (1) | Gov Rec FY 2025 (2) | Gov Rec FY 25 vs FY 2024 (3) |
|---|-----------------------------|---------------------------|------------------------------------|
| State Children's Health Insurance | \$ 38,661,688 | \$ 38,661,688 | \$ 0 |
| Projected Increase in Enrollment | 0 | 3,936,110 | 3,936,110 |
| Total State Children's Health Insurance | \$ 38,661,688 | \$ 42,597,798 | \$ 3,936,110 |
| Total Child Care Assistance | \$ 64,223,730 | \$ 64,223,730 | \$ 0 |
| Child and Family Services | \$ 79,027,794 | \$ 79,027,794 | \$ 0 |
| Preparation for Assisted Living Stipend | 0 | 334,500 | 334,500 |
| Total Child and Family Services | \$ 79,027,794 | \$ 79,362,294 | \$ 334,500 |
| Total Adoption Subsidy | \$ 40,883,507 | \$ 40,883,507 | \$ 0 |
| Total Family Support Subsidy | \$ 949,282 | \$ 949,282 | \$ 0 |
| Total Connor Training | \$ 33,632 | \$ 33,632 | \$ 0 |
| Total Volunteers | \$ 84,686 | \$ 84,686 | \$ 0 |
| Total Child Abuse Prevention | \$ 232,570 | \$ 232,570 | \$ 0 |
| Eldora Training School | \$ 17,568,511 | \$ 17,568,511 | \$ 0 |
| Generalized Need | 0 | 961,124 | 961,124 |
| Total Eldora Training School | \$ 17,568,511 | \$ 18,529,635 | \$ 961,124 |
| Cherokee MHI | \$ 15,923,252 | \$ 15,923,252 | \$ 0 |
| Annualize Staffing Increases | 0 | 644,903 | 644,903 |
| Generalized Need | 0 | 1,914,155 | 1,914,155 |
| Total Cherokee MHI | \$ 15,923,252 | \$ 18,482,310 | \$ 2,559,058 |
| Independence MHI | \$ 19,811,470 | \$ 19,811,470 | \$ 0 |
| Annualize Staffing Increases | 0 | 163,371 | 163,371 |
| Generalized Need | 0 | 2,901,249 | 2,901,249 |
| Total Independence MHI | \$ 19,811,470 | \$ 22,876,090 | \$ 3,064,620 |
| Glenwood Resource Center | \$ 16,255,132 | \$ 16,255,132 | \$ 0 |
| Facility Closing | 0 | -11,000,000 | \$ -11,000,000 |
| Total Glenwood Resource Center | \$ 16,255,132 | \$ 5,255,132 | \$ -11,000,000 |
| Total Woodward Resource Center | \$ 13,389,577 | \$ 13,389,577 | \$ 0 |
| Civil Commitment Unit for Sexual Offenders | \$ 14,865,337 | \$ 14,865,337 | \$ 0 |
| Annualize Staffing Increases | 0 | 750,000 | \$ 750,000 |
| Generalized Need | 0 | 1,178,238 | \$ 1,178,238 |
| Total Civil Commitment Unit for Sexual Offenders | \$ 14,865,337 | \$ 16,793,575 | \$ 1,928,238 |
| Total Child Support Services | \$ 15,914,329 | \$ 15,914,329 | \$ 0 |
| Field Operations | \$ 72,056,945 | \$ 72,056,945 | \$ 0 |
| Title IV-E Penetration Rate Adjustments | 0 | 680,000 | \$ 680,000 |
| Total Field Operations | \$ 72,056,945 | \$ 72,736,945 | \$ 680,000 |
| General Administration | \$ 18,913,662 | \$ 18,913,662 | \$ 0 |
| Title IV-E Penetration Rate Adjustments | 0 | 577,000 | \$ 577,000 |
| Total General Administration | \$ 18,913,662 | \$ 19,490,662 | \$ 577,000 |

| | Estimated FY 2024 (1) | Gov Rec FY 2025 (2) | Gov Rec FY 25 vs FY 2024 (3) |
|--|-----------------------------|---------------------------|------------------------------------|
| HHS Facilities | \$ 2,157,590 | \$ 2,157,590 | \$ 0 |
| Operational Needs | 0 | 5,725,397 | \$ 5,725,397 |
| Total HHS Facilities | \$ 2,157,590 | \$ 7,882,987 | \$ 5,725,397 |
| Total Commission of Inquiry | \$ 1,394 | \$ 1,394 | \$ 0 |
| Total Nonresident Mental Illness Commitment | \$ 142,802 | \$ 142,802 | \$ 0 |
| Total Health and Human Services | \$ 2,040,522,313 | \$ 2,120,930,922 | \$ 80,408,609 |
| <u>Health and Human Services — Human Rights</u> | | | |
| Total LIHEAP Weatherization Assistance Program | \$ 1 | \$ 1 | \$ 0 |
| Total Central Administration | \$ 186,913 | \$ 186,913 | \$ 0 |
| Total Community Advocacy and Services* | \$ 956,894 | \$ 956,894 | \$ 0 |
| Criminal & Juvenile Justice | \$ 1,318,547 | \$ 1,318,547 | \$ 0 |
| Iowa DOM Transition | 0 | -1,161,704 | \$ -1,161,704 |
| Total Criminal & Juvenile Justice* | \$ 1,318,547 | \$ 156,843 | \$ -1,161,704 |
| Total Single Grant Program | \$ 140,000 | \$ 140,000 | \$ 0 |
| Total Health and Human Services — Human Rights | \$ 2,602,355 | \$ 1,440,651 | \$ -1,161,704 |
| <u>Health and Human Services — Public Health</u> | | | |
| Total Congenital & Inherited Disorders Registry | \$ 223,521 | \$ 223,521 | \$ 0 |
| Total Psychiatry Residency & Fellowship Program | \$ 1,200,000 | \$ 1,200,000 | \$ 0 |
| Total Addictive Disorders | \$ 23,656,992 | \$ 23,656,992 | \$ 0 |
| Total Healthy Children and Families | \$ 5,815,491 | \$ 5,815,491 | \$ 0 |
| Total Chronic Conditions | \$ 4,256,595 | \$ 4,256,595 | \$ 0 |
| Total Community Capacity | \$ 7,435,682 | \$ 7,435,682 | \$ 0 |
| Total Essential Public Health Services | \$ 7,662,464 | \$ 7,662,464 | \$ 0 |
| Total Infectious Diseases | \$ 1,795,902 | \$ 1,795,902 | \$ 0 |
| Total Public Protection | \$ 4,581,792 | \$ 4,581,792 | \$ 0 |
| Total Resource Management | \$ 933,543 | \$ 933,543 | \$ 0 |
| Total Health and Human Services — Public Health | \$ 57,561,982 | \$ 57,561,982 | \$ 0 |
| Total Health and Human Services, Department of | \$ 2,113,634,970 | \$ 2,192,881,875 | \$ 79,246,905 |
| Total GF Health and Human Services Appropriation | \$ 2,124,973,594 | \$ 2,205,878,816 | \$ 80,905,222 |
| MHDS Regional Services Fund | \$ 127,723,160 | \$ 127,723,160 | \$ 0 |
| Percentage Increase | 0 | 6,698,554 | 6,698,554 |
| Total MHDS Regional Services Fund | \$ 127,723,160 | \$ 134,421,714 | \$ 6,698,554 |



Appendix H – Temporary Assistance For Needy Families Balance Sheet

Analysis of the Governor's Budget Recommendations

The federal government implemented federal welfare reform on August 22, 1996. Federal welfare reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The Temporary Assistance for Needy Families (TANF) Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses. Iowa's federal TANF grant is \$130,600,000 per year.

The balance sheet in this appendix shows the distribution of the TANF block grant.

TANF Balance Sheet

| | <u>Actual FY 2021</u> | <u>Actual FY 2022</u> | <u>Actual FY 2023</u> | <u>Estimated FY 2024</u> | <u>Gov Rec FY 2025</u> |
|---|---------------------------|---------------------------|---------------------------|------------------------------|----------------------------|
| Revenues | | | | | |
| Beginning Balance | \$ 4,532,693 | \$ 21,471,297 | \$ 47,000,952 | \$ 75,212,145 | \$ 74,789,830 |
| TANF Surplus from CFS | 0 | 0 | 0 | 0 | 0 |
| TANF Payment | 130,558,068 | 130,558,068 | 130,558,068 | 130,558,068 | 130,558,068 |
| Total Revenues | <u>\$ 135,090,761</u> | <u>\$ 152,029,365</u> | <u>\$ 177,559,020</u> | <u>\$ 205,770,213</u> | <u>\$ 205,347,898</u> |
| Appropriations | | | | | |
| Family Investment Program | | | | | |
| Family Investment Program | \$ 5,002,006 | \$ 1,931,687 | \$ 2,123,750 | \$ 4,881,085 | \$ 4,881,085 |
| FaDSS | 2,888,980 | 2,889,837 | 2,885,440 | 2,888,980 | 2,888,980 |
| JOBS Program | 5,412,060 | 3,986,449 | 2,826,748 | 5,412,060 | 5,412,060 |
| Training and Technology | 1,037,186 | 324,543 | 379,318 | 1,037,186 | 1,037,186 |
| Child Abuse Prevention | 125,000 | 125,000 | 74,194 | 125,000 | 125,000 |
| Pregnancy Prevention | 1,913,203 | 1,604,227 | 1,602,232 | 1,913,203 | 1,913,203 |
| Child Care Assistance | 47,166,826 | 26,205,412 | 26,205,412 | 47,166,826 | 47,166,826 |
| Child and Family Services | 32,380,654 | 32,380,654 | 31,192,889 | 32,501,575 | 32,501,575 |
| General Administration | 3,744,000 | 3,744,000 | 3,744,000 | 3,744,000 | 3,744,000 |
| Field Operations | 31,296,232 | 31,826,088 | 31,296,335 | 31,296,232 | 31,296,232 |
| Expanded Categorical Eligibility for SNAP | 14,236 | 10,516 | 16,557 | 14,236 | 14,236 |
| Total Appropriations | <u>\$ 130,980,383</u> | <u>\$ 105,028,413</u> | <u>\$ 102,346,875</u> | <u>\$ 130,980,383</u> | <u>\$ 130,980,383</u> |
| Reversions | (17,360,919) | 0 | 0 | 0 | 0 |
| Ending Balance | <u>\$ 21,471,297</u> | <u>\$ 47,000,952</u> | <u>\$ 75,212,145</u> | <u>\$ 74,789,830</u> | <u>\$ 74,367,515</u> |

Notes:

- TANF - Temporary Assistance for Needy Families
- FaDSS - Family Development and Self-Sufficiency Program
- MH/DD - Mental Health and Developmental Disabilities



Appendix I – Budget Unit Briefs

Analysis of the Governor’s Budget Recommendations

Budget Unit Briefs are created by the LSA and contain background information related to State appropriations and special purpose funds. Budget Unit Briefs are available for every State appropriation made for the current fiscal year (FY) and can be found at the following link: www.legis.iowa.gov/publications/fiscal/budgetUnitInfo

The following Budget Unit Briefs are available for Health and Human Services Subcommittee FY 2025 appropriations.

General Fund Budget Unit Briefs

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Veterans Affairs — General Administration

History and Purpose

The Iowa Department of Veterans Affairs (DVA) was created in 1978 Iowa Acts, chapter [1040](#) (Department of Veterans Affairs Act), and was reorganized into the Veterans Affairs Division within the Department of Public Defense (DPD) in 1986 Iowa Acts, chapter [1245](#) (State Government Reorganization Act). The Division was removed from the DPD and became an independent commission in 1992 Iowa Acts, chapter [1140](#) (Veterans Affairs Act), and was re-established as a department in 2005 Iowa Acts, chapter [115](#) (Veterans Affairs Act). Prior to the inception of the DVA, many of the Department's current duties were assigned to the Adjutant General.

The mission of the DVA is to serve veterans and their families, to connect veterans with available benefits, to provide dignified services and compassionate family assistance, and to provide high-quality operations at the Iowa Veterans Cemetery. The administrative staff is located at Camp Dodge in Johnston. The overall responsibilities can be summarized as:

- Educating veterans and active duty reserve members on entitlements and resources under State and federal laws.
- Being a central point of contact in State government for veterans' issues.
- Maintaining the burial records of over 185,000 deceased Iowa veterans.

Services Provided

The DVA is responsible for fulfilling the following tasks:

- Maintain and disseminate information to veterans and the public regarding facilities, benefits, and services available to veterans and their families, and assist veterans and their families in obtaining such benefits and services.
- Maintain information and data concerning the military service records of Iowa veterans.
- Assist County Veteran Affairs Commissions established pursuant to Iowa Code chapter [35B](#).
- Oversee the Iowa Veterans Cemetery.

State programs that the DVA operates or participates in include:

- County Veteran Affairs Commission Grants.
- A variety of assistance grants from the Veterans Trust Fund.
- War Orphans Education Assistance.
- Home Ownership Assistance Program.
- Vietnam Conflict Veterans Bonus.
- Home Base Iowa Initiative.

More Information

Iowa Department of Veterans Affairs: va.iowa.gov
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Funding

The budget for DVA general administration is completely supported by the General Fund. Funding is used for both general operations and cemetery operations. Budget support is provided through the DPD.

Related Statutes and Administrative Rules

Iowa Code chapter [35A](#)

Iowa Administrative Code [801](#)

Budget Unit Number

6700V010001

Doc ID 1366812

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Veterans Home Ownership Program

Purpose and History

The Veterans Home Ownership Program began in FY 2005 and is administered by the Iowa Finance Authority (IFA). A \$5,000 grant is available to a service member for a down payment and closing costs toward the purchase of a new home in the State of Iowa. The home must be a primary residence, and it is a once-in-a-lifetime grant.

Members must have served 90 days' active duty between August 2, 1990, and April 6, 1991, or after September 11, 2001, to present, or be a surviving spouse of an honorably discharged service member. The Iowa Department of Veterans Affairs (DVA) reviews each application to determine the applicant's eligibility as a veteran, and the IFA determines eligibility for the qualifying loan.

Funding

The DVA receives an annual appropriation and transfers the funds to the IFA. From FY 2005 to FY 2012, an annual appropriation was made from the Rebuild Iowa Infrastructure Fund (RIIF). Beginning in FY 2013, the annual appropriation was made from the General Fund. Funds are available through June 30 of the fiscal year, or when the available funds are expended or obligated. Funds are considered obligated if the IFA and the DVA receive an application and the veteran is qualified for the Program.

The IFA has not been charging any administrative fees for its handling of applications for the Program.

Related Statutes and Administrative Rules

Iowa Code section [16.54](#)

Iowa Administrative Code [265—27](#)

Budget Unit Number

6700V060001

Doc ID 1367089

More Information

Iowa Department of Veterans Affairs: va.iowa.gov

Iowa Finance Authority: iowafinanceauthority.gov/Public/Pages/PC79LN25

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Veterans County Grants

Purpose and History

The County Allocation Program began in FY 2007. The Department of Veterans Affairs is required to annually allocate \$10,000, if funding is available, from the County Commission of Veterans Affairs Fund to each county. The moneys must be used for the administration and maintenance of the County Commission of Veterans Affairs office. Staff must agree to maintain the current spending level compared to the previous fiscal year. Each participating county is required to submit a detailed report to the Iowa Department of Veterans Affairs to identify how the county increased services to veterans with the allocation moneys.

Funds remaining in the County Commission of Veterans Affairs Fund after the allocations have been distributed to the counties will be used by the Department of Veterans Affairs to provide for County Commission of Veterans Affairs training programs.

The Department is required to submit a report by October 1 of each year to the General Assembly summarizing the impact of the County Allocation Program on increasing services to veterans at the county level.

Some of the most popular uses of the moneys by the counties, as reported to the State, are as follows:

- State and national training.
- Increased office hours or personnel (salaries).
- Computers (including laptops), copiers, printers, phones, and other office supplies.
- Veterans Information Management System (VIMS) software.
- Office rent, new offices, and furniture.
- Outreach.

Funding

Iowa Code section [35A.16](#) provides for a standing appropriation of \$1.0 million for the Program. The appropriation is usually reduced to \$990,000 in the annual Health and Human Services Appropriations Act. The moneys are intended to be used for outreach to veterans in the communities.

Related Statutes and Administrative Rules

Iowa Code section [35A.16](#)

Iowa Administrative Code [801—7](#)

Budget Unit Number

6700V140001

Doc ID 1367088

More Information

Iowa Department of Veterans Affairs: va.iowa.gov

List of County Veterans Service Offices: va.iowa.gov/counties

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Iowa Veterans Home

Background

The Iowa Veterans Home (IVH), located in Marshalltown, Iowa, provides both nursing home and residential levels of care for Iowa's aged, chronically ill, or disabled veterans, dependent spouses, and surviving spouses. As of June 2019, there were 503 individuals living at the Veterans Home, including 439 individuals in the nursing facility and 64 individuals in domiciliary care.

In 1886, the Iowa General Assembly approved an appropriation of \$75,000 for the establishment of an Iowa Soldiers Home "to provide a home and subsistence for all honorably discharged soldiers, sailors, and marines who had served in the Army and Navy of the United States, and who are disabled by disease, illness, or otherwise." The Home was constructed in 1887. In 1975, the Iowa General Assembly changed the name of the Iowa Soldiers Home to the Iowa Veterans Home.

The role of the IVH has evolved considerably over the years. The IVH was originally a domiciliary for veterans with insufficient resources to live independently or for veterans unable to earn a livelihood by virtue of disability. Today, the IVH is a facility that serves veterans with chronic conditions rather than those with insufficient incomes. The IVH also provides services to spouses of qualified veterans. Spouses qualify for admission if they have been married to a veteran for at least one year before the date of application and meet residency requirements.

Services

Each resident of the IVH is assigned a staff physician, physician's assistant or nurse practitioner, registered nurse, social worker, recreation therapist, and dietitian to manage treatment and care. In addition to health services, the IVH provides dental services and a variety of recreational services on and off the campus, as well as transportation.

Funding

The IVH revenue sources include 45.6% Medicaid, 24.0% U.S. Department of Veterans Affairs per diem, 16.8% resident support, 8.8% General Fund, and 4.8% other sources.

Related Statutes and Administrative Rules

Iowa Code chapters [35A](#) and [35D](#)
Iowa Administrative Code [801—10](#)

Budget Unit Number

6710V030001

Doc ID 1285131

More Information

Iowa Veterans Home: ivh.iowa.gov
LSA Staff Contact: Eric M. Richardson (515.281.6767) eric.richardson@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Aging Programs

Purpose and History

In 1965, Congress passed the federal [Older Americans Act](#) in response to concerns about the lack of community and social services for older individuals. As a result, Iowa created the Iowa Department on Aging (IDA). Beginning in FY 2024, 2023 Iowa Acts, [Senate File 514](#) (State Government Realignment Act), eliminated the IDA and transferred aging programs to the Iowa Department of Health and Human Services (HHS). The core functions of Iowa's aging programs include:

- **Advocacy:** Advocate for changes in public policy, practices, and programs that empower older Iowans, facilitate their access to services, and protect their rights and prevent abuse, neglect, and exploitation. Activities may include legislative advocacy, information dissemination, outreach and referral, research and analysis, and coalition building.
- **Planning, Development, and Coordination:** Conduct planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the federal Older Americans Act.
- **Health:** Support policies, programs, and wellness initiatives to empower older Iowans to stay active and healthy, and improve their access to affordable, high-quality home and community-based services.

The HHS works closely with the State Aging Network. This network includes six Area Agencies on Aging (AAAs) located around the State that help carry out many of the HHS's aging programs. All persons age 60 and older are eligible to receive services, but federal statute requires assistance to be targeted to persons with the "greatest social or economic need."

Services Provided

The HHS, through the State Aging Network, provides a variety of services to older individuals. Examples of the services provided include:

- Adult day care
- Caregiver support
- Chores
- Counseling
- Emergency response system
- Home-delivered meals
- Home repair
- Homemaker services
- Legal assistance
- Nutrition services
- Respite
- Transportation

In addition to the direct services provided above, the HHS works on education, advocacy, and outreach and provides guidance and support to the State Aging Network.

Funding

More Information

Aging Services: hhs.iowa.gov/programs/programs-and-services/aging-services
Older Americans Act: www.acl.gov/about-acl/authorizing-statutes/older-americans-act
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

The HHS and the State Aging Network are funded through a variety of funding sources, including federal funds and the General Fund. In addition, the State Aging Network receives both local and client contributions to support its operations.

Related Statutes and Administrative Rules

Iowa Code chapters [231](#), [231B](#), [231C](#), [231D](#), [231E](#), and [231F](#)
Iowa Administrative Code [17](#)

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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Office of the State Long-Term Care Ombudsman

Description

Iowa's Office of the State Long-Term Care Ombudsman (OSLTCO) is responsible under both federal and Iowa law for advocating for residents and tenants of long-term care facilities, including nursing facilities, residential care facilities, assisted living programs, and elder group homes. The Office is responsible for the following:

- Resolving complaints made by or on behalf of residents of long-term care facilities.
- Educating consumers and long-term care providers about resident rights.
- Promoting community involvement through volunteer opportunities.
- Providing information to the public on nursing homes and other long-term care facilities and services, resident rights, and legislative and policy issues.
- Advocating for resident rights and quality care in nursing homes, residential care facilities, and assisted living programs.
- Promoting the development of citizen organizations, family councils, and resident councils.

The Office has eight Long-Term Care Ombudsmen, with each Ombudsman covering a different area of the State.

The Managed Care Ombudsman Program advocates for the rights and needs of Medicaid managed care members who receive care in health care facilities, assisted living programs, and elder group homes in Iowa, as well as members who are enrolled in one of Medicaid's seven home- and community-based services (HCBS) waiver programs.

Funding

Iowa's OSLTCO receives an annual General Fund appropriation of approximately \$1.1 million.

Related Statutes and Administrative Rules

Iowa Code sections [231.41](#), [231.42](#), [231.44](#), and [231.45](#)

Iowa Administrative Code [17—8](#)

Budget Unit Number

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More Information

Office of the State Long-Term Care Ombudsman: www.iowaaging.gov/state-long-term-care-ombudsman
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BUDGET UNIT BRIEF – FY 2024

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Family Investment Program/PROMISE JOBS

Family Investment Program

The Family Investment Program (FIP) is administered by the Department of Health and Human Services (HHS) and is Iowa's cash assistance program under the federal Temporary Assistance for Needy Families (TANF) Block Grant. The Program provides cash assistance to low-income families with children and provides services that are designed to help those families become self-sufficient. To be eligible for the FIP, individuals must meet all income and asset requirements, be a resident of Iowa, and be a U.S. citizen or legally qualified noncitizen (such as a refugee). In FY 2023, there was an average of 4,564 families per month receiving FIP assistance, with an average annual benefit of \$1,610 per recipient. The Program has a 60-month lifetime benefit limit with exceptions in cases of hardship. The average family receives FIP assistance for 22 months.

PROMISE JOBS

The PROMISE JOBS program, or "Promoting Independence and Self-Sufficiency Through Employment," provides work and training services to FIP participants. All FIP applicants must participate in PROMISE JOBS unless they are exempt. The HHS contracts with Iowa Workforce Development to administer the program via 16 regional sites throughout the State. The average annual cost of services per person in the PROMISE JOBS program is \$4,375.

Population Served and Benefits Received

Approximately 65.0% of FIP recipients are one-parent families, 30.0% of households provide care to children of relatives, and the remaining 5.0% of families include both parents. The typical FIP family consists of a single Caucasian mother who has a high school diploma, is between 20 and 29 years of age, and has two children under the age of 6.

Family Self-Sufficiency Grant (FSSG) Program

The HHS contracts with Iowa Workforce Development to administer the FSSG program. The program provides up to \$1,000 per family per year to pay for work-related goods and services (e.g., car repair, clothing, and employment-related certification requirements). The program serves approximately 55 FIP families per month with an average grant per family of \$809.

Family Development and Self-Sufficiency Program

The Family Development and Self-Sufficiency (FaDSS) program assists FIP families with significant or multiple barriers to reach self-sufficiency. Participation in FaDSS is a voluntary option for families receiving FIP benefits. Eligible families are identified and referred to the Program primarily by the PROMISE JOBS program. The FaDSS program is provided to families in all 99 Iowa counties through a network of 17 community action and nonprofit social services agencies. Utilizing a strength-based approach, the Program is delivered to families through home visits by certified Family Development Specialists. Core services include assessment and screening, family-driven goal setting, referrals to community resources and supports, and advocacy and self-empowerment.

More Information

HHS Family Investment Program: hhs.iowa.gov/cash-assistance
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Tax Preparation Assistance to Low-Income Iowans

The FIP budget includes funding for Iowa-based nonprofit organizations to provide tax preparation assistance to low-income Iowans for the express purpose of expanding use of the federal and State earned income tax credit (EITC). State funds are available only to Iowa nonprofit organizations that are awarded federal funds under the Volunteer Income Tax Assistance (VITA) grant program.

Parenting Program

The HHS contracts with the YMCA of Greater Des Moines to administer the allocation for the Parenting Program. The Program is designed to help strengthen parental skills and involvement of parents with their children. Ongoing weekly classes are held for fatherhood, motherhood, and co-parenting at YMCA locations including the John R. Grubb YMCA and the South Suburban YMCA. The classes offer support in such areas as health and nutrition, effective communication, being a positive role model, co-parenting, financial education, and community resources.

Funding

The FIP is funded approximately 38.0% by the General Fund, 54.0% by federal funds, and 7.0% by other funding sources such as child support recovery collections that are used to offset public assistance.

Related Statutes and Administrative Rules

Iowa Code chapter [239B](#)

Iowa Code section [216A.107](#)

Iowa Administrative Code [441—40](#) and [441—93](#)

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Medicaid

Background

Medicaid (Medical Assistance) is a joint federal- and state-funded entitlement program that provides medical assistance to certain low-income individuals who are aged, blind, disabled, or pregnant and to children or members of families with dependent children.

Created in 1965 by Title XIX of the Social Security Act, the Medicaid program gave each state the freedom to design its own program by establishing eligibility standards; determining the type, scope, amount, and duration of services; setting service rates; and administering its own program. Because of this autonomy, programs tend to vary widely by state. In Iowa, Medicaid is managed by the Department of Health and Human Services (HHS).

Managed Care

The Department implemented the IA Health Link managed care program for the majority of the Medicaid population on April 1, 2016. Most Medicaid members are now being served by three managed care organizations (MCOs): Amerigroup, Iowa Total Care, and Molina Healthcare. The MCOs provide comprehensive health care services including physical health, pharmacy, behavioral health, and long-term supports and services. The Iowa Medicaid Program continues to operate a limited Fee-for-Service (FFS) program for the Medicaid members not enrolled in managed care.

Eligibility

Medicaid eligibility is determined not only by income level, but also by other criteria, such as citizenship, age, or condition, including pregnancy, disability, or blindness. For states to be eligible to receive federal matching funds, they are required to provide mandatory eligibility to certain groups. These include but are not limited to:

- Most families with children that receive federally assisted income maintenance payments.
- Recipients of Supplemental Security Income.
- Infants born to Medicaid-eligible pregnant women.
- Children under the age of six and pregnant women with family income at or below 133.0% of the federal poverty level (FPL).
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

States have also been given the latitude to expand Medicaid programs beyond the mandatory groups with federal approval and still receive federal matching funds. Iowa has chosen to expand coverage to children under the age of 21 and adults over the age of 65, individuals on a Home- and Community-Based Services Waiver who would be eligible if in an institution, and individuals needing breast or cervical cancer treatment and has expanded the program by creating Medicaid for Employed People with Disabilities and the Medically Needy Program.

More Information

IA Health Link: hhs.iowa.gov/iahealthlink

Title XIX of the Social Security Act: www.ssa.gov/OP_Home/ssact/title19/1900.htm

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One of the components of determining eligibility is citizenship and identity verification. For verification, applicants are required to provide either a passport or a birth certificate along with a government-issued identification document. Proof of citizenship is not required if applicants are already receiving Supplemental Security Income (SSI), Medicare, or Social Security disability benefits. Proof of citizenship is also not required for children in foster care and some subsidized adoption recipients. States are required to provide services that are adequate in duration, amount, and scope. Services must be offered throughout the state, and the amount cannot vary based on diagnosis or condition.

2023 Iowa Acts, [chapter 104](#) (Public Assistance Program Oversight Act), requires applicants for Medicaid benefits to complete a computerized identity authentication process to confirm the identity of the applicant and requires applicants or recipients of Medicaid to cooperate with the HHS Child Support Services as a condition of eligibility. The HHS is required to implement these provisions by July 1, 2025, or upon receipt of federal approval, if necessary.

Services

States that participate in the Medicaid program are also required to provide a minimum set of benefits (mandatory services) in order to receive federal matching funds. These services include:

- Inpatient and outpatient hospital services
- Physician services
- Medical and surgical dental services
- Nursing home care
- Home health care
- Family planning services and supplies
- Laboratory and x-ray services
- Early periodic screening, diagnosis, and treatment
- Other services

States have also been given the flexibility to provide additional services (optional services) to members. Iowa has chosen to provide prescription drugs; preventive dental services; chiropractic and podiatric services; durable medical equipment, such as wheelchairs, dentures, eyeglasses, and prosthetics; physical, occupational, and speech therapy; hospice care; home- and community-based waiver services; and other services.

Iowa Health and Wellness Program

Funding for the Iowa Health and Wellness Program is also included under the Medicaid appropriation. The Iowa Health and Wellness Program covers individuals ages 19 through 64 with income under 133.0% of the FPL. The program, administered by the MCOs, provides comprehensive health services and coverage that is equal to the benefits provided to State employees.

Enrollment and Expenditures

The most recent enrollment, expenditure estimates, and Federal Medical Assistance Percentage (FMAP) rates for Medicaid and the Iowa Health and Wellness Program can be found here:

www.legis.iowa.gov/publications/fiscal/medicaid.

Related Statutes and Administrative Rules

Iowa Code chapter [249A](#)

Iowa Administrative Code 441 — [73 through 91](#)

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Ground Floor, State Capitol Building

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Health Program Operations

Purpose

The Department of Health and Human Services (HHS) Health Program Operations appropriation funds the Iowa Medicaid Program and the third-party performance-based contracts with private vendors that administer the Program. The Medicaid Program has only a minimal number of State employees. The majority of day-to-day business operations, including oversight of managed care organizations (MCOs), claims processing, and vendor and member support, is handled through private vendors. The Medicaid Program is the second-largest health care payor in Iowa.

Services

The Medicaid Program oversees a total of 33 different contracts with private vendors to administer day-to-day operations of the Program in these major contract areas:

- The External Quality Review Organization (EQRO) carries out review and quality assurance functions required by the federal Centers for Medicare and Medicaid Services (CMS). These functions are designed to assure the integrity of the managed care program operations.
- Core Services processes all fee-for-service (FFS) claims, processes MCO capitation rates, operates systems including the Medicaid Management Information System (MMIS), and manages mailroom operations.
- The Quality Improvement Organization (QIO) provides clinical support such as performing all initial level of care (LOC) decisions for waiver and institutional care, approving MCO-recommended LOC changes and all FFS LOC reviews, providing utilization management and quality assurance for FFS members, and carrying out quality assurance for both the FFS and the managed care programs.
- Member Services is the State's Medicaid managed care enrollment broker. It provides customer services to the FFS population and provides assistance to members seeking issue resolution with the MCOs.
- Actuarial Contract establishes the managed care capitation rates and assists in the review of expenditures data.
- Pharmacy Services maintains the Preferred Drug List (PDL), which applies to all Medicaid members. In addition, this vendor processes prior authorization (PA) requests and answers the Pharmacy Hotline for FFS members. The vendor also collects drug rebates from manufacturers, responds to pharmacy provider questions, and processes FFS pharmacy claims.
- Program Integrity performs provider audits and recoveries of improper payments; identifies potential fraud, waste, and abuse; and makes referrals to law enforcement for investigations and prosecutions. Program Integrity also coordinates with other units within the HHS, the Attorney General's Office, Dental Benefit Managers (DBMs), the Medicaid Fraud Control Unit (MFCU), MCOs, and other federal and State agencies to promote payment and program integrity. It also provides oversight of the

More Information

Iowa Medicaid Program: hhs.iowa.gov/ime/about/aboutime
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dental benefits and managed care entities' fraud, waste, and abuse programs and improper payment recoveries, and assists in validating managed care data.

- Provider Cost Audit (PCA) and Rate Setting perform rate setting, cost settlement and cost audit functions, and technical assistance to both providers and MCOs. Provider rates serve as the rate floor for MCOs unless otherwise negotiated.
- Provider Services enrolls all Medicaid providers including FFS and managed care. Provider Services provides direct support to providers in the FFS programs and coordinates with the MCOs to provide training to providers. In addition, Provider Services gives assistance to providers seeking issue resolution with the MCOs.
- Revenue Collections carries out Third Party Liability (TPL) functions for FFS members and estate recovery for all members.

Related Statutes and Administrative Rules

Iowa Code chapters [249A](#), [249B](#), [249E](#), [249L](#), [249M](#), and [249N](#)
Iowa Administrative Code [441—73](#) through [441—91](#)

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Ground Floor, State Capitol Building

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State Supplementary Assistance

Description

The State Supplementary Assistance (SSA) program provides monthly payments to low-income elderly or disabled Iowans to help meet their basic needs, and reduces spending for Medicaid.

State Supplementary Assistance Coverage Categories

Iowa has seven SSA categories. Those categories include:

- **Blind Allowance:** Available to individuals who meet the Social Security Administration definition of blindness and either receive Supplemental Security Income (SSI) or meet all SSI requirements but exceed the income limit by up to \$22 per month. The benefit limit for the State assistance portion of the Blind Allowance is \$22 per month.
- **Dependent Persons Allowance:** Available to aged, blind, or disabled individuals who meet income and resource requirements and have a financially dependent relative living with them. The benefit limit for the Dependent Persons Allowance is \$436 per month.
- **Family Life Home Assistance:** Available to aged, blind, or disabled individuals to supplement payment for a licensed family life home. Licensed family life homes are private households offering a protective social living arrangement for one or two adults. The benefit limit for Family Life Home Assistance is \$142 per month.
- **In-Home Health-Related Care Assistance:** Available to aged, blind, or disabled individuals to help pay for personal health care services. Individuals must have physical or mental disabilities that require a nursing facility level of care, but not enough income to pay for such care. The benefit limit for In-Home Health-Related Care Assistance is \$480 per month.
- **Mandatory Allowance:** Available to recipients who converted to the SSI program from the former State assistance programs when the SSI program began in 1974. The average benefit for the Mandatory Allowance category is just over \$185 per month.
- **Residential Care Facility Assistance:** Available to help pay for care in a residential care facility (RCF) for aged, blind, or disabled individuals who are unable to care for themselves because of illness, disease, or physical infirmity. Individuals must have resources or monthly income less than the cost of monthly care. The benefit limit for Residential Care Facility Assistance is \$1,072 per month.

More Information

DHS State SSA: dhs.iowa.gov/ime/members/medicaid-a-to-z/state-supplementary-assistance
LSA Staff Contact: Eric M. Richardson (515.281.6767) eric.richardson@legis.iowa.gov

- Supplement for Medicare and Medicaid Eligibles: Available for individuals who are aged, blind, or disabled, are eligible for Medicare Part B and Medicaid, and meet income and resource guidelines. This category allows the State to access federal funds for payment of Medicare Part B premiums. The benefit for this group is \$1 per month.

Funding

This program is 100.0% State-funded, and although there are federal maintenance of effort requirements related to the Medicaid program, the SSA program receives no federal support.

Related Statutes and Administrative Rules

Iowa Code chapter [249](#)

Iowa Administrative Code [441—50](#), [441—51](#), [441—52](#), [441—54](#), and [441—177](#)

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Fiscal Services Division

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Ground Floor, State Capitol Building

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State Children's Health Insurance Program

Background

The federal Children's Health Insurance Program (CHIP) was established by the federal Balanced Budget Act of 1997 to provide health care coverage to uninsured low-income children, under age 19, living in families with incomes up to 200.0% of the federal poverty level (FPL). Iowa implemented the CHIP through a combination of Medicaid expansion and a new program entitled Healthy and Well Kids in Iowa (Hawki). Medicaid expansion was mandated in HF 2517 (1998 Hawki Program Act), and expanded coverage for children with family income up to 133.0% of the FPL, effective July 1, 1998.

[House File 2517](#) expanded Hawki program coverage to children living in families with incomes between 133.0% and 185.0% of the FPL, effective January 1, 1999. [House File 2555](#) (FY 2001 Tobacco Settlement Fund Appropriations Act) further expanded the Hawki program to provide coverage to children with family incomes ranging from 185.0% to 200.0% of the FPL, effective July 1, 2000.

[House File 2539](#) (FY 2009 Health Care Reform Act) created a Hawki expansion program to cover children with family income up to 300.0% of the FPL beginning in FY 2010, with cost sharing for families with incomes between 200.0% and 300.0% of the FPL.

[Senate File 389](#) (FY 2010 Health Care Omnibus II Act) created a dental-only option to cover children who have private health insurance but limited or no dental coverage. Dental-only coverage is available to children with family income up to 300.0% of the FPL. Medically necessary orthodontia coverage has also been added to the dental coverage, as required by the federal government.

Services

Beginning April 1, 2016, both the Medicaid expansion and the Hawki programs receive services through a managed care contractor who also services the Medicaid program. Benefits include:

- Inpatient hospital services
- Outpatient hospital services
- Medical and surgical physician services
- Laboratory and xray
- Well-baby and well-child care, including immunizations
- Prescription drugs
- Mental health services
- Vision services
- Hearing services
- Dental services
- Speech therapy
- Physical therapy

Current plans are available through Amerigroup and Iowa Total Care. Dental plans are available through Delta Dental of Iowa and MCNA Dental.

More Information

CHIP: dhs.iowa.gov/hawk-i

LSA Staff Contact: Eric M. Richardson (515.281.6767) eric.richardson@legis.iowa.gov

Funding

Unlike Medicaid, the CHIP is not an entitlement program and is funded with a set allotment of funds for each state. The federal allotment of funding for the CHIP is authorized through September 30, 2027. Iowa receives an enhanced Federal Medical Assistance Percentage (FMAP) matching rate for the CHIP of approximately 70.0% annually.

Related Statutes and Administrative Rules

Iowa Code chapter [514I](#)
441—Iowa Administrative Code [86](#)

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Fiscal Services Division

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Child Care Assistance

Purpose and History

The Child Care Assistance (CCA) Program is administered by the Department of Health and Human Services (HHS) and was established in 2000. The CCA Program subsidizes child care costs for low-income families with working parents, parents gaining work skills, parents going to school, and parents unable to care for children for a limited time due to physical or mental illness. Child care is also subsidized for children in need of protective services to prevent or alleviate child abuse or neglect and for children in foster care home settings. In addition to paying for child care, State and federal funds support the regulation of child care providers and quality improvement activities of providers.

Populations Served

The CCA Program provides financial assistance for the care of children under the age of 13 in the following circumstances:

- Families in which the parent or parents are working at least 32 hours per week, are in school full-time, or are working part-time and going to school part-time for a total of 32 hours per week in the aggregate, with incomes at or below 160.0% of the federal poverty level (FPL), but not more than 85.0% of the State median gross monthly income.
- Families with children requiring special needs care in which the parent or parents are working at least 28 hours per week, are in school full-time, or are working part-time and going to school part-time for a total of 28 hours per week in the aggregate, with incomes at or below 200.0% of the FPL, but not more than 85.0% of the State median gross monthly income. Children with special needs are eligible for the Program through the age of 18.
- Families that are eligible as outlined above, but at the end of their 12-month eligibility segment are above 145.0% of the FPL but below 225.0% of the FPL. These families are eligible for an additional 12 months of services through CCA Plus.
- Families that enroll in the program as outlined above whose income increases above 225.1% of the FPL but remains below 250.0% of the FPL, or below 275.0% for families with children with special needs. These families receive reduced support as part of the State's graduated exit child care program.
- Families receiving Family Investment Program (FIP) benefits and participating in PROMISE JOBS. Income requirements are waived under this scenario.
- Children who have been abused or neglected. Protective child care assistance is available to these children. Income requirements are waived under this scenario.

In FY 2023, a total of 28,708 children were served by the CCA Program. The average number of children participating in the Program per month was 17,245, a decrease of 5.4% from FY 2022. The average monthly cost per child for FY 2023 was \$509.25.

More Information

Department of Human Services Child Care Assistance Program: hhs.iowa.gov/child-care
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

Activities

The CCA Program allows parents and legal guardians to choose their child care provider as long as the provider accepts CCA payment. At the close of FY 2023, paid providers include:

- 1,496 licensed child care centers.
- 2,034 registered child care development homes. In-home providers caring for six or more children at one time must register.
- 84 legally operating, nonregistered providers that receive payment under the CCA Program. Providers caring for five or fewer children at one time are not required to be regulated.

Activities other than child care assistance that are funded by the CCA appropriation include:

- [Child Care Resource and Referral](#) contracts and wraparound child care contracts, which assist families in selecting quality child care and provide referrals to child care facilities. Services under these contracts also help child care providers adopt developmentally appropriate programs and sustainable business practices via consultation, training, and other resources.
- The [Quality Rating System](#) (QRS), which identifies and promotes quality in child care services. The QRS is voluntary for providers and comes with technical assistance as providers take steps to improve care. Participating providers may also receive bonus pay as their ratings increase or are maintained.
- Early Childhood Iowa community grants to enhance the quality and capacity of child care through recruitment, care for mildly ill children, second and third shift care, provider training, and support for registration and licensure.
- Regulation of providers and payment, which is carried out by the HHS Field Operations and General Administration staff.
- Eligibility for CCA and protective child care assistance activities as determined by the HHS Field Operations staff. Eligibility for PROMISE JOBS child care is determined by Iowa Workforce Development.

Funding — State General Fund

The CCA Program General Fund appropriation is included in the Health and Human Services Appropriations Act. The General Fund appropriation for the CCA Program had been stable at approximately \$40.8 million since FY 2019, until 2023 Iowa Acts, [Senate File 561](#) (FY 2024 Health and Human Services Appropriations Act) increased the appropriation to \$64.2 million to accommodate the transfer of the Early Childhood Iowa Program into the HHS pursuant to 2023 Iowa Acts, [Senate File 514](#) (State Government Alignment Act). The amount allocated for use by the CCA Program remained unchanged at \$35.0 million.

Staff members at the Department of Management, the HHS, and the Legislative Services Agency meet regularly to project child care expenditures for current and future fiscal years and provide funding recommendations to the General Assembly, as required by Iowa Code section [234.47](#). Child care assistance is not an entitlement, and a waiting list or other measures may be used if funding does not meet demand. Total funds appropriated from all sources including funds carried forward for FY 2023 equaled \$238.9 million, and total expenditures for FY 2023 totaled \$147.3 million.

Funding — Other Resources

Iowa's CCA Program is also supported by federal funds through the Child Care Development Fund (CCDF), which is administered by the federal [Office of Child Care](#) and includes the Child Care Development Block Grant (CCDBG).

Additionally, Temporary Assistance for Needy Families (TANF) funding may be used as long as maintenance of effort requirements are met.

Related Statutes and Administrative Rules

Iowa Code chapter [237A](#)
Iowa Code section [234.47](#)

Iowa Administrative Code [441—106](#), [441—109](#), [441—110](#), [441—118](#), [441—120](#), [441—159](#), and [441—170](#)

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

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Ground Floor, State Capitol Building

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Child and Family Services

Background

Child and Family Services (CFS) programs are administered by the Department of Health and Human Services (HHS) and provide for a multitude of child welfare and juvenile justice services. Child welfare and juvenile justice services and interventions for children, youth, and families are designed to improve safety, permanency, well-being, and community safety. The HHS Division of Child Services regulates and subcontracts services with appropriated State and federal funding for the delivery of community-based services and interventions.

Populations Served

Child welfare services are provided to children and families who are either at risk of abuse or have experienced abuse, including those who have been adjudicated a child in need of assistance (CINA). In addition, services are available to youth who have aged out of the foster care system and are employed or going to school.

Juvenile justice services are provided to children and their families if the children are at risk of continued delinquent behavior, have committed a delinquent act and have been adjudicated as a delinquent, or have been certified by the Chief Juvenile Court Officer as eligible for court-ordered services.

Child Welfare Services

The HHS strives to provide child welfare services that protect children and preserve and strengthen families by the least intrusive, least restrictive means possible. The federal [Family First Prevention Services Act](#) (Family First) was signed into law in February 2018. Family First provides new directives for services eligible for Title IV-E reimbursement by shifting funding traditionally used to support foster care placements into prevention services to reduce entry into foster care through evidence-based family preservation services to increase the use of family-based placements, decrease the use of congregate care settings, and improve access to high-quality residential care for children and youth who have acute mental and behavioral health needs. Under Family First, when a child must be removed from the child's home to ensure safety, placement priority must be given to relatives and fictive kin. The HHS has established performance-based contracts with child welfare providers that align with Children and Family Services federal outcomes, including Family First. These providers make available a wide array of services, including:

- Early intervention and prevention services, such as nonagency voluntary services and decategorization services, that build on families' resources and community supports.
- In-home Family-Centered Services that implement evidence-based practices to assist families with developing prevention skills, improve parenting skills, and provide crisis interventions when there is imminent risk of removal.
- Out-of-home services that provide a safe environment when a child is not able to remain in the home. In keeping with Family First, placement priority is given to relatives and fictive kin. Services are

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

provided to address both the parents' and child's needs as well as to support kinship caregivers to maintain placement stability. Services include:

- The Parent Partners program, which provides peer mentoring for families in the child welfare system to improve engagement between families and the system, shorten lengths of stay for children in care, and maximize available community supports and services to reduce family reentry into the child welfare system. This service is available in approximately two-thirds of the State.
- Kinship Navigator services, which assist kinship caregivers in learning about, finding, and using programs and services to meet their needs. Kinship placements help reduce trauma, preserve cultural identity and community connections, and improve child well-being. Kinship Navigator services were made available statewide through the Family-Centered Services contracts on July 1, 2021.
- A kinship caregiver payment, which is a time-limited payment that allows kinship caregivers to receive financial support for each child court-ordered and placed in their care. Kinship caregiver payments were made available to unlicensed kinship caregivers statewide on July 1, 2021.
- Family foster care services, which are designed to provide a temporary safe environment while parents are addressing the issues that put a child at risk.
- Group foster care services, which are designed to treat children with behavior too severe to live safely in a less restrictive setting like a foster home.
- Child Welfare Emergency Services (CWES), which include an array of short-term and temporary interventions that range from the least restrictive approaches that can be used to avoid out-of-home placement (such as family conflict mediation or in-home interventions) to more restrictive services (including emergency juvenile shelter care).
- Transition services, such as Preparation for Adult Living (PAL) and Supervised Apartment Living (SAL), which support youth aged 18 to 21 years old who have aged out of foster care. Emphasis is placed on life skills, housing, employment, education, budgeting, and relationships. Youth receive individualized services from case managers called self-sufficiency advocates. A network of nine child welfare providers comprises the Iowa Aftercare Services Network, which provides services to approximately 490 youth monthly.

Juvenile Justice Services

Juvenile justice services ensure public safety by addressing delinquent behaviors. Graduated sanctions include four specific service programs: life skills; school-based supervision; supervised community treatment; and tracking, monitoring, and outreach. There are 93 graduated sanctions contracts with community providers for these services. Juvenile court/school liaisons are located in 62 school districts. Tracking and monitoring services are provided by 19 social services agencies.

Ten juvenile detention centers provide services to an average of 143 youths per day. The Eldora Training School for Boys provides treatment and educational services within a highly structured setting to assist youth who are adjudicated delinquent. State funding for this institution is not included in the CFS appropriation, but it is an important component of the child welfare system.

In addition to child welfare and juvenile justice services, Medicaid Behavioral Health Intervention Services (BHIS) are available for eligible children to improve social and behavioral functioning. The BHIS are provided by a network of over 100 providers; many in the network also provide other child welfare and juvenile justice services. The BHIS are not included in the CFS State appropriation, but they are an important component of the child welfare system.

Funding

The CFS General Fund appropriation is included in the Health and Human Services Appropriations Act. State funding accounts for approximately 56.0% of CFS total expenditures. Title IV-B and IV-E of the Social Security Act, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant provide federal matching funds for services. States are subject to financial penalties ranging from 1.0% to 5.0% of federal Title IV-B and IV-E funding if they fail to meet federal expectations, including annual targets for monthly visits with children in foster care.

Related Statutes and Administrative Rules

Iowa Code chapters [232](#), [232B](#), [233](#), [234](#), [235](#), [235A](#), [237](#), and [238](#)
Iowa Administrative Code [441](#)

Budget Unit Number

4130N710001

Doc ID 1366660

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Adoption Subsidy

Background

The Adoption Subsidy Program is administered by the Department of Health and Human Services (HHS). The Adoption Subsidy Program is a financial support provided to families that adopt special needs children. When courts terminate the parental rights of abused or neglected children, the HHS strives to find permanent adoptive families as quickly as possible.

Populations Served

Of all children placed for adoption through the HHS, approximately 95.0% receive an adoption subsidy or are eligible for the subsidy. Subsidies are paid to eligible families until the adopted child reaches age 18, or age 21 if there is a disability. Subsidies are available in the following situations:

- The child has a special need (including a diagnosed physical, mental, or emotional disability), is harder to place due to age, is a member of a sibling group of three or more children, or is at risk of developing a diagnosed condition.
- The State is unable to place the child for adoption without the subsidy.
- The child was in the guardianship of the HHS or a licensed child-placing agency prior to the adoption.

Children eligible for an adoption subsidy are categorically eligible for Medicaid. The adoptive family's income cannot be considered when negotiating subsidy supports. The majority of children adopted through the HHS are under age six.

Services Provided

The Adoption Subsidy Program provides a monthly payment to parents of eligible children. Adoption subsidy rates are negotiated with families but cannot exceed the foster care rate. Adoption subsidy and foster care rates are designed to be nearly the same in order to eliminate a disincentive by foster parents to adopt. Families may also receive:

- Up to \$1,000 per child to pay legal fees to finalize the adoption.
- Supplies and equipment to meet the child's needs.
- Funds for outpatient therapy from providers not paid through Medicaid.
- Funds for additional insurance premium costs when adding a child to private insurance.
- Up to \$500 per child when adopting a sibling group of three or more.
- Postadoption support services.

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

Funding — State General Fund

The Adoption Subsidy Program General Fund appropriation included in the Health and Human Services Appropriations Act is approximately \$40.6 million annually. In FY 2023, the average per diem subsidy was \$21.24, making the average annual cost approximately \$8,000.

Funding — Federal Funds

Federal Title IV-E of the Social Security Act provides matching funds for the subsidy. In FY 2023, 87.2% of children whose families received adoption subsidies were eligible for the federal match. The federal match is based on the Federal Medical Assistance Percentage (FMAP) used for Medicaid.

The federal Fostering Connections for Success and Increasing Adoptions Act of 2008 (PL [110-351](#)) changed the way Title IV-E eligibility is determined. The original criteria for eligibility were tied to the Aid to Families with Dependent Children (AFDC) Program, which was replaced by the Temporary Assistance for Needy Families (TANF) Program in the early 1990s. The 2008 Act delinked eligibility for Title IV-E from AFDC criteria over time, starting in federal fiscal year (FFY) 2010 and continuing through FFY 2023. This delinking led to more adopted children becoming eligible for the federal funding. The Family First Prevention Services Act of 2018 (PL [115-123](#)) delayed full implementation until June 30, 2024.

The federal legislation delinking Title IV-E eligibility from AFDC criteria also requires states to calculate the amount of adoption savings resulting from increased Title IV-E eligibility and to reinvest the State savings for other qualified expenditures under titles IV-B and IV-E. To accomplish this, the HHS is using adoption savings funds to support the following:

- [Treatment Outcome Package](#) (TOP) assessment tool: The TOP is used to assess a child's treatment needs within 12 domains; track a child's improvement or deterioration; identify data trends around strong or better performing providers and foster parents; and identify other data points that would impact practice decisions made by HHS and Juvenile Court Services staff.
- Limited Subsidized Guardianship Program: While being promulgated through the administrative rules review process, conceptually, the Program will provide financial assistance to guardians of eligible children 14 years of age or older who are in foster care but are not able to be adopted and who are not able to return home. Under the new Program, relatives who become licensed foster parents may become a child's guardian and receive a maintenance payment. Currently, these individuals would be required to adopt the child in order to receive a payment.
- Postadoption/Guardianship Services: The Department is currently reserving approximately \$4.7 million to fund obligated postadoption and postguardianship support services in future fiscal years.
- Legislative Action for Facilities: In 2022 Iowa Acts, chapter [1131](#) (FY 2023 Health and Human Services Appropriations Act), the Department was given authority to transfer up to \$11.0 million from this allocation to the HHS Facilities Operations allocation for one-time use purposes related to the closure of the Glenwood Resource Center.

Related Statutes and Administrative Rules

Iowa Code section [234.38](#)

Iowa Code chapter [600](#)

Iowa Administrative Code [441—201](#)

Budget Unit Number

4130N700001

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Family Support Subsidy

Background

The Family Support Subsidy (FSS) appropriation includes two programs: Family Support Subsidy and Children at Home (CAH). These programs assist families of children with developmental disabilities to meet the special needs of their disabled children and are administered by the Department of Health and Human Services (HHS).

Family Support Subsidy

The FSS program provides a monthly payment to participating families to support families raising developmentally disabled children at home. Families receive the benefit until the eligible child turns 18. Two-thirds of the families served through the FSS have a household income of less than \$20,000 per year. The FSS provides resources for families under the following conditions:

- Include children (under 18 years of age) living at home with a developmental disability that results in substantial functional limitation in three or more areas of major life activity.
- Have income (AGI) below \$40,000.

The FSS program began in 1987 as a means of reducing barriers to raising children with developmental disabilities at home. In FY 2010, State legislation ended new enrollment. The program is expected to continue until 2024 (when the last enrollee turns 18 years of age).

Children at Home

The CAH program provides cash for particular needs as they arise within funding parameters allowed by the program. Adaptive equipment, special clothing, dietary needs, counseling, parent training, and respite care are some examples of allowable expenses. The CAH program provides resources for families under the following conditions:

- Include a person or persons under 21 years of age with a disability who live at home, or have a discharge plan for the person to return home within 60 calendar days.
- Have an AGI below \$60,000.

Prior to FY 2017, multiple contractors provided services in 23 counties. The program has expanded to serve 81 counties. The HHS has partnered with Visiting Nurse Services to develop statewide standardized payment levels for individual requests and service needs.

The HHS implemented a cap of \$700 that can be spent per child. Multiple payments may be made on behalf of the same child, but the combined amount cannot exceed the cap.

More Information

Department of Health and Human Services: hhs.iowa.gov
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Funding

The Family Support Subsidy General Fund appropriation is included in the Health and Human Services Appropriations Act. The two programs in this budget unit are exclusively funded by the State General Fund.

Funding for the FSS program is gradually decreasing since there are no new enrollees and participants eventually age out of the program. Generally, the General Assembly has chosen to use these savings to expand the CAH program.

Related Statutes and Administrative Rules

Iowa Code sections [225C.35](#), [225C.36](#), [225C.37](#), [225C.38](#), [225C.39](#), [225C.40](#), [225C.41](#), [225C.42](#), [225C.47](#), and [225C.49](#)

Budget Unit Number

4130N320001

Doc ID 1366786

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Conner Training

Description

The Conner Training appropriation provides training, educational materials, and transition funding to individuals living in the State Resource Centers who wish to move to a home or community-based setting. The Department of Health and Human Services (HHS) contracts with the Center for Excellence at the University of Iowa to administer funds appropriated.

Conner Training provides funding for educational services, including www.disabilitytraining.org, the "Let's Talk Disability" blog, the Possibilities newsletter, and a Facebook page. In addition, the appropriation provides a very limited amount of funding to fill in small gaps for people transitioning to a home or community-based setting. Funding is provided to cover such costs as rent, utilities, and other small items during a transition. In FY 2022, funding supported 16 Money Follows the Person (MFP) participants moving from a facility to community living. The average cost to support MFP participant support requests was \$2,100 per person.

Background

The Conner Training appropriation is the result of a consent decree that originated from a court challenge of Iowa's institutionally based model of services for persons with developmental disabilities. Iowa Protection and Advocacy Services, Inc., filed a class action lawsuit in the United States District Court for the Southern District of Iowa on behalf of Evert Conner and current or future residents of Glenwood or Woodward State Hospital-Schools. The parties entered into a consent decree approved on December 2, 1994. Among the provisions in the decree, the State agreed to provide individualized treatment plans to class members, provide training and employment opportunities, notify individuals if they are eligible to receive community-based services, and develop a five-year plan for creating community support and services. In 1995, the Conner Advisory Committee was convened and created the Plan for Community Development, the five-year plan called for in the consent decree.

Funding

The annual General Fund appropriation is approximately \$34,000. In FY 2022, \$33,584 was spent on transition funding for individuals and education.

Budget Unit Number

4130N360001

Doc ID 1366701

More Information

Conner v. Branstad, No. 4-86-CV-30871 (433 S.D. Iowa, July 14, 1994):

www.clearinghouse.net/detail.php?id=446

Department of Health and Human Services: hhs.iowa.gov

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Volunteer Services

Background

The Volunteer Services Program is administered by the Department of Health and Human Services (HHS) and was created to enhance the delivery of services to lowans in need. Volunteers under the supervision of paid staff assist in providing services and completing administrative tasks. Volunteers supplement paid staff rather than replace staff. This staff-volunteer team approach results in extended services to clients, especially during times of resource scarcity. Appropriated funds are used to pay for contracts with organizations that recruit and coordinate volunteers.

Volunteer Participation and Services

Volunteers must apply and be accepted to serve. Each volunteer donates from 3 to more than 40 hours per week throughout the year. Volunteer services include:

- Direct services to clients and residents, including parent aides, commodity distributors, and medical transporters.
- Indirect services, such as clerical assistance.
- Stipend volunteers, such as foster grandparents.

Funding

The Volunteer Services Program General Fund appropriation is included in the annual Health and Human Services Appropriations Act and has remained steady at approximately \$85,000 since FY 2014. The Program is also supported by federal funds annually through the Social Services Block Grant (SSBG) in the amount of approximately \$63,000.

Related Statutes and Administrative Rules

Iowa Code section [217.13](#)

Iowa Administrative Code [441—12](#)

Budget Unit Number

4130N400001

Doc ID 1367095

More Information

Volunteer Iowa - Department of Human Services: volunteer.iowa.gov
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Child Abuse Prevention — Administrative Support

History and Purpose

The purpose of the Iowa Child Abuse Prevention Program (ICAPP) is to prevent child maltreatment. The ICAPP, a State and federally funded program, was established in 1982. ICAPP funding is used to provide the following services:

- Community development projects: Educating and informing community members about child abuse and prevention.
- Home visitation: Meeting parents in their homes to provide parenting education and access to community resources.
- Parent development: Focusing on parenting techniques and age-appropriate behaviors while creating an informal, supportive network among attendees.
- Respite care services: Providing parents with an educational environment for their children while parents receive temporary relief from caregiving responsibilities during times of emergency.
- Sexual abuse prevention: Educating parents, community members, and children about sexual abuse and prevention.

The Iowa Department of Health and Human Services (HHS) has contracted with a statewide nonprofit organization, Prevent Child Abuse Iowa, to assist in the administration of the ICAPP.

A new competitive procurement process for the administration of the ICAPP was issued for FY 2018 through FY 2023. A contract was issued to Prevent Child Abuse Iowa.

The administrative duties of the ICAPP include administering a competitive grant program for prevention services to be provided by local community-based prevention volunteer councils; providing technical assistance to local councils and subcontracted service providers; conducting general research as it relates to the prevention of child maltreatment; and evaluating the various local services funded by the overall program.

Funding — State General Fund

There is a standing unlimited General Fund appropriation in Iowa Code section [144.13A\(4\)\(a\)](#) that permits the HHS to receive \$10 of the \$20 birth certificate registration fee for the ICAPP. This amount has generated approximately \$203,000 annually over the past five years. The remaining \$10 of the birth certificate registration fee is appropriated to the Congenital and Inherited Disorders Registry.

The Program's administrative costs are funded solely by the appropriation and make up 14.0% of the ICAPP's overall budget.

The ICAPP also receives funding annually from the Child and Family Services appropriation in the Health and Human Services Appropriations Act.

More Information

Iowa Child Abuse Prevention Program: www.pcaiowa.org/programs/icapp
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Other Sources of Funding

Other sources of funding for the ICAPP include:

- Promoting Safe and Stable Families federal grant
- Child Abuse Prevention and Treatment Act federal grant
- Temporary Assistance for Needy Families (TANF) block grant funds
- Iowa Child Abuse Prevention Program income tax checkoff

Related Statutes and Administrative Rules

Iowa Code sections [235A.1](#) and [144.13A\(4\)\(a\)](#)

Iowa Administrative Code [441](#)

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Eldora Training School

Background

The State Training School at Eldora is managed by the Department of Health and Human Services. The School provides treatment and educational services within a highly structured setting to assist youth who are adjudicated delinquent. The School has 130 residential beds on a campus consisting of 36 buildings on 361.2 acres. The School provides treatment and educational services to delinquent boys between the ages of 12 and 18 years.

Services Provided

The School provides a variety of educational, vocational, and health services, including:

- Comprehensive residential treatment program available 24 hours per day, 7 days per week. This program provides a variety of educational, psychological, psychiatric, and behavioral services.
- Specialized treatment services to sex offender youth and intensive substance abuse treatment.
- High school, high school equivalency, and college credits. The Honors Corps is comprised of the top 10.0% of the student body and provides students with a forum for leadership and achievement.
- Vocational certifications in welding and other crafts. The Baker Careers Program provides an opportunity to learn the food service industry. Students in the Program provide 95.0% of the desserts and 33.0% of the bread and rolls for the menu at the School.
- Treatment including anger management, gang diversion, basic social skills, and behavior modification.
- Specialized evaluation services for juvenile court officers and judges.

Funding

The Eldora State Training School General Fund appropriation is included in the Health and Human Services Appropriations Act. State General Fund dollars make up approximately 83.3% of the School's annual budget.

Related Statutes and Administrative Rules

Iowa Code chapters [218](#) and [233A](#)

Iowa Administrative Code [441—103](#)

Budget Unit Number

4050M220001

Doc ID 1366771

More Information

Department of Health and Human Services:

hhs.iowa.gov/mhds/mental-health/in-patient/juvenile-facility/eldora

LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Cherokee Mental Health Institute

Background

The Cherokee Mental Health Institute (MHI), operated by the Department of Health and Human Services (HHS), provides acute psychiatric care for adults who need mental health treatment. The Cherokee MHI is licensed as a hospital and is also accredited by the Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations). After the MHI opened on August 15, 1902, treatment in the early years at the facility included working on the farm and other jobs within the hospital, as well as hydrotherapy and massage. In the 1950s, with the advent of psychiatric medication and the recruitment of qualified professionals, the emphasis at the MHI began shifting to treatment, rather than housing individuals. With the change in philosophy, the population decreased from more than 1,000 individuals in 1960 to approximately 330 individuals in 1969. For FY 2021, the General Assembly provided funding for 36 beds at the Cherokee MHI. Prior to 2023, the Cherokee MHI provided acute psychiatric care for both children and adults. In 2023, the General Assembly designated the Cherokee MHI for specialized treatment and security of adults ordered into the custody of the State, while transferring the treatment of youths to the State MHI located in Independence.

Populations Served

The Cherokee MHI provides services for adults and includes 36 adult psychiatric beds.

The most common diagnoses for the adults served at the Cherokee MHI are schizoaffective disorder, depression and other mood disorders, schizophrenia, bipolar disorders, and intermittent explosive disorder. In many cases, individuals have a co-occurring substance abuse disorder.

When the Cherokee MHI provided care for youths prior to FY 2023, the most common diagnoses for children and adolescents served were oppositional defiant and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, and eating disorders.

The majority of individuals admitted at the Cherokee MHI are committed involuntarily by the court because they are a danger to themselves or others. Other admissions include individuals who have committed a crime and are at the MHI for an evaluation to determine if they are competent to stand trial and individuals found not guilty of a crime by reason of insanity.

Treatment Services Provided

There are a variety of both subacute- and acute-care treatment services provided at the Cherokee MHI, including:

- Counseling
- Psychotropic medication

More Information

HHS Cherokee MHI: hhs.iowa.gov/mhds/mental-health/in-patient/mental-health-institutes/cherokee
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

- Psychiatric rehabilitation classes
- Leisure skills development
- Recreational activities
- Discharge planning

Individuals have their own personalized treatment plans based on individual assets and needs, including physical, psychological, educational/vocational, and social/cultural needs. There is a wide variety of therapies available in addition to psychotherapy, including recreational therapy, music therapy, and creative arts. Patients at the MHI have a number of rights and privileges designed to safeguard personal dignity and respect cultural, psychosocial, and spiritual values.

Funding

The Cherokee MHI is funded 89.0% by General Fund appropriations; 8.0% by third-party payments such as Medicaid, Medicare, or private insurance; and 3.0% by federal funds.

Related Statutes and Administrative Rules

Iowa Code chapter [226](#)

Iowa Administrative Code 441—[28](#) and [29](#)

Budget Unit Number

4070M300001

Doc ID 1366658

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Independence Mental Health Institute

Background

The Independence Mental Health Institute (MHI), operated by the Department of Health and Human Services (HHS), provides acute psychiatric care for children who need mental health treatment. The Independence MHI is licensed as a hospital and is also accredited by the Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations). The MHI opened on May 1, 1873, and for the first seven decades of operation, the Independence MHI was a custodial facility with individuals being hospitalized for the greater part of their lives. In the late 1950s, with the advent of psychiatric medication and the recruitment of qualified professionals, the emphasis at the MHI shifted to treatment rather than housing individuals. With the change in philosophy, the population decreased from 1,800 individuals in 1946 to approximately 300 individuals in 1970. For FY 2021, the General Assembly provided funding for 60 beds at Independence. Prior to 2023, the Independence MHI provided acute psychiatric care for both children and adults. In 2023, the General Assembly designated the Independence MHI for specialized treatment and care of complex youth, while transferring the treatment of adults ordered by a court into the custody of the State to the Cherokee MHI.

Populations Served

The Independence MHI provides services for children and includes 56 child and adolescent beds.

The most common diagnoses for the children and adolescents served are oppositional defiant and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, and eating disorders.

Prior to 2023, the most common diagnoses for the adults served at Independence were schizoaffective disorder, depression and other mood disorders, schizophrenia, bipolar disorders, and intermittent explosive disorder. In many cases, individuals had a co-occurring substance abuse disorder.

The majority of individuals admitted at Independence are committed involuntarily by the court because they are a danger to themselves or others. Other admissions include individuals who have committed a crime and are at the MHI for an evaluation to determine if they are competent to stand trial and individuals found not guilty of a crime by reason of insanity.

More Information

HHS Independence MHI: hhs.iowa.gov/mhds/mental-health/in-patient/mental-health-institutes/independence

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Treatment Services Provided

There are a variety of both subacute- and acute-care treatment services provided at the Independence MHI, including:

- Counseling
- Psychotropic medication
- Psychiatric rehabilitation classes
- Leisure skills development
- Recreational activities
- Discharge planning

Each individual has a personalized treatment plan based on individual assets and needs, including physical, psychological, educational/vocational, and social/cultural needs. There is a wide variety of therapies available in addition to psychotherapy including recreational therapy, music therapy, and creative arts. Patients at the MHI have a number of rights and privileges designed to safeguard personal dignity and respect cultural, psychosocial, and spiritual values.

Funding

The Independence MHI is funded 89.0% by General Fund appropriations; 10.0% by third-party payments such as Medicaid, Medicare, or private insurance; and 1.0% by federal funds.

Related Statutes and Administrative Rules

Iowa Code chapter [226](#)

Iowa Administrative Code [441—28](#) and [441—29](#)

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Glenwood Resource Center

Background

Glenwood Resource Center, operated by the Department of Health and Human Services (HHS), provides a wide range of treatment and habilitation services for individuals with severe intellectual disabilities. In addition, Glenwood provides outreach services to support individuals with intellectual disabilities in the community. The goal of the State resource centers is to support individuals to live in the community of their choice. Glenwood Resource Center was built during the Civil War as a home for orphaned children of Civil War veterans. In 1876, Glenwood evolved into the Iowa Asylum for Feebleminded Children before becoming the Glenwood State Hospital in 1911 and finally becoming the Glenwood Resource Center in 2000. The facility is expected to close in 2024, per an [agreement](#) with the Governor and Legislature.

Individuals Served

As of August 2023, Glenwood Resource Center serves 71 individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness. According to the HHS, a typical individual at Glenwood has an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. Individuals who are admitted to Glenwood have typically gone through multiple community-based providers and have not been able to find one that can meet their needs.

Services Provided

Glenwood Resource Center is an intermediate care facility for individuals with intellectual disabilities (ICF/ID) and provides a wide variety of treatment and support to help prepare individuals to move into an appropriate community-based living setting. The HHS uses a multidisciplinary team to provide an integrated service approach. The team includes: the individual, the individual's family/guardian, local county or HHS staff, direct support professionals, a psychologist, a psychology assistant, a social worker, an occupational therapist, a speech-language pathologist, a physical therapist, an audiologist, a vocational/day program specialist, a leisure specialist, a dietitian, a nurse, a physician, a pharmacist, a psychiatrist, and a dental assistant.

Funding

The annual Glenwood budget is approximately \$78.4 million. Of this, 19.0% is from the State General Fund, 50.0% is federal funding, 29.0% is other funding sources, and 2.0% is client participation.

Related Statutes and Administrative Rules

Iowa Code chapters [135C](#) and [222](#)

Iowa Administrative Code [441—28](#) and [441—30](#)

More Information

Glenwood Resource Center: hhs.iowa.gov/mhds/disability-services/resource-centers/glenwood

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Woodward Resource Center

Purpose and History

Woodward Resource Center, operated by the Department of Health and Human Services (HHS), provides a wide range of treatment and habilitation services for individuals with severe intellectual disabilities. In addition, Woodward provides outreach services to support individuals with intellectual disabilities in the community. The goal of the State Resource Centers is to support individuals to live in the community of their choice. Woodward opened on September 6, 1917, as a State epileptic colony. In 1921, Woodward began accepting individuals with intellectual disabilities. Woodward eventually evolved into the Woodward State Hospital before becoming the Woodward Resource Center in 2000. Woodward was originally a working farm and was almost entirely self-sufficient until the late 1970s.

Individuals Served

Woodward Resource Center serves 122 individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness. According to the HHS, a typical individual at Woodward has an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. Individuals who are admitted to Woodward have typically gone through multiple community-based providers and have not been able to find one that can meet their needs.

Services Provided

Woodward Resource Center is an intermediate care facility for individuals with intellectual disabilities (ICF/ID) and provides a wide variety of treatment and support to help prepare individuals to move into an appropriate community-based living setting. The HHS uses a multidisciplinary team to provide an integrated service approach. The team includes: the individual, the individual's family/guardian, local county or HHS staff, direct support professionals, a psychologist, a psychology assistant, a social worker, an occupational therapist, a speech/language pathologist, a physical therapist, an audiologist, a vocational/day program specialist, a leisure specialist, a dietitian, a nurse, a physician, a pharmacist, a psychiatrist, and a dental assistant.

Funding

The majority of the Woodward budget is funded through the Medicaid program. The total annual budget is approximately \$65.5 million. Of this, 19.0% is from the State General Fund, 48.0% is federal funding, 27.0% is from other funding sources; and 6.0% is client participation.

Related Statutes and Administrative Rules

Iowa Code chapters [135C](#) and [222](#)

Iowa Administrative Code [441—28](#) and [441—30](#)

More Information

Woodward Resource Center: hhs.iowa.gov/mhds/disability-services/resource-centers/woodward

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Budget Unit Number
4120M420001

Doc ID 1367108

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Civil Commitment Unit for Sexual Offenders

Background

The Civil Commitment Unit for Sexual Offenders (CCUSO) at the Cherokee Mental Health Institute provides secure, long-term, and highly structured treatment for sexually violent predators. The individuals committed to the CCUSO have served their prison sentences, but in a separate civil trial have been found likely to reoffend. The CCUSO was established at the Iowa Medical and Classification Center at Oakdale in 1998, but relocated to the Department of Health and Human Services (HHS) Cherokee Mental Health Institute campus in 2003. The CCUSO was modeled after a similar program in Kansas and has withstood numerous constitutional challenges in both the United States Supreme Court and the Iowa Supreme Court. There are currently 22 other states with inpatient treatment programs similar to the CCUSO and one state with an outpatient program.

Commitment Process

Individuals committed to the CCUSO are generally identified in prison and must have committed a sexually violent offense, have a mental abnormality, and be at a risk level of “more likely than not” to commit a sexually violent offense. The Department of Corrections, the Attorney General’s Office, and the HHS work together during the commitment process, and the court makes the final determination on commitment. If committed, the individual is placed in the CCUSO, and if not committed, the individual is released. The HHS may not deny a court-ordered admission to the facility. Only a small percentage of individuals serving prison terms for sexual offenses are committed to the CCUSO.

Populations Served

As of June 30, 2023, there were 148 individuals receiving treatment at the CCUSO. All patients are male, with an average age of 51. The average patient has one or more chronic medical conditions and receives multiple medications.

Treatment Services Provided

There are five phases of treatment at the CCUSO, consisting of group and individual therapy, educational programming, physiological assessments, a transition program, and a discharge program. As individuals progress in treatment, they move up in phase. Phase five of the treatment is a transitional release program and is only obtained through court order. There is an annual review of each individual's treatment progress to determine if the commitment will continue.

Funding

The CCUSO is funded 97.0% by General Fund appropriations and 3.0% from other sources.

Related Statutes and Administrative Rules

Iowa Code chapter [229A](#)

Iowa Administrative Code [441—31](#)

More Information

HHS Civil Commitment Unit for Sexual Offenders: hhs.iowa.gov/mhds/mental/in-patient/ccuso

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Budget Unit Number

4060M280001

Doc ID 1366671

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Child Support Services

Purpose

The Department of Health and Human Services (HHS) Child Support Services (CSS) is responsible for assisting custodial parents eligible to receive court-ordered child and medical support and for processing support payments. Any custodial parent may ask for assistance from the CSS at no charge, although there is a fee of \$35 that is collected from the obligee after \$550 in support has been distributed to the obligee. Due to 2023 Iowa Acts, [Senate File 514](#) (State Government Realignment Act), the name of the HHS child support recovery services unit was officially changed to the CSS from the Child Support Recovery Unit (CSRU).

Services

The CSS provides a variety of services for custodial parents, including locating noncustodial parents and their sources of income, establishing paternity, establishing and modifying support orders, and registering other states' orders for enforcement or modification. In FY 2022, the CSS served parents and children on 144,737 cases, processing more than \$316.4 million in support payments. The CSS filed court orders in 94.6% of all cases.

The CSS uses a variety of methods to collect support from noncustodial parents, such as:

- Directing employers to withhold a portion of wages.
- Intercepting federal and State tax refunds.
- Garnishing money from accounts or financial institutions.
- Restricting the issuance of driver's licenses, professional and recreational licenses, motor vehicle registrations, and passports.
- Making referrals to credit agencies.
- Obtaining contempt of court orders against delinquent obligors.

Child support is recovered through 22 field offices, a centralized employer call center, the Collection Services Center, and a central operations unit.

Funding

The CSS budget is funded by a combination of State General Fund appropriations totaling 27.0%, federal funds totaling 70.0%, and other funds totaling 3.0%.

Child Support Services and the Family Investment Program

Child Support Services collections reimburse Iowa's Temporary Assistance for Needy Families (TANF) program, called the Family Investment Program (FIP), for the State's share in public assistance collection. This reimbursement totals approximately \$5.2 million annually.

More Information

Child Support Services: hhs.iowa.gov/child-support

HHS Child Support Customer Website: secureapp.dhs.state.ia.us/customerweb

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindesy.ingraham@legis.iowa.gov

Related Statutes and Administrative Rules

Iowa Code chapters [252B](#), [252C](#), [252D](#), [252E](#), [252F](#), [252H](#), [252I](#), [252J](#), and [252K](#)
Iowa Administrative Code [441—95](#) through [441 — 99](#)

Budget Unit Number

4020M120001

Doc ID 1366668

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Field Operations

History and Purpose

The Field Operations appropriation to the Department of Health and Human Services (HHS) provides funding for staff that directly and indirectly supports the delivery of protective services, case management services, eligibility determinations, basic support services, and support for providers. The Department divides the Field Operations Unit into five service areas: Northern, Western, Eastern, Des Moines, and Cedar Rapids. Some of the frequent activities performed by staff members in these areas include:

- **Protective Services:** Specialized social workers perform child and dependent adult assessments when abuse is alleged. Generally, each worker has 12 to 14 new assessments each month. The assessments must be completed within 20 business days.
- **Child Welfare Case Management:** Social work case managers handle child welfare cases as well as adoptive placements, foster care licensure, and other related services. A case manager who handles only child welfare cases supports 29 to 34 children and/or families. For the other services, a case manager supports 114 children and/or families. Tasks include identifying child and parent needs, developing case plans, and connecting families with providers.
- **Eligibility Services:** Income maintenance staff perform eligibility activities for Medicaid, Food Assistance, and Family Investment Program recipients. Tasks include reviewing eligibility information for completeness; cross-checking citizenship, income, and other information in multiple databases; and other duties as necessary.
- **Centralized Services:** The Customer Call Center receives over 28,000 calls monthly from clients who need to report eligibility changes. The Facility Unit supports Medicaid coverage for nursing facilities. The Child Care Assistance Unit determines eligibility for assistance as well as provider payment support. The Integrated Claims Recovery Unit researches and recovers payments involving error or fraud. Other groups determine eligibility for federal funding and support childcare facility licensing.
- **Customer Service and Help Desks:** These small groups have knowledge in social work and eligibility matters and provide statewide support for frontline staff. Other groups support training, constituent contacts, legislation analysis, and budgeting.

Funding Sources

Field Operations is funded by the State General Fund and a blend of federal funds.

State General Fund

An annual appropriation for Field Operations is provided in the Health and Human Services Appropriations Act.

More Information

Department of Health and Human Services Field Offices: hhs.iowa.gov/dhs_office_locator
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

Federal Funds

Federal funds support this appropriation through a number of sources, including Title IV-B, Title IV-E, Title XIX, the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, the Child Care Development Fund, and the Social Services Block Grant. Federal funding also supports the Bureau of Refugee Services, located within the Field Services appropriation. The primary function of this unit is to help non-English-speaking refugees find employment.

Related Statutes and Administrative Rules

Iowa Code chapters [235B](#) and [239B](#)

Iowa Code sections [217.42](#), [217.43](#), [217.44](#), [234.12](#), [235A.14](#), and [249A.3](#)

Iowa Administrative Code [441](#)

Budget Unit Number

4020M100001

Doc ID 1366794

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

General Administration — Human Services

History and Purpose

The General Administration appropriation to the Department of Health and Human Services (HHS) provides funding for the administrative support and management staff. The General Administration team is responsible for the oversight of the budget and program compliance and integrity for all State and federally funded programs administered by the Department.

In addition to the Director's Office, the General Administration appropriation includes the staff of the following divisions:

- Iowa Medicaid Enterprise
- Mental Health and Disability Services
- Adult, Children, and Family Services
- Field Operations
- Child Support Recovery Unit
- Data Management
- Fiscal Management
- Policy Coordination

The primary responsibilities for staff include the design or update of programs and service requirements to comply with State and federal law; implementation of services through HHS staff in the field, nine State facilities, or service providers; and oversight of the budgets for multiple federal and State programs and appropriations. The current staff provides leadership, management, and support for the delivery of human services to more than one million individuals.

Following the enactment of 2023 Iowa Acts, [Senate File 514](#) (State Government Alignment Act), the responsibilities of the Child Advocacy Board (ICAB), previously a part of the Department of Inspections and Appeals, became a function of the HHS under the General Administration appropriation. The Board is composed of nine members appointed by the Governor and confirmed by the Senate. The Board is responsible for establishing policies and procedures for two volunteer child advocacy programs: the Court Appointed Special Advocate (CASA) Program and the Iowa Citizen Foster Care Review Board (FCRB) Program. Citizen volunteers for these two programs work with abused and neglected children. The ICAB annually reports on issues affecting children in the Iowa child welfare system and offers recommendations for improvements.

State General Fund

An annual appropriation for General Administration is provided in the Health and Human Services Appropriations Act.

Federal Funds

Federal funds are received through a number of sources, including the Federal Medical Assistance Percentage (FMAP) matching rate, Title IV-B, Social Services Block Grant, and Temporary Assistance for Needy Families (TANF).

Related Statutes and Administrative Rules

Iowa Code chapter [217](#)

Iowa Administrative Code [441](#)

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

Budget Unit Number

4010M010001

Doc ID 1366813

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Health and Human Services — Facilities

Purpose and History

The Department of Health and Human Services (HHS) Facilities appropriation began in FY 2017. The appropriation is for salaries, support, maintenance, and miscellaneous purposes at facilities under the purview of the Department. The HHS currently operates Glenwood and Woodward Resource Centers, Independence and Cherokee Mental Health Institutes (MHIs), the State Training School at Eldora, and the Civil Commitment Unit for Sexual Offenders at Cherokee. In recent years, the HHS closed two MHIs (Mount Pleasant and Clarinda) and the Iowa Juvenile Home (Toledo).

Funds have been used to fill shortfalls in the facilities' General Fund appropriations budgets. Each year, certain fixed costs increase beyond the control of the HHS, primarily staff salary step increases, staff salary merit increases, and increases in the employer's share of health insurance. Prior to FY 2010, the customary practice for funding annual salary and benefit increases (referred to as salary adjustment) was for the General Assembly, with approval of the Governor, to provide a separate appropriation to the Department of Management, which would then allocate the appropriated dollars to the various State agencies based on agency salary adjustment needs.

Funding — State General Fund

The HHS Facilities appropriation was first enacted in the FY 2017 Health and Human Services Appropriations Act. The appropriation has been included annually since then.

Related Statutes and Administrative Rules

Iowa Code section [218.6](#)

Budget Unit Number

4010M020001

Doc ID 1366743

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Commission of Inquiry — Standing Unlimited

Description

Iowa statute allows any individual to file a sworn complaint alleging that a committed person is not seriously mentally impaired and is being unjustly deprived of his or her liberty in any hospital in Iowa. The complaint must be filed with the district court in the county where the person is confined or the county where the committed individual is a resident. Once the complaint is received, a judge is required to appoint a commission of not more than three individuals to inquire into the truth of the allegations. One of the commissioners must be a physician, and if additional commissioners are appointed, one of the additional commissioners must be a lawyer.

The commission is required to visit the committed individual, make a thorough and discreet examination for the purpose of determining the truth of the allegations, and report the commission's findings to the judge. Once the findings are received by the judge, the court is required to hold a hearing, and the judge will either find that such person is not seriously mentally impaired and order the person's discharge or authorize the continued detention of the person.

The commissioners are entitled to necessary expenses and reasonable compensation. The judge is required to certify the compensation and expenses to the Director of the Department of Administrative Services. The Department then provides reimbursement to the commissioners. If a complaint was filed without probable cause, the applicant must pay the costs and expenses, if ordered by the judge.

Funding

Reimbursement for commissioners under this provision has been relatively stable and minimal, ranging between \$0 and \$1,700 annually. These funds are provided through a General Fund standing unlimited appropriation.

Related Statutes and Administrative Rules

Iowa Code sections [229.31](#), [229.32](#), [229.33](#), [229.34](#), [229.35](#), and [229.36](#)

Budget Unit Number

40108940001

Doc ID 1284924

More Information

LSA Staff Contact: Eric M. Richardson (515.281.6767) eric.richardson@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Nonresident Commitment for Mental Illness — Standing Unlimited

Description

The Nonresident Commitment for Mental Illness standing unlimited appropriation provides reimbursement for the costs and expenses of taking into custody, caring for, and investigating an individual who has been admitted or committed to a State hospital, United States Department of Veterans Affairs hospital, or other agency of the United States government, for persons with mental illness who have no residence in Iowa or whose residence is unknown. The costs and expenses approved by the Department of Human Services are appropriated from any moneys in the State treasury not otherwise appropriated.

Funding

Appropriations for nonresident individuals have varied from \$3,400 to \$174,700 annually since FY 2008. The average appropriation is approximately \$144,000 annually.

Related Statutes and Administrative Rules

Iowa Code sections [230.9](#), [230.10](#), [230.11](#), and [230.12](#)

Budget Unit Number

40108960001

Doc ID 1285184

More Information

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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LIHEAP and Weatherization Assistance Program — Standing

Purpose and History

Iowa Code section [476.51](#) imposes a civil penalty on utilities providing water, electric, or gas services for violations under Iowa Code chapter [476](#). Iowa Code section [478.29](#) imposes a civil penalty on persons who violate provisions under Iowa Code chapter [478](#) regarding electronic transmission lines. Iowa Code section [479.31](#) imposes a civil penalty on persons who violate provisions under Iowa Code chapter [479](#) regarding pipelines and underground gas storage. Iowa Code section [479B.21](#) imposes a civil penalty on persons who violate provisions under Iowa Code chapter [479B](#) regarding hazardous liquid pipelines and storage facilities.

The Iowa Utilities Board forwards these penalties to the Treasurer of State to be credited to the General Fund and appropriated to the Department of Human Rights Division of Community Action Agencies for purposes of the Low-Income Home Energy Assistance Program (LIHEAP) and the Weatherization Assistance Program. While the appropriation had been established in the Iowa Code previously, the Department of Human Rights first received this funding in FY 2022.

Funding — State General Fund

The Department of Human Rights receives an annual standing limited General Fund appropriation consisting of the total civil penalties collected by the Utilities Board.

Related Statutes and Administrative Rules

Iowa Code chapters [476](#), [478](#), [479](#) and [479B](#)

Budget Unit Number

37908350001

Doc ID 1367175

More Information

Iowa Department of Human Rights: humanrights.iowa.gov/dcaa/liheap
humanrights.iowa.gov/dcaa/weatherization

LSA Staff Contact: Anthony Arellano (515.281.6764) anthony.arellano@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

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Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Human Rights — Central Administration

Purpose and History

The Department of Human Rights (DHR) receives a General Fund appropriation for Central Administration in the Administration and Regulation Appropriations Act each year. This appropriation funds the centralized administrative operations of the Department. Duties of the Central Administration Division include:

- Overseeing the operations and administration of the entire Department.
- Managing the Director's Office.
- Managing budget and fiscal matters.
- Overseeing human resources and payroll.
- Developing administrative rules.
- Leading the Department's communications and public information efforts.
- Developing policy and managing legislative affairs.
- Coordinating the input and advice of the Department's boards, commissions, and councils through the Human Rights Board.

The DHR includes the following three major divisions:

- [Division of Criminal and Juvenile Justice Planning \(CJJP\)](#)
- [Division of Community Action Agencies](#)
- [Division of Community Advocacy and Services \(CAS\)](#)

Funding

The Central Administration Division of the DHR receives an annual General Fund appropriation.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)

Iowa Administrative Code [421](#)

Budget Unit Number

3790J710001

Doc ID 1284982

More Information

Department of Human Rights: humanrights.iowa.gov
LSA Staff Contact: Anthony Arellano (515.281.6764) anthony.arellano@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Human Rights — Community Advocacy and Services Division

Overview

The Division of Community Advocacy and Services is a division within the Department of Human Rights (DHR). The Division regularly works with other State agencies, local governments, nonprofits, and businesses to enhance their ability to serve, work with, and employ Iowans who may have barriers to success. The Division has seven offices tasked with the following four key areas of advocacy for underserved populations in Iowa:

- Helping State and local governments be more effective in serving vulnerable populations.
- Facilitating the development of nonprofit and nongovernmental organizations that serve vulnerable populations.
- Providing research and data as a clearinghouse of information about vulnerable populations and the services available.
- Celebrating the achievements of and contributions to Iowa by people of diverse backgrounds.

Each of the offices has a corresponding commission, comprised of individuals appointed by the Governor and confirmed by the Senate. The commissions work with DHR to inform and enhance its work by studying the opportunities and needs of the corresponding population in the State, serving as a liaison between DHR and the public, and recommending legislative and executive action to the Governor and General Assembly.

The seven offices are:

- [Office of Asian and Pacific Islander Affairs](#)
- [Office of Deaf Services](#)
- [Office of Latino Affairs](#)
- [Office of Native Americans](#)
- [Office of Persons with Disabilities](#)
- [Office on the Status of African Americans](#)
- [Office on the Status of Women](#)

Funding

The Division of Community Advocacy and Services receives an annual General Fund appropriation.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)

Iowa Administrative Code [421](#)

More Information

Department of Human Rights: humanrights.iowa.gov

LSA Staff Contact: Anthony Arellano (515.281.6764) anthony.arellano@legis.iowa.gov

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Criminal and Juvenile Justice Planning Division, Department of Human Rights

Overview

The Division of Criminal and Juvenile Justice Planning (CJJP), Department of Human Rights, performs research, policy analysis, program development, and data analysis activities to assist policymakers, justice system agencies, and others to identify issues and improve the operation and effectiveness of Iowa's justice system. Upon the enactment of [Senate File 514](#) (State Government Alignment), the Department of Human Rights moved to the Department of Health and Human Services (HHS). The Division operates a justice system information clearinghouse, serves as the Iowa Statistical Analysis Center, and is a member of the Justice Research and Statistics Association (JRSA). The CJJP uses its data warehouse to provide correctional impact estimates for changes to Iowa law for use by the Legislative Services Agency in Fiscal Notes with correctional impact statements.

The Division also administers federal and State grant programs to fund local and State projects to prevent juvenile crime, provide services to juvenile offenders, and otherwise improve Iowa's juvenile justice system. These funds are distributed through competitive grants and formula allocation procedures. The Justice Advisory Board and the Iowa Juvenile Justice Advisory Council oversee CJJP activities.

The Division has several boards and councils:

- **Juvenile Justice Advisory Council (JJAC):** The JJAC is responsible for monitoring the condition of juvenile justice within Iowa, making juvenile justice recommendations to the Governor and the Legislature, helping develop and implement the State's three-year plan for juvenile justice, advising on the use of federal funds allocated to the State for juvenile justice efforts, and monitoring Iowa's compliance with the federal Juvenile Justice and Delinquency Prevention Act.
- **Disproportionate Minority Contact (DMC) Committee:** The DMC Committee is charged with planning and implementing activities to reduce the overrepresentation of minority youth in the juvenile justice system.
- **Iowa Task Force for Young Women (ITFYW):** The purpose of the ITFYW is to facilitate a comprehensive, fundamental change in the juvenile justice system that will enhance the understanding and utilization of innovative female-responsive approaches in all programs and services, particularly those that serve the adolescent female population of Iowa's juvenile justice system.
- **Justice Advisory Board (JAB):** The JAB replaced the Iowa Sex Offender Research Council, the Criminal and Juvenile Justice Planning Advisory Council, and the Public Safety Advisory Board in FY 2019. The purpose of JAB is to develop goals to improve the criminal and juvenile justice systems,

More Information

Criminal and Juvenile Justice Planning Division – Department of Human Rights – Department of Health and Human Services: <https://hhs.iowa.gov/>
LSA Staff Contact: Molly Kilker (515.725.1286) molly.kilker@legis.iowa.gov

identify and improve justice system issues, develop and assist others in implementing recommendations and plans for justice system improvement, provide the General Assembly with an analysis of current and proposed criminal code provisions, and provide a clearinghouse for justice system information.

- **Iowa Collaboration for Youth Development (ICYD) Council:** The ICYD Council is an interagency initiative designed to help align State policies and programs and to encourage collaboration among multiple State and community agencies on youth-related issues through positive youth development principles and effective youth development practices at the community level.
- **Criminal Justice Information System (CJIS) Integration Advisory Committee:** The CJIS provides a structure to guide the development and implementation of a statewide automated integrated data and information-sharing system for State, local, and federal criminal justice agencies. The CJIS has received two national awards: one from the Integrated Justice Information Systems (IJIS) Institute for technical innovation in integration and interoperability in a justice, public safety, or homeland security program; and the second from the Justice Research and Statistics Association for technical innovation in the justice system.

Policy issues that the CJJP has been involved with include suicide prevention, enhanced drug courts, statewide recidivism reduction, alcohol prevention, traffic safety, behavioral change, child support, juvenile reentry planning and implementation, juvenile detention alternatives, delinquency prevention, prison rape elimination, and increasing high school graduation rates.

Funding

The Criminal and Juvenile Justice Planning Division operations are funded primarily by a General Fund appropriation. Approximately 4.0% of the Division funding comes from federal sources. The Division also administers several grants and receives some administrative funding from those sources.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)
Iowa Administrative Code [428](#)

Budget Unit Number

3790J790001

Doc ID 1366724

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Single Grant Program

Purpose and History

The Division of Criminal and Juvenile Justice Planning (CJJP), Department of Human Rights, is tasked with identifying issues and improving the operation and effectiveness of Iowa's justice system. Upon the enactment of [Senate File 514](#) (State Government Alignment) the Department of Human rights moved to the Department of Health and Human Services (HHS). In addition to performing policy analysis, research and operating a justice system information clearinghouse, the CJJP is also tasked with administering federal and State grant programs that focus on preventing juvenile crime, providing services to juvenile offenders, and otherwise improving Iowa's juvenile justice system.

During the 2019 Legislative Session, the Legislature established a new Single Grant Program to be administered by the CJJP in [Senate File 615](#) (FY 2020 Justice System Appropriations Act). The Single Grant Program provides funding to deter juvenile delinquency with comprehensive, multifaceted social services given to a city with a higher than average juvenile crime rate, as determined by the CJJP, and a population of greater than 80,000, as determined by the 2010 federal decennial census.

Funding — State General Fund

[Senate File 615](#) appropriated a total of \$140,000 to the CJJP Single Grant Program for FY 2020. Funds are intended to be used for studying, planning, programming and capital purchases related to the program that was awarded the single grant. No more than 5.0% of grant funding may be used to cover administrative costs related to the program.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)

Iowa Administrative Code [428](#)

Budget Unit Number

3790J830001

Doc ID 1367148

More Information

Criminal and Juvenile Justice Planning Division, Department of Human Rights: humanrights.iowa.gov/cjpp
LSA Staff Contact: Molly Kilker (515.725.1286) molly.kilker@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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Congenital and Inherited Disorders Registry

History and Purpose

The Iowa Department of Health and Human Services (HHS) is required to develop and administer the State's policy with respect to the conduct of scientific investigations and research concerning the causes, prevention, treatment, and cure of birth defects. The [Center for Congenital and Inherited Disorders](#) was established in 1976 to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans. Since its creation, the Center for Congenital and Inherited Disorders, in partnership with the University of Iowa (UI) and health care providers throughout the State, has developed programs that have provided Iowa with state-of-the-art genetics health care. The programs of the Center for Congenital and Inherited Disorders address all steps of the life cycle: prenatal, neonatal, pediatric, and adult.

The Registry for Congenital and Inherited Disorders is the reporting system to identify and monitor birth defects and stillbirths in the State of Iowa. Birth defects and stillbirths are reportable conditions in Iowa, and the records of these birth defects and stillbirths are abstracted and maintained. The Registry was established in 1983 through the joint efforts of the UI the Iowa Department of Public Health, and the Iowa Department of Human Services. The Program is located within the College of Public Health at the UI. The mission of the Iowa Registry for Congenital and Inherited Disorders is as follows:

- Maintain statewide surveillance for collecting information on birth defects and stillbirth occurrence.
- Monitor annual trends in birth defects and stillbirth occurrence and mortality.
- Conduct research to identify genetic and environmental risk factors for birth defects and stillbirths.
- Promote educational activities related to the prevention of birth defects and stillbirths.

There are seven programs within the Center for Congenital and Inherited Disorders, which include: the [Regional Genetic Consultation Service](#) (RGCS), the [Iowa Newborn Screening Program](#) (INSP), the [Iowa Maternal and Prenatal Screening Program](#) (IMPSP), the [Iowa Registry for Congenital and Inherited Disorders](#) (IRCID), the [Iowa Neuromuscular and Related Genetic Disorders Program](#) (INMP), the [Iowa Early Hearing Detection and Intervention Program](#) (EHDI), and the [Stillbirth Surveillance and Prevention Program](#).

Established within the Center for Congenital and Inherited Disorders is the [Congenital and Inherited Disorders Advisory Committee](#) (CIDAC). This Committee acts in an advisory capacity to the programs of the Center. The Committee is composed of representatives from each of the Center programs, various professional health care groups, and the HHS; consumers; and two legislators.

Funding — State General Fund

There is a standing unlimited appropriation from the General Fund in Iowa Code section [144.13A\(5\)\(a\)](#) that permits the HHS to retain \$10 of the \$20 Birth Certificate Registration Fee for the Registry. The other \$10 of the fee is appropriated for the Child Abuse Prevention Program Administration.

More Information

Center for Congenital and Inherited Disorders: hhs.iowa.gov/genetics
LSA Staff Contact: Chris Ubben (515.725.0134) chris.ubben@legis.iowa.gov

There are allocations from the General Fund Chronic Conditions and Healthy Children and Families appropriations to the HHS for programs in the Center for Congenital and Inherited Disorders. Additionally, there is an annual General Fund appropriation to the UI for the Iowa Birth Defects Registry in the Education Appropriations Act.

Related Statutes and Administrative Rules

Iowa Code chapter [136A](#)

Iowa Code section [144.13A](#)

Iowa Administrative Code [641—4](#)

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

December 22, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Psychiatry Residency and Fellowship Program

Purpose and History

Created by Division XXI of 2022 Iowa Acts, [House File 2578, \(FY 2023 Health and Human Services Appropriations Act\)](#) the Psychiatric Residency Treatment Program was initially intended to create 12 psychiatric residency positions at the State Training School at Eldora. The Program was later modified by 2023 Iowa Acts, [House File 274 \(Psychiatry Residency Program Act\)](#), to reduce the number of residency positions to nine and expand the Program to include two fellowship positions. This allows the Program to fulfill its own residency supervisory requirements with its own fellows.

Psychiatry Residency and Fellowship Program Fund

This Fund was created in the State treasury and consists of moneys appropriated or credited to the Fund. Moneys in the Fund do not revert but remain in the Fund for use in subsequent fiscal years.

Funding — State General Fund

Beginning in fiscal year (FY) 2024, there has been appropriated in the Health and Human Services Appropriations Act to the Psychiatry Residency and Fellowship Program Fund \$100,000 for each residency position and \$150,000 for each fellowship position approved and awarded under the Program.

Related Statutes and Administrative Rules

Iowa Code section [135.180](#)

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More Information

Medical and Psychiatry Residency Programs:

hhs.iowa.gov/public-health/rural-health/medpsychresidency-programs

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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Addictive Disorders

Purpose and History

The Addictive Disorders General Fund appropriation provides funding for reducing the prevalence of the use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors through substance abuse, problem gambling, and tobacco use programs in the Department of Health and Human Services (HHS). The [Division of Behavioral Health](#) regulates and administers State appropriations and federal funding for substance use disorder and problem gambling education, prevention, treatment, and recovery support services. The [Division of Tobacco Use Prevention and Control](#) provides similar services relating to tobacco use.

Tobacco Use Prevention and Control Initiative

The Division of Tobacco Use Prevention and Control was established as a division in 2000 as an indirect result of the tobacco Master Settlement Agreement between Iowa and major tobacco companies. The Division receives policy recommendations and directions from the Tobacco Use Prevention and Control Commission. The mission of the Division is to establish a comprehensive partnership among State government, local communities, and the people of Iowa to foster a social and legal climate in which tobacco use becomes undesirable and unacceptable. The Division works to reduce tobacco use and the toll of tobacco-related diseases and death by preventing youth from starting tobacco use, helping adults and youths quit tobacco use, and preventing exposure to secondhand tobacco smoke. To implement these goals, the Division follows the U.S. Centers for Disease Control and Prevention (CDC) guidelines for comprehensive tobacco control programs.

Youth tobacco consumption prevention services include:

- The statewide youth program, [Iowa Students for Tobacco Education and Prevention](#) (ISTEP), which is focused on peer education and youth leadership activities.
- Collaborating with State agencies, chiefly the Iowa Department of Revenue (IDR), to enforce the prohibition of tobacco sales to minors.
- Supporting local youth groups dedicated to addressing prevention of youth tobacco use initiation.

Tobacco cessation services include:

- Support and promotion of [Quitline Iowa](#) to help Iowans to quit using tobacco.
- Offering 8 weeks of free nicotine replacement therapy to Iowans over 18 who are uninsured or insured through Medicare.
- Offering training for collaborative cessation services to Iowa's Medicaid population.

Secondhand-smoke related services include:

- Enforcing the [Iowa Smokefree Air Act](#) (Iowa Code chapter [142D](#)) through compliance education.
- Developing programs aimed at reducing secondhand smoke exposure, including the smokefree apartments and housing project, a collaborative effort with public health partners working on voluntary smokefree housing.

More Information

Iowa Department of Health and Human Services: hhs.iowa.gov
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- Providing technical assistance to local contractors to increase the number of community locations where lowans are not exposed to secondhand smoke.

Other activities and services related to the tobacco initiative include:

- Surveillance of tobacco usage amongst Iowa's general population and targeted populations at highest risk of tobacco addiction.
- Providing funding to [community partnerships](#) in 99 counties for tobacco prevention and control activities at the local level.

Problem Gambling and Substance Abuse-Related Prevention, Treatment, and Recovery

The Division of Behavioral Health's [Bureau of Substance Abuse](#) works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs.

Substance abuse prevention services include:

- The [Substance Abuse Prevention Grant Program](#) to increase abstinence from alcohol, tobacco, and other drugs and reduce tobacco and drug use, harmful drinking, and prescription drug abuse. Funding is used for integration of public health activities, delivery of essential services and core public health functions, and to build stronger relationships with community partners.
- The [Iowa Youth Survey](#), conducted every other year with most Iowa 6th, 8th, and 11th graders.
- Youth substance abuse prevention services, focused on youth development opportunities for ages 5 to 18, and youth mentoring programs certified by the Iowa Mentoring Partnership.
- Community coalitions to address specific local substance abuse issues.
- County Substance Abuse Prevention Grants for local prevention services, with a three-to-one local match requirement.

Substance abuse [program licensure and regulation](#) services include:

- Licensing and monitoring approximately 120 substance abuse disorder and problem gambling programs.
- Providing training opportunities for gambling counselors and other health and human services professionals.
- Providing data collection, analysis, and surveillance to identify substance use trends and service needs, monitor HHS and contractor performance, improve program quality, and support planning and allocation of resources.
- Providing connections to other resources.

Substance abuse treatment and recovery support services include:

- Statewide 24/7 helpline (call 855.581.8111 or text 855.895.8398) and treatment locator at www.YourLifelowa.org.
- Funding 23 local treatment programs as a provider network serving uninsured residents statewide.
- Providing general treatment services such as assessment, subacute residential and extended residential services, halfway house, intensive outpatient services, extended outpatient individual and group counseling, and continuing care.
- Promoting a statewide resiliency and recovery-oriented system of care to prevent substance abuse, treat substance use disorders, and address co-occurring disorders, such as mental and physical health conditions.
- HHS-funded substance use disorder services under the Iowa Plan for Behavioral Health; these services have transitioned to an administrative-services-only agreement with Amerigroup, one of the managed care organizations under the Medicaid Program.

Problem gambling education and prevention services include:

- Public and professional information and resources available at www.YourLifelowa.org.
- Educational presentations to schools and community groups.
- Statewide health promotion efforts to educate lowans about the risks and responsibilities of gambling.

- Surveillance, through data collection/analysis, to identify problem gambling trends and service needs, monitor HHS and contractor performance, improve program quality, and support planning and allocation of resources.
- Prevention services for at-risk populations, community groups, schools, and others.
- Partnerships with State-regulated casinos to provide problem gambling training to employees and promote problem gambling prevention and treatment.

Problem gambling treatment and recovery services include:

- A statewide 24/7 helpline and treatment locator operated through www.YourLifelowa.org.
- Treatment services through assessment and outpatient individual and group counseling for problem gamblers and concerned persons, with 11 local licensed providers covering all 99 Iowa counties.
- Training opportunities for gambling counselors and other health and human services professionals.
- Specialized recovery support services, including housing and life skills assistance.
- Financial counseling, including budgeting and debt reduction plans for admitted problem gambling clients.

Funding — State General Fund

The Addictive Disorders General Fund budget unit appropriation is included in the Health and Human Services Appropriations Act. Prior to FY 2011, appropriations to the HHS addictive disorders programs were also provided from the Healthy Iowans Tobacco Trust Fund and the Health Care Trust Fund.

Funding — Other Sources of Revenue

Depending on the Program, there are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if these are programs operated by the HHS, the funds are tracked separately in the HHS Gifts and Grants Fund. Major sources of other revenue include the following:

Tobacco Use, Prevention, and Control

The federal [Office on Smoking and Health \(OSH\)](#) created the [National Tobacco Control Program \(NTCP\)](#) in 1999 to encourage coordinated national efforts to reduce tobacco-related diseases and death. The Program provides funding and technical support to state and territorial health departments. There is no matching or maintenance of effort (MOE) requirement for state health departments to access this funding. Instead, the state programs must maintain initiatives that mirror the NTCP's four components:

1) population-based community interventions, 2) counter-marketing, 3) program policy and regulation, and 4) surveillance and evaluation.

Substance Abuse Prevention and Treatment

The federal [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) administers a combination of data collection activities and competitive, formula, and block grant programs to states. The SAMHSA collects data from states related to administration and funding of prevention and treatment programs, the prevalence of substance abuse in the population, and other relevant national information. The SAMHSA compiles the information and produces State Snapshots that offer highlighted information for each state.

A primary source of federal funding to Iowa for substance abuse programming is the SAMHSA [Substance Abuse Prevention and Treatment Block Grant](#). The HHS also secures other funding for substance abuse services such as SAMHSA's Access to Recovery (ATR) program; the Statewide Epidemiological Outcomes Workgroup; Screening, Brief Intervention, and Referral to Treatment (SBIRT); the Strategic Prevention Framework State Incentive Grant (SPF SIG); Medication Assisted Treatment (prescription drug and opioid addiction); the Residential Treatment for Pregnant and Postpartum Women Services Grant; and the State Adolescent and Transitional Aged Youth Treatment Grant.

Along with the Addictive Disorders General Fund appropriation, an intrastate transfer from the Beer and Liquor Control Fund contributes to the Substance Abuse Prevention and Treatment Block Grant MOE requirement. The transfer is provided from the IDR to the HHS.

Problem Gambling Prevention and Treatment

Iowa's gaming entities are required to contribute portions of their gaming revenue to the State General Fund for treatment of problem gambling. An annual appropriation is provided to the HHS to be used for administration costs and to provide funding for programs dedicated to decreasing problem gambling in Iowa.

Related Statutes and Administrative Rules

Iowa Code chapters [125](#), [142A](#), and [142D](#)

Iowa Code section [135.150](#)

Iowa Administrative Code [641—151](#), [641—152](#), [641—153](#), [641—155](#), [641—157](#), and [641—158](#)

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Healthy Children and Families

Purpose and History

The Iowa Department of Health and Human Services (HHS) Healthy Children and Families appropriation provides funding for programs that ensure access to preventive child health services and link children and families with community-based preventive health and family support services. Many of these programs are part of the [Bureau of Family Health](#) or the [Bureau of Oral and Health Delivery Systems](#) and are carried out by a number of local service providers.

The following programs are funded through the appropriation:

- [Maternal Health Services](#): This program supports 24 maternal health agencies serving all 99 counties that provide prenatal and postpartum care to Medicaid-eligible and other low-income women. Services offered to Iowa residents include medical and dental assessment; health and nutrition education; psychosocial screenings and referrals; care coordination; assistance with birthing plans; and postpartum home visiting.
- [Statewide Perinatal Care Program](#): This program provides professional training, development of standards or guidelines of care, consultation with regional and primary providers, and evaluation of the quality of care delivered to reduce the mortality and morbidity of infants. Through a contract with the University of Iowa Hospitals and Clinics, these services are provided to all hospitals that perform deliveries.
- [Child and Adolescent Health](#): This program promotes access to regular preventive health care services for children through contracts with 15 local child health agencies, serving all 99 counties. The program provides presumptive eligibility for children who may appear to be eligible for Medicaid or the Healthy and Well Kids in Iowa (Hawki) Program. There are also outreach coordinators to promote the Hawki Program.
- [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\) Care for Kids Program](#): This program serves children enrolled in Medicaid from birth through age 20 to ensure they receive preventive health care services. This program provides information services for children and families who are newly enrolled in Medicaid. EPSDT is a federally mandated program that ensures children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. Initial and periodic health checkups include but are not limited to: health history; physical exam; growth and development assessment; vision and hearing screening; dental screening and education; immunizations; developmental/behavioral screening; nutrition assessment and education; laboratory tests including blood lead testing; anticipatory guidance; and referral for further diagnostic and treatment services.
- [I-Smile/Oral Health](#): This program supports services within the EPSDT and Child and Adolescent Health programs to promote and advance healthy behaviors, reduce the risk of oral diseases, and improve Iowans' oral health status through funding provided to child health contractors. The program targets children, youth, and pregnant women for the prevention, early identification, referral, and treatment of oral disease. In addition to care coordination, the program implements services in

More Information

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schools, maternal and child health agencies, and other community-based settings through contracts with community-based private, nonprofit, and public agencies.

- **Healthy Opportunities for Parents to Experience Success —Healthy Families Iowa (HOPES–HFI):** This program, established in Iowa Code section [135.106](#), follows the national Healthy Families America evidence-based model to provide family support through home visits for families. Visits begin during pregnancy or at the birth of a child and can continue through age four. Twelve HOPES–HFI programs are available in nine Iowa counties: Black Hawk, Buchanan, Clinton, Hamilton, Lee, Muscatine, Polk, Scott, and Woodbury. All 12 programs providing HOPES–HFI services with State grant funds in these counties have been awarded national accreditation by Healthy Families America. Funding is used for the maintenance of effort requirement for the federal [Maternal, Infant, and Early Childhood Home Visiting Program](#).
- **1st Five:** 1st Five is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five model supports health providers in the earlier detection of social-emotional delays, developmental delays, and family risk-related factors in children from birth to age five, and coordinates referrals, interventions, and follow-up. There are currently 15 operational service areas covering 88 counties. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, will have an impact later in life.
- **Iowa Donated Dental Services Program:** Managed by the Bureau of Oral and Health Delivery Systems, this program contracts with Delta Dental of Iowa for funding through the [Dental Lifeline Network](#) initiative. The program provides free dental services to individuals with disabilities or who are elderly or medically fragile and cannot afford or otherwise access treatment for severe dental conditions. Funding is used to recruit dentists, promote the program, provide patient case management, and purchase laboratory services.
- **Dental Services to Underserved Children:** Funding is contracted to the [University of Iowa College of Dentistry](#) to provide dental care for underserved children on a fee-for-service basis (following the Medicaid fee schedule). Services are provided by the University of Iowa and occasionally by private practice dentists. Funds must be matched on a dollar-for-dollar basis by the University, and the program must coordinate efforts with the I-Smile Program. The contractor is required to serve a minimum of 100 children during the contract period.
- **Audiological Services for Children:** Part of the [Center for Congenital and Inherited Disorders](#), this program provides funding for hearing aids and/or audiological services for children who otherwise would not be able to afford these services. Administered through the Early Hearing Detection and Intervention Program (EHDI), the Audiological Services for Children program is established in Iowa Code section [135.131](#) and requires universal screening for all newborn children and infants and further requires results to be reported to the HHS.
- **Youth Suicide Prevention:** Funds are used to provide the [Your Life Iowa](#) resource, which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24/7, and texting services from 2:00 p.m. to 10:00 p.m. daily.
- **5-2-1-0 Healthy Choices Count:** Funding is allocated to projects that increase opportunities for young children to be physically active and choose healthy foods. Funds are distributed to the Iowa Councils of Government to implement wellness initiatives in selected communities. Funds were previously provided to the Department of Education to support the Super Power Summit, where teams of middle school students learn how they can be leaders in their schools to improve nutrition and physical activity environments. Funds also support efforts to increase the number of early care and education settings with nutrition and physical activity standards and are distributed to selected communities to complete walkability assessments.
- **Adverse Childhood Experiences (ACEs):** Funding supports the Adverse Childhood Experiences in Iowa Report and Study being conducted by the Central Iowa ACEs Steering Committee. The Adverse Childhood Experiences Report revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions in the Behavioral Risk Factor Surveillance System to further track and study

this topic.

Funding — State General Fund

The Healthy Children and Families General Fund budget unit appropriation is included in the Health and Human Services Appropriations Act. Prior to FY 2011, appropriations to the Healthy Children and Families programs were also provided from the Health Care Trust Fund.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if these programs are operated by the HHS, the funds are tracked separately in the Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#) and [136A](#)

Iowa Code sections [135.15](#), [135.17](#), and [135.131](#)

Iowa Administrative Code [641—50](#), [641—76](#), [641—87](#), and [641—150](#)

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Chronic Conditions

Purpose and History

The Department of Health and Human Services (HHS) Chronic Conditions appropriation provides funding for programs and services to individuals identified as having chronic conditions or special health care needs. Although there is no absolute definition for chronic disease, criteria generally include functional limitations, the need for ongoing medical care, and a prolonged course of illness that lasts months or years or is incurable. Children under the age of one with a condition since birth are also generally included.

The following programs and services are funded through the appropriation:

- [Center for Congenital and Inherited Disorders \(CCID\)](#): Established in 1976 in Iowa Code chapter [136A](#), the mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans. There are seven main programs within the CCID, which are the Regional Genetic Consultation Service (RGCS), the Iowa Newborn Screening Program (INSP), the Iowa Maternal Prenatal Screening Program (IMPSP), the Iowa Registry for Congenital and Inherited Disorders (IRCID), the Neuromuscular and Related Genetic Disorders Program (NRGDP), the Iowa Early Hearing Detection and Intervention Program (EHDI), and the Family Health History Initiative (FHHI). The CCID operates on a combination of State general funds, fees, federal funds, and other funds.
- [Inherited Metabolic Disorders Assistance Program](#): Part of the CCID, this Program assists with the costs of necessary special foods and supplements for patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted. Funding for this Program was eliminated for FY 2018 but resumed in FY 2019.
- [Neuromuscular and Related Genetic Disease Program](#): Also part of the CCID, this Program provides comprehensive health services for individuals and families with a variety of neuromuscular and related disorders. Additionally, the Program gives educational presentations for families, health care providers, educators, and others throughout Iowa.
- [Child Health Specialty Clinics \(CHSC\)](#): This Program is operated by the University of Iowa, Department of Pediatrics, and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. The CHSC is funded partially by the federal [Title V Maternal and Child Health Block Grant](#) in addition to funding provided by the State of Iowa (through the Department of Education, and the Department of Human Services) and other community partners. The CHSC serves children and youth from birth through 21 years of age who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and require special services.
- [Regional Autism Assistance Program \(RAP\)](#): This is a specialty program in the CHSC initiative that works to coordinate educational, medical, and other services and supports for children and youth with autism spectrum disorder (ASD), their families, and providers. The RAP teams provide regional screenings for toddlers and youth and coordinate referrals for assessment and diagnostic services.

More Information

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In addition, the RAP coordinates in-service training and provides technical assistance, consultation, information, and referrals.

- [Brain Injury Services Program and Advisory Council on Brain Injuries](#): The Brain Injury Services Program established in Iowa Code section [135.22B](#) works to improve the lives of Iowans living with brain injuries and their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa. The Advisory Council's mission is to represent individuals with brain injuries, their families, and all Iowans through advocacy, education, training, rehabilitation, research, and prevention.
- [Epilepsy Education and Support](#): Funding provides for education, client-centered programs, and client and family support for people living with epilepsy and their families. This Program is delivered through an outside contract with the Epilepsy Foundation of North/Central Illinois, Iowa, and Nebraska. The allocation language for this Program requires a one-to-one match for all State funds provided in excess of \$100,000.
- [Iowa Comprehensive Cancer Control \(ICCC\) Program and Melanoma Research](#): Coupled with a federal Comprehensive Cancer Control Grant from the Centers for Disease Control and Prevention, this Program seeks to implement the State Cancer Control Plan. There is an allocation of funds for enhancing the capacity of cervical and colorectal cancer education and screenings. Funds are also provided to the Holden Comprehensive Cancer Center at the University of Iowa Hospitals and Clinics for activities related to melanoma, including a research symposium, biorepository and registry, basic and translational research, and clinical trials.

Funding — State General Fund

The Chronic Conditions General Fund budget unit appropriation is included in the Health and Human Services Appropriations Act. Prior to FY 2011, appropriations to the Chronic Conditions Programs were also provided from the Healthy Iowans Tobacco Trust Fund and the Health Care Trust Fund.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if programs are operated by the HHS, the funds are tracked separately in the HHS Gifts and Grants Fund.

Also tracked in this budget unit are the pass-through fees for special license plates for breast cancer awareness. These fees are transferred from the Department of Transportation to the HHS and then transferred to [Susan G. Komen Greater Iowa](#).

Related Statutes and Administrative Rules

Iowa Code chapters [124E](#), [135](#), [135M](#), [136A](#), and [141A](#)

Iowa Code sections [135.22A](#) and [135.22B](#)

Iowa Administrative Code [641—4](#), [641—11](#), [641—55](#), [641—56](#), [641—109](#), and [641—154](#)

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Community Capacity

Purpose and History

The Iowa Department of Health and Human Services (HHS) Community Capacity appropriation provides funding intended to strengthen the public health system at the local level. This is achieved through programs run by the HHS and programs run by third-party entities through sole-source contracts, awards, and requests for proposals. The following programs and initiatives are currently or were previously funded in whole or in part through this appropriation:

- **Primary Care Recruitment and Retention Endeavor (PRIMECARRE) Program:** Established in Iowa Code section [135.107](#), the Program transfers funds for deposit into the Rural Iowa Primary Care Loan Repayment Program and Trust Fund to implement the Iowa Loan Repayment Program. This Program repays education loans of primary care clinical services located in rural, federally designated health care professional shortage areas. State funds are used for a one-to-one match for the federal loan repayment grant. Loan repayment awards are made to an average of eight health professionals a year who commit to serve in shortage areas for two years.
- **[Fulfilling Iowa's Need for Dentists \(FIND\) Loan Repayment Project:](#)** The Iowa FIND Project fills a niche that the PRIMECARRE Program cannot due to federal criteria. The FIND Project award recipients agree to practice dentistry in a designated dentist shortage area and devote at least 35.0% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period. The FIND Project is a collaborative effort with Delta Dental of Iowa, the Iowa Area Development Group, the HHS, and the University of Iowa College of Dentistry and Dental Clinics.
- **Psychology Postdoctoral Internship Program:** The Psychology Postdoctoral Internship Program is separate from the PRIMECARRE Program and fills a niche for Iowa that PRIMECARRE cannot due to federal criteria. The Program is not a loan repayment program, but instead focuses on increasing Iowans' access to mental health services by creating new opportunities for doctoral-level psychologists to complete a required rotation in Iowa. The Program targets health professional shortage areas and rural areas. The HHS contracts with the Iowa Psychological Association (IPA) to develop psychologist postdoctoral training programs in rural and underserved areas.
- **[Bureau of Oral and Health Delivery Systems:](#)** Created in Iowa Code section [135.15](#), the Bureau strives to achieve open access to optimal oral health care for all Iowans.
- **[Bureau of Local Public Health Services:](#)** This Bureau promotes and supports development of public health infrastructure at the local and State level. This includes consultation by regional community health consultants with local boards of health and provision of technical assistance regarding the role and responsibilities of local boards. General funds for the local public health liaison are used for a maintenance-of-effort match for the Preventive Health and Health Services Block Grant from the U.S. Centers for Disease Control and Prevention. County boards of health also receive funds to support core public health functions, including home health care and public health nursing services, through the Essential Public Health Services appropriation.

More Information

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- [Iowa KidSight](#): Iowa KidSight is a child vision screening program that is a joint project of the University of Iowa Children's Hospital, the Lions Clubs of Iowa, and Early Childhood Iowa Areas. The goal of the Program is to enhance the early detection and treatment of vision impairments in young children (target population being six months of age through kindergarten) in Iowa communities through screening and public education.
- [Prevent Blindness Iowa](#): This Program seeks to increase statewide vision screening programs to children through volunteers and nurses, and is specifically targeted at children in child care centers and schools. The Program includes training, certification, and all necessary vision screening materials.
- **Mental Health Workforce Initiatives**: This group of programs includes several recruitment and training projects targeting the mental health workforce, including the University of Iowa Mental Health Training Program, the Cherokee Mental Health Training Program, the Psychologist Intern Program, and an initiative to improve outcomes for mental health treatment in primary care settings operated by the University of Iowa Hospitals and Clinics.
- **Volunteer Health Care Provider Program**: Established in Iowa Code section [135.24](#), this Program's goal is to increase volunteerism by competent health care professionals by offering employer tort claim protection to eligible volunteer health care providers and eligible clinics providing free health care services in Iowa.
- **Iowa Donor Registry**: This appropriation provides funding to the [Iowa Donor Network](#) to administer the Iowa Donor Registry established in Iowa Code chapter [142C](#).
- **Medical Residency Training Grants Program**: Pursuant to Iowa Code section [135.176](#), this Program seeks to establish, expand, or support medical residency training programs, with priority given to family practice or psychiatric residency programs.
- **Des Moines University**: Provides funding to establish a program that trains doctors on identifying and treating patients with mental health needs in the primary care setting.

Funding — State General Fund

The Community Capacity General Fund budget unit appropriation is included in the Health and Human Services Appropriations Act. Prior to FY 2011, appropriations to the Community Capacity programs were also provided from the Healthy Iowans Tobacco Trust Fund and the Health Care Trust Fund.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if these are programs operated by the HHS, the funds are tracked separately in the HHS Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [135A](#), and [142C](#)

Iowa Code sections [135.15](#), [135.24](#), and [135.176](#)

Iowa Administrative Code [641—50](#), [641—80](#), [641—88](#), [641—108](#), and [641—110](#)

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Essential Public Health Services

Purpose and History

The Iowa Department of Health and Human Services (HHS) Essential Public Health Services appropriation provides funding intended for public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime, with a priority given to older Iowans and vulnerable populations. This funding is for the Local Public Health Services Program, which helps implement core public health functions. The grant is considered the funding provider of last resort and is utilized only when no other funding source exists. Funding is distributed to local boards of health through a formula set in the Iowa Administrative Code.

The HHS has also established a Guidebook for Iowa Local Boards of Health, which provides a detailed analysis of the history and responsibilities established for local boards.

Funding — State General Fund

The Essential Public Health Services General Fund appropriation is included in the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

Previously, the Essential Public Health Services funding worked in concert with the General Fund appropriation for Community Capacity for the Local Public Health Services Program. The Community Capacity funding was transferred to this appropriation in FY 2018.

The General Fund appropriation for the local public health liaison portion of the Community Capacity budget unit is used for maintenance of effort match for the Preventive Health and Health Services Block Grant from the U.S. Centers for Disease Control and Prevention.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#) and [137](#)

Iowa Code section [135.11\(13\)](#)

Iowa Administrative Code [641—80](#)

Budget Unit Number

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Doc ID 1366781

More Information

Iowa Department of Public Health: hhs.iowa.gov

Bureau of Local Public Health Services: hhs.iowa.gov/lphs

Local Boards of Health: hhs.iowa.gov/lphs/local-board-of-health

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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Infectious Diseases

Purpose and History

The Iowa Department of Health and Human Services (HHS) Infectious Diseases appropriation provides funding for activities and programs to reduce the incidence and prevalence of communicable diseases. The majority of these functions are handled in the [Division of Acute Disease Prevention, Emergency Response, and Environmental Health](#) by the following program bureaus:

- [Center for Acute Disease Epidemiology](#) (CADE): Works to protect and preserve the health and safety of Iowans from infectious diseases through disease surveillance; investigation of acute outbreaks; and provision of education and consultation on infectious diseases to health care workers, public health partners, and members of the general public. The CADE guides local health agencies on diseases requiring public health intervention, collaborates with the U.S. Centers for Disease Control and Prevention through weekly reporting on more than 45 nationally reportable diseases, and offers health education opportunities through lectures and public outreach.
- [Bureau of Immunization and Tuberculosis](#): Consists of the [Immunization Program](#) and the [Tuberculosis \(TB\) Control Program](#). The goal of the Immunization Program is to reduce, and ultimately eliminate, the incidence of vaccine-preventable diseases in Iowa by working with public and private health care providers. Iowa Code section [139A.8\(6\)](#) and [641 IAC 7](#) outline the immunization requirement for students attending licensed child care centers and elementary or secondary schools. The goal of the TB Control Program is to eliminate TB disease in Iowa. The TB Control Program collaborates with clinicians and local public health agencies to minimize the spread of TB in Iowa by promoting effective diagnosis and treatment for persons afflicted with TB infection or disease.
- [TB Treatment and Prescription Services](#): Provides free prescription services to Iowans with a TB infection or disease to stop the spread of the disease. Each year, this Program provides medication to treat more than 1,200 Iowans for TB infection and disease. The Program also utilizes the Iowa Prescription Drug Donation Program to obtain medication.

The following programs within the [Division of Behavioral Health, Bureau of HIV, STI, and Hepatitis](#) are also funded by this appropriation:

- [Hepatitis Program](#): Provides education, prevention, and treatment services for viral hepatitis. "Hepatitis" means inflammation of the liver and refers to a group of viral infections that affect the liver. The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Of these, Hepatitis B and C can cause chronic disease. The Hepatitis Program contracts with 10 local public health and community-based organizations to offer Hepatitis C testing and Hepatitis A and B immunizations to persons at risk. Beginning in 2016, testing for Hepatitis B and C has been offered to those at risk at all 65 clinics in the Community-Based Screening Services Program.
- [Sexually Transmitted Infections \(STI\) Program](#): Maintains a Community-Based Screening Services Program with 58 public clinics across Iowa, targeting persons most at risk for adverse outcomes of undetected infection. Chlamydia and gonorrhea, respectively, represent the first and second most

More Information

Iowa Department of Health and Human Services: hhs.iowa.gov
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commonly reported STIs in Iowa and the U.S. In both the public and private sectors, the STI Program offers technical assistance for sexual health program development, promotes clinician/patient dialogue about STI prevention, and ensures proper testing and treatment of exposed partners. Funding from the State General Fund is used to obtain a 75.0% match to fund this Program from the federal Title V [Maternal and Child Health Services Block Grant](#).

Funding

The Infectious Diseases General Fund budget unit appropriation is included in the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if programs are operated by the HHS, the funds are tracked separately in the [Gifts and Grants Fund](#).

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [136A](#), [139A](#), [141A](#), and [144](#)
Iowa Administrative Code [641—1](#), [641—2](#), and [641—7](#)

Budget Unit Number

5880K150001

Doc ID 1366859

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Public Protection

Purpose and History

The Iowa Department of Health and Human Services (HHS) Public Protection appropriation provides funding for activities related to protecting the health and safety of the public through establishment of standards and enforcement of regulations.

The appropriation funds the following programs:

- [Division of Acute Disease Prevention, Emergency Response, and Environmental Health](#): This Division receives General Fund support in this appropriation and from the Infectious Diseases appropriation. This funding supports the [Bureau of Environmental Health Services](#), which focuses on assisting local boards of health on environmental health issues, epidemiology and surveillance of environmental health-related diseases, licensing, and performing inspections.
- **Lead Poisoning Prevention Program**: Also operated by the Bureau of Environmental Health Services, this Program administers the [Iowa Childhood Lead Poisoning Prevention Program](#) and other rules and regulations related to lead renovation and lead professional certification.
- [Bureau of Emergency Medical and Trauma Services](#): This Bureau fulfills the role of the HHS as the lead agency responsible for the development, implementation, coordination, and evaluation of Iowa's Emergency Medical Services (EMS) System. The Bureau provides leadership, direction, and resource support to build a comprehensive, sustainable, efficient, and effective statewide EMS system. The Preparedness Program works to protect the health of Iowans by preparing for public health emergencies, including terrorism, natural disasters, and disease outbreaks. The Preparedness Program works with local public health agencies, hospitals, community health centers, the Meskwaki tribal nation, and other public and private entities by administering federal preparedness funds, maintaining the antiviral stockpile, and providing technical assistance. Additionally, funds are allocated to transfer to the Emergency Medical Services Fund in Iowa Code section [135.25](#). The Fund provides a one-to-one match for counties for the acquisition of equipment and provides education and training related to EMS.
- [Sexual Violence Prevention Program](#): This Program utilizes public health strategies to prevent sexual violence in Iowa. The Program collaborates with community prevention partners to gather data on the incidence of sexual violence in Iowa; develop strategies for preventing first-time victimization and perpetration of sexual violence; administer federal and State sexual violence prevention funds; and support the work of State and local agencies and organizations in their efforts to end sexual violence. The Program is funded by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention. The HHS contracts with the Iowa Coalition Against Sexual Assault to conduct community prevention and education activities.
- [Iowa Poison Control Center \(IPCC\)](#): This appropriation provides a pass-through grant for the IPCC to operate the poison control hotline (1.800.222.1222). The IPCC offers free, confidential medical advice 24 hours per day, 7 days per week, regardless of health insurance, immigration status, or

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language preference. Calls are answered by physicians, nurses, and pharmacists with highly specialized training in handling poison, with the goal of reducing emergency department visits and fatalities through in-home treatment. Funds are utilized as an administration match for the Children's Health Insurance Program (CHIP).

- [Iowa Office of the State Medical Examiner](#): The mission of the Office is to establish credibility in death investigation in a system that will operate efficiently and serve the needs of the citizens of Iowa. The Office provides support, guidance, education, consultation, and training to county medical examiners and investigators who are responsible for investigating violent, suspicious, and unexpected natural deaths. The Office also provides forensic autopsy and investigative services when requested by county medical examiners and law enforcement agencies.

Funding — State General Fund

The Public Protection General Fund appropriation is included in the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if the programs are operated by the HHS, the funds are tracked separately in the Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [136B](#), [136C](#), [136D](#), and [147A](#)

Iowa Code sections [135.105B](#), [691.5](#), [691.6](#), [691.6A](#), and [691.6B](#)

Iowa Administrative Code [641—1](#), [641—22](#), [641—25](#), [641—37](#), [641—38](#), [641—39](#), [641—40](#), [641—41](#), [641—42](#), [641—43](#), [641—44](#), [641—45](#), [641—67](#), [641—68](#), [641—69](#), [641—70](#), [641—71](#), [641—72](#), [641—113](#), [641—114](#), [641—124](#), [641—126](#), [641—130](#), [641—131](#), [641—132](#), [641—133](#), [641—134](#), [641—135](#), [641—136](#), [641—137](#), [641—138](#), [641—139](#), [641—140](#), and [641—141](#)

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5880K190001

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Public Health Resource Management

History and Purpose

The Department of Health and Human Services (HHS) Public Health Resource Management appropriation provides funding for the general supervision of the State's public health, which in turn promotes public hygiene and sanitation; performs health promotion activities; prepares for and responds to bioemergency situations; and, unless otherwise provided, enforces laws relating to public health. The appropriation provides funding for the following:

- **Department-Wide Activities:** The appropriation covers costs that are assignable to the whole Department and not a specific program. Examples include Auditor of State reimbursements, Attorney General reimbursements, organization dues, etc.
- **Human Resources Office:** This office handles personnel issues.
- **Department of Administrative Services Utility Billings:** The Department of Administrative Services (DAS) provides certain products and services that State government departments need to run "behind-the-scenes" processes necessary for day-to-day operations. Services provided by the DAS are placed into three categories: utility services, marketplace services, and leadership services. Utility services are those deemed to be provided most economically by the DAS. Marketplace services are those that the DAS provides but may be procured elsewhere. Leadership services are those that only the DAS can provide, and appropriations are generally made to the DAS by the General Assembly for these services. Under the entrepreneurial model employed in the creation of the DAS, most departments are required to purchase utility services through the DAS.

Funding — State General Fund

The Public Health Resource Management appropriation receives an annual General Fund appropriation from the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

The HHS also operates programs that receive federal funding and funding from other sources. These funds indirectly contribute to Public Health Resource Management activities.

Related Statutes and Administrative Rules

Iowa Code chapter [135](#)

Iowa Administrative Code [641](#)

Budget Unit Number

5880K210001

Doc ID 1366746

More Information

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Other Funds Budget Unit Briefs

BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Medical Assistance — Health Care Trust Fund

Background

[2007 Iowa Acts, chapter 17](#) (Cigarette/Tobacco Tax Increases and Health Care Trust Fund Act) increased the cigarette tax rate from \$0.36 per pack of 20 cigarettes to \$1.36 per pack and increased the tobacco tax rate from 22.0% of the wholesale cost to 50.0% of the wholesale cost. In addition, language in [2007 Iowa Acts, chapter 186](#) (Department of Revenue Technical and Policy Act) taxed cigars at 50.0% of the wholesale price or \$0.50 per cigar, whichever is less.

The revenues from the tax increases were deposited in the newly created Health Care Trust Fund (HCTF) beginning July 1, 2007. [2013 Iowa Acts, chapter 138](#) (FY 2014 Health and Human Services Appropriations Act) amended the law so that all tax receipts related to the sale of tobacco are deposited into the HCTF beginning July 1, 2013.

Revenues

Revenues deposited to the HCTF from the sale of tobacco averaged around \$106.0 million prior to the law change in 2013 Iowa Acts, chapter 138 (FY 2014 Health and Human Services Appropriations Act) and are estimated to be approximately \$183.8 million in FY 2023. Revenues to the HCTF have been decreasing as individuals have quit or reduced their use of tobacco products or switched to e-cigarette products, which are not taxed. All revenues from the HCTF are appropriated to the Medicaid Program.

Related Statutes and Administrative Rules

Iowa Code sections [453A.35](#) and [453A.35A](#)

Budget Unit Number 4130N450955

Doc ID 1366917

More Information

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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Medical Assistance — Medicaid Fraud Fund

Background

The Medicaid Fraud Fund, under the authority of the Department of Inspections and Appeals (DIA), consists of moneys collected from penalties, investigative costs recouped by the Medicaid Fraud Control Unit, and other amounts received as a result of prosecutions stemming from DIA investigations and audits to ensure compliance with the Medicaid Program.

Revenues

Revenues to the Medicaid Fraud Fund are estimated to generate approximately \$150,000 annually, and the balance in the Fund is appropriated to the Medicaid Program.

Related Statutes and Administrative Rules

Iowa Code section [249A.50](#)

Budget Unit Number

4130O98006R

Doc ID 1285165

More Information

DIA Medicaid Fraud Control Unit: dia.iowa.gov/investigations/medicaid-fraud-control-unit
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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

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Health Program Operations — Pharmaceutical Settlement Account

Background

The Pharmaceutical Settlement Account, under the authority of the Department of Health and Human Services (HHS), collects moneys from legal settlements with prescription drug manufacturers relating to pharmaceuticals provided by the Medicaid program.

Revenues

Revenues to the Pharmaceutical Settlement Account are required to be used for the purpose of technology upgrades under the Medicaid program. The balance of the Account is appropriated to Health Program Operations, which administers the Iowa Medicaid program. Revenues from the Account have ranged from \$234,000 to \$10.9 million over the past 10 years, depending on the number of settlements. The average appropriation has decreased in recent years, with \$234,000 appropriated for FY 2024.

Related Statutes and Administrative Rules

Iowa Code sections [99D.13](#) and [249A.33](#)

Budget Unit Number

4130N230173

Doc ID 1366834

More Information

2017 Iowa Acts, chapter 170: www.legis.iowa.gov/docs/publications/LGE/87/SF516.pdf
2016 Iowa Acts, chapter 1134: www.legis.iowa.gov/docs/publications/LGE/86/HF2454.pdf
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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



Ground Floor, State Capitol Building

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515.281.3566

Medical Assistance — Quality Assurance Trust Fund

Background

2009 Iowa Acts, [chapter 160](#) (FY 2010 Nursing Facility Assessment Act), imposed a quality assurance assessment (tax) on nursing facilities for each patient day. The assessment applies to all for-profit and nonprofit private nursing facilities, but not to State nursing facilities. Revenue received from the assessment is deposited in the Quality Assurance Trust Fund (QATF) under the authority of the Department of Health and Human Services (HHS). The moneys in the Fund are used to provide a supplemental appropriation to the Medicaid Program, matched with federal financial participation, which is intended to increase nursing facility reimbursement. This payment, to the extent possible, is intended to offset the cost of the assessment to nursing facilities.

Assessment Fee

The nursing facility assessment fee was increased from 3.95% to 6.00% beginning April 1, 2023. The increase in the assessment fee is estimated to increase revenues collected from \$56.3 million to \$111.2 million annually. The funds are appropriated to the Medicaid Program to allow the State to draw federal matching funds, resulting in a net increase for Medicaid revenue.

Related Statutes and Administrative Rules

Iowa Code chapter [249L](#)

Iowa Administrative Code [441—36](#)

Budget Unit Number

4130N420985

Doc ID 1285166

More Information

Iowa Department of Health and Human Services Medicaid: hhs.iowa.gov/ime/about
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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



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Des Moines, Iowa 50319

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Medical Assistance — Hospital Health Care Access Trust Fund

Background

2010 Iowa Acts, [chapter 1135](#) (FY 2011 Health Care Access Assessment Act), created the Hospital Health Care Access Assessment Program and imposed a Hospital Health Care Access Assessment on privately owned hospitals paid on a Prospective Payment System (PPS) basis by Medicare and Medicaid. Revenue received from the assessment is deposited in the Hospital Health Care Access Trust Fund (HHCATF) under the authority of the Department of Health and Human Services (HHS). The moneys in the Fund are used to provide a supplemental appropriation to the Medicaid Program, matched with federal financial participation, intended to increase hospital reimbursement for PPS hospitals to the upper payment limit. This payment, to the extent possible, is intended to offset the cost of the assessment.

Assessment Fee

The hospital assessment is based on 1.26% of net patient revenue, as specified by each hospital's FY 2008 Medicare cost report, and is estimated to collect \$33.9 million annually. Those funds are then appropriated to the Medicaid Program to allow the State to draw a federal match on the funds, resulting in a net increase for Medicaid revenue.

Related Statutes and Administrative Rules

Iowa Code chapter [249M](#)

Iowa Administrative Code [441—36](#)

Budget Unit Number

4130N430445

Doc ID 1366918

More Health Information

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BUDGET UNIT BRIEF – FY 2024

Fiscal Services Division

July 1, 2023



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Gambling Treatment Program — SWRF

Purpose and History

This appropriation from the [Sports Wagering Receipts Fund \(SWRF\)](#) is intended to supplement the [Iowa Gambling Treatment Program](#), which also receives funding through the Addictive Disorders General Fund appropriation. Funding was first provided through 2019 Iowa Acts, chapter [133](#) (Gambling Treatment Program Appropriations Act).

Background

Legalized sports gambling and wagering began in Iowa in August 2019 through the implementation of 2019 Iowa Acts, chapter [132](#) (Sports Wagering and Fantasy Sports Contests Act).

Funding — Sports Wagering Receipts Fund

Revenue in the SWRF is derived from a 6.75% tax on the net receipts of sports wagering in Iowa. This funding is appropriated from the SWRF in the annual Health and Human Services Appropriation Act.

Related Statutes and Administrative Rules

Iowa Code section [8.57\(6\)](#)

Iowa Administrative Code [641—155](#)

Budget Unit Number

5880KG10216

Doc ID 1367129

More Information

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