

Health and Human Services Appropriations Bill House File 2463

Last Action:

FINAL ACTION

April 29, 2014

An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, extending the duration of county mental health and disabilities services fund per capita levy provisions, and including effective date and retroactive and other applicability date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at <http://www.legis.iowa.gov/LSA/Reports/noba.aspx>

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EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

FUNDING SUMMARY

Appropriations Total

General Fund FY 2015: Appropriates a total of \$1,858.4 million from the General Fund and 5,243.6 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 \$107.4 million and a decrease of 100.5 FTE positions compared to estimated FY 2014.

Other Funds FY 2015: Appropriates a total of \$431.8 million from other funds. This is a decrease of \$97.0 million compared to estimated FY 2014.

General Fund - Department of Human Services

Appropriates \$1,775.0 million and 5,006.6 FTE positions. This is an increase of \$105.0 million and a decrease of 93.1 FTE positions compared to estimated FY 2014.

Page 20, Line 26

General Fund - Department of Public Health

Appropriates \$58.8 million and 181.0 FTE positions. This is an increase of \$752,000 and a decrease of 14.4 FTE positions compared to estimated FY 2014.

Page 4, Line 10

General Fund - Department of Veterans Affairs and Iowa Veterans Home

Appropriates \$12.2 million and 13.0 FTE positions. This is an increase of \$900,000 and no change in FTE positions compared to estimated FY 2014.

Page 19, Line 25

General Fund - Department on Aging

Appropriates \$11.4 million and 31.0 FTE positions. This is an increase of \$814,000 and 5.9 FTE positions compared to estimated FY 2014.

Page 1, Line 12

General Fund - Office of Long-Term Ombudsman

Appropriates \$929,000 and 12.0 FTE positions. This is a decrease of \$92,000 and an increase of 1.1 FTE positions compared to estimated FY 2014.

Page 3, Line 25

Other Fund Appropriations

Appropriates \$140.6 million from the Temporary Assistance for Needy Families (TANF) Block Grant. This is an increase of \$1.8 million compared to estimated FY 2014. Page 20, Line 28

Appropriates \$221.8 million from the Health Care Trust Fund. This is a decrease of \$2.7 million compared to estimated FY 2014. Page 29, Line 4

Appropriates \$5.5 million from the Pharmaceutical Settlement Account. This is a decrease of \$1.2 million compared to estimated FY 2014. Page 55, Line 32

Appropriates \$29.2 million from the Quality Assurance Trust Fund. This is an increase of \$407,000 compared to estimated FY 2014. Page 56, Line 4

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

Establishes an electronic asset, income, and identity eligibility verification system for individuals that apply for Medicaid on the basis of being aged, blind, or disabled. Page 73, Line 16

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Human Services

A General Fund increase of \$190,000 for the Family Investment Program. Page 26, Line 20

A General Fund increase of \$696,000 for the Child Support Recovery Unit. Page 28, Line 6

A General Fund increase of \$106.4 million for the Medicaid Program. Page 29, Line 15

A General Fund increase of \$4.8 million for Medical Contracts. Page 31, Line 2

A General Fund decrease of \$2.4 million for the State Supplementary Assistance Program. Page 32, Line 7

A General Fund increase of \$9.1 million for State Children's Health Insurance Program (hawk-i Program). Page 32, Line 39

A General Fund net decrease of \$15.6 million for Child Care Assistance. Page 33, Line 16

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A General Fund decrease of \$7.3 million for Juvenile Institutions.	Page 36, Line 28
A General Fund increase of \$2.0 million for children adjudicated as delinquent or Children in Need of Assistance (CINA).	Page 37, Line 34
A General Fund increase of \$3.5 million for Child and Family Services.	Page 39, Line 12
A General Fund increase of \$1.9 million for Adoption Subsidy.	Page 45, Line 34
A General Fund decrease of \$14,000 for the Family Support Subsidy Program.	Page 46, Line 17
A General Fund increase of \$291,000 for the four Mental Health Institutes.	Page 47, Line 11
A General Fund increase of \$1.9 million for the two State Resource Centers.	Page 47, Line 43
A General Fund increase of \$498,000 for the Civil Commitment Unit for Sexual Offenders.	Page 49, Line 6
A General Fund decrease of \$1.5 million for Field Operations.	Page 49, Line 33
A General Fund decrease of \$257,000 for General Administration.	Page 50, Line 21
A General Fund increase of \$735,000 for the Mental Health and Disability Services Equalization distribution.	Page 61, Line 5

Department of Public Health

A General Fund net increase of \$100,000 for Addictive Disorders.	Page 4, Line 20
A General Fund increase of \$393,000 for Healthy Children and Families.	Page 8, Line 15
A General Fund increase of \$75,000 for Chronic Conditions.	Page 10, Line 28
A General Fund increase of \$175,000 for Community Capacity.	Page 12, Line 30
A General Fund increase of \$8,000 for Public Protection.	Page 18, Line 21

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Department of Veterans Affairs

A General Fund increase of \$900,000 for the Home Ownership Assistance Program.

Page 20, Line 6

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 2015 to avoid the establishment of a waiting list.

Page 35, Line 2

Permits any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, to be used for graduated sanctions services.

Page 42, Line 16

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

Page 50, Line 3

Requires the DHS and the Vocational Rehabilitation Division of the Department of Education to jointly develop protocols and program models to integrate employment-related services for persons with disabilities through federal matching Vocational Rehabilitation funds.

Page 62, Line 27

Requires the DHS to convene a group to study community-based placement options for persons with serious mental illness to divert them from institutional placements.

Page 63, Line 30

Requires the DHS, the DPH, and the Department of Corrections (DOC), to implement an interagency collaborative effort to provide an integrated approach to address the medical and psychosocial needs of individuals released from correctional facilities.

Page 73, Line 39

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 7, Line 8

Implements legislative intent for [Iowa Code section 135.106](#), HOPES-HFI, and [Iowa Code section 256L.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 31

Requires a list of the registered and licensed child care facilities to be made available by Child Care

Page 33, Line 34

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Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

Department of Public Health

Directs the University of Iowa College of Dentistry to create a proposal for a Geriatric Dentistry Residency Program that will include curriculum, number of residencies, cost, funding sources, and incentives for the participants to stay and practice in the State upon completion of the Program.

Page 9, Line 43

Iowa Veterans Home

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

Page 19, Line 43

Directs the DPH to review the reimbursement provisions for substance-related disorder providers and report the findings and recommendations to the General Assembly by December 15, 2014.

Page 8, Line 3

Directs the DPH and the Department of Education (DE) to submit recommendations to establish a statewide suicide prevention and trauma coordinator position in the DE that will integrate suicide prevention and trauma-informed care model protocols into school districts based on the pending completion of the federally-funded Youth and Young Adult Suicide Prevention Program (Y-YSAP) project. A report of recommendations is due to the General Assembly by December 15, 2014.

Page 10, Line 15

Directs the DHS, the Iowa Collaborative Safety Net Provider Network, and the Iowa Primary Care Association to develop a long-term sustainability plan for the statewide regionally based network to provide an integrated health care delivery approach.

Page 17, Line 10

Requires the DHS to submit a report to the Governor and the LSA concerning the status of juvenile delinquent girls in out-of-home placements between the dates of December 1, 2013, and December 1, 2014. The report must include placement histories, reasons for placements, education services status, treatment of youth, and recommendations for the Legislature.

Page 38, Line 9

Directs the DHS review of the feasibility of and benefits associated with expanding foster care, kinship guardianships, and subsidized adoptions to young adults involved in the child welfare system.

Page 45, Line 9

SIGNIFICANT CODE CHANGES

Department of Human Services

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Extends the Mental Health and Adult Disability Services Property Tax Levy and Equalization appropriation for an additional year through FY 2016. Page 65, Line 37

Lowers the nursing facility occupancy rate to 50.0% to allow families to supplement nursing facility residents for a private room. Page 70, Line 21

Department of Public Health

Directs the DHS to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the State Poison Control Center. Allows the Center to transfer as much funding as needed for the purpose of receiving matching federal funds. Page 18, Line 41

Iowa Insurance Division

Requires the Insurance Commissioner to create a process for health carriers and pharmacy benefits managers to create prior authorization forms. The health carriers and pharmacy benefits are required to use the new forms, approved by the Insurance Commissioner, beginning July 1, 2015. Page 75, Line 19

EFFECTIVE DATE

Department of Human Services

The Division making changes to the Medical Residency Program, the Consumer-Directed Attendant Care (CDAC) Program under Medicaid, the Autism Program, the Foster Care Respite Program, and Community Mental Health Center (CMHC) Reimbursement is effective on enactment. Page 60, Line 23

The Section relating to CDAC is retroactive to July 1, 2013. Page 60, Line 26

The Section making changes to the DSH payments is applicable beginning October 1, 2014. Page 60, Line 30

The Section relating to unsettled nursing facility cost reports is retroactive to July 1, 2005. Page 60, Line 35

The Sections relating to CMHC reimbursement are retroactive to July 1, 2013. Page 60, Line 40

The following Sections are effective on enactment: Page 70, Line 3

- The Section providing provisional regionalization authority for Marion and Mahaska counties.
- The Section relating to the State Payment Program Remittance appropriation.

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- The Section amending financial eligibility requirements under the regional service system.
- The Section amending emergency rules authority for the MHDS Medicaid Offset.

The Section amending emergency rules authority for the MHDS Medicaid Offset is retroactive to July 1, 2013.

Page 70, Line 14

The Division creating a third-party Medicaid asset, income, and identity verification system is effective on enactment.

Page 73, Line 36

The Division requesting federal approval for matching funds for the Poison Control Center is effective on enactment.

Page 78, Line 11

Iowa Insurance Division

The Division requiring the Insurance Commissioner to create a process for a prior authorization form for prescription drugs is effective on enactment.

Page 77, Line 39

House File 2463 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
64	6	73	Amend	230.1.1
64	26	74	Amend	331.388.3
64	34	75	Add	331.391.4
65	6	76	Add	331.393.2.h
65	19	77	Amend	331.397.4.d
65	27	78	Add	331.424A.3A
65	37	79	Amend	331.424A.7
66	1	80	Amend	426B.3.1
66	9	81	Amend	426B.3.4
66	37	82	Strike and Replace	426B.3.5
70	21	87	Amend	249A.4.10.b.(6)
70	25	88	Add	249A.4.10.c
71	10	89	Amend	234.46.1.c
71	18	90	Amend	234.46.2
74	38	96	Amend	237A.13.7.a,c
75	19	98	New	505.26
77	29	99	Add	510B.3.2.c
77	32	100	New	510B.9
80	2	105	New	135.181
81	7	108	Amend	514J.102.1
81	29	109	Add	514J.102.11A
81	34	110	Amend	514J.102.22
81	40	111	Amend	514J.103.2.a

1 8 DIVISION I
 1 9 DEPARTMENT ON AGING

1 10 Section 1. 2013 Iowa Acts, chapter 138, section 131, is
 1 11 amended to read as follows:

1 12 SEC. 131. DEPARTMENT ON AGING. There is appropriated from
 1 13 the general fund of the state to the department on aging for
 1 14 the fiscal year beginning July 1, 2014, and ending June 30,
 1 15 2015, the following amount, or so much thereof as is necessary,
 1 16 to be used for the purposes designated:

1 17 For aging programs for the department on aging and area
 1 18 agencies on aging to provide citizens of Iowa who are 60 years
 1 19 of age and older with case management for frail elders, Iowa's
 1 20 aging and disabilities resource center, and other services
 1 21 which may include but are not limited to adult day services,
 1 22 respite care, chore services, information and assistance,
 1 23 and material aid, for information and options counseling for
 1 24 persons with disabilities who are 18 years of age or older,
 1 25 and for salaries, support, administration, maintenance, and
 1 26 miscellaneous purposes, and for not more than the following
 1 27 full-time equivalent positions:

1 28	.....	\$	5,300,190
1 29	.....		<u>11,419,732</u>
2 1	.....	FTEs	28.00
2 2	.....		<u>31.00</u>

2 3 1. Funds appropriated in this section may be used to
 2 4 supplement federal funds under federal regulations. To
 2 5 receive funds appropriated in this section, a local area
 2 6 agency on aging shall match the funds with moneys from other
 2 7 sources according to rules adopted by the department. Funds
 2 8 appropriated in this section may be used for elderly services
 2 9 not specifically enumerated in this section only if approved
 2 10 by an area agency on aging for provision of the service within
 2 11 the area.

2 12 2. Of the funds appropriated in this section, ~~\$439,973~~
 2 13 \$279,946 is transferred to the economic development authority
 2 14 for the Iowa commission on volunteer services to be used for
 2 15 the retired and senior volunteer program.

2 16 3. a. The department on aging shall establish and enforce
 2 17 procedures relating to expenditure of state and federal funds
 2 18 by area agencies on aging that require compliance with both
 2 19 state and federal laws, rules, and regulations, including but

General Fund appropriation to the Department on Aging for FY 2015.

DETAIL: This is an increase of \$813,666 and 5.90 FTE positions compared to estimated FY 2014. The changes include:

- An increase of \$525,000 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- An increase of \$288,666 for a new Office of Substitute Decision Maker.
- An increase of 3.00 FTE positions for the new Office of Substitute Decision Maker.
- An increase of 2.90 FTE positions to match the FTE positions appropriated in FY 2014.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (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).

DETAIL: This is no change compared to the FY 2014 allocation.

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

2 20 not limited to all of the following:
 2 21 (1) Requiring that expenditures are incurred only for goods
 2 22 or services received or performed prior to the end of the
 2 23 fiscal period designated for use of the funds.
 2 24 (2) Prohibiting prepayment for goods or services not
 2 25 received or performed prior to the end of the fiscal period
 2 26 designated for use of the funds.
 2 27 (3) Prohibiting the prepayment for goods or services
 2 28 not defined specifically by good or service, time period, or
 2 29 recipient.
 2 30 (4) Prohibiting the establishment of accounts from which
 2 31 future goods or services which are not defined specifically by
 2 32 good or service, time period, or recipient, may be purchased.
 2 33 b. The procedures shall provide that if any funds are
 2 34 expended in a manner that is not in compliance with the
 2 35 procedures and applicable federal and state laws, rules, and
 2 36 regulations, and are subsequently subject to repayment, the
 2 37 area agency on aging expending such funds in contravention of
 2 38 such procedures, laws, rules and regulations, not the state,
 2 39 shall be liable for such repayment.

2 40 4. Of the funds appropriated in this section, ~~\$125,000~~
 2 41 ~~\$250,000~~ shall be used to fund ~~services to meet the unmet needs~~
 2 42 ~~of older individuals as identified in the annual compilation~~
 2 43 ~~of unmet service units by the area agencies on aging through~~
 3 1 Iowa's aging and disability resource center network.

Allocates \$250,000 to be used to meet the unmet needs of older individuals as identified through Iowa's Aging and Disability Resource Network.

DETAIL: This is no change compared to the FY 2014 allocation.

3 2 5. Of the funds appropriated in this section, ~~\$300,000~~
 3 3 ~~\$600,000~~ shall be used to fund home and community-based
 3 4 services through the area agencies on aging that enable older
 3 5 individuals to avoid more costly utilization of residential or
 3 6 institutional services and remain in their own homes.

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

DETAIL: This is no change compared to the FY 2014 allocation.

3 7 6. Of the funds appropriated in this ~~subsection~~ section,
 3 8 ~~\$10,000~~ \$20,000 shall be used for ~~implementation~~ continuation
 3 9 of a guardianship and conservatorship monitoring and assistance
 3 10 pilot project as specified in this 2013 Act.

Allocates \$20,000 for the guardianship and conservatorship monitoring and assistance pilot project.

DETAIL: This is no change compared to the FY 2014 allocation. This is the second year of the pilot project.

3 11 7. Of the funds appropriated in this section, \$813,666
 3 12 shall be used for the purposes of chapter 231E and section
 3 13 231.56A, of which \$288,666 shall be used to fund the initial
 3 14 reestablishment of the office of substitute decision
 3 15 maker pursuant to chapter 231E, and the remainder shall be
 3 16 distributed equally to the area agencies on aging to administer
 3 17 the prevention of elder abuse, neglect, and exploitation
 3 18 program pursuant to section 231.56A, in accordance with the

Allocates \$813,666 for the following:

- \$525,000 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- \$288,666 for a new Office of Substitute Decision Maker.

3 19 requirements of the federal Older Americans Act of 1965, 42
3 20 U.S.C. §3001 et seq., as amended.

3 21 8. The department on aging shall analyze the meal programs
3 22 coordinated through the area agencies on aging and shall submit
3 23 its findings by December 15, 2014, to the persons designated in
3 24 this Act for submission of reports.

Requires the Department on Aging to analyze the meal programs coordinated through the AAAs and submit a report by December 15, 2014.

3 25 DIVISION II
3 26 OFFICE OF LONG-TERM CARE OMBUDSMAN

3 27 Sec. 2. 2013 Iowa Acts, chapter 138, section 132, is amended
3 28 to read as follows:

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2015.

3 29 SEC. 132. OFFICE OF LONG-TERM CARE ~~RESIDENT'S ADVOCATE~~
3 30 OMBUDSMAN . There is appropriated from the general fund of
3 31 the state to the office of long-term care ~~resident's advocate~~
3 32 ombudsman for the fiscal year beginning July 1, 2014, and
3 33 ending June 30, 2015, the following amount, or so much thereof
3 34 as is necessary, to be used for the purposes designated:

DETAIL: This is a net decrease of \$92,392 and an increase of 1.10 FTE positions compared to estimated FY 2014. This includes:

3 35 For salaries, support, administration, maintenance, and
3 36 miscellaneous purposes, and for not more than the following
3 37 full-time equivalent positions:
3 38 \$ 510,854
3 39 929,315
3 40 FTEs 43.00
3 41 12.00

- A decrease of \$200,000 to reflect the Governor's veto of two additional Long-Term Care Ombudsman from HF 446 (FY 2014 Health and Human Services Appropriations Act).
- An increase of \$107,608 and 1.0 FTE position for a Discharge Specialist.
- An increase of 0.10 FTE position to match the FTE positions appropriated for FY 2014.

3 42 2. Of the funds appropriated in this section, ~~\$105,000~~
3 43 \$210,000 shall be used to provide two local long-term care
4 1 ~~resident's advocates~~ombudsmen to administer the certified
4 2 volunteer long-term care ~~resident's advocates~~ ombudsman program
4 3 pursuant to section 231.45, including operational certification
4 4 and training costs.

Allocates \$210,000 for Local Long-Term Care Ombudsman to administer the Certified Volunteer Long-Term Care Ombudsman Program.

DETAIL: This is no change compared to the FY 2014 allocation.

4 5 3. Of the funds appropriated in this section, \$107,608 shall
4 6 be used to provide a discharge specialist to assist residents
4 7 and tenants with voluntary and involuntary discharges and
4 8 evictions from health care facilities, elder group homes, and
4 9 assisted living programs.

Allocates \$107,608 for a new Discharge Specialist to assist residents and tenants with voluntary and involuntary discharges and evictions from health care facilities, elder group homes, and assisted living programs.

4 10 DIVISION III
4 11 DEPARTMENT OF PUBLIC HEALTH

4 12 Sec. 3. 2013 Iowa Acts, chapter 138, section 133, is amended
4 13 to read as follows:

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

4 14 SEC. 133. DEPARTMENT OF PUBLIC HEALTH. There is
4 15 appropriated from the general fund of the state to the
4 16 department of public health for the fiscal year beginning July

4 17 1, 2014, and ending June 30, 2015, the following amounts, or
 4 18 so much thereof as is necessary, to be used for the purposes
 4 19 designated:

4 20 1. ADDICTIVE DISORDERS

4 21 For reducing the prevalence of use of tobacco, alcohol, and
 4 22 other drugs, and treating individuals affected by addictive
 4 23 behaviors, including gambling, and for not more than the
 4 24 following full-time equivalent positions:

4 25	.....	\$	13,581,845
4 26	.....		<u>27,263,690</u>
4 27	.....	FTEs	43.00
4 28	.....		<u>10.00</u>

General Fund appropriation to Addictive Disorders programs.

DETAIL: This is an increase of \$100,000 and a decrease of 3.00 FTE positions compared to estimated FY 2014. The General Fund changes include:

- An increase of \$175,000 for the tobacco use prevention and control initiative.
- A decrease of \$50,000 for tobacco social media funding.
- A decrease of \$25,000 for tobacco education materials.

4 29 a. (1) Of the funds appropriated in this subsection,
 4 30 ~~\$2,574,181~~ \$5,173,361 shall be used for the tobacco use
 4 31 prevention and control initiative, including efforts at the
 4 32 state and local levels, as provided in chapter 142A. The
 4 33 commission on tobacco use prevention and control established
 4 34 pursuant to section 142A.3 shall advise the director of
 4 35 public health in prioritizing funding needs and the allocation
 4 36 of moneys appropriated for the programs and activities of
 4 37 the initiative under this subparagraph (1) and shall make
 4 38 recommendations to the director in the development of budget
 4 39 requests relating to the initiative.

Allocates \$5,173,361 for tobacco use, prevention, cessation, and treatment.

DETAIL: This is an increase of \$100,000 compared to the FY 2014 allocation.

4 40 (2) Of the funds allocated in this paragraph "a", ~~\$37,500~~
 4 41 ~~shall be used to develop a social media structure to engage~~
 4 42 ~~youth and prevent youth initiation of tobacco use. Of the~~
 4 43 ~~amount allocated in this subparagraph (2), \$12,500~~ \$25,000
 5 1 shall be used for a youth summit.

Allocates \$25,000 to be used for a Youth Summit.

DETAIL: This is no change compared to the FY 2014 allocation for the Youth Summit. However, the FY 2014 allocation of \$50,000 for tobacco social media structure has been removed.

5 2 (3) Of the funds allocated in this paragraph "a", ~~\$100,000~~
 5 3 ~~\$200,000~~ shall be used to increase the efficacy of local
 5 4 tobacco control efforts by community partnerships, including
 5 5 through professional development, regional trainings and round
 5 6 table planning efforts, and a training opportunity involving
 5 7 all community partnerships.

Allocates \$200,000 for local tobacco control community partnerships.

DETAIL: This is no change compared to the FY 2014 allocation.

5 8 (4) Of the funds allocated in this paragraph "a", ~~\$600,000~~
 5 9 \$1,950,000 shall be used to promote smoking cessation and to
 5 10 reduce the number of tobacco users in the state by offering
 5 11 nicotine replacement therapy to uninsured and underinsured
 5 12 lowans.

Allocates \$1,950,000 to be used for smoking cessation nicotine replacement therapy for uninsured and underinsured lowans.

DETAIL: This is no change compared to the FY 2014 allocation.

5 13 (5) (a) Of the funds allocated in this paragraph "a",

Transfers \$453,067 to the Alcoholic Beverages Division (ABD) of the

<p>5 14 \$226,534 <u>\$453,067</u> is transferred to the alcoholic beverages 5 15 division of the department of commerce for enforcement of 5 16 tobacco laws, regulations, and ordinances and to engage in 5 17 tobacco control activities approved by the division of tobacco 5 18 use prevention and control as specified in the memorandum of 5 19 understanding entered into between the divisions.</p>	<p>Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter 63.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>5 20 (b) For the fiscal year beginning July 1, 2014, and ending 5 21 June 30, 2015, the terms of the memorandum of understanding, 5 22 entered into between the division of tobacco use prevention 5 23 and control of the department of public health and the 5 24 alcoholic beverages division of the department of commerce, 5 25 governing compliance checks conducted to ensure licensed retail 5 26 tobacco outlet conformity with tobacco laws, regulations, and 5 27 ordinances relating to persons under eighteen years of age, 5 28 shall <u>continue to</u> restrict the number of such checks to one 5 29 check per retail outlet, and one additional check for any 5 30 retail outlet found to be in violation during the first check.</p>	<p>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.</p>
<p>5 31 b. Of the funds appropriated in this subsection, 5 32 \$11,007,665 <u>\$22,015,329</u> shall be used for problem gambling and 5 33 substance-related disorder prevention, treatment, and recovery 5 34 services, including a 24-hour helpline, public information 5 35 resources, professional training, and program evaluation.</p>	<p>Allocates \$22,015,329 for problem gambling and substance abuse treatment and prevention.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>5 36 (1) Of the funds allocated in this paragraph "b", \$9,451,858 5 37 <u>\$18,903,715</u> shall be used for substance-related disorder 5 38 prevention and treatment.</p>	<p>Allocates \$18,903,715 for substance abuse prevention and treatment.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>5 39 (a) Of the funds allocated in this subparagraph (1), 5 40 \$449,650 <u>\$899,300</u> shall be used for the public purpose of a 5 41 grant program to provide substance-related disorder prevention 5 42 programming for children.</p>	<p>Allocates \$899,300 for substance abuse prevention programs for children and youth.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>5 43 (i) Of the funds allocated in this subparagraph division 6 1 (a), \$213,770 <u>\$427,539</u> shall be used for grant funding for 6 2 organizations that provide programming for children by 6 3 utilizing mentors. Programs approved for such grants shall be 6 4 certified or will be certified within six months of receiving 6 5 the grant award by the Iowa commission on volunteer services as 6 6 utilizing the standards for effective practice for mentoring 6 7 programs.</p>	<p>Allocates \$427,539 for children's substance abuse prevention to be used for programs that utilize mentors.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. Requires the programs receiving funding to be certified, within six months of receiving grants, by the Iowa Commission on Volunteer Services as using effective standards for mentoring programs.</p>
<p>6 8 (ii) Of the funds allocated in this subparagraph division 6 9 (a), \$213,420 <u>\$426,839</u> shall be used for grant funding for 6 10 organizations that provide programming that includes youth 6 11 development and leadership. The programs shall also be</p>	<p>Allocates \$426,839 for children's substance abuse prevention programs that provide services that include youth and character development and leadership.</p>

6 12 recognized as being programs that are scientifically based with 6 13 evidence of their effectiveness in reducing substance-related 6 14 disorders in children.	DETAIL: This is no change compared to the FY 2014 allocation. Requires the programs to be recognized as scientifically-based with evidence of effectiveness in reducing substance abuse in children.
6 15 (iii) The department of public health shall utilize a 6 16 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.
6 17 (iv) All grant recipients shall participate in a program 6 18 evaluation as a requirement for receiving grant funds.	Requires grant recipients to participate in program evaluations.
6 19 (v) Of the funds allocated in this subparagraph division 6 20 (a), up to \$22,461 <u>\$44,922</u> may be used to administer 6 21 substance-related disorder prevention grants and for program 6 22 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 2014 allocation.
6 23 (b) Of the funds allocated in this subparagraph (1), 6 24 \$136,302 <u>\$272,603</u> shall be used for culturally competent 6 25 substance-related disorder treatment pilot projects.	Allocates \$272,603 for at least three culturally competent substance abuse treatment pilot projects. DETAIL: This is no change compared to the FY 2014 allocation. Requires each pilot project to target a particular ethnic minority population, including and not limited to African American, Asian, and Latino.
6 26 (i) The department shall utilize the amount allocated 6 27 in this subparagraph division (b) for at least three pilot 6 28 projects to provide culturally competent substance-related 6 29 disorder treatment in various areas of the state. Each pilot 6 30 project shall target a particular ethnic minority population. 6 31 The populations targeted shall include but are not limited to 6 32 African American, Asian, and Latino.	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.
6 33 (ii) The pilot project requirements shall provide for 6 34 documentation or other means to ensure access to the cultural 6 35 competence approach used by a pilot project so that such 6 36 approach can be replicated and improved upon in successor 6 37 programs.	
6 38 (2) Of the funds allocated in this paragraph "b", up 6 39 to \$1,555,897 <u>\$3,111,614</u> may be used for problem gambling 6 40 prevention, treatment, and recovery services.	Allocates \$3,111,614 for problem gambling treatment, prevention, and recovery services. DETAIL: This is no change compared to the FY 2014 allocation.
6 41 (a) Of the funds allocated in this subparagraph (2),	Allocates \$2,573,762 for problem gambling prevention and treatment.

6 42 ~~\$1,286,884~~ \$2,573,762 shall be used for problem gambling
6 43 prevention and treatment.

DETAIL: This is no change compared to the FY 2014 allocation.

7 1 (b) Of the funds allocated in this subparagraph (2), up to
7 2 ~~\$248,926~~ \$437,852 may be used for a 24-hour helpline, public
7 3 information resources, professional training, and program
7 4 evaluation.

Allocates up to \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.

DETAIL: This is no change compared to the FY 2014 allocation.

7 5 (c) Of the funds allocated in this subparagraph (2), up
7 6 to ~~\$50,000~~ \$100,000 may be used for the licensing of problem
7 7 gambling treatment programs.

Permits the Department to use up to \$100,000 for licensing of problem gambling treatment programs.

DETAIL: This is no change compared to the FY 2014 allocation.

7 8 (3) It is the intent of the general assembly that from the
7 9 moneys allocated in this paragraph "b", persons with a dual
7 10 diagnosis of substance-related disorder and gambling addiction
7 11 shall be given priority in treatment services.

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.

7 12 c. Notwithstanding any provision of law to the contrary,
7 13 to standardize the availability, delivery, cost of delivery,
7 14 and accountability of problem gambling and substance-related
7 15 disorder treatment services statewide, the department shall
7 16 continue implementation of a process to create a system
7 17 for delivery of treatment services in accordance with the
7 18 requirements specified in 2008 Iowa Acts, chapter 1187, section
7 19 3, subsection 4. To ensure the system provides a continuum
7 20 of treatment services that best meets the needs of lowans,
7 21 the problem gambling and substance-related disorder treatment
7 22 services in any area may be provided either by a single agency
7 23 or by separate agencies submitting a joint proposal.

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.

7 24 (1) The system for delivery of substance-related disorder
7 25 and problem gambling treatment shall include problem gambling
7 26 prevention.

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

7 27 (2) The system for delivery of substance-related disorder
7 28 and problem gambling treatment shall include substance-related
7 29 disorder prevention by July 1, 2015.

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, 2015.

7 30 (3) Of the funds allocated in paragraph "b", the department
7 31 may use up to ~~\$50,000~~ \$100,000 for administrative costs to
7 32 continue developing and implementing the process in accordance
7 33 with this 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 2014 allocation.

7 34 d. The requirement of section 123.53, subsection 5, is met
 7 35 by the appropriations and allocations made in this 2014 Act for
 7 36 purposes of substance-related disorder treatment and addictive
 7 37 disorders for the fiscal year beginning July 1, 2014.

Specifies the requirements of [Iowa code section 123.53\(5\)](#) are met by the appropriations made in this Act.

7 38 e. The department of public health shall work with all
 7 39 other departments that fund substance-related disorder
 7 40 prevention and treatment services and all such departments
 7 41 shall, to the extent necessary, collectively meet the state
 7 42 maintenance of effort requirements for expenditures for
 7 43 substance-related disorder services as required under the
 8 1 federal substance-related disorder prevention and treatment
 8 2 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.

8 3 f. The department of public health shall engage
 8 4 stakeholders to review reimbursement provisions applicable to
 8 5 substance-related disorder providers. The issues considered
 8 6 shall include but not be limited to the adequacy of the
 8 7 reimbursement provisions, whether it is appropriate to rebase
 8 8 reimbursement, equity of the reimbursement provisions as
 8 9 compared to the reimbursement methodologies used for providers
 8 10 of similar behavioral health services, and the effect of health
 8 11 coverage expansion through the Iowa health and wellness plan on
 8 12 such providers. The department shall report its findings and
 8 13 recommendations to the general assembly on or before December
 8 14 15, 2014.

Directs the DPH to review the reimbursement provisions for substance-related disorder providers and report to the findings and recommendations to the General Assembly by December 15, 2014.

8 15 2. HEALTHY CHILDREN AND FAMILIES

8 16 For promoting the optimum health status for children,
 8 17 adolescents from birth through 21 years of age, and families,
 8 18 and for not more than the following full-time equivalent
 8 19 positions:

8 20	.....	\$	1,826,780
8 21	.....		4,046,602
8 22	.....	FTEs	44.00
8 23	.....		<u>12.00</u>

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is an increase of \$393,043 and a decrease of 2.00 FTE positions compared to estimated FY 2014. The General Fund changes include:

- An increase of \$43,043 for a donated dental services program for indigent elderly and disabled individuals.
- An increase of \$300,000 to fully implement current Iowa First Five Healthy Mental Development Initiative Program sites.
- An increase of \$50,000 to support the Iowa effort to address the study of children that experience adverse childhood experiences (ACEs).

8 24 a. Of the funds appropriated in this subsection, not
 8 25 more than ~~\$367,424~~ \$734,841 shall be used for the healthy
 8 26 opportunities for parents to experience success (HOPES)-healthy
 8 27 families Iowa (HFI) program established pursuant to section

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

8 28 135.106. The funding shall be distributed to renew the grants
 8 29 that were provided to the grantees that operated the program
 8 30 during the fiscal year ending June 30, 2014.

DETAIL: This is no change compared to the FY 2014 allocation.
 Requires funds to be distributed to the grantees that received funding
 in FY 2014.

8 31 b. In order to implement the legislative intent stated in
 8 32 sections 135.106 and 256I.9, that priority for home visitation
 8 33 program funding be given to programs using evidence-based or
 8 34 promising models for home visitation, it is the intent of the
 8 35 general assembly to phase in the funding priority in accordance
 8 36 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 8 37 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 38 c. Of the funds appropriated in this subsection, ~~\$663,944~~
 8 39 \$1,627,887 shall be used to continue the department's
 8 40 initiative to provide for adequate developmental surveillance
 8 41 and screening during a child's first five years statewide. The
 8 42 funds shall be used first to fully fund the current sites to
 8 43 ensure that the sites are fully operational, with the remaining
 9 1 funds to be used for expansion to additional sites. The full
 9 2 implementation and expansion shall include enhancing the scope
 9 3 of the program through collaboration with the child health
 9 4 specialty clinics to promote healthy child development through
 9 5 early identification and response to both biomedical and social
 9 6 determinants of healthy development; by developing child
 9 7 health metrics to inform practice, document long-term health
 9 8 impacts and savings, and provide for continuous improvement
 9 9 through training, education, and evaluation; and by providing
 9 10 for practitioner consultation particularly for children with
 9 11 behavioral conditions and needs. The department of public
 9 12 health shall also collaborate with the Iowa Medicaid enterprise
 9 13 and the child health specialty clinics to integrate the
 9 14 activities of the first five initiative into the establishment
 9 15 of patient-centered medical homes, community utilities,
 9 16 accountable care organizations, and other integrated care
 9 17 models developed to improve health quality and population
 9 18 health while reducing health care costs. To the maximum extent
 9 19 possible, funding allocated in this paragraph shall be utilized
 9 20 as matching funds for medical assistance program reimbursement.

Allocates \$1,627,887 for the Iowa First Five Healthy Mental
 Development Initiative Programs.

DETAIL: This is an increase of \$300,000 compared to the FY 2014
 allocation for the full implementation of current First Five Program
 sites. 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.

9 21 d. Of the funds appropriated in this subsection, ~~\$15,799~~
 9 22 \$74,640 shall be distributed to a statewide dental carrier to
 9 23 provide funds to continue the donated dental services program
 9 24 patterned after the projects developed by the lifeline network
 9 25 to provide dental services to indigent elderly and disabled
 9 26 individuals.

Allocates \$74,640 for a Donated Dental Services Program for Indigent
 Elderly and Disabled individuals.

DETAIL: This is an increase of \$43,043 compared to FY 2014.

9 27 e. Of the funds appropriated in this subsection, ~~\$55,998~~

Allocates \$111,995 for childhood obesity programs.

<p>9 28 <u>\$111,995</u> shall be used for childhood obesity prevention.</p>	<p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>9 29 f. Of the funds appropriated in this subsection, \$81,384 9 30 <u>\$162,768</u> shall be used to provide audiological services and 9 31 hearing aids for children. The department may enter into a 9 32 contract to administer this paragraph.</p>	<p>Allocates \$162,768 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>9 33 g. Of the funds appropriated in this subsection, \$12,500 9 34 <u>\$25,000</u> is transferred to the university of iowa college of 9 35 dentistry for provision of primary dental services to children. 9 36 State funds shall be matched on a dollar-for-dollar basis. 9 37 The university of iowa college of dentistry shall coordinate 9 38 efforts with the department of public health, bureau of 9 39 oral and health delivery systems, to provide dental care to 9 40 underserved populations throughout the state.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>9 41 h. Of the funds appropriated in this subsection, \$25,000 9 42 <u>\$50,000</u> shall be used to address youth suicide prevention.</p>	<p>Allocates \$50,000 for a youth suicide prevention program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>9 43 <u>i. The university of iowa college of dentistry shall</u> 10 1 <u>develop and submit a proposal by December 15, 2014, to the</u> 10 2 <u>individuals identified in this Act for submission of reports</u> 10 3 <u>and to the chairpersons and ranking members of the joint</u> 10 4 <u>appropriations subcommittee on education to offer a residency</u> 10 5 <u>program in geriatric dentistry that prepares dentists with</u> 10 6 <u>the specific skills needed to treat geriatric patients and</u> 10 7 <u>provides incentives for the participants to remain in the</u> 10 8 <u>state to practice dentistry upon completion of the program.</u> 10 9 <u>The proposal shall include at a minimum, the curriculum to</u> 10 10 <u>be utilized, the number of residency positions to be made</u> 10 11 <u>available, the incentives for participants to practice</u> 10 12 <u>dentistry in the state upon completion of the residency, the</u> 10 13 <u>projected cost of the program, and any potential funding</u> 10 14 <u>sources.</u></p>	<p>Directs the University of Iowa College of Dentistry to create a proposal for a Geriatric Dentistry Residency Program that will include curriculum, number of residencies, cost, funding sources, and incentives for the participants to stay and practice in the State upon completion of the Program.</p>
<p>10 15 <u>j. In preparation for the completion of the youth and</u> 10 16 <u>young adult suicide prevention program (Y-YASP) project</u> 10 17 <u>funded through the federal Garrett Lee Smith youth suicide</u> 10 18 <u>prevention grant awarded to the department of public health,</u> 10 19 <u>the department of public health and the department of education</u> 10 20 <u>shall submit recommendations by December 15, 2014, to the</u> 10 21 <u>governor and the general assembly regarding options for</u> 10 22 <u>continuing the foundation established by the project beyond the</u> 10 23 <u>project's completion.</u></p>	<p>Directs the DPH and the Department of Education (DE) to submit recommendations to establish a statewide suicide prevention and trauma coordinator position in the DE that will integrate suicide prevention and trauma-informed care model protocols into school districts based on the pending completion of the federally-funded Youth and Young Adult Suicide Prevention Program (Y-YASP) project. A report of recommendations is due to the General Assembly by December 15, 2014.</p>

10 24 k. Of the funds appropriated in this subsection, \$50,000
 10 25 shall be used to support the Iowa effort to address the survey
 10 26 of children who experience adverse childhood experiences known
 10 27 as ACEs.

Allocates \$50,000 to support the Iowa effort to address the study of children that experience adverse childhood experiences (ACEs).

DETAIL: This is a new allocation for FY 2015.

10 28 3. CHRONIC CONDITIONS

General Fund appropriation to Chronic Conditions programs.

10 29 For serving individuals identified as having chronic
 10 30 conditions or special health care needs, and for not more than
 10 31 the following full-time equivalent positions:

DETAIL: This is an increase of \$75,000 and a decrease of 1.00 FTE position compared to estimated FY 2014. The General Fund changes include:

10 32	..... \$	<u>2,540,346</u>
10 33		<u>5,155,692</u>
10 34	..... FTEs	<u>6.00</u>
10 35		<u>5.00</u>

- An increase of \$50,000 for epilepsy education and support.
- An increase of \$25,000 for the administration of the [Senate File 2360](#): Medical Cannabidiol Act.

10 36 a. Of the funds appropriated in this subsection, ~~\$79,966~~
 10 37 \$159,932 shall be used for grants to individual patients
 10 38 who have phenylketonuria (PKU) to assist with the costs of
 10 39 necessary special foods.

Allocates \$159,932 for grants to individual patients with Phenylketonuria (PKU) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) to learn more about the allocation.

10 40 b. Of the funds appropriated in this subsection, ~~\$445,822~~
 10 41 \$891,644 shall be used for the brain injury services program
 10 42 pursuant to section 135.22B, including for continuation of the
 10 43 contracts for resource facilitator services in accordance with
 11 1 section 135.22B, subsection 9, and to enhance brain injury
 11 2 training and recruitment of service providers on a statewide
 11 3 basis. Of the amount allocated in this paragraph, ~~\$47,500~~
 11 4 \$95,000 shall be used to fund one full-time equivalent position
 11 5 to serve as the state brain injury ~~service~~ services program
 11 6 manager.

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.

DETAIL: This is no change compared to the FY 2014 allocation.

11 7 c. Of the funds appropriated in this subsection, ~~\$273,994~~
 11 8 \$547,982 shall be used as additional funding to leverage
 11 9 federal funding through the federal Ryan White Care Act, Tit.
 11 10 II, AIDS drug assistance program supplemental drug treatment
 11 11 grants.

Allocates \$547,982 to the AIDS Drug Assistance Program (ADAP).

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information about the Program.

11 12 d. Of the funds appropriated in this subsection, ~~\$49,912~~
 11 13 \$149,823 shall be used for the public purpose of continuing
 11 14 to contract with an existing national-affiliated organization
 11 15 to provide education, client-centered programs, and client
 11 16 and family support for people living with epilepsy and their
 11 17 families. The amount allocated in this paragraph in excess of
 11 18 \$100,000 shall be matched dollar-for-dollar by the organization
 11 19 specified.

Allocates \$149,823 for epilepsy education and support.

DETAIL: This and increase of \$50,000 compared to the FY 2014 allocation. Directs funding in excess of \$100,000 to be matched dollar-for-dollar by the organization administering the epilepsy education and support.

<p>11 20 e. Of the funds appropriated in this subsection, \$392,557 11 21 <u>\$785,114</u> 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 2014 allocation.</p>
<p>11 22 f. Of the funds appropriated in this subsection, 11 23 \$200,000 <u>\$400,000</u> shall be used by the regional autism 11 24 assistance program established pursuant to section 256.35, 11 25 and administered by the child health specialty clinic located 11 26 at the university of Iowa hospitals and clinics. The funds 11 27 shall be used to enhance interagency collaboration and 11 28 coordination of educational, medical, and other human services 11 29 for persons with autism, their families, and providers of 11 30 services, including delivering regionalized services of care 11 31 coordination, family navigation, and integration of services 11 32 through the statewide system of regional child health specialty 11 33 clinics and fulfilling other requirements as specified in 11 34 chapter 225D, creating the autism support program, as enacted 11 35 in this Act. The university of Iowa shall not receive funds 11 36 allocated under this paragraph for indirect costs associated 11 37 with the regional autism assistance program.</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 University of Iowa Hospitals and Clinics (UIHC).</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.</p>
<p>11 38 g. Of the funds appropriated in this subsection, \$285,497 11 39 <u>\$570,993</u> shall be used for the comprehensive cancer control 11 40 program to reduce the burden of cancer in Iowa through 11 41 prevention, early detection, effective treatment, and ensuring 11 42 quality of life. Of the funds allocated in this lettered 11 43 paragraph, \$75,000 <u>\$150,000</u> shall be used to support a melanoma 12 1 research symposium, a melanoma biorepository and registry, 12 2 basic and translational melanoma research, and clinical trials.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>12 3 h. Of the funds appropriated in this subsection, \$63,225 12 4 <u>\$126,450</u> shall be used for cervical and colon cancer screening, 12 5 and \$250,000 <u>\$500,000</u> shall be used to enhance the capacity 12 6 of the cervical cancer screening program to include provision 12 7 of recommended prevention and early detection measures to a 12 8 broader range of low-income women.</p>	<p>Allocates \$126,450 for cervical and colon cancer screening and \$500,000 for cervical cancer screening for a total of \$626,450.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>12 9 i. Of the funds appropriated in this subsection, \$263,348 12 10 <u>\$526,695</u> shall be used for the center for congenital and 12 11 inherited disorders.</p>	<p>Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>12 12 j. Of the funds appropriated in this subsection, \$64,706 12 13 <u>\$129,411</u> shall be used for the prescription drug donation 12 14 repository program created in chapter 135M.</p>	<p>Allocates \$129,411 for the Prescription Drug Donation Repository Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>

12 15 k. Of the funds appropriated in this subsection, ~~\$107,632~~
 12 16 \$215,263 shall be used for the costs of the medical home system
 12 17 advisory council established pursuant to section 135.159
 12 18 including incorporation of the development and implementation
 12 19 of the 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 not change compared to the FY 2014 allocation.

12 20 I. Of the funds appropriated in this subsection, \$25,000
 12 21 shall be used for implementation of chapter 124D, the
 12 22 medical cannabidiol Act, or other provision authorizing the
 12 23 compassionate medical use of cannabidiol, if enacted by the
 12 24 2014 regular session of the eighty-fifth general assembly.
 12 25 If no such enactment occurs, the funding allocated by this
 12 26 lettered paragraph shall be transferred to the allocation made
 12 27 in this 2014 Act to implement reductions in the waiting lists
 12 28 of all medical assistance home and community-based services
 12 29 waivers to be used as specified in that allocation.

Allocates \$25,000 for the administration of [Senate File 2360](#): Medical Cannabidiol Act.

DETAIL: This is a new allocation for FY 2015.

12 30 4. COMMUNITY CAPACITY

General Fund appropriation to Community Capacity programs.

12 31 For strengthening the health care delivery system at the
 12 32 local level, and for not more than the following full-time
 12 33 equivalent positions:
 12 34 \$ 4,281,309
 12 35 8,737,910
 12 36 FTEs 48.25
 12 37 11.00

DETAIL: This is an increase of \$137,793 and a decrease of 7.25 FTE positions compared to estimated FY 2014. The General Fund changes include:

- An increase of \$293 for the FIND Dental Education Loan Repayment Program.
- An increase of \$37,500 for the Direct Care Worker Advisory Council.
- An increase of \$100,000 for the Iowa Donor Registry.

12 38 a. Of the funds appropriated in this subsection, ~~\$49,707~~
 12 39 \$99,414 is allocated for continuation of the child vision
 12 40 screening program implemented through the university of Iowa
 12 41 hospitals and clinics in collaboration with early childhood
 12 42 Iowa areas. The program shall submit a report to the
 12 43 individuals identified in this Act for submission of reports
 13 1 regarding the use of funds allocated under this paragraph
 13 2 "a". The report shall include the objectives and results for
 13 3 the program year including the target population and how the
 13 4 funds allocated assisted the program in meeting the objectives;
 13 5 the number, age, and location within the state of individuals
 13 6 served; the type of services provided to the individuals
 13 7 served; the distribution of funds based on service provided;
 13 8 and the continuing needs of the program.

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.

DETAIL: This is no change compared to the FY 2014 allocation. Requires the Program to submit a report to the General Assembly outlining program objectives, target population and locations, services provided, and other details.

13 9 b. Of the funds appropriated in this subsection, ~~\$55,328~~
 13 10 \$110,656 is allocated for continuation of an initiative

Allocates \$110,656 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates

13 11 implemented at the university of Iowa and ~~\$49,952~~ \$99,904
 13 12 is allocated for continuation of an initiative at the state
 13 13 mental health institute at Cherokee to expand and improve the
 13 14 workforce engaged in mental health treatment and services.
 13 15 The initiatives shall receive input from the university of
 13 16 Iowa, the department of human services, the department of
 13 17 public health, and the mental health and disability services
 13 18 commission to address the focus of the initiatives.

\$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee.

DETAIL: This is no change compared to the FY 2014 allocation.

13 19 c. Of the funds appropriated in this subsection, ~~\$582,314~~
 13 20 \$1,164,628 shall be used for essential public health services
 13 21 that promote healthy aging throughout the lifespan, contracted
 13 22 through a formula for local boards of health, to enhance health
 13 23 promotion and disease prevention services.

Requires the DPH to use \$1,164,628 for core public health functions, including home health care and public health nursing services.

DETAIL: This is no change compared to the FY 2014 allocation.

13 24 d. Of the funds appropriated in this section, ~~\$49,643~~
 13 25 \$99,286 shall be deposited in the governmental public health
 13 26 system fund created in section 135A.8 to be used for the
 13 27 purposes of the fund.

Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the FY 2014 allocation.

13 28 e. Of the funds appropriated in this subsection, ~~\$52,724~~
 13 29 \$105,448 shall be used to continue to address the shortage of
 13 30 mental health professionals in the state.

Allocates \$105,448 for the Mental Health Professional Shortage Area Program.

DETAIL: This is no change compared to the FY 2014 allocation.

13 31 f. Of the funds appropriated in this subsection, ~~\$25,000~~
 13 32 \$50,000 shall be used for a grant to a statewide association
 13 33 of psychologists that is affiliated with the American
 13 34 psychological association to be used for continuation of a
 13 35 program to rotate intern psychologists in placements in urban
 13 36 and rural mental health professional shortage areas, as defined
 13 37 in section 135.180.

Allocates \$50,000 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information about the Program.

13 38 g. Of the funds appropriated in this subsection, the
 13 39 following amounts shall be allocated to the Iowa collaborative
 13 40 safety net provider network established pursuant to section
 13 41 135.153 to be used for the purposes designated. The following
 13 42 amounts allocated under this lettered paragraph shall be
 13 43 distributed to the specified provider and shall not be reduced
 14 1 for administrative or other costs prior to distribution:

Provides allocations totaling \$1,724,819 to the Iowa Collaborative Safety Net Provider Network. Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of the allocated funding.

14 2 (1) For distribution to the Iowa primary care association
 14 3 for statewide coordination of the Iowa collaborative safety net
 14 4 provider network:

Allocates \$145,785 to the Iowa Primary Care Association for coordination of the Iowa Collaborative Safety Net Provider Network.

14 5	.....	\$	72,893
14 6			<u>145,785</u>

DETAIL: This is no change compared to the FY 2014 allocation.

14 7 (2) For distribution to the Iowa primary care association
 14 8 to be used to continue a training program for sexual assault
 14 9 response team (SART) members, including representatives of
 14 10 law enforcement, victim advocates, prosecutors, and certified
 14 11 medical personnel:
 14 12 \$ 25,000
 14 13 50,000

Allocates \$50,000 to continue a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.

 DETAIL: This is no change compared to the FY 2014 allocation.

14 14 (3) For distribution to federally qualified health centers
 14 15 for necessary infrastructure, statewide coordination, provider
 14 16 recruitment, service delivery, and provision of assistance to
 14 17 patients in securing a medical home inclusive of oral health
 14 18 care:
 14 19 \$ 37,500
 14 20 75,000

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 2014 allocation.

14 21 (4) For distribution to the local boards of health that
 14 22 provide direct services for pilot programs in three counties to
 14 23 assist patients in securing a medical home inclusive of oral
 14 24 health care:
 14 25 \$ 38,577
 14 26 77,153

Allocates \$77,153 for local board of health pilot programs in three counties to assist patients in finding an appropriate medical home, including of dental care.

 DETAIL: This is no change compared to the FY 2014 allocation.

14 27 (5) For distribution to maternal and child health centers
 14 28 for pilot programs in three service areas to assist patients in
 14 29 securing a medical home inclusive of oral health care:
 14 30 \$ 47,563
 14 31 95,126

Allocates \$95,126 for three child and maternal health center pilot programs to assist patients in finding an appropriate medical home, including of dental care.

 DETAIL: This is no change compared to the FY 2014 allocation.

14 32 (6) For distribution to free clinics for necessary
 14 33 infrastructure, statewide coordination, provider recruitment,
 14 34 service delivery, and provision of assistance to patients in
 14 35 securing a medical home inclusive of oral health care:
 14 36 \$ 174,161
 14 37 348,322

Allocates \$348,322 for free clinics to assist patients with finding an appropriate medical home.

 DETAIL: This is no change compared to the FY 2014 allocation.

14 38 (7) For distribution to rural health clinics for necessary
 14 39 infrastructure, statewide coordination, provider recruitment,
 14 40 service delivery, and provision of assistance to patients in
 14 41 securing a medical home inclusive of oral health care:
 14 42 \$ 70,772
 14 43 141,544

Allocates \$141,544 for rural health clinics to assist patients in finding an appropriate medical home.

 DETAIL: This is no change compared to the FY 2014 allocation.

15 1 (8) For continuation of the safety net provider patient
 15 2 access to a specialty health care initiative as described in
 15 3 2007 Iowa Acts, chapter 218, section 109:
 15 4 \$ 189,237
 15 5 378,474

Allocates \$378,474 for the safety net provider patient access to specialty care initiative.

 DETAIL: This is no change compared to the FY 2014 allocation.

<p>15 6 (9) For continuation of the pharmaceutical infrastructure 15 7 for safety net providers as described in 2007 Iowa Acts, 15 8 chapter 218, section 108: 15 9\$ 206,708 15 10 .....<u>413,415</u></p>	<p>Allocates \$413,415 for the pharmaceutical infrastructure for safety net providers.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>15 11 The Iowa collaborative safety net provider network may 15 12 continue to distribute funds allocated pursuant to this 15 13 lettered paragraph through existing contracts or renewal of 15 14 existing contracts.</p>	<p>Permits the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.</p>
<p>15 15 The Iowa collaborative safety net provider network may 15 16 continue to distribute funds allocated pursuant to this 15 17 lettered paragraph through existing contracts or renewal of 15 18 existing contracts.</p>	<p>Strikes language that allows the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.</p>
<p>15 19 h. Of the funds appropriated in this subsection, \$87,950 15 20 <u>\$213,400</u> shall be used for continuation of the work of the 15 21 direct care worker advisory council established pursuant to 15 22 2008 Iowa Acts, chapter 1188, section 69, in implementing the 15 23 recommendations in the final report submitted by the advisory 15 24 council to the governor and the general assembly in March 2012.</p>	<p>Allocates \$213,400 for the Direct Care Worker Advisory Council.</p> <p>DETAIL: This is an increase of \$37,500 compared to the FY 2014 allocation for the continuation of current duties and to provide leadership for full implementation of the "Prepare to Care" curriculum, testing of advanced training courses, development of additional specialty courses, conduct instructor audits, and review exam data.</p>
<p>15 25 i. (1) Of the funds appropriated in this subsection, 15 26 \$89,438<u>\$216,375</u> shall be used for allocation to an independent 15 27 statewide direct care worker organization under continuation 15 28 of the contract in effect during the fiscal year ending June 15 29 30, 2013 2014, with terms determined by the director of public 15 30 health relating to education, outreach, leadership development, 15 31 mentoring, and other initiatives intended to enhance the 15 32 recruitment and retention of direct care workers in health care 15 33 and long-term care settings.</p>	<p>Allocates \$216,375 for the Direct Care Worker Association.</p> <p>DETAIL: This is an increase of \$37,500 compared to the FY 2014 allocation for the continuation of current duties and to expand education and training opportunities, expand mentoring programs, expand public education, and develop recruitment tools.</p>
<p>15 34 (2) Of the funds appropriated in this subsection, \$37,500 15 35 <u>\$75,000</u> shall be used to provide scholarships or other forms of 15 36 subsidization for direct care worker educational conferences, 15 37 training, or outreach activities.</p>	<p>Allocates \$75,000 for scholarships for direct care worker educational conferences, training, or outreach activities.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>15 38 j. Of the funds appropriated in this subsection, the 15 39 department may use up to \$29,088 <u>\$58,175</u> for up to one 15 40 full-time equivalent position to administer the volunteer 15 41 health care provider program pursuant to section 135.24.</p>	<p>Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>15 42 k. Of the funds appropriated in this subsection, \$24,854 15 43 <u>\$50,000</u> shall be used for a matching dental education loan</p>	<p>Allocates \$50,000 for the FIND Dental Education Loan Repayment Program.</p>

16 1 repayment program to be allocated to a dental nonprofit health
 16 2 service corporation to develop the criteria and implement the
 16 3 loan repayment program.

DETAIL: This is an increase of \$293 compared to the FY 2014 allocation. Click [here](#) for more information on the Program.

16 4 I. Of the funds appropriated in this subsection, ~~\$52,942~~
 16 5 \$105,823 is transferred to the college student aid commission
 16 6 for deposit in the rural Iowa primary care trust fund created
 16 7 in 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 2014 allocation.

16 8 m. Of the funds appropriated in this subsection, ~~\$75,000~~
 16 9 \$250,000 shall be used for the purposes of the Iowa donor
 16 10 registry as specified in section 142C.18.

Allocates \$250,000 to the Iowa Donor Registry.

DETAIL: This is an increase of \$100,000 compared to the FY 2014 allocation for vital records database updates and out-of-pocket expenses incurred by donors.

16 11 n. Of the funds appropriated in this subsection, ~~\$50,000~~
 16 12 \$100,000 shall be used for continuation of a grant to a
 16 13 nationally affiliated volunteer eye organization that has an
 16 14 established program for children and adults and that is solely
 16 15 dedicated to preserving sight and preventing blindness through
 16 16 education, nationally certified vision screening and training,
 16 17 and community and patient service programs. The organization
 16 18 shall submit a report to the individuals identified in this
 16 19 Act for submission of reports regarding the use of funds
 16 20 allocated under this paragraph "n". The report shall include
 16 21 the objectives and results for the program year including
 16 22 the target population and how the funds allocated assisted
 16 23 the program in meeting the objectives; the number, age, and
 16 24 location within the state of individuals served; the type of
 16 25 services provided to the individuals served; the distribution
 16 26 of funds based on services provided; and the continuing needs
 16 27 of the program.

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.

DETAIL: This is no change compared to the FY 2014 allocation. Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.

16 28 o. Of the funds appropriated in this subsection, ~~\$12,500~~
 16 29 \$25,000 shall be used for the ~~establishment~~ continuation of a
 16 30 wellness council under the direction of the director of public
 16 31 health to increase support for wellness activities in the
 16 32 state.

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

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information on the Council.

16 33 p. (1) Of the funds appropriated in this section, ~~\$579,075~~
 16 34 \$1,158,150 is allocated to the Iowa collaborative safety net
 16 35 provider network established pursuant to section 135.153 to
 16 36 be used for the continued development and implementation of a

Allocates \$1,158,150 to the Iowa Collaborative Safety Net Provider Network to develop and implement a Statewide regionally-based network to provide integrated health care delivery for patients addressing biomedical and social determinants of health. The

16 37 statewide regionally based network to provide an integrated
 16 38 approach to health care delivery through care coordination
 16 39 that supports primary care providers and links patients with
 16 40 community resources necessary to empower patients in addressing
 16 41 biomedical and social determinants of health to improve health
 16 42 outcomes. The Iowa collaborative safety net provider network
 16 43 shall work in conjunction with the department of human services
 17 1 to align the integrated network with the health care delivery
 17 2 system model developed under the state innovation models
 17 3 initiative grant. The Iowa collaborative safety net provider
 17 4 network shall submit a progress report to the individuals
 17 5 designated in this Act for submission of reports by December
 17 6 31, 2014, including progress in developing and implementing the
 17 7 network, how the funds were distributed and used in developing
 17 8 and implementing the network, and the remaining needs in
 17 9 developing and implementing the network.

Collaborative is required to work with DHS and report the progress by December 31, 2014.

DETAIL: This is no change compared to the FY 2014 allocation.

17 10 (2) The department of human services shall work with the
 17 11 Iowa collaborative safety net provider network and the Iowa
 17 12 primary care association to develop a long-term sustainability
 17 13 plan for the statewide regionally based network to provide
 17 14 the integrated approach to health care delivery as described
 17 15 in this lettered paragraph. The department shall pursue any
 17 16 appropriate payment mechanisms available such as a Medicaid
 17 17 program state plan amendment, Medicaid program waiver, state
 17 18 innovation model funding, or other funding through the centers
 17 19 for Medicare and Medicaid services of the United States
 17 20 department of health and human services to provide options
 17 21 for long-term sustainability by incorporating funding of the
 17 22 network into any such appropriate payment mechanism.

Directs the DHS, the Iowa Collaborative Safety Net Provider Network, and the Iowa Primary Care Association to develop a long-term sustainability plan for the statewide regionally based network to provide an integrated health care delivery approach.

17 23 q. Of the funds appropriated in this subsection, ~~\$1,000,000~~
 17 24 ~~\$2,000,000~~ shall be deposited in the medical residency training
 17 25 account created in section 135.175, subsection 5, paragraph
 17 26 "a", and is appropriated from the account to the department
 17 27 of public health to be used for the purposes of the medical
 17 28 residency training state matching grants program as specified
 17 29 in section 135.176. However, notwithstanding any provision to
 17 30 the contrary in section 135.176, priority in the awarding of
 17 31 grants shall be given to sponsors that propose preference in
 17 32 the use of the grant funds for psychiatric residency positions
 17 33 and family practice residency positions.

Allocates \$2,000,000 for a Medical Residency Training Program. Specifies that grants for expansion of or new medical residency positions, psychiatric residency positions, and family practice positions have priority within the Program.

DETAIL: This is no change compared to the FY 2014 allocation.

17 34 r. Of the funds appropriated in this section, ~~\$25,000~~
 17 35 ~~\$50,000~~ shall be distributed to a statewide nonprofit
 17 36 organization to be used for the public purpose of supporting
 17 37 a partnership between medical providers and parents through
 17 38 community health centers to promote reading and encourage

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.

17 39 literacy skills so children enter school prepared for success
17 40 in reading.

DETAIL: This is no change compared to the FY 2014 allocation.

17 41 5. HEALTHY AGING

General Fund appropriation to Healthy Aging programs.

17 42 To provide public health services that reduce risks and
17 43 invest in promoting and protecting good health over the
18 1 course of a lifetime with a priority given to older lowans and
18 2 vulnerable populations:

DETAIL: This is no change compared to the FY 2014 allocation.

18 3 \$ 3,648,574
18 4 7,297,142

18 5 6. ENVIRONMENTAL HAZARDS

General Fund appropriation to Environmental Hazard programs.

18 6 For reducing the public's exposure to hazards in the
18 7 environment, primarily chemical hazards, and for not more than
18 8 the following full-time equivalent positions:

DETAIL: This is no change compared to estimated FY 2014.

18 9 \$ 401,935
18 10 803,870
18 11 FTEs 4.00

18 12 Of the funds appropriated in this subsection, ~~\$268,875~~
18 13 \$537,750 shall be used for childhood lead poisoning provisions.

18 14 7. INFECTIOUS DISEASES

General Fund appropriation to Infectious Disease programs.

18 15 For reducing the incidence and prevalence of communicable
18 16 diseases, and for not more than the following full-time
18 17 equivalent positions:

DETAIL: This is no change compared to estimated FY 2014.

18 18 \$ 667,578
18 19 1,335,155
18 20 FTEs 4.00

18 21 8. PUBLIC PROTECTION

General Fund appropriation to Public Protection programs.

18 22 For protecting the health and safety of the public through
18 23 establishing standards and enforcing regulations, and for not
18 24 more than the following full-time equivalent positions:

DETAIL: This is a net increase of \$8,356 and a decrease of 0.2 FTE position compared to estimated FY 2014. The General Fund changes include:

18 25 \$ 1,639,386
18 26 3,287,127
18 27 FTEs 131.00

- A decrease of \$28,644 due to the Governor's veto of the Emergency Medical Services (EMS) task force allocation in SF 446 (FY 2014 Health and Human Services Appropriations Act).
- A decrease of \$28,000 due to one-time funding in FY 2014 for transitioning the licensing of orthotists, prosthetists, and pedorthists to a fee-supported model.
- An increase of \$65,000 for EMS software maintenance.

18 28 a. Of the funds appropriated in this subsection, not more
18 29 than ~~\$227,350~~ \$454,700 shall be credited to the emergency
18 30 medical services fund created in section 135.25. Moneys in
18 31 the emergency medical services fund are appropriated to the
18 32 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 compared to the FY 2014 allocation.

18 33 b. Of the funds appropriated in this subsection, ~~\$101,516~~
 18 34 ~~\$203,032~~ shall be used for sexual violence prevention
 18 35 programming through a statewide organization representing
 18 36 programs serving victims of sexual violence through the
 18 37 department's sexual violence prevention program. The amount
 18 38 allocated in this lettered paragraph shall not be used to
 18 39 supplant funding administered for other sexual violence
 18 40 prevention or victims assistance programs.

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

DETAIL: This is no change compared to the FY 2014 allocation.

18 41 c. Of the funds appropriated in this subsection, ~~\$299,376~~
 18 42 ~~\$598,751~~ shall be used for the state poison control center.
 18 43 At such time as the department of human services receives
 19 1 approval from the centers for Medicare and Medicaid services
 19 2 of the United States department of health and human services
 19 3 to implement a new health services initiative under the
 19 4 federal Children's Health Insurance Program Reauthorization
 19 5 Act of 2009, Pub.L. No.111-3, to provide funding for the
 19 6 state poison control center as directed in this 2014 Act,
 19 7 and notifies the department of public health, the department
 19 8 of public health shall transfer from the allocation made in
 19 9 this paragraph "c", an amount sufficient to provide the state
 19 10 matching funds necessary to draw down the maximum federal
 19 11 matching funds available for that purpose.

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

DETAIL: This is no change compared to the FY 2014 allocation. Instructs the DHS to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the Center. Allows the Center to transfer as much funding as needed for the purpose of receiving matching federal funds. Click [here](#) for more information about the Center.

19 12 9. RESOURCE MANAGEMENT
 19 13 For establishing and sustaining the overall ability of the
 19 14 department to deliver services to the public, and for not more
 19 15 than the following full-time equivalent positions:
 19 16 \$ 402,027
 19 17 855.072
 19 18 FTEs 5.00
 19 19 4.00

General Fund appropriation for Resource Management activities.

DETAIL: This is no change compared to the estimated FY 2014 appropriation and a decrease of 1.0 FTE position.

19 20 The university of Iowa hospitals and clinics under the
 19 21 control of the state board of regents shall not receive
 19 22 indirect costs from the funds appropriated in this section.
 19 23 The university of Iowa hospitals and clinics billings to the
 19 24 department shall be on at least a quarterly basis.

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

19 25 DIVISION IV
 19 26 VETERANS

19 27 Sec. 4. 2013 Iowa Acts, chapter 138, section 134, subsection
 19 28 1, is amended to read as follows:
 19 29 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

General Fund appropriation to the Department of Veteran Affairs.

DETAIL: This is no change compared to estimated FY 2014.

19 30 For salaries, support, maintenance, and miscellaneous
 19 31 purposes, and for not more than the following full-time
 19 32 equivalent positions:
 19 33 \$ 546,754
 19 34 1,095,951
 19 35 FTEs 13.00

19 36 IOWA VETERANS HOME

19 37 Sec. 5. 2013 Iowa Acts, chapter 138, section 134, subsection
 19 38 2, unnumbered paragraph 1, is amended to read as follows:
 19 39 For salaries, support, maintenance, and miscellaneous
 19 40 purposes:
 19 41 \$ 3,762,857
 19 42 7,594,996

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

DETAIL: This is no change compared to estimated FY 2014.

19 43 Sec. 6. 2013 Iowa Acts, chapter 138, section 134, subsection
 20 1 2, is amended by adding the following new paragraph:
 20 2 NEW PARAGRAPH e. The Iowa veterans home expenditure report
 20 3 shall be submitted monthly to the legislative services agency.

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

20 4 Sec. 7. 2013 Iowa Acts, chapter 138, section 134, subsection
 20 5 3, is amended to read as follows:

20 6 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 20 7 For transfer to the Iowa finance authority for the
 20 8 continuation of the home ownership assistance program for
 20 9 persons who are or were eligible members of the armed forces of
 20 10 the United States, pursuant to section 16.54:
 20 11 \$ 800,000
 20 12 2,500,000

General Fund appropriation for the Home Ownership Assistance Program for military members.

DETAIL: This is an increase of \$900,000 compared to estimated FY 2014. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

20 13 Sec. 8. 2013 Iowa Acts, chapter 138, section 135, is amended
 20 14 to read as follows:
 20 15 SEC. 135. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
 20 16 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 20 17 standing appropriation in the following designated section for
 20 18 the fiscal year beginning July 1, 2014, and ending June 30,
 20 19 2015, the ~~amounts~~ amount appropriated from the general fund of
 20 20 the state pursuant to that section for the following designated
 20 21 purposes shall not exceed the following amount:
 20 22 For the county commissions of veteran affairs fund under
 20 23 section 35A.16:

General Fund appropriation for the County Commissions of Veterans Affairs Fund.

DETAIL: This is no change compared to estimated net FY 2014.

20 24 \$ 495,000
 20 25 990,000

20 26 DIVISION V
 20 27 DEPARTMENT OF HUMAN SERVICES

20 28 Sec. 9. 2013 Iowa Acts, chapter 138, section 136, is amended
 20 29 to read as follows:
 20 30 SEC. 136. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 20 31 GRANT. There is appropriated from the fund created in section
 20 32 8.41 to the department of human services for the fiscal year
 20 33 beginning July 1, 2014, and ending June 30, 2015, from moneys
 20 34 received under the federal temporary assistance for needy
 20 35 families (TANF) block grant pursuant to the federal Personal
 20 36 Responsibility and Work Opportunity Reconciliation Act of 1996,
 20 37 Pub.L.No.104-193, and successor legislation, the following
 20 38 amounts, or so much thereof as is necessary, to be used for the
 20 39 purposes designated:

20 40 1. To be credited to the family investment program account
 20 41 and used for assistance under the family investment program
 20 42 under chapter 239B:
 20 43 \$ 9,058,474
 21 1 9,879,488

21 2 2. To be credited to the family investment program account
 21 3 and used for the job opportunities and basic skills (JOBS)
 21 4 program and implementing family investment agreements in
 21 5 accordance with chapter 239B:
 21 6 \$ 5,933,220
 21 7 11,091,911

21 8 3. To be used for the family development and
 21 9 self-sufficiency grant program in accordance with section
 21 10 216A.107:
 21 11 \$ 1,449,490
 21 12 2,898,980

21 13 Notwithstanding section 8.33, moneys appropriated in this
 21 14 subsection that remain unencumbered or unobligated at the close
 21 15 of the fiscal year shall not revert but shall remain available
 21 16 for expenditure for the purposes designated until the close of
 21 17 the succeeding fiscal year. However, unless such moneys are
 21 18 encumbered or obligated on or before September 30, 2015, the
 21 19 moneys shall revert.

21 20 4. For field operations:
 21 21 \$ 15,648,116
 21 22 31,296,232

TANF Block Grant Fund appropriations for FY 2015.

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 federal grant remains the same at \$131,524,959 per year.

TANF FY 2015 Block Grant appropriation for the FIP Account.

DETAIL: This is a decrease of \$8,237,460 compared to estimated FY 2014. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet Maintenance of Effort (MOE) requirements.

TANF FY 2015 Block Grant appropriation for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$774,528 compared to estimated FY 2014. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet Maintenance of Effort (MOE) requirements.

TANF FY 2015 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is no change compared to estimated FY 2014.

Requires nonreversion of funds allocated for the FaDSS Grant Program.

TANF FY 2015 Block Grant appropriation for Field Operations.

DETAIL: This is no change compared to estimated FY 2014.

21 23	5. For general administration:		TANF FY 2015 Block Grant appropriation for General Administration.
21 24	.....	\$ 1,872,000	
21 25		<u>3,744,000</u>	DETAIL: This is no change compared to estimated FY 2014.
21 26	6. For state child care assistance:		TANF FY 2015 Block Grant appropriation for Child Care Assistance.
21 27	.....	\$ 12,866,344	
21 28		<u>35,047,110</u>	DETAIL: This is an increase of \$9,314,423 compared to estimated FY 2014.
21 29	<u>a.—The Of the funds appropriated in this subsection are,</u>		Requires the DHS to transfer \$26,347,110 to the Child Care and
21 30	<u>\$26,347,110 is transferred to the child care and development</u>		Development Block Grant and to use \$200,000 for training of registered
21 31	<u>block grant appropriation made by the Eighty-fifth General</u>		child care home providers. Permits the DHS to contract with colleges
21 32	<u>Assembly, 2013 Session, in 2013 Iowa Acts, chapter 136, section</u>		or child care resource and referral centers and specifies requirements
21 33	<u>14 for the federal fiscal year beginning October 1, 2014, and</u>		for funding the grants and the application form for the Grant. Caps
21 34	<u>ending September 30, 2015. Of this amount, \$100,000 \$200,000</u>		contractor's administrative costs at 5.00%.
21 35	<u>shall be used for provision of educational opportunities to</u>		
21 36	<u>registered child care home providers in order to improve</u>		
21 37	<u>services and programs offered by this category of providers</u>		
21 38	<u>and to increase the number of providers. The department may</u>		
21 39	<u>contract with institutions of higher education or child care</u>		
21 40	<u>resource and referral centers to provide the educational</u>		
21 41	<u>opportunities. Allowable administrative costs under the</u>		
21 42	<u>contracts shall not exceed 5 percent. The application for a</u>		
21 43	<u>grant shall not exceed two pages in length.</u>		
22 1	<u>b. Any funds appropriated in this subsection remaining</u>		Specifies that approximately \$8,600,000 will be used for Child Care
22 2	<u>unallocated shall be used for state child care assistance</u>		Assistance for individuals enrolled in the FIP Program who are
22 3	<u>payments for individuals enrolled in the family investment</u>		employed.
22 4	<u>program who are employed.</u>		
22 5	7. For distribution to counties and regions through the		TANF FY 2015 Block Grant appropriation for Mental Health and
22 6	property tax relief fund for mental health and disability		Developmental Disabilities Community Services.
22 7	services as provided in an appropriation made for this purpose:		
22 8	.....	\$ 2,447,026	DETAIL: This is no change compared to estimated FY 2014.
22 9		<u>4,894,052</u>	
22 10	8. For child and family services:		TANF FY 2015 Block Grant appropriation for Child and Family
22 11	.....	\$ 16,042,215	Services.
22 12		<u>32,084,430</u>	DETAIL: This is no change compared to estimated FY 2014.
22 13	9. For child abuse prevention grants:		TANF FY 2015 Block Grant appropriation for Child Abuse Prevention
22 14	.....	\$ 62,500	Grants.
22 15		<u>125,000</u>	DETAIL: This is no change compared to estimated FY 2014.

22 16 10. For pregnancy prevention grants on the condition that
 22 17 family planning services are funded:
 22 18 \$ 965,034
 22 19 1,930,067

TANF FY 2015 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

 DETAIL: This is no change compared to estimated FY 2014.

22 20 Pregnancy prevention grants shall be awarded to programs
 22 21 in existence on or before July 1, 2014, if the programs have
 22 22 demonstrated positive outcomes. Grants shall be awarded to
 22 23 pregnancy prevention programs which are developed after July
 22 24 1, 2014, if the programs are based on existing models that
 22 25 have demonstrated positive outcomes. Grants shall comply with
 22 26 the requirements provided in 1997 Iowa Acts, chapter 208,
 22 27 section 14, subsections 1 and 2, including the requirement that
 22 28 grant programs must emphasize sexual abstinence. Priority in
 22 29 the awarding of grants shall be given to programs that serve
 22 30 areas of the state which demonstrate the highest percentage of
 22 31 unplanned pregnancies of females of childbearing age within the
 22 32 geographic area to be served by the grant.

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.

22 33 11. For technology needs and other resources necessary
 22 34 to meet federal welfare reform reporting, tracking, and case
 22 35 management requirements:
 22 36 \$ 518,593
 22 37 1,037,186

TANF FY 2015 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

 DETAIL: This is no change compared to estimated FY 2014.

22 38 ~~—The department shall transfer TANF block grant funding~~
 22 39 ~~appropriated and allocated in this subsection to the child care~~
 22 40 ~~and development block grant appropriation in accordance with~~
 22 41 ~~federal law as necessary to comply with the provisions of this~~
 22 42 ~~subsection.~~

Strikes obsolete transfer language.

22 43 12. For the family investment program share of the costs to
 23 1 continue to develop and maintain a new, integrated eligibility
 23 2 determination system:
 23 3 \$ 2,525,226
 23 4 6,549,549

TANF FY 2015 Block Grant appropriation to the DHS to implement the new FIP eligibility system.

 DETAIL: This is an increase of \$1,499,098 compared to estimated FY 2014.

23 5 13. a. Notwithstanding any provision to the contrary,
 23 6 including but not limited to requirements in section 8.41 or
 23 7 provisions in 2013 or 2014 Iowa Acts regarding the receipt and
 23 8 appropriation of federal block grants, federal funds from the
 23 9 temporary assistance for needy families block grant received
 23 10 by the state not otherwise appropriated in this section and
 23 11 remaining available for the fiscal year beginning July 1, 2014,
 23 12 are appropriated to the department of human services to the
 23 13 extent as may be necessary to be used in the following priority

Allows the DHS to carryforward TANF funds.

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

23 14 order:the family investment program, for state child care
 23 15 assistance program payments for individuals enrolled in the
 23 16 family investment program who are employed, and for the family
 23 17 investment program share of costs to develop and maintain a
 23 18 new, integrated eligibility determination system. The federal
 23 19 funds appropriated in this paragraph "a" shall be expended only
 23 20 after all other funds appropriated in subsection 1 for the
 23 21 assistance under the family investment program, in subsection 6
 23 22 for child care assistance, or in subsection 12 for the family
 23 23 investment program share of the costs to continue to develop
 23 24 and maintain a new, integrated eligibility determination
 23 25 system, as applicable, have been expended.

23 26 b. The department shall, on a quarterly basis, advise the
 23 27 legislative services agency and department of management of
 23 28 the amount of funds appropriated in this subsection that was
 23 29 expended in the prior quarter.

23 30 14. Of the amounts appropriated in this section, ~~\$6,481,004~~
 23 31 \$12,962,008 for the fiscal year beginning July 1, 2014, is
 23 32 transferred to the appropriation of the federal social services
 23 33 block grant made to the department of human services for that
 23 34 fiscal year.

23 35 15. For continuation of the program providing categorical
 23 36 eligibility for the food assistance program as specified for
 23 37 the program in the section of this division of this 2014 Act
 23 38 relating to the family investment program account:
 23 39 \$ 12,500
 23 40 25,000

23 41 16. The department may transfer funds allocated in this
 23 42 section to the appropriations made in this division of this Act
 23 43 for the same fiscal year for general administration and field
 24 1 operations for resources necessary to implement and operate the
 24 2 services referred to in this section and those funded in the
 24 3 appropriation made in this division of this Act for the same
 24 4 fiscal year for the family investment program from the general
 24 5 fund of the state.

24 6 Sec. 10. 2013 Iowa Acts, chapter 138, section 137, is
 24 7 amended to read as follows:
 24 8 SEC. 137. FAMILY INVESTMENT PROGRAM ACCOUNT.

24 9 1. Moneys credited to the family investment program (FIP)
 24 10 account for the fiscal year beginning July 1, 2014, and
 24 11 ending June 30, 2015, shall be used to provide assistance in
 24 12 accordance with chapter 239B.

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

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 estimated FY 2014.

TANF FY 2015 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2014.

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

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

24 13 2. The department may use a portion of the moneys credited
24 14 to the FIP account under this section as necessary for
24 15 salaries, support, maintenance, and miscellaneous purposes.

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

24 16 3. The department may transfer funds allocated in this
24 17 section to the appropriations made in this division of this Act
24 18 for the same fiscal year for general administration and field
24 19 operations for resources necessary to implement and operate the
24 20 services referred to in this section and those funded in the
24 21 appropriation made in this division of this Act for the same
24 22 fiscal year for the family investment program from the general
24 23 fund of the state.

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

24 24 4. Moneys appropriated in this division of this Act and
24 25 credited to the FIP account for the fiscal year beginning July
24 26 1, 2014, and ending June 30, 2015, are allocated as follows:

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

24 27 a. To be retained by the department of human services to
24 28 be used for coordinating with the department of human rights
24 29 to more effectively serve participants in FIP and other shared
24 30 clients and to meet federal reporting requirements under the
24 31 federal temporary assistance for needy families block grant:

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

DETAIL: This is no change compared to estimated FY 2014.

24 32 \$ 10,000
24 33 20,000

24 34 b. To the department of human rights for staffing,
24 35 administration, and implementation of the family development
24 36 and self-sufficiency grant program in accordance with section
24 37 216A.107:

Allocates \$6,192,834 of the FY 2015 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is an increase of \$150,000 compared to estimated FY 2014.

24 38 \$ 3,021,417
24 39 6,192,834

24 40 (1) Of the funds allocated for the family development and
24 41 self-sufficiency grant program in this lettered paragraph,
24 42 not more than 5 percent of the funds shall be used for the
24 43 administration of the grant program.

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

25 1 (2) The department of human rights may continue to implement
25 2 the family development and self-sufficiency grant program
25 3 statewide during fiscal year 2014-2015.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2015.

25 4 c. For the diversion subaccount of the FIP account:
25 5 \$ 849,200
25 6 815,000

Allocates \$815,000 of FY 2015 TANF funds for the FIP Diversion Subaccount.

DETAIL: This is a decrease of \$883,400 compared to estimated FY 2014.

25 7 A portion of the moneys allocated for the subaccount may
25 8 be used for field operations, salaries, data management
25 9 system development, and implementation costs and support

25 10 deemed necessary by the director of human services in order to
 25 11 administer the FIP diversion program. To the extent moneys
 25 12 allocated in this lettered paragraph are not deemed by the
 25 13 department to be necessary to support diversion activities,
 25 14 such moneys may be used for other efforts intended to increase
 25 15 engagement by family investment program participants in work,
 25 16 education, or training activities.

25 17 d. For the food assistance employment and training program:
 25 18\$ 33,294
 25 19 66,588

Allocates \$66,588 of FY 2015 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to estimated FY 2014.

25 20 (1) The department shall apply the federal supplemental
 25 21 nutrition assistance program (SNAP) employment and training
 25 22 state plan in order to maximize to the fullest extent permitted
 25 23 by federal law the use of the 50 percent federal reimbursement
 25 24 provisions for the claiming of allowable federal reimbursement
 25 25 funds from the United States department of agriculture
 25 26 pursuant to the federal SNAP employment and training program
 25 27 for providing education, employment, and training services
 25 28 for eligible food assistance program participants, including
 25 29 but not limited to related dependent care and transportation
 25 30 expenses.

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

25 31 (2) The department shall continue the categorical federal
 25 32 food assistance program eligibility at 160 percent of the
 25 33 federal poverty level and continue to eliminate the asset test
 25 34 from eligibility requirements, consistent with federal food
 25 35 assistance program requirements. The department shall include
 25 36 as many food assistance households as is allowed by federal
 25 37 law. The eligibility provisions shall conform to all federal
 25 38 requirements including requirements addressing individuals who
 25 39 are incarcerated or otherwise ineligible.

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.

25 40 e. For the JOBS program:
 25 41\$ 9,845,408
 25 42 18,494,131

Permits the DHS to allocate \$18,494,131 of the FY 2015 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,196,685 compared to estimated FY 2014 due to declining caseloads.

25 43 5. Of the child support collections assigned under FIP,
 26 1 an amount equal to the federal share of support collections
 26 2 shall be credited to the child support recovery appropriation
 26 3 made in this division of this Act. Of the remainder of the
 26 4 assigned child support collections received by the child
 26 5 support recovery unit, a portion shall be credited to the FIP

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.

26 6 account, a portion may be used to increase recoveries, and a
 26 7 portion may be used to sustain cash flow in the child support
 26 8 payments account. If as a consequence of the appropriations
 26 9 and allocations made in this section the resulting amounts
 26 10 are insufficient to sustain cash assistance payments and meet
 26 11 federal maintenance of effort requirements, the department
 26 12 shall seek supplemental funding. If child support collections
 26 13 assigned under FIP are greater than estimated or are otherwise
 26 14 determined not to be required for maintenance of effort, the
 26 15 state share of either amount may be transferred to or retained
 26 16 in the child support payment account.

26 17 6. The department may adopt emergency rules for the family
 26 18 investment, JOBS, food assistance, and medical assistance
 26 19 programs if necessary to comply with federal requirements.

26 20 Sec. 11. 2013 Iowa Acts, chapter 138, section 138, is
 26 21 amended to read as follows:
 26 22 SEC. 138. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 26 23 is appropriated from the general fund of the state to the
 26 24 department of human services for the fiscal year beginning July
 26 25 1, 2014, and ending June 30, 2015, the following amount, or
 26 26 so much thereof as is necessary, to be used for the purpose
 26 27 designated:
 26 28 To be credited to the family investment program (FIP)
 26 29 account and used for family investment program assistance under
 26 30 chapter 239B:
 26 31 \$ 24,218,607
 26 32 48,693,875

26 33 1. Of the funds appropriated in this section, ~~\$3,912,189~~
 26 34 \$7,402,220 is allocated for the JOBS program.

26 35 2. Of the funds appropriated in this section, ~~\$1,581,927~~

Permits the DHS to adopt emergency administrative rules for the FIP, the Food Stamp Program, and the 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.

DETAIL: This is a net increase of \$190,000 compared to estimated FY 2014. The changes include:

- An increase of \$3,502,157 for FIP to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$774,528 for PROMISE JOBS to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$422,157 for operation and maintenance costs for a new eligibility system (ELIAS).
- An increase of \$150,000 for the FaDSS Program.
- An increase of \$40,000 for the Fatherhood Initiative.
- A decrease of \$1,196,685 due to a reduction the PROMISE JOBS caseload.
- A decrease of \$3,502,157 due to a reduction in FIP caseloads.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

General Fund allocation of \$7,402,220 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$422,157 compared to the FY 2014 allocation.

General Fund allocation of \$3,313,854 for the FaDSS Program.

26 36 \$3,313,854 is allocated for the family development and
 26 37 self-sufficiency grant program.

DETAIL: This is an increase of \$150,000 compared to the FY 2014 allocation.

26 38 3. Notwithstanding section 8.39, for the fiscal year
 26 39 beginning July 1, 2014, if necessary to meet federal
 26 40 maintenance of effort requirements or to transfer federal
 26 41 temporary assistance for needy families block grant funding
 26 42 to be used for purposes of the federal social services block
 26 43 grant or to meet cash flow needs resulting from delays in
 27 1 receiving federal funding or to implement, in accordance with
 27 2 this division of this Act, activities currently funded with
 27 3 juvenile court services, county, or community moneys and state
 27 4 moneys used in combination with such moneys, the department
 27 5 of human services may transfer funds within or between any
 27 6 of the appropriations made in this division of this Act and
 27 7 appropriations in law for the federal social services block
 27 8 grant to the department for the following purposes, provided
 27 9 that the combined amount of state and federal temporary
 27 10 assistance for needy families block grant funding for each
 27 11 appropriation remains the same before and after the transfer:
 27 12 a. For the family investment program.
 27 13 b. For child care assistance.
 27 14 c. For child and family services.
 27 15 d. For field operations.
 27 16 e. For general administration.
 27 17 f. For distribution to counties or regions for services to
 27 18 persons with mental illness or an intellectual disability.
 27 19 This subsection shall not be construed to prohibit the use
 27 20 of existing state transfer authority for other purposes. The
 27 21 department shall report any transfers made pursuant to this
 27 22 subsection to the legislative services agency.

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

27 23 4. Of the funds appropriated in this section, ~~\$97,839~~
 27 24 \$195,678 shall be used for continuation of a grant to an
 27 25 Iowa-based nonprofit organization with a history of providing
 27 26 tax preparation assistance to low-income lowans in order to
 27 27 expand the usage of the earned income tax credit. The purpose
 27 28 of the grant is to supply this assistance to underserved areas
 27 29 of the state.

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

DETAIL: This is no change compared to the FY 2014 allocation.

27 30 5. Of the funds appropriated in this section, ~~\$20,000~~
 27 31 \$80,000 shall be used for the continuation of an unfunded
 27 32 pilot project, as defined in 441 IAC 100.1, relating to
 27 33 parental obligations, in which the child support recovery
 27 34 unit participates, to support the efforts of a nonprofit
 27 35 organization committed to strengthening the community through

General Fund allocation of \$80,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is an increase of \$40,000 compared to the FY 2014 allocation. This is the second year for the Project.

27 36 youth development, healthy living, and social responsibility
 27 37 headquartered in a county with a population over 350,000.
 27 38 The funds allocated in this subsection shall be used by
 27 39 the recipient organization to develop a larger community
 27 40 effort, through public and private partnerships, to support a
 27 41 broad-based multi-county fatherhood initiative that promotes
 27 42 payment of child support obligations, improved family
 27 43 relationships, and full-time employment.

28 1 6. The department may transfer funds appropriated in this
 28 2 section to the appropriations made in this division of this Act
 28 3 for general administration and field operations as necessary
 28 4 to administer this section and the overall family investment
 28 5 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.

28 6 Sec. 12. 2013 Iowa Acts, chapter 138, section 139, is
 28 7 amended to read as follows:
 28 8 SEC. 139. CHILD SUPPORT RECOVERY. There is appropriated
 28 9 from the general fund of the state to the department of human
 28 10 services for the fiscal year beginning July 1, 2014, and ending
 28 11 June 30, 2015, the following amount, or so much thereof as is
 28 12 necessary, to be used for the purposes designated:

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

28 13 For child support recovery, including salaries, support,
 28 14 maintenance, and miscellaneous purposes, and for not more than
 28 15 the following full-time equivalent positions:

DETAIL: This is an increase of \$696,149 and 5.00 FTE positions compared to estimated FY 2014. The changes include:

28 16	..... \$	7,086,885
28 17		<u>14,911,230</u>
28 18	..... FTEs	464.00

- An increase of \$483,963 to replace lost federal incentives and other one-time funding.
- An increase of \$212,186 due to increased costs of service.
- A general increase of 5.00 FTE positions to match the FY 2014 appropriation.

28 19 1. The department shall expend up to ~~\$12,165~~ \$24,329,
 28 20 including federal financial participation, for the fiscal year
 28 21 beginning July 1, 2014, for a child support public awareness
 28 22 campaign. The department and the office of the attorney
 28 23 general shall cooperate in continuation of the campaign. The
 28 24 public awareness campaign shall emphasize, through a variety
 28 25 of media activities, the importance of maximum involvement of
 28 26 both parents in the lives of their children as well as the
 28 27 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2015 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.

28 28 2. Federal access and visitation grant moneys shall be
 28 29 issued directly to private not-for-profit agencies that provide
 28 30 services designed to increase compliance with the child access
 28 31 provisions of court orders, including but not limited to
 28 32 neutral visitation sites and mediation services.

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

28 33 3. The appropriation made to the department for child
 28 34 support recovery may be used throughout the fiscal year in the
 28 35 manner necessary for purposes of cash flow management, and for

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.

28 36 cash flow management purposes the department may temporarily
 28 37 draw more than the amount appropriated, provided the amount
 28 38 appropriated is not exceeded at the close of the fiscal year.

28 39 4. With the exception of the funding amount specified, the
 28 40 requirements established under 2001 Iowa Acts, chapter 191,
 28 41 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 28 42 be applicable to parental obligation pilot projects for the
 28 43 fiscal year beginning July 1, 2014, and ending June 30, 2015.
 29 1 Notwithstanding 441 IAC 100.8, providing for termination of
 29 2 rules relating to the pilot projects, the rules shall remain
 29 3 in effect until June 30, 2015.

29 4 Sec. 13. 2013 Iowa Acts, chapter 138, section 140, is
 29 5 amended to read as follows:
 29 6 SEC. 140. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 29 7 FY ~~2013-2014~~ 2014-2015 . Any funds remaining in the health
 29 8 care trust fund created in section 453A.35A for the fiscal
 29 9 year beginning July 1, 2014, and ending June 30, 2015, are
 29 10 appropriated to the department of human services to supplement
 29 11 the medical assistance program appropriations made in this
 29 12 division of this Act, for medical assistance reimbursement and
 29 13 associated costs, including program administration and costs
 29 14 associated with program implementation.

29 15 Sec. 14. 2013 Iowa Acts, chapter 138, section 142,
 29 16 unnumbered paragraph 2, is amended to read as follows:
 29 17 For medical assistance program reimbursement and associated
 29 18 costs as specifically provided in the reimbursement
 29 19 methodologies in effect on June 30, 2014, except as otherwise
 29 20 expressly authorized by law, consistent with options under
 29 21 federal law and regulations, and contingent upon receipt of
 29 22 approval from the office of the governor of reimbursement for
 29 23 each abortion performed under the program:
 29 24 \$1,143,810,311
 29 25 1,250,658,393

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

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 \$221,790,000 available. This is a decrease of \$2,656,400 compared to estimated FY 2014. The decrease is due to the reduction in collection of tobacco taxes.

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$106,449,588 compared to estimated FY 2014. The changes include:

- An increase of \$38,192,881 to replace a funding shortfall in FY 2014.
- An increase of \$35,139,094 to replace federal funds due to a reduction in the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$16,191,074 to replace one-time and expiring revenue sources.
- An increase of \$13,366,589 due to program growth for mental health services, enrollment, and FMAP.
- An increase of \$8,076,590 for the Home and Community-Based Services (HCBS) Waiver and Home Health inflation.
- An increase of \$7,385,771 to replace carryforward funding from FY 2014.
- An increase of \$6,000,000 to reduce the number of individuals on the HCBS waiver waiting list.
- An increase of \$5,369,431 due to managed care growth.
- An increase of \$3,831,362 due to increases in the behavioral health services contract.

- An increase of \$2,696,082 due to fee-for-service enrollment increases.
- An increase of \$2,114,318 due to increases in nursing facility bed days.
- An increase of \$1,872,169 due to increases in Targeted Case Management (TCM).
- An increase of \$1,351,060 due to miscellaneous program growth.
- An increase of \$1,250,000 to provide additional funding toward the FY 2014 nursing facility rebase.
- An increase of \$252,000 due to an increase in eligibility for Miller Trusts.
- An increase of \$238,938 to provide a 10.00% rate increase for EMS providers.
- A decrease of \$200,000 to reflect the Governor's veto of the Chronic Care Consortium.
- A decrease of \$2,085,800 due to a funding adjustment to Medicaid.
- A decrease of \$4,819,338 due to increased recoveries and offsets.
- A decrease of \$8,715,473 to reflect the Governor's veto of the HCBS Waiver waiting list buy down.
- A decrease of \$9,135,935 due to savings related to the implementation of Health Homes.
- A decrease of \$11,921,225 to eliminate a transfer to the IowaCare Program that expired December 31, 2013.

29 26 Sec. 15. 2013 Iowa Acts, chapter 138, section 142,
29 27 subsection 11, paragraph a, unnumbered paragraph 1, is amended
29 28 to read as follows:

29 29 Of the funds appropriated in this section, ~~\$7,969,074~~
29 30 \$8,391,922 is allocated for the state match for a
29 31 disproportionate share hospital payment of \$19,133,430 to
29 32 hospitals that meet both of the conditions specified in
29 33 subparagraphs (1) and (2). In addition, the hospitals that
29 34 meet the conditions specified shall either certify public
29 35 expenditures or transfer to the medical assistance program
29 36 an amount equal to provide the nonfederal share for a
29 37 disproportionate share hospital payment of \$7,500,000. The
29 38 hospitals that meet the conditions specified shall receive and
29 39 retain 100 percent of the total disproportionate share hospital
29 40 payment of \$26,633,430.

Allocates \$8,391,922 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.

29 41 Sec. 16. 2013 Iowa Acts, chapter 138, section 142,
29 42 subsection 18, paragraph a, is amended to read as follows:

29 43 a. The department shall continue to implement the cost
30 1 containment strategies for the medical assistance program in

Prohibits the DHS from implementing the cost containment strategy from [SF 446 \(FY 2014 Health and Human Services Appropriations Act\)](#) that requires Consumer-Directed Attendant Care (CDAC) providers to transition to agency provided personal care services or the Consumer

30 2 the fiscal year beginning July 1, 2014, that were recommended
30 3 by the governor for the fiscal year beginning July 1, 2013, as
30 4 specified in this Act and may adopt emergency rules for such
30 5 implementation. The department shall not implement the cost
30 6 containment strategy that requires transition of the provision
30 7 of personal care under the consumer-directed attendant
30 8 care option to agency-provided personal care services while
30 9 retaining the consumer choice option for those individuals able
30 10 and desiring to self-direct services.

Choice Option (CCO).

30 11 Sec. 17. 2013 Iowa Acts, chapter 138, section 142,
30 12 subsection 18, is amended by adding the following new
30 13 paragraph:
30 14 NEW PARAGRAPH 0e. The department shall report the
30 15 implementation of any cost containment strategies under this
30 16 subsection to the individuals specified in this division of
30 17 this Act for submission of reports on an annual basis.

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

30 18 Sec. 18. 2013 Iowa Acts, chapter 138, section 142, is
30 19 amended by adding the following new subsections:
30 20 NEW SUBSECTION 22. Of the funds appropriated in this
30 21 section, \$6,000,000 shall be used to implement reductions
30 22 in the waiting lists of all medical assistance home and
30 23 community-based services waivers.

Allocates \$6,000,000 to reduce the Medicaid HCBS waiver waiting lists.

DETAIL: As of February 2014, there were 7,590 individuals on the waiting lists, including:

- 2,793 on the Health and Disability Waiver waiting list.
- 914 on the Brain Injury Waiver waiting list.
- 1,644 on the Children's Mental Health Waiver waiting list.
- 2,239 on the Physical Disability Waiver waiting list.

30 24 NEW SUBSECTION 23. The department of human services shall
30 25 collaborate with the Medicaid managed care organization to
30 26 perform an analysis to determine the cost effectiveness of
30 27 including the pharmacy benefit for enrollees of the managed
30 28 care plan within the managed care organization contract.
30 29 The analysis shall determine if the change would result in
30 30 savings to the Medicaid program, and if so, the best means
30 31 of implementing the change. The department shall report the
30 32 results of the analysis to the individuals identified in this
30 33 division of this Act for submission of reports by December 15,
30 34 2014, and shall not implement the inclusion of the pharmacy
30 35 benefit in the managed care organization contract without prior
30 36 approval of the general assembly.

Requires the DHS to perform an analysis of the Medicaid pharmacy benefit in the managed care organization plan for Medicaid members under the MEDIPASS Program and the Iowa Health and Wellness Plan (I-HAWP).

30 37 NEW SUBSECTION 24. If authorized by the centers for
30 38 Medicare and Medicaid services of the United States department
30 39 of health and human services, the department of human services
30 40 shall expand hospital presumptive eligibility as authorized

Requires the DHS to expand presumptive eligibility for Medicaid and Iowa Health and Wellness Program (I-HAWP) to Federally Qualified Health Centers or other entities upon request and if approved by CMS.

30 41 under 42 C.F.R §435.1110, to include other provider types as
 30 42 qualified entities, including but not limited to federally
 30 43 qualified health centers, upon a center's or other entity's
 31 1 request.

31 2 Sec. 19. 2013 Iowa Acts, chapter 138, section 143, is
 31 3 amended to read as follows:
 31 4 SEC. 143. MEDICAL CONTRACTS. There is appropriated from the
 31 5 general fund of the state to the department of human services
 31 6 for the fiscal year beginning July 1, ~~2013~~ 2014, and ending
 31 7 June 30, ~~2014~~ 2015, the following amount, or so much thereof as
 31 8 is necessary, to be used for the purpose designated:
 31 9 For medical contracts:
 31 10\$ 6,145,785
 31 11 17,148,576

General Fund appropriation to Medical Contracts.

DETAIL: This is an increase of \$4,828,528 compared to estimated FY 2014. The changes include:

- An increase of \$1,597,515 due to increased administrative costs for the Iowa Health and Wellness Program (I-HAWP).
- An increase of \$1,223,367 due to increased contract, operations, and information technology (IT) costs.
- An increase of \$1,182,436 to replace one-time funding from the Pharmaceutical Settlement Account.
- An increase of \$1,000,000 for the Autism Treatment Program.
- A decrease of \$75,000 due to the elimination of the allocation for Uniform Cost Reports.
- A decrease of \$99,790 due to the elimination of the allocation for Electronic Medical Records.

31 12 1. The department of inspections and appeals shall
 31 13 provide all state matching funds for survey and certification
 31 14 activities performed by the department of inspections
 31 15 and appeals. The department of human services is solely
 31 16 responsible for distributing the federal matching funds for
 31 17 such activities.

Requires the Department of Inspections and Appeals (DIA) to provide the State matching funds for survey and certification activities.

31 18 2. Of the funds appropriated in this section, ~~\$25,000~~
 31 19 \$50,000 shall be used for continuation of home and
 31 20 community-based services waiver quality assurance programs,
 31 21 including the review and streamlining of processes and policies
 31 22 related to oversight and quality management to meet state and
 31 23 federal requirements.

Allocates \$50,000 to be used for an HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the FY 2014 allocation.

31 24 3. Of the amount appropriated in this section, up to
 31 25 ~~\$100,000~~ \$200,000 may be transferred to the appropriation
 31 26 for general administration in this division of this Act to
 31 27 be used for additional full-time equivalent positions in the
 31 28 development of key health initiatives such as cost containment,
 31 29 development and oversight of managed care programs, and
 31 30 development of health strategies targeted toward improved
 31 31 quality and reduced costs in the Medicaid program.

Allows up to \$200,000 to be transferred to the DHS General Administration to hire additional FTE positions to implement cost containment or managed care oversight initiatives.

DETAIL: This is no change compared to the FY 2014 allocation.

31 32 4. Of the funds appropriated in this section, ~~\$500,000~~
 31 33 \$1,000,000 shall be used for planning and development,
 31 34 in cooperation with the department of public health, of a

Allocates \$1,000,000 for the I-Smile Program.

DETAIL: This is no change compared to the FY 2014 allocation.

31 35 phased-in program to provide a dental home for children.

31 36 ~~5. Of the funds appropriated in this section, \$37,500 shall~~
 31 37 ~~be used for continued implementation of a uniform cost report.~~

Eliminates the allocation for creating a Uniform Cost Report.

DETAIL: This project has concluded.

31 38 6. Of the funds appropriated in this section, ~~\$1,000,000~~
 31 39 ~~\$3,000,000~~ shall be used for the autism support program created
 31 40 in chapter 225D, ~~as enacted in this Act.~~

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

DETAIL: This is an increase of \$1,000,000 compared to the estimated FY 2014 appropriation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

31 41 ~~7. Of the funds appropriated in this section, \$49,895 shall~~
 31 42 ~~be used for continued implementation of an electronic medical~~
 31 43 ~~records system.~~

Eliminates the allocation for implementing an Electronic Medical Records System.

DETAIL: This project has concluded.

32 1 8. The department shall submit a progress report to
 32 2 the individuals identified in this division of this Act
 32 3 for submission of reports by December 15, 2014, regarding
 32 4 implementation of a uniform cost report.

Requires the DHS to submit a progress report on the implementation of a uniform cost report.

32 5 Sec. 20. 2013 Iowa Acts, chapter 138, section 144, is
 32 6 amended to read as follows:

32 7 SEC. 144. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for State Supplementary Assistance.

32 8 1. There is appropriated from the general fund of the
 32 9 state to the department of human services for the fiscal year
 32 10 beginning July 1, 2014, and ending June 30, 2015, the following
 32 11 amount, or so much thereof as is necessary, to be used for the
 32 12 purpose designated:

DETAIL: This is a decrease of \$2,395,704 compared to estimated FY 2014 due to lower caseloads.

32 13 For the state supplementary assistance program:
 32 14 \$ 8,256,087
 32 15 14,121,154

32 16 2. The department shall increase the personal needs
 32 17 allowance for residents of residential care facilities by the
 32 18 same percentage and at the same time as federal supplemental
 32 19 security income and federal social security benefits are
 32 20 increased due to a recognized increase in the cost of living.
 32 21 The department may adopt emergency rules to implement this
 32 22 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.

32 23 3. If during the fiscal year beginning July 1, 2014,
 32 24 the department projects that state supplementary assistance

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

32 25 expenditures for a calendar year will not meet the federal
 32 26 pass-through requirement specified in Tit.XVI of the federal
 32 27 Social Security Act, section 1618, as codified in 42 U.S.C.
 32 28 §1382g, the department may take actions including but not
 32 29 limited to increasing the personal needs allowance for
 32 30 residential care facility residents and making programmatic
 32 31 adjustments or upward adjustments of the residential care
 32 32 facility or in-home health-related care reimbursement rates
 32 33 prescribed in this division of this Act to ensure that federal
 32 34 requirements are met. In addition, the department may make
 32 35 other programmatic and rate adjustments necessary to remain
 32 36 within the amount appropriated in this section while ensuring
 32 37 compliance with federal requirements. The department may adopt
 32 38 emergency rules to implement the provisions of this subsection.

rules for implementation.

32 39 Sec. 21. 2013 Iowa Acts, chapter 138, section 145, is
 32 40 amended to read as follows:

32 41 SEC. 145. CHILDREN'S HEALTH INSURANCE PROGRAM.

32 42 1. There is appropriated from the general fund of the
 32 43 state to the department of human services for the fiscal year
 33 1 beginning July 1, 2014, and ending June 30, 2015, the following
 33 2 amount, or so much thereof as is necessary, to be used for the
 33 3 purpose designated:

33 4 For maintenance of the healthy and well kids in Iowa (hawk-i)
 33 5 program pursuant to chapter 514I, including supplemental dental
 33 6 services, for receipt of federal financial participation under
 33 7 Tit.XXI of the federal Social Security Act, which creates the
 33 8 children's health insurance program:

33 9	.....	\$	18,403,051
33 10			<u>45,877,998</u>

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

DETAIL: This is an increase of \$9,060,737 compared to estimated FY 2014. The changes include:

- An increase of \$3,080,838 to replace revenues from the hawk-i Trust Fund.
- An increase of \$3,063,803 due to growth in caseloads.
- An increase of \$1,482,307 due to increases in premiums.
- An increase of \$1,433,789 due to a reduction in the FMAP rate.

33 11 2. Of the funds appropriated in this section, ~~\$70,725~~
 33 12 ~~\$153,500~~ is allocated for continuation of the contract for
 33 13 outreach with the department of public health.

Allocates \$153,500 for the continuation of an outreach contract with the DPH.

DETAIL: This is an increase of \$12,050 compared to the estimated FY 2014 allocation. The increase is due to the lower FMAP rate. The total amount of State and federal dollars allocated to this contract will remain unchanged.

33 14 Sec. 22. 2013 Iowa Acts, chapter 138, section 146, is
 33 15 amended to read as follows:

33 16 SEC. 146. CHILD CARE ASSISTANCE. There is appropriated
 33 17 from the general fund of the state to the department of human
 33 18 services for the fiscal year beginning July 1, 2014, and ending
 33 19 June 30, 2015, the following amount, or so much thereof as is
 33 20 necessary, to be used for the purpose designated:

General Fund appropriation for the DHS for Child Care Assistance.

DETAIL: This is a net decrease of \$15,603,483 compared to estimated FY 2014. The changes include:

<p>33 21 For child care programs:</p> <p>33 22 \$ 31,354,897</p> <p>33 23 47,132,080</p> <p>33 24 1. Of the funds appropriated in this section, \$27,377,595</p> <p>33 25 <u>\$39,412,653</u> shall be used for state child care assistance in</p> <p>33 26 accordance with section 237A.13.</p>	<ul style="list-style-type: none"> • An increase of \$3,000,000 due to a one-time replacement of funds from TANF. • An increase of \$1,818,140 due to a one-time replacement of federal carryforward funds. • An increase of \$1,509,252 for a change in eligibility requirements. • An increase of \$472,547 to replace a reduction to the federal CCDF grant. • An increase of \$318,572 to replace one-time funding for Child Care Facility Fund records checks. • A decrease of \$2,238,779 due to lower estimated child care expenditures. • A decrease of \$100,000 due to one time database expenditures in FY 2014. • A decrease of \$12,214,423 due to increased TANF funding for FY 2015. • A decrease of \$2,866,414 due to a reduction allowed through available federal surplus funds in FY 2014. • A decrease of \$5,302,378 due to the carryforward of projected FY 2014 surplus funds.
<p>33 27 2. Nothing in this section shall be construed or is</p> <p>33 28 intended as or shall imply a grant of entitlement for services</p> <p>33 29 to persons who are eligible for assistance due to an income</p> <p>33 30 level consistent with the waiting list requirements of section</p> <p>33 31 237A.13. Any state obligation to provide services pursuant to</p> <p>33 32 this section is limited to the extent of the funds appropriated</p> <p>33 33 in this section.</p>	<p>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.</p>
<p>33 34 3. Of the funds appropriated in this section, \$216,227</p> <p>33 35 <u>\$432,453</u> is allocated for the statewide <u>grant</u> program for child</p> <p>33 36 care resource and referral services under section 237A.26.</p> <p>33 37 A list of the registered and licensed child care facilities</p> <p>33 38 operating in the area served by a child care resource and</p> <p>33 39 referral service shall be made available to the families</p> <p>33 40 receiving state child care assistance in that area.</p>	<p>Allocates \$432,453 for the Statewide Child Care Resource and Referral Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. 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.</p>
<p>33 41 4. Of the funds appropriated in this section, \$468,487</p> <p>33 42 <u>\$936,974</u> is allocated for child care quality improvement</p> <p>33 43 initiatives including but not limited to the voluntary quality</p> <p>34 1 rating system in accordance with section 237A.30.</p> <p>34 2 —5. Of the funds appropriated in this section, \$67,589 shall</p> <p>34 3 be used to conduct fingerprint-based national criminal history</p> <p>34 4 record checks of home-based child care providers pursuant</p> <p>34 5 to section 237A.5, subsection 2, through the United States</p> <p>34 6 department of justice, federal bureau of investigation.</p>	<p>Allocates \$936,974 for the Quality Rating System (QRS).</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>

34 7 ~~—6. Of the amount appropriated in this section, up to~~
 34 8 ~~\$12,500 shall be used to continue to implement a searchable~~
 34 9 ~~internet based application as part of the consumer information~~
 34 10 ~~made available under section 237A.25. The application shall~~
 34 11 ~~provide a listing of the child care providers in this state~~
 34 12 ~~that have received a rating under the voluntary quality rating~~
 34 13 ~~system implemented pursuant to section 237A.30 and information~~
 34 14 ~~on whether a provider specializes in child care for infants,~~
 34 15 ~~school-age children, children with special needs, or other~~
 34 16 ~~populations or provides any other specialized services to~~
 34 17 ~~support family needs.~~

34 18 7. Of the funds appropriated in this section, ~~\$3,175,000~~
 34 19 \$6,350,000 shall be credited to the early childhood programs
 34 20 grants account in the early childhood Iowa fund created
 34 21 in section 256I.11. The moneys shall be distributed for
 34 22 funding of community-based early childhood programs targeted
 34 23 to children from birth through five years of age developed
 34 24 by early childhood Iowa areas in accordance with approved
 34 25 community plans as provided in section 256I.8.

34 26 8. The department may use any of the funds appropriated
 34 27 in this section as a match to obtain federal funds for use in
 34 28 expanding child care assistance and related programs. For
 34 29 the purpose of expenditures of state and federal child care
 34 30 funding, funds shall be considered obligated at the time
 34 31 expenditures are projected or are allocated to the department's
 34 32 service areas. Projections shall be based on current and
 34 33 projected caseload growth, current and projected provider
 34 34 rates, staffing requirements for eligibility determination
 34 35 and management of program requirements including data systems
 34 36 management, staffing requirements for administration of the
 34 37 program, contractual and grant obligations and any transfers
 34 38 to other state agencies, and obligations for decategorization
 34 39 or innovation projects.

34 40 9. A portion of the state match for the federal child care
 34 41 and development block grant shall be provided as necessary to
 34 42 meet federal matching funds requirements through the state
 34 43 general fund appropriation made for child development grants
 35 1 and other programs for at-risk children in section 279.51.

35 2 10. If a uniform reduction ordered by the governor under
 35 3 section 8.31 or other operation of law, transfer, or federal
 35 4 funding reduction reduces the appropriation made in this
 35 5 section for the fiscal year, the percentage reduction in the
 35 6 amount paid out to or on behalf of the families participating
 35 7 in the state child care assistance program shall be equal to or

Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This transfer was also in effect 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 2014.

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.

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

35 8 less than the percentage reduction made for any other purpose
 35 9 payable from the appropriation made in this section and the
 35 10 federal funding relating to it. The percentage reduction to
 35 11 the other allocations made in this section shall be the same as
 35 12 the uniform reduction ordered by the governor or the percentage
 35 13 change of the federal funding reduction, as applicable.
 35 14 If there is an unanticipated increase in federal funding
 35 15 provided for state child care assistance, the entire amount
 35 16 of the increase shall be used for state child care assistance
 35 17 payments. If the appropriations made for purposes of the
 35 18 state child care assistance program for the fiscal year are
 35 19 determined to be insufficient, it is the intent of the general
 35 20 assembly to appropriate sufficient funding for the fiscal year
 35 21 in order to avoid establishment of waiting list requirements.

Assembly to provide sufficient funding for the Program in FY 2015 to avoid the establishment of a waiting list.

35 22 11. Notwithstanding section 8.33, moneys advanced for
 35 23 purposes of the programs developed by early childhood Iowa
 35 24 areas, advanced for purposes of wraparound child care, or
 35 25 received from the federal appropriations made for the purposes
 35 26 of this section that remain unencumbered or unobligated at the
 35 27 close of the fiscal year shall not revert to any fund but shall
 35 28 remain available for expenditure for the purposes designated
 35 29 until the close of the succeeding fiscal year.

Permits nonreversion of FY 2015 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.

35 30 12. Of the funds appropriated in this section, \$100,000 is
 35 31 transferred to the department of public health to be used for a
 35 32 program to assist parents in this state with costs resulting
 35 33 from the death of a child in accordance with this subsection.
 35 34 If it is less costly than administering the program directly,
 35 35 the department shall issue a request for proposals and issue a
 35 36 grant to an appropriate organization to administer the program.
 35 37 a. The program funding shall be used to assist parents who
 35 38 reside in this state with costs incurred for a funeral, burial
 35 39 or cremation, cemetery costs, or grave marker costs associated
 35 40 with the unintended death of a child of the parent or a child
 35 41 under the care of a guardian or custodian. The department
 35 42 shall consider the following eligibility factors in developing
 35 43 program requirements:
 36 1 (1) The child was a stillborn infant or was less than age
 36 2 eighteen at the time of death.
 36 3 (2) The request for assistance was approved by the local
 36 4 board or department of health or the county general assistance
 36 5 director and may have been referred by a local funeral home.
 36 6 (3) To be eligible, the parent, guardian, or custodian must
 36 7 have an annual household income that is less than 145 percent
 36 8 of the federal poverty level based on the number of people
 36 9 in the applicant's household as defined by the most recently
 36 10 revised poverty income guidelines published by the United

Allocates \$100,000 to be transferred to the DPH for a program to assist low-income parents of deceased children with grants up to \$2,000 for burial expenses.

36 11 States department of health and human services.
 36 12 (4) The maximum amount of grant assistance provided to a
 36 13 parent, guardian, or custodian associated with the death of
 36 14 a child is \$2,000. If the death is a multiple death and the
 36 15 infants or children are being cremated, or buried together, the
 36 16 same limitation applies.
 36 17 (5) To the extent the overall amount of assistance received
 36 18 by a recipient for the costs addressed under this subsection
 36 19 does not exceed the overall total of the costs, the recipient
 36 20 may receive other public or private assistance in addition to
 36 21 grant assistance under this section.
 36 22 b. Notwithstanding section 8.33, moneys transferred by this
 36 23 subsection that remain unencumbered or unobligated at the close
 36 24 of the fiscal year shall not revert but shall remain available
 36 25 for expenditure for the purposes designated until expended.

36 26 Sec. 23. 2013 Iowa Acts, chapter 138, section 147, is
 36 27 amended to read as follows:

36 28 SEC. 147. JUVENILE INSTITUTIONS. There is appropriated
 36 29 from the general fund of the state to the department of human
 36 30 services for the fiscal year beginning July 1, 2014, and ending
 36 31 June 30, 2015, the following amounts, or so much thereof as is
 36 32 necessary, to be used for the purposes designated:

36 33 1. For operation of ~~the costs of security, building and~~
 36 34 ~~grounds maintenance, utilities, salary, and support for the~~
 36 35 ~~facilities located at~~ the Iowa juvenile home at Toledo and for
 36 36 salaries, support, maintenance, and miscellaneous purposes, and
 36 37 for not more than the following full-time equivalent positions:
 36 38 \$ 4,429,678
 36 39 507,766
 36 40 FTEs 444.00
 36 41 2.00

36 42 The full-time equivalent positions authorized by this
 36 43 subsection, as amended by this 2014 Act, are intended to be
 37 1 filled by the maintenance staff persons performing such duties
 37 2 at the time the Iowa juvenile home was closed in January 2014.

37 3 2. For operation of the state training school at Eldora and
 37 4 for salaries, support, maintenance, and miscellaneous purposes,
 37 5 and for not more than the following full-time equivalent
 37 6 positions:
 37 7 \$ 5,628,485
 37 8 12,358,285
 37 9 FTEs 164.30

General Fund appropriation to the DHS for Juvenile Institutions.

General Fund appropriation to the Iowa Juvenile Home at Toledo.

DETAIL: This is a decrease of \$8,359,355 and 112.00 FTE positions compared to estimated FY 2014. The General Fund changes include:

- A decrease of \$8,859,355 and 112.00 FTE positions to close the facility. Click [here](#) for more information about the Facility's closure.
- An increase of \$500,000 to maintain the facility grounds, security, maintenance, and utilities.

Requires the positions authorized in this subsection to be filled by the staff occupying the positions when the Home was closed in January 2014.

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$1,090,083 and no change in FTE positions compared to estimated FY 2014. The General Fund changes include:

- An increase of \$168,140 to meet new federal sexual harassment

- and abuse prevention standards.
- An increase of \$63,756 due to cost increases for pharmacy, food, transportation, utilities, and workers' compensation.
- An increase of \$858,187 for aftercare and PALS.

37 10 Of the funds appropriated in this subsection, ~~\$45,575~~
 37 11 \$91,150 shall be used for distribution to licensed classroom
 37 12 teachers at this and other institutions under the control of
 37 13 the department of human services based upon the average student
 37 14 yearly enrollment at each institution as determined by the
 37 15 department.

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

DETAIL: This is no change compared to the FY 2014 allocation.

37 16 Of the funds appropriated in this subsection, \$858,187
 37 17 shall be used for follow-up services identified by a juvenile
 37 18 court officer in conjunction with the state training school to
 37 19 support children who were placed at a state training school
 37 20 and remain under the jurisdiction of the state court and
 37 21 for expansion of the preparation for adult living program
 37 22 in accordance with section 234.46 as amended by this 2014
 37 23 Act. The department shall contract for administration of the
 37 24 expansion. Of the amount allocated in this paragraph, \$90,000
 37 25 shall be used for the costs of implementing the youth council
 37 26 approach, known as achieving maximum potential, to provide
 37 27 a support network to males placed at the training school at
 37 28 Eldora.

Allocates \$858,187 for follow-up support services for current male and former female youth placed at a State training school that remain under the jurisdiction of the State court and for expansion of the preparation for adult living program (PALs). In addition, \$90,000 is to be used for implementing an Achieving Maximum Potential (AMP) facilitator for the state training school at Eldora.

DETAILS: This is a new allocation for FY 2015.

37 29 3. A portion of the moneys appropriated in this section
 37 30 shall be used by the state training school and by the Iowa
 37 31 juvenile home for grants for adolescent pregnancy prevention
 37 32 activities at the institutions in the fiscal year beginning
 37 33 July 1, 2014.

Requires a portion of the funds appropriated for Eldora State Training School to be used for pregnancy prevention activities in FY 2015.

DETAIL: This provision was also in effect for FY 2014.

37 34 Sec. 24. 2013 Iowa Acts, chapter 138, is amended by adding
 37 35 the following new section:
 37 36 NEW SECTION SEC. 147A. CHILDREN ADJUDICATED AS DELINQUENT
 37 37 OR CHILD IN NEED OF ASSISTANCE — IOWA JUVENILE HOME. There
 37 38 is appropriated from the general fund of the state to the
 37 39 department of human services for the fiscal year beginning July
 37 40 1, 2014, and ending June 30, 2015, the following amount, or
 37 41 so much thereof as is necessary, to be used for the purposes
 37 42 designated:
 37 43 For the placement costs of female children adjudicated as
 38 1 delinquent and male and female children adjudicated as a child
 38 2 in need of assistance:
 38 3 \$ 2,000,000
 38 4 1. The funds appropriated in this section shall be used
 38 5 for the placement costs of female children adjudicated as

General Fund appropriation of \$2,000,000 for children adjudicated as delinquent or Children in Need of Assistance (CINA).

DETAIL: This is a new appropriation for FY 2015. The funding is for placements of female children adjudicated as delinquent and male and female CINA children.

38 6 delinquent and male and female children adjudicated as a child
38 7 in need of assistance, who are deemed by the department to be
38 8 eligible for use of the funds.

38 9 2. By January 1, 2015, the department shall provide a
38 10 report to the governor and the legislative services agency that
38 11 includes a description of the status of juvenile delinquent
38 12 girls and boys and girls and boys adjudicated as a child
38 13 in need of assistance who are hard-to-place in out-of-home
38 14 placements during the period beginning December 1, 2013, and
38 15 ending December 1, 2014; identifies their placement histories;
38 16 provides the reason for placement; provides a status report
38 17 on educational services and treatment of youth at department
38 18 facilities; the efforts made by and with private providers to
38 19 ensure the providers can provide adequate services to children
38 20 adjudicated delinquent or as a child in need of assistance
38 21 who are hard-to-place; and makes appropriate recommendations
38 22 for legislation deemed necessary. The department shall
38 23 engage with representatives designated by the chief juvenile
38 24 court officers, by the division of criminal and juvenile
38 25 justice planning of the department of human rights, and by
38 26 the coalition for family and children's services in Iowa to
38 27 develop and implement a tracking information system concerning
38 28 the children adjudicated as delinquent or as a child in need
38 29 of assistance under chapter 232. The purpose of the system is
38 30 to identify the outcomes experienced by the children during
38 31 and immediately following placement in an out-of-home setting
38 32 and during the two-year period following a child's last such
38 33 placement. The information shall include but is not limited
38 34 to demographic information, the types of criminal activity
38 35 and behavioral health characteristics that contributed to or
38 36 resulted in the adjudication, the other interventions provided
38 37 to the children and their families before, during, and after
38 38 placement, the status of the children following placement, and
38 39 identification of any patterns identified from the data. The
38 40 department shall report the data to the general assembly and
38 41 the governor on or before December 15, 2014, and annually on
38 42 December 15 thereafter, and at other times upon request.

Requires the DHS to submit a report to the Governor and the LSA by January 1, 2015, concerning the status of juvenile delinquent girls in out-of-home placements between the dates of December 1, 2013, and December 1, 2014. The report must include placement histories, reasons for placements, education services status, treatment of youth, and recommendations for legislation.

38 43 3. Notwithstanding section 8.39, without the prior written
39 1 consent and approval of the governor and the director of the
39 2 department of management, the director of human services may
39 3 transfer funds between the appropriation made in this section
39 4 and other departmental appropriations as necessary to best
39 5 fulfill the needs provided for in this appropriation. However,
39 6 the department shall report to the legislative services agency
39 7 prior to making such a transfer and the report shall include
39 8 information regarding the rationale for transferring the

Permits the Director of the DHS to transfer funds between appropriations in this section and other DHS appropriations as necessary. The DHS is to report to the LSA prior to making such transfers.

39 9 moneys.

39 10 Sec. 25. 2013 Iowa Acts, chapter 138, section 148, is
39 11 amended to read as follows:

39 12 SEC. 148. CHILD AND FAMILY SERVICES.

39 13 1. There is appropriated from the general fund of the
39 14 state to the department of human services for the fiscal year
39 15 beginning July 1, 2014, and ending June 30, 2015, the following
39 16 amount, or so much thereof as is necessary, to be used for the
39 17 purpose designated:

39 18 For child and family services:

39 19	.....	\$ 45,641,960
39 20	.....	<u>94,857,554</u>

General Fund appropriation for Child and Family Services.

DETAIL: This is an increase of \$3,528,127 compared to the FY 2014 appropriation. General Fund changes include:

- An increase of \$3,376,118 for group foster care equalization rebasing.
- An increase of \$433,084 due to the reduction in Iowa's federal medical assistance percentage (FMAP) rate.
- An increase of \$110,000 to the Tanager Place Mental Health Clinic.
- A decrease of \$25,000 to the System of Care Program in Cerro Gordo and Linn Counties.
- A decrease of \$116,075 to the System of Care Program in Polk County.
- A decrease of \$250,000 to the Circle of Care grant in Northeast Iowa.

39 21 2. Up to ~~\$2,600,000~~ \$5,200,000 of the amount of federal
39 22 temporary assistance for needy families block grant funding
39 23 appropriated in this division of this Act for child and family
39 24 services shall be made available for purposes of juvenile
39 25 delinquent graduated sanction services.

Allocates up to \$5,200,000 of federal TANF funds for delinquency programs.

DETAIL: This is no change compared to the FY 2014 allocation.

39 26 3. The department may transfer funds appropriated in this
39 27 section as necessary to pay the nonfederal costs of services
39 28 reimbursed under the medical assistance program, state child
39 29 care assistance program, or the family investment program which
39 30 are provided to children who would otherwise receive services
39 31 paid under the appropriation in this section. The department
39 32 may transfer funds appropriated in this section to the
39 33 appropriations made in this division of this Act for general
39 34 administration and for field operations for resources necessary
39 35 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.

39 36 4. a. Of the funds appropriated in this section, up
39 37 to ~~\$16,121,163~~ \$35,745,187 is allocated as the statewide
39 38 expenditure target under section 232.143 for group foster care
39 39 maintenance and services. If the department projects that such
39 40 expenditures for the fiscal year will be less than the target
39 41 amount allocated in this lettered paragraph, the department may
39 42 reallocate the excess to provide additional funding for shelter
39 43 care or the child welfare emergency services addressed with the

Allocates up to \$35,745,187 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This an increase of \$3,376,118 compared to the FY 2014 allocation. The increase is meant to bring group foster care providers to a percent of the equalization rate based on the Foster Group Care Rate Methodology Workgroup recommendations from December 2012 that will allow for some form of an increase or maintenance of the

40 1 allocation for shelter care.	current fees for every provider in each respective service category.
40 2 b. If at any time after September 30, 2014, annualization 40 3 of a service area's current expenditures indicates a service 40 4 area is at risk of exceeding its group foster care expenditure 40 5 target under section 232.143 by more than 5 percent, the 40 6 department and juvenile court services shall examine all 40 7 group foster care placements in that service area in order to 40 8 identify those which might be appropriate for termination. 40 9 In addition, any aftercare services believed to be needed 40 10 for the children whose placements may be terminated shall be 40 11 identified. The department and juvenile court services shall 40 12 initiate action to set dispositional review hearings for the 40 13 placements identified. In such a dispositional review hearing, 40 14 the juvenile court shall determine whether needed aftercare 40 15 services are available and whether termination of the placement 40 16 is in the best interest of the child and the community.	Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.
40 17 5. In accordance with the provisions of section 232.188, 40 18 the department shall continue the child welfare and juvenile 40 19 justice funding initiative during fiscal year 2014-2015. Of 40 20 the funds appropriated in this section, \$858,877 <u>\$1,717,753</u> 40 21 is allocated specifically for expenditure for fiscal year 40 22 2014-2015 through the decategorization service <u>services</u> funding 40 23 pools and governance boards established pursuant to section 40 24 232.188.	Allocates \$1,717,753 for decategorization services. DETAIL: This is no change compared to the FY 2014 allocation.
40 25 6. A portion of the funds appropriated in this section 40 26 may be used for emergency family assistance to provide other 40 27 resources required for a family participating in a family 40 28 preservation or reunification project or successor project to 40 29 stay together or to be reunified.	Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.
40 30 7. Notwithstanding section 234.35 or any other provision 40 31 of law to the contrary, state funding for shelter care and 40 32 the child welfare emergency services contracting implemented 40 33 to provide for or prevent the need for shelter care shall be 40 34 limited to \$3,808,024 <u>\$7,717,822</u> .	Limits State funding for shelter care to \$7,717,822. DETAIL: This is no change compared to the FY 2014 allocation.
40 35 8. Federal funds received by the state during the fiscal 40 36 year beginning July 1, 2014, as the result of the expenditure 40 37 of state funds appropriated during a previous state fiscal 40 38 year for a service or activity funded under this section are 40 39 appropriated to the department to be used as additional funding 40 40 for services and purposes provided for under this section. 40 41 Notwithstanding section 8.33, moneys received in accordance 40 42 with this subsection that remain unencumbered or unobligated at 40 43 the close of the fiscal year shall not revert to any fund but	Requires federal funds received in FY 2015 for the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2016.

41 1 shall remain available for the purposes designated until the
41 2 close of the succeeding fiscal year.

41 3 9. a. Of the funds appropriated in this section, up to
41 4 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the
41 5 expenses of court-ordered services provided to juveniles who
41 6 are under the supervision of juvenile court services, which
41 7 expenses are a charge upon the state pursuant to section
41 8 232.141, subsection 4. Of the amount allocated in this
41 9 lettered paragraph, up to ~~\$778,144~~ \$1,556,287 shall be made
41 10 available to provide school-based supervision of children
41 11 adjudicated under chapter 232, of which not more than ~~\$7,500~~
41 12 \$15,000 may be used for the purpose of training. A portion of
41 13 the cost of each school-based liaison officer shall be paid by
41 14 the school district or other funding source as approved by the
41 15 chief juvenile court officer.

41 16 b. Of the funds appropriated in this section, up to ~~\$374,493~~
41 17 \$748,985 is allocated for the payment of the expenses of
41 18 court-ordered services provided to children who are under the
41 19 supervision of the department, which expenses are a charge upon
41 20 the state pursuant to section 232.141, subsection 4.

41 21 c. Notwithstanding section 232.141 or any other provision
41 22 of law to the contrary, the amounts allocated in this
41 23 subsection shall be distributed to the judicial districts
41 24 as determined by the state court administrator and to the
41 25 department's service areas as determined by the administrator
41 26 of the department's division of child and family services. The
41 27 state court administrator and the division administrator shall
41 28 make the determination of the distribution amounts on or before
41 29 June 15, 2014.

41 30 d. Notwithstanding chapter 232 or any other provision of
41 31 law to the contrary, a district or juvenile court shall not
41 32 order any service which is a charge upon the state pursuant
41 33 to section 232.141 if there are insufficient court-ordered
41 34 services funds available in the district court or departmental
41 35 service area distribution amounts to pay for the service. The
41 36 chief juvenile court officer and the departmental service area
41 37 manager shall encourage use of the funds allocated in this
41 38 subsection such that there are sufficient funds to pay for
41 39 all court-related services during the entire year. The chief
41 40 juvenile court officers and departmental service area managers
41 41 shall attempt to anticipate potential surpluses and shortfalls
41 42 in the distribution amounts and shall cooperatively request the
41 43 state court administrator or division administrator to transfer
42 1 funds between the judicial districts' or departmental service
42 2 areas' distribution amounts as prudent.

Provides the following allocations related to court-ordered services for 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 2014 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.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to FY 2014.

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, 2014.

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.

<p>42 3 e. Notwithstanding any provision of law to the contrary, 42 4 a district or juvenile court shall not order a county to pay 42 5 for any service provided to a juvenile pursuant to an order 42 6 entered under chapter 232 which is a charge upon the state 42 7 under section 232.141, subsection 4.</p>	<p>Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the State.</p>
<p>42 8 f. Of the funds allocated in this subsection, not more 42 9 than \$41,500 <u>\$83,000</u> may be used by the judicial branch for 42 10 administration of the requirements under this subsection.</p>	<p>Prohibits expenditure of more than \$83,000 by the Judicial Branch for administration related to court-ordered services.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>42 11 g. Of the funds allocated in this subsection, \$8,500 <u>\$17,000</u> 42 12 shall be used by the department of human services to support 42 13 the interstate commission for juveniles in accordance with 42 14 the interstate compact for juveniles as provided in section 42 15 232.173.</p>	<p>Allocates \$17,000 for the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>42 16 10. Of the funds appropriated in this section, \$4,026,613 42 17 <u>\$8,053,226</u> is allocated for juvenile delinquent graduated 42 18 sanctions services. Any state funds saved as a result of 42 19 efforts by juvenile court services to earn federal Tit.IV-E 42 20 match for juvenile court services administration may be used 42 21 for the juvenile delinquent graduated sanctions services.</p>	<p>Allocates \$8,053,226 for juvenile delinquent graduated sanctions services.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may to be used for graduated sanctions services.</p>
<p>42 22 11. Of the funds appropriated in this section, \$804,143 42 23 <u>\$1,608,285</u> is transferred to the department of public health 42 24 to be used for the child protection center grant program in 42 25 accordance with section 135.118. The grant amounts under the 42 26 program shall be equalized so that each center receives a 42 27 uniform amount of at least \$122,500 <u>\$245,000</u>.</p>	<p>Requires \$1,608,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>42 28 12. If the department receives federal approval to 42 29 implement a waiver under Tit.IV-E of the federal Social 42 30 Security Act to enable providers to serve children who remain 42 31 in the children's families and communities, for purposes of 42 32 eligibility under the medical assistance program through 25 42 33 years of age, children who participate in the waiver shall be 42 34 considered to be placed in foster care.</p>	<p>Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.</p>
<p>42 35 13. Of the funds appropriated in this section, \$1,628,490 42 36 <u>\$3,256,980</u> is allocated for the preparation for adult living 42 37 program pursuant to section 234.46.</p>	<p>Allocates \$3,256,980 for the Preparation for Adult Living (PALs) Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>42 38 14. Of the funds appropriated in this section, \$260,075</p>	<p>Allocates a total of \$520,150 for Judicial Branch staffing costs relating</p>

42 39 ~~\$520,150~~ shall be used for juvenile drug courts. The amount
 42 40 allocated in this subsection shall be distributed as follows:
 42 41 To the judicial branch for salaries to assist with the
 42 42 operation of juvenile drug court programs operated in the
 42 43 following jurisdictions:
 43 1 a. Marshall county:
 43 2\$ 31,354
 43 3 62,708
 43 4 b. Woodbury county:
 43 5\$ 62,844
 43 6 125,682
 43 7 c. Polk county:
 43 8\$ 97,946
 43 9 195,892
 43 10 d. The third judicial district:
 43 11\$ 33,967
 43 12 67,934
 43 13 e. The eighth judicial district:
 43 14\$ 33,967
 43 15 67,934

to juvenile drug courts and specifies the distribution of the funds.

DETAIL: This is no change compared to the FY 2014 allocation.

43 16 15. Of the funds appropriated in this section, ~~\$113,669~~
 43 17 ~~\$227,337~~ shall be used for the public purpose of continuing
 43 18 a grant to a nonprofit human services organization providing
 43 19 services to individuals and families in multiple locations in
 43 20 southwest Iowa and Nebraska for support of a project providing
 43 21 immediate, sensitive support and forensic interviews, medical
 43 22 exams, needs assessments, and referrals for victims of child
 43 23 abuse and their 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 2014 allocation.

43 24 16. Of the funds appropriated in this section, ~~\$100,295~~
 43 25 ~~\$210,620~~ is allocated for the foster care youth council
 43 26 approach of providing a support network to children placed in
 43 27 foster care.

Allocates \$210,620 to provide support for foster care youth councils.

DETAIL: This is an increase of \$9,670 compared to the FY 2014 allocation.

43 28 17. Of the funds appropriated in this section, ~~\$101,000~~
 43 29 ~~\$202,000~~ is allocated for use pursuant to section 235A.1 for
 43 30 continuation of the initiative to address child sexual abuse
 43 31 implemented pursuant to 2007 Iowa Acts, chapter 218, section
 43 32 18, subsection 21.

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

DETAIL: This is no change compared to the FY 2014 allocation.

43 33 18. Of the funds appropriated in this section, ~~\$315,120~~
 43 34 ~~\$630,240~~ is allocated for the community partnership for child
 43 35 protection sites.

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

DETAIL: This is no change compared to the FY 2014 allocation.

43 36 19. Of the funds appropriated in this section, ~~\$185,625~~

Allocates \$371,250 for minority youth and family projects included in

<p>43 37 \$371,250 is allocated for the department's minority youth and 43 38 family projects under the redesign of the child welfare system.</p>	<p>the child welfare redesign.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>43 39 20. Of the funds appropriated in this section, \$748,298 43 40 <u>\$1,186,595</u> is allocated for funding of the community circle of 43 41 care collaboration for children and youth in northeast Iowa.</p>	<p>Allocates \$1,186,595 for the Circle of Care grant in Northeast Iowa.</p> <p>DETAIL: This is a decrease of \$250,000 compared to the FY 2014 allocation.</p>
<p>43 42 21. Of the funds appropriated in this section, at least 43 43 \$73,579 <u>\$147,158</u> shall be used for the child welfare training 44 1 academy.</p>	<p>Allocates \$147,158 for the child welfare provider online training academy.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>44 2 22. Of the funds appropriated in this section, \$12,500 44 3 <u>\$25,000</u> shall be used for the public purpose of continuation 44 4 of a grant to a child welfare services provider headquartered 44 5 in a county with a population between 205,000 and 215,000 in 44 6 the latest certified federal census that provides multiple 44 7 services including but not limited to a psychiatric medical 44 8 institution for children, shelter, residential treatment, after 44 9 school programs, school-based programming, and an Asperger's 44 10 syndrome program, to be used for support services for children 44 11 with autism spectrum disorder and their families.</p>	<p>Allocates \$25,000 to Four Oaks for various autism spectrum disorder services.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>44 12 23. Of the funds appropriated in this section, \$12,500 44 13 <u>\$25,000</u> shall be used for the public purpose of continuing a 44 14 grant to a hospital-based provider headquartered in a county 44 15 with a population between 90,000 and 95,000 in the latest 44 16 certified federal census that provides multiple services 44 17 including but not limited to diagnostic, therapeutic, and 44 18 behavioral services to individuals with autism spectrum 44 19 disorder across the lifespan. The grant recipient shall 44 20 utilize the funds to continue the pilot project to determine 44 21 the necessary support services for children with autism 44 22 spectrum disorder and their families to be included in the 44 23 children's disabilities services system. The grant recipient 44 24 shall submit findings and recommendations based upon the 44 25 results of the pilot project to the individuals specified in 44 26 this division of this Act for submission of reports by December 44 27 31, 2014.</p>	<p>Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>44 28 24. Of the funds appropriated in this section, \$163,974 44 29 <u>\$211,872</u> shall be used for continuation of the central Iowa 44 30 system of care program grant through June 30, 2015.</p>	<p>Allocates \$211,872 for continuation of a System of Care Program in Polk County.</p> <p>DETAIL: This is a decrease of \$116,075 compared to the FY 2014</p>

allocation.

Allocates \$135,000 for continuation of a System of Care Program in Cerro Gordo and Linn Counties.

DETAIL: This is a decrease of \$25,000 compared to the FY 2014 allocation.

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 service-related programs.

DETAIL: This is no change compared to the FY 2014 allocation.

Allocates \$110,000 to the Tanager Place Mental Health Clinic.

DETAIL: This is a new allocation for FY 2015.

Directs the DHS review of the feasibility of and benefits associated with expanding foster care, kinship guardianships, and subsidized adoptions to young adults involved in the child welfare system.

44 31 25. Of the funds appropriated in this section, ~~\$80,000~~
44 32 \$135,000 shall be used for the public purpose of the
44 33 continuation of a system of care grant implemented in Cerro
44 34 Gordo and Linn counties.

44 35 26. Of the funds appropriated in this section, at least
44 36 ~~\$12,500~~ \$25,000 shall be used to continue and to expand the
44 37 foster care respite pilot program in which postsecondary
44 38 students in social work and other human services-related
44 39 programs receive experience by assisting family foster care
44 40 providers with respite and other support.

44 41 27. Of the funds appropriated in this section, \$110,000
44 42 shall be used for the public purpose of funding community-based
44 43 services and other supports with a system of care approach
45 1 for children with a serious emotional disturbance and their
45 2 families through a nonprofit provider of child welfare services
45 3 that has been in existence for more than 115 years, is located
45 4 in a county with a population of more than 200,000 but less
45 5 than 220,000 according to the latest census information issued
45 6 by the United States census bureau provider, is licensed as a
45 7 psychiatric medical institution for children, and has not been
45 8 a system of care grantee prior to July 1, 2014.

45 9 28. The department shall perform a review of the feasibility
45 10 of and benefits associated with expanding foster care, kinship
45 11 guardianships, and subsidized adoptions to be available on
45 12 a voluntary basis to young adults who become age 18 while
45 13 receiving child welfare services. The purpose of the review
45 14 is to determine the extent to which the expansion is covered
45 15 under the federal Fostering Connections to Success and
45 16 Increasing Adoptions Act of 2008, Pub.L. No.110-351, and
45 17 would draw additional federal support under the Title IV-E of
45 18 the federal Social Security Act, allow the state to expand
45 19 the preparation for adult living program to additional young
45 20 adults, and enhance the services and supports available
45 21 under the program. The department shall engage national and
45 22 state experts in structuring such programs under the federal
45 23 fostering connections Act in addition to young persons with
45 24 experience in the state's foster care system in performing the
45 25 review. If the department determines the expansion can be
45 26 implemented within existing state appropriations and produces
45 27 additional benefits for the young adults who would be served
45 28 under the expansion, the department may implement changes to

45 29 expand the availability of foster care, kinship guardianships,
 45 30 and subsidized adoptions for eligible young adults who become
 45 31 age 21.

45 32 Sec. 26. 2013 Iowa Acts, chapter 138, section 149, is
 45 33 amended to read as follows:

45 34 SEC. 149. ADOPTION SUBSIDY.

45 35 1. There is appropriated from the general fund of the
 45 36 state to the department of human services for the fiscal year
 45 37 beginning July 1, 2014, and ending June 30, 2015, the following
 45 38 amount, or so much thereof as is necessary, to be used for the
 45 39 purpose designated:

45 40 For adoption subsidy payments and services:
 45 41 \$ ~~20,364,644~~
 45 42 42,580,749

45 43 2. The department may transfer funds appropriated in
 46 1 this section to the appropriation made in this division of
 46 2 this Act for general administration for costs paid from the
 46 3 appropriation relating to adoption subsidy.

46 4 3. Federal funds received by the state during the
 46 5 fiscal year beginning July 1, 2014, as the result of the
 46 6 expenditure of state funds during a previous state fiscal
 46 7 year for a service or activity funded under this section are
 46 8 appropriated to the department to be used as additional funding
 46 9 for the services and activities funded under this section.
 46 10 Notwithstanding section 8.33, moneys received in accordance
 46 11 with this subsection that remain unencumbered or unobligated
 46 12 at the close of the fiscal year shall not revert to any fund
 46 13 but shall remain available for expenditure for the purposes
 46 14 designated until the close of the succeeding fiscal year.

46 15 Sec. 27. 2013 Iowa Acts, chapter 138, section 151, is
 46 16 amended to read as follows:

46 17 SEC. 151. FAMILY SUPPORT SUBSIDY PROGRAM.

46 18 1. There is appropriated from the general fund of the
 46 19 state to the department of human services for the fiscal year
 46 20 beginning July 1, 2014, and ending June 30, 2015, the following
 46 21 amount, or so much thereof as is necessary, to be used for the
 46 22 purpose designated:

46 23 For the family support subsidy program subject to the
 46 24 enrollment restrictions in section 225C.37, subsection 3:
 46 25 \$ ~~546,478~~
 46 26 1,079,739

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is an increase of \$1,851,467 compared to estimated net FY 2014. The changes include:

- An increase of \$595,511 to fund caseload growth.
- An increase of \$1,255,956 due to the reduction in Iowa's FMAP rate.

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.

Requires federal funds received in FY 2015 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 2016.

General Fund appropriation for the Family Support Program.

DETAIL: This is a net decrease of \$13,549 compared to estimated FY 2014. The changes include:

- An increase of \$49,000 to expand the Children-at-Home Program to a new area.
- A decrease of \$62,549 due to a reduction in expenses as a result of children aging out of the program.

46 27 2. The department shall use at least ~~\$241,750~~ \$532,500
 46 28 of the moneys appropriated in this section for the family
 46 29 support center component of the comprehensive family support
 46 30 program under section 225C.47. Not more than ~~\$12,500~~ \$25,000
 46 31 of the amount allocated in this subsection shall be used for
 46 32 administrative costs.

Allocates \$532,500 to continue the Children-at-Home Program in current counties.

DETAIL: This is an increase of \$49,000 to expand the Program to one new area. Permits the DHS to expand the Program to an additional county if funds are available. Administrative funding is limited to \$25,000.

46 33 3. If at any time during the fiscal year, the amount of
 46 34 funding available for the family support subsidy program
 46 35 is reduced from the amount initially used to establish the
 46 36 figure for the number of family members for whom a subsidy
 46 37 is to be provided at any one time during the fiscal year,
 46 38 notwithstanding section 225C.38, subsection 2, the department
 46 39 shall revise the figure as necessary to conform to the amount
 46 40 of funding available.

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

46 41 Sec. 28. 2013 Iowa Acts, chapter 138, section 152, is
 46 42 amended to read as follows:
 46 43 SEC. 152. CONNER DECREE. There is appropriated from the
 47 1 general fund of the state to the department of human services
 47 2 for the fiscal year beginning July 1, 2014, and ending June 30,
 47 3 2015, the following amount, or so much thereof as is necessary,
 47 4 to be used for the purpose designated:
 47 5 For building community capacity through the coordination
 47 6 and provision of training opportunities in accordance with the
 47 7 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 47 8 Iowa, July 14, 1994):
 47 9 \$ 46,814
 47 10 33,632

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

DETAIL: This is no change compared to estimated FY 2014. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

47 11 Sec. 29. 2013 Iowa Acts, chapter 138, section 153, is
 47 12 amended to read as follows:
 47 13 SEC. 153. MENTAL HEALTH INSTITUTES. There is appropriated
 47 14 from the general fund of the state to the department of human
 47 15 services for the fiscal year beginning July 1, 2014, and ending
 47 16 June 30, 2015, the following amounts, or so much thereof as is
 47 17 necessary, to be used for the purposes designated:

General Fund appropriation to the MHI at Cherokee.

47 18 1. For the state mental health institute at Cherokee for
 47 19 salaries, support, maintenance, and miscellaneous purposes, and
 47 20 for not more than the following full-time equivalent positions:
 47 21 \$ 2,977,232
 47 22 6,031,934
 47 23 FTEs 169.20

DETAIL: This is an increase of \$67,197 and no change in FTE positions compared to estimated FY 2014. The increase is for the increased cost of food, pharmaceuticals, transportation, and utilities.

47 24 2. For the state mental health institute at Clarinda for
 47 25 salaries, support, maintenance, and miscellaneous purposes, and

General Fund appropriation to the MHI at Clarinda.

47 26 for not more than the following full-time equivalent positions:
 47 27 \$ 3,375,934
 47 28 6,787,309
 47 29 FTEs 86.10

DETAIL: This is an increase of \$29,620 and no change in FTE positions compared to estimated FY 2014. The increase is for the increased cost of food, pharmaceuticals, transportation, and utilities.

47 30 3. For the state mental health institute at Independence for
 47 31 salaries, support, maintenance, and miscellaneous purposes, and
 47 32 for not more than the following full-time equivalent positions:
 47 33 \$ 5,159,389
 47 34 10,484,386
 47 35 FTEs 233.00

General Fund appropriation to the MHI at Independence.

DETAIL: This is an increase of \$150,304 and no change in FTE positions compared to estimated FY 2014. The changes include:

- An increase of \$114,665 for the increased cost of food, pharmaceuticals, transportation, and utilities.
- An increase of \$35,639 due to a reduction in the federal FMAP rate.

47 36 4. For the state mental health institute at Mount Pleasant
 47 37 for salaries, support, maintenance, and miscellaneous purposes,
 47 38 and for not more than the following full-time equivalent
 47 39 positions:
 47 40 \$ 683,343
 47 41 1,417,796
 47 42 FTEs 97.92

General Fund appropriation to the MHI at Mt. Pleasant.

DETAIL: This is an increase of \$43,735 and no change in FTE positions compared to estimated FY 2014. The increase is for the increased cost of food, pharmaceuticals, transportation, and utilities.

47 43 Sec. 30. 2013 Iowa Acts, chapter 138, section 154, is
 48 1 amended to read as follows:
 48 2 SEC. 154. STATE RESOURCE CENTERS.
 48 3 1. There is appropriated from the general fund of the
 48 4 state to the department of human services for the fiscal year
 48 5 beginning July 1, 2014, and ending June 30, 2015, the following
 48 6 amounts, or so much thereof as is necessary, to be used for the
 48 7 purposes designated:

General Fund appropriation to the State Resource Center at Glenwood.

48 8 a. For the state resource center at Glenwood for salaries,
 48 9 support, maintenance, and miscellaneous purposes:
 48 10 \$ 10,137,236
 48 11 21,695,266

DETAIL: This is an increase of \$1,346,144 compared to estimated FY 2014 due to a reduction in the federal FMAP rate.

48 12 b. For the state resource center at Woodward for salaries,
 48 13 support, maintenance, and miscellaneous purposes:
 48 14 \$ 7,110,232
 48 15 14,855,693

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$569,502 compared to estimated FY 2014 due to a reduction in the federal FMAP rate.

48 16 2. The department may continue to bill for state resource
 48 17 center services utilizing a scope of services approach used for

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

48 18 private providers of ICFID services, in a manner which does not
 48 19 shift costs between the medical assistance program, counties,
 48 20 or other sources of funding for the state resource centers.

48 21 3. The state resource centers may expand the time-limited
 48 22 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.

48 23 4. If the department's administration and the department
 48 24 of management concur with a finding by a state resource
 48 25 center's superintendent that projected revenues can reasonably
 48 26 be expected to pay the salary and support costs for a new
 48 27 employee position, or that such costs for adding a particular
 48 28 number of new positions for the fiscal year would be less
 48 29 than the overtime costs if new positions would not be added,
 48 30 the superintendent may add the new position or positions. If
 48 31 the vacant positions available to a resource center do not
 48 32 include the position classification desired to be filled, the
 48 33 state resource center's superintendent may reclassify any
 48 34 vacant position as necessary to fill the desired position. The
 48 35 superintendents of the state resource centers may, by mutual
 48 36 agreement, pool vacant positions and position classifications
 48 37 during the course of the fiscal year in order to assist one
 48 38 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 and if approved by the Department of Management.

48 39 5. If existing capacity limitations are reached in
 48 40 operating units, a waiting list is in effect for a service or
 48 41 a special need for which a payment source or other funding
 48 42 is available for the service or to address the special need,
 48 43 and facilities for the service or to address the special need
 49 1 can be provided within the available payment source or other
 49 2 funding, the superintendent of a state resource center may
 49 3 authorize opening not more than two units or other facilities
 49 4 and begin implementing the service or addressing the special
 49 5 need during fiscal year 2014-2015.

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

49 6 Sec. 31. 2013 Iowa Acts, chapter 138, section 155, is
 49 7 amended to read as follows:

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

49 8 SEC. 155. SEXUALLY VIOLENT PREDATORS.

49 9 1. There is appropriated from the general fund of the
 49 10 state to the department of human services for the fiscal year

DETAIL: This is an increase of \$497,995 and 8.00 FTE positions compared to estimated FY 2014. The changes include:

49 11 beginning July 1, 2014, and ending June 30, 2015, the following
49 12 amount, or so much thereof as is necessary, to be used for the
49 13 purpose designated:

49 14 For costs associated with the commitment and treatment of
49 15 sexually violent predators in the unit located at the state
49 16 mental health institute at Cherokee, including costs of legal
49 17 services and other associated costs, including salaries,
49 18 support, maintenance, and miscellaneous purposes, and for not
49 19 more than the following full-time equivalent positions:

49 20	.....	\$	4,708,485
49 21			<u>9,923,563</u>
49 22	.....	FTEs	424.50
49 23			<u>132.50</u>

49 24 2. Unless specifically prohibited by law, if the amount
49 25 charged provides for recoupment of at least the entire amount
49 26 of direct and indirect costs, the department of human services
49 27 may contract with other states to provide care and treatment
49 28 of persons placed by the other states at the unit for sexually
49 29 violent predators at Cherokee. The moneys received under
49 30 such a contract shall be considered to be repayment receipts
49 31 and used for the purposes of the appropriation made in this
49 32 section.

49 33 Sec. 32. 2013 Iowa Acts, chapter 138, section 156, is
49 34 amended to read as follows:

49 35 SEC. 156. FIELD OPERATIONS. There is appropriated from the
49 36 general fund of the state to the department of human services
49 37 for the fiscal year beginning July 1, 2014, and ending June 30,
49 38 2015, the following amount, or so much thereof as is necessary,
49 39 to be used for the purposes designated:

49 40 For field operations, including salaries, support,
49 41 maintenance, and miscellaneous purposes, and for not more than
49 42 the following full-time equivalent positions:

49 43	.....	\$	33,261,194
50 1			<u>65,170,976</u>
50 2	.....	FTEs	1,837.00

50 3 1A. As a condition of this appropriation, the department
50 4 shall make every possible effort to fill the entire number of
50 5 positions authorized by this section and, unless specifically
50 6 provided otherwise by an applicable collective bargaining
50 7 agreement, the department is not subject to any approval
50 8 requirement external to the department to fill a field
50 9 operations vacancy within the number of full-time equivalent
50 10 positions authorized by this section. The department shall
50 11 report on the first of each month to the chairpersons and
50 12 ranking members of the appropriations committees of the senate
50 13 and house of representatives, and the persons designated by

- An increase of \$312,469 for five additional court-ordered sex offenders.
- An increase of \$185,526 to annualize the cost of the FY 2014 increase in offenders.
- An increase of 8.00 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 decrease of \$1,500,000 and an increase of 27.00 FTE positions compared to the FY 2014 appropriation. The increase in FTE positions is to match the FY 2014 appropriation.

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

50 14 this Act for submission of reports concerning the status of
50 15 filling the positions.

50 16 2. Priority in filling full-time equivalent positions
50 17 shall be given to those positions related to child protection
50 18 services and eligibility determination for low-income families.

50 19 Sec. 33. 2013 Iowa Acts, chapter 138, section 157, is
50 20 amended to read as follows:

50 21 SEC. 157. GENERAL ADMINISTRATION. There is appropriated
 50 22 from the general fund of the state to the department of human
 50 23 services for the fiscal year beginning July 1, 2014, and ending
 50 24 June 30, 2015, the following amount, or so much thereof as is
 50 25 necessary, to be used for the purpose designated:
 50 26 For general administration, including salaries, support,
 50 27 maintenance, and miscellaneous purposes, and for not more than
 50 28 the following full-time equivalent positions:

50 29	\$	8,152,386
50 30		<u>16,072,302</u>
50 31	FTEs	309.00

50 32 1. Of the funds appropriated in this section, ~~\$31,772~~
50 33 \$38,543 is allocated for the prevention of disabilities policy
50 34 council established in section 225B.3.

50 35 3. Of the funds appropriated in this section, ~~\$66,150~~
50 36 \$150,000 shall be used to continue the contract for the
50 37 provision of a program to provide technical assistance,
50 38 support, and consultation to providers of habilitation services
50 39 and home and community-based services waiver services for
50 40 adults with disabilities under the medical assistance program.

50 41 4. Of the funds appropriated in this section, ~~\$25,000~~
50 42 \$50,000 is transferred to the Iowa finance authority to be
50 43 used for administrative support of the council on homelessness
51 1 established in section 16.100A and for the council to fulfill
51 2 its duties in addressing and reducing homelessness in the
51 3 state.

51 4 5A. Of the funds appropriated in this section \$250,000 is
51 5 transferred to the department of inspections and appeals to be
51 6 used to implement a new mental health advocate division in the

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

General Fund appropriation for General Administration.

DETAIL: This is a decrease of \$257,300 and 21.10 FTE positions compared to estimated FY 2014. The changes include:

- A decrease of \$25,000 due to the elimination of the Prevention of Disabilities Council summit.
- A decrease of 21.06 FTE positions to match the FY 2014 appropriation.
- A decrease of \$250,000 due to the transfer of the Mental Health Advocate.
- An increase of \$17,700 to continue the existing contract for HCBS technical assistance contracts.

Allocates \$38,543 for the Prevention of Disabilities Policy Council.

DETAIL: This is a reduction of \$25,000 compared to the FY 2014 allocation due to the elimination of a FY 2014 one-time conference expenditure.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.

DETAIL: This is an increase of \$17,700 compared to the FY 2014 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 2014 allocation.

Allocates \$250,000 to be transferred to the DIA to implement a new mental health advocate division.

51 7 department in accordance with this 2014 Act.

DETAIL: This is a new allocation for FY 2015.

51 8 Sec. 34. 2013 Iowa Acts, chapter 138, section 158, is
51 9 amended to read as follows:

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

51 10 SEC. 158. VOLUNTEERS. There is appropriated from the
51 11 general fund of the state to the department of human services
51 12 for the fiscal year beginning July 1, 2014, and ending June 30,
51 13 2015, the following amount, or so much thereof as is necessary,
51 14 to be used for the purpose designated:

DETAIL: This is no change compared to estimated net FY 2014.

51 15 For development and coordination of volunteer services:
51 16 \$ 42,330
51 17 84,686

51 18 Sec. 35. 2013 Iowa Acts, chapter 138, section 159,
51 19 subsection 1, paragraph a, subparagraph (1), is amended to read
51 20 as follows:

Caps nursing facility reimbursements at \$284,128,824. This includes a \$1,250,000 to provide additional funding toward the FY 2014 nursing facilities rebase.

51 21 (1) For the fiscal year beginning July 1, 2014, the total
51 22 state funding amount for the nursing facility budget shall not
51 23 exceed ~~\$268,742,544~~ \$284,128,824. Of this amount, not more
51 24 than \$1,250,000 shall be used for reimbursement of nursing
51 25 facilities to supplement the shortfall attributable to the
51 26 rebasng of nursing facility rates in accordance with this 2013
51 27 Act, section 29, subsection 1, paragraph "a", subparagraph (2),
51 28 beginning July 1, 2014.

DETAIL: Nursing facilities received an increase of \$15,268,148 in FY 2014. The additional funds bring the two year rebase total to \$16,518,148.

51 29 Sec. 36. 2013 Iowa Acts, chapter 138, section 159,
51 30 subsection 1, paragraph b, is amended to read as follows:

Requires a reimbursement rate of \$10.12 per prescription until a cost of dispensing survey is completed for pharmacist services for FY 2015. The fee is to be determined by a dispensing survey.

51 31 b. (1) For the fiscal year beginning July 1, 2014,
51 32 the department shall continue the pharmacy dispensing fee
51 33 reimbursement at \$10.12 per prescription until a cost of
51 34 dispensing survey is completed. The actual dispensing fee
51 35 shall be determined by a cost of dispensing survey performed
51 36 by the department and required to be completed by all medical
51 37 assistance program participating pharmacies every two years
51 38 beginning in FY 2014-2015.

DETAIL: This is no change compared to FY 2014 rate.

51 39 (2) The department shall utilize an average acquisition
51 40 cost reimbursement methodology for all drugs covered under the
51 41 medical assistance program in accordance with 2012 Iowa Acts,
51 42 chapter 1133, section 33.

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 reflective of the actual drug cost.

51 43 (3) Notwithstanding subparagraph (2), if the centers for
52 1 Medicare and Medicaid services of the United States department
52 2 of health and human services (CMS) requires, as a condition
52 3 of federal Medicaid funding, that the department implement an

Specifies that if CMS implements an aggregate federal upper payment limit for drug reimbursement, the DHS may use a reimbursement methodology based on the National Average Drug Acquisition Cost (NADAC).

52 4 aggregate federal upper limit (FUL) for drug reimbursement
 52 5 based on the average manufacturer's price (AMP), the department
 52 6 may utilize a reimbursement methodology for all drugs covered
 52 7 under the Medicaid program based on the national average drug
 52 8 acquisition cost (NADAC) methodology published by CMS, in order
 52 9 to assure compliance with the aggregate FUL, minimize outcomes
 52 10 of drug reimbursements below pharmacy acquisition costs, limit
 52 11 administrative costs, and minimize any change in the aggregate
 52 12 reimbursement for drugs. The department may adopt emergency
 52 13 rules to implement this subparagraph.

52 14 Sec. 37. 2013 Iowa Acts, chapter 138, section 159,
 52 15 subsection 1, paragraph c, subparagraphs (1) and (2), are
 52 16 amended to read as follows:

52 17 (1) For the fiscal year beginning July 1, 2014,
 52 18 reimbursement rates for outpatient hospital services shall
 52 19 ~~remain at the rates in effect on June 30, 2014~~ be rebased
 52 20 effective January 1, 2015, subject to Medicaid program upper
 52 21 payment limit rules and adjusted as necessary to maintain
 52 22 expenditures within the amount appropriated to the department
 52 23 for this purpose for the fiscal year.

52 24 (2) For the fiscal year beginning July 1, 2014,
 52 25 reimbursement rates for inpatient hospital services shall
 52 26 ~~remain at the rates in effect on June 30, 2014~~ be rebased
 52 27 effective October 1, 2015, subject to Medicaid program upper
 52 28 payment limit rules and adjusted as necessary to maintain
 52 29 expenditures within the amount appropriated to the department
 52 30 for this purpose for the fiscal year.

52 31 Sec. 38. 2013 Iowa Acts, chapter 138, section 159,
 52 32 subsection 1, paragraph f, subparagraph (1), is amended to read
 52 33 as follows:

52 34 (1) For the fiscal year beginning July 1, 2014,
 52 35 reimbursement rates for home health agencies shall continue to
 52 36 be based on the Medicare low utilization payment adjustment
 52 37 (LUPA) methodology in effect on June 30, 2014, as adjusted to
 52 38 not exceed the reimbursement for the fiscal year beginning July
 52 39 1, 2015, with state geographic wage adjustments. Beginning July
 52 40 1, 2015, the department shall update the rates every two years
 52 41 to reflect the most recent Medicare LUPA rates.

52 42 Sec. 39. 2013 Iowa Acts, chapter 138, section 159,
 52 43 subsection 1, paragraph n, is amended to read as follows:

53 1 n. For the fiscal year beginning July 1, 2014, the
 53 2 reimbursement rates for inpatient mental health services
 53 3 provided at hospitals shall ~~remain at the rates in effect on~~
 53 4 ~~June 30~~ be rebased effective October 1, 2014 2015, subject to

Rebases outpatient hospital services effective January 1, 2015. The rebase is subject to the Medicaid Upper Payment Limit (UPL) rules and is to be adjusted as necessary to remain budget neutral.

DETAIL: To rebase hospitals, the DHS reviews relevant cost information and sets a new base level of reimbursement.

Rebases inpatient hospital services effective October 1, 2015. The rebase is subject to the Medicaid UPL rules and is to be adjusted as necessary to remain budget neutral.

Requires the Home Health Agency reimbursement rates to continue to be based on the Medicare Low Utilization Payment Adjustment (LUPA) and beginning July 1, 2015, the DHS is to update the rate every two years to reflect the most recent LUPA.

Rebases inpatient mental health services effective October 1, 2015. The rebase is subject to the Medicaid Upper Payment Limit Rules and is to be adjusted as necessary to remain budget neutral. The paragraph also strikes Community Mental Health Centers (CMHC) from the reimbursement paragraph. The paragraph is replaced in the next Section.

53 5 Medicaid program upper payment limit rules; ~~community mental~~
 53 6 ~~health centers and providers of mental health services to~~
 53 7 ~~county residents pursuant to a waiver approved under section~~
 53 8 ~~225C.7, subsection 3, shall be reimbursed at 100 percent of the~~
 53 9 ~~reasonable costs for the provision of services to recipients of~~
 53 10 ~~medical assistance; and psychiatrists shall be reimbursed at~~
 53 11 the medical assistance program fee for service rate.

53 12 Sec. 40. 2013 Iowa Acts, chapter 138, section 159,
 53 13 subsection 1, is amended by adding the following new paragraph:
 53 14 NEW PARAGRAPH 0o. For the fiscal year beginning July
 53 15 1, 2014, community mental health centers may choose to be
 53 16 reimbursed for the services provided to recipients of medical
 53 17 assistance through either of the following options:
 53 18 (1) For 100 percent of the reasonable costs of the services.
 53 19 (2) In accordance with the alternative reimbursement rate
 53 20 methodology established by the medical assistance program's
 53 21 managed care contractor for mental health services and approved
 53 22 by the department of human services.

53 23 Sec. 41. 2013 Iowa Acts, chapter 138, section 159,
 53 24 subsection 1, paragraph q, is amended to read as follows:
 53 25 q. For the fiscal year beginning July 1, 2014, the
 53 26 reimbursement rate for emergency medical service providers
 53 27 shall be increased by 10 percent over the rate rates in effect
 53 28 on June 30, 2014.

53 29 Sec. 42. 2013 Iowa Acts, chapter 138, section 159,
 53 30 subsection 6, is amended to read as follows:
 53 31 6. For the fiscal year beginning July 1, 2014, the
 53 32 reimbursement rates for family-centered service providers,
 53 33 family foster care service providers, ~~group foster care service~~
 53 34 ~~providers~~, and the resource family recruitment and retention
 53 35 contractor shall remain at the rates in effect on June 30,
 53 36 2014.

53 37 Sec. 43. 2013 Iowa Acts, chapter 138, section 159, is
 53 38 amended by adding the following new subsection:
 53 39 NEW SUBSECTION 6A. a. For the purposes of this
 53 40 subsection, "combined reimbursement rate" means the combined
 53 41 service and maintenance reimbursement rate for a service level
 53 42 under the department's reimbursement methodology. Effective
 53 43 July 1, 2014, the combined reimbursement rate for a group
 54 1 foster care service level shall be the amount designated in
 54 2 this subsection. However, if a group foster care provider's
 54 3 reimbursement rate for a service level as of June 30, 2014,
 54 4 is more than the rate designated in this subsection, the
 54 5 provider's reimbursement shall remain at the higher rate.
 54 6 b. Unless a group foster care provider is subject to the

Allows Community Mental Health Centers (CMHC) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service, and uses a cost settlement methodology. The second option is based on a fee schedule methodology through Magellan.

Provides a 10.00% rate increase beginning July 1, 2013, compared to the rate in effect for FY 2014 for Emergency Medical Services (EMS) providers.

DETAIL: This increase is projected to cost the General Fund \$238,938.

Provides for group foster care providers to receive a patient-day weighted statewide percent of the equalization rate based on the Foster Group Care Rate Methodology Workgroup recommendations from December 2012 that will allow for some form of an increase or maintenance of current rates for every provider in each respective service category. No provider will experience a decrease in daily per diem rates if the rate is lowered due to equalization.

54 7 exception provided in paragraph "a", effective July 1, 2014,
 54 8 the combined reimbursement rates for the service levels under
 54 9 the department's reimbursement methodology shall be as follows:
 54 10 (1) For service level, community - D1, the daily rate shall
 54 11 be at least \$84.17.
 54 12 (2) For service level, comprehensive - D2, the daily rate
 54 13 shall be at least \$119.09.
 54 14 (3) For service level, enhanced - D3, the daily rate shall
 54 15 be at least \$131.09.

54 16 Sec. 44. 2013 Iowa Acts, chapter 138, section 159,
 54 17 subsection 9, is amended to read as follows:
 54 18 9. For the fiscal year beginning July 1, ~~2013~~ 2014, the
 54 19 department shall calculate reimbursement rates for intermediate
 54 20 care facilities for persons with intellectual disabilities at
 54 21 the 80th percentile. Beginning July 1, ~~2013~~ 2014, the rate
 54 22 calculation methodology shall utilize the consumer price index
 54 23 inflation factor applicable to the fiscal year beginning July
 54 24 1, 2013.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2015 using the Consumer Price Index (CPI) inflation factor applicable for FY 2014.

54 25 Sec. 45. 2013 Iowa Acts, chapter 138, section 160, is
 54 26 amended to read as follows:
 54 27 SEC. 160. EMERGENCY RULES.
 54 28 1. If specifically authorized by a provision of this
 54 29 division of this Act for the fiscal year beginning July 1, ~~2013~~
 54 30 2014, the department of human services or the mental health
 54 31 and disability services commission may adopt administrative
 54 32 rules under section 17A.4, subsection 3, and section 17A.5,
 54 33 subsection 2, paragraph "b", to implement the provisions and
 54 34 the rules shall become effective immediately upon filing or
 54 35 on a later effective date specified in the rules, unless the
 54 36 effective date is delayed by the administrative rules review
 54 37 committee. Any rules adopted in accordance with this section
 54 38 shall not take effect before the rules are reviewed by the
 54 39 administrative rules review committee. The delay authority
 54 40 provided to the administrative rules review committee under
 54 41 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 54 42 shall be applicable to a delay imposed under this section;
 54 43 ~~notwithstanding a provision in those sections making them~~
 55 1 ~~inapplicable to section 17A.5, subsection 2, paragraph "b".~~
 55 2 Any rules adopted in accordance with the provisions of this
 55 3 section shall also be published as notice of intended action
 55 4 as provided in section 17A.4.

Permits the DHS and the Mental Health and Disability Services Commission to adopt emergency rules when authorized.

55 5 2. If during the fiscal year beginning July 1, ~~2013~~
 55 6 2014, the department of human services is adopting rules in
 55 7 accordance with this section or as otherwise directed or
 55 8 authorized by state law, and the rules will result in an

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

55 9 expenditure increase beyond the amount anticipated in the
 55 10 budget process or if the expenditure was not addressed in
 55 11 the budget process for the fiscal year, the department shall
 55 12 notify the persons designated by this division of this Act for
 55 13 submission of reports, the chairpersons and ranking members
 55 14 of the committees on appropriations, and the department of
 55 15 management concerning the rules and the expenditure increase.
 55 16 The notification shall be provided at least 30 calendar days
 55 17 prior to the date notice of the rules is submitted to the
 55 18 administrative rules coordinator and the administrative code
 55 19 editor.

55 20 Sec. 46. 2013 Iowa Acts, chapter 138, section 161, is
 55 21 amended to read as follows:
 55 22 SEC. 161. REPORTS. Any reports or other information
 55 23 required to be compiled and submitted under this Act during
 55 24 the fiscal year beginning July 1, ~~2013~~ 2014, shall be
 55 25 submitted to the chairpersons and ranking members of the joint
 55 26 appropriations subcommittee on health and human services, the
 55 27 legislative services agency, and the legislative caucus staffs
 55 28 on or before the dates specified for submission of the reports
 55 29 or information.

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.

55 30 DIVISION VI
 55 31 HEALTH CARE ACCOUNTS AND FUNDS

55 32 Sec. 47. 2013 Iowa Acts, chapter 138, section 162, is
 55 33 amended to read as follows:
 55 34 SEC. 162. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 55 35 appropriated from the pharmaceutical settlement account created
 55 36 in section 249A.33 to the department of human services for the
 55 37 fiscal year beginning July 1, 2014, and ending June 30, 2015,
 55 38 the following amount, or so much thereof as is necessary, to be
 55 39 used for the purpose designated:
 55 40 Notwithstanding any provision of law to the contrary, to
 55 41 supplement the appropriations made in this Act for medical
 55 42 contracts under the medical assistance program for the fiscal
 55 43 year beginning July 1, ~~2013~~ 2014, and ending June 30, ~~2014~~
 56 1 2015:
 56 2 \$ 3,325,000
 56 3 5,467,564

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

 DETAIL: This is a decrease of \$1,182,436 compared to estimated FY 2014.

56 4 Sec. 48. 2013 Iowa Acts, chapter 138, section 163, is
 56 5 amended to read as follows:
 56 6 SEC. 163. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 56 7 HUMAN SERVICES. Notwithstanding any provision to the contrary
 56 8 and subject to the availability of funds, there is appropriated

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

 DETAIL: This is an increase of \$406,736 compared to estimated FY 2014. The increase is due to more revenue available in the Fund.

56 9 from the quality assurance trust fund created in section
 56 10 249L.4 to the department of human services for the fiscal year
 56 11 beginning July 1, 2014, and ending June 30, 2015, the following
 56 12 amounts, or so much thereof as is necessary, for the purposes
 56 13 designated:
 56 14 To supplement the appropriation made in this Act from the
 56 15 general fund of the state to the department of human services
 56 16 for medical assistance for the same fiscal year:
 56 17 \$ 28,788,917
 56 18 29,195,653

56 19 DIVISION VII
 56 20 PERSONNEL SETTLEMENT AGREEMENTS
 56 21 Sec. 49. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a
 56 22 condition of the appropriations in this 2014 Act, the moneys
 56 23 appropriated and any other moneys available shall not be used
 56 24 for payment of a personnel settlement agreement that contains a
 56 25 confidentiality provision intended to prevent public disclosure
 56 26 of the agreement or any terms of the agreement.

Specifies that no money appropriated in this Bill, or any other funds available, are to be used for the payment of personnel settlement agreements that contain confidentiality provisions intended to prevent public disclosure of the agreement or any terms.

56 27 DIVISION VIII
 56 28 IOWA PRODUCTS
 56 29 Sec. 50. IOWA PRODUCTS. As a condition of receiving an
 56 30 appropriation, any agency appropriated moneys pursuant to this
 56 31 2014 Act shall give first preference when purchasing a product
 56 32 to an Iowa product or a product produced by an Iowa-based
 56 33 business. Second preference shall be given to a United States
 56 34 product or a product produced by a business based in the United
 56 35 States.

Requires any agency appropriated funds in this Bill to give first preference when purchasing to products made in Iowa and second to products made in the United States.

56 36 DIVISION IX
 56 37 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS
 56 38 SAFETY NET — CARE COORDINATION

56 39 Sec. 51. 2013 Iowa Acts, chapter 138, section 3, subsection
 56 40 4, paragraph p, is amended to read as follows:
 56 41 p. Of the funds appropriated in this section, \$1,158,150
 56 42 is allocated to the Iowa collaborative safety net provider
 56 43 network established pursuant to section 135.153 to be used for
 57 1 the development and implementation of a statewide regionally
 57 2 based network to provide an integrated approach to health
 57 3 care delivery through care coordination that supports primary
 57 4 care providers and links patients with community resources
 57 5 necessary to empower patients in addressing biomedical and
 57 6 social determinants of health to improve health outcomes. The
 57 7 Iowa collaborative safety net provider network shall work in
 57 8 conjunction with the department of human services to align the
 57 9 integrated network with the health care delivery system model

Permits the Iowa Collaborative Safety Net Provider Network to carryforward any unspent funding to FY 2015.

57 10 developed under the state innovation models initiative grant.
 57 11 The Iowa collaborative safety net provider network shall submit
 57 12 a progress report to the individuals designated in this Act for
 57 13 submission of reports by December 31, 2013, including progress
 57 14 in developing and implementing the network, how the funds
 57 15 were distributed and used in developing and implementing the
 57 16 network, and the remaining needs in developing and implementing
 57 17 the network. Notwithstanding section 8.33, moneys allocated
 57 18 in this paragraph that remain unencumbered or unobligated at
 57 19 the close of the fiscal year shall not revert but shall remain
 57 20 available for expenditure for the purposes designated until the
 57 21 close of the succeeding fiscal year.

57 22 MEDICAL RESIDENCY

57 23 Sec. 52. 2013 Iowa Acts, chapter 138, section 3, subsection
 57 24 4, paragraph r, is amended to read as follows:

57 25 r. Of the funds appropriated in this subsection, \$2,000,000
 57 26 shall be deposited in the medical residency training account
 57 27 created in section 135.175, subsection 5, paragraph "a", and
 57 28 is appropriated from the account to the department of public
 57 29 health to be used for the purposes of the medical residency
 57 30 training state matching grants program as specified in section
 57 31 135.176. However, notwithstanding any provision to the
 57 32 contrary in section 135.176, priority in the awarding of grants
 57 33 shall be given to sponsors that propose preference in the use
 57 34 of the grant funds for psychiatric residency positions and
 57 35 family practice residency positions.

Allows the DPH to use the Medical Residency Training Account for the purposes of the Medical Residency Training Program. Specifies that grants for new medical residency positions, psychiatric residency positions, and family practice positions have priority.

57 36 CONSUMER-DIRECTED ATTENDANT CARE

57 37 Sec. 53. 2013 Iowa Acts, chapter 138, section 12, subsection
 57 38 19, paragraph a, subparagraph (6), is amended to read as
 57 39 follows:

57 40 ~~—(6) The department shall require transition of the~~
 57 41 ~~provision by individual providers of personal care under the~~
 57 42 ~~consumer-directed attendant care option to agency-provided~~
 57 43 ~~personal care services and shall retain the consumer choice~~
 58 1 ~~option for those individuals able and desiring to self-direct~~
 58 2 ~~services.~~

Strikes the cost containment strategy from [SF 446](#) (FY 2014 Health and Human Services Appropriations Act) that requires Consumer-Directed Attendant Care (CDAC) providers to transition to agency provided personal care services or the Consumer Choice Option (CCO).

58 3 DISPROPORTIONATE SHARE HOSPITAL PAYMENTS

58 4 Sec. 54. 2013 Iowa Acts, chapter 138, section 12, is amended
 58 5 by adding the following new subsection:

58 6 new subsection 25. The department of human services
 58 7 shall adopt rules pursuant to chapter 17A to require or
 58 8 provide for all of the following relating to qualifications for
 58 9 disproportionate share hospital payments:

58 10	a. That only hospitals, including those defined as a	Specifies that the DHS is to adopt rules to allow only in state hospitals
58 11	children's hospital, located in the state may qualify for	to qualify for Disproportionate Share Hospital Payments (DSH).
58 12	disproportionate share hospital payments.	
58 13	b. That, if a hospital is defined as a children's hospital,	Allows Mercy Children's Hospital to qualify for DSH payments.
58 14	the children's hospital may qualify for disproportionate share	
58 15	hospital payments if among other criteria the hospital is a	
58 16	member of, but is not required to be a voting member of, the	
58 17	children's hospital association.	
58 18	AUTISM	
58 19	Sec. 55. 2013 Iowa Acts, chapter 138, section 13, subsection	Permits the DHS to carryforward any unspent funding from the Autism
58 20	10, is amended to read as follows:	Treatment Program to FY 2015. It is anticipated there will be
58 21	10. Of the funds appropriated in this section, \$2,000,000	approximately \$1,000,000 in carryforward.
58 22	shall be used for the autism support program created in	
58 23	chapter 225D, as enacted in this Act, beginning January 1,	
58 24	2014. <u>Notwithstanding section 8.33, moneys allocated in this</u>	
58 25	<u>subsection that remain unencumbered or unobligated at the close</u>	
58 26	<u>of the fiscal year shall not revert but shall remain available</u>	
58 27	<u>for expenditure for the purposes designated until the close of</u>	
58 28	<u>the succeeding fiscal year.</u>	
58 29	STATE SUPPLEMENTARY ASSISTANCE	
58 30	Sec. 56. 2013 Iowa Acts, chapter 138, section 14, is amended	Permits the DHS to carryforward any unspent funding from the State
58 31	by adding the following new subsection:	Supplementary Assistance Program to FY 2015.
58 32	new subsection 4. Notwithstanding section 8.33, moneys	
58 33	appropriated in this section that remain unencumbered or	
58 34	unobligated at the close of the fiscal year shall not revert	
58 35	but shall remain available for expenditure for the purposes	
58 36	designated until the close of the succeeding fiscal year.	
58 37	FOSTER CARE RESPITE	
58 38	Sec. 57. 2013 Iowa Acts, chapter 138, section 18, subsection	Allocates \$25,000 for the Iowa Foster Care Respite Pilot Program to
58 39	26, is amended to read as follows:	continue and expand operations.
58 40	26. Of the funds appropriated in this section, at least	
58 41	\$25,000 shall be used to continue and to expand the foster	
58 42	care respite pilot program in which postsecondary students in	Permits the DHS to carryforward any unspent funding from the Iowa
58 43	social work and other human services-related programs receive	Foster Care Respite Pilot Program.
59 1	experience by assisting family foster care providers with	
59 2	respite and other support. <u>Notwithstanding section 8.33,</u>	
59 3	<u>moneys allocated in this subsection that remain unencumbered or</u>	
59 4	<u>unobligated at the close of the fiscal year shall not revert</u>	
59 5	<u>but shall remain available for expenditure for the purposes</u>	
59 6	<u>designated until the close of the succeeding fiscal year.</u>	

59 7	FIELD OPERATIONS	
59 8 59 9 59 10 59 11 59 12 59 13 59 14	<p>Sec. 58. 2013 Iowa Acts, chapter 138, section 26, is amended by adding the following new subsection:</p> <p>new subsection 3. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.</p>	Permits DHS Field Operations to carryforward any unspent funding to FY 2015.
59 15	NURSING FACILITY OPEN OR UNSETTLED COST REPORTS	
59 16 59 17 59 18 59 19 59 20 59 21 59 22 59 23 59 24 59 25 59 26 59 27 59 28 59 29 59 30	<p>Sec. 59. 2013 Iowa Acts, chapter 138, section 29, subsection 1, paragraph a, is amended by adding the following new subparagraph:</p> <p>new subparagraph (5) For any open or unsettled nursing facility cost report for a fiscal year prior to and including the fiscal year beginning July 1, 2012, including any cost report remanded on judicial review for inclusion of prescription drug, laboratory, or x-ray costs, the department shall offset all reported prescription drug, laboratory, and x-ray costs with any revenue received from Medicare or other revenue source for any purpose. For purposes of this subparagraph, a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal under chapter 17A or if any appeal rights initiated have been exhausted.</p>	Specifies that for any open or unsettled nursing facility cost report for a fiscal year prior to and including the fiscal year beginning July 1, 2012, including any cost report remanded on judicial review for inclusion of prescription drug, laboratory, or x-ray costs, the Department shall offset all reported prescription drug, laboratory, and x-ray costs with any revenue received from Medicare or other revenue source for any purpose. A nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal under Iowa Code chapter 17A or if any appeal rights initiated have been exhausted.
59 31	COMMUNITY MENTAL HEALTH CENTER REIMBURSEMENT	
59 32 59 33 59 34 59 35 59 36 59 37 59 38 59 39 59 40 59 41 59 42 59 43 60 1	<p>Sec. 60. 2013 Iowa Acts, chapter 138, section 29, subsection 1, paragraph n, is amended to read as follows:</p> <p>n. For the fiscal year beginning July 1, 2013, the reimbursement rates for inpatient mental health services provided at hospitals shall be increased by 1 percent over the rates in effect on June 30, 2013, subject to Medicaid program upper payment limit rules; community mental health centers and providers of mental health services to county residents pursuant to a waiver approved under section 225C.7, subsection 3, shall be reimbursed at 100 percent of the reasonable costs for the provision of services to recipients of medical assistance; and psychiatrists shall be reimbursed at the medical assistance program fee-for-service rate.</p>	Strikes Community Mental Health Centers from the reimbursement paragraph for FY 2014.
60 2 60 3 60 4	<p>Sec. 61. 2013 Iowa Acts, chapter 138, section 29, subsection 1, is amended by adding the following new paragraph:</p> <p>NEW PARAGRAPH 0o. For the fiscal year beginning July</p>	Allows CMHCs to choose between two different methodologies for reimbursement beginning in FY 2014. The first option allows CMHCs to be reimbursed at 100.00% of reasonable cost of service and uses a

60 5 1, 2013, community mental health centers may choose to be 60 6 reimbursed for the services provided to recipients of medical 60 7 assistance through either of the following options: 60 8 (1) For 100 percent of the reasonable costs of the services. 60 9 (2) In accordance with the alternative reimbursement rate 60 10 methodology established by the medical assistance program's 60 11 managed care contractor for mental health services and approved 60 12 by the department of human services.	cost settlement methodology. The second option is based on a fee schedule methodology through Magellan.
60 13 Sec. 62. EMERGENCY RULES. The department of human services 60 14 may adopt emergency rules under section 17A.4, subsection 3, 60 15 and section 17A.5, subsection 2, paragraph "b", to implement 60 16 the section of this division of this Act amending 2013 Iowa 60 17 Acts, chapter 138, section 29, subsection 1, paragraph "n" and 60 18 enacting "0o", and the rules shall be effective immediately 60 19 upon filing unless a later date is specified in the rules. Any 60 20 rules adopted in accordance with this section shall also be 60 21 published as a notice of intended action as provided in section 60 22 17A.4.	Allows the DHS to adopt emergency rules to implement the changes in reimbursement for CMHCs.
60 23 Sec. 63. EFFECTIVE UPON ENACTMENT. This division of this 60 24 Act, being deemed of immediate importance, takes effect upon 60 25 enactment.	This Division making changes to the Medical Residency Program, the Consumer-Directed Attendant Care (CDAC) Program under Medicaid, the Autism Program, the Foster Care Respite Program, and Community Mental Health Center (CMHC) reimbursement takes effect upon enactment.
60 26 Sec. 64. RETROACTIVE APPLICABILITY. The section of this 60 27 division of this Act amending 2013 Iowa Acts, chapter 138, 60 28 section 12, subsection 19, paragraph "a", subparagraph (6), 60 29 applies retroactively to July 1, 2013.	The Section relating to CDAC is retroactive to July 1, 2013.
60 30 Sec. 65. APPLICABILITY. The rules adopted under the 60 31 section of this division of this Act amending 2013 Iowa Acts, 60 32 chapter 138, section 12, by enacting subsection 25, relating to 60 33 disproportionate share hospital payments, shall be applicable 60 34 beginning October 1, 2014.	The Section making changes to the DSH payments is applicable beginning October 1, 2014.
60 35 Sec. 66. RETROACTIVE APPLICABILITY. The section of this 60 36 division of this Act amending 2013 Iowa Acts, chapter 138, 60 37 section 29, subsection 1, paragraph "a", by enacting new 60 38 subparagraph (5), relating to open or unsettled cost reports, 60 39 is retroactively applicable to July 1, 2005.	The Section relating to unsettled nursing facility cost reports is retroactive to July 1, 2005.
60 40 Sec. 67. RETROACTIVE APPLICABILITY. The sections of this 60 41 division of this Act amending 2013 Iowa Acts, chapter 138, 60 42 section 29, subsection 1, paragraph "n" and enacting new 60 43 paragraph "0o", apply retroactively to July 1, 2013.	The Sections relating to CMHC reimbursement are retroactive to July 1, 2013.

61 1 DIVISION X
 61 2 MENTAL HEALTH AND DISABILITY SERVICES

61 3 Sec. 68. MENTAL HEALTH AND DISABILITY SERVICES —
 61 4 EQUALIZATION PAYMENTS TRANSFER AND APPROPRIATION.

61 5 1. There is transferred from the general fund of the
 61 6 state to the department of human services for the fiscal year
 61 7 beginning July 1, 2014, and ending June 30, 2015, the following
 61 8 amount, or so much thereof as is necessary, to be used for the
 61 9 purposes designated:

Provides an FY 2015 General Fund appropriation to the Property Tax Relief Fund for Mental Health and Disability Services equalization payments to counties.

DETAIL: This is an increase of \$735,345 compared to estimate FY 2014.

61 10 For deposit in the property tax relief fund created in
 61 11 section 426B.1, for distribution as provided in this section,
 61 12 and subject to the Medicaid offset amendments in section
 61 13 426B.3, subsection 5, as amended by this division of this 2014
 61 14 Act, and related provisions of this division of this Act:
 61 15 \$ 30,555,823

Specifies the Mental Health and Disability Services Equalization appropriation is subject to the Medicaid offset being implemented as written in this Bill. If any portion of the Medicaid Offset language is vetoed, then counties will not receive an equalization payment.

61 16 2. The moneys credited to the property tax relief fund in
 61 17 accordance with this section are appropriated to the department
 61 18 of human services for distribution of equalization payments for
 61 19 counties in the amounts specified in section 426B.3, subsection
 61 20 4, for the fiscal year beginning July 1, 2014. If the county
 61 21 is part of a region that has been approved by the department in
 61 22 accordance with section 331.389, to commence partial or full
 61 23 operations, the county's equalization payment shall be remitted
 61 24 to the region for expenditure as approved by the region's
 61 25 governing board.

Specifies the moneys credited to the Property Tax Relief Fund are appropriated to the DHS to make an equalization payment to the counties. Funds are to be distributed based on the \$47.28 equalization plan enacted in SF 2315 (FY 2013 Adult Mental Health and Disability Services System Redesign Act).

61 26 3. a. For the purposes of this subsection, "payment
 61 27 obligation" means an outstanding obligation for payment to
 61 28 the department of human services for the undisputed cost of
 61 29 services provided under the medical assistance program prior
 61 30 to July 1, 2012, or for the undisputed cost of non-Medicaid
 61 31 services provided prior to July 1, 2013.

Defines "payment obligation" as an outstanding obligation to the DHS related to Medicaid services provided prior to July 1, 2012, or non-Medicaid services provided prior to July 1, 2013.

61 32 b. Unless a county has entered into an agreement as provided
 61 33 in paragraph "c", if a county receiving an equalization payment
 61 34 under this section has a payment obligation, the county shall
 61 35 remit to the department any unpaid portion of the payment
 61 36 obligation prior to June 30, 2015, from moneys available to the
 61 37 county that meet federal match requirements for the medical
 61 38 assistance program.

Specifies that if a county receiving an equalization payment has an outstanding debt to the DHS, the county is required to remit that obligation to the Department by June 30, 2015.

61 39 c. A county that has not paid the county's payment
 61 40 obligation in full as provided in paragraph "b" shall enter

Specifies that any county that has not paid its outstanding debt to the DHS is required to enter into an agreement with the DHS for the

<p>61 41 into an agreement with the department for remittance of 61 42 any unpaid portion of the county's payment obligation. An 61 43 agreement entered into under this lettered paragraph shall 62 1 provide for remittance of any unpaid portion by the end of 62 2 the fiscal year beginning July 1, 2014. The equalization 62 3 payment for a county subject to this lettered paragraph shall 62 4 be remitted as provided by the county's agreement with the 62 5 department.</p> <p>62 6 d. The equalization payment for a county that is not subject 62 7 to paragraph "c" shall be remitted on or before July 15, 2014.</p> <p>62 8 Sec. 69. STATE PAYMENT PROGRAM REMITTANCE APPROPRIATION. 62 9 The moneys transferred to the property tax relief fund for the 62 10 fiscal year beginning July 1, 2014, from the federal social 62 11 services block grant pursuant to 2013 Iowa Acts, chapter 136, 62 12 section 11, subsection 3, paragraph "e", and from the federal 62 13 temporary assistance for needy families block grant, totaling 62 14 at least \$11,774,275, are appropriated to the department of 62 15 human services for the fiscal year beginning July 1, 2014, to 62 16 be used for distribution of state payment program remittances 62 17 to counties for the fiscal year in accordance with this 62 18 section. The state payment program remittance shall be an 62 19 amount equal to the amount paid to a county of residence under 62 20 the program for state case services known as the state payment 62 21 program, implemented pursuant to section 331.440, subsection 5, 62 22 Code 2013, for the same 12-month period of August 2012 through 62 23 July 2013 used to distribute state payment program remittances 62 24 to counties in the state fiscal year beginning July 1, 2013. A 62 25 county shall provide the remittance received by the county to 62 26 the county's mental health and disability services region.</p> <p>62 27 Sec. 70. VOCATIONAL REHABILITATION SERVICES — 62 28 EMPLOYMENT. The department of human services and the division 62 29 of vocational rehabilitation services of the department of 62 30 education shall jointly develop protocols and program models to 62 31 integrate the employment-related services and other supports 62 32 provided to persons with disabilities through federal match 62 33 funding administered by the department and the division. The 62 34 protocols and program models shall not include provisions 62 35 that would interfere with the ability of any mental health 62 36 and disability services region approved under section 331.389 62 37 operating as an employment network for the federal social 62 38 security administration's ticket to work program for persons 62 39 with disabilities to collect any milestone or outcome payments. 62 40 The department and the division shall report on or before 62 41 December 15, 2014, to the individuals identified in this Act</p>	<p>remittance of any unpaid portion by the end of FY 2015.</p> <p>Requires equalization payments to the county that are not subject to the repayment agreement above to be made by July 15, 2014.</p> <p>Allocates \$11,774,275 in funding that was previously appropriated to the State Payment Program to counties in the same amount counties received over the previous 12 months.</p> <p>DETAIL: The State Payment Program was to pay for individuals without a county of legal settlement. County of legal settlement has been eliminated and payment is now based on county of residency.</p> <p>Requires the DHS and the Department of Education Vocational Rehabilitation Division to jointly develop protocols and program models to integrate employment-related services for persons with disabilities through federal matching Vocational Rehabilitation funds and prohibits the new program models from interfering with the ability of an Adult Mental Health and Disability Services Region operating as an employment network for the Ticket to Work Program to collect any milestone or outcome payments. The two agencies are to report to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA on findings and recommendations by December 15, 2014.</p>
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62 42 for submission of reports and to the chairpersons and ranking
 62 43 members of the joint appropriations subcommittee on education
 63 1 on the expenditure of such funding in the previous fiscal year
 63 2 along with findings and recommendations.

63 3 Sec. 71. PROVISIONAL REGIONALIZATION AUTHORIZATION.

63 4 1. During the time period beginning on the effective date
 63 5 of this section and ending June 30, 2015, upon receiving an
 63 6 application from Mahaska and Marion counties, the director of
 63 7 human services may authorize the counties to form and operate a
 63 8 mental health and disability services region on a provisional
 63 9 basis for up to 12 months in accordance with this section.

63 10 2. Unless the director grants an exception to policy
 63 11 allowing the counties and their region, during the provisional
 63 12 operation time period, to meet a requirement through an
 63 13 alternative means, the counties and their region shall comply
 63 14 with all of the requirements applicable to a mental health
 63 15 and disability services region under chapter 331 and other
 63 16 law applicable to regions including but not limited to the
 63 17 exemption provisions in 441 IAC 25.91.

63 18 3. Prior to the end of the provisional operation time
 63 19 period, the director may reauthorize on a one-time basis the
 63 20 region to operate provisionally for an additional time period
 63 21 of up to 12 months.

63 22 4. If the director determines the two counties and their
 63 23 region are not in compliance with the requirements under
 63 24 subsection 2 during any provisional operation time period and
 63 25 that compliance will not be achieved through a corrective
 63 26 action plan, the director may assign each county to a region
 63 27 contiguous to the county. The region assigned shall amend its
 63 28 chapter 28E agreement and other operating requirements and
 63 29 policies to accept the assigned county.

63 30 Sec. 72. STUDY OF COMMUNITY-BASED SERVICE OPTIONS FOR
 63 31 PERSONS WITH SERIOUS MENTAL ILLNESS. The department of human

63 32 services shall engage representatives of the department of
 63 33 inspections and appeals, department on aging, the regional
 63 34 mental health and disability services system, the Iowa
 63 35 association of community providers, the Iowa behavioral
 63 36 health association, and other service providers, and other
 63 37 stakeholders to study community-based placement options
 63 38 for persons with serious mental illness. The study shall
 63 39 consider both services currently available and services that
 63 40 should be developed to meet the needs of persons with serious
 63 41 mental illness. The system elements addressed by the study
 63 42 shall include but are not limited to regulatory, liability,
 63 43 and funding issues, and other barriers to maintaining
 64 1 current community-based services options and developing new

Allows Mahaska and Marion counties to receive provisional approval to become a region for one year to demonstrate they can meet regional requirements. The Director may reauthorize the region for an additional year if necessary.

DETAIL: This Section is effective upon enactment.

Requires the DHS to convene a group to study community-based placement options for persons with serious mental illness. The group is to look at regulations, liability, funding issues, and other barriers to developing new options. The group must submit their findings to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA by December 15, 2014.

64 2 options. The results of the study, including findings and
 64 3 recommendations shall be reported on or before December 15,
 64 4 2014, to the governor and the persons designated by this Act
 64 5 for submission of reports.

64 6 Sec. 73. Section 230.1, subsection 1, Code 2014, is amended
 64 7 to read as follows:

64 8 1. The necessary and legal costs and expenses attending
 64 9 the taking into custody, care, investigation, admission,
 64 10 commitment, and support of a person with mental illness
 64 11 admitted or committed to a state hospital shall be paid by a
 64 12 county or by the state as follows:

64 13 a. If the person is eighteen years of age or older, as
 64 14 follows:

64 15 (1) The costs attributed to mental illness shall be paid by
 64 16 the regional administrator on behalf of the person's county of
 64 17 residence.

64 18 (2) The costs attributed to a substance-related disorder
 64 19 shall be paid by the person's county of residence.

64 20 (3) The costs attributable to a dual diagnosis of mental
 64 21 illness and a substance-related disorder may be split as
 64 22 provided in section 226.9C.

64 23 b. By the state as a state case if such person has no
 64 24 residence in this state, if the person's residence is unknown,
 64 25 or if the person is under eighteen years of age.

64 26 Sec. 74. Section 331.388, subsection 3, Code 2014, is
 64 27 amended to read as follows:

64 28 3. "Population" means, as of July 1 of the fiscal year
 64 29 preceding the fiscal year in which the population figure is
 64 30 applied, the population shown by the latest preceding certified
 64 31 federal census or the latest applicable population estimate
 64 32 issued by the United States census bureau, whichever is most
 64 33 recent.

64 34 Sec. 75. Section 331.391, Code 2014, is amended by adding
 64 35 the following new subsection:

64 36 NEW SUBSECTION 4. If a region is meeting the financial
 64 37 obligations for implementation of its regional service system
 64 38 management plan for a fiscal year and residual funding is
 64 39 anticipated, the regional administrator shall reserve an
 64 40 adequate amount for cash flow of expenditure obligations in
 64 41 the next fiscal year. The cash flow amount shall not exceed
 64 42 twenty-five percent of the gross expenditures budgeted for the
 64 43 combined account or for all regional accounts for the fiscal
 65 1 year in progress. Residual funding remaining after the cash
 65 2 flow amount is reserved shall be used to expand the region's
 65 3 core services under section 331.397, subsection 4, and then to

CODE: Clarifies the payer for services related to mental illness,
 substance abuse, and dual diagnosis for mental illness and substance
 abuse. This is current practice.

CODE: Amends the population definition used to distribute the Mental
 Health and Disability Services equalization payment. The estimate that
 will be used is the one from the preceding fiscal year.

CODE: Requires a region to reserve up to 25.00% of funds needed to
 meet projected expenditures if the region is meeting all obligations of
 the management plan. Any residual funding remaining is to be used to
 expand the region's core services.

65 4 make additional core service domains available in the region as
65 5 enumerated in section 331.397, subsection 6.

65 6 Sec. 76. Section 331.393, subsection 2, Code 2014, is
65 7 amended by adding the following new paragraph:
65 8 NEW PARAGRAPH h. The financial eligibility requirements
65 9 for service under the regional service system. A plan that
65 10 otherwise incorporates the financial eligibility requirements
65 11 of section 331.395 but allows eligibility for persons with
65 12 resources above the minimum resource limitations adopted
65 13 pursuant to section 331.395, subsection 1, paragraph "c",
65 14 who were eligible under resource limitations in effect
65 15 prior to July 1, 2014, or are authorized by the region as an
65 16 exception to policy, shall be deemed by the department to be in
65 17 compliance with financial eligibility requirements of section
65 18 331.395.

CODE: Allows regions to grandfather in individuals seeking treatment that have resources over \$2,000 and allows the regions to grant exceptions to policy for future cases.

65 19 Sec. 77. Section 331.397, subsection 4, paragraph d,
65 20 unnumbered paragraph 1, Code 2014, is amended to read as
65 21 follows:

65 22 Support for employment or for activities leading to
65 23 employment providing an appropriate match with an individual's
65 24 abilities based upon informed, person-centered choices made
65 25 from an array of options, including but not limited to all of
65 26 the following:

CODE: Adds employment-related language to the Mental Health and Disability Services Core Service Domain for employment.

65 27 Sec. 78. Section 331.424A, Code 2014, is amended by adding
65 28 the following new subsection:
65 29 NEW SUBSECTION 3A. An amount shall be reserved in the
65 30 county services fund to address cash flow obligations in the
65 31 next fiscal year. The cash flow amount shall not exceed
65 32 twenty-five percent of the gross expenditures budgeted from the
65 33 county services fund for the fiscal year in progress. The cash
65 34 flow amount for a county's services fund shall be specified in
65 35 the regional governance agreement entered into by the county
65 36 under section 331.392.

CODE: Specifies county cash reserves are not to exceed 25.00% of gross expenditures.

65 37 Sec. 79. Section 331.424A, subsection 7, unnumbered
65 38 paragraph 1, Code 2014, is amended to read as follows:
65 39 Notwithstanding subsection 5, for the fiscal years beginning
65 40 July 1, 2013, ~~and~~ July 1, 2014, and July 1, 2015, county
65 41 revenues from taxes levied by the county and credited to
65 42 the county services fund shall not exceed the lower of the
65 43 following amounts:

CODE: Extends the Mental Health and Adult Disability Services Property Tax Levy for an additional year through FY 2016. The system levies funding based on either a per capita formula or where property taxes were capped in 1996, whichever is lower.

66 1 Sec. 80. Section 426B.3, subsection 1, Code 2014, is amended
66 2 to read as follows:
66 3 1. For the fiscal years beginning July 1, 2013, ~~and~~ July 1,

CODE: Extends the per capita distribution formula for Mental Health and Disability Services (MH/DS) for an additional year through FY 2016.

66 4 2014, and July 1, 2015, the state and county funding for the
 66 5 mental health and disability services administered or paid for
 66 6 by counties shall be provided based on a statewide per capita
 66 7 expenditure target amount computed in accordance with this
 66 8 section and section 331.424A.

66 9 Sec. 81. Section 426B.3, subsection 4, Code 2014, is amended
 66 10 to read as follows:

66 11 4. a. For the fiscal years beginning July 1, 2013,
 66 12 ~~and July 1, 2014,~~ and July 1, 2015, a county with a county
 66 13 population expenditure target amount that exceeds the amount
 66 14 of the county's base year expenditures for mental health and
 66 15 disabilities services shall receive an equalization payment for
 66 16 the difference.

66 17 b. The equalization payments determined in accordance
 66 18 with this subsection shall be made by the department of human
 66 19 services for each fiscal year as provided in appropriations
 66 20 made from the property tax relief fund for this purpose. If
 66 21 the county is part of a region that has been approved by the
 66 22 department in accordance with section 331.389, to commence
 66 23 partial or full operations, the county's equalization payment
 66 24 shall be remitted to the region or the county, as appropriate,
 66 25 for expenditure as approved by the region's governing board or
 66 26 in accordance with the county's service management plan, as
 66 27 appropriate. The payment for a county that has been approved
 66 28 by the department to operate as an individual county region
 66 29 shall be remitted to the county for expenditure as approved by
 66 30 the county board of supervisors. For the fiscal year beginning
 66 31 July 1, 2013, and succeeding fiscal years, the payment shall
 66 32 be remitted ~~on or before December 31~~ only for those counties
 66 33 approved to operate as an individual county region or to be
 66 34 part of a region. Remittance of the payment for a county
 66 35 without such approval shall be deferred until such approval is
 66 36 granted.

66 37 Sec. 82. Section 426B.3, subsection 5, Code 2014, is amended
 66 38 by striking the subsection and inserting in lieu thereof the
 66 39 following:

66 40 5. a. For the purposes of this subsection, unless the
 66 41 context otherwise requires:

66 42 (1) "Base year" means the fiscal year prior to the fiscal
 66 43 year for which a Medicaid offset amount is calculated.

67 1 (2) "Base year amount" means the actual amount expended from
 67 2 a county's services fund during the base year for the services
 67 3 and supports contained in the code set for the class of persons
 67 4 eligible for the Iowa health and wellness plan under chapter
 67 5 249N.

67 6 (3) "Calculation year" means the fiscal year for which a

CODE: Extends the MH/DS equalization payment through FY 2016.

CODE: Defines the terms in the formula used to calculate the Medicaid Offset.

67 7 Medicaid offset amount is calculated.
 67 8 (4) "Calculation year amount" means the actual amount
 67 9 expended from a county's services fund during the calculation
 67 10 year for the services and supports contained in the code set
 67 11 for the class of persons eligible for the Iowa health and
 67 12 wellness plan under chapter 249N.
 67 13 (5) "Code set" means the set of current procedural
 67 14 terminology (CPT) medical code set codes and the international
 67 15 classification of diseases, ninth revision (ICD-9) codes
 67 16 identified in accordance with this subsection for calculation
 67 17 of Medicaid offset amounts.
 67 18 (6) "Services fund" means a county's mental health and
 67 19 disabilities services fund created in accordance with section
 67 20 331.424A.

67 21 b. The department and representatives of mental health
 67 22 and disability services region regional administrators shall
 67 23 identify and agree to a code set for the services and supports
 67 24 provided under regional service management plans for the class
 67 25 of persons eligible for the Iowa health and wellness plan. The
 67 26 initial code set shall be identified and agreed to on or before
 67 27 June 30, 2014. The code set may be modified from time to time
 67 28 by agreement of the department and representatives of mental
 67 29 health and disability services region regional administrators.

67 30 c. Commencing with the fiscal year beginning July 1,
 67 31 2013, and continuing in any succeeding fiscal year in which
 67 32 appropriations are enacted for distribution of equalization
 67 33 payments in the succeeding fiscal year in accordance with
 67 34 subsection 4, Medicaid offset amounts shall be calculated
 67 35 for the counties in accordance with this subsection. The
 67 36 calculation of county Medicaid offset amounts for a fiscal
 67 37 year shall be made and communicated to the counties by the
 67 38 department on or before October 15 following the calculation
 67 39 year. If rules are deemed to be necessary to provide
 67 40 further detail concerning calculation and administration
 67 41 of the Medicaid offset amounts, the rules shall be adopted
 67 42 by the mental health and disability services commission in
 67 43 consultation with the department and representatives of mental
 68 1 health and disability services region regional administrators.

68 2 d. (1) A county's Medicaid offset amount for a fiscal year
 68 3 shall be equal to eighty percent of the excess of the county's
 68 4 base year amount over the county's calculation year amount.
 68 5 (2) In lieu of subparagraph (1), for the fiscal year
 68 6 beginning July 1, 2013, a county's Medicaid offset amount shall
 68 7 be calculated by identifying the excess in the actual amount
 68 8 expended from a county's services fund for the services and

CODE: Requires the DHS and representatives MHDS regional administrators to identify and agree on a code set for services and supports provided to the class of persons eligible for I-HAWP. The initial code set is to be agreed to by June 30, 2014, and can be modified in the future with agreement between the DHS and the Regional Administrators. The code set will be used to calculate the Medicaid Offset.

CODE: Specifies that beginning with FY 2014 and any succeeding fiscal year that MHDS Equalization appropriations are enacted, a Medicaid Offset amount is to be calculated in accordance with this Subsection. The calculation of the offset amount is to be made and communicated to the counties by the DHS on or before October 15, following the calculation year.

CODE: Specifies that a counties Medicaid Offset amount for the fiscal year is to be equal to 80.00% of the excess of the county's base year amount compared to the county's calculation year amount. For FY 2014, the county's Medicaid Offset amount is to be calculated by comparing expenditures for the six months prior to the I-HAWP's start date to the expenditures from the same categories during the first six months of the Program. The Medicaid Offset amount is equal to two

68 9 supports contained in the code set for the class of persons
 68 10 eligible for the Iowa health and wellness plan during the
 68 11 period beginning July 1, 2013, and ending December 31, 2013,
 68 12 over such actual amount expended for the same services and
 68 13 supports for such persons during the period beginning January
 68 14 1, 2014, and ending June 30, 2014, and doubling the excess
 68 15 identified. A county's Medicaid offset amount for the fiscal
 68 16 year beginning July 1, 2013, shall be equal to eighty percent
 68 17 of the result.

times 80.00% of the difference.

68 18 e. A county shall address the county's Medicaid offset
 68 19 amount for a fiscal year in the fiscal year following the
 68 20 calculation year as follows:
 68 21 (1) If the county receives an equalization payment in
 68 22 the fiscal year following the calculation year, the county
 68 23 shall repay the Medicaid offset amount to the state from that
 68 24 equalization payment. A county's repayment pursuant to this
 68 25 subparagraph shall be remitted on or before January 1 of the
 68 26 fiscal year in which the equalization payment is received and
 68 27 the repayment shall be credited to the property tax relief
 68 28 fund. Moneys credited to the property tax relief fund in
 68 29 accordance with this subparagraph are subject to appropriation
 68 30 by the general assembly to support mental health and disability
 68 31 services administered by the regional system. The department
 68 32 of human services' annual budget shall include recommendations
 68 33 for reinvestment of the amounts credited to the fund to address
 68 34 core and additional core services administered by the regional
 68 35 system.
 68 36 (2) If the county does not receive an equalization payment
 68 37 in the fiscal year following the calculation year or the
 68 38 equalization payment is less than the Medicaid offset amount,
 68 39 the county shall, for the subsequent fiscal year, reduce the
 68 40 dollar amount certified for the county's services fund levy by
 68 41 the amount of the insufficiency. The initial year for such a
 68 42 reduction to be applied shall be the fiscal year beginning July
 68 43 1, 2015.

CODE: Specifies how a county is to remit the Medicaid Offset. Counties that received an equalization payment are required to pay back the offset to the State by January 1. Counties that did not receive an equalization payment are required to reduce their MHDS property tax levies by the offset amount in the subsequent fiscal year. If a county received an equalization payment but it was not sufficient to cover the offset, counties are required to remit their equalization payment to the State by January 1 and reduce their property tax levy by the remaining amount in the subsequent fiscal year.

69 1 Sec. 83. 2013 Iowa Acts, chapter 136, section 11, subsection
 69 2 3, paragraph e, is amended to read as follows:
 69 3 e. To be credited to the property tax relief fund created
 69 4 in section 426B.1:
 69 5 (1) FY 2013-2014
 69 6 \$ 7,480,233
 69 7 Of the amount allocated in this subparagraph, up to
 69 8 \$600,000 may be used by the department of human services for
 69 9 distribution to counties for state case services provided
 69 10 ~~in prior fiscal years~~ for persons with mental illness,
 69 11 intellectual disability, or a developmental disability in

Amends HF 614 (FY 2014 Federal Block Grant Appropriations Act) to allow up to \$600,000 to be used by the DHS for distribution to counties for State Case Services. This continues current practice.

69 12 accordance with section 331.440, Code 2013 or a dispute
 69 13 resolution process implemented in accordance with section
 69 14 331.394, subsection 5 or 6.
 69 15 (2) FFY 2014-2015
 69 16 \$ 7,480,233
 69 17 Of the amount allocated in this subparagraph, up to
 69 18 \$600,000 may be used by the department of human services for
 69 19 distribution to counties for state case services provided for
 69 20 persons with mental illness, intellectual disability, or a
 69 21 developmental disability in accordance with section 331.440,
 69 22 Code 2013, or in accordance with a dispute resolution process
 69 23 implemented in accordance with section 331.394, subsection 5
 69 24 or 6.

69 25 Sec. 84. 2013 Iowa Acts, chapter 138, section 185, is
 69 26 amended to read as follows:
 69 27 SEC. 185. EMERGENCY RULES. The department of human services
 69 28 may adopt administrative rules under section 17A.4, subsection
 69 29 3, and section 17A.5, subsection 2, paragraph "b", during the
 69 30 period beginning July 1, 2013, and ending March 31, 2014, to
 69 31 implement the provisions of this division of this Act and
 69 32 the rules shall become effective immediately upon filing or
 69 33 on a later effective date specified in the rules, unless the
 69 34 effective date is delayed by the administrative rules review
 69 35 committee. Any rules adopted in accordance with this section
 69 36 shall not take effect before the rules are reviewed by the
 69 37 administrative rules review committee. The delay authority
 69 38 provided to the administrative rules review committee under
 69 39 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 69 40 shall be applicable to a delay imposed under this section,
 69 41 notwithstanding a provision in those sections making them
 69 42 inapplicable to section 17A.5, subsection 2, paragraph "b".
 69 43 Any rules adopted in accordance with the provisions of this
 70 1 section shall also be published as notice of intended action
 70 2 as provided in section 17A.4.

70 3 Sec. 85. EFFECTIVE UPON ENACTMENT. The following sections
 70 4 of this division of this Act, being deemed of immediate
 70 5 importance, take effect upon enactment:
 70 6 1. The section providing a provisional regionalization
 70 7 authorization.
 70 8 2. The section amending 2013 Iowa Acts, chapter 136, section
 70 9 11.
 70 10 3. The section amending section 331.393, subsection 2.
 70 11 4. The section amending section 426B.3.
 70 12 5. The section amending 2013 Iowa Acts, chapter 138, section
 70 13 185.

Requires the DHS to follow regular rulemaking procedures when implementing the Medicaid offset.

The following Sections are effective upon enactment:

- The Section providing provisional regionalization authority.
- The Section relating to the State Payment Program Remittance appropriation.
- The Section amending financial eligibility requirements under the regional service system.
- The Section amending emergency rules authority for the MHDS Medicaid Offset.

70 14 Sec. 86. RETROACTIVE APPLICABILITY. The following
 70 15 provision or provisions of this division of this Act apply
 70 16 retroactively to July 1, 2013:
 70 17 1. The section amending 2013 Iowa Acts, chapter 138, section
 70 18 185.

CODE: The Section amending emergency rules authority for the MHDS Medicaid Offset is retroactive to July 1, 2013.

70 19 DIVISION XI
 70 20 FAMILY SUPPLEMENTATION

70 21 Sec. 87. Section 249A.4, subsection 10, paragraph b,
 70 22 subparagraph (6), Code 2014, is amended to read as follows:
 70 23 (6) Supplementation shall not be applicable if the
 70 24 facility's occupancy rate is less than ~~eighty~~ fifty percent.

CODE: Lowers the nursing facility occupancy rate to 50.00% to allow families to supplement nursing facility residents for a private room.

70 25 Sec. 88. Section 249A.4, subsection 10, Code 2014, is
 70 26 amended by adding the following new paragraph:
 70 27 NEW PARAGRAPH c. (1) A nursing facility that utilizes
 70 28 the supplementation option and receives supplementation under
 70 29 this subsection during any calendar year, shall report to the
 70 30 department of human services, annually, by January 15, the
 70 31 following information for the preceding calendar year:

CODE: Requires nursing facilities that use the family supplementation option to report a variety of data to the DHS, including:

70 32 (a) The total number of nursing facility beds available
 70 33 at the nursing facility, the number of such beds available in
 70 34 private rooms, and the number of such beds available in other
 70 35 types of rooms.

- The average occupancy rate of the facility on a monthly basis.
- The average private pay charge for a private room in the nursing facility.
- The total charge to the resident for the private room, the portion of the total charge reimbursed under the Medicaid program, and the total charge reimbursed through supplementation.

70 36 (b) The average occupancy rate of the facility on a monthly
 70 37 basis.

The DHS is required to compile the information received and submit the compilation to the General Assembly, annually by May 1.

70 38 (c) The total number of residents for which supplementation
 70 39 was utilized.

70 40 (d) The average private pay charge for a private room in the
 70 41 nursing facility.

70 42 (e) For each resident for whom supplementation was
 70 43 utilized, the total charge to the resident for the private
 71 1 room, the portion of the total charge reimbursed under the
 71 2 Medicaid program, and the total charge reimbursed through
 71 3 supplementation.

71 4 (2) The department shall compile the information received
 71 5 and shall submit the compilation to the general assembly,
 71 6 annually by May 1.

71 7 DIVISION XII
 71 8 MISCELLANEOUS
 71 9 PREPARATION FOR ADULT LIVING SERVICES (PALS)

71 10 Sec. 89. Section 234.46, subsection 1, paragraph c, Code
 71 11 2014, is amended to read as follows:
 71 12 c. At the time the person became age eighteen, the person
 71 13 received foster care services that were paid for by the state

Establishes preparation for adult-living programs (PALS) for children after the age of 18 years old who had received state foster care services at a juvenile shelter home or state training facility.

71 14 under section 234.35, services at a state training school,
 71 15 services at a juvenile shelter care home, or services at a
 71 16 juvenile detention home and the person is no longer receiving
 71 17 such services.

71 18 Sec. 90. Section 234.46, subsection 2, unnumbered paragraph
 71 19 1, Code 2014, is amended to read as follows:

71 20 The division shall establish a preparation for adult living
 71 21 program directed to young adults. The purpose of the program
 71 22 is to assist persons who are leaving foster care and other
 71 23 court-ordered services at age eighteen or older in making the
 71 24 transition to self-sufficiency. The department shall adopt
 71 25 rules necessary for administration of the program, including
 71 26 but not limited to eligibility criteria for young adult
 71 27 participation and the services and other support available
 71 28 under the program. The rules shall provide for participation
 71 29 of each person who meets the definition of young adult on
 71 30 the same basis, regardless of whether federal financial
 71 31 participation is provided. The services and other support
 71 32 available under the program may include but are not limited to
 71 33 any of the following:

71 34 Sec. 91. MEDICAID AND HAWK-I STATE PLAN AMENDMENTS AND
 71 35 WAIVERS — NOTIFICATION. The department of human services
 71 36 shall notify the chairpersons and ranking members of the joint
 71 37 appropriations subcommittee on health and human services,
 71 38 the chairpersons and ranking members of the committees on
 71 39 human resources of the senate and house of representatives,
 71 40 the legislative services agency, and the legislative caucus
 71 41 staffs prior to submission of any Medicaid or hawk-i program
 71 42 state plan amendment or waiver to the centers for Medicare and
 71 43 Medicaid services of the United States department of health and
 72 1 human services.

72 2 Sec. 92. CHILD WELFARE SERVICES COMMITTEE.

72 3 1. The legislative council is requested to establish a child
 72 4 welfare services committee.

72 5 2. The committee membership shall include the following
 72 6 persons:

72 7 a. The director of human services or the director's
 72 8 designee.

72 9 b. The administrator of child welfare programs under the
 72 10 department of human services or the administrator's designee.

72 11 c. The administrator of the division of criminal and
 72 12 juvenile justice planning in the department of human rights or
 72 13 the administrator's designee.

72 14 d. The administrator of the child advocacy board in the
 72 15 department of inspections and appeals or the administrator's

Requires PALS services to be provided to youth after the age of 18 years old no matter what federal match available.

Requires the DHS to notify the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, the Chairpersons and Ranking Members Human Resources Committee of the Senate and House, the LSA, and the legislative caucus staffs prior to submission of any Medicaid or hawk-i Program State Plan Amendment or Waiver to CMS.

Establishes a Child Welfare Services Committee to identify options for improving the coordination and collaboration between public and private child welfare entities, analyze children's mental and behavioral health services, identify policies to support growth of community-based pediatric integrated health homes, identify options to support continuous improvement of pediatric mental health services, consider proposals for the creation of a center of collaborative children's mental and behavioral health services, evaluate the adequacy of public funding, and submit a final report of findings to the 2015 General Assembly.

72 16 designee.
 72 17 e. The chief justice of the supreme court or the chief
 72 18 justice's designee.
 72 19 f. The director of the department of education or the
 72 20 director's designee.
 72 21 g. The executive director of the Iowa foster and adoptive
 72 22 parent association or the executive director's designee.
 72 23 h. The executive director of the coalition for family
 72 24 and children's services in Iowa or the executive director's
 72 25 designee.
 72 26 i. The presiding officer of the Iowa juvenile court services
 72 27 association or the presiding officer's designee.
 72 28 j. The director of the child health specialty clinics at the
 72 29 university of Iowa or the director's designee.
 72 30 k. A youth member of the achieving maximum potential program
 72 31 designated by the program's director.
 72 32 l. The director of the child and family policy center or the
 72 33 director's designee.
 72 34 m. Members of the general assembly appointed by the
 72 35 legislative council.
 72 36 n. Other persons designated by the legislative council.
 72 37 3. The committee shall perform the following duties:
 72 38 a. Review the array of child welfare services in the state.
 72 39 b. Identify options for improving the coordination and
 72 40 collaboration between the public and private entities involved
 72 41 with child welfare services.
 72 42 c. Direct special attention to children's mental and
 72 43 behavioral health services.
 73 1 d. Identify policies to support the growth and expansion of
 73 2 community-based pediatric integrated health homes.
 73 3 e. Identify options to support continuous improvement of
 73 4 pediatric mental health services and innovation by service
 73 5 providers of such services at the state and community levels.
 73 6 f. Consider proposals for creation of a center of
 73 7 collaborative children's mental and behavioral health services.
 73 8 g. Evaluate the adequacy of the public funding of child
 73 9 welfare services and identify options to address shortfalls and
 73 10 for shifting resources.
 73 11 4. The committee shall submit a final report with findings
 73 12 and recommendations to the governor and general assembly for
 73 13 action in the 2015 legislative session.

73 14 DIVISION XIII
 73 15 ASSET VERIFICATION

73 16 Sec. 93. MEDICAID PROGRAM — ASSET, INCOME, AND IDENTITY
 73 17 VERIFICATION. The department of human services shall issue a
 73 18 request for proposals to contract with a third-party vendor

Requires the DHS to issue a request for proposals (RFP) to contract with a third-party vendor to establish an electronic asset, income, and identity eligibility verification system for individuals that apply for

73 19 to establish an electronic asset, income, and identity
 73 20 eligibility verification system for the purposes of determining
 73 21 or redetermining the eligibility of an individual who is
 73 22 an applicant for or recipient of medical assistance under
 73 23 the Medicaid state plan on the basis of being aged, blind,
 73 24 or disabled in accordance with 42 U.S.C. §1396w. The
 73 25 third-party vendor selected shall be able to demonstrate in
 73 26 writing its current relationships or contracts with financial
 73 27 institutions in the state and nationally. Participation by
 73 28 financial institutions in providing account balances for asset
 73 29 verification shall remain voluntary. The department may
 73 30 transfer funds appropriated in this 2014 Act for the Medicaid
 73 31 program as necessary to pay the selected third-party vendor in
 73 32 accordance with this section. The department of human services
 73 33 shall submit by September 1, 2014, a progress report to the
 73 34 individuals identified in this 2014 Act for submission of
 73 35 reports.

Medicaid on the basis of being aged, blind, or disabled. The DHS may transfer funds to implement this Division and is required to submit a progress report by September 1, 2014, to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA.

FISCAL IMPACT: This change is estimated to cost the General Fund \$686,000 in FY 2015 and be budget neutral in FY 2016. Additional savings in excess of the ongoing operational costs may be realized in FY 2016 and beyond, however, it is difficult to estimate the number of denials due to excess income and the level of cooperation from financial institutions.

73 36 Sec. 94. EFFECTIVE UPON ENACTMENT. This division of this
 73 37 Act, being deemed of immediate importance, takes effect upon
 73 38 enactment.

The Division creating a third-party Medicaid asset, income, and identity verification system is effective on enactment.

73 39 DIVISION XIV
 73 40 INTERDEPARTMENTAL COORDINATION — INDIVIDUALS RELEASED FROM
 73 41 CORRECTIONAL SYSTEM

73 42 Sec. 95. INTERDEPARTMENTAL COORDINATION — INDIVIDUALS
 73 43 RELEASED FROM THE CORRECTIONAL SYSTEM.

Requires the DHS, the DPH, the Department of Workforce Development, the IDA, and the Department of Corrections (DOC), to implement an interagency collaborative effort to provide an integrated approach to address the medical and psychosocial needs of individuals released from correctional facilities. The Departments are to submit a report by December 15, 2014, to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA with the details of approaches developed and implemented, recommendations for changes to rules or statute, or any other recommendations requiring action by the General Assembly.

74 1 1. The department of human services, the department of
 74 2 public health, the department on aging, the department of
 74 3 workforce development, and the department of corrections shall
 74 4 implement an interagency collaborative effort to provide an
 74 5 integrated approach to address the medical and psychosocial
 74 6 needs of individuals upon release from a correctional facility.
 74 7 The collaboration shall provide for all of the following:

74 8 a. Coordination between the departments of policies and
 74 9 procedures to facilitate information sharing, during the
 74 10 prerelease, transitional, and postrelease phases, including the
 74 11 development of protocols to share health and other personal
 74 12 information of an individual between departmental personnel
 74 13 involved in providing the individual's prerelease, transition,
 74 14 and postrelease services and support.

74 15 b. Cross-disciplinary prerelease preparation that includes
 74 16 application for medical assistance, social security disability,
 74 17 and other supports for which the individual may be eligible;
 74 18 assessment of the holistic clinical and social needs of the
 74 19 individual including but not limited those relating to health
 74 20 and medical care, housing, education and training, employment

74 21 assistance, and legal assistance; and identification of
 74 22 community-based services and providers necessary to address
 74 23 identified needs, including but not limited to those necessary
 74 24 to address mental health and substance-related disorders.
 74 25 c. Transitional and postrelease interagency communication
 74 26 and coordination to ensure a more seamless transition
 74 27 of the individual to the community, ongoing linkages to
 74 28 community-based services, and continuity of care.
 74 29 2. The departments shall submit by December 15, 2014, a
 74 30 report to the individuals identified in this 2014 Act for
 74 31 submission of reports describing the details of the approach
 74 32 developed and implemented, any barriers to the development
 74 33 and implementation, any recommendations for changes in
 74 34 statute or rules to facilitate the approach, and any other
 74 35 recommendations.

74 36
 74 37 DIVISION XV
 STATE CHILD CARE ASSISTANCE

74 38 Sec. 96. Section 237A.13, subsection 7, paragraphs a and c,
 74 39 Code 2014, are amended to read as follows:

74 40 a. Families with an income at or below one hundred percent
 74 41 of the federal poverty level whose members ~~are employed, for~~
 74 42 ~~at least twenty-eight hours per week in the aggregate, are~~
 74 43 ~~employed or are participating at a satisfactory level in an~~
 75 1 ~~approved training program or educational program~~, and parents
 75 2 with a family income at or below one hundred percent of the
 75 3 federal poverty level who are under the age of twenty-one years
 75 4 and are participating in an educational program leading to a
 75 5 high school diploma or the equivalent.

75 6 c. Families with an income of more than one hundred percent
 75 7 but not more than one hundred forty-five percent of the
 75 8 federal poverty level whose members ~~are employed, for~~ at least
 75 9 ~~twenty-eight hours per week in the aggregate, are employed~~
 75 10 ~~or are participating at a satisfactory level in an approved~~
 75 11 ~~training program or educational program.~~

75 12 Sec. 97. IMPLEMENTATION. The department of human services
 75 13 shall adopt rules and take other actions as necessary to
 75 14 implement, as state child care assistance program eligibility
 75 15 provisions, the amendments to section 237A.13 in this division
 75 16 of this Act, on July 1, 2014.

75 17
 75 18 DIVISION XVI
 PRIOR AUTHORIZATION

75 19 Sec. 98. NEW SECTION 505.26 PRIOR AUTHORIZATION FOR
 75 20 PRESCRIPTION DRUG BENEFITS — STANDARD PROCESS AND FORM.

75 21 1. As used in this section:

CODE: Allows for Child Care Assistance eligibility to parents that are both employed part-time and participating in academic or vocational training part-time for a combination of at least 28 hours a week.

CODE: Requires the Insurance Commissioner to create a process for health carriers and pharmacy benefits managers to create prior authorization forms. The health carriers and pharmacy benefits are

75 22 a. "Facility", "health benefit plan", "health care
75 23 professional", "health care provider", "health care services",
75 24 and "health carrier" mean the same as defined in section
75 25 514J.102.

75 26 b. "Pharmacy benefits manager" means the same as defined in
75 27 section 510B.1.

75 28 2. The commissioner shall develop, by rule, a process for
75 29 use by each health carrier and pharmacy benefits manager that
75 30 requires prior authorization for prescription drug benefits
75 31 pursuant to a health benefit plan, to submit, on or before
75 32 January 1, 2015, a single prior authorization form for approval
75 33 by the commissioner, that each health carrier or pharmacy
75 34 benefits manager shall be required to use beginning on July 1,
75 35 2015. The process shall provide that if a prior authorization
75 36 form submitted to the commissioner by a health carrier or
75 37 pharmacy benefits manager is not approved or disapproved within
75 38 thirty days after its receipt by the commissioner, the form
75 39 shall be deemed approved.

75 40 3. The commissioner shall develop, by rule, a standard
75 41 prior authorization process which meets all of the following
75 42 requirements:

75 43 a. Health carriers and pharmacy benefits managers shall
76 1 allow health care providers to submit a prior authorization
76 2 request electronically.

76 3 b. Health carriers and pharmacy benefits managers shall
76 4 provide that approval of a prior authorization request shall
76 5 be valid for a minimum length of time in accordance with the
76 6 rules adopted under this section. In adopting the rules, the
76 7 commissioner may consult with health care professionals who
76 8 seek prior authorization for particular types of drugs, and
76 9 as the commissioner determines to be appropriate, negotiate
76 10 standards for such minimum time periods with individual health
76 11 carriers and pharmacy benefits managers.

76 12 c. Health carriers and pharmacy benefits managers shall make
76 13 the following available and accessible on their internet sites:

76 14 (1) Prior authorization requirements and restrictions,
76 15 including a list of drugs that require prior authorization.

76 16 (2) Clinical criteria that are easily understandable
76 17 to health care providers, including clinical criteria for
76 18 reauthorization of a previously approved drug after the prior
76 19 authorization period has expired.

76 20 (3) Standards for submitting and considering requests,
76 21 including evidence-based guidelines, when possible, for making
76 22 prior authorization determinations.

76 23 d. Health carriers shall provide a process for health care
76 24 providers to appeal a prior authorization determination as
76 25 provided in chapter 514J. Pharmacy benefits managers shall
76 26 provide a process for health care providers to appeal a prior

required to use the new forms, approved by the Insurance
Commissioner, beginning July 1, 2015.

76 27 authorization determination that is consistent with the process
76 28 provided in chapter 514J.

76 29 4. In adopting a standard prior authorization process, the
76 30 commissioner shall consider national standards pertaining to
76 31 electronic prior authorization, such as those developed by the
76 32 national council for prescription drug programs.

76 33 5. A prior authorization form approved by the commissioner
76 34 shall meet all of the following requirements:

76 35 a. Not exceed two pages in length, except that a prior
76 36 authorization form may exceed that length as determined to be
76 37 appropriate by the commissioner.

76 38 b. Be available in electronic format.

76 39 c. Be transmissible in an electronic format or a fax
76 40 transmission.

76 41 6. Beginning on July 1, 2015, each health carrier and
76 42 pharmacy benefits manager shall use and accept the prior
76 43 authorization form that was submitted by that health carrier
77 1 or pharmacy benefits manager and approved for the use of that
77 2 health carrier or pharmacy benefits manager by the commissioner
77 3 pursuant to this section. Beginning on July 1, 2015, health
77 4 care providers shall use and submit the prior authorization
77 5 form that has been approved for the use of a health carrier or
77 6 pharmacy benefits manager, when prior authorization is required
77 7 by a health benefit plan.

77 8 7. a. If a health carrier or pharmacy benefits manager
77 9 fails to use or accept the prior authorization form that
77 10 has been approved for use by the health carrier or pharmacy
77 11 benefits manager pursuant to this section, or to respond to
77 12 a health care provider's request for prior authorization of
77 13 prescription drug benefits within seventy-two hours of the
77 14 health care provider's submission of the form, the request for
77 15 prior authorization shall be considered to be approved.

77 16 b. However, if the prior authorization request is incomplete
77 17 or additional information is required, the health carrier
77 18 or pharmacy benefits manager may request the additional
77 19 information within the seventy-two-hour period and once the
77 20 additional information is submitted the provisions of paragraph
77 21 "a" shall again apply.

77 22 c. Notwithstanding paragraphs "a" and "b", the commissioner
77 23 may develop, by rule, minimum time periods for a health carrier
77 24 or pharmacy benefits manager to respond to a health care
77 25 provider's request for prior authorization of prescription drug
77 26 benefits or for additional information, that are less than, but
77 27 in no case exceed seventy-two hours, as the commissioner deems
77 28 appropriate under the circumstances.

77 29 Sec. 99. Section 510B.3, subsection 2, Code 2014, is amended
77 30 by adding the following new paragraph:

77 31 NEW PARAGRAPH c. A process for the submission of forms.

77 32 Sec. 100. NEW SECTION 510B.9 SUBMISSION, APPROVAL, AND
 77 33 USE OF PRIOR AUTHORIZATION FORM.
 77 34 A pharmacy benefits manager shall file with and have
 77 35 approved by the commissioner a single prior authorization form
 77 36 as provided in section 505.26. A pharmacy benefits manager
 77 37 shall use the single prior authorization form as provided in
 77 38 section 505.26.

77 39 Sec. 101. EFFECTIVE UPON ENACTMENT. This division of this
 77 40 Act, being deemed of immediate importance, takes effect upon
 77 41 enactment.

The Division requiring the Insurance Commissioner to create a process for a prior authorization form for prescription drugs is effective upon enactment.

77 42 DIVISION XVII
 77 43 POISON CONTROL CENTER

78 1 Sec. 102. POISON CONTROL CENTER — FEDERAL APPROVAL. The
 78 2 department of human services shall request approval from the
 78 3 centers for Medicare and Medicaid services of the United
 78 4 States department of health and human services to utilize
 78 5 administrative funding under the federal Children's Health
 78 6 Insurance Program Reauthorization Act of 2009, Pub.L. No.
 78 7 111-3, to provide the maximum federal matching funds available
 78 8 to implement a new health services initiative as provided under
 78 9 section 2105(a)(1)(D)(ii) of the federal Social Security Act,
 78 10 to fund the state poison control center.

Requires the DHS to request approval from CMS to access federal matching funds for the Poison Control Center through the hawk-i Program.

78 11 Sec. 103. EFFECTIVE UPON ENACTMENT. This division of this
 78 12 Act, being deemed of immediate importance, takes effect upon
 78 13 enactment.

The Division requesting federal approval for matching funds for the Poison Control Center is effective on enactment.

78 14 DIVISION XVIII
 78 15 AGING AND LONG-TERM CARE DELIVERY INTERIM COMMITTEE

78 16 Sec. 104. INTERIM COMMITTEE ON AGING AND LONG-TERM CARE
 78 17 DELIVERY.
 78 18 1. The legislative council is requested to establish
 78 19 a study committee for the 2014 interim to examine issues
 78 20 relating to aging lowans and long-term care. The interim
 78 21 committee shall comprehensively review the existing long-term
 78 22 care delivery system and make recommendations to create a
 78 23 sustainable, person-centered approach that increases health
 78 24 and life outcomes; supports maximum independence by providing
 78 25 the appropriate level of care and services through a balance
 78 26 of facility-based and home and community-based options;
 78 27 addresses medical and social needs in a coordinated, integrated
 78 28 manner; provides for sufficient resources including a stable,
 78 29 well-qualified workforce; and is fiscally accountable.
 78 30 2. The interim committee shall provide a forum for open

Requests the Legislative Council establish an Interim Study Committee to examine issues relating to aging lowans and long-term care. The Division specifies duties and membership of the Committee and requires a report to be submitted for consideration during the 2015 General Assembly.

78 31 and constructive dialogue among stakeholders representing
78 32 individuals involved in the delivery and financing of long-term
78 33 care services and supports, consumers and families of consumers
78 34 in need of such services and supports, legislators, and
78 35 representatives of agencies responsible for oversight, funding,
78 36 and regulation of such services and supports.

78 37 3. The interim committee shall specifically address
78 38 the cost and financing of long-term care and services, the
78 39 coordination of services among providers, the availability
78 40 of and access to a well-qualified workforce including both
78 41 the compensated workforce and family and other uncompensated
78 42 caregivers, and the balance between facility-based and home and
78 43 community-based care and services. In addition, the interim
79 1 committee shall consider methods to educate consumers and
79 2 enhance engagement of consumers in the broader conversation
79 3 regarding long-term care issues, including their experiences
79 4 with, concerns about, and expectations and recommendations for
79 5 action regarding the long-term care delivery system in the
79 6 state.

79 7 4. Members of the interim committee shall include all of the
79 8 following:

79 9 a. Five members of the senate and five members of the house
79 10 of representatives including the following:

79 11 (1) The chairpersons and ranking members of the committees
79 12 on human resources of the senate and house of representatives,
79 13 or a member of the committee designated by the chairperson or
79 14 ranking member.

79 15 (2) The co-chairpersons and ranking members of the joint
79 16 appropriations subcommittee on health and human services of
79 17 the senate and house of representatives, or a member of the
79 18 subcommittee designated by the chairperson or ranking member.

79 19 b. Five members of the general public who are individual
79 20 consumers or a member of a consumer's family, one each to be
79 21 selected by the following:

79 22 (1) The older Iowans legislature.
79 23 (2) The Iowa alliance of retired Americans.
79 24 (3) The Iowa association of area agencies on aging.
79 25 (4) The Iowa caregivers association.
79 26 (5) AARP Iowa.

79 27 c. The director of the department on aging, or the
79 28 director's designee.

79 29 d. The state long-term care ombudsman, or the ombudsman's
79 30 designee.

79 31 e. Five members who represent those involved in the delivery
79 32 of long-term care services.

79 33 5. The interim committee may request from state agencies
79 34 including the department of human services, the department of
79 35 public health, the department on aging, the office of long-term

79 36 care ombudsman, the department of inspections and appeals,
 79 37 the insurance division of the department of commerce, and the
 79 38 department of workforce development, information and assistance
 79 39 as needed to complete its work.
 79 40 6. The interim committee shall submit its findings and
 79 41 recommendations to the general assembly for consideration
 79 42 during the 2015 legislative session.

79 43 DIVISION XIX
 80 1 HEALTHIEST CHILDREN INITIATIVE

80 2 Sec. 105. NEW SECTION 135.181 IOWA HEALTHIEST CHILDREN
 80 3 INITIATIVE.

80 4 1. The Iowa healthiest children initiative is established
 80 5 in the department. The purpose of the initiative is to
 80 6 develop and implement a plan for Iowa children to become the
 80 7 healthiest children in the nation by January 1, 2020. The
 80 8 areas of focus addressed by the initiative shall include
 80 9 improvement of physical, dental, emotional, behavioral, and
 80 10 mental health and wellness; access to basic needs such as food
 80 11 security, appropriate nutrition, safe and quality child care
 80 12 settings, and safe and stable housing, neighborhoods, and home
 80 13 environments; and promotion of healthy, active lifestyles
 80 14 by addressing adverse childhood events, reducing exposures
 80 15 to environmental toxins, decreasing exposures to violence,
 80 16 advancing tobacco-free and drug abuse-free living, increasing
 80 17 immunization rates, and improving family well-being.

80 18 2. The department shall create a task force, including
 80 19 members who are child health experts external to the
 80 20 department, to develop an implementation plan to achieve the
 80 21 purpose of the initiative. The implementation plan, including
 80 22 findings, recommendations, performance benchmarks, data
 80 23 collection provisions, budget needs, and other implementation
 80 24 provisions shall be submitted to the governor and general
 80 25 assembly on or before December 15, 2014.

80 26 Sec. 106. EFFECTIVE UPON ENACTMENT. This division of this
 80 27 Act, being deemed of immediate importance, takes effect upon
 80 28 enactment.

80 29 DIVISION XX
 80 30 POTENTIAL MEDICAID STATE PLAN AMENDMENT — ELDERS

80 31 Sec. 107. MEDICAID — POTENTIAL STATE PLAN AMENDMENT —
 80 32 HOME AND COMMUNITY-BASED SERVICES FOR ELDERS. The department
 80 33 of human services shall engage stakeholders with interest or
 80 34 expertise in issues relating to elders to review the potential
 80 35 for development and submission of a Medicaid program state
 80 36 plan amendment in accordance with section 2402 of the federal

CODE: Establishes an initiative within the DPH to develop and implement a plan for Iowa children to become the healthiest children in the nation by January 1, 2020.

Requires the DHS to engage with stakeholders to review the potential for development and submission of a Medicaid State Plan Amendment to cover HCBS services for eligible individuals 65 years of age or older. The DHS is required to make recommendations to the Governor and the General Assembly by December 15, 2014.

80 37 Patient Protection and Affordable Care Act to cover home and
 80 38 community-based services for eligible elders 65 years of age or
 80 39 older. The department shall make recommendations on or before
 80 40 December 15, 2014, to the governor and the general assembly,
 80 41 detailing provisions for incorporation into such a potential
 80 42 Medicaid program state plan amendment relating to financial
 80 43 eligibility; benefits, including whether individuals receiving
 81 1 such Medicaid services should be eligible for full Medicaid
 81 2 benefits; available services; and the needs-based level of care
 81 3 criteria for determination of eligibility under the state plan
 81 4 amendment.

81 5
 81 6 DIVISION XXI
 DENTAL COVERAGE — EXTERNAL REVIEW

81 7 Sec. 108. Section 514J.102, subsection 1, Code 2014, is
 81 8 amended to read as follows:

81 9 1. a. "Adverse determination" means a determination by
 81 10 a health carrier that an admission, availability of care,
 81 11 continued stay, or other health care service, other than
 81 12 a dental care service, that is a covered benefit has been
 81 13 reviewed and, based upon the information provided, does not
 81 14 meet the health carrier's requirements for medical necessity,
 81 15 appropriateness, health care setting, level of care, or
 81 16 effectiveness, and the requested service or payment for the
 81 17 service is therefore denied, reduced, or terminated.

81 18 b. For the purposes of denial of a dental care service,
 81 19 "adverse determination" means a determination by a health
 81 20 carrier that a dental care service that is a covered benefit
 81 21 has been reviewed and, based upon the information provided,
 81 22 does not meet the health carrier's requirements for medical
 81 23 necessity, and the requested service or payment for the service
 81 24 is therefore denied, reduced, or terminated in whole or in
 81 25 part.

81 26 c. "Adverse determination" does not include a denial of
 81 27 coverage for a service or treatment specifically listed in plan
 81 28 or evidence of coverage documents as excluded from coverage.

81 29 Sec. 109. Section 514J.102, Code 2014, is amended by adding
 81 30 the following new subsection:

81 31 NEW SUBSECTION 11A. "Dental care services" means
 81 32 diagnostic, preventive, maintenance, and therapeutic dental
 81 33 care that is provided in accordance with chapter 153.

81 34 Sec. 110. Section 514J.102, subsection 22, Code 2014, is
 81 35 amended to read as follows:

81 36 22. "Health care services" means services for the diagnosis,
 81 37 prevention, treatment, cure, or relief of a health condition,
 81 38 illness, injury, or disease. "Health care services" includes
 81 39 dental care services.

CODE: Allows for external review for insurance payments for dental services in cases that deal with medical necessity.

81 40 Sec. 111. Section 514J.103, subsection 2, paragraph a, Code
81 41 2014, is amended to read as follows:
81 42 a. A policy or certificate that provides coverage only for a
81 43 specified disease, specified accident or accident-only, credit,
82 1 disability income, hospital indemnity, long-term care, ~~dental~~
82 2 ~~care~~, vision care, or any other limited supplemental benefit.

82 3 Sec. 112. REVIEW OF BASES USED FOR EXTERNAL REVIEW OF
82 4 ADVERSE DETERMINATIONS. The commissioner of insurance shall
82 5 engage stakeholders to review the differences in the bases used
82 6 for external review of adverse determinations under chapter
82 7 514J as applied to health care services relative to dental care
82 8 services. The commissioner of insurance shall report findings
82 9 and recommendations to the governor and the general assembly by
82 10 December 15, 2014.

Requires the Insurance Commissioner to engage with stakeholders to review the different bases for external review between dental care services and health care services. The Commissioner is to report the findings and recommendations to the Governor and General Assembly by December 15, 2014.

Summary Data

General Fund

	<u>Actual FY 2013 (1)</u>	<u>Estimated FY 2014 (2)</u>	<u>Gov Rec FY 2015 (3)</u>	<u>Final Action FY 2015 (4)</u>	<u>Final Action vs. Est 2014 (5)</u>	<u>Page and Line # (6)</u>
Health and Human Services	\$ 1,730,727,409	\$ 1,750,974,923	\$ 1,859,303,019	\$ 1,858,353,019	\$ 107,378,096	
Grand Total	<u>\$ 1,730,727,409</u>	<u>\$ 1,750,974,923</u>	<u>\$ 1,859,303,019</u>	<u>\$ 1,858,353,019</u>	<u>\$ 107,378,096</u>	

Health and Human Services General Fund

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	Final Action FY 2015 <u>(4)</u>	Final Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Aging Programs	\$ 10,342,086	\$ 10,606,066	\$ 10,931,066	\$ 11,419,732	\$ 813,666	PG 1 LN 12
Office of Long-Term Care Resident's Advocate	0	1,021,707	929,315	929,315	-92,392	PG 3 LN 27
Total Aging, Dept. on	<u>\$ 10,342,086</u>	<u>\$ 11,627,773</u>	<u>\$ 11,860,381</u>	<u>\$ 12,349,047</u>	<u>\$ 721,274</u>	
<u>Public Health, Dept. of</u>						
Public Health, Dept. of						
Addictive Disorders	\$ 23,863,690	\$ 27,163,690	\$ 27,088,690	\$ 27,263,690	\$ 100,000	PG 4 LN 20
Healthy Children and Families	2,603,559	3,653,559	3,628,559	4,046,602	393,043	PG 8 LN 15
Chronic Conditions	3,905,429	5,080,692	5,040,692	5,155,692	75,000	PG 10 LN 28
Community Capacity	4,869,980	8,562,617	9,562,617	8,737,910	175,293	PG 12 LN 30
Healthy Aging	7,297,142	7,297,142	7,297,142	7,297,142	0	PG 17 LN 41
Environmental Hazards	803,870	803,870	803,870	803,870	0	PG 18 LN 5
Infectious Diseases	1,335,155	1,335,155	1,335,155	1,335,155	0	PG 18 LN 14
Public Protection	2,779,127	3,278,771	3,297,127	3,287,127	8,356	PG 18 LN 21
Resource Management	804,054	855,072	920,072	855,072	0	PG 19 LN 12
Iowa Youth Suicide Prevention	50,000	0	0	0	0	
Total Public Health, Dept. of	<u>\$ 48,312,006</u>	<u>\$ 58,030,568</u>	<u>\$ 58,973,924</u>	<u>\$ 58,782,260</u>	<u>\$ 751,692</u>	
<u>Veterans Affairs, Dept. of</u>						
Veterans Affairs, Department of						
General Administration	\$ 1,025,819	\$ 1,095,951	\$ 1,095,951	\$ 1,095,951	\$ 0	PG 19 LN 33
War Orphans Educational Assistance	12,416	0	0	0	0	
Vets Home Ownership Program	1,600,000	1,600,000	2,500,000	2,500,000	900,000	PG 20 LN 6
Veterans County Grants	990,000	990,000	990,000	990,000	0	PG 20 LN 13
Total Veterans Affairs, Department of	<u>\$ 3,628,235</u>	<u>\$ 3,685,951</u>	<u>\$ 4,585,951</u>	<u>\$ 4,585,951</u>	<u>\$ 900,000</u>	
Veterans Affairs, Dept. of						
Iowa Veterans Home	\$ 8,025,714	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 19 LN 37
Total Veterans Affairs, Dept. of	<u>\$ 11,653,949</u>	<u>\$ 11,280,947</u>	<u>\$ 12,180,947</u>	<u>\$ 12,180,947</u>	<u>\$ 900,000</u>	

Health and Human Services General Fund

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	Final Action FY 2015 <u>(4)</u>	Final Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
Human Services, Dept. of						
Assistance						
Family Investment Program/JOBS	\$ 48,397,214	\$ 48,503,875	\$ 48,503,875	\$ 48,693,875	\$ 190,000	PG 26 LN 20
Medical Assistance	975,993,421	1,144,208,805	962,091,053	1,250,658,393	106,449,588	PG 29 LN 15
Medical Contracts	5,791,994	12,320,048	16,323,366	17,148,576	4,828,528	PG 31 LN 2
State Supplementary Assistance	15,450,747	16,516,858	14,121,154	14,121,154	-2,395,704	PG 32 LN 7
State Children's Health Insurance	36,806,102	36,817,261	45,877,998	45,877,998	9,060,737	PG 32 LN 39
Child Care Assistance	62,264,342	62,735,563	57,925,206	47,132,080	-15,603,483	PG 33 LN 14
Child and Family Services	81,231,561	91,329,427	91,762,511	94,857,554	3,528,127	PG 39 LN 18
Adoption Subsidy	37,743,429	40,729,282	42,580,749	42,580,749	1,851,467	PG 45 LN 32
Family Support Subsidy	1,096,784	1,093,288	1,079,739	1,079,739	-13,549	PG 46 LN 15
Connors Training	33,622	33,632	33,632	33,632	0	PG 46 LN 41
M/MR/DD State Cases	11,150,820	0	0	0	0	
MH/DD Community Services	14,211,100	0	0	0	0	
Volunteers	84,660	84,686	84,686	84,686	0	PG 51 LN 8
MH/DD Growth Factor	74,697,893	0	0	0	0	
Juvenile CINA/Female Adj. Delinquent Placements	0	0	5,110,534	2,000,000	2,000,000	PG 37 LN 34
MH Property Tax Relief	81,199,911	0	0	0	0	
Mental Health Redesign	40,000,000	0	279,826,402	0	0	
MHDS Equalization	0	29,820,478	29,820,478	30,555,823	735,345	PG 61 LN 5
Food Bank Assistance	1,000,000	0	0	0	0	
Total Assistance	\$ 1,487,153,600	\$ 1,484,193,203	\$ 1,595,141,383	\$ 1,594,824,259	\$ 110,631,056	
Toledo Juvenile Home						
Toledo Juvenile Home	\$ 8,297,765	\$ 8,867,121	\$ 788,531	\$ 507,766	\$ -8,359,355	PG 36 LN 33
Eldora Training School						
Eldora Training School	\$ 10,680,143	\$ 11,268,202	\$ 11,500,098	\$ 12,358,285	\$ 1,090,083	PG 37 LN 3
Cherokee						
Cherokee MHI	\$ 5,535,738	\$ 5,964,737	\$ 6,031,934	\$ 6,031,934	\$ 67,197	PG 47 LN 18
Clarinda						
Clarinda MHI	\$ 6,442,688	\$ 6,757,689	\$ 6,787,309	\$ 6,787,309	\$ 29,620	PG 47 LN 24
Independence						
Independence MHI	\$ 9,738,520	\$ 10,334,082	\$ 10,484,386	\$ 10,484,386	\$ 150,304	PG 47 LN 30
Mt Pleasant						
Mt Pleasant MHI	\$ 885,459	\$ 1,374,061	\$ 1,417,796	\$ 1,417,796	\$ 43,735	PG 47 LN 36

Health and Human Services General Fund

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	Final Action FY 2015 <u>(4)</u>	Final Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
Glenwood						
Glenwood Resource Center	\$ 18,866,116	\$ 20,349,122	\$ 21,695,266	\$ 21,695,266	\$ 1,346,144	PG 48 LN 8
Woodward						
Woodward Resource Center	\$ 13,033,115	\$ 14,286,191	\$ 14,855,693	\$ 14,855,693	\$ 569,502	PG 48 LN 12
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	\$ 8,899,686	\$ 9,425,568	\$ 9,923,563	\$ 9,923,563	\$ 497,995	PG 49 LN 6
Field Operations						
Child Support Recoveries	\$ 13,149,541	\$ 14,215,081	\$ 14,911,230	\$ 14,911,230	\$ 696,149	PG 28 LN 6
Field Operations	61,636,313	66,670,976	66,670,976	65,170,976	-1,500,000	PG 49 LN 33
Total Field Operations	<u>\$ 74,785,854</u>	<u>\$ 80,886,057</u>	<u>\$ 81,582,206</u>	<u>\$ 80,082,206</u>	<u>\$ -803,851</u>	
General Administration						
General Administration	\$ 16,100,684	\$ 16,329,602	\$ 16,079,602	\$ 16,072,302	\$ -257,300	PG 50 LN 21
Total Human Services, Dept. of	<u>\$ 1,660,419,368</u>	<u>\$ 1,670,035,635</u>	<u>\$ 1,776,287,767</u>	<u>\$ 1,775,040,765</u>	<u>\$ 105,005,130</u>	
Total Health and Human Services	<u><u>\$ 1,730,727,409</u></u>	<u><u>\$ 1,750,974,923</u></u>	<u><u>\$ 1,859,303,019</u></u>	<u><u>\$ 1,858,353,019</u></u>	<u><u>\$ 107,378,096</u></u>	

Summary Data Other Funds

	<u>Actual FY 2013</u> (1)	<u>Estimated FY 2014</u> (2)	<u>Gov Rec FY 2015</u> (3)	<u>Final Action FY 2015</u> (4)	<u>Final Action vs. Est 2014</u> (5)	<u>Page and Line #</u> (6)
Health and Human Services	\$ 501,057,215	\$ 528,742,395	\$ 425,820,729	\$ 431,756,222	\$ -96,986,173	
Grand Total	<u>\$ 501,057,215</u>	<u>\$ 528,742,395</u>	<u>\$ 425,820,729</u>	<u>\$ 431,756,222</u>	<u>\$ -96,986,173</u>	

Health and Human Services Other Funds

	Actual FY 2013	Estimated FY 2014	Gov Rec FY 2015	Final Action FY 2015	Final Action vs. Est 2014	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)
Human Services, Dept. of						
General Administration						
FIP-TANF	\$ 19,790,365	\$ 18,116,948	\$ 14,231,391	\$ 9,879,488	\$ -8,237,460	PG 20 LN 40
Promise Jobs-TANF	12,411,528	11,866,439	11,091,911	11,091,911	-774,528	PG 21 LN 2
FaDDS-TANF	2,898,980	2,898,980	2,898,980	2,898,980	0	PG 21 LN 8
Field Operations-TANF	31,296,232	31,296,232	31,296,232	31,296,232	0	PG 21 LN 20
General Administration-TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	PG 21 LN 23
Child Care Assistance -TANF	16,382,687	25,732,687	27,947,110	35,047,110	9,314,423	PG 21 LN 26
MH/DD Comm. Services-TANF	4,894,052	4,894,052	4,894,052	4,894,052	0	PG 22 LN 5
Child & Family Services-TANF	32,084,430	32,084,430	32,084,430	32,084,430	0	PG 22 LN 10
Child Abuse Prevention-TANF	125,000	125,000	125,000	125,000	0	PG 22 LN 13
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	1,037,186	0	PG 22 LN 33
0-5 Children-TANF	6,350,000	0	0	0	0	
FIP Eligibility System-TANF	0	5,050,451	939,458	6,549,549	1,499,098	PG 22 LN 43
Total General Administration	\$ 131,014,460	\$ 136,846,405	\$ 130,289,750	\$ 138,647,938	\$ 1,801,533	

Health and Human Services Other Funds

	Actual FY 2013	Estimated FY 2014	Gov Rec FY 2015	Final Action FY 2015	Final Action vs. Est 2014	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)
Assistance						
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 22 LN 16
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	25,000	0	PG 23 LN 35
Medical Assistance - HCTF	106,046,400	224,446,400	221,790,000	221,790,000	-2,656,400	PG 29 LN 4
Medical Contracts-Pharm Settlement - PhSA	4,805,804	6,650,000	5,467,564	5,467,564	-1,182,436	PG 55 LN 32
Broadlawns Hospital - ICA	71,000,000	35,500,000	0	0	-35,500,000	
Regional Provider Network - ICA	4,986,366	2,993,183	0	0	-2,993,183	
Nonparticipating Providers - NPPR	2,000,000	1,000,000	0	0	-1,000,000	
Medical Information Hotline - HCTA	100,000	0	0	0	0	
Health Partnership Activities - HCTA	600,000	0	0	0	0	
Audits, Performance Eval., Studies - HCTA	125,000	0	0	0	0	
IowaCare Admin. Costs - HCTA	1,132,412	0	0	0	0	
Dental Home for Children - HCTA	1,000,000	0	0	0	0	
MH/DD Workforce Development - HCTA	50,000	0	0	0	0	
Medical Contracts - HCTA	2,400,000	0	0	0	0	
Broadlawns Admin - HCTA	540,000	0	0	0	0	
Medical Assistance - QATF	26,500,000	28,788,917	29,195,653	29,195,653	406,736	PG 56 LN 4
Medical Assistance - HHCAT	33,898,400	34,288,000	34,700,000	34,700,000	412,000	
Nonparticipating Provider Reimb Fund - HHCAT	801,600	412,000	0	0	-412,000	
Electronic Medical Records - HCTA	100,000	0	0	0	0	
Medical Assistance - HCTA	8,360,000	0	0	0	0	
IowaCare Fund - Admin	0	371,552	0	0	-371,552	
Care Coordination - ICA	500,000	0	0	0	0	
Lab Test & Radiology Pool - ICA	2,500,000	1,500,000	0	0	-1,500,000	
Uniform Cost Report - HCTA	150,000	0	0	0	0	
Health Care Access Council - HCTA	134,214	0	0	0	0	
Accountable Care Pilot - HCTA	100,000	0	0	0	0	
DPH Transfer e-Health - HCTA	363,987	0	0	0	0	
DPH Transfer Medical Home - HCTA	233,357	0	0	0	0	
Medicaid Supplemental - MFF	0	4,160,796	2,422,695	0	-4,160,796	
Total Assistance	\$ 270,382,607	\$ 342,065,915	\$ 295,530,979	\$ 293,108,284	\$ -48,957,631	
Total Human Services, Dept. of	\$ 401,397,067	\$ 478,912,320	\$ 425,820,729	\$ 431,756,222	\$ -47,156,098	

Health and Human Services Other Funds

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	Final Action FY 2015 <u>(4)</u>	Final Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<u>Regents, Board of</u>						
Regents, Board of						
UI - UIHC IowaCares Program - ICA	\$ 27,284,584	\$ 13,642,292	\$ 0	\$ 0	\$ -13,642,292	
UI - UIHC IowaCares Expansion Pop - ICA	52,569,199	26,284,600	0	0	-26,284,600	
UI - UIHC IowaCares Physicians - ICA	19,806,365	9,903,183	0	0	-9,903,183	
Total Regents, Board of	<u>\$ 99,660,148</u>	<u>\$ 49,830,075</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ -49,830,075</u>	
Total Health and Human Services	<u>\$ 501,057,215</u>	<u>\$ 528,742,395</u>	<u>\$ 425,820,729</u>	<u>\$ 431,756,222</u>	<u>\$ -96,986,173</u>	

Summary Data

FTE Positions

	Actual FY 2013 (1)	Estimated FY 2014 (2)	Gov Rec FY 2015 (3)	Final Action FY 2015 (4)	Final Action vs. Est 2014 (5)	Page and Line # (6)
Health and Human Services	4,909.33	5,344.07	5,117.61	5,243.61	-100.46	
Grand Total	<u>4,909.33</u>	<u>5,344.07</u>	<u>5,117.61</u>	<u>5,243.61</u>	<u>-100.46</u>	

Health and Human Services

FTE Positions

	Actual FY 2013	Estimated FY 2014	Gov Rec FY 2015	Final Action FY 2015	Final Action vs. Est 2014	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Aging Programs	32.15	25.10	28.00	31.00	5.90	PG 1 LN 12
Office of Long-Term Care Resident's Advocate	0.00	10.90	12.00	12.00	1.10	PG 3 LN 27
Total Aging, Dept. on	32.15	36.00	40.00	43.00	7.00	
<u>Public Health, Dept. of</u>						
Public Health, Dept. of						
Addictive Disorders	6.69	13.00	10.00	10.00	-3.00	PG 4 LN 20
Healthy Children and Families	8.29	14.00	12.00	12.00	-2.00	PG 8 LN 15
Chronic Conditions	1.89	6.00	5.00	5.00	-1.00	PG 10 LN 28
Community Capacity	9.18	18.25	11.00	11.00	-7.25	PG 12 LN 30
Environmental Hazards	3.52	4.00	4.00	4.00	0.00	PG 18 LN 5
Infectious Diseases	1.53	4.00	4.00	4.00	0.00	PG 18 LN 14
Public Protection	123.49	131.15	131.00	131.00	-0.15	PG 18 LN 21
Resource Management	4.00	5.00	4.00	4.00	-1.00	PG 19 LN 12
Total Public Health, Dept. of	158.59	195.40	181.00	181.00	-14.40	
<u>Human Services, Dept. of</u>						
Assistance						
Medical Contracts	2.99	0.00	0.00	0.00	0.00	PG 31 LN 2
Toledo Juvenile Home						
Toledo Juvenile Home	108.35	114.00	2.00	2.00	-112.00	PG 36 LN 33
Eldora Training School						
Eldora Training School	159.70	164.30	164.30	164.30	0.00	PG 37 LN 3
Cherokee						
Cherokee MHI	170.65	169.20	169.20	169.20	0.00	PG 47 LN 18
Clarinda						
Clarinda MHI	79.13	86.10	86.10	86.10	0.00	PG 47 LN 24
Independence						
Independence MHI	223.64	233.00	233.00	233.00	0.00	PG 47 LN 30

Health and Human Services

FTE Positions

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	Final Action FY 2015 <u>(4)</u>	Final Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
Mt Pleasant						
Mt Pleasant MHI	89.61	97.92	97.92	97.92	0.00	PG 47 LN 36
Glenwood						
Glenwood Resource Center	828.66	859.12	859.12	859.12	0.00	PG 48 LN 8
Woodward						
Woodward Resource Center	648.65	652.47	652.47	652.47	0.00	PG 48 LN 12
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	88.94	124.50	128.50	132.50	8.00	PG 49 LN 6
Field Operations						
Child Support Recoveries	443.47	459.00	459.00	464.00	5.00	PG 28 LN 6
Field Operations	1,601.01	1,810.00	1,727.00	1,837.00	27.00	PG 49 LN 33
Total Field Operations	<u>2,044.48</u>	<u>2,269.00</u>	<u>2,186.00</u>	<u>2,301.00</u>	<u>32.00</u>	
General Administration						
General Administration	261.27	330.06	305.00	309.00	-21.06	PG 50 LN 21
Total Human Services, Dept. of	<u>4,706.09</u>	<u>5,099.67</u>	<u>4,883.61</u>	<u>5,006.61</u>	<u>-93.06</u>	
<u>Veterans Affairs, Dept. of</u>						
Veterans Affairs, Department of						
General Administration	12.51	13.00	13.00	13.00	0.00	PG 19 LN 33
Total Veterans Affairs, Dept. of	<u>12.51</u>	<u>13.00</u>	<u>13.00</u>	<u>13.00</u>	<u>0.00</u>	
Total Health and Human Services	<u><u>4,909.33</u></u>	<u><u>5,344.07</u></u>	<u><u>5,117.61</u></u>	<u><u>5,243.61</u></u>	<u><u>-100.46</u></u>	