

Health and Human Services Appropriations Bill Senate File 446

Last Action:

Senate Floor

April 18, 2013

An Act relating to appropriations for health and human services and including other related provisions and appropriations, providing penalties, and including effective, retroactive, and applicability date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available on line at <http://www.legis.iowa.gov/LSAReports/noba.aspx>
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EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

FUNDING SUMMARY

Appropriations Total

General Fund FY 2014: Appropriates a total of \$1,898.0 million from the General Fund and 5,364.9 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$176.0 million and 89.9 FTE positions compared to estimated net FY 2013.

Other Funds FY 2014: Appropriates a total of \$406.2 million from other funds. This is a decrease of \$81.9 million compared to estimated FY 2013.

FY 2013 Supplemental Appropriations: Appropriates \$54.2 million in supplemental appropriations from the General Fund to the DHS for the Medicaid, IowaCare, and Adoption Subsidy Programs.

Department of Veterans Affairs and Iowa Veterans Home

\$11.7 million and 13.0 FTE positions. This is an increase of \$68,000 and no change in FTE positions compared to estimated FY 2013.

Page 20, Line 31

General Fund - Department of Human Services

\$1,809.1 million and 5,110.6 FTE positions. This is an increase of \$157.4 million and a decrease of 67.3 FTE positions compared to estimated net FY 2013.

Page 22, Line 9

General Fund - Department of Public Health

A General Fund increase of \$63.1 million and 197.3 FTE positions. This is an increase of \$14.8 million and an increase of 15.25 FTE positions compared to estimated FY 2013.

Page 3, Line 28

General Fund - Department on Aging

\$12.8 million and 28.0 FTE positions. This is an increase of \$2.5 million and a decrease of 8.6 FTE positions compared to estimated FY 2013.

Page 1, Line 3

General Fund - Office of Long-Term Care Resident's Advocates

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\$1.3 million and 16.0 FTE positions. This is new appropriation for FY 2014. Page 3, Line 5

Other Fund Appropriations

\$138.8 million from the Temporary Assistance for Needy Families (TANF) Block Grant. This is an increase of \$5.8 million compared to estimated FY 2013. Page 22, Line 11

\$106.0 million from the Health Care Trust Fund. This is no change compared to estimated FY 2013. Page 31, Line 32

\$6.7 million from the Pharmaceutical Settlement Account. This is an increase of \$1.8 million compared to estimated FY 2013. Page 71, Line 1

\$90.2 million from the IowaCare Account. This is a decrease of \$77.0 million compared to FY 2013. Page 71, Line 12

\$1.0 million from the Nonparticipating Provider Reimbursement Fund. This is a decrease of \$1.0 million compared to FY 2013. Page 77, Line 7

\$28.8 million from the Quality Assurance Trust Fund. This is an increase of \$2.3 million compared to estimated FY 2013. Page 77, Line 20

\$34.7 million from the Hospital Health Care Access Trust Fund. This is no change compared to estimated FY 2013. Page 77, Line 32

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

Allocates \$40,000 for a Fatherhood Initiative Pilot Project in Polk County. Page 30, Line 10

Allocates \$3.3 million for an autism treatment program to be administered by Magellan to provide Applied Behavior Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage. Page 42, Line 5

Allocates \$135,200 for federally-required national finger print-based criminal history check of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI). Page 44, Line 19

Allocates \$25,000 for the establishment of a Children's Mental Health Cabinet pending the enactment of SF 440 (County Mental Health System Appropriations Bill). Page 54, Line 14

Directs the DHS to submit a Medicaid State Plan amendment to add men to the Breast and Cervical Cancer Program. Page 101, Line 14

Department of Public Health

Allocates \$2.7 million compared to the FY 2013 allocation for the Iowa First Five Healthy Mental Development Initiative programs. The increase is due to the intent to plan and implement Statewide operations. Page 8, Line 18

Allocates \$2.0 million to expand the I-Smile Oral Health Program to include at-risk adults statewide. Priority is given to individuals 60 years of age and older and other individuals with disabilities, behavioral limitations, or complex chronic conditions. Currently, this Program only connects children with dental services. Page 9, Line 27

Allocates \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by the Child Health Speciality Clinic located at the University of Iowa Hospitals and Clinics. The University is prohibited from receiving any funds for indirect costs associated with the allocation. Page 10, Line 31

Allocates \$140,000 for a comprehensive Alzheimer's disease response strategy pending the enactment of SF 269 (Alzheimer's Disease Response Strategy Bill). Page 12, Line 2

Allocates \$185,000 for the establishment of a Direct Care Professionals Board for the purposes of providing for implementation and making penalties applicable pending the enactment of SF 232 (Direct Care Professionals Bill). Page 16, Line 11

Allocates \$25,000 for the establishment of a Wellness Council to increase support for wellness activities. Page 17, Line 16

Allocates \$1.2 million to the Iowa Collaborative Safety Net Provider Network to develop and implement a statewide regionally-based network that will provide integrated health care delivery for patients addressing biomedical and social determinants of health. The Collaborative is required to work with DHS and report the progress on December 31, 2013. Page 17, Line 20

Allocates \$500,000 for the establishment of an Area Health Education Fund to subcontract with area health education centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the state pending the enactment of SF 377. Page 18, Line 5

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Allocates \$50,000 for a Program entitled "Reach Out and Read" that supports partnerships between medical providers and parents through community health centers to promote reading and encourage literacy skills for children entering school.

Page 18, Line 8

Allocates \$29,000 for the establishment of an Emergency Services (EMS) Task Force pending the enactment of SF 346 (Emergency Medical Services Task Force Bill).

Page 19, Line 32

Allocates \$56,000 for the establishment of a licensure program for substance abuse and addictive disorder counseling and services pending the enactment of HF 569 (Behavioral Science Board Bill).

Page 19, Line 35

Department on Aging

Allocates \$2.2 million to administer the Office of Substitute Decision Maker.

Page 2, Line 32

Allocates \$40,000 for a Guardianship and Conservatorship Pilot Project in collaboration with the National Health Law and Policy Resource Center at the University of Iowa.

Page 3, Line 1

Educational Examiners Board

Requires individuals applying for renewal credentials through the Educational Examiners Board to undergo suicide prevention and trauma-informed care training.

Page 116, Line 33

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Human Services

A General Fund increase of \$497,000 for the Family Investment Program (FIP).

Page 28, Line 31

A General Fund increase of \$1.0 million for the Child Support Recovery Unit.

Page 30, Line 29

A General Fund increase of \$333.4 million for the Medicaid Program. Of this amount, \$255.5 million is due to shifting Mental Health appropriations previously funded through a separate appropriation to the Medicaid appropriation.

Page 32, Line 6

A General Fund increase of \$8.4 million for Medical Contracts.

Page 40, Line 22

A General Fund increase of \$1.1 million for the State Supplementary Assistance Program.

Page 42, Line 15

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A General Fund increase of \$1.1 million for Juvenile Institutions.	Page 46, Line 35
A General Fund increase of \$15.4 million for the Child and Family Services.	Page 47, Line 26
A General Fund decrease of \$1.1 million for Adoption Subsidy.	Page 54, Line 18
A General Fund increase of \$1.8 million and 0.6 FTE positions for the four Mental Health Institutes.	Page 56, Line 22
A General Fund increase of \$3.2 million for the two State Resource Centers.	Page 57, Line 13
A General Fund increase of \$2.2 million and 9.0 FTE positions for the Civil Commitment Unit for Sexual Offenders.	Page 58, Line 23
A General Fund increase of \$5.4 million for Field Operations and 56.0 FTE positions.	Page 59, Line 11
A General Fund increase of \$130,000 for General Administration and 2.0 FTE positions.	Page 60, Line 2
Requires the Department to change the standard period of Program participant eligibility for Child Care Assistance from six months to 12 months and increases eligibility to 148.0% of the federal poverty level (FPL) from 145.0% for employed families in the Program.	Page 81, Line 25

Department of Public Health

A General Fund increase of \$5.9 million for Addictive Disorders.	Page 3, Line 35
A General Fund increase of \$4.4 million for Healthy Children and Families.	Page 7, Line 32
A General Fund increase of \$1.3 million for Chronic Conditions.	Page 10, Line 1
A General Fund increase of \$2.6 million for Community Capacity.	Page 12, Line 5
A General Fund increase of \$480,000 and 4.00 FTE positions for Public Protection.	Page 19, Line 3

Department of Veterans Affairs

A General Fund increase of \$68,000 for Veterans Affairs General Administration.	Page 20, Line 31
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EXECUTIVE SUMMARY**HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL**

Transfers funding for the Home Ownership Assistance Program to the Iowa Finance Authority for the continuation of services.

Page 21, Line 28

Department on Aging

A General Fund increase of \$2.5 million and a decrease of 8.6 FTE positions for Aging Programs.

Page 1, Line 8

Office of Long-Term Care Resident's Advocates

A new appropriation of \$1.3 million and 16.0 FTE positions for the Office of Long-Term Care Resident's Advocates.

Page 3, Line 7

A General Fund increase of \$7.0 million for Child Care Assistance.

Page 43, Line 26

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services

Appropriates \$53.3 million in FY 2013 supplemental appropriations from the General Fund to the DHS for the Medicaid and IowaCare Programs.

Page 79, Line 7

Appropriates a \$955,000 million supplemental appropriation from the General Fund to the DHS for the Adoption Subsidy Program.

Page 79, Line 24

STUDIES AND INTENT

Department of Human Services

Specifies that it is the intent of the General Assembly to provide sufficient funding for the Child Care Assistance Program for FY 2014 to avoid the establishment of a waiting list.

Page 46, Line 7

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill Field Operations vacancies positions authorized,

Page 59, Line 21

Department of Inspections and Appeals

Directs the Department of Inspections and Appeals, in conjunction with the DHS, to facilitate a Task Force to address the facility placement and housing for individuals that are sexually aggressive or combative or that have unmet psychiatric needs. The Task Force is to submit their findings and recommendations to the

Page 115, Line 1

Governor and General Assembly by December 15, 2013.

Department of Public Health

Specifies it is the intent of the General Assembly that individuals with a diagnosis of both substance abuse and gambling addiction be given priority in treatment services from the funds appropriated for substance abuse and problem gambling. Page 6, Line 29

Implements legislative intent for Iowa Code section 135.106, HOPES-HFI, and Iowa Code section 256I.9, Early Childhood Iowa. Priority for home visitation program funding is to be given to programs using evidence-based or promising models for home visitation. Page 8, Line 11

Directs the Direct Care Worker Advisory Council to collaborate with the Board of Direct Care Professionals pending the enactment of SF 232 (Direct Care Professionals Bill). Page 15, Line 14

Requests a municipal youth sports injury prevention study be conducted by the National Center for Sports Safety in conjunction with the DPH. Page 116, Line 14

Department on Aging

Requires the Department on Aging to convene a task force on elder abuse prevention and intervention to continue the work of the previous task force. The task force final report is due to the Governor and General Assembly by December 31, 2013. The Legislative Council is requested to establish an interim committee to monitor the work of the task force. Page 83, Line 1

SIGNIFICANT CODE CHANGES

Department of Human Services

Extends the repeal of the Hospital Provider Assessment to June 30, 2016. Page 89, Line 23

Increases the monthly payment a trustee can receive from \$10 to \$25 for a Medicaid Special Needs Trust. Page 90, Line 4

Increases the income limit for Medical Assistance Income Trusts to 125.0% of the statewide average charge. Page 90, Line 23

Expands Medicaid eligibility to foster care children up to the age of 26 as required by the federal Affordable Care Act. Page 111, Line 5

Extends the repeal of IowaCare to December 31, 2013, when the federal waiver expires. Page 111, Line 18

Makes changes to hawk-i application and eligibility provisions as required by the Affordable Care Act. Page 111, Line 21

EFFECTIVE DATE

Department of Human Services

The Division amending the FY 2013 nursing facility expenditure cap and Replacement Generation Tax is effective on enactment. Page 81, Line 4

The Section relating to Medicaid Therapy Management is effective on enactment. Page 89, Line 18

The Division extending the repeal of the Hospital Provider Assessment to June 30, 2016, is effective on enactment. Page 89, Line 27

The Sections relating to the Family Planning Waiver and the State Plan amendment are effective on enactment and are only to be implemented with federal approval. Page 92, Line 6

The provision relating to Foster Care eligible Medicaid children is effective on December 31, 2013. Page 114, Line 30

Department on Aging

The Section establishing a task force on elder abuse and prevention is effective on enactment. Page 85, Line 30

The Section that allows an employee of a Area Agency on Aging (AAA) that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in Iowa Public Employees Retirement System (IPERS) is effective on enactment. Page 85, Line 34

Senate File 446 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
81	13	45	Amend	232.142.5
81	23	46	Amend	237A.13.7.c
81	29	47	Amend	237A.13.8
82	9	48	Add	231.33.21
82	20	49	Amend	231.42.7.a
82	35	50	Repeal	231E.13
89	23	60	Amend	249M.5
89	33	62	Amend	423.3.18.f.(1)
90	4	63	Amend	633C.2
90	23	64	Amend	633C.3.1
90	33	65	Amend	633C.3.1.a
91	3	66	Amend	633C.3.2
91	12	67	Amend	633C.3.2.a
91	22	69	Amend	249A.3.2.a.(10)
92	17	73	Strike	249A.2.1
92	19	74	Amend	249A.2.4,7
93	10	75	Add	249A.2.6A,7A
93	28	76	Amend	249A.3.1
93	34	77	Amend	249A.3.1.1.(2)
94	7	78	Amend	249A.3.2.a
94	17	79	Amend	249A.3.2.a.(1).(a)
95	3	80	Amend	249A.3.2.a.(3)
95	16	81	Amend	249A.3.2.b
95	25	82	Amend	249A.3.3
95	35	83	Amend	249A.4.9
96	7	84	Amend	249B.1.6
96	14	85	Amend	249F.1.1
96	22	86	Amend	509.1.7
96	29	87	Amend	514.1.2
97	11	88	New	135P.1
97	22	89	New	135P.2
100	6	90	Repeal	135.171
100	14	92	New	135.179
101	14	94	Amend	249A.3.2.a.(2)
102	26	96	Strike	135.164.1.d
102	28	97	Strike	135.164.4
103	5	99	New	225D.1
104	31	100	New	225D.2
109	7	103	Amend	225C.38.1.c
109	16	104	Amend	225C.42.1
109	25	105	Amend	225C.47.5
109	31	106	Amend	225C.49.4
110	3	107	Add	239B.5.4
110	27	108	Amend	239B.14.1
111	5	109	Add	249A.3.1.v
111	15	110	Strike	249A.3.2.a.(9)
111	18	111	Amend	249J.26.2
111	21	112	Strike	514I.4.5.a
111	23	113	Amend	514I.5.7.f

Senate File 446 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
112	1	114	Strike	514I.5.8.b,f
112	3	115	Amend	514I.7.2.a,g
112	18	116	Strike	514I.7.2.c,d,e,f,k
112	20	117	Amend	514I.8.1
113	11	118	Amend	514I.8.2.c
113	22	119	Amend	514I.8.3,4
114	9	120	Strike	514I.8.5,6
114	11	121	Amend	514I.9
114	29	122	Repeal	225C.48
116	33	126	Add	272.2.19
117	18	127	Amend	249J.8.1.k
117	24	128	Amend	249J.23.1
118	1	129	Amend	249J.24.1

1 1 DIVISION I
 1 2 DEPARTMENT ON AGING — FY 2013-2014
 1 3 Section 1. DEPARTMENT ON AGING. There is appropriated from
 1 4 the general fund of the state to the department on aging for
 1 5 the fiscal year beginning July 1, 2013, and ending June 30,
 1 6 2014, the following amount, or so much thereof as is necessary,
 1 7 to be used for the purposes designated:

1 8 For aging programs for the department on aging and area
 1 9 agencies on aging to provide citizens of Iowa who are 60 years
 1 10 of age and older with case management for frail elders, Iowa's
 1 11 aging and disabilities resource center, and other services
 1 12 which may include but are not limited to adult day services,
 1 13 respite care, chore services, information and assistance,
 1 14 and material aid, for information and options counseling for
 1 15 persons with disabilities who are 18 years of age or older,
 1 16 and for salaries, support, administration, maintenance, and
 1 17 miscellaneous purposes, and for not more than the following
 1 18 full-time equivalent positions:

1 19	.....	\$	12,831,025
1 20	.....	FTEs	28.00

1 21 1. Funds appropriated in this section may be used to
 1 22 supplement federal funds under federal regulations. To
 1 23 receive funds appropriated in this section, a local area
 1 24 agency on aging shall match the funds with moneys from other
 1 25 sources according to rules adopted by the department. Funds
 1 26 appropriated in this section may be used for elderly services
 1 27 not specifically enumerated in this section only if approved
 1 28 by an area agency on aging for provision of the service within
 1 29 the area.

1 30 2. Of the funds appropriated in this section, \$279,946
 1 31 shall be transferred to the economic development authority for
 1 32 the Iowa commission on volunteer services to be used for the
 1 33 retired and senior volunteer program.

General Fund appropriation to the Department on Aging for FY 2014.

DETAIL: This is a net increase of \$2,488,939 and a decrease of 8.62 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$600,000 to replace a shortfall for Home and Community-Based Services provided by the Area Agencies on Aging (AAA).
- An increase of \$250,000 for the AAAs to provide additional services for unmet needs.
- An increase of \$2,210,646 to implement the Office of Substitute Decision Maker statewide.
- An increase of \$40,000 for a guardianship and conservatorship pilot project.
- An increase of \$100,000 for the Retired Senior Volunteer Program (RSVP).
- A decrease of 10.00 FTE positions to move the positions to the Office of Long-Term Care Resident Advocate.
- A decrease of \$711,707 to move the Office of Long-Term Care Resident Advocate to a separate appropriation.
- A decrease of 1.62 FTE positions to adjust to the correct level.
- An increase of 3.00 FTE positions for the Office of Substitute Decision Maker.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by an AAA. Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

1 34 3. a. The department on aging shall establish and enforce
 1 35 procedures relating to expenditure of state and federal funds
 2 1 by area agencies on aging that require compliance with both
 2 2 state and federal laws, rules, and regulations, including but
 2 3 not limited to all of the following:
 2 4 (1) Requiring that expenditures are incurred only for goods
 2 5 or services received or performed prior to the end of the
 2 6 fiscal period designated for use of the funds.
 2 7 (2) Prohibiting prepayment for goods or services not
 2 8 received or performed prior to the end of the fiscal period
 2 9 designated for use of the funds.
 2 10 (3) Prohibiting the prepayment for goods or services
 2 11 not defined specifically by good or service, time period, or
 2 12 recipient.
 2 13 (4) Prohibiting the establishment of accounts from which
 2 14 future goods or services which are not defined specifically by
 2 15 good or service, time period, or recipient, may be purchased.
 2 16 b. The procedures shall provide that if any funds are
 2 17 expended in a manner that is not in compliance with the
 2 18 procedures and applicable federal and state laws, rules, and
 2 19 regulations, and are subsequently subject to repayment, the
 2 20 area agency on aging expending such funds in contravention of
 2 21 such procedures, laws, rules and regulations, not the state,
 2 22 shall be liable for such repayment.

2 23 4. Of the funds appropriated in this section, \$250,000
 2 24 shall be used to fund services to meet the unmet needs of older
 2 25 individuals as identified in the annual compilation of unmet
 2 26 service units by the area agencies on aging.

2 27 5. Of the funds appropriated in this section, \$600,000
 2 28 shall be used to fund home and community-based services through
 2 29 the area agencies on aging that enable older individuals to
 2 30 avoid more costly utilization of residential or institutional
 2 31 services and remain in their own homes.

2 32 6. Of the funds appropriated in this section, \$2,210,646
 2 33 shall be used to administer the office of substitute decision
 2 34 maker established pursuant to chapter 231E, on a statewide
 2 35 basis.

3 1 7. Of the funds appropriated in this subsection, \$40,000
 3 2 shall be used for implementation of a guardianship and

DETAIL: This is an increase of \$100,000 compared to the FY 2013 allocation.

Requires the Department on Aging to establish and enforce procedures related to expenditures of State and federal funds, complying with both State and federal law. An Area Agency on Aging is liable for any expenditures that are not in compliance with the law.

Allocates \$250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.

DETAIL: This is a new allocation for FY 2014.

Allocates an additional \$600,000 to be used for Home and Community-Based Services provided through the AAA.

DETAIL: This is a new allocation for FY 2014.

Allocates \$2,210,646 to administer the Office of Substitute Decision Maker.

DETAIL: This is a new allocation for FY 2014.

Allocates \$40,000 for implementation of a guardianship and conservatorship monitoring and assistance pilot project.

3 3 conservatorship monitoring and assistance pilot project as
3 4 specified in this Act.

DETAIL: This is a new allocation for FY 2014.

3 5 DIVISION II
3 6 OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE — FY 2013-2014

3 7 Sec. 2. OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE. There
3 8 is appropriated from the general fund of the state to the
3 9 office of long-term care resident's advocate for the fiscal
3 10 year beginning July 1, 2013, and ending June 30, 2014, the
3 11 following amount, or so much thereof as is necessary, to be
3 12 used for the purposes designated:

General Fund appropriation to the Office of Long-Term Care Resident's Advocate for FY 2014.

3 13 For salaries, support, administration, maintenance, and
3 14 miscellaneous purposes, and for not more than the following
3 15 full-time equivalent positions:
3 16 \$ 1,321,707
3 17 FTEs 16.00

DETAIL: This is a new appropriation for FY 2014. Details include:

- \$711,707 and 10.00 FTE positions for Resident's Advocate positions and related programs previously funded under the Department on Aging.
- \$500,000 and 5.00 FTE positions for five additional resident advocates.
- An increase of \$110,000 and 1.0 FTE position for the Certified Volunteer Long-Term Care Resident's Advocate Program.

3 18 1. Of the funds appropriated in this section, \$500,000
3 19 shall be used to provide five additional local long-term care
3 20 resident's advocates to continue moving toward the national
3 21 recommendation of one full-time equivalent paid staff ombudsman
3 22 per 2,000 long-term care beds in the state.

Allocates \$500,000 to fund five additional Long-Term Care Resident's Advocates.

DETAIL: There are currently eight Resident's Advocates and this will bring the total to 13.

3 23 2. Of the funds appropriated in this section, \$210,000
3 24 shall be used to provide two local long-term care resident's
3 25 advocates to administer the certified volunteer long-term
3 26 care resident's advocate program pursuant to section 231.45,
3 27 including operational certification and training costs.

Allocates \$210,000 for Local Long-Term Care Resident's Advocates to administer the Certified Volunteer Long-Term Care Resident Advocates Program.

DETAIL: This is an increase of \$110,000 compared to the FY 2013 allocation.

3 28 DIVISION III
3 29 DEPARTMENT OF PUBLIC HEALTH — FY 2013-2014

3 30 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
3 31 from the general fund of the state to the department of public
3 32 health for the fiscal year beginning July 1, 2013, and ending
3 33 June 30, 2014, the following amounts, or so much thereof as is
3 34 necessary, to be used for the purposes designated:

This Division appropriates funds to the Department of Public Health (DPH).

3 35 1. ADDICTIVE DISORDERS
4 1 For reducing the prevalence of use of tobacco, alcohol, and
4 2 other drugs, and treating individuals affected by addictive

General Fund appropriation to Addictive Disorders programs.

DETAIL: This is an increase of \$5,900,000 and no change in FTE

4 3 behaviors, including gambling, and for not more than the
 4 4 following full-time equivalent positions:
 4 5 \$ 29,763,690
 4 6 FTEs 13.00

positions compared to estimated net FY 2013. The General Fund changes include:

- An increase of \$4,100,000 for the Tobacco Use, Prevention, and Control Initiative.
- An increase of \$1,800,000 for substance-related disorder prevention and treatment.

4 7 a. (1) Of the funds appropriated in this subsection,
 4 8 \$7,748,361 shall be used for the tobacco use prevention
 4 9 and control initiative, including efforts at the state and
 4 10 local levels, as provided in chapter 142A. The commission
 4 11 on tobacco use prevention and control established pursuant
 4 12 to section 142A.3 shall advise the director of public health
 4 13 in prioritizing funding needs and the allocation of moneys
 4 14 appropriated for the programs and activities of the initiative
 4 15 under this subparagraph (1) and shall make recommendations to
 4 16 the director in the development of budget requests relating to
 4 17 the initiative.

Allocates \$7,748,361 for tobacco use, prevention, cessation, and treatment.

 DETAIL: This is an increase of \$4,100,000 compared to the FY 2013 allocation.

4 18 (2) Of the funds allocated in this paragraph "a", \$50,000
 4 19 shall be used for a social media campaign to address tobacco
 4 20 use reduction.

Allocates \$50,000 to be used for a social media campaign to address tobacco use reduction.

4 21 (3) (a) Of the funds allocated in this paragraph "a",
 4 22 \$453,067 shall be transferred to the alcoholic beverages
 4 23 division of the department of commerce for enforcement of
 4 24 tobacco laws, regulations, and ordinances and to engage in
 4 25 tobacco control activities approved by the division of tobacco
 4 26 use prevention and control as specified in the memorandum of
 4 27 understanding entered into between the divisions.

Transfers \$453,067 to the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter 63.

 DETAIL: This is no change compared to the FY 2013 allocation.

4 28 (b) For the fiscal year beginning July 1, 2013, and ending
 4 29 June 30, 2014, the terms of the memorandum of understanding,
 4 30 entered into between the division of tobacco use prevention
 4 31 and control of the department of public health and the
 4 32 alcoholic beverages division of the department of commerce,
 4 33 governing compliance checks conducted to ensure licensed retail
 4 34 tobacco outlet conformity with tobacco laws, regulations, and
 4 35 ordinances relating to persons under eighteen years of age,
 5 1 shall restrict the number of such checks to one check per
 5 2 retail outlet, and one additional check for any retail outlet
 5 3 found to be in violation during the first check.

Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

5 4 b. Of the funds appropriated in this subsection,
 5 5 \$22,015,329 shall be used for problem gambling and
 5 6 substance-related disorder prevention, treatment, and recovery
 5 7 services, including a 24-hour helpline, public information

Allocates \$22,015,329 for problem gambling and substance abuse treatment and prevention.

 DETAIL: This is no change compared to the FY 2013 allocation.

5 8	resources, professional training, and program evaluation.	
5 9 5 10 5 11	(1) Of the funds allocated in this paragraph "b", \$18,903,715 shall be used for substance-related disorder prevention and treatment.	Allocates \$18,903,715 for substance abuse prevention and treatment. DETAIL: This is an increase of \$1,800,000 compared to the FY 2013 allocation.
5 12 5 13 5 14 5 15	(a) Of the funds allocated in this subparagraph (1), \$899,300 shall be used for the public purpose of a grant program to provide substance-related disorder prevention programming for children.	Allocates \$899,300 for substance abuse prevention programs for children and youth. DETAIL: This is no change compared to the FY 2013 allocation.
5 16 5 17 5 18 5 19 5 20 5 21 5 22	(i) Of the funds allocated in this subparagraph division (a), \$427,539 shall be used for grant funding for organizations that provide programming for children by utilizing mentors. Programs approved for such grants shall be certified or will be certified within six months of receiving the grant award by the Iowa commission on volunteer services as utilizing the standards for effective practice for mentoring programs.	Allocates \$427,539 for children's substance abuse prevention to be used for programs that utilize mentors. Requires the programs receiving funding to be verified within six months of receiving grants by the Iowa Commission on Volunteer Services as using effective standards for mentoring programs. DETAIL: This is no change compared to the FY 2013 allocation.
5 23 5 24 5 25 5 26 5 27 5 28 5 29	(ii) Of the funds allocated in this subparagraph division (a), \$426,839 shall be used for grant funding for organizations that provide programming that includes youth development and leadership. The programs shall also be recognized as being programs that are scientifically based with evidence of their effectiveness in reducing substance-related disorders in children.	Allocates \$426,839 for children's substance abuse prevention programs that provide services that include youth and character development and leadership. Requires the programs to be recognized as scientifically-based with evidence of effectiveness in reducing substance abuse in children. DETAIL: This is no change compared to the FY 2013 allocation.
5 30 5 31	(iii) The department of public health shall utilize a request for proposals process to implement the grant program.	Requires the Department to issue a Request for Proposals (RFP) to determine grant recipients for the funds allocated for substance abuse prevention programs for children.
5 32 5 33	(iv) All grant recipients shall participate in a program evaluation as a requirement for receiving grant funds.	Requires substance abuse prevention programs for children grant recipients to participate in program evaluations.
5 34 5 35 6 1	(v) Of the funds allocated in this subparagraph division (a), up to \$44,922 may be used to administer substance-related disorder prevention grants and for program evaluations.	Allows up to \$44,922 of the amount allocated for substance abuse prevention programs for children to be used to administer prevention program grants and program evaluations. DETAIL: This is no change compared to the FY 2013 allocation.
6 2 6 3	(b) Of the funds allocated in this subparagraph (1), \$272,603 shall be used for culturally competent	Allocates \$273,063 for at least three culturally competent substance abuse treatment pilot projects. Each pilot project is required to target a

<p>6 4 substance-related disorder treatment pilot projects.</p> <p>6 5 (i) The department shall utilize the amount allocated</p> <p>6 6 in this subparagraph division (b) for at least three pilot</p> <p>6 7 projects to provide culturally competent substance-related</p> <p>6 8 disorder treatment in various areas of the state. Each pilot</p> <p>6 9 project shall target a particular ethnic minority population.</p> <p>6 10 The populations targeted shall include but are not limited to</p> <p>6 11 African American, Asian, and Latino.</p>	<p>particular ethnic minority population, including but not limited to African American, Asian, and Latino.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>6 12 (ii) The pilot project requirements shall provide for</p> <p>6 13 documentation or other means to ensure access to the cultural</p> <p>6 14 competence approach used by a pilot project so that such</p> <p>6 15 approach can be replicated and improved upon in successor</p> <p>6 16 programs.</p>	<p>Requires culturally competent substance abuse treatment pilot projects to provide for documentation of program approaches so that future program projects can be replicated and improved upon.</p>
<p>6 17 (2) Of the funds allocated in this paragraph "b", up</p> <p>6 18 to \$3,111,614 may be used for problem gambling prevention,</p> <p>6 19 treatment, and recovery services.</p>	<p>Allocates \$3,111,614 for problem gambling treatment, prevention, and recovery services.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>6 20 (a) Of the funds allocated in this subparagraph (2),</p> <p>6 21 \$2,573,762 shall be used for problem gambling prevention and</p> <p>6 22 treatment.</p>	<p>Allocates \$2,573,762 for problem gambling prevention and treatment.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>6 23 (b) Of the funds allocated in this subparagraph (2), up to</p> <p>6 24 \$437,852 may be used for a 24-hour helpline, public information</p> <p>6 25 resources, professional training, and program evaluation.</p>	<p>Allocates up to \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>6 26 (c) Of the funds allocated in this subparagraph (2), up</p> <p>6 27 to \$100,000 may be used for the licensing of problem gambling</p> <p>6 28 treatment programs.</p>	<p>Permits the Department to use up to \$100,000 for licensing of problem gambling treatment programs.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>6 29 (3) It is the intent of the general assembly that from the</p> <p>6 30 moneys allocated in this paragraph "b", persons with a dual</p> <p>6 31 diagnosis of substance-related disorder and gambling addiction</p> <p>6 32 shall be given priority in treatment services.</p>	<p>Specifies that it is the intent of the General Assembly for individuals with a diagnosis of both substance abuse and gambling addiction to be given priority in treatment services from the funds appropriated to substance abuse and problem gambling.</p>
<p>6 33 c. Notwithstanding any provision of law to the contrary,</p> <p>6 34 to standardize the availability, delivery, cost of delivery,</p> <p>6 35 and accountability of problem gambling and substance-related</p> <p>7 1 disorder treatment services statewide, the department shall</p> <p>7 2 continue implementation of a process to create a system</p> <p>7 3 for delivery of treatment services in accordance with the</p>	<p>Requires the DPH to implement a process to create a standardized system for delivery of treatment services. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs.</p>

7 4 requirements specified in 2008 Iowa Acts, chapter 1187, section
 7 5 3, subsection 4. To ensure the system provides a continuum
 7 6 of treatment services that best meets the needs of Iowans,
 7 7 the problem gambling and substance-related disorder treatment
 7 8 services in any area may be provided either by a single agency
 7 9 or by separate agencies submitting a joint proposal.

Requires the system of delivery of substance abuse and problem gambling treatment to include problem gambling prevention.

7 10 (1) The system for delivery of substance-related disorder
 7 11 and problem gambling treatment shall include problem gambling
 7 12 prevention.

Requires the DPH to expand the system for delivery of substance abuse and problem gambling treatment and prevention to include substance abuse prevention by July 1, 2014.

7 13 (2) The system for delivery of substance-related disorder
 7 14 and problem gambling treatment shall include substance-related
 7 15 disorder prevention by July 1, 2014.

7 16 (3) Of the funds allocated in paragraph "b", the department
 7 17 may use up to \$100,000 for administrative costs to continue
 7 18 developing and implementing the process in accordance with this
 7 19 paragraph "c".

Permits the DPH to use up to \$100,000 for administrative costs to continue the process of developing the system for delivery of substance abuse and problem gambling treatment and prevention programming.

DETAIL: This is no change compared to the FY 2013 allocation.

7 20 d. The requirement of section 123.53, subsection 5, is met
 7 21 by the appropriations and allocations made in this Act for
 7 22 purposes of substance-related disorder treatment and addictive
 7 23 disorders for the fiscal year beginning July 1, 2013.

Specifies the requirements of Iowa Code section 123.53(5) are met by the appropriations made in this Act.

7 24 e. The department of public health shall work with all
 7 25 other departments that fund substance-related disorder
 7 26 prevention and treatment services and all such departments
 7 27 shall, to the extent necessary, collectively meet the state
 7 28 maintenance of effort requirements for expenditures for
 7 29 substance-related disorder services as required under the
 7 30 federal substance-related disorder prevention and treatment
 7 31 block grant.

Requires the DPH to work with other State entities that provide funding for substance abuse treatment and prevention services to collectively meet the State Maintenance of Effort (MOE) requirements for the federal Substance Abuse Prevention and Treatment Block Grant.

7 32 2. HEALTHY CHILDREN AND FAMILIES

7 33 For promoting the optimum health status for children,
 7 34 adolescents from birth through 21 years of age, and families,
 7 35 and for not more than the following full-time equivalent
 8 1 positions:

General Fund appropriation to Healthy Children and Families programs.

8 2	.....	\$	6,996,099
8 3	.....	FTEs	15.00

DETAIL: This is an increase of \$4,392,540 and 5.00 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$50,000 for a youth suicide prevention program.
- An increase of \$2,342,540 to plan and implement statewide operations of Iowa First Five Healthy Mental Development Initiative programs.

An increase of \$2,000,000 to expand the I-Smile Oral Health Program to at-risk adults statewide.

8 4 a. Of the funds appropriated in this subsection, not more
8 5 than \$734,841 shall be used for the healthy opportunities to
8 6 experience success (HOPES)-healthy families Iowa (HFI) program
8 7 established pursuant to section 135.106. The funding shall
8 8 be distributed to renew the grants that were provided to the
8 9 grantees that operated the program during the fiscal year
8 10 ending June 30, 2013.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) program to \$734,841. The funds are required to be distributed to the grantees that received funding in FY 2013.

DETAIL: This is no change compared to the FY 2013 allocation.

8 11 b. In order to implement the legislative intent stated in
8 12 sections 135.106 and 256I.9, that priority for home visitation
8 13 program funding be given to programs using evidence-based or
8 14 promising models for home visitation, it is the intent of the
8 15 general assembly to phase-in the funding priority in accordance
8 16 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
8 17 paragraph 0b.

Implements legislative intent for Iowa Code section 135.106, HOPES-HFI, and Iowa Code section 256I.9, Early Childhood Iowa. Priority for home visitation program funding is to be given to programs using evidence-based or promising models for home visitation.

8 18 c. Of the funds appropriated in this subsection, \$2,670,427
8 19 shall be used to expand the department's initiative to
8 20 provide for adequate developmental surveillance and screening
8 21 during a child's first five years statewide. The expansion
8 22 shall include enhancing the scope of the program through
8 23 collaboration with the child health specialty clinics to
8 24 promote healthy child development through early identification
8 25 and response to both biomedical and social determinants
8 26 of healthy development; by developing child health metrics
8 27 to inform practice, document long-term health impacts and
8 28 savings, and provide for continuous improvement through
8 29 training, education, and evaluation; and by providing for
8 30 practitioner consultation particularly for children with
8 31 behavioral conditions and needs. The department of public
8 32 health shall also collaborate with the Iowa Medicaid enterprise
8 33 and the child health specialty clinics to integrate the
8 34 activities of the first five initiative into the establishment
8 35 of patient-centered medical homes, community utilities,
9 1 accountable care organizations, and other integrated care
9 2 models developed to improve health quality and population
9 3 health while reducing health care costs. To the maximum extent
9 4 possible, funding allocated in this paragraph shall be utilized
9 5 as matching funds for medical assistance program reimbursement.

Allocates \$2,670,427 for the Iowa First Five Healthy Mental Development Initiative programs. The DPH, the Department of Human Services (DHS), and the Iowa Medicaid Enterprise (IME) are directed to develop a plan to secure matching Medicaid funding.

DETAIL: This is an increase of \$2,342,540 compared to the FY 2013 allocation. The increase is due to the intent to plan and implement Statewide operations.

9 6 d. Of the funds appropriated in this subsection, \$31,597
9 7 shall be distributed to a statewide dental carrier to provide
9 8 funds to continue the donated dental services program patterned
9 9 after the projects developed by the lifeline network to provide

Allocates \$31,597 for dental services for indigent elderly and disabled individuals.

DETAIL: This is no change compared to the FY 2013 allocation.

9 10 dental services to indigent elderly and disabled individuals.

9 11 e. Of the funds appropriated in this subsection, \$111,995
 9 12 shall be used for childhood obesity prevention.

Allocates \$111,995 for childhood obesity programs.

DETAIL: This is no change compared to the FY 2013 allocation.

9 13 f. Of the funds appropriated in this subsection, \$162,768
 9 14 shall be used to provide audiological services and hearing
 9 15 aids for children. The department may enter into a contract
 9 16 to administer this paragraph.

Allocates \$162,768 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is no change compared to the FY 2013 allocation.

9 17 g. Of the funds appropriated in this subsection, \$25,000
 9 18 shall be transferred to the university of iowa college of
 9 19 dentistry for provision of primary dental services to children.
 9 20 State funds shall be matched on a dollar-for-dollar basis.
 9 21 The university of iowa college of dentistry shall coordinate
 9 22 efforts with the department of public health, bureau of
 9 23 oral and health delivery systems, to provide dental care to
 9 24 underserved populations throughout the state.

Transfers \$25,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the Department's Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the FY 2013 allocation.

9 25 h. Of the funds appropriated in this subsection, \$50,000
 9 26 shall be used to address youth suicide prevention.

Allocates \$50,000 for a youth suicide prevention program.

DETAIL: This is no change in the amount of the allocation compared to the FY 2013 allocation. However, this program has been allocated through the Standing Appropriations Bill in previous years. This is the first year it has been located in the Health and Human Services appropriation budget.

9 27 i. Of the funds appropriated in this subsection, \$2,000,000
 9 28 shall be used to expand the I-smile oral health program to
 9 29 at-risk adults with a priority to serve individuals 60 years
 9 30 of age or older to improve systemic health and quality of
 9 31 life, including to individuals with disabilities and older
 9 32 individuals with physical, cognitive, or behavioral limitations
 9 33 or chronic or complex conditions that adversely affect oral
 9 34 self-care, result in greater susceptibility to oral disease, or
 9 35 limit accessibility to professional oral care.

Allocates \$2,000,000 to expand the I-Smile Oral Health Program to include at-risk adults statewide. Priority is given to individuals 60 years of age and older and other individuals with disabilities, behavioral limitations, or complex chronic conditions. Currently, this Program only connects children with dental services.

DETAIL: This is a new allocation for FY 2014.

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is an increase of \$1,314,982 and 3.00 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$410,000 for the continuation of contracts in the DPH Brain Injury Services Program.
- An increase of \$50,000 for epilepsy education and support.
- An increase of \$100,000 for the Iowa Comprehensive Cancer

10 1	3. CHRONIC CONDITIONS	
10 2	For serving individuals identified as having chronic	
10 3	conditions or special health care needs, and for not more than	
10 4	the following full-time equivalent positions:	
10 5	..... \$	5,220,411
10 6	..... FTEs	7.00

	<p>Control (ICCC) Program.</p> <ul style="list-style-type: none"> • An increase of \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by the child health speciality clinic located at the University of Iowa Hospitals and Clinics (UIHC). • An increase of \$215,263 for the Medical Home System Advisory Council. • An increase of \$139,719 for a comprehensive Alzheimer's disease response strategy pending the enactment of SF 269 (Alzheimer's Disease Response Strategy Bill).
<p>10 7 a. Of the funds appropriated in this subsection, \$159,932 10 8 shall be used for grants to individual patients who have 10 9 phenylketonuria (PKU) to assist with the costs of necessary 10 10 special foods.</p>	<p>Allocates \$159,932 for grants to individual patients with phenylketonuria (PKU) to assist with necessary costs for special foods.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>10 11 b. Of the funds appropriated in this subsection, \$891,644 10 12 shall be used for the brain injury services program pursuant to 10 13 section 135.22B, including for continuation of the contracts 10 14 for resource facilitator services in accordance with section 10 15 135.22B, subsection 9, and to enhance brain injury training and 10 16 recruitment of service providers on a statewide basis. Of the 10 17 amount allocated in this paragraph, \$95,000 shall be used to 10 18 fund one full-time equivalent position to serve as the state 10 19 brain injury service program manager.</p>	<p>Allocates \$891,644 for continuation of the two contracts in the Department's Brain Injury Services Program for facilitator services, training services, and provider recruitment. Of the amount, \$95,000 is allocated to fund a state brain injury service program manager FTE position.</p> <p>DETAIL: This is a net increase of \$410,000 compared to the FY 2013 allocation.</p>
<p>10 20 c. Of the funds appropriated in this subsection, \$547,982 10 21 shall be used as additional funding to leverage federal funding 10 22 through the federal Ryan White Care Act, Tit.II, AIDS drug 10 23 assistance program supplemental drug treatment grants.</p>	<p>Allocates \$547,982 to the AIDS Drug Assistance Program (ADAP).</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>10 24 d. Of the funds appropriated in this subsection, \$99,823 10 25 shall be used for the public purpose of continuing a grant 10 26 with an existing national-affiliated organization to provide 10 27 education, client-centered programs, and client and family 10 28 support for people living with epilepsy and their families.</p>	<p>Allocates \$99,823 for epilepsy education and support.</p> <p>DETAIL: This an increase of \$50,000 compared to the FY 2013 allocation.</p>
<p>10 29 e. Of the funds appropriated in this subsection, \$785,114 10 30 shall be used for child health specialty clinics.</p>	<p>Allocates \$785,114 for Child Health Specialty Clinics.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>10 31 f. Of the funds appropriated in this subsection, \$400,000 10 32 shall be used by the regional autism assistance program 10 33 established pursuant to section 256.35, and administered by 10 34 the child health specialty clinic located at the university of 10 35 Iowa hospitals and clinics. The funds shall be used to enhance</p>	<p>Allocates \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by the child health speciality clinic located at the UIHC. The University is prohibited from receiving any funds for indirect costs associated with the allocation.</p>

11 1 interagency collaboration and coordination of educational, 11 2 medical, and other human services for persons with autism, 11 3 their families, and providers of services, including delivering 11 4 regionalized services of care coordination, family navigation, 11 5 and integration of services through the statewide system of 11 6 regional child health specialty clinics and fulfilling other 11 7 requirements as specified in chapter 225D, creating the autism 11 8 support program, as enacted in this Act. The university of 11 9 Iowa shall not receive funds allocated under this paragraph for 11 10 indirect costs associated with the regional autism assistance 11 11 program.	DETAIL: This is a new allocation for FY 2014.
11 12 g. Of the funds appropriated in this subsection, \$570,993 11 13 shall be used for the comprehensive cancer control program to 11 14 reduce the burden of cancer in Iowa through prevention, early 11 15 detection, effective treatment, and ensuring quality of life. 11 16 Of the funds allocated in this lettered paragraph, \$150,000 11 17 shall be used to support a melanoma research symposium, a 11 18 melanoma biorepository and registry, basic and translational 11 19 melanoma research, and clinical trials.	Allocates \$570,993 for the Iowa Comprehensive Cancer Control (ICCC) program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma. DETAIL: This is a net increase of \$100,000 compared to the FY 2013 allocation.
11 20 h. Of the funds appropriated in this subsection, \$126,450 11 21 shall be used for cervical and colon cancer screening, and 11 22 \$500,000 shall be used to enhance the capacity of the cervical 11 23 cancer screening program to include provision of recommended 11 24 prevention and early detection measures to a broader range of 11 25 low-income women.	Allocates \$126,450 for cervical and colon cancer screening and \$500,000 for cervical cancer screening for a total of \$626,450. DETAIL: This is no change compared to the FY 2013 allocation.
11 26 i. Of the funds appropriated in this subsection, \$526,695 11 27 shall be used for the center for congenital and inherited 11 28 disorders.	Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry. DETAIL: This is no change compared to the FY 2013 allocation.
11 29 j. Of the funds appropriated in this subsection, \$129,411 11 30 shall be used for the prescription drug donation repository 11 31 program created in chapter 135M.	Allocates \$129,411 for the Prescription Drug Donation Repository program. DETAIL: This no change compared to the FY 2013 allocation.
11 32 k. Of the funds appropriated in this subsection, \$215,263 11 33 shall be used for the costs of the medical home system advisory 11 34 council established pursuant to section 135.159 including 11 35 incorporation of the development and implementation of the 12 1 prevention and chronic care management state initiative.	Allocates \$215,263 for the Medical Home System Advisory Council for the development and implementation of a prevention and chronic care management state initiative. DETAIL: This is no change compared to the FY 2013 allocation. However, this program was previously funded through the Health Care Transformation Account.

12 2 I. Of the funds appropriated in this subsection, \$139,719
 12 3 shall be used to fund the state comprehensive Alzheimer's
 12 4 disease response strategy as enacted in this Act.

Allocates \$139,719 for a comprehensive Alzheimer's disease response strategy pending the enactment of SF 269 (Alzheimer's Disease Response Strategy Bill).

DETAIL: This is a new allocation for FY 2014.

12 5 4. COMMUNITY CAPACITY
 12 6 For strengthening the health care delivery system at the
 12 7 local level, and for not more than the following full-time
 12 8 equivalent positions:
 12 9 \$ 7,514,110
 12 10 FTEs 18.25

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net increase of \$2,644,130 and a 4.25 change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$125,950 for free clinics to assist patients in finding an appropriate medical home.
- An increase of \$140,000 for the safety net provider patient access to specialty care initiative.
- An increase of \$95,000 for the pharmaceutical infrastructure for safety net providers..
- An increase of \$100,000 to permit the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute funds.
- An increase of \$57,750 for continued work for the Direct Care Worker Advisory Council.
- An increase of \$57,750 for the continuation of an independent statewide Direct Care Worker Association.
- An increase of \$184,530 for the establishment of a Direct Care Professionals Board pending the enactment of SF 232.
- An increase of \$100,000 for the Iowa Donor Registry.
- An increase of \$50,000 to Prevent Blindness Iowa for a vision screening and training program.
- An increase of \$25,000 for the establishment of a Wellness Council.
- An increase of \$1,158,150 to the Iowa Collaborative Safety Net Provider Network.
- An increase of \$500,000 for the establishment of an area health education fund to subcontract with area health education centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the state pending the enactment of SF 377 (Area Health Education Center Bill).
- An increase of \$50,000 for a program entitled "Reach out and Read".

12 11 a. Of the funds appropriated in this subsection, \$99,414
 12 12 is allocated for continuation of the child vision screening
 12 13 program implemented through the university of Iowa hospitals
 12 14 and clinics in collaboration with early childhood Iowa areas.
 12 15 The program shall submit a report to the individuals identified

Allocates \$99,414 for the Iowa KidSight Child Vision screening program through the University of Iowa Hospitals and Clinics (UIHC) in collaboration with the Lions Club and Early Childhood Iowa areas. The Program is required to submit a report outlining program objectives, target population and locations, services provided, and other details.

<p>12 16 in this Act for submission of reports regarding the use of 12 17 funds allocated under this paragraph "a". The report shall 12 18 include the objectives and results for the program year 12 19 including the target population and how the funds allocated 12 20 assisted the program in meeting the objectives; the number, 12 21 age, and location within the state of individuals served; 12 22 the type of services provided to the individuals served; the 12 23 distribution of funds based on service provided; and the 12 24 continuing needs of the program.</p>	<p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>12 25 b. Of the funds appropriated in this subsection, \$110,656 is 12 26 allocated for continuation of an initiative implemented at the 12 27 university of Iowa and \$99,904 is allocated for continuation of 12 28 an initiative at the state mental health institute at Cherokee 12 29 to expand and improve the workforce engaged in mental health 12 30 treatment and services. The initiatives shall receive input 12 31 from the university of Iowa, the department of human services, 12 32 the department of public health, and the mental health and 12 33 disability services commission to address the focus of the 12 34 initiatives.</p>	<p>Allocates \$110,656 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates \$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee.</p> <p>DETAIL: This is no change compared to the FY 2013 allocations.</p>
<p>12 35 c. Of the funds appropriated in this subsection, \$1,164,628 13 1 shall be used for essential public health services that promote 13 2 healthy aging throughout the lifespan, contracted through a 13 3 formula for local boards of health, to enhance health promotion 13 4 and disease prevention services.</p>	<p>Requires the DPH to use \$1,164,628 for core public health functions, including home health care and public health nursing services.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 5 d. Of the funds appropriated in this section, \$99,286 shall 13 6 be deposited in the governmental public health system fund 13 7 created in section 135A.8 to be used for the purposes of the 13 8 fund.</p>	<p>Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 9 e. Of the funds appropriated in this subsection, \$105,448 13 10 shall be used for the mental health professional shortage area 13 11 program implemented pursuant to section 135.180.</p>	<p>Allocates \$105,448 for the Mental Health Professional Shortage Area Program.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 12 f. Of the funds appropriated in this subsection, 13 13 \$38,263 shall be used for a grant to a statewide association 13 14 of psychologists that is affiliated with the American 13 15 psychological association to be used for continuation of a 13 16 program to rotate intern psychologists in placements in urban 13 17 and rural mental health professional shortage areas, as defined 13 18 in section 135.180.</p>	<p>Allocates \$38,263 for a rotation program for intern psychologists in urban and rural mental health professional shortage areas.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 19 g. Of the funds appropriated in this subsection, the 13 20 following amounts shall be allocated to the Iowa collaborative</p>	<p>Provides for allocations to the Iowa Collaborative Safety Net Provider Network. Specifies that administrative costs related to the distribution of</p>

<p>13 21 safety net provider network established pursuant to section 13 22 135.153 to be used for the purposes designated. The following 13 23 amounts allocated under this lettered paragraph shall be 13 24 distributed to the specified provider and shall not be reduced 13 25 for administrative or other costs prior to distribution:</p> <p>13 26 (1) For distribution to the Iowa primary care association 13 27 for statewide coordination of the Iowa collaborative safety net 13 28 provider network: 13 29 \$ 145,785</p> <p>13 30 (2) For distribution to the Iowa primary care association 13 31 to be used to continue a training program for sexual assault 13 32 response team (SART) members, including representatives of 13 33 law enforcement, victim advocates, prosecutors, and certified 13 34 medical personnel: 13 35 \$ 50,000</p> <p>14 1 (3) For distribution to federally qualified health centers 14 2 for necessary infrastructure, statewide coordination, provider 14 3 recruitment, service delivery, and provision of assistance to 14 4 patients in determining an appropriate medical home: 14 5 \$ 75,000</p> <p>14 6 (4) For distribution to the local boards of health that 14 7 provide direct services for pilot programs in three counties to 14 8 assist patients in securing a medical home inclusive of dental 14 9 care: 14 10 \$ 77,153</p> <p>14 11 (5) For distribution to maternal and child health centers 14 12 for pilot programs in three service areas to assist patients in 14 13 securing a medical home inclusive of dental care: 14 14 \$ 95,126</p> <p>14 15 (6) For distribution to free clinics for necessary 14 16 infrastructure, statewide coordination, provider recruitment, 14 17 service delivery, and provision of assistance to patients in 14 18 securing a medical home inclusive of dental care: 14 19 \$ 399,272</p> <p>14 20 (7) For distribution to rural health clinics for necessary 14 21 infrastructure, statewide coordination, provider recruitment,</p>	<p>funding to the Safety Net Provider Network may not be taken out of the allocated funding.</p> <p>Allocates \$145,785 to the Iowa Primary Care Association for coordination of the Iowa Collaborative Safety Net Provider Network. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$50,000 to continue a grant program in collaboration with Sexual Assault Response Teams (SART) members to expand the response room model throughout Iowa. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$75,000 for distribution to Federally Qualified Health Centers (FQHCs) for infrastructure, coordination, provider recruitment, service delivery, and assistance to patients in determining an appropriate medical home. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$77,153 for local board of health pilot programs in three counties to assist patients in finding an appropriate medical home inclusive of dental care. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$95,126 for three child and maternal health center pilot programs to assist patients in finding an appropriate medical home inclusive of dental care. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$399,272 for free clinics to assist patients in finding an appropriate medical home. DETAIL: This is an increase of \$125,950 compared to the FY 2013 allocation.</p> <p>Allocates \$141,544 for rural health clinics to assist patients in finding an appropriate medical home.</p>
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<p>14 22 service delivery, and provision of assistance to patients in 14 23 determining an appropriate medical home: 14 24 \$ 141,544</p>	<p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>14 25 (8) For continuation of the safety net provider patient 14 26 access to a specialty health care initiative as described in 14 27 2007 Iowa Acts, chapter 218, section 109: 14 28 \$ 448,474</p>	<p>Allocates \$448,474 for the safety net provider patient access to specialty care initiative. DETAIL: This is an increase of \$140,000 compared to the FY 2013 allocation.</p>
<p>14 29 (9) For continuation of the pharmaceutical infrastructure 14 30 for safety net providers as described in 2007 Iowa Acts, 14 31 chapter 218, section 108: 14 32 \$ 413,415</p>	<p>Allocates \$413,415 for the pharmaceutical infrastructure for safety net providers. DETAIL: This is an increase of \$95,000 compared to the FY 2013 allocation.</p>
<p>14 33 (10) For distribution to the Iowa family planning network 14 34 agencies for necessary infrastructure, statewide coordination, 14 35 provider recruitment, service delivery, and provision of 15 1 assistance to patients in determining an appropriate medical 15 2 home: 15 3 \$ 100,000</p>	<p>Allocates \$100,000 to permit the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute funds. DETAIL: This is a new allocation for FY 2014.</p>
<p>15 4 The Iowa collaborative safety net provider network may 15 5 continue to distribute funds allocated pursuant to this 15 6 lettered paragraph through existing contracts or renewal of 15 7 existing contracts.</p>	
<p>15 8 h. (1) Of the funds appropriated in this subsection, 15 9 \$204,775 shall be used for continuation of the work of the 15 10 direct care worker advisory council established pursuant to 15 11 2008 Iowa Acts, chapter 1188, section 69, in implementing the 15 12 recommendations in the final report submitted by the advisory 15 13 council to the governor and the general assembly in March 2012.</p>	<p>Allocates \$204,775 for continued work for the Direct Care Worker Advisory Council. DETAIL: This is an increase of \$57,750 compared to the FY 2013 allocation.</p>
<p>15 14 (2) The advisory council, in collaboration with the board 15 15 of direct care professionals created in chapter 152F, if 15 16 enacted in 2013 Iowa Acts, Senate File 232, or 2013 successor 15 17 legislation, shall do all of the following:</p>	<p>Directs the Direct Care Worker Advisory Council to collaborate with the Board of Direct Care Professionals pending the enactment of SF 232 (Direct Care Professionals Bill).</p>
<p>15 18 (a) Develop and conduct necessary outreach and education 15 19 for individuals providing direct care services, consumers, 15 20 training providers including but not limited to community 15 21 college health occupation and training centers, employers, and 15 22 other interested parties to provide information about and the 15 23 process for participation in direct care professional voluntary 15 24 certification.</p>	<p>Directs the Direct Care Worker Advisory Council to conduct outreach and education for individuals providing direct care services to provide information and the process for participating in a voluntary direct care professional certification pending the enactment of SF 232 (Direct Care Professionals Bill).</p>

15 25 (b) Determine data collection needs, collect data, and 15 26 track and analyze data to determine the effect of certification 15 27 on recruitment and retention, turnover rates, the cost of 15 28 turnover, consumer and employer satisfaction, and public 15 29 protection. The analysis of the data collected shall also be 15 30 used to inform changes in the certification system to provide 15 31 for continuous improvement for direct care professionals, 15 32 consumers and employers, and the public.	Directs the Direct Care Worker Advisory Council to collect data and information to determine the industry effect of a voluntary direct care professional certification on recruitment, retention, turnover, consumer satisfaction, employer satisfaction, and public protection pending the enactment of SF 232 (Direct Care Professionals Bill).
15 33 i. (1) Of the funds appropriated in this subsection, 15 34 \$207,750 shall be used for allocation to an independent 15 35 statewide direct care worker association under continuation 16 1 of the contract in effect during the fiscal year ending June 16 2 30, 2013, with terms determined by the director of public 16 3 health relating to education, outreach, leadership development, 16 4 mentoring, and other initiatives intended to enhance the 16 5 recruitment and retention of direct care workers in health care 16 6 and long-term care settings.	Allocates \$207,750 for the continuation of an existing contract for an independent statewide Direct Care Worker Association for the recruitment and retention of direct care workers in health and long-term care. DETAIL: This is an increase of \$57,750 compared to the FY 2013 allocation.
16 7 (2) Of the funds appropriated in this subsection, \$75,000 16 8 shall be used to provide scholarships or other forms of 16 9 subsidization for direct care worker educational conferences, 16 10 training, or outreach activities.	Allocates \$75,000 for scholarships for direct care worker educational conferences, training, or outreach activities. DETAIL: This is no change compared to the FY 2013 allocation.
16 11 (3) Of the funds appropriated in this subsection, up 16 12 to \$184,530 shall be used for the board of direct care 16 13 professionals created pursuant to chapter 152F, if enacted in 16 14 2013 Iowa Acts, Senate File 232, or 2013 successor legislation. 16 15 A portion of the amount allocated in this subparagraph (3) 16 16 may be used for up to 4.25 full-time equivalent positions to 16 17 administer the board of direct care professionals.	Allocates \$184,530 for the establishment of a Direct Care Professionals Board for the purposes of providing for implementation and making penalties applicable pending the enactment of SF 232 (Direct Care Professionals Bill). DETAIL: This is a new allocation for FY 2014.
16 18 j. Of the funds appropriated in this subsection, the 16 19 department may use up to \$58,175 for up to one full-time 16 20 equivalent position to administer the volunteer health care 16 21 provider program pursuant to section 135.24.	Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program. DETAIL: This is no change compared to the FY 2013 allocation.
16 22 k. Of the funds appropriated in this subsection, \$49,707 16 23 shall be used for a matching dental education loan repayment 16 24 program to be allocated to a dental nonprofit health service 16 25 corporation to develop the criteria and implement the loan 16 26 repayment program.	Allocates \$49,707 for a dental education loan repayment program. DETAIL: This is no change compared to the FY 2013 allocation.
16 27 l. Of the funds appropriated in this subsection, \$105,823 16 28 shall be transferred to the college student aid commission for 16 29 deposit in the rural Iowa primary care trust fund created in 16 30 section 261.113 to be used for the purposes of the fund.	Transfers \$105,823 to the College Student Aid Commission for deposit in the Rural Iowa Primary Care Loan Repayment Program and Trust Fund Act (PRIMECARRE Trust Fund) to implement a program to repay education loans of primary health care clinical services located in rural,

federally-designated health professional shortage areas.

DETAIL: This is no change compared to the FY 2013 allocation.

16 31 m. Of the funds appropriated in this subsection, \$150,000
16 32 shall be used for the purposes of the Iowa donor registry as
16 33 specified in section 142C.18.

Allocates \$150,000 to the Iowa Donor Registry.

DETAIL: This is an increase of \$100,000 compared to the FY 2013 allocation.

16 34 n. Of the funds appropriated in this subsection, \$100,000
16 35 shall be used for continuation of a grant to a nationally
17 1 affiliated volunteer eye organization that has an established
17 2 program for children and adults and that is solely dedicated to
17 3 preserving sight and preventing blindness through education,
17 4 nationally certified vision screening and training, and
17 5 community and patient service programs. The organization
17 6 shall submit a report to the individuals identified in this
17 7 Act for submission of reports regarding the use of funds
17 8 allocated under this paragraph "n". The report shall include
17 9 the objectives and results for the program year including
17 10 the target population and how the funds allocated assisted
17 11 the program in meeting the objectives; the number, age, and
17 12 location within the state of individuals served; the type of
17 13 services provided to the individuals served; the distribution
17 14 of funds based on service provided; and the continuing needs
17 15 of the program.

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program. The Program is required to submit a report outlining program objectives, target population and locations, services provided, and other details.

DETAIL: This is an increase of \$50,000 compared to the FY 2013 allocation. Prevent Blindness Iowa is an affiliate of Prevent Blindness America.

17 16 o. Of the funds appropriated in this subsection, \$25,000
17 17 shall be used for the establishment of wellness council under
17 18 the direction of the director of public health to increase
17 19 support for wellness activities in the state.

Allocates \$25,000 for the establishment of a Wellness Council to increase support for wellness activities.

DETAIL: This is a new allocation for FY 2013.

17 20 p. Of the funds appropriated in this section, \$1,158,150
17 21 is allocated to the Iowa collaborative safety net provider
17 22 network established pursuant to section 135.153 to be used for
17 23 development and implementation of a statewide regionally-based
17 24 network to provide an integrated approach to health care
17 25 delivery through care coordination that supports primary
17 26 care providers and links patients with community resources
17 27 necessary to empower patients in addressing biomedical and
17 28 social determinants of health to improve health outcomes. The
17 29 Iowa collaborative safety net provider network shall work in
17 30 conjunction with the department of human services to align the
17 31 integrated network with the health care delivery system model
17 32 developed under the state innovation models initiative grant.
17 33 The Iowa collaborative safety net provider network shall submit

Allocates \$1,158,150 to the Iowa Collaborative Safety Net Provider Network to develop and implement a Statewide regionally-based network that would provide integrated health care delivery for patients addressing biomedical and social determinants of health. The Collaborative is required to work with DHS and report the progress on December 31, 2013.

DETAIL: This is a new allocation for FY 2014.

17 34 a progress report to the individuals designated in this Act for
 17 35 submission of reports by December 31, 2013, including progress
 18 1 in developing and implementing the network, how the funds
 18 2 were distributed and used in developing and implementing the
 18 3 network, and the remaining needs in developing and implementing
 18 4 the network.

18 5 q. Of the funds appropriated in this section, \$500,000 shall
 18 6 be deposited in the area health education centers fund, as
 18 7 enacted by this Act, to be used for the purposes of the fund.

Allocates \$500,000 for the establishment of an Area Health Education Fund to subcontract with area health education centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the State pending the enactment of SF 377 (Area Health Education Center Bill).

18 8 r. Of the funds appropriated in this section, \$50,000 shall
 18 9 be distributed to a statewide nonprofit organization to be used
 18 10 for the public purpose of supporting a partnership between
 18 11 medical providers and parents through community health centers
 18 12 to promote reading and encourage literacy skills so children
 18 13 enter school prepared for success in reading.

Allocates \$50,000 for a Program entitled "Reach Out and Read" that supports partnerships between medical providers and parents through community health centers to promote reading and encourage literacy skills for children entering school.

18 14 5. HEALTHY AGING

18 15 To provide public health services that reduce risks and
 18 16 invest in promoting and protecting good health over the
 18 17 course of a lifetime with a priority given to older lowans and
 18 18 vulnerable populations:
 18 19 \$ 7,297,142

General Fund appropriation to Healthy Aging programs.

DETAIL: This is no change compared to estimated FY 2013.

18 20 a. Of the funds appropriated in this subsection, \$2,009,187
 18 21 shall be used for local public health nursing services.

Allocates \$2,009,187 to the Local Public Health Nursing Program.

DETAIL: This is no change compared to the FY 2013 allocation.

18 22 b. Of the funds appropriated in this subsection, \$5,287,955
 18 23 shall be used for home care aide services.

Allocates \$5,287,955 for the Home Care Aide Services Program.

DETAIL: This is no change compared to the FY 2013 allocation.

18 24 6. ENVIRONMENTAL HAZARDS

18 25 For reducing the public's exposure to hazards in the
 18 26 environment, primarily chemical hazards, and for not more than
 18 27 the following full-time equivalent positions:
 18 28 \$ 803,870
 18 29 FTEs 4.00

General Fund appropriation to Environmental Hazards programs.

DETAIL: This is no change compared to estimated FY 2013.

18 30 Of the funds appropriated in this subsection, \$537,750 shall
 18 31 be used for childhood lead poisoning provisions.

Allocates \$537,750 for childhood lead poisoning testing.

DETAIL: This is no change compared to the FY 2013 allocation.

18 32 7. INFECTIOUS DISEASES
 18 33 For reducing the incidence and prevalence of communicable
 18 34 diseases, and for not more than the following full-time
 18 35 equivalent positions:
 19 1 \$ 1,335,155
 19 2 FTEs 4.00

General Fund appropriation to Infectious Diseases programs.

DETAIL: This is no change compared to estimated FY 2013.

19 3 8. PUBLIC PROTECTION
 19 4 For protecting the health and safety of the public through
 19 5 establishing standards and enforcing regulations, and for not
 19 6 more than the following full-time equivalent positions:
 19 7 \$ 3,334,571
 19 8 FTEs 131.00

General Fund appropriation to Public Protection programs.

DETAIL: This is an increase of \$555,444 and 5.00 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$28,644 for the establishment of an Emergency Medical Services (EMS) task force pending the enactment of SF 346 (Emergency Medical Services Task Force Bill).
- An increase of \$368,000 for the maintenance of public safety environmental health programs.
- An increase of \$28,000 for one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee supported model.
- An increase of \$55,800 for the establishment of a licensure program for substance abuse and addictive disorder counseling and services pending the enactment of HF 569 (Behavioral Science Board Bill).

19 9 a. Of the funds appropriated in this subsection, not more
 19 10 than \$454,700 shall be credited to the emergency medical
 19 11 services fund created in section 135.25. Moneys in the
 19 12 emergency medical services fund are appropriated to the
 19 13 department to be used for the purposes of the fund.

Allocates up to \$454,700 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is no change form the FY 2013 allocation.

19 14 b. Of the funds appropriated in this subsection, \$203,032
 19 15 shall be used for sexual violence prevention programming
 19 16 through a statewide organization representing programs serving
 19 17 victims of sexual violence through the department's sexual
 19 18 violence prevention program. The amount allocated in this
 19 19 lettered paragraph shall not be used to supplant funding
 19 20 administered for other sexual violence prevention or victims
 19 21 assistance programs.

Allocates \$203,032 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the FY 2013 allocation.

19 22 c. Of the funds appropriated in this subsection, not more
 19 23 than \$598,751 shall be used for the state poison control
 19 24 center.

Allocates up to \$598,751 for the State Poison Control Center.

DETAIL: This is \$75,000 increase compared to the FY 2013 allocation. The increase is to assist with increased operational costs for the Iowa Statewide Poison Control Center (ISPC).

19 25 d. Of the funds appropriated in this section, \$368,000 shall
19 26 be used for maintenance of environmental health programs to
19 27 ensure public safety.

Allocates \$368,000 for the maintenance of public safety environmental health programs.

DETAIL. This is a new allocation for FY 2014. Specific programs affected include the inspection program for Iowa's public pools and spas to ensure safety requirements are met to prevent illness, injury, and drowning; certification of laboratories and professionals to decrease the exposure to radon in homes, daycare/schools, and businesses; registration and inspection of tanning facilities to protect consumers from acute and chronic skin reactions; and licensing and inspection of tattoo artists and establishments.

19 28 e. Of the funds appropriated in this section, \$28,000 shall
19 29 be used as one-time funding to transition the licensing of
19 30 orthotists, prosthetists, and pedorthists to a fee-supported
19 31 licensing model.

Allocates \$28,000 for one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee supported model.

DETAIL. This is a new allocation for FY 2014.

19 32 f. Of the funds appropriated in this section, \$28,644 shall
19 33 be used for the costs of the emergency medical services task
19 34 force as enacted in this Act.

Allocates \$28,644 for the operational costs of an Emergency Medical Services (EMS) task force pending the enactment of 2013 SF 346 (FY 2014 Emergency Medical Services Task Force Bill).

DETAIL. This is a new allocation for FY 2014.

19 35 g. Of the funds appropriated in this section, \$55,800 shall
20 1 be used as one-time funding for the board of behavioral science
20 2 to incorporate the provisions of 2013 Iowa Acts, House File
20 3 569, if enacted, relating to the licensure of professionals
20 4 practicing substance and addictive disorder counseling or
20 5 providing substance and addictive disorder prevention services.

Allocates \$55,800 for the establishment of a licensure program for substance abuse and addictive disorder counseling and services pending the enactment of HF 569 (Behavioral Science Board Bill).

DETAIL: This is a new allocation for FY 2014.

20 6 9. RESOURCE MANAGEMENT

General Fund appropriation for Resource Management activities.

20 7 For establishing and sustaining the overall ability of the
20 8 department to deliver services to the public, and for not more
20 9 than the following full-time equivalent positions:

DETAIL: This is no change in funding and a decrease of 2.00 FTE positions compared to estimated FY 2013.

20 10	..... \$	804,054
20 11	..... FTEs	5.00

20 12 The university of Iowa hospitals and clinics under the
20 13 control of the state board of regents shall not receive
20 14 indirect costs from the funds appropriated in this section.
20 15 The university of Iowa hospitals and clinics billings to the
20 16 department shall be on at least a quarterly basis.
20 17 The department of public health shall submit a report to the
20 18 individuals specified in this Act for submission of reports by
20 19 December 15, 2013, providing recommendations for improvements
20 20 in the interoperability and interoperability of communications

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the Department. Requires the UIHC to submit billings on a quarterly basis each year.

20 21 technology under the purview of the department to improve
 20 22 efficiency and reduce costs.

20 23 DIVISION IV
 20 24 DEPARTMENT OF VETERANS AFFAIRS — FY 2013-2014
 20 25 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
 20 26 appropriated from the general fund of the state to the
 20 27 department of veterans affairs for the fiscal year beginning
 20 28 July 1, 2013, and ending June 30, 2014, the following amounts,
 20 29 or so much thereof as is necessary, to be used for the purposes
 20 30 designated:

20 31 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 20 32 For salaries, support, maintenance, and miscellaneous
 20 33 purposes, including the war orphans educational assistance fund
 20 34 created in section 35.8, or a successor funding provision for
 20 35 war orphans educational assistance, if enacted, and for not
 21 1 more than the following full-time equivalent positions:
 21 2 \$ 1,093,508
 21 3 FTEs 13.00

General Fund appropriation to the Department of Veteran Affairs.

 DETAIL: This is an increase of \$67,689 and and no change in FTE positions compared to estimated FY 2013. The General Fund increase is attributable to increased rent costs at Camp Dodge and increased accounting, budget, and IT service expenses.

21 4 2. IOWA VETERANS HOME
 21 5 For salaries, support, maintenance, and miscellaneous
 21 6 purposes:
 21 7 \$ 8,025,714

General Fund appropriation to the Iowa Veterans Home (IVH).

 DETAIL: This is no change compared to the FY 2013 appropriation.

21 8 a. The Iowa veterans home billings involving the department
 21 9 of human services shall be submitted to the department on at
 21 10 least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the DHS.

21 11 b. If there is a change in the employer of employees
 21 12 providing services at the Iowa veterans home under a collective
 21 13 bargaining agreement, such employees and the agreement shall
 21 14 be continued by the successor employer as though there had not
 21 15 been a change in employer.

Requires a new employer to honor an existing collective bargaining agreement at the IVH.

21 16 c. Within available resources and in conformance with
 21 17 associated state and federal program eligibility requirements,
 21 18 the Iowa veterans home may implement measures to provide
 21 19 financial assistance to or on behalf of veterans or their
 21 20 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance to support participation in the community reentry program within State and federal eligibility requirements.

21 21 d. The Iowa veterans home expenditure report shall be
 21 22 submitted monthly to the legislative services agency.

Requires the Veterans Home to submit a monthly expenditure report to the Legislative Services Agency.

21 23 3. STATE EDUCATIONAL ASSISTANCE — CHILDREN OF DECEASED
 21 24 VETERANS
 21 25 For provision of educational assistance pursuant to section

General Fund appropriation for the State Educational Assistance for Children of Deceased Veterans Program.

<p>21 26 35A.20: 21 27 \$ 12,416</p> <p>21 28 4. HOME OWNERSHIP ASSISTANCE PROGRAM 21 29 For transfer to the Iowa finance authority for the 21 30 continuation of the home ownership assistance program for 21 31 persons who are or were eligible members of the armed forces of 21 32 the United States, pursuant to section 16.54: 21 33 \$ 1,600,000</p> <p>21 34 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS 21 35 FUND STANDING APPROPRIATIONS. Notwithstanding the standing 22 1 appropriation in the following designated section for the 22 2 fiscal year beginning July 1, 2013, and ending June 30, 2014, 22 3 the amounts appropriated from the general fund of the state 22 4 pursuant to that section for the following designated purposes 22 5 shall not exceed the following amount: 22 6 For the county commissions of veteran affairs fund under 22 7 section 35A.16: 22 8 \$ 990,000</p> <p>22 9 DIVISION V 22 10 DEPARTMENT OF HUMAN SERVICES — FY 2013-2014</p> <p>22 11 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK 22 12 GRANT. There is appropriated from the fund created in section 22 13 8.41 to the department of human services for the fiscal year 22 14 beginning July 1, 2013, and ending June 30, 2014, from moneys 22 15 received under the federal temporary assistance for needy 22 16 families (TANF) block grant pursuant to the federal Personal 22 17 Responsibility and Work Opportunity Reconciliation Act of 1996, 22 18 Pub.L.No.104-193, and successor legislation, the following 22 19 amounts, or so much thereof as is necessary, to be used for the 22 20 purposes designated:</p> <p>22 21 1. To be credited to the family investment program account 22 22 and used for assistance under the family investment program 22 23 under chapter 239B: 22 24 \$ 18,116,948</p> <p>22 25 2. To be credited to the family investment program account 22 26 and used for the job opportunities and basic skills (JOBS) 22 27 program and implementing family investment agreements in 22 28 accordance with chapter 239B:</p>	<p>DETAIL: This is no change compared to estimated FY 2013.</p> <p>General Fund appropriation for the Home Ownership Assistance Program for military members.</p> <p>DETAIL: This is no change compared to estimated FY 2013. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.</p> <p>General Fund appropriation for the County Commissions of Veterans Affairs Fund.</p> <p>DETAIL: This is no change compared to estimated net FY 2013.</p> <p>TANF Block Grant Fund appropriations for FY 2014.</p> <p>DETAIL: 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 TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses; however, Iowa's grant remains the same at \$131,524,959 per year.</p> <p>TANF FY 2014 Block Grant appropriation for the FIP Account.</p> <p>DETAIL: This is a decrease of \$1,673,417 compared to estimated FY 2013. The decrease is due to a declining caseload and shifting funds to the General Fund to meet Maintenance of Effort (MOE) requirements.</p> <p>TANF FY 2014 Block Grant appropriation for the PROMISE JOBS Program.</p> <p>DETAIL: This is a decrease of \$545,089 compared to estimated FY</p>
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<p>22 29 \$ 11,866,439</p>	<p>2013. The decrease is due to a declining caseload and shifting funds to the General Fund to meet MOE requirements.</p>
<p>22 30 3. To be used for the family development and 22 31 self-sufficiency grant program in accordance with section 22 32 216A.107: 22 33 \$ 2,898,980</p>	<p>TANF FY 2014 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>22 34 Notwithstanding section 8.33, moneys appropriated in this 22 35 subsection that remain unencumbered or unobligated at the close 23 1 of the fiscal year shall not revert but shall remain available 23 2 for expenditure for the purposes designated until the close of 23 3 the succeeding fiscal year. However, unless such moneys are 23 4 encumbered or obligated on or before September 30, 2014, the 23 5 moneys shall revert.</p>	<p>Requires nonreversion of funds allocated for the FaDSS Grant Program.</p>
<p>23 6 4. For field operations: 23 7 \$ 31,296,232</p>	<p>TANF FY 2014 Block Grant appropriation for Field Operations.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 8 5. For general administration: 23 9 \$ 3,744,000</p>	<p>TANF FY 2014 Block Grant appropriation for General Administration.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 10 6. For state child care assistance: 23 11 \$ 19,382,687</p>	<p>TANF FY 2014 Block Grant appropriation for Child Care Assistance.</p> <p>DETAIL: This is an increase of \$3,000,000 compared to the FY 2013 appropriation.</p>
<p>23 12 The funds appropriated in this subsection shall be 23 13 transferred to the child care and development block grant 23 14 appropriation made by the Eighty-fifth General Assembly, 2013 23 15 Session, for the federal fiscal year beginning October 1, 23 16 2013, and ending September 30, 2014. Of this amount, \$200,000 23 17 shall be used for provision of educational opportunities to 23 18 registered child care home providers in order to improve 23 19 services and programs offered by this category of providers 23 20 and to increase the number of providers. The department may 23 21 contract with institutions of higher education or child care 23 22 resource and referral centers to provide the educational 23 23 opportunities. Allowable administrative costs under the 23 24 contracts shall not exceed 5 percent. The application for a</p>	<p>Requires the DHS to transfer \$19,382,687 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers and specifies requirements for funding the grants and the application form for the grant. Caps contractor's administrative costs at 5.00%.</p>

<p>23 25 grant shall not exceed two pages in length.</p>		
<p>23 26 7. For distribution to counties and regions through the 23 27 property tax relief fund for mental health and disability 23 28 services as provided in an appropriation made for this purpose: 23 29</p>	<p>\$ 4,894,052</p>	<p>TANF FY 2014 Block Grant appropriation for mental health and disability services for distribution to counties and regions through the Property Tax Relief Fund.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 30 8. For child and family services: 23 31</p>	<p>\$ 32,084,430</p>	<p>TANF FY 2014 Block Grant appropriation for Child and Family Services.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 32 9. For child abuse prevention grants: 23 33</p>	<p>\$ 125,000</p>	<p>TANF FY 2014 Block Grant appropriation for Child Abuse Prevention Grants.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 34 10. For pregnancy prevention grants on the condition that 23 35 family planning services are funded: 24 1</p>	<p>\$ 1,930,067</p>	<p>TANF FY 2014 Block Grant appropriation for pregnancy prevention grants if family planning services are funded.</p> <p>DETAIL: This is no change compared to the current level of TANF support.</p>
<p>24 2 Pregnancy prevention grants shall be awarded to programs 24 3 in existence on or before July 1, 2013, if the programs have 24 4 demonstrated positive outcomes. Grants shall be awarded to 24 5 pregnancy prevention programs which are developed after July 24 6 1, 2013, if the programs are based on existing models that 24 7 have demonstrated positive outcomes. Grants shall comply with 24 8 the requirements provided in 1997 Iowa Acts, chapter 208, 24 9 section 14, subsections 1 and 2, including the requirement that 24 10 grant programs must emphasize sexual abstinence. Priority in 24 11 the awarding of grants shall be given to programs that serve 24 12 areas of the state which demonstrate the highest percentage of 24 13 unplanned pregnancies of females of childbearing age within the 24 14 geographic area to be served by the grant.</p>		<p>Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of the State that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.</p>
<p>24 15 11. For technology needs and other resources necessary 24 16 to meet federal welfare reform reporting, tracking, and case 24 17 management requirements: 24 18</p>	<p>\$ 1,037,186</p>	<p>TANF FY 2014 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.</p> <p>DETAIL: This is no change compared to the current level of TANF</p>

support.

TANF FY 2014 Block Grant appropriation to fund community-based programs for children from birth to age five as developed by community empowerment areas.

DETAIL: This is no change compared to the current level of TANF support.

Requires the DHS to transfer TANF funds to the Child Care and Development Block Grant.

TANF FY 2014 Block Grant appropriation to the DHS to implement the new FIP eligibility system.

DETAIL: This is a new appropriations for FY 2014.

Allows the DHS to carryforward TANF funds.

DETAIL: Funds carried forward can be used for FIP and Child Care Assistance.

Requires the DHS to submit quarterly reports to the Legislative Services Agency (LSA) and the Department of Management (DOM) regarding expenditures in this Section.

24 19 12. To be credited to the state child care assistance
24 20 appropriation made in this section to be used for funding of
24 21 community-based early childhood programs targeted to children
24 22 from birth through five years of age developed by early
24 23 childhood Iowa areas as provided in section 256I.8:
24 24 \$ 6,350,000

24 25 The department shall transfer TANF block grant funding
24 26 appropriated and allocated in this subsection to the child care
24 27 and development block grant appropriation in accordance with
24 28 federal law as necessary to comply with the provisions of this
24 29 subsection.

24 30 13. For the family investment program share of the
24 31 costs to develop and maintain a new, integrated eligibility
24 32 determination system:
24 33 \$ 5,050,451

24 34 14. a. Notwithstanding any provision to the contrary,
24 35 including but not limited to requirements in section 8.41 or
25 1 provisions in 2012 or 2013 Iowa Acts regarding the receipt and
25 2 appropriation of federal block grants, federal funds from the
25 3 temporary assistance for needy families block grant received
25 4 by the state not otherwise appropriated in this section and
25 5 remaining available for the fiscal year beginning July 1,
25 6 2013, are appropriated to the department of human services to
25 7 the extent as may be necessary to be used in the following
25 8 priority order:the family investment program, for state child
25 9 care assistance program payments for individuals enrolled
25 10 in the family investment program who are employed, and for
25 11 the family investment program share of costs to develop and
25 12 maintain a new, integrated eligibility determination system.
25 13 The federal funds appropriated in this paragraph "a" shall be
25 14 expended only after all other funds appropriated in subsection
25 15 1 for the assistance under the family investment program, in
25 16 subsection 6 for child care assistance, or in subsection 13 for
25 17 the family investment program share of the costs to develop and
25 18 maintain a new, integrated eligibility determination system, as
25 19 applicable, have been expended.

25 20 b. The department shall, on a quarterly basis, advise the
25 21 legislative services agency and department of management of
25 22 the amount of funds appropriated in this subsection that was
25 23 expended in the prior quarter.

25 24 15. Of the amounts appropriated in this section,
 25 25 \$12,962,008 for the fiscal year beginning July 1, 2013, shall
 25 26 be transferred to the appropriation of the federal social
 25 27 services block grant made to the department of human services
 25 28 for that fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this Section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to the current level of TANF support.

25 29 16. For continuation of the program providing categorical
 25 30 eligibility for the food assistance program as specified for
 25 31 the program in the section of this division relating to the
 25 32 family investment program account:
 25 33 \$ 25,000

TANF FY 2014 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to the current level of TANF support.

25 34 17. The department may transfer funds allocated in this
 25 35 section to the appropriations made in this division of this Act
 26 1 for the same fiscal year for general administration and field
 26 2 operations for resources necessary to implement and operate the
 26 3 services referred to in this section and those funded in the
 26 4 appropriation made in this division of this Act for the same
 26 5 fiscal year for the family investment program from the general
 26 6 fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

26 7 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

26 8 1. Moneys credited to the family investment program (FIP)
 26 9 account for the fiscal year beginning July 1, 2013, and
 26 10 ending June 30, 2014, shall be used to provide assistance in
 26 11 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2014 to be used as specified.

26 12 2. The department may use a portion of the moneys credited
 26 13 to the FIP account under this section as necessary for
 26 14 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

26 15 3. The department may transfer funds allocated in this
 26 16 section to the appropriations made in this division of this Act
 26 17 for the same fiscal year for general administration and field
 26 18 operations for resources necessary to implement and operate the
 26 19 services referred to in this section and those funded in the
 26 20 appropriation made in this division of this Act for the same
 26 21 fiscal year for the family investment program from the general
 26 22 fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this Section.

26 23 4. Moneys appropriated in this division of this Act and
 26 24 credited to the FIP account for the fiscal year beginning July
 26 25 1, 2013, and ending June 30, 2014, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

26 26 a. To be retained by the department of human services to

Allocates \$20,000 to the DHS to be used for administrative services.

26 27 be used for coordinating with the department of human rights
 26 28 to more effectively serve participants in the FIP program and
 26 29 other shared clients and to meet federal reporting requirements
 26 30 under the federal temporary assistance for needy families block
 26 31 grant:
 26 32 \$ 20,000

DETAIL: This is no change compared to the current level of support.

26 33 b. To the department of human rights for staffing,
 26 34 administration, and implementation of the family development
 26 35 and self-sufficiency grant program in accordance with section
 27 1 216A.107:
 27 2 \$ 6,500,000

Allocates \$6,500,000 of the FY 2014 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is an increase of \$957,166 compared to the FY 2013 allocation.

27 3 (1) Of the funds allocated for the family development and
 27 4 self-sufficiency grant program in this lettered paragraph,
 27 5 not more than 5 percent of the funds shall be used for the
 27 6 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.

27 7 (2) The department of human rights may continue to implement
 27 8 the family development and self-sufficiency grant program
 27 9 statewide during fiscal year 2013-2014.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2014.

27 10 c. For the diversion subaccount of the FIP account:
 27 11 \$ 1,698,400

Allocates \$1,698,400 of FY 2014 TANF funds for the FIP Diversion Subaccount.

27 12 A portion of the moneys allocated for the subaccount may
 27 13 be used for field operations salaries, data management system
 27 14 development, and implementation costs and support deemed
 27 15 necessary by the director of human services in order to
 27 16 administer the FIP diversion program. To the extent moneys
 27 17 allocated in this lettered paragraph are not deemed by the
 27 18 department to be necessary to support diversion activities,
 27 19 such moneys may be used for other efforts intended to increase
 27 20 engagement by family investment program participants in work,
 27 21 education, or training activities.

DETAIL: This is no change compared to the FY 2013 allocation. A portion of the funds in this Subaccount may be transferred, and the Department may use any excess funds to support work activity.

27 22 d. For the food assistance employment and training program:
 27 23 \$ 66,588

Allocates \$66,588 of FY 2014 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to the FY 2013 allocation.

27 24 (1) The department shall apply the federal supplemental
 27 25 nutrition assistance program (SNAP) employment and training
 27 26 state plan in order to maximize to the fullest extent permitted
 27 27 by federal law the use of the 50 percent federal reimbursement
 27 28 provisions for the claiming of allowable federal reimbursement
 27 29 funds from the United States department of agriculture

Requires the Department to continue the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

27 30 pursuant to the federal SNAP employment and training program
 27 31 for providing education, employment, and training services
 27 32 for eligible food assistance program participants, including
 27 33 but not limited to related dependent care and transportation
 27 34 expenses.

27 35 (2) The department shall continue the categorical federal
 28 1 food assistance program eligibility at 160 percent of the
 28 2 federal poverty level and continue to eliminate the asset test
 28 3 from eligibility requirements, consistent with federal food
 28 4 assistance program requirements. The department shall include
 28 5 as many food assistance households as is allowed by federal
 28 6 law. The eligibility provisions shall conform to all federal
 28 7 requirements including requirements addressing individuals who
 28 8 are incarcerated or otherwise ineligible.

28 9 e. For the JOBS program:
 28 10 \$ 19,690,816

28 11 5. Of the child support collections assigned under FIP,
 28 12 an amount equal to the federal share of support collections
 28 13 shall be credited to the child support recovery appropriation
 28 14 made in this division of this Act. Of the remainder of the
 28 15 assigned child support collections received by the child
 28 16 support recovery unit, a portion shall be credited to the FIP
 28 17 account, a portion may be used to increase recoveries, and a
 28 18 portion may be used to sustain cash flow in the child support
 28 19 payments account. If as a consequence of the appropriations
 28 20 and allocations made in this section the resulting amounts
 28 21 are insufficient to sustain cash assistance payments and meet
 28 22 federal maintenance of effort requirements, the department
 28 23 shall seek supplemental funding. If child support collections
 28 24 assigned under FIP are greater than estimated or are otherwise
 28 25 determined not to be required for maintenance of effort, the
 28 26 state share of either amount may be transferred to or retained
 28 27 in the child support payment account.

28 28 6. The department may adopt emergency rules for the family
 28 29 investment, JOBS, food assistance, and medical assistance
 28 30 programs if necessary to comply with federal requirements.

28 31 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 28 32 is appropriated from the general fund of the state to the
 28 33 department of human services for the fiscal year beginning July
 28 34 1, 2013, and ending June 30, 2014, the following amount, or

Requires the DHS to continue food assistance program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements including requirements addressing individuals that are incarcerated.

Permits the DHS to allocate \$19,690,816 of the FY 2014 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$549,089 compared to the FY 2013 allocation due to declining caseloads.

Requires the federal share of child support collections recovered by the State to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the child support payments account.

Permits the DHS to adopt emergency administrative rules for the FIP, Food Stamp Program, and Medical Assistance (Medicaid) Program.

General Fund appropriation to the DHS for the FIP, to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs. The appropriation maintains the current FIP payment levels (maximum

28 35 so much thereof as is necessary, to be used for the purpose
 29 1 designated:
 29 2 To be credited to the family investment program (FIP)
 29 3 account and used for family investment program assistance under
 29 4 chapter 239B:
 29 5 \$ 48,894,380

grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

DETAIL: This is a net increase of \$497,166 compared to estimated FY 2013. The changes include:

- An increase of \$957,166 for the FaDSS Program.
- A decrease of \$2,355,185 due to a reduction in FIP caseloads.
- An increase of \$681,768 for operation and maintenance costs for a new eligibility system.
- An increase of \$1,673,417 for FIP to shift additional funding to the General Fund to meet MOE requirements.
- A decrease of \$545,089 due to a reduction the Promise Jobs caseload.
- A decrease of \$500,000 to reflect the Governor's FY 2013 veto for a Food Bank Program.
- An increase of \$545,089 for Promise Jobs to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$40,000 for a fatherhood initiative.

29 6 1. Of the funds appropriated in this section, \$7,824,377 is
 29 7 allocated for the JOBS program.

General Fund allocation of \$7,824,377 for the PROMISE JOBS Program.

DETAIL: This is no change compared to the FY 2013 allocation.

29 8 2. Of the funds appropriated in this section, \$3,621,020 is
 29 9 allocated for the family development and self-sufficiency grant
 29 10 program.

General Fund allocation of \$3,621,020 for the FaDSS Program.

DETAIL: This is an increase of \$957,166 compared to the FY 2013 allocation.

29 11 3. Notwithstanding section 8.39, for the fiscal year
 29 12 beginning July 1, 2013, if necessary to meet federal
 29 13 maintenance of effort requirements or to transfer federal
 29 14 temporary assistance for needy families block grant funding
 29 15 to be used for purposes of the federal social services block
 29 16 grant or to meet cash flow needs resulting from delays in
 29 17 receiving federal funding or to implement, in accordance with
 29 18 this division of this Act, activities currently funded with
 29 19 juvenile court services, county, or community moneys and state
 29 20 moneys used in combination with such moneys, the department
 29 21 of human services may transfer funds within or between any
 29 22 of the appropriations made in this division of this Act and
 29 23 appropriations in law for the federal social services block
 29 24 grant to the department for the following purposes, provided
 29 25 that the combined amount of state and federal temporary
 29 26 assistance for needy families block grant funding for each

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.

29 27 appropriation remains the same before and after the transfer:

29 28 a. For the family investment program.

29 29 b. For child care assistance.

29 30 c. For child and family services.

29 31 d. For field operations.

29 32 e. For general administration.

29 33 f. For distribution to counties or regions for services to

29 34 persons with mental illness or an intellectual disability.

29 35 This subsection shall not be construed to prohibit the use

30 1 of existing state transfer authority for other purposes. The

30 2 department shall report any transfers made pursuant to this

30 3 subsection to the legislative services agency.

30 4 4. Of the funds appropriated in this section, \$195,678 shall

30 5 be used for continuation of a grant to an Iowa-based nonprofit

30 6 organization with a history of providing tax preparation

30 7 assistance to low-income Iowans in order to expand the usage of

30 8 the earned income tax credit. The purpose of the grant is to

30 9 supply this assistance to underserved areas of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income Iowans.

DETAIL: This is no change compared to the FY 2013 allocation.

30 10 5. Of the funds appropriated in this section, \$40,000 shall

30 11 be used to fund the expansion of an unfunded pilot project, as

30 12 defined in 441 IAC 100.1, that has been in existence for at

30 13 least six months, relating to parental obligations, in which

30 14 the child support recovery unit participates, to support the

30 15 efforts of a nonprofit organization committed to strengthening

30 16 the community through youth development, healthy living, and

30 17 social responsibility in a county with a population over

30 18 350,000. The funds allocated in this subsection shall be used

30 19 by the recipient organization to develop a larger community

30 20 effort, through public and private partnerships, to support

30 21 a broad-based fatherhood initiative that promotes payment of

30 22 child support obligations, improved family relationships, and

30 23 full-time employment.

General Fund allocation of \$40,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is a new allocation for a Fatherhood Initiative Pilot Project in Polk County.

30 24 6. The department may transfer funds appropriated in this

30 25 section to the appropriations made in this division of this Act

30 26 for general administration and field operations as necessary

30 27 to administer this section and the overall family investment

30 28 program.

Allows the DHS to transfer funds appropriated in this Section for General Administration and Field Operations when necessary to administer the Family Investment Program.

30 29 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated

30 30 from the general fund of the state to the department of human

30 31 services for the fiscal year beginning July 1, 2013, and ending

30 32 June 30, 2014, the following amount, or so much thereof as is

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is an increase of \$1,024,229 and no change in FTE

30 33 necessary, to be used for the purposes designated:
 30 34 For child support recovery, including salaries, support,
 30 35 maintenance, and miscellaneous purposes, and for not more than
 31 1 the following full-time equivalent positions:
 31 2 \$ 14,173,770
 31 3 FTEs 464.00

positions compared to estimated FY 2013. The changes include:

- An increase of \$311,814 due to increased costs of service.
- An increase of \$712,415 to replace lost federal incentives and other one-time funding.

31 4 1. The department shall expend up to \$24,329, including
 31 5 federal financial participation, for the fiscal year beginning
 31 6 July 1, 2013, for a child support public awareness campaign.
 31 7 The department and the office of the attorney general shall
 31 8 cooperate in continuation of the campaign. The public
 31 9 awareness campaign shall emphasize, through a variety of
 31 10 media activities, the importance of maximum involvement of
 31 11 both parents in the lives of their children as well as the
 31 12 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2014 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change to the current level of support.

31 13 2. Federal access and visitation grant moneys shall be
 31 14 issued directly to private not-for-profit agencies that provide
 31 15 services designed to increase compliance with the child access
 31 16 provisions of court orders, including but not limited to
 31 17 neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

31 18 3. The appropriation made to the department for child
 31 19 support recovery may be used throughout the fiscal year in the
 31 20 manner necessary for purposes of cash flow management, and for
 31 21 cash flow management purposes the department may temporarily
 31 22 draw more than the amount appropriated, provided the amount
 31 23 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

31 24 4. With the exception of the funding amount specified, the
 31 25 requirements established under 2001 Iowa Acts, chapter 191,
 31 26 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 31 27 be applicable to parental obligation pilot projects for the
 31 28 fiscal year beginning July 1, 2013, and ending June 30, 2014.
 31 29 Notwithstanding 441 IAC 100.8, providing for termination of
 31 30 rules relating to the pilot projects, the rules shall remain
 31 31 in effect until June 30, 2014.

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in HF 732 (FY 2002 Health and Human Services Appropriations Act).

31 32 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 31 33 FY 2013-2014. Any funds remaining in the health care trust
 31 34 fund created in section 453A.35A for the fiscal year beginning
 31 35 July 1, 2013, and ending June 30, 2014, are appropriated to
 32 1 the department of human services to supplement the medical
 32 2 assistance program appropriations made in this division of this
 32 3 Act, for medical assistance reimbursement and associated costs,
 32 4 including program administration and costs associated with
 32 5 program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2014.

DETAIL: It is estimated that there will be \$106,046,400 available. This is no change compared to estimated FY 2013.

32 6 Sec. 11. MEDICAL ASSISTANCE. There is appropriated from the
 32 7 general fund of the state to the department of human services
 32 8 for the fiscal year beginning July 1, 2013, and ending June 30,
 32 9 2014, the following amount, or so much thereof as is necessary,
 32 10 to be used for the purpose designated:
 32 11 For medical assistance program reimbursement and associated
 32 12 costs as specifically provided in the reimbursement
 32 13 methodologies in effect on June 30, 2013, except as otherwise
 32 14 expressly authorized by law, and consistent with options under
 32 15 federal law and regulations:
 32 16 \$1,301,686,445

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$386,693,024 compared to estimated FY 2013. The changes include:

- An increase of \$255,459,813 to move Mental Health Medicaid funds previously funded under a separate appropriation to Medicaid.
- An increase of \$43,206,760 to replace federal funds due to a reduction in the federal FMAP rate.
- An increase of \$18,268,148 to rebase nursing facility rates.
- An increase of \$11,549,479 to buy down the Home and Community-Based Services (HCBS) waiver waiting lists.
- An increase of \$10,450,000 to cover the cost of individuals currently eligible for Medicaid that will enroll as part of Medicaid Expansion.
- An increase of \$7,684,655 to replace various one-time revenues, a funding shortfall in FY 2013, and increased Program growth.
- An increase of \$7,130,445 for a 3.00% provider rate increase for HCBS waiver providers.
- An increase of \$6,807,837 to provide a 1.50% provider rate increase for all providers with the exception of HCBS, nursing facilities, and Home Health Services.
- An increase of \$3,236,896 for the IowaCare Program to fund the Program through December 31, 2013.
- An increase of \$2,765,655 to increase provider rates for Home Health Services and reimburse them using the Lower Utilization Payment Adjustment (LUPA) methodology.
- An increase of \$2,000,000 to implement a Medication Therapy Management Program.
- An increase of \$226,950 to increase Ambulance reimbursement rates by 10.00%.
- A decrease of \$80,861 due to various changes in the Affordable Care Act.
- A decrease of \$5,410,846 to adjust the appropriation to the bottom end of the forecasting group's range.
- A decrease of \$29,885,000 to implement all of the Governor's recommended cost containment initiatives except for the one relating to chiropractors.

32 17 1. The funds appropriated in this section shall be used
 32 18 in accordance with 2011 Iowa Acts, chapter 129, section 10,
 32 19 subsection 1.

Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

32 20 2. The department shall utilize not more than \$60,000 of
 32 21 the funds appropriated in this section to continue the AIDS/HIV
 32 22 health insurance premium payment program as established in 1992
 32 23 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 32 24 409, subsection 6. Of the funds allocated in this subsection,
 32 25 not more than \$5,000 may be expended for administrative
 32 26 purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment as established during the Second Extraordinary Session in 1992. Administrative Costs are limited to \$5,000.

DETAIL: This is no change to the current level of General Fund support.

32 27 3. Of the funds appropriated in this Act to the department
 32 28 of public health for addictive disorders, \$950,000 for the
 32 29 fiscal year beginning July 1, 2013, shall be transferred
 32 30 to the department of human services for an integrated
 32 31 substance-related disorder managed care system. The department
 32 32 shall not assume management of the substance-related disorder
 32 33 system in place of the managed care contractor unless such
 32 34 a change in approach is specifically authorized in law.
 32 35 The departments of human services and public health shall
 33 1 work together to maintain the level of mental health and
 33 2 substance-related disorder treatment services provided by the
 33 3 managed care contractor through the Iowa plan for behavioral
 33 4 health. Each department shall take the steps necessary to
 33 5 continue the federal waivers as necessary to maintain the level
 33 6 of services.

Requires \$950,000 of the Substance Abuse Grants appropriation to the DPH to be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program. Also, requires the DHS to assume management of the Program.

DETAIL: This is no change to the current level of General Fund support. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

33 7 4. a. The department shall aggressively pursue options for
 33 8 providing medical assistance or other assistance to individuals
 33 9 with special needs who become ineligible to continue receiving
 33 10 services under the early and periodic screening, diagnostic,
 33 11 and treatment program under the medical assistance program
 33 12 due to becoming 21 years of age who have been approved for
 33 13 additional assistance through the department's exception to
 33 14 policy provisions, but who have health care needs in excess
 33 15 of the funding available through the exception to policy
 33 16 provisions.

Requires the DHS to aggressively pursue options for assisting special needs individuals that become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process, but have health care needs exceeding available funding. This Section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

33 17 b. Of the funds appropriated in this section, \$100,000
 33 18 shall be used for participation in one or more pilot projects
 33 19 operated by a private provider to allow the individual or
 33 20 individuals to receive service in the community in accordance
 33 21 with principles established in *Olmstead v.L.C.*, 527 U.S.581
 33 22 (1999), for the purpose of providing medical assistance or
 33 23 other assistance to individuals with special needs who become
 33 24 ineligible to continue receiving services under the early and
 33 25 periodic screening, diagnostic, and treatment program under
 33 26 the medical assistance program due to becoming 21 years of
 33 27 age who have been approved for additional assistance through
 33 28 the department's exception to policy provisions, but who have

DETAIL: This is no change to the current level of General Fund support.

<p>33 29 health care needs in excess of the funding available through 33 30 the exception to the policy provisions.</p>	
<p>33 31 5. Of the funds appropriated in this section, up to 33 32 \$3,050,082 may be transferred to the field operations or 33 33 general administration appropriations in this division of this 33 34 Act for operational costs associated with Part D of the federal 33 35 Medicare Prescription Drug Improvement and Modernization Act 34 1 of 2003, Pub.L.No.108-173.</p>	<p>Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p>
<p>34 2 6. Of the funds appropriated in this section, up to \$442,100 34 3 may be transferred to the appropriation in this division 34 4 of this Act for medical contracts to be used for clinical 34 5 assessment services and prior authorization of services.</p>	<p>Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p>
<p>34 6 7. A portion of the funds appropriated in this section 34 7 may be transferred to the appropriations in this division of 34 8 this Act for general administration, medical contracts, the 34 9 children's health insurance program, or field operations to be 34 10 used for the state match cost to comply with the payment error 34 11 rate measurement (PERM) program for both the medical assistance 34 12 and children's health insurance programs as developed by the 34 13 centers for Medicare and Medicaid services of the United States 34 14 department of health and human services to comply with the 34 15 federal Improper Payments Information Act of 2002, Pub.L.No. 34 16 107-300.</p>	<p>Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.</p>
<p>34 17 8. It is the intent of the general assembly that the 34 18 department continue to implement the recommendations of 34 19 the assuring better child health and development initiative 34 20 II (ABCDII) clinical panel to the Iowa early and periodic 34 21 screening, diagnostic, and treatment services healthy mental 34 22 development collaborative board regarding changes to billing 34 23 procedures, codes, and eligible service providers.</p>	<p>Specifies legislative intent that the DHS continue to implement the recommendations of the ABCD II Clinical Panel for changes to billing procedures, codes, and eligible service providers.</p>
<p>34 24 9. Of the funds appropriated in this section, a sufficient 34 25 amount is allocated to supplement the incomes of residents of 34 26 nursing facilities, intermediate care facilities for persons 34 27 with mental illness, and intermediate care facilities for 34 28 persons with an intellectual disability, with incomes of less 34 29 than \$50 in the amount necessary for the residents to receive a 34 30 personal needs allowance of \$50 per month pursuant to section 34 31 249A.30A.</p>	<p>Requires the DHS to provide residents in nursing facilities (ICF/MRs and ICF/MIs) with a personal needs allowance of \$50 per month.</p> <p>DETAIL: There are no changes in this provision from FY 2013.</p>
<p>34 32 10. Of the funds appropriated in this section, the following</p>	<p>Transfers Medicaid funds to the four Mental Health Institutes (MHIs).</p>

34 33 amounts shall be transferred to the appropriations made in this
 34 34 division of this Act for the state mental health institutes:
 34 35 a. Cherokee mental health institute \$ 9,098,425
 35 1 b. Clarinda mental health institute \$ 1,977,305
 35 2 c. Independence mental health institute ... \$ 9,045,894
 35 3 d. Mount Pleasant mental health institute \$ 5,752,587

DETAIL: This is no change to the current level of General Fund support.

35 4 11. a. Of the funds appropriated in this section,
 35 5 \$7,969,074 is allocated for the state match for a
 35 6 disproportionate share hospital payment of \$19,133,430 to
 35 7 hospitals that meet both of the conditions specified in
 35 8 subparagraphs (1) and (2). In addition, the hospitals that
 35 9 meet the conditions specified shall either certify public
 35 10 expenditures or transfer to the medical assistance program
 35 11 an amount equal to provide the nonfederal share for a
 35 12 disproportionate share hospital payment of \$7,500,000. The
 35 13 hospitals that meet the conditions specified shall receive and
 35 14 retain 100 percent of the total disproportionate share hospital
 35 15 payment of \$26,633,430.
 35 16 (1) The hospital qualifies for disproportionate share and
 35 17 graduate medical education payments.
 35 18 (2) The hospital is an Iowa state-owned hospital with more
 35 19 than 500 beds and eight or more distinct residency specialty
 35 20 or subspecialty programs recognized by the American college of
 35 21 graduate medical education.

Allocates \$7,969,074 of Medicaid funds for the State match for the Disproportionate Share Hospital (DSH) payment of \$19,133,430. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$7,500,000 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

35 22 b. Distribution of the disproportionate share payments
 35 23 shall be made on a monthly basis. The total amount of
 35 24 disproportionate share payments including graduate medical
 35 25 education, enhanced disproportionate share, and Iowa
 35 26 state-owned teaching hospital payments shall not exceed the
 35 27 amount of the state's allotment under Pub.L.No.102-234.
 35 28 In addition, the total amount of all disproportionate
 35 29 share payments shall not exceed the hospital-specific
 35 30 disproportionate share limits under Pub.L.No.103-66.

Specifies that DSH payments are to be distributed on a monthly basis and the DSH payments are not to exceed the federal limit.

35 31 12. The university of Iowa hospitals and clinics shall
 35 32 either certify public expenditures or transfer to the
 35 33 appropriations made in this division of this Act for medical
 35 34 assistance an amount equal to provide the nonfederal share
 35 35 for increased medical assistance payments for inpatient and
 36 1 outpatient hospital services of \$9,900,000. The university of
 36 2 Iowa hospitals and clinics shall receive and retain 100 percent
 36 3 of the total increase in medical assistance payments.

Requires the UIHC to use Certified Public Expenditures or transfer funds to the Medicaid Program to fund the nonfederal share for increased Medicaid payments for inpatient and outpatient services of \$9,900,000. The UIHC will retain 100.00% of the increased Medicaid payments.

36 4 13. Of the funds appropriated in this section, up to
 36 5 \$11,921,225 may be transferred to the IowaCare account created
 36 6 in section 249J.24.

Transfers up to \$11,921,225 of Medicaid funds to the IowaCare Program.

DETAIL: This is an decrease of \$4,083,197 compared to the net FY 2013 transfer.

Allocates Medicaid funds to Area Education Agencies.

Specifies that any new or renewed contract with a third party behavioral health administrator requires interest earned to be remitted to the DHS to offset costs of the Medicaid Program.

Requires the DHS to continue the implementation of the federal Family Opportunity Act.

DETAIL: The Family Opportunity Act is a Medicaid buy-in Program for children with family income of up to 300.00% of the FPL and that also meet Supplementary Security Income (SSI) eligibility requirements.

Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person Demonstration Project.

Allocates \$349,011 to the Health Insurance Premium Payment Program.

DETAIL: No change to the current level of General Fund support.

Requires the DHS to move habilitation services under the Iowa Plan managed care contract.

DETAIL: The increased coordination is estimated to save the State \$2,100,000 annually.

Requires prior authorization for home health services in excess of one

36 7 14. One hundred percent of the nonfederal share of payments
36 8 to area education agencies that are medical assistance
36 9 providers for medical assistance-covered services provided to
36 10 medical assistance-covered children, shall be made from the
36 11 appropriation made in this section.

36 12 15. Any new or renewed contract entered into by the
36 13 department with a third party to administer behavioral health
36 14 services under the medical assistance program shall provide
36 15 that any interest earned on payments from the state during
36 16 the state fiscal year shall be remitted to the department
36 17 and treated as recoveries to offset the costs of the medical
36 18 assistance program.

36 19 16. The department shall continue to implement the
36 20 provisions in 2007 Iowa Acts, chapter 218, section 124 and
36 21 section 126, as amended by 2008 Iowa Acts, chapter 1188,
36 22 section 55, relating to eligibility for certain persons with
36 23 disabilities under the medical assistance program in accordance
36 24 with the federal Family Opportunity Act.

36 25 17. A portion of the funds appropriated in this section
36 26 may be transferred to the appropriation in this division of
36 27 this Act for medical contracts to be used for administrative
36 28 activities associated with the money follows the person
36 29 demonstration project.

36 30 18. Of the funds appropriated in this section, \$349,011
36 31 shall be used for the administration of the health insurance
36 32 premium payment program, including salaries, support,
36 33 maintenance, and miscellaneous purposes.

36 34 19. a. The department shall implement the following cost
36 35 containment strategies for the medical assistance program and
37 1 shall adopt emergency rules for such implementation:

37 2 (1) Notwithstanding any provision of law to the contrary,
37 3 the department shall integrate medical assistance program
37 4 habilitation services into the Iowa plan contract for the
37 5 fiscal year beginning July 1, 2013.

37 6 (2) The department shall require prior authorization for

37 7	provision of any home health services for adults in excess of	hundred visits per year.
37 8	one hundred visits per year.	
		DETAIL: More visits than 100 per year will still be allowed, however, only with prior authorization to confirm medical necessity. This change is estimated to save \$1,000,000 annually.
37 9	(3) The department shall prohibit coverage for elective,	Prohibits the coverage of nonmedically necessary cesarean sections.
37 10	nonmedically necessary cesarean sections.	
		DETAIL: This change is estimated to save the State \$500,000 annually.
37 11	(4) The department shall require prior authorization based	Requires prior authorization based on specified criteria before
37 12	on specified criteria before providing reimbursement for	providing reimbursement for hospital swing bed placements and
37 13	hospital swing bed placements and continued stays.	continued stays.
		DETAIL: This change is estimated to save the State \$1,000,000 annually.
37 14	(5) The department shall align payment methodologies and	Requires the DHS to align rates for both medical and nonmedical
37 15	rates between medical and nonmedical transportation services	transportation rates through rates of the transportation brokerage
37 16	through the transportation brokerage provider.	provider.
		DETAIL: This change is estimated to save the State \$500,000 annually.
37 17	(6) The department shall require that all fees for employee	Limits the number of background checks paid for individual HCBS,
37 18	records checks shall be paid by the medical assistance home and	Consumer Directed Attendant Care (CDAC), and Consumer Choices
37 19	community-based waiver services consumer-directed attendant	Option (CCO) to one.
37 20	care or consumer choices option provider, with the exception	
37 21	of one initial state records check per employee which shall be	DETAIL: This change is estimated to save the State \$100,000
37 22	paid by the Iowa Medicaid enterprise.	annually.
37 23	(7) The department shall require transition of the	Replaces Individual CDAC services with agency provided personal care
37 24	provision by individual providers of personal care under the	and permits HCBS and CCO for self-directed services.
37 25	consumer-directed attendant care option to agency-provided	
37 26	personal care services and shall retain the consumer choice	DETAIL: This change is estimated to save \$1,100,000 annually.
37 27	option for those individuals able and desiring to self-direct	
37 28	services.	
37 29	(8) The department shall require that persons with an	Implements a standardized assessment with tiered service funding
37 30	intellectual disability receiving services under the medical	levels for individuals on the Intellectual Disability (ID) Waiver using the
37 31	assistance program receive a functional assessment utilizing	Supports Intensity Scale (SIS).
37 32	the supports intensity scale tool. The department shall	
37 33	contract with an independent entity to perform the functional	DETAIL: This change is estimated to save the State \$8,500,000
37 34	assessments. The department shall implement a tiered resource	annually.

37 35 allocation methodology for service plans under the medical	
38 1 assistance home and community-based services waiver for persons	
38 2 with an intellectual disability.	
38 3 (9) The department shall develop a new reimbursement	Requires Development of uniform independent assessments for
38 4 methodology for medical assistance targeted case management	individuals with Intellectual Disability (ID).
38 5 that applies appropriate cost limits.	DETAIL: Currently, individuals on the HCBS ID Waiver are assessed
	by their Targeted Case Manager (TCM) using a state-developed
	Comprehensive Assessment. This change is estimated to save the
	State \$3,000,000 annually.
38 6 (10) The department shall implement an integrated health	Replaces TCM with Integrated Health Home for adults with chronic
38 7 home approach under the medical assistance program for persons	mental illness.
38 8 with chronic mental illness. The approach shall integrate the	DETAIL: This change is estimated to save the State \$2,100,000
38 9 functions of medical assistance targeted case management.	annually.
38 10 (11) The department shall expand the categories of diabetic	Requires the DHS to expand categories of diabetic supplies for which
38 11 supplies for which a rebate may be received.	a rebate can be received.
	DETAIL: Current rules limit rebates to monitors and test strips. This
	change is estimated to save the State \$100,000 annually.
38 12 (12) The department shall limit initial authorizations	Implements a short-term initial authorization of no more than 30 days if
38 13 for institutional-based care to 30 days for members following	the member previously lived in their own home or apartment and is
38 14 discharge from a hospital if the member previously lived in a	being discharged from the hospital to a nursing facility.
38 15 community-based setting.	DETAIL: This change is estimated to save the State \$1,000,000
	annually.
38 16 b. The department shall not implement the cost containment	Prohibits the DHS from implementing the cost containment provision
38 17 strategy to require a primary care referral for the provision	recommended by the Governor relating to chiropractic services.
38 18 of chiropractic services.	
38 19 c. The department may increase the amounts allocated for	Allows the DHS to increase amounts allocated for staff to implement
38 20 salaries, support, maintenance, and miscellaneous purposes	the cost containment strategies in this Division.
38 21 associated with the medical assistance program, as necessary,	DETAIL: The Department is required to report any increase to the LSA
38 22 to implement the cost containment strategies. The department	and the DOM.
38 23 shall report any such increase to the legislative services	
38 24 agency and the department of management.	
38 25 d. If the savings to the medical assistance program exceed	Allows the DHS to transfer funds to Medical Contracts or General
38 26 the cost for the fiscal year, the department may transfer any	Administration to hire additional staff to implement the cost containment
38 27 savings generated for the fiscal year due to medical assistance	strategies for FY 2014.

38 28 program cost containment efforts to the appropriation
 38 29 made in this division of this Act for medical contracts or
 38 30 general administration to defray the increased contract costs
 38 31 associated with implementing such efforts.

38 32 e. The department shall report the implementation of
 38 33 any cost containment strategies under this subsection to
 38 34 the individuals specified in this division of this Act for
 38 35 submission of reports on a quarterly basis.

Requires the DHS to report on the implementation of the cost containment strategies in this Division on a quarterly basis the LSA and DOM.

39 1 20. Of the funds appropriated in this section, \$11,549,479
 39 2 shall be used to implement reductions in the waiting lists
 39 3 of all medical assistance home and community-based services
 39 4 waivers.

Allocates \$11,549,479 to reduce the Medicaid HCBS waiver waiting lists.

39 5 21. a. Of the funds appropriated in this section, \$900,000
 39 6 shall be used to implement the children's mental health
 39 7 home project proposed by the department of human services
 39 8 and reported to the general assembly's mental health and
 39 9 disability services study committee in December 2011. Of this
 39 10 amount, up to \$50,000 may be transferred by the department to
 39 11 the appropriation made in this division of this Act to the
 39 12 department for the same fiscal year for general administration
 39 13 to be used for associated administrative expenses and for not
 39 14 more than one full-time equivalent position, in addition to
 39 15 those authorized for the same fiscal year, to be assigned to
 39 16 implementing the project.

Allocates \$900,000 to implement the Children's Mental Health Home and allows the DHS to transfer up to \$50,000 to be used for administrative expenses.

39 17 b. Of the funds appropriated in this section, up to \$400,000
 39 18 may be transferred by the department to the appropriation
 39 19 made to the department in this division of this Act for
 39 20 the same fiscal year for general administration to support
 39 21 the redesign of mental health and disability services and
 39 22 the state balancing incentive payments program planning and
 39 23 implementation activities. The funds may be used for contracts
 39 24 or for personnel in addition to the amounts appropriated for
 39 25 and the positions authorized for general administration for the
 39 26 same fiscal year.

Allows the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP).

39 27 c. Of the funds appropriated in this section, up to
 39 28 \$3,000,000 may be transferred by the department to the
 39 29 appropriations made to the department in this division of
 39 30 this Act for the same fiscal year for general administration
 39 31 or medical contracts to be used to support the development
 39 32 and implementation of standardized assessment tools for
 39 33 persons with mental illness, an intellectual disability, a
 39 34 developmental disability, or a brain injury.

Allows the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, and developmental disabilities.

39 35 d. For the fiscal year beginning July 1, 2013, and ending
 40 1 June 30, 2014, the replacement generation tax revenues required
 40 2 to be deposited in the property tax relief fund pursuant to
 40 3 section 437A.8, subsection 4, paragraph "d", and section
 40 4 437A.15, subsection 3, paragraph "f", shall instead be credited
 40 5 to and supplement the appropriation made in this section and
 40 6 used for the allocations made in this subsection.

Allocates approximately \$1,300,000 in funding from the replacement generation tax revenues to the Medicaid Program.

DETAIL: This is no change compared to the FY 2013 allocation.

40 7 22. Of the funds appropriated in this section, \$250,000
 40 8 shall be used for lodging expenses associated with care
 40 9 provided at the university of Iowa hospitals and clinics
 40 10 under chapter 249J for patients with cancer whose travel
 40 11 distance is 30 miles or more from the university of Iowa
 40 12 hospitals and clinics. The department of human services
 40 13 shall establish the maximum number of overnight stays and the
 40 14 maximum rate reimbursed for overnight lodging, which may be
 40 15 based on the state employee rate established by the department
 40 16 of administrative services. The funds allocated in this
 40 17 subsection shall not be used as nonfederal share matching
 40 18 funds.

Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients receiving treatment for individuals that would have to travel 30 miles or more.

DETAIL: This no change compared to the FY 2013 allocation.

40 19 23. The department shall continue to administer the state
 40 20 balancing incentive payments program as specified in 2012 Iowa
 40 21 Acts, chapter 1133, section 14.

Requires the Department is to continue to administer the State Balancing Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013 Health and Human Services Appropriations Act).

40 22 Sec. 12. MEDICAL CONTRACTS. There is appropriated from the
 40 23 general fund of the state to the department of human services
 40 24 for the fiscal year beginning July 1, 2013, and ending June 30,
 40 25 2014, the following amount, or so much thereof as is necessary,
 40 26 to be used for the purpose designated:

General Fund appropriation to Medical Contracts.

DETAIL: This an increase of \$8,433,575 compared to estimated FY 2013. The changes include:

40 27 For medical contracts:
 40 28 \$ 14,225,569

- An increase of \$3,300,000 for a new autism treatment program.
- An increase of \$2,400,000 to replace one-time funding from the Health Care Transformation Account (HCTA).
- An increase of \$1,883,842 to fund items formerly funded by the HCTA.
- An increase of \$1,293,889 due to increased costs related to Medicaid Expansion.
- An increase of \$715,538 due to increased contract, operations, and IT costs.
- An increase of \$534,000 for the administration of the State Innovation Grant Models Initiative Grant from the federal government.
- An increase of \$111,758 due to increased costs related to the Affordable Care Act provider enrollment.
- An increase of \$38,744 due to increased ITE mainframe usage.
- A decrease of \$1,844,196 due to additional funds available in the Pharmaceutical Settlement Account.

40 29	1. The department of inspections and appeals shall	Requires the Department of Inspections and Appeals to provide the
40 30	provide all state matching funds for survey and certification	State matching funds for survey and certification activities.
40 31	activities performed by the department of inspections	
40 32	and appeals. The department of human services is solely	
40 33	responsible for distributing the federal matching funds for	
40 34	such activities.	
40 35	2. Of the funds appropriated in this section, \$50,000 shall	Allocates \$50,000 to be used for an HCBS Waiver Quality Assurance
41 1	be used for continuation of home and community-based services	Program to review and streamline processes and policies related to
41 2	waiver quality assurance programs, including the review and	oversight.
41 3	streamlining of processes and policies related to oversight and	
41 4	quality management to meet state and federal requirements.	DETAIL: This is no change compared to the FY 2013 allocation.
41 5	3. Of the amount appropriated in this section, up to	Allows up to \$200,000 to be transferred to the DHS General
41 6	\$200,000 may be transferred to the appropriation for general	Administration to hire additional FTE positions to implement cost
41 7	administration in this division of this Act to be used for	containment or managed care oversight initiatives.
41 8	additional full-time equivalent positions in the development of	
41 9	key health initiatives such as cost containment, development	
41 10	and oversight of managed care programs, and development of	
41 11	health strategies targeted toward improved quality and reduced	
41 12	costs in the Medicaid program.	
41 13	4. Of the funds appropriated in this section, \$64,398 shall	Allocates \$64,398 for the IowaCare Program nurses helpline.
41 14	be used for provision of the IowaCare program nurse helpline	
41 15	for the expansion population as provided in section 249J.6.	DETAIL: This is a new allocation for FY 2014. This Program was
		previously funded through the HCTA at \$100,000.
41 16	5. Of the funds appropriated in this section, \$80,000 shall	Allocates \$80,000 for the IowaCare Program audits, performance
41 17	be used for costs related to audits, performance evaluations,	evaluations and studies.
41 18	and studies required pursuant to chapter 249J.	DETAIL: This is a new allocation for FY 2014. This Program was
		previously funded through the HCTA at \$125,000.
41 19	6. Of the funds appropriated in this section, \$194,654 shall	Allocates \$194,654 for administrative costs associated with the
41 20	be used for administrative costs associated with chapter 249J.	IowaCare Program.
		DETAIL: This is a new allocation for FY 2014. This Program was
		previously funded through the HCTA at \$1,132,412.
41 21	7. Of the funds appropriated in this section, \$1,000,000	Allocates \$1,000,000 for the I-Smile Program.
41 22	shall be used for planning and development, in cooperation with	
41 23	the department of public health, of a phased-in program to	DETAIL: This is a new allocation for FY 2014. This Program was
41 24	provide a dental home for children in accordance with section	previously funded through the HCTA at \$1,000,000.
41 25	249J.14.	

41 26 8. Of the funds appropriated in this section, \$270,000 shall
 41 27 be used for payment to the publicly owned acute care teaching
 41 28 hospital located in a county with a population of over 350,000
 41 29 that is a participating provider pursuant to chapter 249J.
 41 30 Disbursements under this subsection shall be made monthly.
 41 31 The hospital shall submit a report following the close of
 41 32 the fiscal year regarding use of the funds allocated in this
 41 33 subsection to the persons specified in this Act to receive
 41 34 reports.

Allocates \$270,000 for administrative costs at Broadlawns hospital related to the IowaCare Program.

DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$540,000.

41 35 9. Of the funds appropriated in this section, \$100,000 shall
 42 1 be used for continuation of an accountable care organization
 42 2 pilot project.

Allocates \$100,000 for the continuation of an Accountable Care Organization (ACO) pilot project.

DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$100,000.

42 3 10. Of the funds appropriated in this section, \$75,000 shall
 42 4 be used for continued implementation of a uniform cost report.

Allocates \$75,000 for the continued implementation of uniform cost reports.

DETAIL: This is a new allocation for FY 2014. This initiative was previously funded through the HCTA at \$150,000.

42 5 11. Of the funds appropriated in this section, \$3,300,000
 42 6 shall be used for the autism support program created in chapter
 42 7 225D, as enacted in this Act.

Allocates \$3,300,000 for an autism treatment program.

DETAIL: This is a new allocation for FY 2013. The funds are to be used to provide Applied Behavior Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

42 8 12. Of the funds appropriated in this section, \$534,000
 42 9 shall be used for administration of the state innovation models
 42 10 initiative grant from the federal government to support the
 42 11 development and testing of a state-based model for multi-payer
 42 12 payment and health care delivery system transformation to
 42 13 improve health system performance resulting in improved health,
 42 14 improved health care, and lower costs.

Allocates \$534,000 for the administration of the State Innovation Models (SIM) Initiative Grant.

DETAIL: This is a new allocation for FY 2014. The allocation is to be used to support the development and testing of a State-based model for a multi-payer payment and health care delivery system transformation.

42 15 Sec. 13. STATE SUPPLEMENTARY ASSISTANCE.
 42 16 1. There is appropriated from the general fund of the
 42 17 state to the department of human services for the fiscal year
 42 18 beginning July 1, 2013, and ending June 30, 2014, the following
 42 19 amount, or so much thereof as is necessary, to be used for the
 42 20 purpose designated:
 42 21 For the state supplementary assistance program:
 42 22 \$ 16,512,174

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is an increase of \$1,061,427 compared to estimated FY 2013 due to increased caseload.

42 23 2. The department shall increase the personal needs
 42 24 allowance for residents of residential care facilities by the
 42 25 same percentage and at the same time as federal supplemental
 42 26 security income and federal social security benefits are
 42 27 increased due to a recognized increase in the cost of living.
 42 28 The department may adopt emergency rules to implement this
 42 29 subsection.

Requires the DHS to increase the personal needs allowance of residential care facilities residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

42 30 3. If during the fiscal year beginning July 1, 2013,
 42 31 the department projects that state supplementary assistance
 42 32 expenditures for a calendar year will not meet the federal
 42 33 pass-through requirement specified in Tit.XVI of the federal
 42 34 Social Security Act, section 1618, as codified in 42 U.S.C.
 42 35 §1382g, the department may take actions including but not
 43 1 limited to increasing the personal needs allowance for
 43 2 residential care facility residents and making programmatic
 43 3 adjustments or upward adjustments of the residential care
 43 4 facility or in-home health-related care reimbursement rates
 43 5 prescribed in this division of this Act to ensure that federal
 43 6 requirements are met. In addition, the department may make
 43 7 other programmatic and rate adjustments necessary to remain
 43 8 within the amount appropriated in this section while ensuring
 43 9 compliance with federal requirements. The department may adopt
 43 10 emergency rules to implement the provisions of this subsection.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

43 11 Sec. 14. CHILDREN'S HEALTH INSURANCE PROGRAM.

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the hawk-i Program.

43 12 1. There is appropriated from the general fund of the
 43 13 state to the department of human services for the fiscal year
 43 14 beginning July 1, 2013, and ending June 30, 2014, the following
 43 15 amount, or so much thereof as is necessary, to be used for the
 43 16 purpose designated:

DETAIL: This is no change compared to the estimated FY 2013 appropriation.

43 17 For maintenance of the healthy and well kids in Iowa (hawk-i)
 43 18 program pursuant to chapter 514I, including supplemental dental
 43 19 services, for receipt of federal financial participation under
 43 20 Tit.XXI of the federal Social Security Act, which creates the
 43 21 children's health insurance program:

43 22 \$ 36,806,102

43 23 2. Of the funds appropriated in this section, \$141,450 is
 43 24 allocated for continuation of the contract for outreach with
 43 25 the department of public health.

Allocates \$141,450 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the FY 2013 allocation.

43 26 Sec. 15. CHILD CARE ASSISTANCE. There is appropriated
 43 27 from the general fund of the state to the department of human
 43 28 services for the fiscal year beginning July 1, 2013, and ending
 43 29 June 30, 2014, the following amount, or so much thereof as is

General Fund appropriation to the Child Care Assistance program.

DETAIL: This is an increase of \$7,017,821 compared to estimated FY 2013. The General Fund changes include:

43 30 necessary, to be used for the purpose designated:
 43 31 For child care programs:
 43 32 \$ 69,282,163
 43 33 1. Of the funds appropriated in this section, \$68,248,353
 43 34 shall be used for state child care assistance in accordance
 43 35 with section 237A.13.

- An increase of \$4,415,921 for a 5.00% provider rate increase.
- An increase of \$3,736,020 to increase the program eligibility from six months to 12 months.
- An increase of \$135,178 for federally-required national fingerprint-based national criminal history checks of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI).
- An increase of \$2,876,864 to change the standard period of program participant eligibility for child care assistance from six months to 12 months and increases eligibility to 148.00% of the FPL for employed families in the program.

44 1 2. Nothing in this section shall be construed or is
 44 2 intended as or shall imply a grant of entitlement for services
 44 3 to persons who are eligible for assistance due to an income
 44 4 level consistent with the waiting list requirements of section
 44 5 237A.13. Any state obligation to provide services pursuant to
 44 6 this section is limited to the extent of the funds appropriated
 44 7 in this section.

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

44 8 3. Of the funds appropriated in this section, \$432,453 is
 44 9 allocated for the statewide program for child care resource
 44 10 and referral services under section 237A.26. A list of the
 44 11 registered and licensed child care facilities operating in the
 44 12 area served by a child care resource and referral service shall
 44 13 be made available to the families receiving state child care
 44 14 assistance in that area.

Allocates \$432,453 for the Statewide Child Care Resource and Referral Program. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

DETAIL: This is no change compared to the FY 2013 allocation.

44 15 4. Of the funds appropriated in this section, \$936,974
 44 16 is allocated for child care quality improvement initiatives
 44 17 including but not limited to the voluntary quality rating
 44 18 system in accordance with section 237A.30.

Allocates \$936,974 for the Quality Rating System (QRS).

DETAIL: This is no change compared to the FY 2013 allocation.

44 19 5. Of the funds appropriated in this section, \$135,178 shall
 44 20 be used to conduct fingerprint-based national criminal history
 44 21 record checks of home-based child care providers pursuant
 44 22 to section 237A.5, subsection 2, through the United States
 44 23 department of justice, federal bureau of investigation.

Allocates \$135,178 for federally-required national fingerprint-based national criminal history checks of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI).

DETAIL: This is a new allocation for FY 2014.

44 24 6. Of the amount appropriated in this section, up to
 44 25 \$25,000 shall be used to implement a searchable internet-based
 44 26 application as part of the consumer information made available
 44 27 under section 237A.25. The application shall provide a listing
 44 28 of the child care providers in this state that have received

Allocates \$25,000 to implement a searchable, internet-based database for consumers to view child care provider information and rates.

DETAIL: This is a new allocation for FY 2014.

44 29 a rating under the quality rating system implemented pursuant
 44 30 to section 237A.30 and information on whether a provider
 44 31 specializes in child care for infants, school-age children,
 44 32 children with special needs, or other populations or provides
 44 33 any other specialized services to support family needs.

44 34 7. Of the amount appropriated in this section, up to \$75,000
 44 35 shall be used by the department to conduct an independent
 45 1 evaluation of Iowa's child care quality rating system. The
 45 2 evaluation shall address the system's strengths and weaknesses,
 45 3 and shall provide recommendations for change. The department
 45 4 shall submit a final report on or before December 16, 2013, to
 45 5 the governor and general assembly concerning the evaluation.
 45 6 The evaluation shall also include but is not limited to all of
 45 7 the following:
 45 8 a. An assessment of the validity of the system's key
 45 9 underlying concepts.
 45 10 b. An assessment of the techniques utilized and
 45 11 psychometric properties of the measures used in the system to
 45 12 assess quality.
 45 13 c. An analysis of the outputs quantified by the rating
 45 14 process.
 45 15 d. An analysis of the relationship between the ratings
 45 16 utilized and child outcomes realized.

45 17 8. The department shall change the standard period for
 45 18 redetermining the eligibility of a state child care assistance
 45 19 program participant to 12 months and increase the income
 45 20 eligibility for employed families under the program to 148
 45 21 percent of the federal poverty level, in accordance with the
 45 22 amendments in this Act to section 237A.13.

45 23 9. The department may use any of the funds appropriated
 45 24 in this section as a match to obtain federal funds for use in
 45 25 expanding child care assistance and related programs. For
 45 26 the purpose of expenditures of state and federal child care
 45 27 funding, funds shall be considered obligated at the time
 45 28 expenditures are projected or are allocated to the department's
 45 29 service areas. Projections shall be based on current and
 45 30 projected caseload growth, current and projected provider
 45 31 rates, staffing requirements for eligibility determination
 45 32 and management of program requirements including data systems
 45 33 management, staffing requirements for administration of the
 45 34 program, contractual and grant obligations and any transfers
 45 35 to other state agencies, and obligations for decategorization
 46 1 or innovation projects.

Allocates up to \$75,000 for an independent evaluation of Iowa's child care quality rating system. The final report to the Governor and the General Assembly is due December 16, 2013.

DETAIL: This is a new allocation for FY 2014.

Requires the Department to change the standard period of program participant eligibility for child care assistance from six months to 12 months and increases eligibility to 148.00% of the FPL for employed families in the program.

DETAIL: This is a new provision for FY 2014.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

DETAIL: This provision was also in effect for FY 2013.

46 2 10. A portion of the state match for the federal child care
 46 3 and development block grant shall be provided as necessary to
 46 4 meet federal matching funds requirements through the state
 46 5 general fund appropriation made for child development grants
 46 6 and other programs for at-risk children in section 279.51.

Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

46 7 11. If a uniform reduction ordered by the governor under
 46 8 section 8.31 or other operation of law, transfer, or federal
 46 9 funding reduction reduces the appropriation made in this
 46 10 section for the fiscal year, the percentage reduction in the
 46 11 amount paid out to or on behalf of the families participating
 46 12 in the state child care assistance program shall be equal to or
 46 13 less than the percentage reduction made for any other purpose
 46 14 payable from the appropriation made in this section and the
 46 15 federal funding relating to it. The percentage reduction to
 46 16 the other allocations made in this section shall be the same as
 46 17 the uniform reduction ordered by the governor or the percentage
 46 18 change of the federal funding reduction, as applicable.
 46 19 If there is an unanticipated increase in federal funding
 46 20 provided for state child care assistance, the entire amount
 46 21 of the increase shall be used for state child care assistance
 46 22 payments. If the appropriations made for purposes of the
 46 23 state child care assistance program for the fiscal year are
 46 24 determined to be insufficient, it is the intent of the general
 46 25 assembly to appropriate sufficient funding for the fiscal year
 46 26 in order to avoid establishment of waiting list requirements.

Requires the DHS to apply any reductions to the child care assistance appropriation, either State or federal, that result in a reduction to subsidy payments to families, in amounts equal to or less than the percentage of the reduction. Also requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program. Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program for FY 2014 to avoid the establishment of a waiting list.

46 27 12. Notwithstanding section 8.33, moneys advanced for
 46 28 purposes of the programs developed by early childhood Iowa
 46 29 areas, advanced for purposes of wraparound child care, or
 46 30 received from the federal appropriations made for the purposes
 46 31 of this section that remain unencumbered or unobligated at the
 46 32 close of the fiscal year shall not revert to any fund but shall
 46 33 remain available for expenditure for the purposes designated
 46 34 until the close of the succeeding fiscal year.

Permits nonreversion of FY 2014 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care, or received from federal appropriations for child care assistance.

46 35 Sec. 16. JUVENILE INSTITUTIONS. There is appropriated
 47 1 from the general fund of the state to the department of human
 47 2 services for the fiscal year beginning July 1, 2013, and ending
 47 3 June 30, 2014, the following amounts, or so much thereof as is
 47 4 necessary, to be used for the purposes designated:

General Fund appropriation to the DHS for Juvenile Institutions.

47 5 1. For operation of the Iowa juvenile home at Toledo and for
 47 6 salaries, support, maintenance, and miscellaneous purposes, and
 47 7 for not more than the following full-time equivalent positions:
 47 8 \$ 8,859,355
 47 9 FTEs 114.00

General Fund appropriation to the Iowa Juvenile Home at Toledo.

DETAIL: This is an increase of \$561,590 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$72,660 due to a transfer to General Administration.
- An increase of \$21,235 due to cost increases for pharmacy, food, transportation, utilities, and Workers' Compensation.
- An increase of \$22,883 for office supplies and equipment, printing, and postage.
- An increase of \$443,812 to sustain the same funding level approved in FY 2013.

47 10 2. For operation of the state training school at Eldora and
 47 11 for salaries, support, maintenance, and miscellaneous purposes,
 47 12 and for not more than the following full-time equivalent
 47 13 positions:

47 14	.....	\$	11,256,969
47 15	.....	FTEs	164.30

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$576,826 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$60,355 due to costs increases for pharmacy, food, transportation, utilities, and Workers' Compensation.
- An increase of \$444,811 to sustain the the current number of beds at the institution.

47 16 Of the funds appropriated in this subsection, \$91,150 shall
 47 17 be used for distribution to licensed classroom teachers at this
 47 18 and other institutions under the control of the department of
 47 19 human services based upon the average student yearly enrollment
 47 20 at each institution as determined by the department.

General Fund allocation of \$91,150 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the FY 2013 allocation.

47 21 3. A portion of the moneys appropriated in this section
 47 22 shall be used by the state training school and by the Iowa
 47 23 juvenile home for grants for adolescent pregnancy prevention
 47 24 activities at the institutions in the fiscal year beginning
 47 25 July 1, 2013.

Requires a portion of the funds appropriated for the two juvenile institutions to be used for pregnancy prevention in FY 2014.

DETAIL: This provision was also in effect for FY 2013.

47 26 Sec. 17. CHILD AND FAMILY SERVICES.

47 27 1. There is appropriated from the general fund of the
 47 28 state to the department of human services for the fiscal year
 47 29 beginning July 1, 2013, and ending June 30, 2014, the following
 47 30 amount, or so much thereof as is necessary, to be used for the
 47 31 purpose designated:

47 32 For child and family services:

47 33	\$	96,613,770
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Allocates \$96,613,770 to provide child care assistance for low-income, employed lowans.

DETAIL: This is an increase of \$15,382,209 compared to the FY 2013 allocation. General Fund changes include:

- An increase of \$280,025 due to the reduction in Iowa's federal medical assistance percentage (FMAP) rate.
- An increase of \$201,608 due to a transfer from the Adoption Subsidy Program.
- An increase of \$5,992,590 for a 5.00% provider rate increase.
- An increase of \$1,227,512 for court-ordered services provided to children that are under the supervision of juvenile court services.
- An increase of \$645,000 for the Child Protection Center (CPC) Grant Program.
- An increase of \$3,030,624 for juvenile delinquent graduated sanctions services.
- An increase of \$479,850 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.
- An increase of \$100,000 for the establishment of a Children's Mental Health Cabinet pending the enactment of SF 415 (Mental Health and Disability Service Redesign Bill).
- An increase of \$3,500,000 for group foster care rebasing.

47 34 2. Up to \$5,200,000 of the amount of federal temporary
47 35 assistance for needy families block grant funding appropriated
48 1 in this division of this Act for child and family services
48 2 shall be made available for purposes of juvenile delinquent
48 3 graduated sanction services.

Allocates up to \$5,200,000 of federal Temporary Assistance for Needy Families (TANF) funds for delinquency programs.

DETAIL: This is no change compared to the FY 2013 allocation.

48 4 3. The department may transfer funds appropriated in this
48 5 section as necessary to pay the nonfederal costs of services
48 6 reimbursed under the medical assistance program, state child
48 7 care assistance program, or the family investment program which
48 8 are provided to children who would otherwise receive services
48 9 paid under the appropriation in this section. The department
48 10 may transfer funds appropriated in this section to the
48 11 appropriations made in this division of this Act for general
48 12 administration and for field operations for resources necessary
48 13 to implement and operate the services funded in this section.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

48 14 4. a. Of the funds appropriated in this section, up to
48 15 \$36,012,098 is allocated as the statewide expenditure target
48 16 under section 232.143 for group foster care maintenance and
48 17 services. If the department projects that such expenditures
48 18 for the fiscal year will be less than the target amount
48 19 allocated in this lettered paragraph, the department may
48 20 reallocate the excess to provide additional funding for shelter
48 21 care or the child welfare emergency services addressed with the
48 22 allocation for shelter care.

Allocates up to \$36,012,098 for group foster care services and maintenance costs. Permits reallocation of excess funds.

48 23 b. If at any time after September 30, 2013, annualization

Requires the group foster care expenditure target to be reviewed

<p>48 24 of a service area's current expenditures indicates a service 48 25 area is at risk of exceeding its group foster care expenditure 48 26 target under section 232.143 by more than 5 percent, the 48 27 department and juvenile court services shall examine all 48 28 group foster care placements in that service area in order to 48 29 identify those which might be appropriate for termination. 48 30 In addition, any aftercare services believed to be needed 48 31 for the children whose placements may be terminated shall be 48 32 identified. The department and juvenile court services shall 48 33 initiate action to set dispositional review hearings for the 48 34 placements identified. In such a dispositional review hearing, 48 35 the juvenile court shall determine whether needed aftercare 49 1 services are available and whether termination of the placement 49 2 is in the best interest of the child and the community.</p>	<p>under certain conditions and requires review hearings when appropriate.</p>
<p>49 3 5. In accordance with the provisions of section 232.188, 49 4 the department shall continue the child welfare and juvenile 49 5 justice funding initiative during fiscal year 2013-2014. Of 49 6 the funds appropriated in this section, \$1,717,753 is allocated 49 7 specifically for expenditure for fiscal year 2013-2014 through 49 8 the decategorization service funding pools and governance 49 9 boards established pursuant to section 232.188.</p>	<p>Allocates \$1,717,753 for decategorization services. DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>49 10 6. A portion of the funds appropriated in this section 49 11 may be used for emergency family assistance to provide other 49 12 resources required for a family participating in a family 49 13 preservation or reunification project or successor project to 49 14 stay together or to be reunified.</p>	<p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p>
<p>49 15 7. Notwithstanding section 234.35 or any other provision 49 16 of law to the contrary, state funding for shelter care and 49 17 the child welfare emergency services contracting implemented 49 18 to provide for or prevent the need for shelter care shall be 49 19 limited to \$7,616,048.</p>	<p>Limits State funding for shelter care to \$7,616,048. DETAIL: This is a \$745,932 increase compared to the FY 2013 allocation.</p>
<p>49 20 8. Federal funds received by the state during the fiscal 49 21 year beginning July 1, 2013, as the result of the expenditure 49 22 of state funds appropriated during a previous state fiscal 49 23 year for a service or activity funded under this section are 49 24 appropriated to the department to be used as additional funding 49 25 for services and purposes provided for under this section. 49 26 Notwithstanding section 8.33, moneys received in accordance 49 27 with this subsection that remain unencumbered or unobligated at 49 28 the close of the fiscal year shall not revert to any fund but 49 29 shall remain available for the purposes designated until the 49 30 close of the succeeding fiscal year.</p>	<p>Requires federal funds received in FY 2014 for the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2015.</p>
<p>49 31 9. a. Of the funds appropriated in this section, up to</p>	<p>Provides the following allocations related to court-ordered services for</p>

49 32 \$3,290,000 is allocated for the payment of the expenses of
 49 33 court-ordered services provided to juveniles who are under the
 49 34 supervision of juvenile court services, which expenses are a
 49 35 charge upon the state pursuant to section 232.141, subsection
 50 1 4. Of the amount allocated in this lettered paragraph, up to
 50 2 \$1,556,287 shall be made available to provide school-based
 50 3 supervision of children adjudicated under chapter 232, of which
 50 4 not more than \$15,000 may be used for the purpose of training.
 50 5 A portion of the cost of each school-based liaison officer
 50 6 shall be paid by the school district or other funding source as
 50 7 approved by the chief juvenile court officer.
 50 8 b. Of the funds appropriated in this section, up to \$748,985
 50 9 is allocated for the payment of the expenses of court-ordered
 50 10 services provided to children who are under the supervision
 50 11 of the department, which expenses are a charge upon the state
 50 12 pursuant to section 232.141, subsection 4.

50 13 c. Notwithstanding section 232.141 or any other provision
 50 14 of law to the contrary, the amounts allocated in this
 50 15 subsection shall be distributed to the judicial districts
 50 16 as determined by the state court administrator and to the
 50 17 department's service areas as determined by the administrator
 50 18 of the department's division of child and family services. The
 50 19 state court administrator and the division administrator shall
 50 20 make the determination of the distribution amounts on or before
 50 21 June 15, 2013.

50 22 d. Notwithstanding chapter 232 or any other provision of
 50 23 law to the contrary, a district or juvenile court shall not
 50 24 order any service which is a charge upon the state pursuant
 50 25 to section 232.141 if there are insufficient court-ordered
 50 26 services funds available in the district court or departmental
 50 27 service area distribution amounts to pay for the service. The
 50 28 chief juvenile court officer and the departmental service area
 50 29 manager shall encourage use of the funds allocated in this
 50 30 subsection such that there are sufficient funds to pay for
 50 31 all court-related services during the entire year. The chief
 50 32 juvenile court officers and departmental service area managers
 50 33 shall attempt to anticipate potential surpluses and shortfalls
 50 34 in the distribution amounts and shall cooperatively request the
 50 35 state court administrator or division administrator to transfer
 51 1 funds between the judicial districts' or departmental service
 51 2 areas' distribution amounts as prudent.

51 3 e. Notwithstanding any provision of law to the contrary,
 51 4 a district or juvenile court shall not order a county to pay
 51 5 for any service provided to a juvenile pursuant to an order
 51 6 entered under chapter 232 which is a charge upon the state

juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children that are under the supervision of juvenile court services. This is no change compared to the FY 2013 allocation. Of this amount, \$1,556,287 is allocated for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts. This is no change compared to the FY 2013 allocation.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS. This is no change compared to the FY 2012 allocation.

DETAIL: This is an increase of \$1,227,512 compared to FY 2013.

Requires allocations to the judicial districts as determined by the Court Administrator and to the DHS districts as determined by the Division of Child and Family Services Administrator by June 15, 2013.

Prohibits a court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year and permits funds to be transferred between districts.

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is a charge to the State.

51 7	under section 232.141, subsection 4.	
51 8	f. Of the funds allocated in this subsection, not more than	Prohibits expenditure of more than \$83,000 by the Judicial Branch for
51 9	\$83,000 may be used by the judicial branch for administration	administration related to court-ordered services.
51 10	of the requirements under this subsection.	
		DETAIL: This is no change compared to the FY 2013 allocation.
51 11	g. Of the funds allocated in this subsection, \$17,000	Allocates \$17,000 for the DHS to support the Interstate Commission
51 12	shall be used by the department of human services to support	for Juveniles in accordance with the Interstate Compact for Juveniles.
51 13	the interstate commission for juveniles in accordance with	
51 14	the interstate compact for juveniles as provided in section	DETAIL: This is no change compared to the FY 2013 allocation.
51 15	232.173.	
51 16	10. Of the funds appropriated in this section, \$9,053,226 is	Allocates \$9,053,266 for juvenile delinquent graduated sanctions
51 17	allocated for juvenile delinquent graduated sanctions services.	services. Permits any State funds saved as a result of increasing
51 18	Any state funds saved as a result of efforts by juvenile court	federal Title IV-E claims for juvenile court services, as indicated by the
51 19	services to earn federal Tit.IV-E match for juvenile court	2009 Public Works Efficiency Report, to be used for graduated
51 20	services administration may be used for the juvenile delinquent	sanctions services.
51 21	graduated sanctions services.	
		DETAIL: This is an increase of \$3,030,624 compared to the FY 2013
		allocation.
51 22	11. Of the funds appropriated in this section, \$1,933,285	Requires \$1,933,285 to be transferred to the DPH for the Child
51 23	shall be transferred to the department of public health to be	Protection Center (CPC) Grant Program. Requires \$245,000 to be
51 24	used for equalization and renewal of the grants under the child	used for the Black Hawk county area.
51 25	protection center grant program in accordance with section	
51 26	135.118. Of the amount allocated in this subsection, \$245,000	DETAIL: This is an increase of \$645,000 compared to the FY 2013.
51 27	shall be used for a center in the Black Hawk county area.	
51 28	12. If the department receives federal approval to	Requires children that receive in-home or community-based services
51 29	implement a waiver under Tit.IV-E of the federal Social	under a federal Title IV-E waiver to be considered as placed in foster
51 30	Security Act to enable providers to serve children who remain	care in order to remain eligible for Medicaid, if the DHS receives
51 31	in the children's families and communities, for purposes of	federal approval to implement the waiver.
51 32	eligibility under the medical assistance program, children who	
51 33	participate in the waiver shall be considered to be placed in	
51 34	foster care.	
51 35	13. Of the funds appropriated in this section, \$3,256,980 is	Allocates \$3,256,980 for the Preparation for Adult Living (PALs)
52 1	allocated for the preparation for adult living program pursuant	Program.
52 2	to section 234.46.	
		DETAIL: This is an increase of \$164,605 compared to the FY 2013
		allocation.
52 3	14. Of the funds appropriated in this section, \$1,000,000	Allocates a total of \$1,000,000 for Judicial Branch staffing costs
52 4	shall be used for juvenile drug courts. The amount allocated	relating to juvenile drug courts and specifies the distribution of the
52 5	in this subsection shall be distributed as follows:	funds.
52 6	To the judicial branch for salaries to assist with the	

52	7	operation of juvenile drug court programs operated in the		
52	8	following jurisdictions:		
52	9	a. Marshall county:		
52	10	.....	\$	99,540
52	11	b. Woodbury county:		
52	12	.....	\$	258,804
52	13	c. Polk county:		
52	14	.....	\$	430,843
52	15	d. The third judicial district:		
52	16	.....	\$	111,274
52	17	e. The eighth judicial district:		
52	18	.....	\$	99,539

DETAIL: This is an increase of \$479,850 compared to the FY 2013 allocation.

52 19 15. Of the funds appropriated in this section, \$227,337
 52 20 shall be used for the public purpose of continuing a grant to
 52 21 a nonprofit human services organization providing services to
 52 22 individuals and families in multiple locations in southwest
 52 23 Iowa and Nebraska for support of a project providing immediate,
 52 24 sensitive support and forensic interviews, medical exams, needs
 52 25 assessments, and referrals for victims of child abuse and their
 52 26 nonoffending family members.

Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.

DETAIL: This is no change compared to the FY 2013 allocation.

52 27 16. Of the funds appropriated in this section, \$200,590
 52 28 is allocated for the foster care youth council approach of
 52 29 providing a support network to children placed in foster care.

Allocates \$200,590 to provide support for foster care youth councils.

DETAIL: This is no change compared to the FY 2013 allocation.

52 30 17. Of the funds appropriated in this section, \$202,000 is
 52 31 allocated for use pursuant to section 235A.1 for continuation
 52 32 of the initiative to address child sexual abuse implemented
 52 33 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 52 34 21.

Allocates \$202,000 for an initiative to address child sexual abuse.

DETAIL: This is no change compared to the FY 2013 allocation.

52 35 18. Of the funds appropriated in this section, \$630,240 is
 53 1 allocated for the community partnership for child protection
 53 2 sites.

Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites.

DETAIL: This is no change compared to the FY 2013 allocation.

53 3 19. Of the funds appropriated in this section, \$371,250
 53 4 is allocated for the department's minority youth and family
 53 5 projects under the redesign of the child welfare system.

Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the FY 2013 allocation.

53 6 20. Of the funds appropriated in this section, \$1,436,595
 53 7 is allocated for funding of the community circle of care
 53 8 collaboration for children and youth in northeast Iowa.

Allocates \$1,436,595 for the Circle of Care grant in Northeast Iowa.

DETAIL: This is no change compared to the FY 2013 allocation

53 9 21. Of the funds appropriated in this section, at least	Allocates \$147,158 for the child welfare provider online training academy.
53 10 \$147,158 shall be used for the child welfare training academy.	
	DETAIL: This is no change compared to the FY 2013 allocation.
53 11 22. Of the funds appropriated in this section, \$25,000	Allocates \$25,000 to Four Oaks for various autism spectrum disorders services.
53 12 shall be used for the public purpose of continuation of a	
53 13 grant to a child welfare services provider headquartered in a	
53 14 county with a population between 205,000 and 215,000 in the	DETAIL: This is no change compared to the FY 2013 allocation.
53 15 latest certified federal census that provides multiple services	
53 16 including but not limited to a psychiatric medical institution	
53 17 for children, shelter, residential treatment, after school	
53 18 programs, school-based programming, and an Asperger's syndrome	
53 19 program, to be used for support services for children with	
53 20 autism spectrum disorder and their families.	
53 21 23. Of the funds appropriated in this section, \$25,000	Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.
53 22 shall be used for the public purpose of continuing a grant to	
53 23 a hospital-based provider headquartered in a county with a	
53 24 population between 90,000 and 95,000 in the latest certified	DETAIL: This is no change compared to the FY 2013 allocation.
53 25 federal census that provides multiple services including	
53 26 but not limited to diagnostic, therapeutic, and behavioral	
53 27 services to individuals with autism spectrum disorder across	
53 28 the lifespan. The grant recipient shall utilize the funds	
53 29 to continue the pilot project to determine the necessary	
53 30 support services for children with autism spectrum disorder and	
53 31 their families to be included in the children's disabilities	
53 32 services system. The grant recipient shall submit findings and	
53 33 recommendations based upon the results of the pilot project	
53 34 to the individuals specified in this division of this Act for	
53 35 submission of reports by December 31, 2013.	
54 1 24. Of the funds appropriated in this section, \$327,947	Allocates \$327,947 for continuation of a System of Care Program in Polk County.
54 2 shall be used for continuation of the central Iowa system of	
54 3 care program grant through June 30, 2014.	DETAIL: This is no change compared to the FY 2013 allocation.
54 4 25. Of the funds appropriated in this section, \$160,000	Allocates \$160,000 for continuation of a System of Care Program in Cerro Gordo and Linn Counties.
54 5 shall be used for the public purpose of the continuation of	
54 6 a system of care grant implemented in Cerro Gordo and Linn	
54 7 counties.	DETAIL: This is no change compared to the FY 2013 allocation.
54 8 26. Of the funds appropriated in this section, at least	Allocates at least \$25,000 to continue and expand to additional counties the Foster Care Respite Pilot Program at Wartburg College for students in social work and other Human Services-related programs.
54 9 \$25,000 shall be used to continue and to expand the foster	
54 10 care respite pilot program in which postsecondary students in	
54 11 social work and other human services-related programs receive	

54 12 experience by assisting family foster care providers with
 54 13 respite and other support.

54 14 27. Of the funds appropriated in this section, up to \$25,000
 54 15 shall be used to implement a children's cabinet under the
 54 16 department of human services, if enacted by 2013 Iowa Acts,
 54 17 Senate File 440 or 2013 successor legislation.

54 18 Sec. 18. ADOPTION SUBSIDY.

54 19 1. There is appropriated from the general fund of the
 54 20 state to the department of human services for the fiscal year
 54 21 beginning July 1, 2013, and ending June 30, 2014, the following
 54 22 amount, or so much thereof as is necessary, to be used for the
 54 23 purpose designated:

54 24 For adoption subsidy payments and services:
 54 25 \$ 35,644,083

Allocates \$25,000 for the establishment of a Children's Mental Health Cabinet pending the enactment of SF 440 (Mental Health and Disability Service Redesign Bill) or successor legislation.

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is an decrease of \$1,144,493 compared to estimated net FY 2013. The changes include:

- A decrease of \$201,608 due to a transfer from the Child and Family Services.
- An increase of \$1,572,450 for a 5.00% provider rate increase.

54 26 2. The department may transfer funds appropriated in
 54 27 this section to the appropriation made in this division of
 54 28 this Act for general administration for costs paid from the
 54 29 appropriation relating to adoption subsidy.

Permits the DHS to transfer funds for adoption recruitment and retention. Allows the DHS to transfer funds to Child and Family Services to ensure equitable rate increases for adoption and foster care programs.

54 30 3. Federal funds received by the state during the
 54 31 fiscal year beginning July 1, 2013, as the result of the
 54 32 expenditure of state funds during a previous state fiscal
 54 33 year for a service or activity funded under this section are
 54 34 appropriated to the department to be used as additional funding
 54 35 for the services and activities funded under this section.
 55 1 Notwithstanding section 8.33, moneys received in accordance
 55 2 with this subsection that remain unencumbered or unobligated
 55 3 at the close of the fiscal year shall not revert to any fund
 55 4 but shall remain available for expenditure for the purposes
 55 5 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2014 for the expenditure of State funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2015.

55 6 Sec. 19. JUVENILE DETENTION HOME FUND. Moneys deposited
 55 7 in the juvenile detention home fund created in section 232.142
 55 8 during the fiscal year beginning July 1, 2013, and ending June
 55 9 30, 2014, are appropriated to the department of human services
 55 10 for the fiscal year beginning July 1, 2013, and ending June 30,
 55 11 2014, for distribution of an amount equal to a percentage of

Requires funds deposited in the Juvenile Detention Fund to be distributed to the eligible juvenile detention centers. Funds are to be allocated to the detention centers based on FY 2014 projected operations budgets.

55 12 the costs of the establishment, improvement, operation, and
 55 13 maintenance of county or multicounty juvenile detention homes
 55 14 in the fiscal year beginning July 1, 2012. Moneys appropriated
 55 15 for distribution in accordance with this section shall be
 55 16 allocated among eligible detention homes, prorated on the basis
 55 17 of an eligible detention home's proportion of the costs of all
 55 18 eligible detention homes in the fiscal year beginning July
 55 19 1, 2012. The percentage figure shall be determined by the
 55 20 department based on the amount available for distribution for
 55 21 the fund. Notwithstanding section 232.142, subsection 3, the
 55 22 financial aid payable by the state under that provision for the
 55 23 fiscal year beginning July 1, 2013, shall be limited to the
 55 24 amount appropriated for the purposes of this section.

55 25 Sec. 20. FAMILY SUPPORT SUBSIDY PROGRAM.
 55 26 1. There is appropriated from the general fund of the
 55 27 state to the department of human services for the fiscal year
 55 28 beginning July 1, 2013, and ending June 30, 2014, the following
 55 29 amount, or so much thereof as is necessary, to be used for the
 55 30 purpose designated:
 55 31 For the family support subsidy program subject to the
 55 32 enrollment restrictions in section 225C.37, subsection 3:
 55 33 \$ 1,092,955

55 34 2. The department shall use at least \$483,500 of the moneys
 55 35 appropriated in this section for the family support center
 56 1 component of the comprehensive family support program under
 56 2 section 225C.47. Not more than \$25,000 of the amount allocated
 56 3 in this subsection shall be used for administrative costs.

56 4 3. If at any time during the fiscal year, the amount of
 56 5 funding available for the family support subsidy program
 56 6 is reduced from the amount initially used to establish the
 56 7 figure for the number of family members for whom a subsidy
 56 8 is to be provided at any one time during the fiscal year,
 56 9 notwithstanding section 225C.38, subsection 2, the department
 56 10 shall revise the figure as necessary to conform to the amount
 56 11 of funding available.

56 12 Sec. 21. CONNER DECREE. There is appropriated from the
 56 13 general fund of the state to the department of human services
 56 14 for the fiscal year beginning July 1, 2013, and ending June 30,
 56 15 2014, the following amount, or so much thereof as is necessary,
 56 16 to be used for the purpose designated:

General Fund appropriation for the Family Support Program.

DETAIL: This is a decrease of \$3,829 compared to estimated FY 2013. The changes include:

- A decrease of \$101,829 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$98,000 to expand the Children-at-Home Program to two new areas.

Requires an allocation of \$483,500 from the Family Support Subsidy appropriation to continue the Children-at-Home Program in current counties. Permits the DHS to expand the Program to additional counties if funds are available. Administrative funding is limited to \$25,000.

DETAIL: This is an increase of \$98,000 to expand the program to two new areas.

Requires the Department to revise funding available to participants in the Family Support Subsidy Program if available funds are less than anticipated.

General Fund appropriation to the DHS for Conner Decree training requirements.

DETAIL: This is no change compared to estimated FY 2013. The funds are used for training purposes to comply with the *Conner v. Branstad*

56 17 For building community capacity through the coordination
 56 18 and provision of training opportunities in accordance with the
 56 19 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 56 20 Iowa, July 14, 1994):
 56 21 \$ 33,622

court decision mandating placement of persons in the least restrictive setting.

56 22 Sec. 22. MENTAL HEALTH INSTITUTES. There is appropriated
 56 23 from the general fund of the state to the department of human
 56 24 services for the fiscal year beginning July 1, 2013, and ending
 56 25 June 30, 2014, the following amounts, or so much thereof as is
 56 26 necessary, to be used for the purposes designated:

56 27 1. For the state mental health institute at Cherokee for
 56 28 salaries, support, maintenance, and miscellaneous purposes, and
 56 29 for not more than the following full-time equivalent positions:
 56 30 \$ 5,954,464
 56 31 FTEs 169.20

General Fund appropriation to the MHI at Cherokee.

DETAIL: This is an increase of \$418,726 and an increase of 0.70 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$346,066 to sustain the current number of beds at the institution.
- An increase of 0.70 FTE positions to adjust to the appropriate level.

56 32 2. For the state mental health institute at Clarinda for
 56 33 salaries, support, maintenance, and miscellaneous purposes, and
 56 34 for not more than the following full-time equivalent positions:
 56 35 \$ 6,751,868
 57 1 FTEs 86.10

General Fund appropriation to the MHI at Clarinda.

DETAIL: This is an increase of \$309,180 and no change in FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$236,520 to sustain the current number of beds at the institution.

57 2 3. For the state mental health institute at Independence for
 57 3 salaries, support, maintenance, and miscellaneous purposes, and
 57 4 for not more than the following full-time equivalent positions:
 57 5 \$ 10,318,778
 57 6 FTEs 233.00

General Fund appropriation to the MHI at Independence.

DETAIL: This is an increase of \$580,258 and no change in FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$466,512 to sustain the current number of beds at the institution.
- An increase of \$41,086 due to a reduction in the federal FMAP rate.

57 7 4. For the state mental health institute at Mount Pleasant
 57 8 for salaries, support, maintenance, and miscellaneous purposes,
 57 9 and for not more than the following full-time equivalent
 57 10 positions:
 57 11 \$ 1,366,686
 57 12 FTEs 97.92

General Fund appropriation to the MHI at Mt. Pleasant.

DETAIL: This is an increase of \$481,227 and 0.60 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$326,082 to sustain the current number of beds at the institution.
- An increase of \$82,485 and 0.6 FTE positions to sustain pharmacy staffing at the MHI. The Department of Corrections is centralizing their pharmacy and the shared position will be lost.

57 13 Sec. 23. STATE RESOURCE CENTERS.

57 14 1. There is appropriated from the general fund of the
 57 15 state to the department of human services for the fiscal year
 57 16 beginning July 1, 2013, and ending June 30, 2014, the following
 57 17 amounts, or so much thereof as is necessary, to be used for the
 57 18 purposes designated:

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is an increase of \$1,636,309 compared to estimated FY 2013. The General Fund changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$57,703 due to increased costs of food, transportation, and utilities.
- An increase of \$1,050,040 due to a reduction in the federal FMAP rate.
- An increase of \$455,906 to maintain funding for fixed costs with a lower census.

57 19 a. For the state resource center at Glenwood for salaries,
 57 20 support, maintenance, and miscellaneous purposes:
 57 21 \$ 20,502,425

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$1,598,244 compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$25,726 due to increased costs of food, transportation, and utilities.
- An increase of \$678,065 due to a reduction in the federal FMAP rate.

57 22 b. For the state resource center at Woodward for salaries,
 57 23 support, maintenance, and miscellaneous purposes:
 57 24 \$ 14,631,359

- An increase of \$821,793 to maintain funding for fixed costs with a lower census.

57 25 2. The department may continue to bill for state resource
57 26 center services utilizing a scope of services approach used for
57 27 private providers of ICFID services, in a manner which does not
57 28 shift costs between the medical assistance program, counties,
57 29 or other sources of funding for the state resource centers.

Permits the DHS to continue billing practices that do not include cost shifting.

57 30 3. The state resource centers may expand the time-limited
57 31 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual disabilities or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

57 32 4. If the department's administration and the department
57 33 of management concur with a finding by a state resource
57 34 center's superintendent that projected revenues can reasonably
57 35 be expected to pay the salary and support costs for a new
58 1 employee position, or that such costs for adding a particular
58 2 number of new positions for the fiscal year would be less
58 3 than the overtime costs if new positions would not be added,
58 4 the superintendent may add the new position or positions. If
58 5 the vacant positions available to a resource center do not
58 6 include the position classification desired to be filled, the
58 7 state resource center's superintendent may reclassify any
58 8 vacant position as necessary to fill the desired position. The
58 9 superintendents of the state resource centers may, by mutual
58 10 agreement, pool vacant positions and position classifications
58 11 during the course of the fiscal year in order to assist one
58 12 another in filling necessary positions.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions.

58 13 5. If existing capacity limitations are reached in
58 14 operating units, a waiting list is in effect for a service or
58 15 a special need for which a payment source or other funding
58 16 is available for the service or to address the special need,
58 17 and facilities for the service or to address the special need
58 18 can be provided within the available payment source or other
58 19 funding, the superintendent of a state resource center may
58 20 authorize opening not more than two units or other facilities
58 21 and begin implementing the service or addressing the special
58 22 need during fiscal year 2013-2014.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

58 23 Sec. 24. SEXUALLY VIOLENT PREDATORS.
 58 24 1. There is appropriated from the general fund of the
 58 25 state to the department of human services for the fiscal year
 58 26 beginning July 1, 2013, and ending June 30, 2014, the following
 58 27 amount, or so much thereof as is necessary, to be used for the
 58 28 purpose designated:

58 29 For costs associated with the commitment and treatment of
 58 30 sexually violent predators in the unit located at the state
 58 31 mental health institute at Cherokee, including costs of legal
 58 32 services and other associated costs, including salaries,
 58 33 support, maintenance, and miscellaneous purposes, and for not
 58 34 more than the following full-time equivalent positions:

58 35 \$ 11,142,979
 59 1 FTEs 124.50

59 2 2. Unless specifically prohibited by law, if the amount
 59 3 charged provides for recoupment of at least the entire amount
 59 4 of direct and indirect costs, the department of human services
 59 5 may contract with other states to provide care and treatment
 59 6 of persons placed by the other states at the unit for sexually
 59 7 violent predators at Cherokee. The moneys received under
 59 8 such a contract shall be considered to be repayment receipts
 59 9 and used for the purposes of the appropriation made in this
 59 10 section.

59 11 Sec. 25. FIELD OPERATIONS. There is appropriated from the
 59 12 general fund of the state to the department of human services
 59 13 for the fiscal year beginning July 1, 2013, and ending June 30,
 59 14 2014, the following amount, or so much thereof as is necessary,
 59 15 to be used for the purposes designated:

59 16 For field operations, including salaries, support,
 59 17 maintenance, and miscellaneous purposes, and for not more than
 59 18 the following full-time equivalent positions:

59 19 \$ 67,008,683
 59 20 FTEs 1,837.00

General Fund appropriation to the DHS for the Sexual Predator Commitment Program.

DETAIL: This is an increase of \$2,243,293 and 9.0 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$444,623 for 10 additional court-ordered sex offenders.
- An increase of \$1,726,010 to annualize the cost of FY 2013 increase in offenders.
- An increase of 9.0 FTE positions to provide the appropriate staffing level for the increase.

General Fund appropriation to the DHS for Field Operations staff and support.

DETAIL: This is a net increase of \$5,372,370 and 56.00 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$1,357,864 to restore the appropriation to the FY 2013 service level.
- An increase of \$241,050 to maintain field staff and cases per worker at FY 2013 levels.
- An increase of \$1,581,656 to maintain the FY 2013 case per worker level.
- An increase of \$2,191,800 for Medicaid expansion pending the enactment of SF 296 (Medicaid Expansion Bill).
- An increase of 56.00 FTE positions due to additional staff needed to implement Medicaid Expansion.

59 21 1. As a condition of this appropriation, the department
 59 22 shall make every possible effort to fill the entire number of
 59 23 positions authorized by this section and, unless specifically
 59 24 provided otherwise by an applicable collective bargaining
 59 25 agreement, the department is not subject to any approval
 59 26 requirement external to the department to fill a field
 59 27 operations vacancy within the number of full-time equivalent
 59 28 positions authorized by this section. The department shall
 59 29 report on the first of each month to the chairpersons and
 59 30 ranking members of the appropriations committees of the senate
 59 31 and house of representatives, and the persons designated by
 59 32 this Act for submission of reports concerning the status of
 59 33 filling the positions.

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill authorized vacant Field Operations positions, the Department is not subject to any external Department approval within the number of FTE equivalent positions authorized for Field Operations, and the Department must report to the Chairpersons and Ranking Members of the Appropriations Committees on the first of each month.

59 34 2. Priority in filling full-time equivalent positions
 59 35 shall be given to those positions related to child protection
 60 1 services and eligibility determination for low-income families.

Requires that priority be given to filling positions related to child protection services and eligibility determination for low-income families.

60 2 Sec. 26. GENERAL ADMINISTRATION. There is appropriated
 60 3 from the general fund of the state to the department of human
 60 4 services for the fiscal year beginning July 1, 2013, and ending
 60 5 June 30, 2014, the following amount, or so much thereof as is
 60 6 necessary, to be used for the purpose designated:

60 7 For general administration, including salaries, support,
 60 8 maintenance, and miscellaneous purposes, and for not more than
 60 9 the following full-time equivalent positions:
 60 10 \$ 16,231,171
 60 11 FTEs 309.00

General Fund appropriation for General Administration.

DETAIL: This is a net increase of \$130,486 and 2.0 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$689,000 for general administration.
- An increase of \$475,710 due to increased costs of services through the Department of Administration (DAS).
- An increase of \$25,000 for a Prevention of Disabilities Council summit.
- An increase of \$57,716 for Medicaid Expansion pending the enactment of SF 296.
- A decrease of \$653,940 due to a transfer of funds to the institutions.
- A decrease of \$463,000 to remove an allocation for costs to place sexually violent predators in need of medical treatment.
- An increase of 2.0 FTE positions due the implementation of Medicaid Expansion.

60 12 1. Of the funds appropriated in this section, \$63,543
 60 13 allocated for the prevention of disabilities policy council
 60 14 established in section 225B.3. Of the amount allocated
 60 15 in this subsection, \$25,000 shall be passed through to the

Allocates \$63,543 to the Prevention of Disabilities Policy Council.

DETAIL: This is an increase of \$25,000 compared to the FY 2013 allocation.

60 16 council for the costs involved with holding a summit meeting
 60 17 of the multiple entities providing services to persons with
 60 18 disabilities. The focus of the summit meeting shall be to
 60 19 review existing disability prevention activities in order to
 60 20 identify cost effective public policy options for reaching
 60 21 the greatest number of children and adults in order to
 60 22 eliminate the risk of disabilities. The review shall also
 60 23 address options for health care services available to youth
 60 24 transitioning to the adult system of health care.

60 25 2. The department shall report at least monthly to the
 60 26 legislative services agency concerning the department's
 60 27 operational and program expenditures.

60 28 3. Of the funds appropriated in this section, \$132,300 shall
 60 29 be used to continue the contract for the provision of a program
 60 30 to provide technical assistance, support, and consultation to
 60 31 providers of habilitation services and home and community-based
 60 32 services waiver services for adults with disabilities under the
 60 33 medical assistance program.

60 34 4. Of the funds appropriated in this section, \$176,400 shall
 60 35 be used to continue the contract to expand the provision of
 61 1 nationally accredited and recognized internet-based training to
 61 2 include mental health and disability services providers.

61 3 5. Of the funds appropriated in this section, \$50,000
 61 4 shall be transferred to the Iowa finance authority to be used
 61 5 for administrative support of the council on homelessness
 61 6 established in section 16.100A and for the council to fulfill
 61 7 its duties in addressing and reducing homelessness in the
 61 8 state.

61 9 Sec. 27. VOLUNTEERS. There is appropriated from the general
 61 10 fund of the state to the department of human services for the
 61 11 fiscal year beginning July 1, 2013, and ending June 30, 2014,
 61 12 the following amount, or so much thereof as is necessary, to be
 61 13 used for the purpose designated:

61 14 For development and coordination of volunteer services:
 61 15 \$ 84,660

61 16 Sec. 28. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 61 17 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 61 18 DEPARTMENT OF HUMAN SERVICES.

61 19 1. a. (1) For the fiscal year beginning July 1, 2013,
 61 20 the total state funding amount for the nursing facility budget

Requires the DHS to submit monthly expenditure reports to the LSA.

Allocates \$132,300 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

DETAIL: This is no change compared to the FY 2013 allocation.

Allocates \$176,400 to continue the contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is no change compared to the FY 2013 allocation.

Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the FY 2013 allocation.

General Fund appropriation to the DHS for the development and coordination of the Volunteer Services Program.

DETAIL: This is no change compared to estimated net FY 2013.

Caps nursing facility reimbursements at \$271,712,511 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if

<p>61 21 shall not exceed \$271,712,511.</p> <p>61 22 (2) For the fiscal year beginning July 1, 2013, the</p> <p>61 23 department shall rebase case-mix nursing facility rates</p> <p>61 24 effective July 1, 2013. However, total nursing facility budget</p> <p>61 25 expenditures, including both case-mix and noncase-mix, shall</p> <p>61 26 not exceed the amount specified in subparagraph (1). When</p> <p>61 27 calculating case-mix per diem cost and the patient-day-weighted</p> <p>61 28 medians used in rate-setting for nursing facilities effective</p> <p>61 29 July 1, 2013, the inflation factor applied from the midpoint</p> <p>61 30 of the cost report period to the first day of the state fiscal</p> <p>61 31 year rate period shall be adjusted to maintain state funding</p> <p>61 32 within the amount specified in subparagraph (1).</p> <p>61 33 (3) The department, in cooperation with nursing facility</p> <p>61 34 representatives, shall review projections for state funding</p> <p>61 35 expenditures for reimbursement of nursing facilities on a</p> <p>62 1 quarterly basis and the department shall determine if an</p> <p>62 2 adjustment to the medical assistance reimbursement rate is</p> <p>62 3 necessary in order to provide reimbursement within the state</p> <p>62 4 funding amount for the fiscal year. Notwithstanding 2001</p> <p>62 5 Iowa Acts, chapter 192, section 4, subsection 2, paragraph</p> <p>62 6 "c", and subsection 3, paragraph "a", subparagraph (2),</p> <p>62 7 if the state funding expenditures for the nursing facility</p> <p>62 8 budget for the fiscal year is projected to exceed the amount</p> <p>62 9 specified in subparagraph (1), the department shall adjust</p> <p>62 10 the reimbursement for nursing facilities reimbursed under the</p> <p>62 11 case-mix reimbursement system to maintain expenditures of the</p> <p>62 12 nursing facility budget within the specified amount for the</p> <p>62 13 fiscal year.</p> <p>62 14 (4) For the fiscal year beginning July 1, 2013, special</p> <p>62 15 population nursing facilities shall be reimbursed in accordance</p> <p>62 16 with the methodology in effect on June 30, 2013.</p> <p>62 17 b. (1) For the fiscal year beginning July 1, 2013,</p> <p>62 18 the department shall establish the pharmacy dispensing fee</p> <p>62 19 reimbursement at \$10.02 per prescription. Any subsequent</p> <p>62 20 actual dispensing fee shall be established within the range</p> <p>62 21 determined by a cost of dispensing survey performed by</p> <p>62 22 the department and required to be completed by all medical</p> <p>62 23 assistance program participating pharmacies every two years</p> <p>62 24 beginning in FY 2014-2015.</p> <p>62 25 (2) The department shall utilize an average acquisition</p> <p>62 26 cost reimbursement methodology for pharmacy ingredient cost</p> <p>62 27 reimbursement of all drugs covered under the medical assistance</p> <p>62 28 program in accordance with 2012 Iowa Acts, chapter 1133,</p> <p>62 29 section 33.</p>	<p>expenditures exceed the cap.</p> <p>DETAIL: The cap includes \$18,268,148 to rebase nursing facilities. The DHS is to rebase nursing facility rates effective July 1, 2013.</p> <p>Requires methodology for calculating reimbursement for special population nursing facilities to remain the same as the methodology in effect in FY 2013.</p> <p>Requires a reimbursement rate of \$10.02 per prescription for pharmacist services for FY 2014. The fee is to be determined by a dispensing survey.</p> <p>DETAIL: This is no change compared to FY 2013 rate.</p> <p>Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition cost prices that are not</p>
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reflective of the actual drug cost.

Requires the rate of reimbursement for outpatient services to be increased by 1.50% compared to the rate in effect in FY 2013 subject to the Medicaid Upper Payment Limit (UPL) rules.

Requires the rate of reimbursement for inpatient services to be increased by 1.50% compared to the rate in effect in FY 2013 subject to the Medicaid Upper Payment Limit (UPL) rules.

Requires the rate of reimbursement for graduate medical education and Disproportionate Share Hospital (DSH) Fund to be increased by 1.50% compared to the ending FY 2013 reimbursement rate and specifies that the Graduate Medical Education (GME) rates reflect the elimination of payment to out-of-state hospitals.

Requires funds appropriated for hospital activities to be used for activities pursuant to the federal Medicare program.

Requires rural health clinics, hospice services, and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2014.

Requires reimbursement methodology for independent laboratories to remain the same as the methodology in FY 2013 and rehabilitation agency reimbursements to be increased by 1.50% compared to the rate in effect in FY 2013.

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA). The DHS is required to update the rates every two years.

DETAIL: The Bill provides up to an additional \$2,765,655 to rebase the rate to the LUPA for FY 2014.

62 30 c. (1) For the fiscal year beginning July 1, 2013,
62 31 reimbursement rates for outpatient hospital services shall be
62 32 increased 1.5 percent over the rates in effect on June 30,
62 33 2013, subject to Medicaid program upper payment limit rules.

62 34 (2) For the fiscal year beginning July 1, 2013,
62 35 reimbursement rates for inpatient hospital services shall by
63 1 increased by 1.5 percent over the rates in effect on June 30,
63 2 2013, subject to Medicaid program upper payment limit rules.

63 3 (3) For the fiscal year beginning July 1, 2013, the graduate
63 4 medical education and disproportionate share hospital fund
63 5 shall be increased by 1.5 percent over the amount in effect on
63 6 June 30, 2013, except that the portion of the fund attributable
63 7 to graduate medical education shall be reduced in an amount
63 8 that reflects the elimination of graduate medical education
63 9 payments made to out-of-state hospitals.

63 10 (4) In order to ensure the efficient use of limited state
63 11 funds in procuring health care services for low-income lowans,
63 12 funds appropriated in this Act for hospital services shall
63 13 not be used for activities which would be excluded from a
63 14 determination of reasonable costs under the federal Medicare
63 15 program pursuant to 42 U.S.C.§1395X(v)(1)(N).

63 16 d. For the fiscal year beginning July 1, 2013, reimbursement
63 17 rates for rural health clinics, hospices, and acute mental
63 18 hospitals shall be increased in accordance with increases under
63 19 the federal Medicare program or as supported by their Medicare
63 20 audited costs.

63 21 e. For the fiscal year beginning July 1, 2013, independent
63 22 laboratories shall be reimbursed using the same methodology in
63 23 effect on June 30, 2013, and reimbursement for rehabilitation
63 24 agencies shall be increased by 1.5 percent over the rates in
63 25 effect on June 30, 2013.

63 26 f. (1) For the fiscal year beginning July 1, 2013, rates
63 27 for home health services shall be reimbursed based on the
63 28 Medicare low utilization payment amount (LUPA) methodology
63 29 with state geographic wage adjustments. The Medicare LUPA
63 30 per-visit rates in effect on July 1, 2013, shall be utilized
63 31 as the basis for establishing the initial reimbursement
63 32 schedule. The department shall update the rates every two
63 33 years to reflect the most recent Medicare LUPA rates. For the
63 34 fiscal year beginning July 1, 2013, the department shall adjust

63 35 the reimbursement rate as calculated under this paragraph to 64 1 reflect the most recent Medicare LUPA rates for home health 64 2 services, not to exceed an additional \$2,765,655.	
64 3 (2) For the fiscal year beginning July 1, 2013, rates for 64 4 private duty nursing and personal care services under the 64 5 early and periodic screening, diagnostic and treatment program 64 6 benefit shall be established based on an hourly interim rate 64 7 subject to cost settlement up to a limit calculated by the 64 8 department, and subject to approval by the centers for Medicare 64 9 and Medicaid services of the United States department of health 64 10 and human services.	Requires rates for private duty nursing and personal care services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program to be established based on an hourly interim rate and subject to cost settlement up to a limit calculated by DHS. DETAIL: This change must also be approved by the federal Centers for Medicare and Medicaid Services.
64 11 g. For the fiscal year beginning July 1, 2013, federally 64 12 qualified health centers shall receive cost-based reimbursement 64 13 for 100 percent of the reasonable costs for the provision of 64 14 services to recipients of medical assistance.	Requires the DHS to reimburse federally qualified health centers (FQHCs) for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.
64 15 h. For the fiscal year beginning July 1, 2013, the 64 16 reimbursement rates for dental services shall be increased by 64 17 1.5 percent over the rates in effect on June 30, 2013.	Requires the reimbursement rates for dental services to be increased by 1.50% compared to the rate in effect in FY 2013.
64 18 i. (1) For the fiscal year beginning July 1, 2013, 64 19 state-owned psychiatric medical institutions for children shall 64 20 receive cost-based reimbursement for 100 percent of the actual 64 21 and allowable costs for the provision of services to recipients 64 22 of medical assistance.	Requires the reimbursement rates for State-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.
64 23 (2) For the nonstate-owned psychiatric medical institutions 64 24 for children, reimbursement rates shall be based on the 64 25 reimbursement methodology developed by the department as 64 26 required for federal compliance.	Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology developed by the DHS.
64 27 (3) As a condition of participation in the medical 64 28 assistance program, enrolled providers shall accept the medical 64 29 assistance reimbursement rate for any covered goods or services 64 30 provided to recipients of medical assistance who are children 64 31 under the custody of a psychiatric medical institution for 64 32 children.	Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.
64 33 j. For the fiscal year beginning July 1, 2013, unless 64 34 otherwise specified in this Act, all noninstitutional medical 64 35 assistance provider reimbursement rates shall be increased 65 1 by 1.5 percent over the rates in effect on June 30, 2013, 65 2 except for area education agencies, local education agencies, 65 3 infant and toddler services providers, home and community-based 65 4 services providers including consumer-directed attendant care 65 5 providers under a section 1915C or 1915I waiver, targeted case	Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to be increased by 1.50% compared to the FY 2013 rates.

65 6 management providers, and those providers whose rates are
65 7 required to be determined pursuant to section 249A.20.

65 8 k. Notwithstanding any provision to the contrary, for the
65 9 fiscal year beginning July 1, 2013, the reimbursement rate for
65 10 anesthesiologists shall be increased by 1.5 percent over the
65 11 rate in effect on June 30, 2013.

Requires the reimbursement rates for anesthesiologist to be increased by 1.50% compared to the rate in effect in FY 2013.

65 12 l. Notwithstanding section 249A.20, for the fiscal year
65 13 beginning July 1, 2013, the average reimbursement rate for
65 14 health care providers eligible for use of the federal Medicare
65 15 resource-based relative value scale reimbursement methodology
65 16 under that section shall be increased by 1.5 percent over the
65 17 rate in effect on June 30, 2013; however, this rate shall not
65 18 exceed the maximum level authorized by the federal government.

Requires the rates for health care providers eligible for the average rate reimbursement to be increased by 1.50% compared to the rates in effect in FY 2013.

65 19 m. For the fiscal year beginning July 1, 2013, the
65 20 reimbursement rate for residential care facilities shall not
65 21 be less than the minimum payment level as established by the
65 22 federal government to meet the federally mandated maintenance
65 23 of effort requirement. The flat reimbursement rate for
65 24 facilities electing not to file annual cost reports shall not
65 25 be less than the minimum payment level as established by the
65 26 federal government to meet the federally mandated maintenance
65 27 of effort requirement.

Requires the reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.

65 28 n. For the fiscal year beginning July 1, 2013, inpatient
65 29 mental health services provided at hospitals shall be increased
65 30 by 1.5 percent over the rates in effect on June 30, 2013,
65 31 subject to Medicaid program upper payment limit rules;
65 32 community mental health centers and providers of mental health
65 33 services to county residents pursuant to a waiver approved
65 34 under section 225C.7, subsection 3, shall be reimbursed at 100
65 35 percent of the reasonable costs for the provision of services
66 1 to recipients of medical assistance; and psychiatrists shall be
66 2 reimbursed at the medical assistance program fee-for-service
66 3 rate.

Requires the reimbursement rate of mental health services provided at hospitals to be increased by 1.50% compared to the rates in effect in FY 2013 and community mental health centers to be reimbursed at 100.00% of costs.

66 4 o. For the fiscal year beginning July 1, 2013, the
66 5 reimbursement rate for providers of family planning services
66 6 that are eligible to receive a 90 percent federal match shall
66 7 be increased by 1.5 percent over the rates in effect on June
66 8 30, 2013.

Requires the reimbursement rates for family planning services to be increased by 1.50% compared to the rate in effect in FY 2013.

66 9 p. For the fiscal year beginning July 1, 2013, the upper
66 10 limits on reimbursement rates for providers of home and
66 11 community-based services waiver services shall be the limits
66 12 in effect on June 30, 2013, pursuant to 441 IAC 79.1(2) based

Provides a 3.00% rate increase beginning July 1, 2013, compared to the rate in effect for FY 2013 for HCBS Waiver providers.

DETAIL: This increase is projected to cost \$7,130,445 for the final six

<p>66 13 on federal Medicare rates, federal veterans administration 66 14 rates, or the dollar amount specified in the rule, increased 66 15 by 3 percent.</p>	<p>months of FY 2013.</p>
<p>66 16 q. For the fiscal year beginning July 1, 2013, the 66 17 reimbursement rate for emergency medical services providers 66 18 shall be increased by 10 percent over the rates in effect on 66 19 June 30, 2013.</p>	<p>Provides a 10.00% rate increase beginning July 1, 2013, compared to the rate in effect for FY 2013 for Emergency Medical Services (EMS) providers.</p> <p>DETAIL: This increase is projected to cost \$226,995.</p>
<p>66 20 2. For the fiscal year beginning July 1, 2013, the 66 21 reimbursement rate for providers reimbursed under the 66 22 in-home-related care program shall not be less than the minimum 66 23 payment level as established by the federal government to meet 66 24 the federally mandated maintenance of effort requirement.</p>	<p>Provides that the minimum reimbursement payment for providers for the In-Home-Related Care Program be no less than the minimum payment established by the federal government for FY 2014.</p>
<p>66 25 3. Unless otherwise directed in this section, when the 66 26 department's reimbursement methodology for any provider 66 27 reimbursed in accordance with this section includes an 66 28 inflation factor, this factor shall not exceed the amount 66 29 by which the consumer price index for all urban consumers 66 30 increased during the calendar year ending December 31, 2002.</p>	
<p>66 31 4. a. For the fiscal year beginning July 1, 2013, 66 32 notwithstanding section 234.38, the foster family basic daily 66 33 maintenance rate and the maximum adoption subsidy rate for 66 34 children ages 0 through 5 years shall be \$16.78, the rate for 66 35 children ages 6 through 11 years shall be \$17.45, the rate for 67 1 children ages 12 through 15 years shall be \$19.10, and the 67 2 rate for children and young adults ages 16 and older shall be 67 3 \$19.35. For youth ages 18 to 21 who have exited foster care, 67 4 the maximum preparation for adult living program maintenance 67 5 rate shall be \$602.70 per month. The maximum payment for 67 6 adoption subsidy nonrecurring expenses shall be limited to \$500 67 7 and the disallowance of additional amounts for court costs and 67 8 other related legal expenses implemented pursuant to 2010 Iowa 67 9 Acts, chapter 1031, section 408 shall be continued.</p>	<p>Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages zero through 21 years old to be increased by 5.00% compared to the rate in effect in FY 2013.</p>
<p>67 10 b. (1) For the fiscal year beginning July 1, 2013, the 67 11 reimbursement rates for child welfare services providers shall 67 12 be increased by 5 percent over the rates in effect on June 67 13 30, 2013, and the maximum reimbursement rate for group foster 67 14 care providers, including service and maintenance costs, shall 67 15 be rebased to be equal to the maximum rate allowed for each 67 16 service level as of June 30, 2013, and the rebased rate shall 67 17 be increased by 5 percent or a percentage amount identified 67 18 by the department so that expenditures for group foster care 67 19 remain within the state expenditure target for group foster</p>	<p>Requires the reimbursement rates for child welfare services providers to be increased by 5.00%, or another percentage as determined by the DHS, compared to the rates in effect in FY 2013.</p>

67 20 care maintenance and services allocated under the appropriation
 67 21 made in this division of this Act for child and family
 67 22 services, whichever percentage amount is lower.
 67 23 (2) For purposes of this lettered paragraph, "child welfare
 67 24 services providers" means the resource family recruitment and
 67 25 retention contractors, the family safety, risk, and permanency
 67 26 services (family-centered) contractors, the child welfare
 67 27 emergency services contractors, and supervised apartment living
 67 28 foster care providers. The reimbursement rates for child
 67 29 welfare services providers and group foster care providers in
 67 30 succeeding fiscal years, including base rates and incentive
 67 31 payments, shall incorporate an inflation factor. The inflation
 67 32 factor shall be equal to the percentage amount by which the
 67 33 annual average consumer price index for all urban consumers,
 67 34 United States city average, issued by the United States
 67 35 department of labor, bureau of labor statistics, increased
 68 1 during the average of the three preceding calendar years ending
 68 2 December 31.

68 3 c. For the fiscal year beginning July 1, 2013, the maximum
 68 4 reimbursement rates under the supervised apartment living
 68 5 program other than foster care-related, and for social services
 68 6 providers under contract, shall be increased by 5 percent over
 68 7 the rates in effect on June 30, 2013, or the provider's actual
 68 8 and allowable cost plus inflation for each service, whichever
 68 9 is less. However, if a new service or service provider is
 68 10 added after June 30, 2013, the initial reimbursement rate for
 68 11 the service or provider shall be based upon a weighted average
 68 12 of provider rates for similar services.

68 13 d. The group foster care reimbursement rates paid for
 68 14 placement of children out of state shall be calculated
 68 15 according to the same rate-setting principles as those used for
 68 16 in-state providers, unless the director of human services or
 68 17 the director's designee determines that appropriate care cannot
 68 18 be provided within the state. The payment of the daily rate
 68 19 shall be based on the number of days in the calendar month in
 68 20 which service is provided.

68 21 5. a. For the fiscal year beginning July 1, 2013, the
 68 22 reimbursement rate paid for shelter care and the child welfare
 68 23 emergency services implemented to provide or prevent the need
 68 24 for shelter care shall be established by contract.

68 25 b. For the fiscal year beginning July 1, 2013, the combined
 68 26 service and maintenance components of the reimbursement rate
 68 27 paid for shelter care services shall be based on the financial
 68 28 and statistical report submitted to the department. The

Requires the reimbursement rates for the Supervised Apartment Living Program (other than foster care-related) providers to be increased by 5.00% compared to the rate in effect in FY 2013.

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the State. Also, requires payment of the daily rate to be based on the number of days in the calendar month this service is provided.

Specifies that the Statewide average reimbursement rates paid to shelter care providers be established by contract.

Requires the FY 2014 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$96.98 per day, and requires the DHS to

<p>68 29 maximum reimbursement rate shall be \$96.98 per day. The 68 30 department shall reimburse a shelter care provider at the 68 31 provider's actual and allowable unit cost, plus inflation, not 68 32 to exceed the maximum reimbursement rate.</p>	<p>reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.</p>
<p>68 33 c. Notwithstanding section 232.141, subsection 8, for the 68 34 fiscal year beginning July 1, 2013, the amount of the statewide 68 35 average of the actual and allowable rates for reimbursement of 69 1 juvenile shelter care homes that is utilized for the limitation 69 2 on recovery of unpaid costs shall be increased by \$4.62 over 69 3 the amount in effect for this purpose in the preceding fiscal 69 4 year.</p>	<p>Increases the limit of the Statewide average reimbursement rates paid to shelter care providers that are received in FY 2014 to \$4.62 more than the amount in effect for the same purpose in FY 2013. This impacts the amount of charges that are reimbursed.</p>
<p>69 5 6. For the fiscal year beginning July 1, 2013, the 69 6 department shall calculate reimbursement rates for intermediate 69 7 care facilities for persons with intellectual disabilities 69 8 at the 80th percentile. Beginning July 1, 2013, the rate 69 9 calculation methodology shall utilize the consumer price index 69 10 inflation factor applicable to the fiscal year beginning July 69 11 1, 2013.</p>	<p>Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2014.</p>
<p>69 12 7. For the fiscal year beginning July 1, 2013, for child 69 13 care providers reimbursed under the state child care assistance 69 14 program, the department shall set provider reimbursement rates 69 15 based on the rate reimbursement survey completed in December 69 16 2006. The department shall set rates in a manner so as to 69 17 provide incentives for a nonregistered provider to become 69 18 registered by applying the increase only to registered and 69 19 licensed providers.</p>	<p>Requires the DHS to set FY 2014 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December of 2006. Requires a 5.00% rate increase to providers over the FY 2013 rates. Requires rates to be set in a manner that will provide incentives for nonregistered providers to become registered.</p>
<p>69 20 8. Any increase specified in a provider's reimbursement 69 21 rate in accordance with this section shall be used to increase 69 22 compensation and costs of employment, including benefits, for 69 23 nonadministrative staff.</p>	
<p>69 24 9. The department may adopt emergency rules to implement 69 25 this section.</p>	<p>Specifies that the DHS may adopt emergency rules to implement this Section.</p>
<p>69 26 Sec. 29. EMERGENCY RULES. 69 27 1. If specifically authorized by a provision of this 69 28 division of this Act for the fiscal year beginning July 1, 69 29 2013, the department of human services or the mental health 69 30 and disability services commission may adopt administrative 69 31 rules under section 17A.4, subsection 3, and section 17A.5, 69 32 subsection 2, paragraph "b", to implement the provisions and 69 33 the rules shall become effective immediately upon filing or 69 34 on a later effective date specified in the rules, unless the 69 35 effective date is delayed by the administrative rules review 70 1 committee. Any rules adopted in accordance with this section</p>	<p>Permits the DHS and the Mental Health, and Disability Services Commission to adopt emergency rules when authorized.</p>

70 2 shall not take effect before the rules are reviewed by the
 70 3 administrative rules review committee. The delay authority
 70 4 provided to the administrative rules review committee under
 70 5 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 70 6 shall be applicable to a delay imposed under this section,
 70 7 notwithstanding a provision in those sections making them
 70 8 inapplicable to section 17A.5, subsection 2, paragraph "b".
 70 9 Any rules adopted in accordance with the provisions of this
 70 10 section shall also be published as notice of intended action
 70 11 as provided in section 17A.4.

70 12 2. If during the fiscal year beginning July 1, 2013, the
 70 13 department of human services is adopting rules in accordance
 70 14 with this section or as otherwise directed or authorized by
 70 15 state law, and the rules will result in an expenditure increase
 70 16 beyond the amount anticipated in the budget process or if the
 70 17 expenditure was not addressed in the budget process for the
 70 18 fiscal year, the department shall notify the persons designated
 70 19 by this division of this Act for submission of reports,
 70 20 the chairpersons and ranking members of the committees on
 70 21 appropriations, and the department of management concerning the
 70 22 rules and the expenditure increase. The notification shall be
 70 23 provided at least 30 calendar days prior to the date notice of
 70 24 the rules is submitted to the administrative rules coordinator
 70 25 and the administrative code editor.

70 26 Sec. 30. REPORTS. Any reports or other information
 70 27 required to be compiled and submitted under this Act during the
 70 28 fiscal year beginning July 1, 2013, shall be submitted to the
 70 29 chairpersons and ranking members of the joint appropriations
 70 30 subcommittee on health and human services, the legislative
 70 31 services agency, and the legislative caucus staffs on or
 70 32 before the dates specified for submission of the reports or
 70 33 information.

70 34 DIVISION VI
 70 35 HEALTH CARE ACCOUNTS AND FUNDS — FY 2013-2014

71 1 Sec. 31. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 71 2 appropriated from the pharmaceutical settlement account created
 71 3 in section 249A.33 to the department of human services for the
 71 4 fiscal year beginning July 1, 2013, and ending June 30, 2014,
 71 5 the following amount, or so much thereof as is necessary, to be
 71 6 used for the purpose designated:
 71 7 Notwithstanding any provision of law to the contrary, to
 71 8 supplement the appropriations made in this Act for medical
 71 9 contracts under the medical assistance program for the fiscal

Requires the DHS to report to the Chairpersons and Ranking Members of the Appropriations Committees, the LSA, and the Department of Management (DOM) at least 30 days prior to submitting rules that have a fiscal impact that was not addressed in the budget process.

Requires any reports required by this Bill to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

Pharmaceutical Settlement Account appropriation to the DHS for medical contracts in Medicaid.

DETAIL: This is an increase of \$1,844,196 compared to estimated FY 2013.

71 10 year beginning July 1, 2013, and ending June 30, 2014:
 71 11 \$ 6,650,000

71 12 Sec. 32. APPROPRIATIONS FROM IOWACARE ACCOUNT.
 71 13 1. There is appropriated from the IowaCare account
 71 14 created in section 249J.24 to the state board of regents for
 71 15 distribution to the university of Iowa hospitals and clinics
 71 16 for the fiscal year beginning July 1, 2013, and ending June 30,
 71 17 2014, for the program period beginning July 1, 2013, and ending
 71 18 December 31, 2013, the following amount, or so much thereof as
 71 19 is necessary, to be used for the purposes designated:
 71 20 For salaries, support, maintenance, equipment, and
 71 21 miscellaneous purposes, for the provision of medical and
 71 22 surgical treatment of indigent patients, for provision of
 71 23 services to members of the expansion population pursuant to
 71 24 chapter 249J, and for medical education:
 71 25 \$ 13,642,292

71 26 a. Funds appropriated in this subsection shall be used
 71 27 in accordance with 2011 Iowa Acts, chapter 129, section 35,
 71 28 subsection 1, paragraph "a".

71 29 b. Notwithstanding any provision of law to the contrary,
 71 30 the amount appropriated in this subsection shall be distributed
 71 31 based on claims submitted, adjudicated, and paid by the Iowa
 71 32 Medicaid enterprise.

71 33 c. The university of Iowa hospitals and clinics shall
 71 34 certify public expenditures in an amount equal to provide
 71 35 the nonfederal share on total expenditures not to exceed
 72 1 \$10,000,000.

72 2 2. There is appropriated from the IowaCare account
 72 3 created in section 249J.24 to the state board of regents for
 72 4 distribution to the university of Iowa hospitals and clinics
 72 5 for the fiscal year beginning July 1, 2013, and ending June 30,
 72 6 2014, for the program period beginning July 1, 2013, and ending
 72 7 December 31, 2013, the following amount, or so much thereof as
 72 8 is necessary, to be used for the purposes designated:
 72 9 For salaries, support, maintenance, equipment, and
 72 10 miscellaneous purposes, for the provision of medical and
 72 11 surgical treatment of indigent patients, for provision of
 72 12 services to members of the expansion population pursuant to
 72 13 chapter 249J, and for medical education:
 72 14 \$ 26,284,600

IowaCare Account appropriation to the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is a decrease of \$13,642,292 compared to estimated FY 2013. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014. IowaCare is an indigent care program for uninsured adults with incomes up to 200.00% of the FPL. It was created during the 2005 Legislative Session in response to the elimination of federal Intergovernmental Transfers (IGTs). The appropriation was first funded in FY 2006. A portion of the funds are to be used for graduate medical education.

Specifies the conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

DETAIL: The rules regarding abortion that apply to the Medical Assistance Program also apply to IowaCare.

Specifies the amount appropriated is to be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid Enterprise (IME).

Specifies the UIHC is to use Certified Public Expenditures as the nonfederal share to match for a total amount of \$10,000,000.

IowaCare Account appropriation of an additional \$26,284,600 to the State Board of Regents to be distributed to the UIHC.

DETAIL: This is a decrease of \$19,369,533 compared to the estimated FY 2013 appropriation. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

72 15 Notwithstanding any provision of law to the contrary, the
 72 16 amount appropriated in this subsection shall be distributed
 72 17 based on claims submitted, adjudicated, and paid by the Iowa
 72 18 Medicaid enterprise.

Specifies the amount appropriated is to be distributed based on claims submitted, adjudicated, and paid by the IME.

72 19 3. There is appropriated from the IowaCare account
 72 20 created in section 249J.24 to the state board of regents for
 72 21 distribution to university of Iowa physicians for the fiscal
 72 22 year beginning July 1, 2013, and ending June 30, 2014, for the
 72 23 program period beginning July 1, 2013, and ending December 31,
 72 24 2013, the following amount, or so much thereof as is necessary
 72 25 to be used for the purposes designated:
 72 26 For salaries, support, maintenance, equipment, and
 72 27 miscellaneous purposes for the provision of medical and
 72 28 surgical treatment of indigent patients, for provision of
 72 29 services to members of the expansion population pursuant to
 72 30 chapter 249J, and for medical education:
 72 31 \$ 9,903,183

IowaCare appropriation to the physicians at the UIHC to reimburse physicians for their services.

 DETAIL: This is a decrease of \$6,374,570 compared to the estimated FY 2013 appropriation. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

72 32 Notwithstanding any provision of law to the contrary, the
 72 33 amount appropriated in this subsection shall be distributed
 72 34 based on claims submitted, adjudicated, and paid by the Iowa
 72 35 Medicaid enterprise. Once the entire amount appropriated in
 73 1 this subsection has been distributed, claims shall continue to
 73 2 be submitted and adjudicated by the Iowa Medicaid enterprise;
 73 3 however, no payment shall be made based upon such claims.

Requires all appropriations in this Subsection to be distributed based on claims adjudicated and paid by the IME. Funds distributed in this subsection are limited to the appropriation provided.

73 4 4. There is appropriated from the IowaCare account created
 73 5 in section 249J.24 to the department of human services for
 73 6 the fiscal year beginning July 1, 2013, and ending June 30,
 73 7 2014, for the program period beginning July 1, 2013, and ending
 73 8 December 31, 2013, the following amount, or so much thereof as
 73 9 is necessary, to be used for the purposes designated:
 73 10 For distribution to a publicly owned acute care teaching
 73 11 hospital located in a county with a population over 350,000 for
 73 12 the provision of medical and surgical treatment of indigent
 73 13 patients, for provision of services to members of the expansion
 73 14 population pursuant to chapter 249J, and for medical education:
 73 15 \$ 35,500,000

IowaCare Account appropriation to Polk County Broadlawns Medical Center.

 DETAIL: This is a decrease of \$35,500,000 compared to estimated FY 2013. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

73 16 a. Notwithstanding any provision of law to the contrary,
 73 17 the amount appropriated in this subsection shall be distributed
 73 18 based on claims submitted, adjudicated, and paid by the Iowa
 73 19 Medicaid enterprise plus a monthly disproportionate share
 73 20 hospital payment. Any amount appropriated in this subsection
 73 21 in excess of \$32,500,000 shall be distributed only if the sum
 73 22 of the expansion population claims adjudicated and paid by the
 73 23 Iowa Medicaid enterprise plus the estimated disproportionate
 73 24 share hospital payments exceeds \$32,500,000. The amount paid

Broadlawns will transfer \$21,000,000 of Polk County property tax proceeds to the State to draw down the federal match that funds the IowaCare Program for FY 2014.

73 25 in excess of \$32,500,000 shall not adjust the original monthly
 73 26 payment amount but shall be distributed monthly based on actual
 73 27 claims adjudicated and paid by the Iowa Medicaid enterprise
 73 28 plus the estimated disproportionate share hospital amount. Any
 73 29 amount appropriated in this subsection in excess of \$32,500,000
 73 30 shall be allocated only if federal funds are available to match
 73 31 the amount allocated. Pursuant to paragraph "b", of the amount
 73 32 appropriated in this subsection, not more than \$2,000,000 shall
 73 33 be distributed for prescription drugs, podiatry services,
 73 34 optometric services, and durable medical equipment.

73 35 b. Notwithstanding any provision of law to the contrary, the
 74 1 hospital identified in this subsection shall be reimbursed for
 74 2 outpatient prescription drugs, podiatry services, optometric
 74 3 services, and durable medical equipment provided to members
 74 4 of the expansion population pursuant to all applicable
 74 5 medical assistance program rules, in an amount not to exceed
 74 6 \$2,000,000.

74 7 c. Notwithstanding the total amount of proceeds distributed
 74 8 pursuant to section 249J.24, subsection 4, paragraph "a",
 74 9 unnumbered paragraph 1, for the fiscal year beginning July
 74 10 1, 2013, and ending June 30, 2014, the county treasurer of a
 74 11 county with a population of over 350,000 in which a publicly
 74 12 owned acute care teaching hospital is located shall distribute
 74 13 the proceeds collected pursuant to section 347.7 between
 74 14 July 1, 2013, and December 31, 2013, in a total amount of
 74 15 \$19,000,000, which would otherwise be distributed to the county
 74 16 hospital, to the treasurer of state for deposit in the IowaCare
 74 17 account.

74 18 d. Notwithstanding the amount collected and distributed
 74 19 for deposit in the IowaCare account pursuant to section
 74 20 249J.24, subsection 4, paragraph "a", subparagraph (1), the
 74 21 first \$19,000,000 in proceeds collected pursuant to section
 74 22 347.7 between July 1, 2013, and December 31, 2013, shall be
 74 23 distributed to the treasurer of state for deposit in the
 74 24 IowaCare account and collections during this time period in
 74 25 excess of \$19,000,000 shall be distributed to the acute care
 74 26 teaching hospital identified in this subsection. Of the
 74 27 collections in excess of the \$19,000,000 received by the acute
 74 28 care teaching hospital under this paragraph "d", \$2,000,000
 74 29 shall be distributed by the acute care teaching hospital to the
 74 30 treasurer of state for deposit in the IowaCare account in the
 74 31 month of January 2014, following the July 1 through December
 74 32 31, 2013, period.

74 33 5. There is appropriated from the IowaCare account created
 74 34 in section 249J.24 to the department of human services for
 74 35 the fiscal year beginning July 1, 2013, and ending June 30,
 75 1 2014, for the program period beginning July 1, 2013, and ending

IowaCare regional provider network appropriation for FY 2014.

DETAIL: This is a decrease of \$1,993,183 compared to the estimated
 FY 2013 appropriation. The decrease is due to the shift from IowaCare

75 2 December 31, 2013, the following amount, or so much thereof as
 75 3 is necessary to be used for the purpose designated:
 75 4 For payment to the regional provider network specified
 75 5 by the department pursuant to section 249J.7 for provision
 75 6 of covered services to members of the expansion population
 75 7 pursuant to chapter 249J:
 75 8 \$ 2,993,183

to Medicaid Expansion on January 1, 2014.

75 9 Notwithstanding any provision of law to the contrary, the
 75 10 amount appropriated in this subsection shall be distributed
 75 11 based on claims submitted, adjudicated, and paid by the Iowa
 75 12 Medicaid enterprise. Once the entire amount appropriated in
 75 13 this subsection has been distributed, claims shall continue to
 75 14 be submitted and adjudicated by the Iowa Medicaid enterprise;
 75 15 however, no payment shall be made based upon such claims.

Specifies the amount appropriated is to be distributed based on claims submitted, adjudicated, and paid by the IME. Claims are to be submitted even after all funds have been distributed so the DHS may collect data on the demand and types of services provided.

75 16 6. There is appropriated from the IowaCare account created
 75 17 in section 249J.24 to the department of human services for
 75 18 the fiscal year beginning July 1, 2013, and ending June 30,
 75 19 2014, for the program period beginning July 1, 2013, and ending
 75 20 December 31, 2013, the following amount, or so much thereof as
 75 21 is necessary, to be used for the purposes designated:

IowaCare Care Coordination Pool appropriation for FY 2014.

DETAIL: This is an increase of \$1,000,000 compared to the estimated FY 2013 appropriation. This funding is for the first half of FY 2014 until the IowaCare Program expires on December 31, 2013.

75 22 For a care coordination pool to pay the expansion population
 75 23 providers consisting of the university of Iowa hospitals and
 75 24 clinics, the publicly owned acute care teaching hospital as
 75 25 specified in section 249J.7, and current medical assistance
 75 26 program providers that are not expansion population network
 75 27 providers pursuant to section 249J.7, for services covered by
 75 28 the full benefit medical assistance program but not under the
 75 29 IowaCare program pursuant to section 249J.6, that are provided
 75 30 to expansion population members:
 75 31 \$ 1,500,000

Specifies that the amount appropriated in this Section is intended to provide reimbursement for services provided to IowaCare members that have previously been paid for by IowaCare providers.

DETAIL: The DHS has designated laboratories and radiology providers associated with each region.

75 32 a. Notwithstanding sections 249J.6 and 249J.7, the amount
 75 33 appropriated in this subsection is intended to provide
 75 34 payment for medically necessary services provided to expansion
 75 35 population members for continuation of care provided by the
 76 1 university of Iowa hospitals and clinics or the publicly owned
 76 2 acute care teaching hospital as specified in section 249J.7.
 76 3 Payment may only be made for services that are not otherwise
 76 4 covered under section 249J.6, and which are follow-up services
 76 5 to covered services provided by the hospitals specified in this
 76 6 paragraph "a".

76 7 b. The funds appropriated in this subsection are intended
 76 8 to provide limited payment for continuity of care services for
 76 9 an expansion population member, and are intended to cover the
 76 10 costs of services to expansion population members, regardless

76 11 of the member's county of residence or medical home assignment,
76 12 if the care is related to specialty or hospital services
76 13 provided by the hospitals specified in paragraph "a".

76 14 c. The funds appropriated in this subsection are
76 15 not intended to provide for expanded coverage under the
76 16 IowaCare program, and shall not be used to cover emergency
76 17 transportation services.

Specifies the funds appropriated in this Subsection are not to be used to expand coverage under IowaCare or cover emergency transportation services.

76 18 d. The department shall adopt administrative rules pursuant
76 19 to chapter 17A to establish a prior authorization process and
76 20 to identify covered services for reimbursement under this
76 21 subsection.

Requires the DHS to adopt administrative rules to establish a prior authorization process to identify covered services for reimbursement under this Subsection.

76 22 7. There is appropriated from the IowaCare account created
76 23 in section 249J.24 to the department of human services for
76 24 the fiscal year beginning July 1, 2013, and ending June 30,
76 25 2014, for the program period beginning July 1, 2013, and ending
76 26 December 31, 2013, the following amount, or so much thereof as
76 27 is necessary, for the purposes designated:
76 28 For transfer to the medical contracts appropriation in
76 29 this division of this Act to be used for administrative
76 30 costs associated with chapter 249J including eligibility
76 31 determinations:
76 32 \$ 371,552

IowaCare administrative appropriation for FY 2014.

DETAIL: This is a new appropriation for FY 2014. These funds will be transferred to the Medical Contracts appropriations to administer the IowaCare Program. Administrative costs were previously funded by the Health Care Transformation Account (HCTA).

76 33 8. For the fiscal year beginning July 1, 2013, and ending
76 34 June 30, 2014, for the program period beginning July 1, 2013,
76 35 and ending December 31, 2013, the state board of regents shall
77 1 transfer \$637,789 to the IowaCare account created in section
77 2 249J.24, to provide the nonfederal share for distribution to
77 3 university of Iowa physicians under the IowaCare program. The
77 4 university of Iowa hospitals and clinics shall receive and
77 5 retain 100 percent of the total increase in IowaCare program
77 6 payments.

Requires the Board of Regents to transfer \$637,789 to the IowaCare Account to provide the nonfederal share for a portion of the appropriation reimbursing physicians under the IowaCare Program.

DETAIL: The UIHC will receive and retain 100.00% of the total increase in IowaCare Program payments.

77 7 Sec. 33. APPROPRIATIONS FROM NONPARTICIPATING
77 8 PROVIDER REIMBURSEMENT FUND — DEPARTMENT OF HUMAN
77 9 SERVICES. Notwithstanding any provision to the contrary, and
77 10 subject to the availability of funds, there is appropriated
77 11 from the nonparticipating provider reimbursement fund created
77 12 in section 249J.24A to the department of human services for
77 13 the fiscal year beginning July 1, 2013, and ending June 30,
77 14 2014, for the program period beginning July 1, 2013, and ending
77 15 December 31, 2013, the following amount, or so much thereof as
77 16 is necessary, for the purposes designated:
77 17 To reimburse nonparticipating providers in accordance with
77 18 section 249J.24A:

IowaCare nonparticipating provider appropriation for FY 2014.

DETAIL: This is a decrease of \$1,000,000 compared to the FY 2013 appropriation.

77 19 \$ 1,000,000

77 20 Sec. 34. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
77 21 SERVICES. Notwithstanding any provision to the contrary and
77 22 subject to the availability of funds, there is appropriated
77 23 from the quality assurance trust fund created in section
77 24 249L.4 to the department of human services for the fiscal year
77 25 beginning July 1, 2013, and ending June 30, 2014, the following
77 26 amounts, or so much thereof as is necessary, for the purposes
77 27 designated:

77 28 To supplement the appropriation made in this Act from the
77 29 general fund of the state to the department of human services
77 30 for medical assistance for the same fiscal year:
77 31 \$ 28,788,917

77 32 Sec. 35. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
77 33 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
77 34 the contrary and subject to the availability of funds, there is
77 35 appropriated from the hospital health care access trust fund
78 1 created in section 249M.4 to the department of human services
78 2 for the fiscal year beginning July 1, 2013, and ending June
78 3 30, 2014, the following amounts, or so much thereof as is
78 4 necessary, for the purposes designated:

78 5 1. To supplement the appropriation made in this Act from the
78 6 general fund of the state to the department of human services
78 7 for medical assistance for the same fiscal year:
78 8 \$ 34,288,000

78 9 2. For deposit in the nonparticipating provider
78 10 reimbursement fund created in section 249J.24A to be used for
78 11 the purposes of the fund:
78 12 \$ 412,000

78 13 Sec. 36. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
78 14 FOR FY 2013-2014. Notwithstanding section 8.33, if moneys
78 15 appropriated for purposes of the medical assistance program for
78 16 the fiscal year beginning July 1, 2013, and ending June 30,
78 17 2014, from the general fund of the state, the quality assurance
78 18 trust fund and the hospital health care access trust fund, are
78 19 in excess of actual expenditures for the medical assistance
78 20 program and remain unencumbered or unobligated at the close

Appropriation from the Quality Assurance Trust Fund to supplement
Nursing Facilities under the Medicaid Program.

DETAIL: This is an increase of \$2,288,917 compared to estimated FY
2013. The increase is due to more revenue available in the Fund.

Appropriation from the Hospital Health Care Access Trust Fund to the
Medicaid Program.

DETAIL: This is a increase of \$389,600 compared to estimated FY
2013.

Appropriation from the Hospital Health Care Access Trust Fund to the
lowaCare Nonparticipating Provider Reimbursement Fund.

DETAIL: This is a decrease of \$389,600 compared to estimated FY
2013. These funds are matched with federal dollars for a \$1,000,000
appropriation from the Nonparticipating Provider Reimbursement Fund
to providers, that are not part of the lowaCare network, that care for
lowaCare patients.

Requires nonreversion of funds from the Medicaid Program. The funds
will remain within the appropriation to be used in the succeeding fiscal
year.

78 21 of the fiscal year, the excess moneys shall not revert but
 78 22 shall remain available for expenditure for the purposes of the
 78 23 medical assistance program until the close of the succeeding
 78 24 fiscal year.

78 25
 78 26 DIVISION VII
 78 27 PRIOR YEAR APPROPRIATIONS
 RESPITE

78 28 Sec. 37. 2011 Iowa Acts, chapter 129, section 128, as
 78 29 amended by 2012 Iowa Acts, chapter 1133, section 22, subsection
 78 30 26, is amended to read as follows:
 78 31 26. Of the funds appropriated in this section, at least
 78 32 \$25,000 shall be used to continue and to expand the foster
 78 33 care respite pilot program in which postsecondary students in
 78 34 social work and other human services-related programs receive
 78 35 experience by assisting family foster care providers with
 79 1 respite and other support. Notwithstanding section 8.33,
 79 2 moneys allocated in this subsection that remain unencumbered or
 79 3 unobligated at the close of the fiscal year shall not revert
 79 4 but shall remain available for expenditure for the purposes
 79 5 designated until the close of the succeeding fiscal year.

Allocates \$25,000 for the Iowa Foster Care Respite Pilot Program to continue and expand operations.

79 6 MEDICAL ASSISTANCE — GENERAL FUND

79 7 Sec. 38. 2011 Iowa Acts, chapter 129, section 122,
 79 8 unnumbered paragraph 2, is amended to read as follows:
 79 9 For medical assistance program reimbursement and associated
 79 10 costs as specifically provided in the reimbursement
 79 11 methodologies in effect on June 30, 2012, except as otherwise
 79 12 expressly authorized by law, and consistent with options under
 79 13 federal law and regulations:
 79 14 \$ 914,993,421
 79 15 968,276,514

Supplemental appropriation of \$53,320,093 for the Medicaid Program.
 DETAIL: The supplemental appropriation provides \$46,000,000 to fund Medicaid at the Medicaid forecasting group's estimated midpoint and \$7,320,093 to provide a supplemental appropriation for the IowaCare Program.

79 16 MEDICAL ASSISTANCE — IOWACARE TRANSFER ALLOCATION

79 17 Sec. 39. 2011 Iowa Acts, chapter 129, section 122,
 79 18 subsection 13, as amended by 2012 Iowa Acts, chapter 1133,
 79 19 section 10, is amended to read as follows:
 79 20 13. Of the funds appropriated in this section, up to
 79 21 ~~\$8,684,329~~ \$16,004,422 may be transferred to the IowaCare
 79 22 account created in section 249J.24.

Increases the allocation for the IowaCare Program for FY 2013.
 DETAIL: The increase is due to increased enrollment and patient utilization at the UIHC.

79 23 ADOPTION SUBSIDY — GENERAL FUND

79 24 Sec. 40. 2011 Iowa Acts, chapter 129, section 129, as
 79 25 amended by 2012 Iowa Acts, chapter 1133, section 23, subsection
 79 26 1, is amended to read as follows:
 79 27 1. There is appropriated from the general fund of the
 79 28 state to the department of human services for the fiscal year
 79 29 beginning July 1, 2012, and ending June 30, 2013, the following
 79 30 amount, or so much thereof as is necessary, to be used for the
 79 31 purpose designated:
 79 32 For adoption subsidy payments and services:
 79 33\$ 36,788,576
 79 3437,743,429

Supplemental appropriation of \$954,853 for the Adoption Subsidy Program for FY 2013.

DETAIL: The increase is due to increased enrollment and need.

79 35 NURSING FACILITY REIMBURSEMENT

80 1 Sec. 41. 2011 Iowa Acts, chapter 129, section 141,
 80 2 subsection 1, paragraph a, subparagraph (1), as amended by
 80 3 2012 Iowa Acts, chapter 1133, section 32, is amended to read
 80 4 as follows:
 80 5 (1) For the fiscal year beginning July 1, 2012, the total
 80 6 state funding amount for the nursing facility budget shall not
 80 7 exceed ~~\$237,226,901~~ \$239,226,901.

Increases the Nursing Facility funding cap for FY 2013 by \$2,000,000.

DETAIL: The increase is included as part of the Medicaid forecasting groups midpoint.

80 8 Sec. 42. 2012 Iowa Acts, chapter 1133, section 55, is
 80 9 amended to read as follows:
 80 10 SEC. 55. REPLACEMENT GENERATION TAX REVENUES — LEVY RATES
 80 11 FOR FY 2011-2012 AND FY 2012-2013.

Amends the FY 2013 Replacement Generation Tax revenue allocation to add FY 2012.

DETAIL: This is a technical change to allow the DHS to collect the unallocated revenue for the Medicaid appropriation.

80 12 1. a. For the fiscal year beginning July 1, 2011, and
 80 13 ending June 30, 2012, and for the fiscal year beginning July 1,
 80 14 2012, and ending June 30, 2013, the replacement generation tax
 80 15 revenues required to be deposited in the property tax relief
 80 16 fund pursuant to section 437A.8, subsection 4, paragraph “d”,
 80 17 and section 437A.15, subsection 3, paragraph “f”, shall instead
 80 18 be credited to the mental health and disability services
 80 19 redesign fund created in this division of this Act.
 80 20 b. If this section of this division of this Act is enacted
 80 21 after the department of management has reduced county certified
 80 22 budgets and revised rates of taxation pursuant to section
 80 23 426B.2, subsection 3, paragraph “b”, to reflect anticipated
 80 24 replacement generation tax revenues, and the enactment date is
 80 25 during the period beginning May 1, 2012, and ending June 30,
 80 26 2012, the reductions and revisions shall be rescinded and the
 80 27 department of management shall expeditiously report that fact

80 28 to the county auditors.
 80 29 2. Except as otherwise provided in subsection 1 for
 80 30 department of management reductions of certified budgets and
 80 31 revisions of tax rates and rescinding of those reductions and
 80 32 revisions, the budgets and tax rates certified for a county
 80 33 services fund under section 331.424A, for the fiscal year
 80 34 beginning July 1, 2012, shall remain in effect, notwithstanding
 80 35 section 426B.3, subsection 1, the property tax relief fund
 81 1 payment and other services fund financing changes made in this
 81 2 division of this Act, or other statutory amendments affecting
 81 3 county services funds for the fiscal year to the contrary.

81 4 Sec. 43. EFFECTIVE UPON ENACTMENT. This division of this
 81 5 Act, being deemed of immediate importance, takes effect upon
 81 6 enactment.

81 7 Sec. 44. RETROACTIVE APPLICABILITY. The following
 81 8 provision of this Act applies retroactively to July 1, 2011:
 81 9 1. The section amending 2012 Iowa Acts, chapter 1133,
 81 10 section 55.

81 11 DIVISION VIII
 81 12 CHILD WELFARE AND CHILD CARE

81 13 Sec. 45. Section 232.142, subsection 5, Code 2013, is
 81 14 amended to read as follows:
 81 15 5. The director shall approve annually all such homes
 81 16 established and maintained under the provisions of this
 81 17 chapter. A home shall not be approved unless it complies with
 81 18 minimal rules and standards adopted by the director and has
 81 19 been inspected by the department of inspections and appeals.
 81 20 The statewide number of beds in the homes approved by the
 81 21 director shall not exceed the number of beds in approved homes
 81 22 as of July 1, 2013.

81 23 Sec. 46. Section 237A.13, subsection 7, paragraph c, Code
 81 24 2013, is amended to read as follows:
 81 25 c. Families with an income of more than one hundred percent
 81 26 but not more than one hundred ~~forty-five~~ forty-eight percent of
 81 27 the federal poverty level whose members are employed at least
 81 28 twenty-eight hours per week.

81 29 Sec. 47. Section 237A.13, subsection 8, Code 2013, is
 81 30 amended to read as follows:
 81 31 8. Nothing in this section shall be construed as or is
 81 32 intended as, or shall imply, a grant of entitlement for
 81 33 services to persons who are eligible for assistance due to
 81 34 an income level or other eligibility circumstance addressed

The Division is effective on enactment.

The provision relating to the Replacement Generation Tax is retroactive to July 1, 2011.

Directs the DHS director to annually approve all homes and not allow the statewide number of beds to exceed the allotted annual amount.

CODE: Requires the Department to increase eligibility for families with income up to 148.00% of the FPL from 145.00% for employed families in the Program.

CODE: Requires the Department to change the standard period of Program participant eligibility for Child Care Assistance from six months to 12 months.

81 35 in this section. Any state obligation to provide services
 82 1 pursuant to this section is limited to the extent of the funds
 82 2 appropriated for the purposes of state child care assistance.
 82 3 The standard period for redetermining the eligibility of a
 82 4 program participant is twelve months after the date of the
 82 5 initial determination of eligibility and every twelve months
 82 6 thereafter.

82 7 DIVISION IX
 82 8 AGING

82 9 Sec. 48. Section 231.33, subsection 21, Code 2013, if
 82 10 enacted by 2013 Iowa Acts, Senate File 184, section 22, is
 82 11 amended to read as follows:
 82 12 21. Comply with all applicable requirements of the Iowa
 82 13 public employees' retirement system established pursuant to
 82 14 chapter 97B. Notwithstanding any provision to the contrary,
 82 15 an employee of an area agency on aging that was enrolled in
 82 16 an alternative qualified plan prior to July 1, 2012, may
 82 17 continue participation in that alternative qualified plan in
 82 18 lieu of mandatory participation in the Iowa public employees'
 82 19 retirement system.

CODE: Allows an employee of an AAA that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in Iowa Public Employees Retirement System (IPERS).

82 20 Sec. 49. Section 231.42, subsection 7, paragraph a, Code
 82 21 2013, is amended to read as follows:
 82 22 a. An officer, owner, director, or employee of a long-term
 82 23 care facility, assisted living program, or elder group home who
 82 24 intentionally prevents, interferes with, or attempts to impede
 82 25 the work of the state or a local long-term care resident's
 82 26 advocate is subject to a penalty imposed by the director of not
 82 27 more than one thousand five hundred dollars for each violation.
 82 28 If the director imposes a penalty for a violation under this
 82 29 paragraph, no other state agency shall impose a penalty for the
 82 30 same interference violation. Any moneys collected pursuant
 82 31 to this subsection shall be deposited in the general fund of
 82 32 the state and are appropriated to the office of long-term care
 82 33 resident's advocate to be used for administration and the
 82 34 duties of the office.

CODE: Requires penalties levied by the Director against a long-term care facility, assisted living program, or elder group home to be appropriated to the Office of Long-Term Care Resident's Advocate.

DETAIL: No penalties are anticipated.

82 35 Sec. 50. REPEAL. Section 231E.13, Code 2013, is repealed.

CODE: Repeals the Section that specifies the implementation of the Office of Substitute Maker is subject to availability of funding as determined by the Department.

DETAIL: Funding for the Office is provided in this Bill.

83 1 Sec. 51. TASK FORCE ON ELDER ABUSE PREVENTION AND
 83 2 INTERVENTION.

Directs the Department on Aging to convene an Elder Abuse Prevention and Intervention Task Force and specifies membership.

83 3 1. The department on aging shall continue a task force
83 4 on elder abuse prevention and intervention to continue the
83 5 work of the elder abuse task force established pursuant to
83 6 2012 Iowa Acts, chapter 1056. The task force shall include
83 7 representatives of the department on aging, the office of
83 8 long-term care resident's advocate, the department of human
83 9 services, the department of inspections and appeals, the
83 10 department of public health, the office of the attorney
83 11 general, the department of veterans affairs, the department
83 12 of public safety, the insurance division of the department
83 13 of commerce, a county attorney's office with experience
83 14 in prosecuting elder abuse, the superintendent of banking,
83 15 the courts, the elder law section of the Iowa state bar
83 16 association, and other affected stakeholders. The task force
83 17 shall form workgroups as necessary to address the specific
83 18 recommendations.

83 19 2. The task force shall review the report of the elder
83 20 abuse task force submitted in December 2012, develop an
83 21 implementation plan for the recommendations, and make any
83 22 additional recommendations as necessary. The implementation
83 23 plan and additional recommendations shall address all of the
83 24 following:

83 25 a. The design of the comprehensive approach to elder
83 26 abuse prevention and intervention in the state utilizing the
83 27 prevention of elder abuse program pursuant to section 231.56A
83 28 and the office of substitute decision maker created pursuant
83 29 to chapter 231E. The design shall also address all of the
83 30 following:

83 31 (1) Harmonization of the approach design with the
83 32 existing dependent adult abuse system pursuant to chapter
83 33 235B, including but not limited to standardized training,
83 34 collaboration between the elder abuse approach and the
83 35 department of human services when a report of dependent adult
84 1 abuse involves an older individual, and the membership of
84 2 multidisciplinary teams.

84 3 (2) Incorporation of the approach design into other
84 4 existing and developing components of the system including
84 5 the area agencies on aging, the mental health and disability
84 6 services regions, local public health departments, the local
84 7 offices of the department on human services, the courts, and
84 8 other appropriate entities, to most effectively and efficiently
84 9 address the needs of older individuals.

84 10 b. The definition of elder abuse to be used in the approach
84 11 to elder abuse. The task force shall address continued use
84 12 of the definition of "elder abuse" as specified under the
84 13 federal Older Americans Act and utilized by the prevention of
84 14 elder abuse program under section 231.56A, or shall provide a

Specifies duties and responsibilities of the Task Force.

84 15 specific alternative definition.
 84 16 c. The designation of a single point of contact to report
 84 17 elder abuse. The task force shall specifically address
 84 18 utilizing the aging and disability resource center network as
 84 19 the single point of contact.
 84 20 d. The means of addressing financial exploitation of older
 84 21 individuals, including those relating to powers of attorney and
 84 22 conservatorships as described in the 2012 task force report.
 84 23 e. Promotion of public awareness of elder abuse and the
 84 24 services and support available to older individuals at risk of
 84 25 or experiencing elder abuse.
 84 26 f. Any specific changes in statute and rules necessary to
 84 27 achieve the recommendations of the task force.

84 28 3. The task force shall submit a progress report to the
 84 29 elder abuse prevention and intervention legislative interim
 84 30 committee established pursuant to this Act for review, by
 84 31 October 31, 2013, and shall submit a final report of its
 84 32 recommendations and proposed legislation following approval
 84 33 by the legislative interim committee to the governor and the
 84 34 general assembly no later than December 31, 2013.

84 35 Sec. 52. LEGISLATIVE INTERIM COMMITTEE. The legislative
 85 1 council is requested to establish a legislative interim
 85 2 committee on elder abuse prevention and intervention for the
 85 3 2013 legislative interim to monitor the progress of, and
 85 4 provide direction to, the task force on elder abuse prevention
 85 5 and intervention created in this Act. The legislative
 85 6 committee shall review the progress report and approve the
 85 7 final report of the task force and shall submit the committee's
 85 8 recommendations and a final report to the general assembly
 85 9 following completion of the committee's work.

85 10 Sec. 53. PILOT PROJECT — GUARDIANSHIP AND CONSERVATORSHIP
 85 11 MONITORING. The department on aging shall collaborate
 85 12 with the national health law and policy resource center
 85 13 at the university of iowa college of law to establish a
 85 14 three-year pilot project to train, recruit, and oversee
 85 15 volunteers to assist the courts in monitoring guardianships and
 85 16 conservatorships and to provide assistance to guardians and
 85 17 conservators. The pilot project shall be implemented initially
 85 18 in the sixth judicial district. The pilot project shall be
 85 19 utilized to establish a basis for an ongoing guardianship and
 85 20 conservatorship monitoring and assistance program administered
 85 21 through the department on aging. The department on aging
 85 22 shall submit an annual report to the individuals identified
 85 23 in this Act for submission of reports. The annual report
 85 24 shall include the objectives and results for the pilot project

Requires the Task Force to submit a progress report to the Legislative Interim Committee by October 31, 2013, and a final report to the General Assembly by December 31, 2013.

Requests the Legislative Council to establish an interim committee on elder abuse prevention and intervention.

DETAIL: The Committee is to review the progress report, approve the final report of the task force, and submit recommendations to the General Assembly.

Requires the Department on Aging, in collaboration with the National Health Law and Policy Resource Center at the UI, to establish a three-year pilot project to train, recruit, and oversee volunteers to assist the courts in monitoring guardianships and conservatorships and to provide assistance to guardians and conservators.

85 25 year, how the funds allocated were utilized in meeting the
 85 26 pilot project's objectives, the number of individuals served,
 85 27 the types of services provided, any other sources of funding
 85 28 utilized or identified as available for the pilot project, and
 85 29 the continuing needs of the pilot project.

85 30 Sec. 54. EFFECTIVE UPON ENACTMENT. The section of this
 85 31 division of this Act establishing a task force on elder abuse
 85 32 prevention, being deemed of immediate importance, takes effect
 85 33 upon enactment.

The Section establishing a Task Force on Elder Abuse and Prevention is effective on enactment.

85 34 Sec. 55. EFFECTIVE UPON ENACTMENT. The section of this
 85 35 division of this Act amending section 231.33, subsection 21,
 86 1 if enacted by 2013 Iowa Acts, Senate File 184, being deemed of
 86 2 immediate importance, takes effect upon enactment.

The Section that allows an employee of an AAA that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in IPERS is effective on enactment.

86 3 Sec. 56. RETROACTIVE APPLICABILITY. The section of this
 86 4 division of this Act amending section 231.33, subsection 21,
 86 5 if enacted by 2013 Iowa Acts, applies retroactively to July 1,
 86 6 2012.

The Section that allows an employee of an AAA that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in IPERS is retroactive to July 1, 2012.

86 7 DIVISION X
 86 8 EMS TASK FORCE

86 9 Sec. 57. EMERGENCY MEDICAL SERVICES TASK FORCE AND REPORT.

86 10 1. The department of public health shall establish a task
 86 11 force to ensure the future availability of quality emergency
 86 12 medical services for the state.

86 13 2. The members of the task force shall be appointed by the
 86 14 director of the department of public health, or the director's
 86 15 designee, as follows:

86 16 a. A manager of a rural volunteer emergency medical
 86 17 transport service.

86 18 b. A manager of a rural paid emergency medical transport
 86 19 service.

86 20 c. A manager of an urban emergency medical transport
 86 21 service.

86 22 d. A manager of a nontransport emergency medical service.

86 23 e. A representative of a fire department-based emergency
 86 24 medical service.

86 25 f. A representative of a hospital-based emergency medical
 86 26 service.

86 27 g. A representative of a private, for-profit emergency
 86 28 medical transport service.

86 29 h. A representative of a not-for-profit emergency medical
 86 30 transport service.

This Division establishes a 24-member task force charged with conducting six meetings concerning the EMS issues effecting rural and urban parts of Iowa, private services, public services, hospital services, volunteer and employed professionals, delivery of services, issues, and necessary system improvements. Requires the task force to submit a report of its findings by April 30, 2014, to the Governor, the General Assembly, the DPH, and the EMS Advisory Council.

86 31 i. A representative of the Iowa emergency medical services
86 32 association board of directors.
86 33 j. A representative of an emergency medical services
86 34 training agency.
86 35 k. An urban emergency department physician.
87 1 l. A rural emergency department physician.
87 2 m. A representative of the Iowa emergency nurses
87 3 association.
87 4 n. A representative of the Iowa alliance in home care.
87 5 o. A representative of an emergency medical service air
87 6 ambulance.
87 7 p. A representative of the Iowa hospital association.
87 8 q. A representative of the private insurance industry.
87 9 r. A representative of the Iowa Medicaid enterprise
87 10 division of the department of human services.
87 11 s. A representative of city government.
87 12 t. A representative of county government.
87 13 u. A representative of the nursing facility industry.
87 14 v. A representative of the Iowa behavioral health
87 15 association.
87 16 w. A consumer of emergency medical services.
87 17 x. An advanced registered nurse practitioner.
87 18 3. The task force shall discuss the current state of
87 19 emergency medical services in Iowa and make recommendations for
87 20 enhancement of Iowa's emergency medical services system. The
87 21 recommendations shall address issues facing volunteer and paid
87 22 rural emergency medical services, cost projections including
87 23 administration costs for all recommendations, the Medicaid
87 24 reimbursement fee schedule for ambulance services, and the
87 25 nature and scope of any recommended changes in regulations
87 26 governing emergency medical services.
87 27 4. The task force shall, by April 30, 2014, submit a final
87 28 report of its findings and recommendations to the governor,
87 29 the general assembly, the department of public health, and the
87 30 emergency medical services advisory council. The emergency
87 31 medical services advisory council shall review the report and
87 32 make recommendations related to implementation of the report's
87 33 recommendations to the director of the department of public
87 34 health.

87 35 DIVISION XI
88 1 MEDICATION THERAPY MANAGEMENT

88 2 Sec. 58. MEDICATION THERAPY MANAGEMENT — MEDICAID.
88 3 1. As used in this section, "medication therapy management"
88 4 means a systematic process performed by a licensed pharmacist,
88 5 designed to improve quality outcomes for patients and lower

Creates a Medication Therapy Management Program for individuals on Medicaid that take four or more prescription drugs, individuals with prescription drug therapy problems, and individuals that meet other criteria established by the IME.

88 6 health care costs, including emergency room, hospital,
88 7 provider, and other costs, by optimizing appropriate medication
88 8 use linked directly to achievement of the clinical goals of
88 9 therapy. Medication therapy management shall include all of
88 10 the following services:

88 11 a. A medication therapy review and in-person consultation
88 12 relating to all medications, vitamins, and herbal supplements
88 13 currently being taken by an eligible individual.

88 14 b. A medication action plan, subject to the limitations
88 15 specified in this section, communicated to the individual and
88 16 the individual's primary care physician or other appropriate
88 17 prescriber to address issues including appropriateness,
88 18 effectiveness, safety, drug interactions, and adherence. The
88 19 medication action plan may include drug therapy recommendations
88 20 to prescribers that are needed to meet clinical goals and
88 21 achieve optimal patient outcomes.

88 22 c. Documentation and follow-up to ensure consistent levels
88 23 of pharmacy services and positive outcomes.

88 24 2. a. The department of human services shall utilize a
88 25 request for proposals process and shall enter into a contract
88 26 for the provision of medication therapy management services for
88 27 eligible medical assistance program recipients who meet any of
88 28 the following criteria:

88 29 (1) An individual who takes four or more prescription drugs
88 30 to treat or prevent two or more chronic medical conditions.

88 31 (2) An individual with a prescription drug therapy problem
88 32 who is identified by the prescribing physician or other
88 33 appropriate prescriber, and referred to a pharmacist for
88 34 medication therapy management services.

88 35 (3) An individual who meets other criteria established by
89 1 the Iowa Medicaid enterprise.

89 2 b. The fees for pharmacist-delivered medication therapy
89 3 management services shall be separate from the reimbursement
89 4 for prescription drug product or dispensing services, and
89 5 shall be reasonable based on the resources and time required
89 6 to provide the service.

89 7 c. A fee shall be established for physician reimbursement
89 8 for services delivered for medication therapy management and
89 9 shall be reasonable based on the resources and time required
89 10 to provide the service.

89 11 d. If any part of the medication therapy management
89 12 plan developed by a pharmacist incorporates services which
89 13 are outside the pharmacist's independent scope of practice
89 14 including the initiation of therapy, modification of dosages,
89 15 therapeutic interchange, or changes in drug therapy, the
89 16 express authorization of the individual's physician or other
89 17 appropriate prescriber shall be required.

DETAIL: The Program provides in-person consultation with a pharmacist or physician to address issues and to create a medication action plan to optimize patient outcomes. A fee schedule will be created to reimburse pharmacists and physicians for the consultation.

<p>89 18 Sec. 59. EFFECTIVE UPON ENACTMENT. This division of this 89 19 Act, being deemed of immediate importance, takes effect upon 89 20 enactment.</p>	<p>The Section relating to Medicaid Therapy Management is effective on enactment.</p>
<p>89 21 89 22 DIVISION XII HOSPITAL PROVIDER TAX</p>	
<p>89 23 Sec. 60. Section 249M.5, Code 2013, is amended to read as 89 24 follows: 89 25 249M.5 FUTURE REPEAL. 89 26 This chapter is repealed June 30, 2013 <u>2016</u>.</p>	<p>CODE: Extends the repeal of the Hospital Provider Assessment to June 30, 2016.</p>
<p>89 27 Sec. 61. EFFECTIVE UPON ENACTMENT. The section of this 89 28 division of this Act relating to the future repeal of the 89 29 hospital health care access assessment program chapter, being 89 30 deemed of immediate importance, takes effect upon enactment.</p>	<p>The Division extending the repeal of the Hospital Provider Assessment to June 30, 2016, is effective on enactment.</p>
<p>89 31 89 32 DIVISION XIII ILL AND HANDICAPPED WAIVER NAME CHANGE</p>	
<p>89 33 Sec. 62. Section 423.3, subsection 18, paragraph f, 89 34 subparagraph (1), Code 2013, is amended to read as follows: 89 35 (1) Ill and handicapped <u>Health and disability</u> waiver 90 1 service providers, described in 441 IAC 77.30.</p>	<p>CODE: Changes the name of the Ill and Handicapped waiver to the Health and Disability Waiver.</p>
<p>90 2 90 3 DIVISION XIV MILLER TRUST</p>	
<p>90 4 Sec. 63. Section 633C.2, Code 2013, is amended to read as 90 5 follows: 90 6 633C.2 DISPOSITION OF MEDICAL ASSISTANCE SPECIAL NEEDS 90 7 TRUSTS. 90 8 Regardless of the terms of a medical assistance special 90 9 needs trust, any income received or asset added to the trust 90 10 during a one-month period shall be expended as provided for 90 11 medical assistance income trusts under section 633C.3, on 90 12 a monthly basis, during the life of the beneficiary. Any 90 13 increase in income or principal retained in the trust from 90 14 a previous month may be expended, during the life of the 90 15 beneficiary, only for reasonable and necessary expenses of 90 16 the trust, not to exceed ten <u>twenty-five</u> dollars per month 90 17 without court approval, for special needs of the beneficiary 90 18 attributable to the beneficiary's disability and approved by 90 19 the district court, for medical care or services that would 90 20 otherwise be covered by medical assistance under chapter 249A, 90 21 or to reimburse the state for medical assistance paid on behalf 90 22 of the beneficiary.</p>	<p>CODE: Increases the monthly payment a trustee can receive from a trust from \$10 to \$25 for a Medical Assistance Special Needs Trust.</p>

<p>90 23 Sec. 64. Section 633C.3, subsection 1, unnumbered paragraph 90 24 1, Code 2013, is amended to read as follows: 90 25 Regardless of the terms of a medical assistance income 90 26 trust, if the beneficiary's total monthly income is less 90 27 than <u>one hundred and twenty-five percent</u> of the average 90 28 statewide charge for nursing facility services to a private 90 29 pay resident of a nursing facility, then, during the life of 90 30 the beneficiary, any property received or held by the trust 90 31 shall be expended only as follows, as applicable, and in the 90 32 following order of priority:</p> <p>90 33 Sec. 65. Section 633C.3, subsection 1, paragraph a, Code 90 34 2013, is amended to read as follows: 90 35 a. A reasonable amount may be paid or set aside each 91 1 month for necessary expenses of the trust, not to exceed ten 91 2 <u>twenty-five</u> dollars per month without court approval.</p> <p>91 3 Sec. 66. Section 633C.3, subsection 2, unnumbered paragraph 91 4 1, Code 2013, is amended to read as follows: 91 5 Regardless of the terms of a medical assistance income 91 6 trust, if the beneficiary's total monthly income is at or above 91 7 <u>one hundred and twenty-five percent of</u> the average statewide 91 8 charge for nursing facility services to a private-pay resident, 91 9 then, during the life of the beneficiary, any property received 91 10 or held by the trust shall be expended only as follows, as 91 11 applicable, in the following order of priority:</p> <p>91 12 Sec. 67. Section 633C.3, subsection 2, paragraph a, Code 91 13 2013, is amended to read as follows: 91 14 a. A reasonable amount may be paid or set aside each 91 15 month for necessary expenses of the trust, not to exceed ten 91 16 <u>twenty-five</u> dollars per month without court approval.</p> <p>91 17 Sec. 68. APPLICABILITY. The sections of this division of 91 18 this Act amending sections 633C.2 and 633C.3 apply to trusts in 91 19 existence on or after July 1, 2013.</p> <p>91 20 91 21</p> <p style="text-align: center;">DIVISION XV FAMILY PLANNING WAIVER — STATE PLAN</p> <p>91 22 Sec. 69. Section 249A.3, subsection 2, paragraph a, 91 23 subparagraph (10), Code 2013, is amended to read as follows: 91 24 (10) Individuals eligible for family planning services 91 25 under a federally approved demonstration waiver <u>or state plan</u>.</p> <p>91 26 Sec. 70. MEDICAID STATE PLAN AMENDMENT — FAMILY 91 27 PLANNING. The department of human services shall amend the</p>	<p>CODE: Increases the income limit for Medical Assistance Income Trusts to 125.00% of the statewide average charge.</p> <p>CODE: Increases the monthly payment a trustee can receive from a trust from \$10 to \$25 for a Medical Assistance Income Trust.</p> <p>CODE: Increases the income limit for Medical Assistance Income Trusts to 125.00% of the statewide average charge.</p> <p>CODE: Increases the monthly payment a trustee can receive from a trust from \$10 to \$25 for a Medical Assistance Income Trust.</p> <p>This Division applies only to trusts in existence on or after July 1, 2013.</p> <p>CODE: Requires the DHS to amend the State Medicaid Plan to include the Family Planning Waiver. This change is to be effective by January 1, 2014.</p> <p>Requires the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group in accordance with federal law.</p>
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91 28 medical assistance state plan to include the family planning
 91 29 eligibility group, in accordance with the requirements of
 91 30 section 2303 of the federal Affordable Care Act, Pub.L. No.
 91 31 111-148, at the income eligibility level specified in the
 91 32 family planning section 1115 demonstration waiver in effect on
 91 33 January 1, 2013, to be effective no later than January 1, 2014.

DETAIL: This change is to be effective no later than January 1, 2014.

91 34 Sec. 71. 2010 Iowa Acts, chapter 1192, section 11,
 91 35 subsection 24, paragraph a, subparagraph (1), subparagraph
 92 1 division (a), is amended to read as follows:
 92 2 (a) Are uninsured or have health insurance coverage that
 92 3 ~~does not include coverage for benefits provided under the Iowa~~
 92 4 ~~family planning network~~ subject to the medical assistance
 92 5 program being the payer of last resort.

CODE: Amends HF 2526 (FY 2011 Health and Human Services Appropriations Act), to clarify that the Medicaid Program is the payor of last resort.

92 6 Sec. 72. EFFECTIVE UPON ENACTMENT AND CONTINGENT
 92 7 IMPLEMENTATION. The sections of this division of this
 92 8 Act relating to the family planning waiver and state plan
 92 9 amendment, being deemed of immediate importance, take effect
 92 10 upon enactment. However, the department of human services
 92 11 shall only implement those sections to the extent the
 92 12 department receives federal approval of the requests relating
 92 13 to the waiver and the medical assistance state plan amendment
 92 14 necessary to implement those sections.

The Sections relating to the Family Planning Waiver and the State Plan amendment are effective on enactment.

DETAIL: The DHS is only to implement these Sections with federal approval.

92 15 DIVISION XVI
 92 16 MISCELLANEOUS HEALTH CARE AMENDMENTS

92 17 Sec. 73. Section 249A.2, subsection 1, Code 2013, is amended
 92 18 by striking the subsection.

CODE: This Division is technical cleanup to the Medical Assistance eligibility chapter. The changes more clearly define discretionary, mandatory, and optional eligibility under the Program.

92 19 Sec. 74. Section 249A.2, subsections 4 and 7, Code 2013, are
 92 20 amended to read as follows:

92 21 4. "Discretionary medical assistance" means mandatory
 92 22 medical assistance or ~~additional optional~~ medical assistance
 92 23 provided to medically needy individuals whose income and
 92 24 resources are in excess of eligibility limitations but are
 92 25 insufficient to meet all of the costs of necessary medical
 92 26 care and services, provided that if the assistance includes
 92 27 services in institutions for mental diseases or intermediate
 92 28 care facilities for persons with an intellectual disability,
 92 29 or both, for any group of such individuals, the assistance
 92 30 also includes for all covered groups of such individuals at
 92 31 least the care and services enumerated in Tit.XIX of the
 92 32 federal Social Security Act, section 1905(a), paragraphs (1)
 92 33 through (5), and (17), as codified in 42 U.S.C. §1396d(a),
 92 34 pars.(1) through (5), and (17), or any seven of the care and

DETAIL: This change will help to clarify current mandatory and optional categories.

92 35 services enumerated in Tit.XIX of the federal Social Security
93 1 Act, section 1905(a), paragraphs (1) through ~~(7) and (9)~~
93 2 ~~through (18) (24)~~, as codified in 42 U.S.C. §1396d(a), ~~para-~~
93 3 ~~paragraphs (1) through (7), and (9) through (18) (24)~~.

93 4 7. "Medical assistance" or "Medicaid" means payment of all
93 5 or part of the costs of the care and services ~~required to be~~
93 6 ~~provided by~~ made in accordance with Tit.XIX of the federal
93 7 Social Security Act, ~~section 1905(a), paragraphs (1) through~~
93 8 ~~(5), and (17), as codified in 42 U.S.C. §1396d(a), pars.(1)~~
93 9 ~~through (5), and (17) and authorized pursuant to this chapter.~~

93 10 Sec. 75. Section 249A.2, Code 2013, is amended by adding the
93 11 following new subsections:

93 12 NEW SUBSECTION 6A. "Mandatory medical assistance" means
93 13 payment of all or part of the costs of the care and services
93 14 required to be provided by Tit.XIX of the federal Social
93 15 Security Act, section 1905(a), paragraphs (1) through (5),
93 16 (17),(21), and (28), as codified in 42 U.S.C. § 1396d(a),
93 17 paragraphs (1) through (5), (17), (21), and (28).

93 18 NEW SUBSECTION 7A. "Medical assistance program" or
93 19 "Medicaid program" means the program established under this
93 20 chapter to provide medical assistance.

93 21 NEW SUBSECTION 8A. "Optional medical assistance" means
93 22 payment of all or part of the costs of any or all of the care
93 23 and services authorized to be provided by Tit.XIX of the
93 24 federal Social Security Act, section 1905(a), paragraphs (6)
93 25 through (16), (18) through (20), (22) through (27), and (29),
93 26 as codified in 42 U.S.C. §1396d(a), paragraphs (6) through
93 27 (16), and (18) through (20), (22) through (27), and (29).

93 28 Sec. 76. Section 249A.3, subsection 1, unnumbered paragraph
93 29 1, Code 2013, is amended to read as follows:

93 30 ~~Medical~~ Mandatory medical assistance shall be provided to,
93 31 or on behalf of, any individual or family residing in the state
93 32 of Iowa, including those residents who are temporarily absent
93 33 from the state, who:

93 34 Sec. 77. Section 249A.3, subsection 1, paragraph I,
93 35 subparagraph (2), Code 2013, is amended to read as follows:

94 1 ~~(2) Additionally, effective July 1, 2009, medical~~
94 2 ~~assistance shall be provided to~~ is a pregnant woman or infant
94 3 whose family income is at or below three hundred percent of the
94 4 federal poverty level, as defined by the most recently revised
94 5 poverty income guidelines published by the United States
94 6 department of health and human services, if otherwise eligible.

94 7 Sec. 78. Section 249A.3, subsection 2, paragraph a,
94 8 unnumbered paragraph 1, Code 2013, is amended to read as
94 9 follows:

94 10 ~~Medical~~ Mandatory medical assistance may also, within the
94 11 limits of available funds and in accordance with section
94 12 249A.4, subsection 1, be provided to, or on behalf of,

94 13 other individuals and families who are not excluded under
94 14 subsection 5 of this section and whose incomes and resources
94 15 are insufficient to meet the cost of necessary medical care and
94 16 services in accordance with the following order of priorities:
94 17 Sec. 79. Section 249A.3, subsection 2, paragraph a,
94 18 subparagraph (1), subparagraph division (a), Code 2013, is
94 19 amended to read as follows:
94 20 (a) As allowed under 42 U.S.C. §1396a(a)(10)(A)(ii)(XIII),
94 21 individuals with disabilities, who are less than sixty-five
94 22 years of age, who are members of families whose income is less
94 23 than two hundred fifty percent of the most recently revised
94 24 official poverty guidelines published by the United States
94 25 department of health and human services for the family, who
94 26 have earned income and who are eligible for mandatory medical
94 27 assistance or ~~additional~~ optional medical assistance under this
94 28 section if earnings are disregarded. As allowed by 42 U.S.C.
94 29 §1396a(r)(2), unearned income shall also be disregarded in
94 30 determining whether an individual is eligible for assistance
94 31 under this subparagraph. For the purposes of determining the
94 32 amount of an individual's resources under this subparagraph
94 33 and as allowed by 42 U.S.C. §1396a(r)(2), a maximum of ten
94 34 thousand dollars of available resources shall be disregarded,
94 35 and any additional resources held in a retirement account, in a
95 1 medical savings account, or in any other account approved under
95 2 rules adopted by the department shall also be disregarded.
95 3 Sec. 80. Section 249A.3, subsection 2, paragraph a,
95 4 subparagraph (3), Code 2013, is amended to read as follows:
95 5 (3) Individuals who are receiving care in a hospital or
95 6 in a basic nursing home, intermediate nursing home, skilled
95 7 nursing home or extended care facility, as defined by section
95 8 135C.1, and who meet all eligibility requirements for federal
95 9 supplemental security income except that their income exceeds
95 10 the allowable maximum ~~therefor~~ for such eligibility, but
95 11 whose income is not in excess of the maximum established
95 12 ~~by subsection 4~~ for eligibility for discretionary medical
95 13 assistance and is insufficient to meet the full cost of their
95 14 care in the hospital or health care facility on the basis of
95 15 standards established by the department.
95 16 Sec. 81. Section 249A.3, subsection 2, paragraph b, Code
95 17 2013, is amended to read as follows:
95 18 b. Notwithstanding the provisions of this subsection
95 19 establishing priorities for individuals and families to
95 20 receive mandatory medical assistance, the department may
95 21 determine within the priorities listed in this subsection which
95 22 persons shall receive mandatory medical assistance based on
95 23 income levels established by the department, subject to the
95 24 limitations provided in subsection 4.
95 25 Sec. 82. Section 249A.3, subsection 3, Code 2013, is amended

95 26 to read as follows:

95 27 3.—~~Additional~~ Optional medical assistance may, within
95 28 the limits of available funds and in accordance with section
95 29 249A.4, subsection 1, be provided to, or on behalf of, either
95 30 of the following groups of individuals and families:

95 31 a. Only those individuals and families described in
95 32 subsection 1 ~~of this section; or,~~

95 33 b. Those individuals and families described in both
95 34 subsections 1 and 2.

95 35 Sec. 83. Section 249A.4, subsection 9, unnumbered paragraph
96 1 1, Code 2013, is amended to read as follows:

96 2 Adopt rules pursuant to chapter 17A in determining the
96 3 method and level of reimbursement for all medical and health
96 4 services ~~referred to in section 249A.2, subsection 1 or 7~~
96 5 to be provided under the medical assistance program, after
96 6 considering all of the following:

96 7 Sec. 84. Section 249B.1, subsection 6, Code 2013, is amended
96 8 to read as follows:

96 9 6. “Medical assistance” means “ mandatorymedical assistance”,
96 10 ~~“additional “optional~~ medical assistance”, “discretionary medical
96 11 assistance” or “medicare cost sharing” as defined in section
96 12 249A.2 which is provided to an individual pursuant to chapter
96 13 249A and Tit.XIX of the federal Social Security Act.

96 14 Sec. 85. Section 249F.1, subsection 1, Code 2013, is amended
96 15 to read as follows:

96 16 1. “Medical assistance” means “ mandatorymedical
96 17 assistance”, ~~“additional “optional~~ medical assistance”,
96 18 “discretionary medical assistance”, or “Medicare cost sharing”
96 19 as each is defined in section 249A.2 which is provided to an
96 20 individual pursuant to chapter 249A and Tit.XIX of the federal
96 21 Social Security Act.

96 22 Sec. 86. Section 509.1, subsection 7, Code 2013, is amended
96 23 to read as follows:

96 24 7. A policy issued to the department of human services,
96 25 which shall be deemed the policyholder, to insure eligible
96 26 persons for medical assistance, or for both mandatory medical
96 27 assistance and ~~additional optional~~ medical assistance, as
96 28 defined by chapter 249A as hereafter amended.

96 29 Sec. 87. Section 514.1, subsection 2, Code 2013, is amended
96 30 to read as follows:

96 31 2. For the purposes of this chapter, “subscriber” means an
96 32 individual who enters into a contract for health care services
96 33 with a corporation subject to this chapter and includes a
96 34 person eligible for mandatory medical assistance or ~~additional~~
96 35 optional medical assistance as defined under chapter 249A, with
97 1 respect to whom the department of human services has entered
97 2 into a contract with a firm operating under this chapter. For
97 3 purposes of this chapter, “provider” means a person as defined

97 4 in section 4.1, subsection 20, which is licensed or authorized
 97 5 in this state to furnish health care services. "Health care"
 97 6 means that care necessary for the purpose of preventing,
 97 7 alleviating, curing, or healing human physical or mental
 97 8 illness, injury, or disability.

97 9 DIVISION XVII
 97 10 ALZHEIMER'S COORDINATION AND STRATEGY

97 11 Sec. 88.NEW SECTION 135P.1 DEFINITIONS.

97 12 As used in this chapter, unless the context otherwise
 97 13 requires:

97 14 1. "Alzheimer's disease" or "Alzheimer's" means a
 97 15 progressive, degenerative, fatal disorder that results in loss
 97 16 of memory, loss of thinking and language skills, and behavioral
 97 17 changes. "Alzheimer's disease" includes related dementias
 97 18 including vascular dementia, Parkinson's disease, dementia
 97 19 with Lewy bodies, frontotemporal dementia, Creutzfeldt-Jacob
 97 20 disease, normal pressure hydrocephalus, and mixed dementia.

97 21 2. "Department" means the department of public health.

97 22 Sec. 89.NEW SECTION 135P.2 ALZHEIMER'S DISEASE —
 97 23 STATE-LEVEL COORDINATION AND COMPREHENSIVE RESPONSE STRATEGY.

97 24 1. The department shall develop and administer, and
 97 25 provide for state-level coordination of, a comprehensive
 97 26 Alzheimer's disease response strategy in accordance with the
 97 27 recommendations of the stakeholder workgroup convened pursuant
 97 28 to 2011 Iowa Acts, chapter 61. The response strategy shall
 97 29 include development and monitoring of short-term and long-term
 97 30 objectives and action steps to ensure that individuals with
 97 31 Alzheimer's disease have access to the highest quality and
 97 32 most appropriate care at all stages of the disease and in
 97 33 all settings across the service and supports continuum. The
 97 34 response strategy may include prioritization of objectives
 97 35 and action steps to most efficiently utilize resources and
 98 1 funding. The department shall update the initial response
 98 2 strategy biennially and shall submit a progress report annually
 98 3 in January to the governor and the general assembly.

98 4 2. In providing state-level coordination, the department
 98 5 shall integrate public and private resources and programs,
 98 6 reduce duplication, evaluate programs and services to ensure
 98 7 that evidence-based, high-quality programs and services are
 98 8 available to maximize the positive impact for individuals with
 98 9 Alzheimer's and their families and caregivers, and promote
 98 10 public awareness.

98 11 3. In developing the comprehensive Alzheimer's disease
 98 12 response strategy, the department shall do all of the
 98 13 following:

98 14 a. Establish an Alzheimer's disease coordinator position
 98 15 in the department in a manner similar to those positions

CODE: Directs the DPH to develop, administer, and provide for State-level coordination of, a comprehensive Alzheimer's disease response strategy and to submit an annual report in January to the Governor and General Assembly concerning development and monitoring of short-term and long-term objectives, action steps to ensure that individuals have access to high-quality care at all stages of the disease and in all settings across the service and supports continuum, and include prioritization of objectives and action steps to most efficiently utilize resources and funding.

98 16 that address other chronic conditions in the state. The
98 17 coordinator, in partnership with public and private entities
98 18 and the multidisciplinary advisory council convened pursuant to
98 19 paragraph “b”, shall do all of the following:

98 20 (1) Implement the recommendations of the Alzheimer’s
98 21 disease stakeholder workgroup convened pursuant to 2011 Iowa
98 22 Acts, chapter 61, and establish standards for the comprehensive
98 23 Alzheimer’s disease response strategy.

98 24 (2) Inform, educate, and empower the public regarding the
98 25 impact of Alzheimer’s disease, in order to increase awareness
98 26 of the disease and in particular the benefits of early
98 27 detection, while working to decrease the stigma associated with
98 28 Alzheimer’s disease.

98 29 (3) Monitor the prevalence of Alzheimer’s disease and
98 30 cognitive impairment in the state through data collection and
98 31 coordination efforts. Such data shall be made available to
98 32 and used to assist public and private efforts in developing
98 33 evidence-based programs and policies that address Alzheimer’s
98 34 disease.

98 35 (4) Evaluate, and promote the improved effectiveness,
99 1 accessibility, and quality of, clinical and population-based
99 2 Alzheimer’s services. The evaluation and promotion efforts
99 3 shall include coordination of services to reach rural and
99 4 underserved areas of the state.

99 5 (5) Ensure a competent public and private sector workforce
99 6 specific to the challenges of Alzheimer’s disease. The effort
99 7 shall include coordinating existing state efforts to develop,
99 8 implement, and evaluate curricula and training requirements
99 9 for providers of services who interact with individuals with
99 10 Alzheimer’s disease.

99 11 (6) Act as a liaison to the aging and disabilities resource
99 12 centers, area agencies on aging, Alzheimer’s association
99 13 chapters, the health and long-term care access advisory council
99 14 created by the department to implement the directives of
99 15 sections 135.163 and 135.164, and other entities to ensure
99 16 Alzheimer’s disease is appropriately addressed in the state.

99 17 (7) Secure public and private funding relating to dementia
99 18 to fulfill the duties specified under this chapter.

99 19 b. Convene a multidisciplinary advisory council. The
99 20 council shall assist and advise the department and the
99 21 coordinator; develop partnerships to provide coordination,
99 22 collaboration, and support for Alzheimer’s-related services
99 23 and programs throughout the state; and advocate on behalf of
99 24 persons with Alzheimer’s disease and their families. The
99 25 advisory council shall, at a minimum, include representation
99 26 from individuals with Alzheimer’s disease and their families;
99 27 caregivers and other providers of services and supports;
99 28 medical providers including primary and specialty care

99 29 providers, which shall include geriatricians, neurologists,
 99 30 and others with expertise in Alzheimer's disease; the
 99 31 Alzheimer's association; community-based organizations and
 99 32 other organizations with interest or expertise in Alzheimer's
 99 33 disease; academic institutions and programs with a focus
 99 34 on Alzheimer's disease and dementia; and appropriate state
 99 35 agencies including but not limited to the department on
 100 1 aging, the department of human services, the department of
 100 2 inspections and appeals, the department of public safety, and
 100 3 the department of workforce development. The department shall
 100 4 enlist private entities in providing staff support for the
 100 5 council.
 100 6 Sec. 90. REPEAL. Section 135.171, Code 2013, is repealed.
 100 7 Sec. 91. INCORPORATION OF EXISTING STATE DUTIES. The
 100 8 department of public health shall incorporate the requirements
 100 9 specified in section 135.171, Code 2013, into the comprehensive
 100 10 Alzheimer's disease strategy developed and administered
 100 11 pursuant to this division of this Act.

100 12 DIVISION XVIII
 100 13 AREA HEALTH EDUCATION CENTERS
 100 14 Sec. 92. NEW SECTION 135.179 AREA HEALTH EDUCATION CENTERS
 100 15 FUND.

100 16 An area health education centers fund is created in the
 100 17 state treasury as a separate fund under the control of the
 100 18 department. The department may receive appropriations,
 100 19 contributions, grants, and in-kind contributions to support
 100 20 the purposes of the fund. The fund shall be separate from the
 100 21 general fund of the state and shall not be considered part of
 100 22 the general fund of the state. The moneys in the fund shall
 100 23 not be considered revenue of the state, but rather shall be
 100 24 moneys of the fund. The moneys in the fund are appropriated
 100 25 to the department to be distributed to a publicly owned acute
 100 26 care teaching hospital located in a county with a population
 100 27 over three hundred fifty thousand that shall subcontract
 100 28 with health care entities that host regional area health
 100 29 education centers to recruit and retain a skilled health care
 100 30 workforce in rural and underserved areas of the state. The
 100 31 funds distributed shall be used to provide the nonfederal
 100 32 funding match requirement for receipt of federal grants for
 100 33 area health education centers from the federal health resources
 100 34 and services administration of the United States department of
 100 35 health and human services and to assist with continuation of
 101 1 existing educational health care programs and activities. The
 101 2 moneys in the fund are not subject to section 8.33 and shall
 101 3 not be transferred, used, obligated, appropriated, or otherwise
 101 4 encumbered, except to provide for the purposes of this section.
 101 5 Notwithstanding section 12C.7, subsection 2, interest or

CODE: Directs the DPH to establish an area health education fund to subcontract with Area Health Education Centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the state.

101 6 earnings on moneys deposited in the fund shall be credited to
 101 7 the fund.
 101 8 Sec. 93. CODE EDITOR DIRECTIVE. The Code editor shall
 101 9 create a new division in chapter 135 codifying section 135.179,
 101 10 as enacted in this division of this Act, as the area health
 101 11 education centers fund.

101 12 DIVISION XIX
 101 13 MEDICAID BREAST AND CERVICAL CANCER

101 14 Sec. 94. Section 249A.3, subsection 2, paragraph a,
 101 15 subparagraph (2), Code 2013, is amended to read as follows:
 101 16 (2) (a) As provided under the federal Breast and Cervical
 101 17 Cancer Prevention and Treatment Act of 2000, Pub.L. No.
 101 18 106-354, ~~women~~ individuals who meet all of the following
 101 19 criteria:
 101 20 (i) Are not described in 42 U.S.C. §1396a(a)(10)(A)(i).
 101 21 (ii) Have not attained age sixty-five.
 101 22 (iii) Have been screened for breast and cervical cancer
 101 23 under the United States centers for disease control and
 101 24 prevention breast and cervical cancer early detection program
 101 25 established under 42 U.S.C. §300k et seq., in accordance
 101 26 with the requirements of 42 U.S.C. §300n, and need treatment
 101 27 for breast or cervical cancer. ~~A woman~~ An individual is
 101 28 considered screened for breast and cervical cancer under this
 101 29 subparagraph subdivision if the ~~woman~~ individual is screened
 101 30 by any provider or entity, and the state grantee of the United
 101 31 States centers for disease control and prevention funds under
 101 32 Tit.XV of the federal Public Health Services Act has elected
 101 33 to include screening activities by that provider or entity
 101 34 as screening activities pursuant to Tit.XV of the federal
 101 35 Public Health Services Act. This screening includes ~~but is~~
 102 1 ~~not limited to~~ breast or cervical cancer screenings or related
 102 2 diagnostic services provided or funded by family planning ~~or~~
 102 3 centers, community health centers ~~and breast cancer screenings~~
 102 4 ~~funded by the Susan G. Komen foundation which, or nonprofit~~
 102 5 organizations, and the screenings or services are provided
 102 6 to ~~women~~ individuals who meet the eligibility requirements
 102 7 established by the state grantee of the United States centers
 102 8 for disease control and prevention funds under Tit.XV of the
 102 9 federal Public Health Services Act.
 102 10 (iv) Are not otherwise covered under creditable coverage as
 102 11 defined in 42 U.S.C. §300gg(c).
 102 12 (b) ~~A woman~~ An individual who meets the criteria of this
 102 13 subparagraph (2) shall be presumptively eligible for medical
 102 14 assistance.

CODE: Adds men to the Breast and Cervical Cancer Program under the Medicaid Program. Also, covers screening services provided by any nonprofit organization, not just the Susan G. Komen foundation, to individuals that meet the federal requirements.

102 15 Sec. 95. MEDICAID STATE PLAN AMENDMENT. The department of
 102 16 human services shall submit a medical assistance state plan
 102 17 amendment to the centers for Medicare and Medicaid services of
 102 18 the United States department of health and human services to
 102 19 provide for applicability of the federal Breast and Cervical
 102 20 Cancer Prevention and Treatment Act of 2000, Pub.L. No.
 102 21 106-354, to both men and women. The department shall implement
 102 22 applicability of the program to both men and women upon receipt
 102 23 of federal approval.

Requires the DHS to apply for a State Plan Amendment to add men to the Breast and Cervical Cancer Program. The DHS is to implement the change only upon federal approval.

102 24 DIVISION XX
 102 25 HEALTH AND LONG-TERM CARE
 102 26 Sec. 96. Section 135.164, subsection 1, paragraph d, Code
 102 27 2013, is amended by striking the paragraph.
 102 28 Sec. 97. Section 135.164, subsection 4, Code 2013, is
 102 29 amended by striking the subsection.
 102 30 Sec. 98. COST PROJECTION REPORT — STRATEGIC PLAN. The
 102 31 department of public health shall develop cost projections
 102 32 for implementing the strategic plan for health care delivery
 102 33 infrastructure and health care workforce resources as specified
 102 34 in section 135.164, and shall submit a report of such cost
 102 35 projections and any recommendations to the individuals
 103 1 identified in this Act for submission of reports by December
 103 2 15, 2013.

CODE: Requires the DPH to develop a cost projections strategic plan for implementing health care delivery infrastructure and health care workforce resources. The plan is to submitted in a report by December 15, 2013.

103 3 DIVISION XXI
 103 4 AUTISM SUPPORT PROGRAM

103 5 Sec. 99. NEW SECTION 225D.1 DEFINITIONS.
 103 6 As used in this chapter unless the context otherwise
 103 7 requires:
 103 8 1. "Applied behavioral analysis", "autism service provider",
 103 9 "pharmacy care", "psychiatric care", "psychological care",
 103 10 "rehabilitative care", "therapeutic care", and "treatment plan"
 103 11 mean the same as defined in section 514C.28.
 103 12 2. "Autism" means autism spectrum disorders as defined in
 103 13 section 514C.28.
 103 14 3. "Autism support fund" or "fund" means the autism support
 103 15 fund created in section 225D.2.
 103 16 4. "Behavioral health treatment" means clinically relevant
 103 17 counseling and treatment programs, including applied behavioral
 103 18 analysis, that meet both of the following requirements:
 103 19 a. Are necessary to develop, maintain, or restore, to the
 103 20 maximum extent practicable, the functioning of an individual.
 103 21 b. Are provided or supervised by a board-certified behavior
 103 22 analyst or a licensed psychologist, as long as the psychologist
 103 23 has commensurate education or training.
 103 24 5. "Clinically relevant" means medically necessary and

CODE: Provides definitions for the Autism Support Program.

103 25 resulting in the development, maintenance, or restoration,
 103 26 to the maximum extent practicable, of the functioning of an
 103 27 individual.

103 28 6. "Department" means the department of human services.

103 29 7. "Diagnostic assessment of autism spectrum disorders" means
 103 30 medically necessary assessment, evaluations, or tests performed
 103 31 by a licensed physician, licensed physician assistant, licensed
 103 32 psychologist, or licensed registered nurse practitioner, with
 103 33 expertise and special training in developmental disabilities or
 103 34 autism, to diagnose whether an individual has autism.

103 35 8. "Eligible individual" means a child less than nine years
 104 1 of age who has been diagnosed with autism based on a diagnostic
 104 2 assessment of autism spectrum disorders, is not otherwise
 104 3 eligible for coverage under the medical assistance program, is
 104 4 not eligible for coverage under section 514C.28 or for private
 104 5 insurance coverage, and whose household income does not exceed
 104 6 four hundred percent of the federal poverty level.

104 7 9. "Federal poverty level" means the most recently revised
 104 8 poverty income guidelines published by the United States
 104 9 department of health and human services.

104 10 10. "Household income" means household income as determined
 104 11 using the modified adjusted gross income methodology pursuant
 104 12 to section 2002 of the federal Patient Protection and
 104 13 Affordable Care Act, Pub.L. No.111-148.

104 14 11. "Medical assistance" or "Medicaid" means assistance
 104 15 provided under the medical assistance program pursuant to
 104 16 chapter 249A.

104 17 12. "Regional autism assistance program" means the regional
 104 18 autism assistance program created in section 256.35.

104 19 13. "Treatment of autism" means treatment that is
 104 20 identified in a treatment plan and includes medically necessary
 104 21 behavioral health treatment, pharmacy care, psychiatric care,
 104 22 psychological care, rehabilitative care, and therapeutic care
 104 23 that is one of the following:

104 24 a. Prescribed, ordered, or provided by a licensed
 104 25 physician, licensed physician assistant, licensed psychologist,
 104 26 licensed social worker, or licensed advanced registered nurse
 104 27 practitioner.

104 28 b. Provided by an autism service provider.

104 29 c. Provided by a person, entity, or group that works under
 104 30 the direction of an autism service provider.

104 31 Sec. 100.NEW SECTION 225D.2 AUTISM SUPPORT PROGRAM —
 104 32 FUND.

104 33 1. The department shall implement an autism support
 104 34 program to provide payment for the treatment of autism for
 104 35 eligible individuals. The department shall adopt rules,
 105 1 including standards and guidelines pursuant to chapter 17A to

CODE: Directs the DHS to implement an autism support program within 120 days of enactment of this Bill to provide payment for the treatment of eligible individuals with autism. Only individuals that are not eligible for coverage of the same treatments under the medical assistance program and that have applied for and been denied private insurance for the same treatment may qualify. Maximum annual

105 2 implement and administer the program. In adopting the rules,
105 3 standards, and guidelines for the program, the department shall
105 4 consult with and incorporate the recommendations of an expert
105 5 panel convened by the regional autism assistance program to
105 6 provide expert opinion on clinically relevant practices and
105 7 guidance on program implementation and administration. The
105 8 expert panel shall consist of families of individuals with
105 9 autism; educational, medical, and human services specialists,
105 10 professionals, and providers; and others with interest in or
105 11 expertise related to autism. The program shall be implemented
105 12 and administered in a manner so that payment for services
105 13 is available throughout the state, including in rural and
105 14 under-resourced areas.

105 15 2. At a minimum, the rules, standards, and guidelines for
105 16 the program shall address all of the following:

105 17 a. A maximum annual benefit amount for an eligible
105 18 individual of thirty-six thousand dollars.

105 19 b. A maximum of twenty-four months of applied behavioral
105 20 analysis treatment.

105 21 c. Notwithstanding the age limitation for an eligible
105 22 individual, a provision that if an eligible individual reaches
105 23 nine years of age prior to completion of the maximum applied
105 24 behavioral analysis treatment period specified in paragraph
105 25 "b", the individual may complete such treatment in accordance
105 26 with the individual's treatment plan, not to exceed the maximum
105 27 treatment period.

105 28 d. A graduated schedule for cost-sharing by an eligible
105 29 individual based on a percentage of the total benefit amount
105 30 expended for the eligible individual, annually. Cost-sharing
105 31 shall be applicable to eligible individuals with household
105 32 incomes at or above two hundred percent of the federal poverty
105 33 level in incrementally increased amounts up to a maximum of
105 34 ten percent. The rules shall provide a financial hardship
105 35 exemption from payment of the cost-sharing based on criteria
106 1 established by rule of the department.

106 2 e. Application, approval, compliance, and appeal processes
106 3 for eligible individuals as necessary to operate and manage the
106 4 program.

106 5 f. Enrollment, renewal, and reimbursement of claims
106 6 provisions for autism service providers participating in the
106 7 program.

106 8 g. A requirement of family engagement and participation as
106 9 part of the eligible individual's treatment plan.

106 10 h. A requirement that the administrator of the program
106 11 utilize the regional autism assistance program to coordinate
106 12 interventions between eligible individuals and their families
106 13 receiving support through the autism support program with
106 14 appropriate medical, educational, and treatment providers,

benefits per individual are capped at \$36,000 and are applied through a graduated cost-sharing schedule for individuals with household incomes exceeding 200.00% of the FPL. Individuals may receive applied behavioral analysis treatment for up to 24 months before review of continued need. State obligation is limited to the extent of the funds available and an annual report concerning the program must be submitted to the Governor and General Assembly by January 1.

106 15 including integrated health homes. The regional autism
106 16 assistance program shall provide for family navigation and
106 17 coordination and integration of services through the statewide
106 18 system of regional child health specialty clinics, utilizing
106 19 the community child health team model. As necessitated by
106 20 the availability of resources in the community where services
106 21 are delivered, telehealth may be used in delivering and
106 22 coordinating interventions with appropriate providers. To the
106 23 extent available and accessible to an eligible individual,
106 24 the eligible individual shall be enrolled in an integrated
106 25 health home that is an approved provider enrolled in the
106 26 medical assistance program. Health home services that are
106 27 covered services under the medical assistance program shall be
106 28 reimbursed under the autism support program at rates consistent
106 29 with those established under the medical assistance program.

106 30 i. Requirements related to review of treatment plans,
106 31 which may require review once every six months, subject to
106 32 utilization review requirements established by rule. A more
106 33 or less frequent review may be agreed upon by the eligible
106 34 individual and the licensed physician or licensed psychologist
106 35 developing the treatment plan.

107 1 j. Recognition of the results of a diagnostic assessment of
107 2 autism as valid for a period of not less than twelve months,
107 3 unless a licensed physician or licensed psychologist determines
107 4 that a more frequent assessment is necessary.

107 5 3. Moneys in the autism support fund created under
107 6 subsection 5 shall be expended only for eligible individuals
107 7 who are not eligible for coverage for the same treatment
107 8 services under the medical assistance program, section 514C.28,
107 9 or private insurance. Payment for treatment services through
107 10 the fund shall be limited to only those services that are
107 11 clinically relevant and only to the extent approved under the
107 12 guidelines established by rule of the department.

107 13 4. This section shall not be construed as granting an
107 14 entitlement for any program, service, or other support for
107 15 eligible individuals. Any state obligation to provide a
107 16 program, service, or other support pursuant to this section
107 17 is limited to the extent of the funds appropriated for the
107 18 purposes of the program. The department may establish a
107 19 waiting list or terminate participation of eligible individuals
107 20 if the department determines that moneys in the autism support
107 21 fund are insufficient to cover future claims for reimbursement
107 22 beyond ninety days.

107 23 5. a. An autism support fund is created in the state
107 24 treasury under the authority of the department. Moneys
107 25 appropriated to and all other moneys specified for deposit
107 26 in the fund shall be deposited in the fund and used for the
107 27 purposes of the program.

107 28 b. The fund shall be separate from the general fund of the
107 29 state and shall not be considered part of the general fund of
107 30 the state. The moneys in the fund shall not be considered
107 31 revenue of the state, but rather shall be funds of the autism
107 32 support program. The moneys deposited in the fund are not
107 33 subject to section 8.33 and shall not be transferred, used,
107 34 obligated, appropriated, or otherwise encumbered, except to
107 35 provide for the purposes of this section. Notwithstanding
108 1 section 12C.7, subsection 2, interest or earnings on moneys
108 2 deposited in the fund shall be credited to the fund.

108 3 c. The department shall adopt rules pursuant to chapter 17A
108 4 to administer the fund and reimbursements made from the fund.

108 5 d. Moneys in the fund are appropriated to the department and
108 6 shall be used by the department for the purposes of the autism
108 7 support program. The department shall be the administrator of
108 8 the fund for auditing purposes.

108 9 e. The department shall submit an annual report to the
108 10 governor and the general assembly no later than January 1
108 11 of each year that includes but is not limited to all of the
108 12 following:

108 13 (1) The total number of applications received under the
108 14 program for the immediately preceding fiscal year.

108 15 (2) The number of applications approved and the total amount
108 16 of funding expended for reimbursements under the program in the
108 17 immediately preceding fiscal year.

108 18 (3) The cost of administering the program in the immediately
108 19 preceding fiscal year.

108 20 (4) The number of eligible individuals on a waiting list, if
108 21 any, and the amount of funding necessary to reduce the existing
108 22 waiting list.

108 23 (5) Recommendations for any changes to the program.

108 24 Sec. 101. IMPLEMENTATION.

108 25 1. The department of human services shall implement the
108 26 autism support program within one hundred twenty days of
108 27 the effective date of this division of this Act, subject to
108 28 available funding.

108 29 2. Notwithstanding section 8.47 or any other provision of
108 30 law to the contrary, the department may utilize a sole-source
108 31 contract and utilize the managed care entity under contract
108 32 with the department to manage behavioral health services under
108 33 the medical assistance program to administer the program.
108 34 Total administrative costs of the program shall not exceed ten
108 35 percent of the funds expended through the program, annually.

109 1 Sec. 102. EFFECTIVE UPON ENACTMENT. This division of this
109 2 Act, being deemed of immediate importance, takes effect upon
109 3 enactment.

<p>109 5 DEPARTMENT OF HUMAN SERVICES — CHILD, ADULT, AND FAMILY 109 6 SERVICES 109 7 Sec. 103. Section 225C.38, subsection 1, paragraph c, Code 109 8 2013, is amended to read as follows: 109 9 c. Except as provided in section 225C.41, a family support 109 10 subsidy for a fiscal year shall be in an amount determined by 109 11 the department in consultation with the comprehensive family 109 12 support council created in section 225C.48. The parent or 109 13 legal guardian receiving a family support subsidy may elect 109 14 to receive a payment amount which is less than the amount 109 15 determined in accordance with this paragraph. 109 16 Sec. 104. Section 225C.42, subsection 1, Code 2013, is 109 17 amended to read as follows: 109 18 1. The department shall conduct an annual evaluation of 109 19 the family support subsidy program in conjunction with the 109 20 comprehensive family support council and shall submit the 109 21 evaluation report with recommendations to the governor and 109 22 general assembly. The report shall be submitted on or before 109 23 October 30 and provide an evaluation of the latest completed 109 24 fiscal year. 109 25 Sec. 105. Section 225C.47, subsection 5, unnumbered 109 26 paragraph 1, Code 2013, is amended to read as follows: 109 27 The department shall design the program in consultation with 109 28 the comprehensive family support council created in section 109 29 225C.48. The department shall adopt rules to implement the 109 30 program which provide for all of the following: 109 31 Sec. 106. Section 225C.49, subsection 4, Code 2013, is 109 32 amended to read as follows: 109 33 4. The department shall designate one individual whose sole 109 34 duties are to provide central coordination of the programs 109 35 under sections 225C.36 and 225C.47 and to work with the 110 1 comprehensive family support council to oversee development and 110 2 implementation of the programs.</p> <p>110 3 Sec. 107. Section 239B.5, Code 2013, is amended by adding 110 4 the following new subsection: 110 5 NEW SUBSECTION 4. a. The department shall implement 110 6 policies and procedures as necessary to comply with provisions 110 7 of the federal Middle Class Tax Relief and Job Creation Act 110 8 of 2012, Pub.L. No.112-96, to prevent assistance provided 110 9 under this chapter from being used in any electronic benefit 110 10 transfer transaction in any liquor store; any casino, gambling 110 11 casino, or gaming establishment; or any retail establishment 110 12 which provides adult-oriented entertainment in which performers 110 13 disrobe or perform in an unclothed state for entertainment. 110 14 For purposes of this paragraph, the definitions found in the 110 15 federal Middle Class Tax Relief and Job Creation Act and 110 16 related rules and statutes apply.</p>	<p>support subsidy for a fiscal year, conduct annual evaluations, design programs, and conduct coordination of services.</p> <p>CODE: Amends Sections relating to the the Family Investment Program (FIP) to prohibit individuals from using their Electronic Benefits Transfer (EBT) cards in certain locations.</p> <p>DETAIL: This change is required by the federal Middle Class Tax Relief and Job Creation Act of 2012.</p>
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110 17 b. Unless otherwise precluded by federal law or regulation,
 110 18 policies and procedures implemented under this subsection shall
 110 19 at a minimum impose the prohibition described in paragraph "a"
 110 20 as a condition for continued eligibility for assistance under
 110 21 this chapter.

110 22 c. The department may implement additional measures as may
 110 23 be necessary to comply with federal regulations in implementing
 110 24 paragraph "a".

110 25 d. The department shall adopt rules as necessary to
 110 26 implement this subsection.

110 27 Sec. 108. Section 239B.14, subsection 1, Code 2013, is
 110 28 amended to read as follows:

110 29 1. a. An individual who obtains, or attempts to obtain,
 110 30 or aids or abets an individual to obtain, by means of a
 110 31 willfully false statement or representation, by knowingly
 110 32 failing to disclose a material fact, or by impersonation, or
 110 33 any fraudulent device, any assistance or other benefits under
 110 34 this chapter to which the individual is not entitled, commits
 110 35 a fraudulent practice.

111 1 b. An individual who accesses benefits provided under
 111 2 this chapter in violation of any prohibition imposed by the
 111 3 department pursuant to section 239B.5, subsection 4, commits
 111 4 a fraudulent practice.

111 5 Sec. 109. Section 249A.3, subsection 1, Code 2013, is
 111 6 amended by adding the following new paragraph:

111 7 NEW PARAGRAPH v. Beginning January 1, 2014, is an
 111 8 individual who meets all of the following requirements:

- 111 9 (1) Is under twenty-six years of age.
 111 10 (2) Was in foster care under the responsibility of the state
 111 11 on the date of attaining eighteen years of age or such higher
 111 12 age to which foster care is provided.
 111 13 (3) Was enrolled in the medical assistance program under
 111 14 this chapter while in such foster care.

111 15 Sec. 110. Section 249A.3, subsection 2, paragraph a,
 111 16 subparagraph (9), Code 2013, is amended by striking the
 111 17 subparagraph.

111 18 Sec. 111. Section 249J.26, subsection 2, Code 2013, is
 111 19 amended to read as follows:

111 20 2. This chapter is repealed ~~October~~ December 31, 2013.

111 21 Sec. 112. Section 514I.4, subsection 5, paragraph a, Code
 111 22 2013, is amended by striking the paragraph.

CODE: Amends Sections relating to FIP overpayment recovery due to fraud to recover funds used in locations prohibited by federal law.

CODE: Expands Medicaid eligibility to foster care children up to the age of 26.

DETAIL: This change is required by the federal Patient Protection and Affordable Care Act (ACA) of 2010.

FISCAL IMPACT: This change is estimated to cost the State \$265,000 in FY 2014 and \$1,500,000 in FY 2015.

CODE: Strikes the paragraph that currently covers foster care children under the Medicaid Program up to the age of 21.

CODE: Extends the repeal of the IowaCare Program to December 31, 2013.

DETAIL: This conforms the Iowa Code to the federal waiver that also expires December 31, 2013.

CODE: Eliminates provisions relating to application development and the application process under the hawk-i Program.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

111 23 Sec. 113. Section 514I.5, subsection 7, paragraph f, Code
 111 24 2013, is amended to read as follows:
 111 25 f. Review, in consultation with the department, and take
 111 26 necessary steps to improve interaction between the program and
 111 27 other public and private programs which provide services to the
 111 28 population of eligible children. ~~The board, in consultation~~
 111 29 ~~with the department, shall also develop and implement a plan~~
 111 30 ~~to improve the medical assistance program in coordination with~~
 111 31 ~~the hawk-i program, including but not limited to a provision to~~
 111 32 ~~coordinate eligibility between the medical assistance program~~
 111 33 ~~and the hawk-i program, and to provide for common processes~~
 111 34 ~~and procedures under both programs to reduce duplication and~~
 111 35 ~~bureaucracy.~~

CODE: Strikes duties of the hawk-i Board relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

112 1 Sec. 114. Section 514I.5, subsection 8, paragraphs b and f,
 112 2 Code 2013, are amended by striking the paragraphs.

CODE: Strikes duties of the hawk-i Board relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

112 3 Sec. 115. Section 514I.7, subsection 2, paragraphs a and g,
 112 4 Code 2013, are amended to read as follows:
 112 5 a. Determine ~~individual~~ eligibility for program enrollment
 112 6 ~~based upon review of completed applications and supporting~~
 112 7 ~~documentation as prescribed by federal law and regulation,~~
 112 8 ~~using policies and procedures adopted by rule of the department~~
 112 9 ~~pursuant to chapter 17A.~~ The administrative contractor shall
 112 10 not enroll a child who has group health coverage, unless
 112 11 expressly authorized by such rules.
 112 12 g.—~~Create and Utilize the department's eligibility system~~
 112 13 ~~to maintain eligibility files that are compatible with the~~
 112 14 ~~data system of the department with pertinent eligibility~~
 112 15 ~~determination and ongoing enrollment information~~ including; but
 112 16 not limited to; data regarding beneficiaries, enrollment dates,
 112 17 disenrollments, and annual financial redeterminations.

CODE: Strikes duties of the third party contractor relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

112 18 Sec. 116. Section 514I.7, subsection 2, paragraphs c, d, e,
 112 19 f, and k, Code 2013, are amended by striking the paragraphs.

CODE: Strikes duties of the third party contractor relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

process.

CODE: Makes technical changes to the hawk-i chapter.

112 20 Sec. 117. Section 514I.8, subsection 1, Code 2013, is
 112 21 amended to read as follows:
 112 22 1. a. Effective July 1, 1998, and notwithstanding any
 112 23 medical assistance program eligibility criteria to the
 112 24 contrary, medical assistance shall be provided to, or on behalf
 112 25 of, an eligible child under the age of nineteen whose family
 112 26 income does not exceed one hundred thirty-three percent of the
 112 27 federal poverty level, as defined by the most recently revised
 112 28 poverty income guidelines published by the United States
 112 29 department of health and human services.
 112 30 ~~b.~~ Effectively Effective July 1, 2000, and
 112 31 notwithstanding any medical assistance program eligibility
 112 32 criteria to the contrary, medical assistance shall be provided
 112 33 to, or on behalf of, an eligible infant whose family income
 112 34 does not exceed two hundred percent of the federal poverty
 112 35 level, as defined by the most recently revised poverty income
 113 1 guidelines published by the United States department of health
 113 2 and human services.
 113 3 c. Effective July 1, 2009, and notwithstanding any medical
 113 4 assistance program eligibility criteria to the contrary,
 113 5 medical assistance shall be provided to, or on behalf of, a
 113 6 pregnant woman or an eligible child who is an infant and whose
 113 7 family income is at or below three hundred percent of the
 113 8 federal poverty level, as defined by the most recently revised
 113 9 poverty income guidelines published by the United States
 113 10 department of health and human services.

CODE: Requires the DHS to implement Modified Adjusted Gross Income (MAGI) to calculate eligibility for hawk-i.

DETAIL: This change is required by the ACA.

113 11 Sec. 118. Section 514I.8, subsection 2, paragraph c, Code
 113 12 2013, is amended to read as follows:
 113 13 c. Is a member of a family whose income does not exceed
 113 14 three hundred percent of the federal poverty level, as defined
 113 15 in 42 U.S.C. §9902(2), including any revision required by
 113 16 such section, and in accordance with the federal Children's
 113 17 Health Insurance Program Reauthorization Act of 2009, Pub.L.
 113 18 No.111-3. The modified adjusted gross income methodology
 113 19 prescribed in section 2101 of the federal Patient Protection
 113 20 and Affordable Care Act, Pub.L. No.111-148, to determine
 113 21 family income under this paragraph.

CODE: Makes changes to hawk-i eligibility and conforms eligibility standards to federal law.

DETAIL: These changes are required by the ACA.

113 22 Sec. 119. Section 514I.8, subsections 3 and 4, Code 2013,
 113 23 are amended to read as follows:
 113 24 3. In accordance with the rules adopted by the board,
 113 25 a child may be determined to be presumptively eligible for
 113 26 the program pending a final eligibility determination.
 113 27 Following final determination of eligibility ~~by the~~

113 28 ~~administrative contractor~~, a child shall be eligible for a
 113 29 twelve-month period. At the end of the twelve-month period,
 113 30 ~~the administrative contractor shall conduct~~ a review of the
 113 31 circumstances of the eligible child's family shall be conducted
 113 32 to establish eligibility and cost sharing for the subsequent
 113 33 twelve-month period.

113 34 4. Once an eligible child is enrolled in a plan, the
 113 35 ~~eligible child shall remain enrolled in the plan unless a~~
 114 1 ~~determination is made, according to criteria established by the~~
 114 2 ~~board, that the eligible child should be allowed to enroll in~~
 114 3 ~~another qualified child health plan or should be disenrolled.~~
 114 4 An enrollee may request to change plans within ninety days of
 114 5 initial enrollment for any reason and at any time for cause, as
 114 6 defined in 42 C.F.R. § 438.56(d)(2). Otherwise, an enrollee
 114 7 may change plan enrollment once a year on the enrollee's
 114 8 anniversary date.

114 9 Sec. 120. Section 514I.8, subsections 5 and 6, Code 2013,
 114 10 are amended by striking the subsections.

CODE: Strikes Subsections relating to duties of the hawk-i Board, including recommendations on level of family income and coordination with the Medicaid Program.

114 11 Sec. 121. Section 514I.9, Code 2013, is amended to read as
 114 12 follows:

114 13 514I.9 PROGRAM BENEFITS.

114 14 1.—~~Until June 30, 1999, the benefits provided under the~~
 114 15 ~~program shall be those benefits established by rule of the~~
 114 16 ~~board and in compliance with Tit.XXI of the federal Social~~
 114 17 ~~Security Act.~~

114 18 —2.—~~On or before June 30, 1999, the hawk-i board shall adopt~~
 114 19 ~~rules to amend the benefits package based upon review of the~~
 114 20 ~~results of the initial benefits package used.~~

114 21 —3.—~~Subsequent to June 30, 1999, the~~ The hawk-i board shall
 114 22 review the benefits package annually and shall determine
 114 23 additions to or deletions from the benefits package offered.
 114 24 The hawk-i board shall submit the recommendations to the
 114 25 general assembly for any amendment to the benefits package.

114 26 —4. 2. Benefits, in addition to those required by rule, may
 114 27 be provided to eligible children by a participating insurer if
 114 28 the benefits are provided at no additional cost to the state.

114 29 Sec. 122. REPEAL. Section 225C.48, Code 2013, is repealed.

CODE: Eliminates the Comprehensive Family Support Council within the DHS.

114 30 Sec. 123. EFFECTIVE DATE. The following provision or
 114 31 provisions of this Act take effect December 31, 2013:

114 32 1. The section of this Act amending section 249A.3,
 114 33 subsection 2, paragraph "a", subparagraph (9).

The provision relating to Foster Care eligible Medicaid children takes effect on December 31, 2013.

114 34 DIVISION XXIII
 114 35 OPTIONS — PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS

115 1 Sec. 124. FACILITY FOR PERSONS WITH AGGRESSIVE OR
 115 2 PSYCHIATRIC BEHAVIORS — COMMITTEE — REPORT.

115 3 1. The department of inspections and appeals, in
 115 4 conjunction with the department of human services, shall
 115 5 establish and facilitate a committee of stakeholders to examine
 115 6 options for designating a facility to provide care for persons
 115 7 in this state who are sexually aggressive, combative, or have
 115 8 unmet psychiatric needs.

115 9 2. The membership of the committee shall include but is not
 115 10 limited to the following:

115 11 a. Representatives of the departments of inspections and
 115 12 appeals, human services, corrections, and public health, the
 115 13 department on aging, the state public defender, the office of
 115 14 the citizens' aide, the office of the state long-term care
 115 15 resident's advocate, and the judicial branch.

115 16 b. Consumers of services provided by long-term care
 115 17 facilities and family members of consumers.

115 18 c. Representatives from leadingage Iowa, the Iowa health
 115 19 care association, and the Iowa association of community
 115 20 providers.

115 21 d. Direct care workers employed by long-term care
 115 22 facilities.

115 23 e. Representatives from Iowa legal aid.

115 24 f. Representatives from AARP Iowa.

115 25 g. Representatives from the Iowa civil liberties union.

115 26 h. Other stakeholders as the department of inspections and
 115 27 appeals and the department of human services deem appropriate.

115 28 3. The committee shall discuss whether a long-term care
 115 29 facility, as defined in section 142D.2, should have the
 115 30 ability to refuse admission to, or discharge, residents who
 115 31 are sexually aggressive, combative, or have unmet psychiatric
 115 32 needs. The committee shall consider options for establishment
 115 33 of a facility to provide care for persons who are sexually
 115 34 aggressive, combative, or have unmet psychiatric needs. The
 115 35 committee shall identify the characteristics of residents

116 1 for such a facility, options for creating a new facility
 116 2 to house such residents, options for the expansion of an
 116 3 existing facility to house such residents, options for using
 116 4 any alternative facilities for such residents, the workforce
 116 5 and training necessary for the workforce in such facility,
 116 6 options to qualify a facility for Medicaid reimbursement, cost
 116 7 projections for any recommendations, and other information
 116 8 deemed relevant by the department of inspections and appeals.

Requires the DHS in conjunction with the Department of Inspections and Appeals to establish and facilitate a stakeholders group on facilities for persons in the State who are sexually aggressive, combative or have unmet psychiatric needs.

DETAIL: The stakeholders group is to consider issues regarding placement in long-term care facilities for these individuals and submit a report with recommendations to the Governor and the General Assembly by December 15, 2013.

116 9 4. The committee shall provide a report detailing its
 116 10 findings and recommendations to the governor and the general
 116 11 assembly by December 15, 2013.

116 12 DIVISION XXIV
 116 13 SPORTS INJURY PREVENTION

116 14 Sec. 125. MUNICIPAL YOUTH SPORTS INJURY PREVENTION STUDY
 116 15 AND REPORT.

116 16 1. A municipal youth sports injury prevention study is
 116 17 established to make recommendations regarding how cities can
 116 18 most effectively prevent concussions and other sports-related
 116 19 injuries in children participating in municipal youth
 116 20 sports programs. The national center for sports safety is
 116 21 requested to administer the study in coordination with the
 116 22 department of public health and interested parties representing
 116 23 cities, municipal youth sports programs, parents, coaches,
 116 24 trainers, and other stakeholders. The study shall include
 116 25 recommendations for safety equipment for participants and
 116 26 training for employees and volunteers to be required by cities
 116 27 as part of municipal youth sports programs.

116 28 2. The national center for sports safety is requested to
 116 29 submit a report on its findings and recommendations to the
 116 30 general assembly by January 10, 2014.

116 31 DIVISION XXV
 116 32 SUICIDE PREVENTION

116 33 Sec. 126. Section 272.2, Code 2013, is amended by adding the
 116 34 following new subsection:

116 35 NEW SUBSECTION 19. Adopt rules requiring individuals
 117 1 applying for renewal of a license, certificate, authorization,
 117 2 or statement of recognition issued by the board who provide
 117 3 a service to students to undergo training on suicide
 117 4 prevention and trauma-informed care prior to each renewal. In
 117 5 coordination with the department of education, the department
 117 6 of public health, and stakeholders, including but not limited
 117 7 to mental health professionals, school administrators, school
 117 8 nurses, and guidance counselors, the board shall select
 117 9 qualified programs for such training. For purposes of this
 117 10 subsection, "trauma-informed care" means services that are based
 117 11 on an understanding of the vulnerabilities and triggers of
 117 12 individuals who have experienced trauma, recognize the role
 117 13 trauma has played in the lives of those individuals, recognize
 117 14 the presence of trauma symptoms and their onset, are supportive
 117 15 of trauma recovery, and avoid further traumatization.

117 16 DIVISION XXVI

Requests a municipal youth sports injury prevention study to be conducted by the National Center for Sports Safety in conjunction with the DPH.

DETAIL: The study is to include recommendations for safety equipment for participants and training for employees and volunteers. The National Center for Sports and Safety is requested to submit a report to the General Assembly by January 10, 2014.

CODE: Requires the Educational Examiners Board to adopt rules requiring individuals applying for renewal of a license, certificate, authorization, or statement of recognition issued by the Board that provide services to students to undergo training on suicide prevention and trauma-informed care prior to each renewal. Requires the Board, in coordination with the Department of Education and the DPH, to select qualified programs.

117 17 IOWACARE — ACCOUNT FOR HEALTH CARE TRANSFORMATION

117 18 Sec. 127. Section 249J.8, subsection 1, paragraph k, Code
117 19 2013, is amended to read as follows:

117 20 k. Premiums collected under this subsection shall be
117 21 deposited in the ~~premiums subaccount of the IowaCare account~~
117 22 ~~for health care transformation~~ created pursuant to section
117 23 ~~249J.23~~ 249J.24.

117 24 Sec. 128. Section 249J.23, subsection 1, Code 2013, is
117 25 amended to read as follows:

117 26 1. An account for health care transformation is created
117 27 in the state treasury under the authority of the department.
117 28 Moneys received from sources including but not limited to
117 29 appropriations from the general fund of the state, grants,
117 30 and contributions shall be deposited in the account. ~~The~~
117 31 ~~account shall include a separate premiums subaccount. Revenue~~
117 32 ~~generated through payment of premiums by expansion population~~
117 33 ~~members as required pursuant to section 249J.8 shall be~~
117 34 ~~deposited in the separate premiums subaccount within the~~
117 35 ~~account.~~

118 1 Sec. 129. Section 249J.24, subsection 1, Code 2013, is
118 2 amended to read as follows:

118 3 1. An IowaCare account is created in the state treasury
118 4 under the authority of the department of human services.
118 5 Moneys appropriated from the general fund of the state to the
118 6 account, moneys received as federal financial participation
118 7 funds under the expansion population provisions of this
118 8 chapter and credited to the account, moneys received for
118 9 disproportionate share hospitals and credited to the account,
118 10 moneys received for graduate medical education and credited to
118 11 the account, proceeds distributed from the county treasurer as
118 12 specified in subsection 4, revenue generated through payment
118 13 of premiums pursuant to section 249J.8, and moneys from
118 14 any other source credited to the account shall be deposited
118 15 in the account. Moneys deposited in or credited to the
118 16 account shall be used only as provided in appropriations or
118 17 distributions from the account for the purposes specified in
118 18 the appropriation or distribution. Moneys in the account shall
118 19 be appropriated to the university of Iowa hospitals and clinics
118 20 and to a publicly owned acute care teaching hospital located in
118 21 a county with a population over three hundred fifty thousand
118 22 for the purposes provided in the federal law making the funds
118 23 available or as specified in the state appropriation and shall
118 24 be distributed as determined by the department.

CODE: Deposits IowaCare premiums that were previously deposited into the Health Care Transformation Account (HCTA) into the IowaCare Account and other changes related to the elimination of the HCTA.

DETAIL: FY 2013 is the last year the HCTA will be in use.

Summary Data General Fund

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Action FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Action FY 2014 <u>(4)</u>	FY 14 Sen. Action vs. FY 13 Est. Net <u>(5)</u>
Health and Human Services	\$ 1,667,772,557	\$ 54,237,946	\$ 1,722,010,503	\$ 1,898,017,902	\$ 176,007,399
Grand Total	<u>\$ 1,667,772,557</u>	<u>\$ 54,237,946</u>	<u>\$ 1,722,010,503</u>	<u>\$ 1,898,017,902</u>	<u>\$ 176,007,399</u>

Health and Human Services General Fund

	Estimated FY 2013 (1)	Supp-Senate Action FY 2013 (2)	Est. Net FY 2013 (3)	Senate Action FY 2014 (4)	FY 14 Sen. Action vs. FY 13 Est. Net (5)
<u>Aging, Dept. on</u>					
Aging, Dept. on					
Aging Programs	\$ 10,342,086	\$ 0	\$ 10,342,086	\$ 12,831,025	\$ 2,488,939
Office LTC Resident Advocate	0	0	0	1,321,707	1,321,707
Total Aging, Dept. on	\$ 10,342,086	\$ 0	\$ 10,342,086	\$ 14,152,732	\$ 3,810,646
<u>Public Health, Dept. of</u>					
Public Health, Dept. of					
Addictive Disorders	\$ 23,863,690	\$ 0	\$ 23,863,690	\$ 29,763,690	\$ 5,900,000
Healthy Children and Families	2,603,559	0	2,603,559	6,996,099	4,392,540
Chronic Conditions	3,905,429	0	3,905,429	5,220,411	1,314,982
Community Capacity	4,869,980	0	4,869,980	7,514,110	2,644,130
Healthy Aging	7,297,142	0	7,297,142	7,297,142	0
Environmental Hazards	803,870	0	803,870	803,870	0
Infectious Diseases	1,335,155	0	1,335,155	1,335,155	0
Public Protection	2,779,127	0	2,779,127	3,334,571	555,444
Resource Management	804,054	0	804,054	804,054	0
Iowa Youth Suicide Prevention	50,000	0	50,000	0	-50,000
Total Public Health, Dept. of	\$ 48,312,006	\$ 0	\$ 48,312,006	\$ 63,069,102	\$ 14,757,096
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of					
General Administration	\$ 1,025,819	\$ 0	\$ 1,025,819	\$ 1,093,508	\$ 67,689
War Orphans Educational Assistance	12,416	0	12,416	12,416	0
Vets Home Ownership Program	1,600,000	0	1,600,000	1,600,000	0
Veterans County Grants	990,000	0	990,000	990,000	0
Total Veterans Affairs, Department of	\$ 3,628,235	\$ 0	\$ 3,628,235	\$ 3,695,924	\$ 67,689
Veterans Affairs, Dept. of					
Iowa Veterans Home	\$ 8,025,714	\$ 0	\$ 8,025,714	\$ 8,025,714	\$ 0
Total Veterans Affairs, Dept. of	\$ 11,653,949	\$ 0	\$ 11,653,949	\$ 11,721,638	\$ 67,689

Health and Human Services General Fund

	Estimated FY 2013 (1)	Supp-Senate Action FY 2013 (2)	Est. Net FY 2013 (3)	Senate Action FY 2014 (4)	FY 14 Sen. Action vs. FY 13 Est. Net (5)
Human Services, Dept. of					
Assistance					
Family Investment Program/JOBS	\$ 48,397,214	\$ 0	\$ 48,397,214	\$ 48,894,380	\$ 497,166
Medical Assistance	914,993,421	53,283,093	968,276,514	1,301,686,445	333,409,931
Medical Contracts	5,791,994	0	5,791,994	14,225,569	8,433,575
State Supplementary Assistance	15,450,747	0	15,450,747	16,512,174	1,061,427
State Children's Health Insurance	36,806,102	0	36,806,102	36,806,102	0
Child Care Assistance	62,264,342	0	62,264,342	69,282,163	7,017,821
Child and Family Services	81,231,561	0	81,231,561	96,613,770	15,382,209
Adoption Subsidy	36,788,576	954,853	37,743,429	35,644,083	-2,099,346
Family Support Subsidy	1,096,784	0	1,096,784	1,092,955	-3,829
Connors Training	33,622	0	33,622	33,622	0
MI/MR/DD State Cases	11,150,820	0	11,150,820	0	-11,150,820
MH/DD Community Services	14,211,100	0	14,211,100	0	-14,211,100
Volunteers	84,660	0	84,660	84,660	0
MH/DD Growth Factor	74,697,893	0	74,697,893	0	-74,697,893
MH Property Tax Relief	81,199,911	0	81,199,911	0	-81,199,911
Mental Health Redesign	40,000,000	0	40,000,000	0	-40,000,000
Total Assistance	\$ 1,424,198,747	\$ 54,237,946	\$ 1,478,436,693	\$ 1,620,875,923	\$ 142,439,230
Toledo Juvenile Home					
Toledo Juvenile Home	\$ 8,297,765	\$ 0	\$ 8,297,765	\$ 8,859,355	\$ 561,590
Eldora Training School					
Eldora Training School	\$ 10,680,143	\$ 0	\$ 10,680,143	\$ 11,256,969	\$ 576,826
Cherokee					
Cherokee MHI	\$ 5,535,738	\$ 0	\$ 5,535,738	\$ 5,954,464	\$ 418,726
Clarinda					
Clarinda MHI	\$ 6,442,688	\$ 0	\$ 6,442,688	\$ 6,751,868	\$ 309,180
Independence					
Independence MHI	\$ 9,738,520	\$ 0	\$ 9,738,520	\$ 10,318,778	\$ 580,258
Mt Pleasant					
Mt Pleasant MHI	\$ 885,459	\$ 0	\$ 885,459	\$ 1,366,686	\$ 481,227
Glenwood					
Glenwood Resource Center	\$ 18,866,116	\$ 0	\$ 18,866,116	\$ 20,502,425	\$ 1,636,309

Health and Human Services General Fund

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Action FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Action FY 2014 <u>(4)</u>	FY 14 Sen. Action vs. FY 13 Est. Net <u>(5)</u>
Woodward					
Woodward Resource Center	\$ 13,033,115	\$ 0	\$ 13,033,115	\$ 14,631,359	\$ 1,598,244
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	\$ 8,899,686	\$ 0	\$ 8,899,686	\$ 11,142,979	\$ 2,243,293
Field Operations					
Child Support Recoveries	\$ 13,149,541	\$ 0	\$ 13,149,541	\$ 14,173,770	\$ 1,024,229
Field Operations	61,636,313	0	61,636,313	67,008,683	5,372,370
Total Field Operations	<u>\$ 74,785,854</u>	<u>\$ 0</u>	<u>\$ 74,785,854</u>	<u>\$ 81,182,453</u>	<u>\$ 6,396,599</u>
General Administration					
General Administration	\$ 16,100,685	\$ 0	\$ 16,100,685	\$ 16,231,171	\$ 130,486
Total Human Services, Dept. of	<u>\$ 1,597,464,516</u>	<u>\$ 54,237,946</u>	<u>\$ 1,651,702,462</u>	<u>\$ 1,809,074,430</u>	<u>\$ 157,371,968</u>
Total Health and Human Services	<u>\$ 1,667,772,557</u>	<u>\$ 54,237,946</u>	<u>\$ 1,722,010,503</u>	<u>\$ 1,898,017,902</u>	<u>\$ 176,007,399</u>

Summary Data Other Funds

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Action FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Action FY 2014 <u>(4)</u>	FY 14 Sen. Action vs. FY 13 Est. Net <u>(5)</u>
Health and Human Services	\$ 488,126,457	\$ 0	\$ 488,126,457	\$ 406,181,599	\$ -81,944,858
Grand Total	<u>\$ 488,126,457</u>	<u>\$ 0</u>	<u>\$ 488,126,457</u>	<u>\$ 406,181,599</u>	<u>\$ -81,944,858</u>

Health and Human Services

Other Funds

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Action FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Action FY 2014 <u>(4)</u>	FY 14 Sen. Action vs. FY 13 Est. Net <u>(5)</u>
Human Services, Dept. of					
General Administration					
FIP-TANF	\$ 19,790,365	\$ 0	\$ 19,790,365	\$ 18,116,948	\$ -1,673,417
Promise Jobs-TANF	12,411,528	0	12,411,528	11,866,439	-545,089
FaDDS-TANF	2,898,980	0	2,898,980	2,898,980	0
Field Operations-TANF	31,296,232	0	31,296,232	31,296,232	0
General Administration-TANF	3,744,000	0	3,744,000	3,744,000	0
State Day Care-TANF	16,382,687	0	16,382,687	19,382,687	3,000,000
MH/DD Comm. Services-TANF	4,894,052	0	4,894,052	4,894,052	0
Child & Family Services-TANF	32,084,430	0	32,084,430	32,084,430	0
Child Abuse Prevention-TANF	125,000	0	125,000	125,000	0
Training & Technology-TANF	1,037,186	0	1,037,186	1,037,186	0
0-5 Children-TANF	6,350,000	0	6,350,000	6,350,000	0
FIP Eligibility System-TANF	0	0	0	5,050,451	5,050,451
Total General Administration	\$ 131,014,460	\$ 0	\$ 131,014,460	\$ 136,846,405	\$ 5,831,945

Health and Human Services

Other Funds

	Estimated FY 2013 (1)	Supp-Senate Action FY 2013 (2)	Est. Net FY 2013 (3)	Senate Action FY 2014 (4)	FY 14 Sen. Action vs. FY 13 Est. Net (5)
Assistance					
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 0	\$ 1,930,067	\$ 1,930,067	\$ 0
Promoting Healthy Marriage - TANF	25,000	0	25,000	25,000	0
Medical Assistance - HCTF	106,046,400	0	106,046,400	106,046,400	0
Medical Contracts-Pharm Settlement - PhSA	4,805,804	0	4,805,804	6,650,000	1,844,196
Broadlawns Hospital - ICA	71,000,000	0	71,000,000	35,500,000	-35,500,000
Regional Provider Network - ICA	4,986,366	0	4,986,366	2,993,183	-1,993,183
Nonparticipating Providers - NPPR	2,000,000	0	2,000,000	1,000,000	-1,000,000
Medical Information Hotline - HCTA	100,000	0	100,000	0	-100,000
Health Partnership Activities - HCTA	600,000	0	600,000	0	-600,000
Audits, Performance Eval., Studies - HCTA	125,000	0	125,000	0	-125,000
IowaCare Admin. Costs - HCTA	1,132,412	0	1,132,412	0	-1,132,412
Dental Home for Children - HCTA	1,000,000	0	1,000,000	0	-1,000,000
MH/DD Workforce Development - HCTA	50,000	0	50,000	0	-50,000
Medical Contracts - HCTA	2,400,000	0	2,400,000	0	-2,400,000
Broadlawns Admin - HCTA	540,000	0	540,000	0	-540,000
Medical Assistance - OATF	26,500,000	0	26,500,000	28,788,917	2,288,917
Medical Assistance - HHCAT	33,898,400	0	33,898,400	34,288,000	389,600
Nonparticipating Prov Reimb Fund - HHCAT	801,600	0	801,600	412,000	-389,600
Electronic Medical Records - HCTA	100,000	0	100,000	0	-100,000
Medical Assistance - HCTA	6,872,920	0	6,872,920	0	-6,872,920
Care Coordination - ICA	500,000	0	500,000	1,500,000	1,000,000
Lab Test & Radiology Pool - ICA	1,500,000	0	1,500,000	0	-1,500,000
Uniform Cost Report - HCTA	150,000	0	150,000	0	-150,000
Health Care Access Council - HCTA	134,214	0	134,214	0	-134,214
Accountable Care Pilot - HCTA	100,000	0	100,000	0	-100,000
DPH Transfer e-Health - HCTA	363,987	0	363,987	0	-363,987
DPH Transfer Medical Home - HCTA	233,357	0	233,357	0	-233,357
IowaCare Admin-ICA	0	0	0	371,552	371,552
Total Assistance	\$ 267,895,527	\$ 0	\$ 267,895,527	\$ 219,505,119	\$ -48,390,408
Total Human Services, Dept. of	\$ 398,909,987	\$ 0	\$ 398,909,987	\$ 356,351,524	\$ -42,558,463

Health and Human Services

Other Funds

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Action FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Action FY 2014 <u>(4)</u>	FY 14 Sen. Action vs. FY 13 Est. Net <u>(5)</u>
<u>Regents, Board of</u>					
Regents, Board of					
UI - UIHC IowaCares Program - ICA	\$ 27,284,584	\$ 0	\$ 27,284,584	\$ 13,642,292	\$ -13,642,292
UI - UIHC IowaCares Expansion Pop - ICA	45,654,133	0	45,654,133	26,284,600	-19,369,533
UI - UIHC IowaCares Physicians - ICA	<u>16,277,753</u>	<u>0</u>	<u>16,277,753</u>	<u>9,903,183</u>	<u>-6,374,570</u>
Total Regents, Board of	<u>\$ 89,216,470</u>	<u>\$ 0</u>	<u>\$ 89,216,470</u>	<u>\$ 49,830,075</u>	<u>\$ -39,386,395</u>
Total Health and Human Services	<u>\$ 488,126,457</u>	<u>\$ 0</u>	<u>\$ 488,126,457</u>	<u>\$ 406,181,599</u>	<u>\$ -81,944,858</u>

Summary Data

FTE Positions

	Estimated FY 2013 (1)	Supp-Senate Action FY 2013 (2)	Est. Net FY 2013 (3)	Senate Action FY 2014 (4)	FY 14 Sen. Action vs. FY 13 Est. Net (5)
Health and Human Services	5,274.93	0.00	5,274.93	5,364.86	89.93
Grand Total	5,274.93	0.00	5,274.93	5,364.86	89.93

Health and Human Services

FTE Positions

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Action FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Action FY 2014 <u>(4)</u>	FY 14 Sen. Action vs. FY 13 Est. Net <u>(5)</u>
<u>Aging, Dept. on</u>					
Aging, Dept. on					
Aging Programs	36.62	0.00	36.62	28.00	-8.62
Office LTC Resident Advocate	0.00	0.00	0.00	16.00	16.00
Total Aging, Dept. on	36.62	0.00	36.62	44.00	7.38
<u>Public Health, Dept. of</u>					
Public Health, Dept. of					
Addictive Disorders	13.00	0.00	13.00	13.00	0.00
Healthy Children and Families	10.00	0.00	10.00	15.00	5.00
Chronic Conditions	4.00	0.00	4.00	7.00	3.00
Community Capacity	14.00	0.00	14.00	18.25	4.25
Environmental Hazards	4.00	0.00	4.00	4.00	0.00
Infectious Diseases	4.00	0.00	4.00	4.00	0.00
Public Protection	126.00	0.00	126.00	131.00	5.00
Resource Management	7.00	0.00	7.00	5.00	-2.00
Total Public Health, Dept. of	182.00	0.00	182.00	197.25	15.25
<u>Human Services, Dept. of</u>					
Toledo Juvenile Home					
Toledo Juvenile Home	114.00	0.00	114.00	114.00	0.00
Eldora Training School					
Eldora Training School	164.30	0.00	164.30	164.30	0.00
Cherokee					
Cherokee MHI	168.50	0.00	168.50	169.20	0.70
Clarinda					
Clarinda MHI	86.10	0.00	86.10	86.10	0.00
Independence					
Independence MHI	233.00	0.00	233.00	233.00	0.00
Mt Pleasant					
Mt Pleasant MHI	97.32	0.00	97.32	97.92	0.60

Health and Human Services

FTE Positions

	Estimated FY 2013 (1)	Supp-Senate Action FY 2013 (2)	Est. Net FY 2013 (3)	Senate Action FY 2014 (4)	FY 14 Sen. Action vs. FY 13 Est. Net (5)
Glenwood					
Glenwood Resource Center	860.12	0.00	860.12	859.12	-1.00
Woodward					
Woodward Resource Center	652.47	0.00	652.47	652.47	0.00
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	115.50	0.00	115.50	124.50	9.00
Field Operations					
Child Support Recoveries	464.00	0.00	464.00	464.00	0.00
Field Operations	1,781.00	0.00	1,781.00	1,837.00	56.00
Total Field Operations	<u>2,245.00</u>	<u>0.00</u>	<u>2,245.00</u>	<u>2,301.00</u>	<u>56.00</u>
General Administration					
General Administration	307.00	0.00	307.00	309.00	2.00
Total Human Services, Dept. of	<u>5,043.31</u>	<u>0.00</u>	<u>5,043.31</u>	<u>5,110.61</u>	<u>67.30</u>
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of General Administration	13.00	0.00	13.00	13.00	0.00
Total Veterans Affairs, Dept. of	<u>13.00</u>	<u>0.00</u>	<u>13.00</u>	<u>13.00</u>	<u>0.00</u>
Total Health and Human Services	<u><u>5,274.93</u></u>	<u><u>0.00</u></u>	<u><u>5,274.93</u></u>	<u><u>5,364.86</u></u>	<u><u>89.93</u></u>