

Health and Human Services Appropriations Act Senate File 505

Last Action:

**ENACTED
Item Vetoed**

July 2, 2015

An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, 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/LSAReports/noba.aspx>
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FUNDING SUMMARY

General Fund FY 2016: Appropriates a total of \$1,839.4 million from the General Fund and 5,146.3 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 a decrease of \$19.2 million and an increase of 27.1 FTE positions compared to estimated net FY 2015. *The Governor item vetoed \$6.5 million and 97.7 FTE positions.*

Other Funds FY 2016: Appropriates a total of \$453.3 million from other funds. This is an increase of \$18.0 million compared to estimated net FY 2015.

General Fund FY 2017: Appropriates a total of \$919.7 million from the General Fund and 5,146.3 FTE positions to the IDA, DPH, DHS, IVA, and the IVH. This is a 50.0% decrease in funding and no change in FTE positions compared to FY 2016. *The Governor item vetoed \$3.3 million and 97.7 FTE positions.*

Other Funds FY 2017: Appropriates a total of \$332.6 million from other funds. This is a decrease of \$120.6 million compared to estimated FY 2016.

General Fund Supplemental Appropriations for FY 2015: Provides no net change from the General Fund for FY 2015. The changes include \$15.8 million in deappropriations with all funds being appropriated to Medicaid.

Other Funds Supplemental Appropriations for FY 2015: Provides a net \$1.7 million supplemental appropriation from other funds for FY 2015 including deappropriations.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Board-Certified Behavior Analyst and Board-Certified Assistant Behavior Analysts Grants Program: Creates a grant program in the DPH and provides \$250,000 for Iowa residents and nonresidents accepted for admission or attending a Board of Regents University, Community College, or accredited private institution.

Page 71, Line 11

Iowa ABLÉ Act: Creates an Iowa ABLÉ (Achieving a Better Life Experience) Savings Plan Trust Program within the Office of the State Treasurer.

Page 74, Line 32

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Refugee Family Support Services Pilot Program: Directs the DHS Bureau of Refugee Services to establish and administer a Pilot Program to provide grants to State, local, or community organizations working with refugee populations for training multiple refugees to act as community navigators. *The Governor vetoed this Pilot Program.*

Page 91, Line 34

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Long-Term Care Ombudsman: Appropriates \$1.3 million and 17.0 FTE positions. This is an increase of \$347,000 and 5.1 FTE positions compared to estimated net FY 2015.

Page 3, Line 23

Department of Public Health: Appropriates \$59.5 million and 182.0 FTE positions. This is an increase of \$703,000 and 0.5 FTE position compared to estimated net FY 2015. The significant change include:

Page 4, Line 6

- An increase of \$571,000 to the Healthy Children and Families appropriation.
- A decrease of \$200,000 to the Chronic Conditions appropriation.
- An increase of \$83,000 to the Community Capacity appropriation.
- A decrease of \$804,000 to the Environmental Hazards appropriation.
- An increase of \$1.1 million to the Public Protection appropriation.
- Funds are also transferred between appropriations to be used for the same purpose.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$12.3 million and 15.0 FTE positions. This is an increase of \$105,000 and 2.0 FTE positions compared to estimated net FY 2015.

Page 17, Line 21

Department of Human Services: Appropriates \$1,754.9 million from the General Fund and 4,901.3 FTE positions. This is a decrease of \$20.1 million and an increase of 16.6 FTE positions compared to estimated net FY 2015. Significant changes include:

Page 18, Line 27

- A decrease of \$248,000 for the Child Support Recovery Unit.
- A net increase of \$36.7 million for the Medicaid Program.
- An increase of \$2.5 million for Medical Contracts.
- A decrease of \$1.1 million for the State Supplementary Assistance Program.
- A decrease of \$25.5 million for State Children's Health Insurance Program (hawk-i Program).
- A net increase of \$15.1 million for the Child Care Assistance Program.
- A decrease of 9.5 million for Child and Family Services.
- An increase of \$418,000 for the Adoption Subsidy Program.
- A decrease of \$633,000 for the training schools, including the elimination of General Fund support for the maintenance of Eldora.

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HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

- A decrease of \$2.4 million for the four Mental Health Institutes (MHI), including the elimination of General Fund support for Clarinda MHI. *The Governor vetoed the \$6.4 million appropriation and 97.7 FTE positions to the Mt. Pleasant MHI.*
- A decrease of \$443,000 for the two State Resource Centers.
- A net decrease of \$2.5 million for Field Operations.
- A net decrease of \$174,000 for General Administration.

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$135.0 million for FY 2016. This is a net decrease of \$7.3 million compared to estimated net FY 2015. Page 18, Line 29

Health Care Trust Fund: Appropriates \$222.1 million for FY 2016. This is a decrease of \$960,000 compared to estimated FY 2015. Page 26, Line 21

Pharmaceutical Settlement Account: Appropriates \$2.0 million for FY 2016. This is a decrease of \$3.5 million compared to estimated FY 2015. Page 58, Line 21

Quality Assurance Trust Fund: Appropriates \$37.2 million for FY 2016. This is an increase of \$8.0 million compared to estimated FY 2015. Page 58, Line 32

Medicaid Offset - Property Tax Relief Fund: Appropriates \$10.0 million to the Medicaid Program for FY 2016. This is a new appropriation. Page 84, Line 24

Social Services Block Grant: Appropriates \$11.8 million in FY 2016 to the Child and Family Services and the Mental Health and Disability Services regions. Page 85, Line 9

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services: Provides a \$15.8 million General Fund supplemental appropriation for Medicaid for FY 2015, but no net change due to decreases in various appropriations. Page 60, Line 14

STUDIES AND INTENT

Department of Human Services

State Training School Substance Abuse Treatment: Directs the DHS to work with the DPH to identify substance abuse treatment programs and resources to provide appropriate treatment for juveniles with substance-related disorders at the State Training School. Page 38, Line 19

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Long-Term Care Services Assessment: Requires the DHS to contract with a third party to conduct initial level of care assessments and reassessments of consumers that may be eligible for long-term services and supports and are under the Medicaid managed care contract. *The Governor vetoed this requirement.* Page 70, Line 17

Child Care Assistance: Increases program eligibility to 150.0% of the Federal Poverty Level. *The Governor vetoed this eligibility increase.* Page 83, Line 22

Child Welfare Advisory Committee: Directs the Committee to study several child welfare issues and submit a report with recommendations to the Governor and General Assembly by December 15, 2015. Page 86, Line 11

Children's Mental Health and Well-Being Workgroup: Directs the DHS, in cooperation with the Department of Education and the DPH, to facilitate a workgroup of stakeholders to study and make recommendations relating to children's mental health and well-being in Iowa. The report is due December 15, 2015. Page 87, Line 24

Medicaid Asset Verification: Directs the Department of Human Services (DHS) to contract with a third-party vendor to implement a computerized asset verification system. Page 91, Line 15

Hospital Health Care Access Assessment: Requires the DHS to develop a mechanism under managed care to reflect the payments made by the hospitals as part of the Health Care Access Assessment Program. Reimbursements back to the hospitals are to be provided in a lump sum, if possible. Page 93, Line 29

Clarinda Mental Health Institute: Requires the DHS within 30 days to issue a request for proposal to provide care and treatment for adults that are sexually aggressive or combative due to a mental illness or that have unmet geropsychiatric needs, beginning December 16, 2015, at the Clarinda MHI. *The Governor vetoed this requirement.* Page 152, Line 26

Department of Public Health

Pneumococcal Vaccines: Directs the Board of Pharmacy to adopt administrative rules that permit a written or verbal patient-specific medication administration order not be required prior to administration to an adult patient of pneumococcal conjugate vaccine pursuant to physician-approved hospital or facility policy. Page 88, Line 29

Physician Supervision of Physician Assistants: Requires the Boards of Medicine and Physician Assistants to jointly adopt rules that establish standards and definitions for supervision of physician assistants by physicians by February 1, 2016. Page 93, Line 5

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Board of Respiratory Care and Polysomnography: Requires the Board to repay any funds appropriated for the administration of Iowa Code chapter 148G by June 30, 2018. Page 94, Line 9

Department on Aging

Dementia Workforce: Directs the Department on Aging to convene an interagency task force consisting of the DPH, the DHS, the Department of Inspections and Appeals, and in collaboration with the Alzheimers Association, related to dementia training for staff that interact with individuals with dementia. Page 73, Line 14

Home Modification Assistance Program Plan: Requires the Aging and Disability Resource Center (ADRC) and the Mental Health and Disability Services Commission to develop a plan for a Home Modification Assistance Program. Page 90, Line 2

Office of Long-Term Care Ombudsman

Required Report: Requires the Office of Long-Term Care Ombudsman to collaborate with the other departments and agencies to develop a proposal for the establishment of a health consumer ombudsman alliance. Page 69, Line 38

SIGNIFICANT CODE CHANGES

Department of Human Services

Health Policy Oversight Committee: Creates a new Legislative Health Policy Oversight Committee to receive updates and review data, public input and concerns, and make recommendations for improvements to and changes in law or rule regarding Medicaid managed care. Page 68, Line 27

Autism Program: Makes changes to allow for greater access to services. Page 71, Line 9

Mental Health and Adult Disability Services Property Tax Levy: Extends the levy and equalization formula for an additional year through FY 2017 and eliminates the county Medicaid offset. Page 83, Line 42

Prevention of Disabilities Policy Council: Extends the Council for one additional year until June 30, 2016. Page 88, Line 13

hawk-i Program Eligibility: Requires the DHS to continue to provide coverage for children during eligibility redetermination. Page 88, Line 43

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Psychologist Medicaid Payment Eligibility: Requires the Medicaid Program to reimburse psychologists that obtain a provisional license in the State. Page 89, Line 28

Nursing Facility Quality Assurance Assessment: Requires the Nursing Facility Quality Assurance Assessment to be set at 3.0%. *The Governor vetoed this change in the assessment.* Page 93, Line 16

Medicaid Special Needs Trusts: Eliminates the restrictions on how funds can be disbursed from a Medicaid Special Needs Trust and sets new standards that are no more restrictive than the federal law. Page 94, Line 28

Department of Public Health

Abortion Prerequisites: Sets new prerequisites before an abortion can be performed. Page 74, Line 19

Office of Long-Term Care Ombudsman

Ombudsman Services: Allows the Office of Long-Term Care Ombudsman to provide assistance and advocacy services to certain Medicaid recipients. Page 68, Line 35

Other Changes

Insurance Copayments: Provides that copayments for physical and occupational therapists and speech pathologists cannot be greater than the copayment for a primary care physician. Page 86, Line 25

EFFECTIVE DATE

Department of Human Services

The Section that requires allocations to the judicial districts and to the DHS districts on or before June 15, 2015, is effective on enactment. Page 58, Line 9

The Division making deappropriations and a supplemental appropriation to Medicaid is effective on enactment, and retroactive to July 1, 2014. Page 67, Line 41

The Division directing the DHS to implement a computerized asset, income, and identity eligibility verification system is effective on enactment. Page 91, Line 31

Unless otherwise provided, this Act is effective July 1, 2015, and retroactive to July 1, 2015, if signed by the Governor on or after July 1, 2015. Page 153, Line 37

GOVERNOR'S VETOES*Department of Human Services*

Medicaid Cost Containment Prohibition: The Governor vetoed the language prohibiting the Governor from implementing Medicaid cost containment strategies and stated the item restricts the ability of the DHS to manage the Medicaid Program. In addition, the Governor vetoed this language for FY 2017 in Section 132. Page 31, Line 10

Medicaid Cost Containment Reporting: The Governor vetoed the paragraph requiring the DHS to report on Medicaid cost containment strategies annually and stated that the LSA, the DHS, and the DOM meet monthly and cost containment information is shared at these meetings. In addition, the Governor vetoed this language for FY 2017 in Section 132. Page 31, Line 22

State Innovation Model Grant Implementation: The Governor vetoed the paragraph requiring the DHS to implement the State Innovation Model Grant and stated that the State is already implementing the Grant. Page 31, Line 36

Medicaid Home and Community-Based Services (HCBS) Waiver Slots: The Governor vetoed the paragraph requiring a minimum number of HCBS waiver slots and stated it restricted the ability of the DHS to manage the Medicaid Program. In addition, the Governor vetoed this language for FY 2017 in Section 132. Page 33, Line 11

Mount Pleasant MHI: The Governor vetoed the paragraph funding the Mount Pleasant MHI and stated it was in the best interest of the State to cease operation of an aging, antiquated MHI lacking in key clinical staff. In addition, the Governor vetoed funding for FY 2017 in Section 143. Page 45, Line 33

Field Operations Staffing: The Governor vetoed the requirement to fill every possible authorized FTE position and stated that management must have the ability and flexibility to allocate resources where they are needed and the information in the monthly report is available in the State's accounting and budgeting systems. In addition, the Governor vetoed this language for FY 2017 in section 146. Page 47, Line 38

General Administration Operations: The Governor vetoed a monthly reporting requirement and stated that this information is already available within the State's accounting and budgeting system. In addition, the Governor vetoed this language for FY 2017 in Section 147. Page 48, Line 24

Substance Abuse Providers: The Governor vetoed a 3.0% rate increase and stated that with the rate increase provided two years ago and substance abuse providers benefiting from the Iowa Health and Page 53, Line 38

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Wellness Plan a rate increase is not needed at this time. In addition, the Governor vetoed the reimbursement paragraph for FY 2017 in Section 149.

Medicaid Managed Care: The Governor vetoed the paragraph that specified that if the Centers for Medicare and Medicaid Services (CMS) approves the DHS managed care waiver, any provider subject to the contract will be reimbursed at actuarially sound capitation rates no lower than the reimbursement rates in effect on June 30, 2015, and stated the restrictions in this item are redundant and unneeded. In addition, the Governor vetoed this language for FY 2017 in Section 149.

Page 56, Line 16

Level of Care Assessment: The Governor vetoed the Section requiring a third-party to conduct an initial level of care assessment for Medicaid and stated the item creates restrictions on the reimbursement methods of the health care plans partnering with the State that are redundant and unneeded.

Page 70, Line 17

Child Care Assistance: The Governor vetoed expanding eligibility to 150.0% of the Federal Poverty Level and stated that with larger federal updates forthcoming, the DHS recommended not making this change at this time.

Page 83, Line 22

Refugee Family Support Pilot Program: The Governor vetoed the Division creating a Refugee Family Support Pilot Program and stated that more time is needed to study a statewide solution for refugees and immigrants who originally went to other states and how Iowa, both publicly and privately, can best meet the needs of modern refugees. In addition, the Governor vetoed this Pilot Program for FY 2017 in Section 156.

Page 91, Line 34

Nursing Facility Quality Assurance Assessment: The Governor vetoed the Division increasing the assessment to 3.00% and stated a change in the assessment is inappropriate at this time.

Page 93, Line 16

Clarinda MHI: The Governor vetoed the Section requiring the DHS to issue a request for proposals within 30 days to provide care and treatment for adults that are sexually aggressive or combative due to a mental illness or that have unmet geropsychiatric needs, beginning December 16, 2015, at the Clarinda MHI, and stated it is in the best interest of the State to allow Mental Health and Disability Services Regions to develop their own settings for care rather than restricting them to the Clarinda campus.

Page 152, Line 26

Department of Public Health

Iowa Primary Care Association: The Governor vetoed \$1.7 million of the allocation to the Association and stated that due to the Iowa State Innovation Model grant funding that this state fund is duplicative and not needed at this time. In addition, the Governor vetoed this allocation for FY 2017 in Section 123.

Page 13, Line 16

Iowa Veterans Home

Collective Bargaining Continuation: The Governor vetoed the paragraph related to collective bargaining and stated this item restricts contracting flexibility at the Iowa Veterans Home. In addition, the Governor vetoed this language for FY 2017 in Section 124.

Page 17, Line 42

Monthly Expenditure Report: The Governor vetoed the paragraph related to the monthly expenditure report to the LSA and stated the requirement was redundant and overly burdensome. In addition, the Governor vetoed this language for FY 2017 in Section 124.

Page 18, Line 9

ENACTMENT DATE

This Act was approved by the General Assembly on June 3, 2015, and item vetoed and signed by the Governor on July 2, 2015.

Senate File 505 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
59	27	38	Amend	135.159.2.a
59	36	39	Amend	135.159.2.b
59	43	40	Amend	135.159.10
68	27	64	Add	2.45.6
68	35	65	New	231.44
71	11	68	New	135.181
72	14	69	Amend	225D.1.3
72	30	70	Add	225D.2.2.1
72	38	71	Amend	225D.2.5.a
73	8	72	Amend	231E.4.3.a
74	3	74	Amend	155A.43
74	21	75	New	146A.1
74	34	76	New	12I.1
75	42	77	New	12I.2
77	9	78	New	12I.3
78	23	79	New	12I.4
79	8	80	New	12I.5
79	13	81	New	12I.6
79	41	82	New	12I.7
80	30	83	New	12I.8
80	42	84	New	12I.9
81	10	85	New	12I.10
82	17	86	New	12I.11
82	20	87	Add	422.7.34,34A
83	6	88	Add	450.4.9
83	24	92	Amend	237A.13.7.c
83	42	94	Amend	331.424A.8
84	6	95	Amend	426B.3.1
84	14	96	Amend	426B.3.4.a
84	22	97	Strike	426B.3.5
84	26	98	Amend	426B.3.5.e.(1)
86	28	101	New	514C.30
88	15	103	Amend	225B.8
89	2	105	Amend	514I.8.3
89	30	107	Amend	249A.15
93	18	114	Amend	249L.3.1.d
94	30	118	Strike	633C.1.8
94	32	119	Strike and Replace	633C.2
95	7	120	Amend	633C.4.2

1 6 DIVISION I
 1 7 DEPARTMENT ON AGING — FY 2015-2016

1 8 Section 1. DEPARTMENT ON AGING. There is appropriated from
 1 9 the general fund of the state to the department on aging for
 1 10 the fiscal year beginning July 1, 2015, and ending June 30,
 1 11 2016, the following amount, or so much thereof as is necessary,
 1 12 to be used for the purposes designated:

1 13 For aging programs for the department on aging and area
 1 14 agencies on aging to provide citizens of Iowa who are 60 years
 1 15 of age and older with case management for frail elders, Iowa's
 1 16 aging and disabilities resource center, and other services
 2 1 which may include but are not limited to adult day services,
 2 2 respite care, chore services, information and assistance,
 2 3 and material aid, for information and options counseling for
 2 4 persons with disabilities who are 18 years of age or older,
 2 5 and for salaries, support, administration, maintenance, and
 2 6 miscellaneous purposes, and for not more than the following
 2 7 full-time equivalent positions:
 2 8 \$ 11,399,732
 2 9 FTEs 31.00

2 10 1. Funds appropriated in this section may be used to
 2 11 supplement federal funds under federal regulations. To
 2 12 receive funds appropriated in this section, a local area
 2 13 agency on aging shall match the funds with moneys from other
 2 14 sources according to rules adopted by the department. Funds
 2 15 appropriated in this section may be used for elderly services
 2 16 not specifically enumerated in this section only if approved
 2 17 by an area agency on aging for provision of the service within
 2 18 the area.

2 19 2. Of the funds appropriated in this section, \$279,946 is
 2 20 transferred to the economic development authority for the Iowa
 2 21 commission on volunteer services to be used for the retired and
 2 22 senior volunteer program.

2 23 3. a. The department on aging shall establish and enforce
 2 24 procedures relating to expenditure of state and federal funds
 2 25 by area agencies on aging that require compliance with both
 2 26 state and federal laws, rules, and regulations, including but
 2 27 not limited to all of the following:
 2 28 (1) Requiring that expenditures are incurred only for goods
 2 29 or services received or performed prior to the end of the
 2 30 fiscal period designated for use of the funds.
 2 31 (2) Prohibiting prepayment for goods or services not

General Fund appropriation to the Department on Aging for FY 2016.

DETAIL: This is a decrease of \$20,000 and 2.90 FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$20,000 to eliminate funding for the Guardianship and Conservatorship Pilot Project.
- An increase of 2.90 FTE positions to match the FY 2015 appropriation.

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 2015 allocation.

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

2 32 received or performed prior to the end of the fiscal period
 2 33 designated for use of the funds.
 2 34 (3) Prohibiting the prepayment for goods or services
 2 35 not defined specifically by good or service, time period, or
 2 36 recipient.
 2 37 (4) Prohibiting the establishment of accounts from which
 2 38 future goods or services which are not defined specifically by
 2 39 good or service, time period, or recipient, may be purchased.
 2 40 b. The procedures shall provide that if any funds are
 2 41 expended in a manner that is not in compliance with the
 2 42 procedures and applicable federal and state laws, rules, and
 2 43 regulations, and are subsequently subject to repayment, the
 3 1 area agency on aging expending such funds in contravention of
 3 2 such procedures, laws, rules and regulations, not the state,
 3 3 shall be liable for such repayment.

3 4 4. Of the funds appropriated in this section, at least
 3 5 \$250,000 shall be used to fund the unmet needs identified
 3 6 through Iowa's aging and disability resource center network.

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

DETAIL: This is no change compared to the FY 2015 allocation.

3 7 5. Of the funds appropriated in this section, at least
 3 8 \$600,000 shall be used to fund home and community-based
 3 9 services through the area agencies on aging that enable older
 3 10 individuals to avoid more costly utilization of residential or
 3 11 institutional services and remain in their own homes.

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

DETAIL: This is no change compared to the FY 2015 allocation.

3 12 6. Of the funds appropriated in this section, \$813,666
 3 13 shall be used for the purposes of chapter 231E and section
 3 14 231.56A, of which \$288,666 shall be used for the office of
 3 15 substitute decision maker pursuant to chapter 231E, and the
 3 16 remainder shall be distributed equally to the area agencies on
 3 17 aging to administer the prevention of elder abuse, neglect, and
 3 18 exploitation program pursuant to section 231.56A, in accordance
 3 19 with the requirements of the federal Older Americans Act of
 3 20 1965, 42 U.S.C. §3001 et seq., as amended.

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 the Office of Substitute Decision Maker.

DETAIL: This is no change compared to FY 2015 allocations.

3 21 DIVISION II
 3 22 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2015-2016

3 23 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN.
 3 24 1. There is appropriated from the general fund of the state
 3 25 to the office of long-term care ombudsman for the fiscal year
 3 26 beginning July 1, 2015, and ending June 30, 2016, the following
 3 27 amount, or so much thereof as is necessary, to be used for the
 3 28 purposes designated:
 3 29 For salaries, support, administration, maintenance, and
 3 30 miscellaneous purposes, and for not more than the following

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

DETAIL: This is an increase of \$347,468 and 5.10 FTE positions compared to estimated FY 2015. This includes:

- An increase of \$220,000 for 4.00 additional Long-Term Care

3 31	full-time equivalent positions:		
3 32	.....	\$	1,276,783
3 33	..... FTEs		17.00

- Ombudsmen if federal matching funds are approved.
- An increase of \$127,468 to maintain current programs and personnel.
 - An increase of 1.00 FTE position to account for the State Long-Term Care Ombudsman position.
 - An increase of 0.10 FTE position to match the FY 2015 appropriation.

3 34 2. Of the funds appropriated in this section, \$220,000 shall
 3 35 be used to provide additional local long-term care ombudsmen.

Allocates \$220,000 for up to four local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is a new allocation for FY 2015.

3 36 3. The office of long-term care ombudsman and the department
 3 37 of human services shall collaborate to develop a cost
 3 38 allocation plan requesting Medicaid administrative funding to
 3 39 provide for the claiming of federal financial participation
 3 40 for office of long-term care ombudsman activities that are
 3 41 performed to assist with administration of the Medicaid
 3 42 program. The cost allocation plan shall document the costs
 3 43 that directly benefit the Medicaid program and are consistent
 4 1 with federal requirements. The cost allocation plan shall be
 4 2 developed in a timely manner to allow for such claiming to
 4 3 begin by January 1, 2016.

Requires the Office of Long-Term Care Ombudsman and the DHS to collaborate to develop a cost allocation plan to draw federal matching funds for the work the Ombudsman's Office performs related to Medicaid.

4 4 DIVISION III
 4 5 DEPARTMENT OF PUBLIC HEALTH — FY 2015-2016
 4 6 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 4 7 from the general fund of the state to the department of public
 4 8 health for the fiscal year beginning July 1, 2015, and ending
 4 9 June 30, 2016, the following amounts, or so much thereof as is
 4 10 necessary, to be used for the purposes designated:

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

4 11 1. ADDICTIVE DISORDERS

4 12	For reducing the prevalence of the use of tobacco, alcohol,		
4 13	and other drugs, and treating individuals affected by addictive		
4 14	behaviors, including gambling, and for not more than the		
4 15	following full-time equivalent positions:		
4 16	.....	\$	27,263,690
4 17	..... FTEs		10.00

General Fund appropriation to [Addictive Disorders](#) programs.

DETAIL: This is no change in funding and FTE positions compared to estimated FY 2015.

4 18 a. (1) Of the funds appropriated in this subsection,
 4 19 \$5,248,361 shall be used for the tobacco use prevention
 4 20 and control initiative, including efforts at the state and
 4 21 local levels, as provided in chapter 142A. The commission
 4 22 on tobacco use prevention and control established pursuant
 4 23 to section 142A.3 shall advise the director of public health

Allocates \$5,248,361 for tobacco use, prevention, and control initiatives, including Community Partnerships. Directs activities of the Commission on Tobacco Use Prevention and Control to align with the U.S. Center for Disease Control best practices.

DETAIL: This is a new broader allocation than the allocations made in

4 24 in prioritizing funding needs and the allocation of moneys
 4 25 appropriated for the programs and initiatives. Activities
 4 26 of the programs and initiatives shall be in alignment with
 4 27 the United States centers for disease control and prevention
 4 28 best practices for comprehensive tobacco control programs that
 4 29 include the goals of preventing youth initiation of tobacco
 4 30 usage, reducing exposure to secondhand smoke, and promotion
 4 31 of tobacco cessation. To maximize resources, the department
 4 32 shall determine if third-party sources are available to
 4 33 instead provide nicotine replacement products to an applicant
 4 34 prior to provision of such products to an applicant under
 4 35 the initiative. The department shall track and report to
 4 36 the individuals specified in this Act, any reduction in
 4 37 the provision of nicotine replacement products realized by
 4 38 the initiative through implementation of the prerequisite
 4 39 screening.

FY 2015. The allocation is an increase of \$75,000 compared to the FY 2015 Health and Human Services Appropriation Act, but no change in General Fund funding for Tobacco Use, Prevention, and Control.

4 40 (2) (a) Of the funds allocated in this paragraph "a",
 4 41 \$453,067 is transferred to the alcoholic beverages division of
 4 42 the department of commerce for enforcement of tobacco laws,
 4 43 regulations, and ordinances and to engage in tobacco control
 5 1 activities approved by the division of tobacco use prevention
 5 2 and control of the department of public health as specified
 5 3 in the memorandum of understanding entered into between the
 5 4 divisions.

Of the amount allocated, \$453,067 is transferred to the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter [63](#).

DETAIL: This is no change compared to the FY 2015 allocation.

5 5 (b) For the fiscal year beginning July 1, 2015, and ending
 5 6 June 30, 2016, the terms of the memorandum of understanding,
 5 7 entered into between the division of tobacco use prevention
 5 8 and control of the department of public health and the
 5 9 alcoholic beverages division of the department of commerce,
 5 10 governing compliance checks conducted to ensure licensed retail
 5 11 tobacco outlet conformity with tobacco laws, regulations, and
 5 12 ordinances relating to persons under eighteen years of age,
 5 13 shall continue to restrict the number of such checks to one
 5 14 check per retail outlet, and one additional check for any
 5 15 retail outlet found to be in violation during the first check.

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

5 16 b. Of the funds appropriated in this subsection,
 5 17 \$22,015,329 shall be used for problem gambling and
 5 18 substance-related disorder prevention, treatment, and recovery
 5 19 services, including a 24-hour helpline, public information
 5 20 resources, professional training, and program evaluation.

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

DETAIL: This is no change compared to the FY 2015 allocation.

5 21 (1) Of the funds allocated in this paragraph "b",
 5 22 \$18,903,715 shall be used for substance-related disorder
 5 23 prevention and treatment.

Allocates \$18,903,715 for substance abuse prevention and treatment.

DETAIL: This is no change compared to the FY 2015 allocation.

5 24 (a) Of the funds allocated in this subparagraph (1),
 5 25 \$899,300 shall be used for the public purpose of a grant
 5 26 program to provide substance-related disorder prevention
 5 27 programming for children.
 5 28 (i) Of the funds allocated in this subparagraph division
 5 29 (a), \$427,539 shall be used for grant funding for organizations
 5 30 that provide programming for children by utilizing mentors.
 5 31 Programs approved for such grants shall be certified or must
 5 32 be certified within six months of receiving the grant award
 5 33 by the Iowa commission on volunteer services as utilizing the
 5 34 standards for effective practice for mentoring programs.
 5 35 (ii) Of the funds allocated in this subparagraph division
 5 36 (a), \$426,839 shall be used for grant funding for organizations
 5 37 providing programming that includes youth development and
 5 38 leadership services. The programs shall also be recognized as
 5 39 being programs that are scientifically based with evidence of
 5 40 their effectiveness in reducing substance-related disorders in
 5 41 children.
 5 42 (iii) The department of public health shall utilize a
 5 43 request for proposals process to implement the grant program.
 6 1 (iv) All grant recipients shall participate in a program
 6 2 evaluation as a requirement for receiving grant funds.
 6 3 (v) Of the funds allocated in this subparagraph division
 6 4 (a), up to \$44,922 may be used to administer substance-related
 6 5 disorder prevention grants and for program evaluations.

6 6 (b) Of the funds allocated in this subparagraph
 6 7 (1), \$272,603 shall be used for culturally competent
 6 8 substance-related disorder treatment pilot projects.
 6 9 (i) The department shall utilize the amount allocated
 6 10 in this subparagraph division (b) for at least three pilot
 6 11 projects to provide culturally competent substance-related
 6 12 disorder treatment in various areas of the state. Each pilot
 6 13 project shall target a particular ethnic minority population.
 6 14 The populations targeted shall include but are not limited to
 6 15 African American, Asian, and Latino.
 6 16 (ii) The pilot project requirements shall provide for
 6 17 documentation or other means to ensure access to the cultural
 6 18 competence approach used by a pilot project so that such
 6 19 approach can be replicated and improved upon in successor
 6 20 programs.

6 21 (2) Of the funds allocated in this paragraph "b", up
 6 22 to \$3,111,614 may be used for problem gambling prevention,
 6 23 treatment, and recovery services.
 6 24 (a) Of the funds allocated in this subparagraph (2),
 6 25 \$2,573,762 shall be used for problem gambling prevention and
 6 26 treatment.

Allocates \$899,300 for substance abuse prevention programs for children and youth. Requires competitive applications for funding and requirements for award recipients to participate in program evaluation.

DETAIL: This is no change compared to the FY 2015 allocation. This amount is further allocated as follows:

- \$427,539 for programming that utilizes mentors.
- \$426,839 for programming that includes youth development and leadership.
- \$44,922 for program administration and evaluation.

Allocates \$272,603 for at least three culturally competent substance abuse treatment pilot projects.

DETAIL: This is no change compared to the FY 2015 allocation. Requires each pilot project to target a particular ethnic minority population, including but not limited to 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.

Allocates \$3,111,614 for problem gambling treatment, prevention, and recovery services.

DETAIL: This is no change compared to the FY 2015 allocation. This amount is further allocated as follows:

6 27 (b) Of the funds allocated in this subparagraph (2), up to
 6 28 \$437,852 may be used for a 24-hour helpline, public information
 6 29 resources, professional training, and program evaluation.
 6 30 (c) Of the funds allocated in this subparagraph (2), up
 6 31 to \$100,000 may be used for the licensing of problem gambling
 6 32 treatment programs.

- \$2,573,762 for problem gambling prevention and treatment.
- \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.
- Up to \$100,000 for licensing problem gambling treatment programs.

6 33 (3) It is the intent of the general assembly that from the
 6 34 moneys allocated in this paragraph "b", persons with a dual
 6 35 diagnosis of substance-related disorder and gambling addiction
 6 36 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.

6 37 c. Notwithstanding any provision of law to the contrary,
 6 38 to standardize the availability, delivery, cost of delivery,
 6 39 and accountability of problem gambling and substance-related
 6 40 disorder treatment services statewide, the department shall
 6 41 continue implementation of a process to create a system
 6 42 for delivery of treatment services in accordance with the
 6 43 requirements specified in 2008 Iowa Acts, chapter 1187, section
 7 1 3, subsection 4. To ensure the system provides a continuum
 7 2 of treatment services that best meets the needs of Iowans,
 7 3 the problem gambling and substance-related disorder treatment
 7 4 services in any area may be provided either by a single agency
 7 5 or by separate agencies submitting a joint proposal.

Requires the DPH to fulfill the requirements of 2008 Iowa Acts, chapter [1187](#) by implementing a process that creates a standardized system for delivery of treatment services for problem gambling and substance abuse related disorders. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs. The system of delivery is required to:

- Include problem gambling prevention.
- Include substance abuse prevention by July 1, 2016.
- Of the amount allocated in paragraph b, the DPH is permitted to use up to \$100,000 for administrative costs and system development.

7 6 (1) The system for delivery of substance-related disorder
 7 7 and problem gambling treatment shall include problem gambling
 7 8 prevention.

7 9 (2) The system for delivery of substance-related disorder
 7 10 and problem gambling treatment shall include substance-related
 7 11 disorder prevention by July 1, 2016.

7 12 (3) Of the funds allocated in paragraph "b", the department
 7 13 may use up to \$100,000 for administrative costs to continue
 7 14 developing and implementing the process in accordance with this
 7 15 paragraph "c".

7 16 d. The requirement of section 123.53, subsection 5, is met
 7 17 by the appropriations and allocations made in this division of
 7 18 this Act for purposes of substance-related disorder treatment
 7 19 and addictive disorders for the fiscal year beginning July 1,
 7 20 2015.

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

7 21 e. The department of public health shall work with all
 7 22 other departments that fund substance-related disorder
 7 23 prevention and treatment services and all such departments
 7 24 shall, to the extent necessary, collectively meet the state
 7 25 maintenance of effort requirements for expenditures for
 7 26 substance-related disorder services as required under the

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

7 27 federal substance-related disorder prevention and treatment
7 28 block grant.

7 29 2. HEALTHY CHILDREN AND FAMILIES

7 30 For promoting the optimum health status for children,
7 31 adolescents from birth through 21 years of age, and families,
7 32 and for not more than the following full-time equivalent
7 33 positions:
7 34 \$ 4,617,543
7 35 FTEs 12.00

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is an increase of \$570,941 and no change in FTE positions compared to estimated FY 2015. The increase is to expand the First Five Program.

7 36 a. Of the funds appropriated in this subsection, not more
7 37 than \$734,841 shall be used for the healthy opportunities for
7 38 parents to experience success (HOPES)-healthy families Iowa
7 39 (HFI) program established pursuant to section 135.106. The
7 40 funding shall be distributed to renew the grants that were
7 41 provided to the grantees that operated the program during the
7 42 fiscal year ending June 30, 2015.

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

DETAIL: This is no change compared to the FY 2015 allocation. Requires funds to be distributed to the grantees that received funding in FY 2015.

7 43 b. In order to implement the legislative intent stated in
8 1 sections 135.106 and 256I.9, that priority for home visitation
8 2 program funding be given to programs using evidence-based or
8 3 promising models for home visitation, it is the intent of the
8 4 general assembly to phase in the funding priority in accordance
8 5 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
8 6 paragraph "0b".

Implements legislative intent for Iowa Code section [35.106](#), 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 7 c. Of the funds appropriated in this subsection, \$2,198,828
8 8 shall be used for continuation of the department's initiative
8 9 to provide for adequate developmental surveillance and
8 10 screening during a child's first five years. The funds shall
8 11 be used first to fully fund the current sites to ensure that
8 12 the sites are fully operational, with the remaining funds
8 13 to be used for expansion to additional sites. The full
8 14 implementation and expansion shall include enhancing the scope
8 15 of the program through collaboration with the child health
8 16 specialty clinics to promote healthy child development through
8 17 early identification and response to both biomedical and social
8 18 determinants of healthy development; by monitoring child
8 19 health metrics to inform practice, document long-term health
8 20 impacts and savings, and provide for continuous improvement
8 21 through training, education, and evaluation; and by providing
8 22 for practitioner consultation particularly for children with
8 23 behavioral conditions and needs. The department of public
8 24 health shall also collaborate with the Iowa Medicaid enterprise
8 25 and the child health specialty clinics to integrate the
8 26 activities of the first five initiative into the establishment

Allocates \$2,198,828 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$570,941 compared to the FY 2015 allocation. The increase provides for care coordination for non-Medicaid children and to begin the Community Planning for three new service areas. This would cover an additional 13 counties. First Five is currently operating in 49 Iowa counties. 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.

8 27 of patient-centered medical homes, community utilities,
8 28 accountable care organizations, and other integrated care
8 29 models developed to improve health quality and population
8 30 health while reducing health care costs. To the maximum extent
8 31 possible, funding allocated in this paragraph shall be utilized
8 32 as matching funds for medical assistance program reimbursement.

8 33 d. Of the funds appropriated in this subsection, \$74,640
8 34 shall be distributed to a statewide dental carrier to provide
8 35 funds to continue the donated dental services program patterned
8 36 after the projects developed by the lifeline network to provide
8 37 dental services to indigent individuals who are elderly or with
8 38 disabilities.

8 39 e. Of the funds appropriated in this subsection, \$111,995
8 40 shall be used for childhood obesity prevention.

8 41 f. Of the funds appropriated in this subsection, \$162,768
8 42 shall be used to provide audiological services and hearing
8 43 aids for children. The department may enter into a contract
9 1 to administer this paragraph.

9 2 g. Of the funds appropriated in this subsection, \$25,000 is
9 3 transferred to the university of iowa college of dentistry for
9 4 provision of primary dental services to children. State funds
9 5 shall be matched on a dollar-for-dollar basis. The university
9 6 of iowa college of dentistry shall coordinate efforts with the
9 7 department of public health, bureau of oral and health delivery
9 8 systems, to provide dental care to underserved populations
9 9 throughout the state.

9 10 h. Of the funds appropriated in this subsection, \$50,000
9 11 shall be used to address youth suicide prevention.

9 12 i. Of the funds appropriated in this subsection, \$50,000
9 13 shall be used to support the iowa effort to address the survey
9 14 of children who experience adverse childhood experiences known
9 15 as ACEs.

9 16 j. The department of public health shall continue to
9 17 administer the program to assist parents in this state with
9 18 costs resulting from the death of a child in accordance with
9 19 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
9 20 subsection 12.

Allocates \$74,640 for a Donated Dental Services Program for indigent elderly and disabled individuals.

DETAIL: This is no change compared to the FY 2015 allocation.

Allocates \$111,995 for childhood obesity programs.

DETAIL: This is no change compared to the FY 2015 allocation.

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

DETAIL: This is no change compared to the FY 2015 allocation.

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 DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the FY 2015 allocation.

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

DETAIL: This is no change compared to the FY 2015 allocation.

Allocates \$50,000 to support the Iowa effort to address the study of children that experience Adverse Childhood Experiences (ACEs).

DETAIL: This is no change compared to the FY 2015 allocation.

Requires the IDPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to DHS.

DETAIL: The Program received an allocation of \$100,000 with nonreversion language until all funds are expended.

9 21 3. CHRONIC CONDITIONS
 9 22 For serving individuals identified as having chronic
 9 23 conditions or special health care needs, and for not more than
 9 24 the following full-time equivalent positions:
 9 25 \$ 4,955,692
 9 26 FTEs 5.00

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is a decrease of \$200,000 and no change in FTE positions compared to estimated FY 2015. The decrease is to the Cervical Cancer Screening Program.

9 27 a. Of the funds appropriated in this subsection, \$159,932
 9 28 shall be used for grants to individual patients who have an
 9 29 inherited metabolic disorder to assist with the costs of
 9 30 medically necessary foods and formula.

Allocates \$159,932 for grants to individual patients with [inherited metabolic disorders](#) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2015 allocation funding. The allocation language was broadened to cover more than Phenylketonuria.

9 31 b. Of the funds appropriated in this subsection, \$891,644
 9 32 shall be used for the brain injury services program pursuant to
 9 33 section 135.22B, including for continuation of the contracts
 9 34 for resource facilitator services in accordance with section
 9 35 135.22B, subsection 9, and to enhance brain injury training and
 9 36 recruitment of service providers on a statewide basis. Of the
 9 37 amount allocated in this paragraph, \$95,000 shall be used to
 9 38 fund one full-time equivalent position to serve as the state
 9 39 brain injury services program manager.

Allocates \$891,644 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the FY 2015 allocation.

9 40 c. Of the funds appropriated in this subsection, \$547,982
 9 41 shall be used as additional funding to leverage federal funding
 9 42 through the federal Ryan White Care Act, Tit.II, AIDS drug
 9 43 assistance program supplemental drug treatment grants.

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

DETAIL: This is no change compared to the FY 2015 allocation.

10 1 d. Of the funds appropriated in this subsection, \$149,823
 10 2 shall be used for the public purpose of continuing to contract
 10 3 with an existing national-affiliated organization to provide
 10 4 education, client-centered programs, and client and family
 10 5 support for people living with epilepsy and their families.
 10 6 The amount allocated in this paragraph in excess of \$100,000
 10 7 shall be matched dollar-for-dollar by the organization
 10 8 specified.

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

DETAIL: This is no change compared to the FY 2015 allocation.

10 9 e. Of the funds appropriated in this subsection, \$785,114
 10 10 shall be used for child health specialty clinics.

Allocates \$785,114 for Child Health Specialty Clinics.

DETAIL: This is no change compared to the FY 2015 allocation.

10 11 f. Of the funds appropriated in this subsection, \$400,000
 10 12 shall be used by the regional autism assistance program

Allocates \$400,000 to be used by the Regional Autism Service Program (RASP) to create autism support programs administered by

<p>10 13 established pursuant to section 256.35, and administered by 10 14 the child health specialty clinic located at the university of 10 15 iowa hospitals and clinics. The funds shall be used to enhance 10 16 interagency collaboration and coordination of educational, 10 17 medical, and other human services for persons with autism, 10 18 their families, and providers of services, including delivering 10 19 regionalized services of care coordination, family navigation, 10 20 and integration of services through the statewide system of 10 21 regional child health specialty clinics and fulfilling other 10 22 requirements as specified in chapter 225D. The university of 10 23 iowa shall not receive funds allocated under this paragraph for 10 24 indirect costs associated with the regional autism assistance 10 25 program.</p>	<p>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 2015 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.</p>
<p>10 26 g. Of the funds appropriated in this subsection, \$570,993 10 27 shall be used for the comprehensive cancer control program to 10 28 reduce the burden of cancer in iowa through prevention, early 10 29 detection, effective treatment, and ensuring quality of life. 10 30 Of the funds allocated in this paragraph "g", \$150,000 shall 10 31 be used to support a melanoma research symposium, a melanoma 10 32 biorepository and registry, basic and translational melanoma 10 33 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 2015 allocation.</p>
<p>10 34 h. Of the funds appropriated in this subsection, \$126,450 10 35 shall be used for cervical and colon cancer screening, and 10 36 \$300,000 shall be used to enhance the capacity of the cervical 10 37 cancer screening program to include provision of recommended 10 38 prevention and early detection measures to a broader range of 10 39 low-income women.</p>	<p>Allocates \$126,450 for cervical and colon cancer screening and \$300,000 for enhanced capacity of the cervical cancer screening program for a total of \$426,450.</p> <p>DETAIL: This is a decrease of \$200,000 for cervical cancer screenings compared to the FY 2015 allocation. The DPH contracted with the Milliman actuarial firm to analyze the impact of state level health care reform on certain DPH programs and health care services. The study concluded the overall number of lowans seeking DPH-funded cervical cancer screening and preventative services is projected to decrease as more women enroll in new public and private health plans.</p>
<p>10 40 i. Of the funds appropriated in this subsection, \$526,695 10 41 shall be used for the center for congenital and inherited 10 42 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 2015 allocation.</p>
<p>10 43 j. Of the funds appropriated in this subsection, \$129,411 11 1 shall be used for the prescription drug donation repository 11 2 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 2015 allocation.</p>
<p>11 3 k. Of the funds appropriated in this subsection,</p>	<p>Allocates \$215,263 for the DPH Office of Health Care Transformation,</p>

11 4 \$215,263 shall be used by the department of public health
 11 5 for reform-related activities, including but not limited to
 11 6 facilitation of communication to stakeholders at the state and
 11 7 local level, administering the patient-centered health advisory
 11 8 council pursuant to section 135.159, and involvement in health
 11 9 care system innovation activities occurring across the state.

that handles Affordable Care Act related initiatives.

DETAIL: This is no change compared to the amount of the FY 2015 allocation. The language has been updated to improve the mission of the Office.

11 10 I. Of the funds appropriated in this subsection, \$25,000
 11 11 shall be used for administration of chapter 124D, the medical
 11 12 cannabidiol Act.

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

DETAIL: This is no change compared to the FY 2015 allocation.

11 13 4. COMMUNITY CAPACITY
 11 14 For strengthening the health care delivery system at the
 11 15 local level, and for not more than the following full-time
 11 16 equivalent positions:
 11 17 \$ 8,821,335
 11 18 FTEs 11.00

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net increase of \$83,425 and no change in FTE positions compared to estimated FY 2015. The General Fund changes include:

- A decrease of \$48,194 to transfer funding of a Local Board of Health Environmental Liaison 0.50 FTE position to the Public Protection Appropriation.
- A decrease of \$50,000 to eliminate funding for the [Reach Out and Read Program](#).
- An increase of \$50,000 for the Iowa [FIND Dental Education Loan Repayment Program](#).
- An decrease of \$25,000 to eliminate the [Directors Wellness Initiative](#).
- An increase of \$156,619 for psychiatric training at the UIHC.

11 19 a. Of the funds appropriated in this subsection, \$99,414
 11 20 is allocated for continuation of the child vision screening
 11 21 program implemented through the university of Iowa hospitals
 11 22 and clinics in collaboration with early childhood Iowa areas.
 11 23 The program shall submit a report to the individuals identified
 11 24 in this Act for submission of reports regarding the use of
 11 25 funds allocated under this paragraph "a". The report shall
 11 26 include the objectives and results for the program year
 11 27 including the target population and how the funds allocated
 11 28 assisted the program in meeting the objectives; the number,
 11 29 age, and location within the state of individuals served;
 11 30 the type of services provided to the individuals served; the
 11 31 distribution of funds based on service provided; and the
 11 32 continuing needs of the program.

Allocates \$99,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is no change compared to the FY 2015 allocation. Requires the Program to submit a report to the General Assembly outlining program objectives, target population and locations, services provided, and other details.

<p>11 33 b. Of the funds appropriated in this subsection, \$110,656 is 11 34 allocated for continuation of an initiative implemented at the 11 35 university of Iowa and \$99,904 is allocated for continuation of 11 36 an initiative at the state mental health institute at Cherokee 11 37 to expand and improve the workforce engaged in mental health 11 38 treatment and services. The initiatives shall receive input 11 39 from the university of Iowa, the department of human services, 11 40 the department of public health, and the mental health and 11 41 disability services commission to address the focus of the 11 42 initiatives.</p>	<p>Allocates \$110,656 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates \$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee, for a total of \$210,560.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>11 43 c. Of the funds appropriated in this subsection, \$1,164,628 12 1 shall be used for essential public health services that promote 12 2 healthy aging throughout one's lifespan, contracted through a 12 3 formula for local boards of health, to enhance health promotion 12 4 and disease prevention services.</p>	<p>Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>12 5 d. Of the funds appropriated in this section, \$99,286 shall 12 6 be deposited in the governmental public health system fund 12 7 created in section 135A.8 to be used for the purposes of the 12 8 fund.</p>	<p>Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>12 9 e. Of the funds appropriated in this subsection, \$105,448 12 10 shall be used to continue to address the shortage of mental 12 11 health professionals in the state.</p>	<p>Allocates \$105,448 for the Mental Health Professional Shortage Area Program.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>12 12 f. Of the funds appropriated in this subsection, 12 13 \$50,000 shall be used for a grant to a statewide association 12 14 of psychologists that is affiliated with the American 12 15 psychological association to be used for continuation of a 12 16 program to rotate intern psychologists in placements in urban 12 17 and rural mental health professional shortage areas, as defined 12 18 in section 135.180.</p>	<p>Allocates \$50,000 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>12 19 g. (1) Of the funds appropriated in this subsection, 12 20 \$2,882,969 shall be allocated as a grant to the Iowa primary 12 21 care association to be used pursuant to section 135.153 for 12 22 the statewide coordination of the Iowa collaborative safety 12 23 net provider network. Coordination of the network shall 12 24 focus on increasing access by underserved populations to 12 25 health care services, increasing integration of the health 12 26 system and collaboration across the continuum of care with 12 27 a focus on safety net services, and enhancing the Iowa 12 28 collaborative safety net provider network's communication and 12 29 education efforts. The amount allocated as a grant under this 12 30 subparagraph (1) shall be used as follows to support the Iowa</p>	<p>Allocates \$2,882,969 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section 135.153.</p> <p>DETAIL: This is no change in the total funding compared to FY 2015. The allocations made in this section have changed from a mandated amount to mandated maximums for each program. Some programs have been discontinued, combined, or revised from the 2014 Act.</p>

12 31 collaborative safety net provider network goals of increased
12 32 access, health system integration, and engagement:

12 33 (a) For distribution to safety net partners in the state
12 34 that work to increase access of the underserved population to
12 35 health services:

12 36 \$ 1,025,485

12 37 (i) Of the amount allocated in this subparagraph division
12 38 (a), not less than \$413,415 shall be distributed to the
12 39 Iowa prescription drug corporation for continuation of the
12 40 pharmaceutical infrastructure for safety net providers as
12 41 described in 2007 Iowa Acts, chapter 218, section 108.

12 42 (ii) Of the amount allocated in this subparagraph division
12 43 (a), not less than \$348,322 shall be distributed to free
13 1 clinics and free clinics of Iowa for necessary infrastructure,
13 2 statewide coordination, provider recruitment, service delivery,
13 3 and provision of assistance to patients in securing a medical
13 4 home inclusive of oral health care.

13 5 (iii) Of the amount allocated in this subparagraph division
13 6 (a), not less than \$50,000 shall be distributed to the Iowa
13 7 coalition against sexual assault to continue a training
13 8 program for sexual assault response team (SART) members,
13 9 including representatives of law enforcement, victim advocates,
13 10 prosecutors, and certified medical personnel.

13 11 (iv) Of the amount allocated in this subparagraph division
13 12 (a), not less than \$213,748 shall be distributed to the Polk
13 13 county medical society for continuation of the safety net
13 14 provider patient access to a specialty health care initiative
13 15 as described in 2007 Iowa Acts, chapter 218, section 109.

~~13 16 (b) For distribution to safety net partners in the
13 17 state that work to increase health system integration, care
13 18 coordination, and collaboration across the continuum of care
13 19 with a focus on safety net services. Such efforts shall
13 20 include but not be limited to community care coordination team
13 21 development and integration of medical and behavioral health
13 22 services. Efforts shall also include working, in conjunction
13 23 with the department of human services and the department
13 24 of public health, to support Medicaid managed care efforts
13 25 inclusive of the state innovation model through the continued
13 26 development and implementation of community care coordination
13 27 teams. Implementation of the community care coordination
13 28 teams shall be accomplished through a statewide regionally
13 29 based network that provides an integrated approach to health
13 30 care delivery through care coordination that supports primary
13 31 care providers and links patients with community resources
13 32 necessary to empower patients in addressing biomedical and
13 33 social determinants of health to improve health outcomes:~~

VETOED

Of the amount allocated in subparagraph (1), \$1,025,485 is allocated to increase access to underserved populations for health services. This amount is further allocated as follows:

- At least \$413,415 for the pharmaceutical infrastructure for safety net providers.
- At least \$348,322 for free clinics to assist patients with finding a medical home.
- At least \$50,000 for a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
- At least \$213,748 for the specialty health care initiative.

Of the amount allocated in subparagraph (1), \$1,672,199 is allocated to increase health system integration and community care coordination.

DETAIL: Reallocate funds to expand Community Care Coordination Team development and promote mental/substance abuse/primary care integration. These activities align with managed care and SIM (State Innovation Model), and will assist safety net providers under these new arrangements, and ensure continuity for safety net patients as changes are made in the delivery system.

VETOED: The Governor vetoed this paragraph and stated that due to the Iowa State Innovation Model grant funding that this state funding is duplicative and not needed at this time.

13 34 \$ 1,672,199

13 35 (c) For distribution to safety net partners in the state
13 36 that work to serve as a resource for credible, accurate
13 37 information on health care-related needs and services
13 38 for vulnerable populations in the state including the
13 39 Iowa association of rural health clinics for necessary
13 40 infrastructure and service delivery transformation and the Iowa
13 41 primary care association to support partner engagement, program
13 42 management, and statewide coordination of the network:
13 43 \$ 185,285

Of the amount allocated in subparagraph (1), \$185,285 is allocated for resource information, services for vulnerable populations, partner engagement, program management, and statewide coordination.

DETAIL: Funds will also provide for general program management and coordination. These funds will expand technical assistance and training available to safety net partners. The goal is to serve as a resource for credible, accurate information on health care related needs and services for vulnerable populations in Iowa.

14 1 (2) The amount allocated under this paragraph "g" shall
14 2 not be reduced for administrative or other costs prior to
14 3 distribution. The Iowa collaborative safety net provider
14 4 network may continue to distribute funds allocated pursuant to
14 5 this paragraph "g" through existing contracts or renewal of
14 6 existing contracts.

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. Permits the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.

14 7 (3) For each goal of the Iowa collaborative safety net
14 8 provider network, the Iowa primary care association shall
14 9 submit a progress report to the individuals designated in this
14 10 Act for submission of reports by December 15, 2015, including
14 11 progress in developing and implementing the network, how the
14 12 funds were distributed and used in developing and implementing
14 13 the network, and the remaining needs identified to fully
14 14 develop and implement the network.

Requires a report to be submitted by January 31, 2016, regarding the progress in developing and implementing the network, how funds were distributed, and the remaining needs in developing and implementing the network.

14 15 h. Of the funds appropriated in this subsection, \$213,400
14 16 shall be used for continuation of the work of the direct care
14 17 worker advisory council established pursuant to 2008 Iowa Acts,
14 18 chapter 1188, section 69, in implementing the recommendations
14 19 in the final report submitted by the advisory council to the
14 20 governor and the general assembly in March 2012, including
14 21 by continuing to develop, promote, and make available on a
14 22 statewide basis the prepare-to-care core curriculum and its
14 23 associated modules and specialties through various formats
14 24 including online access, community colleges, and other venues;
14 25 exploring new and maintaining existing specialties including
14 26 but not limited to oral health and dementia care; supporting
14 27 instructor training; and assessing and making recommendations
14 28 concerning the Iowa care book and information technology
14 29 systems and infrastructure uses and needs.

Allocates \$213,400 for the Direct Care Worker Advisory Council.

DETAIL: This is no change compared to the FY 2015 allocation amount. The language has been updated to cover current Advisory Council activities.

14 30 i. (1) Of the funds appropriated in this subsection,
14 31 \$216,375 shall be used for allocation to an independent
14 32 statewide direct care worker organization selected through a
14 33 request for proposals process. The contract shall include

Allocates \$216,375 for a request for proposal for independent direct care worker organization for promotion and education on direct care workforce issues.

<p>14 34 performance and outcomes measures, and shall allow the 14 35 contractor to use a portion of the funds received under the 14 36 contract to collect data to determine results based on the 14 37 performance and outcomes measures.</p>	<p>DETAIL: This is no change compared to the amount of the FY 2015 allocation. The request for proposal requirement is new.</p>
<p>14 38 (2) Of the funds appropriated in this subsection, \$75,000 14 39 shall be used to provide scholarships or other forms of 14 40 subsidization for direct care worker educational conferences, 14 41 training, or outreach activities.</p>	<p>Allocates \$75,000 for scholarships for direct care worker educational conferences, training, and outreach activities.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>14 42 j. Of the funds appropriated in this subsection, the 14 43 department may use up to \$58,175 for up to one full-time 15 1 equivalent position to administer the volunteer health care 15 2 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 2015 allocation.</p>
<p>15 3 k. Of the funds appropriated in this subsection, \$100,000 15 4 shall be used for a matching dental education loan repayment 15 5 program to be allocated to a dental nonprofit health service 15 6 corporation to continue to develop the criteria and implement 15 7 the loan repayment program.</p>	<p>Allocates \$100,000 for the FIND Dental Education Loan Repayment Program.</p> <p>DETAIL: This is an increase of \$50,000 compared to the FY 2015 allocation. This is a general increase to expand the program.</p>
<p>15 8 l. Of the funds appropriated in this subsection, \$105,823 is 15 9 transferred to the college student aid commission for deposit 15 10 in the rural iowa primary care trust fund created in section 15 11 261.113 to be used for the purposes of the fund.</p>	<p>Allocates \$105,823 for transfer 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.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>15 12 m. Of the funds appropriated in this subsection, \$250,000 15 13 shall be used for the purposes of the iowa donor registry as 15 14 specified in section 142C.18.</p>	<p>Allocates \$250,000 to the Iowa Donor Registry.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>15 15 n. Of the funds appropriated in this subsection, \$100,000 15 16 shall be used for continuation of a grant to a nationally 15 17 affiliated volunteer eye organization that has an established 15 18 program for children and adults and that is solely dedicated to 15 19 preserving sight and preventing blindness through education, 15 20 nationally certified vision screening and training, and 15 21 community and patient service programs. The organization 15 22 shall submit a report to the individuals identified in this 15 23 Act for submission of reports regarding the use of funds 15 24 allocated under this paragraph "n". The report shall include 15 25 the objectives and results for the program year including</p>	<p>Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation. Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.</p>

15 26 the target population and how the funds allocated assisted
 15 27 the program in meeting the objectives; the number, age, and
 15 28 location within the state of individuals served; the type of
 15 29 services provided to the individuals served; the distribution
 15 30 of funds based on services provided; and the continuing needs
 15 31 of the program.

15 32 o. Of the funds appropriated in this subsection, \$2,000,000
 15 33 shall be deposited in the medical residency training account
 15 34 created in section 135.175, subsection 5, paragraph "a", and
 15 35 is appropriated from the account to the department of public
 15 36 health to be used for the purposes of the medical residency
 15 37 training state matching grants program as specified in section
 15 38 135.176. However, notwithstanding any provision to the
 15 39 contrary in section 135.176, priority in the awarding of grants
 15 40 shall be given to sponsors that propose preference in the use
 15 41 of the grant funds for psychiatric residency positions and
 15 42 family practice residency positions.

15 43 p. Of the funds appropriated in this subsection, \$156,619
 16 1 is allocated to the university of Iowa hospitals and clinics
 16 2 to implement a systematic and evidence-based practice
 16 3 collaborative care model to improve outcomes of mental health
 16 4 treatment in primary care settings in the state. Funds shall
 16 5 be used to establish the collaborative care model in several
 16 6 primary care practices in rural and urban areas throughout the
 16 7 state, to provide staffing to administer the model, and to
 16 8 provide staff training and database management to track and
 16 9 manage patient outcomes.

16 10 5. HEALTHY AGING
 16 11 To provide public health services that reduce risks and
 16 12 invest in promoting and protecting good health over the
 16 13 course of a lifetime with a priority given to older lowans and
 16 14 vulnerable populations:
 16 15 \$ 7,297,142

16 16 6. INFECTIOUS DISEASES
 16 17 For reducing the incidence and prevalence of communicable
 16 18 diseases, and for not more than the following full-time
 16 19 equivalent positions:
 16 20 \$ 1,335,155
 16 21 FTEs 4.00

16 22 7. PUBLIC PROTECTION
 16 23 For protecting the health and safety of the public through
 16 24 establishing standards and enforcing regulations, and for not
 16 25 more than the following full-time equivalent 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 2015 allocation.

Allocates \$156,619 to the UIHC to implement a program that improves outcomes for mental health treatment in primary care settings.

DETAIL: This is a new allocation. The program will provide additional training to medical residency students about mental health and psychiatric prescriptions and track data and outcomes.

General Fund appropriation to Healthy Aging programs.

DETAIL: This is no change compared to estimated FY 2015.

General Fund appropriation to Infectious Disease programs.

DETAIL: This is no change compared to estimated FY 2015.

General Fund appropriation to Public Protection programs.

DETAIL: This is an increase of \$1,052,064 and 4.50 FTE positions compared to estimated FY 2015. The changes include:

16 26	.....	\$	4,339,191
16 27	.....	FTEs	136.00

- An increase of \$200,000 for Emergency Medical Services (EMS). Funding will support EMS activities including organizing local system/service training, data evaluation, primary system development and providing local EMS agencies assistance in capitalizing use of the system development funds; and to provide technical consultation and assistance to EMS services and providers.
- An increase of \$48,194 and 0.50 FTE position to transfer funding of a Local Board of Health Environmental Liaison from the Community Capacity appropriation.
- An increase of \$803,870 and 4.00 FTE positions to transfer funding from the Environmental Protection appropriation that is eliminated.

16 28 a. Of the funds appropriated in this subsection, not more
 16 29 than \$454,700 shall be credited to the emergency medical
 16 30 services fund created in section 135.25. Moneys in the
 16 31 emergency medical services fund are appropriated to the
 16 32 department to be used for the purposes of the fund.

Allocates up to \$454,700 for the EMS Fund.

DETAIL: This is no change compared to the FY 2015 allocation.

16 33 b. Of the funds appropriated in this subsection, \$203,032
 16 34 shall be used for sexual violence prevention programming
 16 35 through a statewide organization representing programs
 16 36 serving victims of sexual violence through the department's
 16 37 sexual violence prevention program. The amount allocated
 16 38 in this paragraph "b" shall not be used to supplant funding
 16 39 administered for other sexual violence prevention or victims
 16 40 assistance programs.

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

DETAIL: This is no change compared to the FY 2015 allocation.

16 41 c. Of the funds appropriated in this subsection, \$598,751
 16 42 shall be used for the state poison control center. Pursuant
 16 43 to the directive under 2014 Iowa Acts, chapter 1140, section
 17 1 102, the federal matching funds available to the state poison
 17 2 control center from the department of human services under the
 17 3 federal Children's Health Insurance Program Reauthorization Act
 17 4 allotment shall be subject to the federal administrative cap
 17 5 rule of 10 percent applicable to funding provided under Tit.
 17 6 XXI of the federal Social Security Act and included within the
 17 7 department's calculations of the cap.

Allocates up to \$598,751 for the [State Poison Control Center](#).

DETAIL: This is no change compared to the FY 2015 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. Permits the Center to transfer as much funding as needed for the purpose of receiving matching federal funds.

17 8 d. Of the funds appropriated in this subsection, \$537,750
 17 9 shall be used for childhood lead poisoning provisions.

Allocates \$537,750 for [childhood lead poisoning](#) testing.

DETAIL: This is a new allocation in the Public Protection appropriation, and no change compared to the allocation in the Environmental Hazards appropriation in FY 2015.

17 10 8. RESOURCE MANAGEMENT
 17 11 For establishing and sustaining the overall ability of the
 17 12 department to deliver services to the public, and for not more
 17 13 than the following full-time equivalent positions:
 17 14 \$ 855,072
 17 15 FTEs 4.00

General Fund appropriation for Resource Management activities.
 DETAIL: This is no change compared to estimated FY 2015.

17 16 The university of Iowa hospitals and clinics under the
 17 17 control of the state board of regents shall not receive
 17 18 indirect costs from the funds appropriated in this section.
 17 19 The university of Iowa hospitals and clinics billings to the
 17 20 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.

17 21 DIVISION IV
 17 22 DEPARTMENT OF VETERANS AFFAIRS — FY 2015-2016

17 23 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
 17 24 appropriated from the general fund of the state to the
 17 25 department of veterans affairs for the fiscal year beginning
 17 26 July 1, 2015, and ending June 30, 2016, the following amounts,
 17 27 or so much thereof as is necessary, to be used for the purposes
 17 28 designated:

General Fund appropriation to the [Department of Veterans Affairs](#).
 DETAIL: This is an increase of \$104,595 and 2.00 FTE positions compared to estimated FY 2015. The changes include:

17 29 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 17 30 For salaries, support, maintenance, and miscellaneous
 17 31 purposes, and for not more than the following full-time
 17 32 equivalent positions:
 17 33 \$ 1,200,546
 17 34 FTEs 15.00

- An increase of \$92,995 and 1.00 FTE position for a Cemetery Representative and 1.00 FTE position for a Maintenance Worker 2.
- An increase of \$11,600 to provide for audit expenses charged by the Auditor of State previously paid for by the Iowa Veterans Home.

17 35 2. IOWA VETERANS HOME

17 36 For salaries, support, maintenance, and miscellaneous
 17 37 purposes:
 17 38 \$ 7,594,996

General Fund appropriation to the Iowa Veterans Home (IVH).
 DETAIL: This is no change compared to estimated FY 2015.

17 39 a. The Iowa veterans home billings involving the department
 17 40 of human services shall be submitted to the department on at
 17 41 least a monthly basis.

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

~~17 42 b. If there is a change in the employer of employees
 17 43 providing services at the Iowa veterans home under a collective
 18 1 bargaining agreement, such employees and the agreement shall
 18 2 be continued by the successor employer as though there had not
 18 3 been a change in employer.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated this item restricts contracting flexibility at the Iowa Veterans Home.

18 4 c. Within available resources and in conformance with

Permits the IVH to provide financial assistance to support participation

18 5 associated state and federal program eligibility requirements,
18 6 the Iowa veterans home may implement measures to provide
18 7 financial assistance to or on behalf of veterans or their
18 8 spouses who are participating in the community reentry program.

in the community reentry program within State and federal eligibility requirements.

~~18 9 d. The Iowa veterans home expenditure report shall be
18 10 submitted monthly to the legislative services agency.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated the requirement was redundant and overly burdensome.

18 11 3. HOME OWNERSHIP ASSISTANCE PROGRAM
18 12 For transfer to the Iowa finance authority for the
18 13 continuation of the home ownership assistance program for
18 14 persons who are or were eligible members of the armed forces of
18 15 the United States, pursuant to section 16.54:
18 16 \$ 2,500,000

General Fund Appropriation for the [Home Ownership Assistance Program](#) for military service members.

DETAIL: This is no change compared to estimated FY 2015. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

18 17 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
18 18 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
18 19 appropriation in section 35A.16 for the fiscal year beginning
18 20 July 1, 2015, and ending June 30, 2016, the amount appropriated
18 21 from the general fund of the state pursuant to that section
18 22 for the following designated purposes shall not exceed the
18 23 following amount:
18 24 For the county commissions of veteran affairs fund under
18 25 section 35A.16:
18 26 \$ 990,000

Limits the FY 2016 General Fund appropriation to the County Commissions of Veteran Affairs Fund to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is no change compared to estimated FY 2015.

18 27 DIVISION V
18 28 DEPARTMENT OF HUMAN SERVICES — FY 2015-2016

18 29 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
18 30 GRANT. There is appropriated from the fund created in section
18 31 8.41 to the department of human services for the fiscal year
18 32 beginning July 1, 2015, and ending June 30, 2016, from moneys
18 33 received under the federal temporary assistance for needy
18 34 families (TANF) block grant pursuant to the federal Personal
18 35 Responsibility and Work Opportunity Reconciliation Act of 1996,
18 36 Pub.L.No.104-193, and successor legislation, the following
18 37 amounts, or so much thereof as is necessary, to be used for the
18 38 purposes designated:

Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2016.

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.

18 39 1. To be credited to the family investment program account
18 40 and used for assistance under the family investment program

TANF FY 2016 Block Grant appropriation for the FIP Account.

18 41	under chapter 239B:		DETAIL: This is a net decrease of \$1,144,227 compared to estimated net FY 2015. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.
18 42	.....	\$ 5,136,995	
18 43	2. To be credited to the family investment program account		TANF FY 2016 Block Grant appropriation for the PROMISE JOBS Program.
19 1	and used for the job opportunities and basic skills (JOBS)		
19 2	program and implementing family investment agreements in		
19 3	accordance with chapter 239B:		DETAIL: This is a net decrease of \$94,162 compared to estimated net FY 2015. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.
19 4	.....	\$ 10,138,178	
19 5	3. To be used for the family development and		TANF FY 2016 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.
19 6	self-sufficiency grant program in accordance with section		
19 7	216A.107:		
19 8	.....	\$ 2,898,980	DETAIL: This is no change compared to estimated FY 2015.
19 9	Notwithstanding section 8.33, moneys appropriated in this		Requires nonreversion of funds allocated for the FaDSS Grant Program.
19 10	subsection that remain unencumbered or unobligated at the close		
19 11	of the fiscal year shall not revert but shall remain available		
19 12	for expenditure for the purposes designated until the close of		
19 13	the succeeding fiscal year. However, unless such moneys are		
19 14	encumbered or obligated on or before September 30, 2016, the		
19 15	moneys shall revert.		
19 16	4. For field operations:		TANF FY 2016 Block Grant appropriation for Field Operations.
19 17	.....	\$ 31,296,232	DETAIL: This is no change compared to estimated FY 2015.
19 18	5. For general administration:		TANF FY 2016 Block Grant appropriation for General Administration.
19 19	.....	\$ 3,744,000	DETAIL: This is no change compared to estimated FY 2015.
19 20	6. For state child care assistance:		TANF FY 2016 Block Grant appropriation for Child Care Assistance.
19 21	.....	\$ 35,047,110	DETAIL: This is a net decrease of \$6,163,129 compared to estimated net FY 2015. The decrease is due to a one-time funding increase in FY 2015 to redirect General Fund dollars to Medicaid.
19 22	a. Of the funds appropriated in this subsection,		Requires the DHS to transfer \$26,328,097 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers and specifies requirements for funding the grants and the application form for the Grant. Caps contractor administrative costs at 5.00%.
19 23	\$26,328,097 is transferred to the child care and development		
19 24	block grant appropriation made by the Eighty-sixth General		
19 25	Assembly, 2015 Session, for the federal fiscal year beginning		
19 26	October 1, 2015, and ending September 30, 2016. Of this		
19 27	amount, \$200,000 shall be used for provision of educational		
19 28	opportunities to registered child care home providers in order		

19 29 to improve services and programs offered by this category
 19 30 of providers and to increase the number of providers. The
 19 31 department may contract with institutions of higher education
 19 32 or child care resource and referral centers to provide
 19 33 the educational opportunities. Allowable administrative
 19 34 costs under the contracts shall not exceed 5 percent. The
 19 35 application for a grant shall not exceed two pages in length.

19 36 b. Any funds appropriated in this subsection remaining
 19 37 unallocated shall be used for state child care assistance
 19 38 payments for families who are employed including but not
 19 39 limited to individuals enrolled in the family investment
 19 40 program.

19 41 7. For distribution to counties and regions through the
 19 42 property tax relief fund for mental health and disability
 19 43 services as provided in an appropriation made for this purpose:
 20 1 \$ 4,894,052

20 2 8. For child and family services:
 20 3 \$ 32,084,430

20 4 9. For child abuse prevention grants:
 20 5 \$ 125,000

20 6 10. For pregnancy prevention grants on the condition that
 20 7 family planning services are funded:
 20 8 \$ 1,930,067

20 9 Pregnancy prevention grants shall be awarded to programs
 20 10 in existence on or before July 1, 2015, if the programs have
 20 11 demonstrated positive outcomes. Grants shall be awarded to
 20 12 pregnancy prevention programs which are developed after July
 20 13 1, 2015, if the programs are based on existing models that
 20 14 have demonstrated positive outcomes. Grants shall comply with
 20 15 the requirements provided in 1997 Iowa Acts, chapter 208,
 20 16 section 14, subsections 1 and 2, including the requirement that
 20 17 grant programs must emphasize sexual abstinence. Priority in
 20 18 the awarding of grants shall be given to programs that serve
 20 19 areas of the state which demonstrate the highest percentage of
 20 20 unplanned pregnancies of females of childbearing age within the

Specifies that approximately \$8,719,013 will be used for Child Care Assistance for employed individuals enrolled in the FIP.

TANF FY 2016 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: This is no change compared to estimated FY 2015.

TANF FY 2016 Block Grant appropriation for Child and Family Services.

DETAIL: This is no change compared to estimated FY 2015.

TANF FY 2016 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated FY 2015.

TANF FY 2016 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 2015.

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 Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

<p>20 21 geographic area to be served by the grant.</p> <p>20 22 11. For technology needs and other resources necessary 20 23 to meet federal welfare reform reporting, tracking, and case 20 24 management requirements: 20 25 \$ 1,037,186</p> <p>20 26 12. For the family investment program share of the costs to 20 27 continue to develop and maintain a new, integrated eligibility 20 28 determination system: 20 29 \$ 6,654,880</p> <p>20 30 13. a. Notwithstanding any provision to the contrary, 20 31 including but not limited to requirements in section 8.41 or 20 32 provisions in 2014 or 2015 Iowa Acts regarding the receipt and 20 33 appropriation of federal block grants, federal funds from the 20 34 temporary assistance for needy families block grant received by 20 35 the state and not otherwise appropriated in this section and 20 36 remaining available for the fiscal year beginning July 1, 2015, 20 37 are appropriated to the department of human services to the 20 38 extent as may be necessary to be used in the following priority 20 39 order:the family investment program, for state child care 20 40 assistance program payments for families who are employed, and 20 41 for the family investment program share of costs to develop and 20 42 maintain a new, integrated eligibility determination system. 20 43 The federal funds appropriated in this paragraph "a" shall be 21 1 expended only after all other funds appropriated in subsection 21 2 1 for the assistance under the family investment program, 21 3 in subsection 6 for child care assistance, or in subsection 21 4 12 for the family investment program share of the costs to 21 5 continue to develop and maintain a new, integrated eligibility 21 6 determination system, as applicable, have been expended. For 21 7 the purposes of this subsection, the funds appropriated in 21 8 subsection 6, paragraph "a", for transfer to the child care 21 9 and development block grant appropriation are considered fully 21 10 expended when the full amount has been transferred.</p> <p>21 11 b. The department shall, on a quarterly basis, advise the 21 12 legislative services agency and department of management of 21 13 the amount of funds appropriated in this subsection that was 21 14 expended in the prior quarter.</p> <p>21 15 14. Of the amounts appropriated in this section, 21 16 \$12,962,008 for the fiscal year beginning July 1, 2015, is 21 17 transferred to the appropriation of the federal social services</p>	<p>TANF FY 2016 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.</p> <p>DETAIL: This is no change compared to estimated FY 2015.</p> <p>TANF FY 2016 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.</p> <p>DETAIL: This is an increase of \$105,331 compared to estimated FY 2015.</p> <p>Permits the DHS to carryforward TANF funds.</p> <p>DETAIL: Funds carried forward may be used for FIP and Child Care Assistance.</p> <p>Requires the DHS to submit quarterly reports to the LSA and the Department of Management (DOM) regarding expenditures in this Section.</p> <p>Requires \$12,962,008 of the federal TANF funds appropriated in this Section to be transferred to the federal Social Services Block Grant appropriation.</p>
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21 18 block grant made to the department of human services for that
21 19 fiscal year.

DETAIL: This is no change compared to estimated FY 2015.

21 20 15. For continuation of the program providing categorical
21 21 eligibility for the food assistance program as specified for
21 22 the program in the section of this division of this 2015 Act
21 23 relating to the family investment program account:
21 24 \$ 25,000

TANF FY 2016 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2015.

21 25 16. The department may transfer funds allocated in this
21 26 section to the appropriations made in this division of this Act
21 27 for the same fiscal year for general administration and field
21 28 operations for resources necessary to implement and operate the
21 29 services referred to in this section and those funded in the
21 30 appropriation made in this division of this Act for the same
21 31 fiscal year for the family investment program from the general
21 32 fund of the state.

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

21 33 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

21 34 1. Moneys credited to the family investment program (FIP)
21 35 account for the fiscal year beginning July 1, 2015, and
21 36 ending June 30, 2016, shall be used to provide assistance in
21 37 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2015 to be used as specified.

21 38 2. The department may use a portion of the moneys credited
21 39 to the FIP account under this section as necessary for
21 40 salaries, support, maintenance, and miscellaneous purposes.

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

21 41 3. The department may transfer funds allocated in
21 42 subsection 4 to the appropriations made in this division of
21 43 this Act for the same fiscal year for general administration
22 1 and field operations for resources necessary to implement and
22 2 operate the family investment program services referred to in
22 3 this section and those funded in the appropriation made in this
22 4 division of this Act for the same fiscal year for the family
22 5 investment program from the general fund of the state.

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

22 6 4. Moneys appropriated in this division of this Act and
22 7 credited to the FIP account for the fiscal year beginning July
22 8 1, 2015, and ending June 30, 2016, are allocated as follows:

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

22 9 a. To be retained by the department of human services to
22 10 be used for coordinating with the department of human rights
22 11 to more effectively serve participants in FIP and other shared
22 12 clients and to meet federal reporting requirements under the
22 13 federal temporary assistance for needy families block grant:
22 14 \$ 20,000

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

DETAIL: This is no change compared to estimated FY 2015.

22 15 b. To the department of human rights for staffing,
 22 16 administration, and implementation of the family development
 22 17 and self-sufficiency grant program in accordance with section
 22 18 216A.107:
 22 19 \$ 6,192,834

Allocates \$6,192,834 of the FY 2016 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS (Family Development and Self Sufficiency) Grant Program.

DETAIL: This is no change compared to estimated FY 2015.

22 20 (1) Of the funds allocated for the family development
 22 21 and self-sufficiency grant program in this paragraph "b",
 22 22 not more than 5 percent of the funds shall be used for the
 22 23 administration of the grant program.

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

22 24 (2) The department of human rights may continue to implement
 22 25 the family development and self-sufficiency grant program
 22 26 statewide during fiscal year 2015-2016.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2016.

22 27 (3) The department of human rights may engage in activities
 22 28 to strengthen and improve family outcomes measures and
 22 29 data collection systems under the family development and
 22 30 self-sufficiency grant program.

22 31 c. For the diversion subaccount of the FIP account:
 22 32 \$ 815,000

Allocates \$815,000 of FY 2016 TANF funds for the FIP Diversion Subaccount.

22 33 A portion of the moneys allocated for the subaccount may
 22 34 be used for field operations, salaries, data management
 22 35 system development, and implementation costs and support
 22 36 deemed necessary by the director of human services in order
 22 37 to administer the FIP diversion program. To the extent
 22 38 moneys allocated in this paragraph "c" are not deemed by the
 22 39 department to be necessary to support diversion activities,
 22 40 such moneys may be used for other efforts intended to increase
 22 41 engagement by family investment program participants in work,
 22 42 education, or training activities.

DETAIL: This is no change compared to estimated FY 2015.

22 43 d. For the food assistance employment and training program:
 23 1 \$ 66,588

Allocates \$66,588 of FY 2016 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to estimated FY 2015.

23 2 (1) The department shall apply the federal supplemental
 23 3 nutrition assistance program (SNAP) employment and training
 23 4 state plan in order to maximize to the fullest extent permitted
 23 5 by federal law the use of the 50 percent federal reimbursement
 23 6 provisions for the claiming of allowable federal reimbursement
 23 7 funds from the United States department of agriculture
 23 8 pursuant to the federal SNAP employment and training program
 23 9 for providing education, employment, and training services
 23 10 for eligible food assistance program participants, including

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

23 11 but not limited to related dependent care and transportation
23 12 expenses.

23 13 (2) The department shall continue the categorical federal
23 14 food assistance program eligibility at 160 percent of the
23 15 federal poverty level and continue to eliminate the asset test
23 16 from eligibility requirements, consistent with federal food
23 17 assistance program requirements. The department shall include
23 18 as many food assistance households as is allowed by federal
23 19 law. The eligibility provisions shall conform to all federal
23 20 requirements including requirements addressing individuals who
23 21 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.

23 22 e. For the JOBS program:
23 23 \$ 17,540,398

Permits the DHS to allocate \$17,540,398 of the FY 2016 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$953,733 compared to estimated FY 2015 due to declining caseloads.

23 24 5. Of the child support collections assigned under FIP,
23 25 an amount equal to the federal share of support collections
23 26 shall be credited to the child support recovery appropriation
23 27 made in this division of this Act. Of the remainder of the
23 28 assigned child support collections received by the child
23 29 support recovery unit, a portion shall be credited to the FIP
23 30 account, a portion may be used to increase recoveries, and a
23 31 portion may be used to sustain cash flow in the child support
23 32 payments account. If as a consequence of the appropriations
23 33 and allocations made in this section the resulting amounts
23 34 are insufficient to sustain cash assistance payments and meet
23 35 federal maintenance of effort requirements, the department
23 36 shall seek supplemental funding. If child support collections
23 37 assigned under FIP are greater than estimated or are otherwise
23 38 determined not to be required for maintenance of effort, the
23 39 state share of either amount may be transferred to or retained
23 40 in the child support payments account.

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.

23 41 6. The department may adopt emergency rules for the family
23 42 investment, JOBS, food assistance, and medical assistance
23 43 programs if necessary to comply with federal requirements.

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

24 1 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
24 2 is appropriated from the general fund of the state to the
24 3 department of human services for the fiscal year beginning July
24 4 1, 2015, and ending June 30, 2016, the following amount, or
24 5 so much thereof as is necessary, to be used for the purpose
24 6 designated:

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 decrease of \$20,000 compared to estimated FY 2015. The changes include:

24 7 To be credited to the family investment program (FIP)
 24 8 account and used for family investment program assistance under
 24 9 chapter 239B:
 24 10 \$ 48,673,875

- An increase of \$1,807,142 for FIP and PROMISE JOBS to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$1,529,343 for operation and maintenance costs for a new eligibility system (ELIAS).
- A decrease of \$15,698 to reallocate agency funds that were dedicated for the 2010 State Early Retirement Incentive Program (SERIP) to Medicaid.
- A decrease of \$20,000 to the Fatherhood Initiative.
- A decrease of \$41,774 due to a reduction in EBT (electronic benefits transfer) contractor costs.
- A decrease of \$598,969 due to a reduction in the PROMISE JOBS caseload.
- A decrease of \$2,680,044 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).

24 11 1. Of the funds appropriated in this section, \$7,402,220 is
 24 12 allocated for the JOBS program.

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

DETAIL: This is no change compared to the FY 2015 allocation.

24 13 2. Of the funds appropriated in this section, \$3,313,854 is
 24 14 allocated for the family development and self-sufficiency grant
 24 15 program.

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

DETAIL: This is no change compared to the FY 2015 allocation.

24 16 3. Notwithstanding section 8.39, for the fiscal year
 24 17 beginning July 1, 2015, if necessary to meet federal
 24 18 maintenance of effort requirements or to transfer federal
 24 19 temporary assistance for needy families block grant funding
 24 20 to be used for purposes of the federal social services block
 24 21 grant or to meet cash flow needs resulting from delays in
 24 22 receiving federal funding or to implement, in accordance with
 24 23 this division of this Act, activities currently funded with
 24 24 juvenile court services, county, or community moneys and state
 24 25 moneys used in combination with such moneys, the department
 24 26 of human services may transfer funds within or between any
 24 27 of the appropriations made in this division of this Act and
 24 28 appropriations in law for the federal social services block
 24 29 grant to the department for the following purposes, provided
 24 30 that the combined amount of state and federal temporary
 24 31 assistance for needy families block grant funding for each
 24 32 appropriation remains the same before and after the transfer:

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

<p>24 33 a. For the family investment program. 24 34 b. For child care assistance. 24 35 c. For child and family services. 24 36 d. For field operations. 24 37 e. For general administration. 24 38 f. For distribution to counties or regions through the 24 39 property tax relief fund for mental health and disability 24 40 services as provided in an appropriation for this purpose. 24 41 This subsection shall not be construed to prohibit the use 24 42 of existing state transfer authority for other purposes. The 24 43 department shall report any transfers made pursuant to this 25 1 subsection to the legislative services agency.</p>	<p>General Fund allocation of \$195,678 to provide tax preparation assistance for low-income lowans.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>25 2 4. Of the funds appropriated in this section, \$195,678 shall 25 3 be used for continuation of a grant to an Iowa-based nonprofit 25 4 organization with a history of providing tax preparation 25 5 assistance to low-income lowans in order to expand the usage of 25 6 the earned income tax credit. The purpose of the grant is to 25 7 supply this assistance to underserved areas of the state.</p>	<p>General Fund allocation of \$60,000 for a Fatherhood Initiative Pilot Project.</p> <p>DETAIL: This is a decrease of \$20,000 compared to the FY 2015 allocation.</p>
<p>25 8 5. Of the funds appropriated in this section, \$60,000 shall 25 9 be used for the continuation of an unfunded pilot project, as 25 10 defined in 441 IAC 100.1, relating to parental obligations, 25 11 in which the child support recovery unit participates, to 25 12 support the efforts of a nonprofit organization committed to 25 13 strengthening the community through youth development, healthy 25 14 living, and social responsibility headquartered in a county 25 15 with a population over 350,000. The funds allocated in this 25 16 subsection shall be used by the recipient organization to 25 17 develop a larger community effort, through public and private 25 18 partnerships, to support a broad-based multi-county fatherhood 25 19 initiative that promotes payment of child support obligations, 25 20 improved family relationships, and full-time employment.</p>	<p>Permits the DHS to transfer funds appropriated in this Section for General Administration and Field Operations when necessary to administer the FIP.</p>
<p>25 21 6. The department may transfer funds appropriated in this 25 22 section to the appropriations made in this division of this Act 25 23 for general administration and field operations as necessary 25 24 to administer this section and the overall family investment 25 25 program.</p>	<p>General Fund appropriation to the DHS for the Child Support Recovery Unit.</p> <p>DETAIL: This is a decrease of \$247,857 and an increase of 5.00 FTE positions compared to estimated FY 2015. The changes include:</p> <ul style="list-style-type: none"> • An increase of \$46,254 due to increased costs of service. • A decrease of \$294,111 to reallocate agency funds that were
<p>25 26 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated 25 27 from the general fund of the state to the department of human 25 28 services for the fiscal year beginning July 1, 2015, and ending 25 29 June 30, 2016, the following amount, or so much thereof as is 25 30 necessary, to be used for the purposes designated: 25 31 For child support recovery, including salaries, support, 25 32 maintenance, and miscellaneous purposes, and for not more than 25 33 the following full-time equivalent positions:</p>	<p>General Fund appropriation to the DHS for the Child Support Recovery Unit.</p> <p>DETAIL: This is a decrease of \$247,857 and an increase of 5.00 FTE positions compared to estimated FY 2015. The changes include:</p> <ul style="list-style-type: none"> • An increase of \$46,254 due to increased costs of service. • A decrease of \$294,111 to reallocate agency funds that were

25 34 \$ 14,663,373
 25 35 FTEs 464.00

dedicated for the 2010 SERIP to Medicaid.
 • An increase of 5.00 FTE positions to match the FY 2015 appropriation.

25 36 1. The department shall expend up to \$24,329, including
 25 37 federal financial participation, for the fiscal year beginning
 25 38 July 1, 2015, for a child support public awareness campaign.
 25 39 The department and the office of the attorney general shall
 25 40 cooperate in continuation of the campaign. The public
 25 41 awareness campaign shall emphasize, through a variety of
 25 42 media activities, the importance of maximum involvement of
 25 43 both parents in the lives of their children as well as the
 26 1 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2016 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 compared to the FY 2015 allocation.

26 2 2. Federal access and visitation grant moneys shall be
 26 3 issued directly to private not-for-profit agencies that provide
 26 4 services designed to increase compliance with the child access
 26 5 provisions of court orders, including but not limited to
 26 6 neutral visitation sites and mediation services.

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

26 7 3. The appropriation made to the department for child
 26 8 support recovery may be used throughout the fiscal year in the
 26 9 manner necessary for purposes of cash flow management, and for
 26 10 cash flow management purposes the department may temporarily
 26 11 draw more than the amount appropriated, provided the amount
 26 12 appropriated is not exceeded at the close of the fiscal year.

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

26 13 4. With the exception of the funding amount specified, the
 26 14 requirements established under 2001 Iowa Acts, chapter 191,
 26 15 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 26 16 be applicable to parental obligation pilot projects for the
 26 17 fiscal year beginning July 1, 2015, and ending June 30, 2016.
 26 18 Notwithstanding 441 IAC 100.8, providing for termination of
 26 19 rules relating to the pilot projects, the rules shall remain
 26 20 in effect until June 30, 2016.

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).

26 21 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 26 22 FY 2015-2016. Any funds remaining in the health care trust
 26 23 fund created in section 453A.35A for the fiscal year beginning
 26 24 July 1, 2015, and ending June 30, 2016, are appropriated to
 26 25 the department of human services to supplement the medical
 26 26 assistance program appropriations made in this division of this
 26 27 Act, for medical assistance reimbursement and associated costs,
 26 28 including program administration and costs associated with
 26 29 program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2016.

DETAIL: It is estimated that there will be \$222,100,000 available. This is a decrease of \$960,000 compared to estimated FY 2015.

26 30 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 26 31 2015-2016. Any funds remaining in the Medicaid fraud fund

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2016.

26 32 created in section 249A.50 for the fiscal year beginning
 26 33 July 1, 2015, and ending June 30, 2016, are appropriated to
 26 34 the department of human services to supplement the medical
 26 35 assistance appropriations made in this division of this Act,
 26 36 for medical assistance reimbursement and associated costs,
 26 37 including program administration and costs associated with
 26 38 program implementation.

DETAIL: It is estimated that there will be \$500,000 available. This is no change compared to estimated FY 2015.

26 39 Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the
 26 40 general fund of the state to the department of human services
 26 41 for the fiscal year beginning July 1, 2015, and ending June 30,
 26 42 2016, the following amount, or so much thereof as is necessary,
 26 43 to be used for the purpose designated:

General Fund appropriation to the DHS for the Medicaid Program.

27 1 For medical assistance program reimbursement and associated
 27 2 costs as specifically provided in the reimbursement
 27 3 methodologies in effect on June 30, 2015, except as otherwise
 27 4 expressly authorized by law, consistent with options under
 27 5 federal law and regulations, and contingent upon receipt of
 27 6 approval from the office of the governor of reimbursement for
 27 7 each abortion performed under the program:
 27 8 \$1,303,191,564

DETAIL: This is a net increase of \$36,705,035 compared to estimated net FY 2015. The changes include:

- An increase of \$80,000,000 to replace a funding shortfall in FY 2015.
- An increase of \$56,105,434 to replace federal funds due to a reduction in the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$17,788,860 due to program growth and other revenue adjustments.
- An increase of \$13,400,000 to rebase nursing facilities.
- An increase of \$5,178,631 to reallocate agency funds that were dedicated to other appropriations for the 2010 SERIP to Medicaid.
- An increase of \$1,922,695 to replace funding from the Medicaid Fraud Account.
- An increase of \$1,765,119 due to increased geropsychiatric costs at private facilities.
- An increase of \$1,000,000 to provide an increase for Home and Community-Based Services (HCBS) providers.
- An increase of \$1,000,000 to rebase home health provider rates.
- An increase of \$750,000 to increase supported employment rates by 20.00% beginning January 1, 2016.
- A decrease of \$3,000,000 due to a reduction in the Integrated Health Home contract.
- A decrease of \$7,729,892 to reallocate funds directly to the Mt. Pleasant MHI and eliminate Clarinda MHI.
- A decrease of \$15,828,136 to reflect the FY 2015 supplemental increase to the base appropriation.
- A decrease of \$19,920,898 to adjust the Medicaid funding level.
- A decrease of \$29,198,348 due to available carryforward for FY 2016.
- A decrease of \$66,528,430 for Medicaid cost containment initiatives.

27 9 1. lowans support reducing the number of abortions
 27 10 performed in our state. Funds appropriated under this section

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

27 11 shall not be used for abortions, unless otherwise authorized
 27 12 under this section.
 27 13 2. The provisions of this section relating to abortions
 27 14 shall also apply to the Iowa health and wellness plan created
 27 15 pursuant to chapter 249N.

27 16 3. The department shall utilize not more than \$60,000 of
 27 17 the funds appropriated in this section to continue the AIDS/HIV
 27 18 health insurance premium payment program as established in 1992
 27 19 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 27 20 409, subsection 6. Of the funds allocated in this subsection,
 27 21 not more than \$5,000 may be expended for administrative
 27 22 purposes.

27 23 4. Of the funds appropriated in this Act to the department
 27 24 of public health for addictive disorders, \$950,000 for
 27 25 the fiscal year beginning July 1, 2015, is transferred
 27 26 to the department of human services for an integrated
 27 27 substance-related disorder managed care system. The department
 27 28 shall not assume management of the substance-related disorder
 27 29 system in place of the managed care contractor unless such
 27 30 a change in approach is specifically authorized in law.
 27 31 The departments of human services and public health shall
 27 32 work together to maintain the level of mental health and
 27 33 substance-related disorder treatment services provided by the
 27 34 managed care contractor through the Iowa plan for behavioral
 27 35 health. Each department shall take the steps necessary to
 27 36 continue the federal waivers as necessary to maintain the level
 27 37 of services.

27 38 5. a. The department shall aggressively pursue options for
 27 39 providing medical assistance or other assistance to individuals
 27 40 with special needs who become ineligible to continue receiving
 27 41 services under the early and periodic screening, diagnostic,
 27 42 and treatment program under the medical assistance program
 27 43 due to becoming 21 years of age who have been approved for
 28 1 additional assistance through the department's exception to
 28 2 policy provisions, but who have health care needs in excess
 28 3 of the funding available through the exception to policy
 28 4 provisions.

28 5 b. Of the funds appropriated in this section, \$100,000
 28 6 shall be used for participation in one or more pilot projects
 28 7 operated by a private provider to allow the individual or
 28 8 individuals to receive service in the community in accordance
 28 9 with principles established in *Olmstead v.L.C.*, 527 U.S.581
 28 10 (1999), for the purpose of providing medical assistance or
 28 11 other assistance to individuals with special needs who become
 28 12 ineligible to continue receiving services under the early and

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

DETAIL: This is no change compared to the FY 2015 allocation.

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

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

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

DETAIL: This is no change compared to the FY 2015 allocation.

28 13 periodic screening, diagnostic, and treatment program under
 28 14 the medical assistance program due to becoming 21 years of
 28 15 age who have been approved for additional assistance through
 28 16 the department's exception to policy provisions, but who have
 28 17 health care needs in excess of the funding available through
 28 18 the exception to the policy provisions.

28 19 6. Of the funds appropriated in this section, up to
 28 20 \$3,050,082 may be transferred to the field operations or
 28 21 general administration appropriations in this division of this
 28 22 Act for operational costs associated with Part D of the federal
 28 23 Medicare Prescription Drug Improvement and Modernization Act
 28 24 of 2003, Pub.L.No.108-173.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the FY 2015 allocation.

28 25 7. Of the funds appropriated in this section, up to \$442,100
 28 26 may be transferred to the appropriation in this division
 28 27 of this Act for medical contracts to be used for clinical
 28 28 assessment services and prior authorization of services.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the FY 2015 allocation.

28 29 8. A portion of the funds appropriated in this section
 28 30 may be transferred to the appropriations in this division of
 28 31 this Act for general administration, medical contracts, the
 28 32 children's health insurance program, or field operations to be
 28 33 used for the state match cost to comply with the payment error
 28 34 rate measurement (PERM) program for both the medical assistance
 28 35 and children's health insurance programs as developed by the
 28 36 centers for Medicare and Medicaid services of the United States
 28 37 department of health and human services to comply with the
 28 38 federal Improper Payments Information Act of 2002, Pub.L.No.
 28 39 107-300.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.

28 40 9. The department shall continue to implement the
 28 41 recommendations of the assuring better child health and
 28 42 development initiative II (ABCDII) clinical panel to the
 28 43 Iowa early and periodic screening, diagnostic, and treatment
 29 1 services healthy mental development collaborative board
 29 2 regarding changes to billing procedures, codes, and eligible
 29 3 service providers.

Specifies legislative intent that the DHS continue to implement the recommendations of the ABCD II (Assuring Better Child Health and Development) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

29 4 10. Of the funds appropriated in this section, a sufficient
 29 5 amount is allocated to supplement the incomes of residents of
 29 6 nursing facilities, intermediate care facilities for persons
 29 7 with mental illness, and intermediate care facilities for
 29 8 persons with an intellectual disability, with incomes of less
 29 9 than \$50 in the amount necessary for the residents to receive a
 29 10 personal needs allowance of \$50 per month pursuant to section
 29 11 249A.30A.

Requires the DHS to provide residents in nursing facilities (ICF/IDs and ICF/MIs) with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2015 allowance.

29 12 11. Of the funds appropriated in this section, the following
 29 13 amounts are transferred to the appropriations made in this
 29 14 division of this Act for the state mental health institutes:
 29 15 a. Cherokee mental health institute.....\$9,098,425
 29 16 b. Independence mental health institute.....\$9,045,894

Transfers Medicaid funds to the Mental Health Institutes (MHIs).

DETAIL: This is no change compared to the FY 2015 allocation for the two institutions listed. The \$5,752,587 that was previously under this paragraph for Mt. Pleasant MHI is now funded under the General Fund Mt. Pleasant appropriation and the \$1,977,305 that was appropriated to Clarinda has been eliminated with the closing of the facility.

29 17 12. a. Of the funds appropriated in this section,
 29 18 \$4,083,878 is allocated for the state match for a
 29 19 disproportionate share hospital payment of \$9,089,424 to
 29 20 hospitals that meet both of the conditions specified in
 29 21 subparagraphs (1) and (2). In addition, the hospitals that
 29 22 meet the conditions specified shall either certify public
 29 23 expenditures or transfer to the medical assistance program
 29 24 an amount equal to provide the nonfederal share for a
 29 25 disproportionate share hospital payment of \$17,544,006. The
 29 26 hospitals that meet the conditions specified shall receive and
 29 27 retain 100 percent of the total disproportionate share hospital
 29 28 payment of \$26,633,430.
 29 29 (1) The hospital qualifies for disproportionate share and
 29 30 graduate medical education payments.
 29 31 (2) The hospital is an Iowa state-owned hospital with more
 29 32 than 500 beds and eight or more distinct residency specialty
 29 33 or subspecialty programs recognized by the American college of
 29 34 graduate medical education.

Allocates \$4,083,878 of Medicaid funds for the State match for the Disproportionate Share Hospital (DSH) payment of \$9,089,424. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$17,544,006 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 35 b. Distribution of the disproportionate share payments
 29 36 shall be made on a monthly basis. The total amount of
 29 37 disproportionate share payments including graduate medical
 29 38 education, enhanced disproportionate share, and Iowa
 29 39 state-owned teaching hospital payments shall not exceed the
 29 40 amount of the state's allotment under Pub.L.No.102-234.
 29 41 In addition, the total amount of all disproportionate
 29 42 share payments shall not exceed the hospital-specific
 29 43 disproportionate share limits under Pub.L.No.103-66.

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

30 1 c. The university of Iowa hospitals and clinics shall either
 30 2 certify public expenditures or transfer to the appropriations
 30 3 made in this division of this Act for medical assistance an
 30 4 amount equal to provide the nonfederal share for increased
 30 5 medical assistance payments for inpatient and outpatient
 30 6 hospital services of \$9,900,000. The university of Iowa
 30 7 hospitals and clinics shall receive and retain 100 percent of
 30 8 the total increase in medical assistance payments.
 30 9 d. Payment methodologies utilized for disproportionate
 30 10 share hospitals and graduate medical education, and other

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

30 11 supplemental payments under the Medicaid program may be
 30 12 adjusted or converted to other methodologies or payment
 30 13 types to provide these payments through Medicaid managed care
 30 14 implemented beginning January 1, 2016. The department of human
 30 15 services shall obtain approval from the centers for Medicare
 30 16 and Medicaid services of the United States department of health
 30 17 and human services prior to implementation of any such adjusted
 30 18 or converted methodologies or payment types.

30 19 13. One hundred percent of the nonfederal share of payments
 30 20 to area education agencies that are medical assistance
 30 21 providers for medical assistance-covered services provided to
 30 22 medical assistance-covered children, shall be made from the
 30 23 appropriation made in this section.

Allocates Medicaid funds to Area Education Agencies.

30 24 14. Any new or renewed contract entered into by the
 30 25 department with a third party to administer services under the
 30 26 medical assistance program shall provide that any interest
 30 27 earned on payments from the state during the state fiscal year
 30 28 shall be remitted to the department and treated as recoveries
 30 29 to offset the costs of the medical assistance program.

Requires any new or renewed third party contract for behavioral health services to return the interest earned on payments from the state during the fiscal year back to the DHS.

30 30 15. A portion of the funds appropriated in this section
 30 31 may be transferred to the appropriation in this division of
 30 32 this Act for medical contracts to be used for administrative
 30 33 activities associated with the money follows the person
 30 34 demonstration project.

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

30 35 16. Of the funds appropriated in this section, \$349,011
 30 36 shall be used for the administration of the health insurance
 30 37 premium payment program, including salaries, support,
 30 38 maintenance, and miscellaneous purposes.

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

DETAIL: This is no change compared to the FY 2015 allocation.

30 39 17. a. The department may increase the amounts allocated
 30 40 for salaries, support, maintenance, and miscellaneous purposes
 30 41 associated with the medical assistance program, as necessary,
 30 42 to implement cost containment strategies. The department shall
 30 43 report any such increase to the legislative services agency and
 31 1 the department of management.

Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.

DETAIL: The Department is required to report any increase to the LSA and the DOM.

31 2 b. If the savings to the medical assistance program from
 31 3 cost containment efforts exceed the cost for the fiscal
 31 4 year beginning July 1, 2015, the department may transfer any
 31 5 savings generated for the fiscal year due to medical assistance
 31 6 program cost containment efforts to the appropriation
 31 7 made in this division of this Act for medical contracts or
 31 8 general administration to defray the increased contract costs
 31 9 associated with implementing such efforts.

Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2016.

~~31 10 c. The department of human services shall not implement
31 11 the following cost containment measures as recommended by the
31 12 governor for the fiscal year beginning July 1, 2015:~~

~~31 13 (1) A measure to provide uniform rates of \$.575 per mile
31 14 based on the 2015 Internal Revenue Service mileage rate and
31 15 of \$9.29, the current statewide average, per one-way trip for
31 16 Medicaid program home and community-based services waivers.~~

~~31 17 (2) A measure to accelerate implementation of the provision
31 18 that beginning July 1, 2015, rather than July 1, 2016, the
31 19 department of human services requires services through the
31 20 consumer-directed attendant care option to be provided through
31 21 an agency or consumer choices option.~~

~~31 22 d. The department shall report the implementation of
31 23 any cost containment strategies under this subsection to the
31 24 individuals specified in this Act for submission of reports on
31 25 a quarterly basis.~~

31 26 18. For the fiscal year beginning July 1, 2015, and ending
31 27 June 30, 2016, the replacement generation tax revenues required
31 28 to be deposited in the property tax relief fund pursuant to
31 29 section 437A.8, subsection 4, paragraph "d", and section
31 30 437A.15, subsection 3, paragraph "f", shall instead be credited
31 31 to and supplement the appropriation made in this section and
31 32 used for the allocations made in this section.

31 33 19. The department shall continue to administer the state
31 34 balancing incentive payments program as specified in 2012 Iowa
31 35 Acts, chapter 1133, section 14.

~~31 36 20. The department of human services shall execute the state
31 37 innovation model phase II testing grant and shall submit a
31 38 report to the individuals specified in this Act for submission
31 39 of reports regarding the progress of the execution of the
31 40 testing grant on or before September 1, 2015. The progress
31 41 report shall include, at a minimum, dates by which contracts
31 42 will be entered into with vendors, pre-implementation year
31 43 and subsequent test year funds will be expended, and other
32 1 activities will be completed.~~

32 2 21. a. Of the funds appropriated in this section, up
32 3 to \$50,000 may be transferred by the department to the
32 4 appropriation made in this division of this Act to the

VETOED

Prohibits the DHS from implementing the Governor's cost containment strategy relating to mileage reimbursement for the Home and Community-Based Services Program and changes to the consumer-directed attendant care option.

VETOED: The Governor vetoed this paragraph and stated the item restricts the ability of the DHS to manage the Medicaid Program.

VETOED

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

VETOED: The Governor vetoed this paragraph and stated that the LSA, the DHS, and the DOM meet monthly and cost containment information is shared at these meetings.

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

DETAIL: This is no change compared to the FY 2015 allocation.

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

VETOED

Requires the DHS to execute phase II of the State Innovation Model (SIM) Grant and submit a report to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA by September 1, 2015, on the progress.

VETOED: The Governor vetoed this paragraph and stated that the State is already implementing the State Innovation Model Grant.

Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of Children's Mental Health Homes.

32 5 department for the same fiscal year for general administration
 32 6 to be used for associated administrative expenses and for not
 32 7 more than one full-time equivalent position, in addition to
 32 8 those authorized for the same fiscal year, to be assigned to
 32 9 implementing the project.

DETAIL: This is no change compared to the FY 2015 allocation.

32 10 b. Of the funds appropriated in this section, up to \$400,000
 32 11 may be transferred by the department to the appropriation made
 32 12 to the department in this division of this Act for the same
 32 13 fiscal year for Medicaid program-related general administration
 32 14 planning and implementation activities. The funds may be used
 32 15 for contracts or for personnel in addition to the amounts
 32 16 appropriated for and the positions authorized for general
 32 17 administration for the fiscal year.

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

DETAIL: This is no change compared to the FY 2015 allocation.

32 18 c. Of the funds appropriated in this section, up to
 32 19 \$3,000,000 may be transferred by the department to the
 32 20 appropriations made in this division of this Act for the same
 32 21 fiscal year for general administration or medical contracts
 32 22 to be used to support the development and implementation of
 32 23 standardized assessment tools for persons with mental illness,
 32 24 an intellectual disability, a developmental disability, or a
 32 25 brain injury.

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

DETAIL: This is no change compared to the FY 2015 allocation.

32 26 22. Of the funds appropriated in this section, \$250,000
 32 27 shall be used for lodging expenses associated with care
 32 28 provided at the university of Iowa hospitals and clinics for
 32 29 patients with cancer whose travel distance is 30 miles or more
 32 30 and whose income is at or below 200 percent of the federal
 32 31 poverty level as defined by the most recently revised poverty
 32 32 income guidelines published by the United States department of
 32 33 health and human services. The department of human services
 32 34 shall establish the maximum number of overnight stays and the
 32 35 maximum rate reimbursed for overnight lodging, which may be
 32 36 based on the state employee rate established by the department
 32 37 of administrative services. The funds allocated in this
 32 38 subsection shall not be used as nonfederal share matching
 32 39 funds.

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

DETAIL: This is no change compared to the FY 2015 allocation.

32 40 23. The department of human services shall adopt rules to
 32 41 provide for coverage of telehealth under the Medicaid program.
 32 42 The rules shall provide that in-person contact between a
 32 43 health care professional and a patient is not required as a
 33 1 prerequisite for payment for services appropriately provided
 33 2 through telehealth in accordance with generally accepted health
 33 3 care practices and standards prevailing in the applicable
 33 4 professional community at the time the services are provided.
 33 5 Health care services provided through in-person consultations

Requires the DHS to adopt rules to provide for coverage of telehealth services under the Medicaid Program.

33 6 or through telehealth shall be treated as equivalent services
33 7 for the purposes of reimbursement.

33 8 24. The department of human services may adopt emergency
33 9 rules as necessary to implement the governor's Medicaid
33 10 modernization initiative beginning January 1, 2016.

~~33 11 25. The number of home and community based services waiver
33 12 slots available during the fiscal year beginning July 1, 2015,
33 13 shall not be reduced below the number of such slots available
33 14 on January 1, 2015.~~

VETOED

Allows the DHS to utilize emergency rules to implement Medicaid managed care.

Prohibits reduction of the number of HCBS Waiver slots available in FY 2016 below the number available on January 1, 2015.

VETOED: The Governor vetoed the paragraph and stated it restricted the ability of the DHS to manage the Medicaid Program.

33 15 26. The department of human services shall submit an
33 16 application to the centers for Medicare and Medicaid services
33 17 of the United States department of health and human services
33 18 for a planning grant through the substance abuse and mental
33 19 health services administration of the United States department
33 20 of health and human services to participate in a two-year pilot
33 21 project for certified community behavioral health clinics under
33 22 the federal Protecting Access to Medicare Act of 2014, Pub.L.
33 23 No.113-93.

Requires the DHS to submit an application to CMS for a Certified Community Behavioral Health Clinics planning grant.

33 24 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
33 25 general fund of the state to the department of human services
33 26 for the fiscal year beginning July 1, 2015, and ending June 30,
33 27 2016, the following amount, or so much thereof as is necessary,
33 28 to be used for the purpose designated:
33 29 For medical contracts:
33 30 \$ 19,613,964

General Fund appropriation to Medical Contracts.

DETAIL: This is an increase of \$2,465,388 compared to estimated FY 2015. The changes include:

- An increase of \$3,465,388 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$1,000,000 for the Autism Treatment Program. This reduces the General Fund appropriation for the Program to \$2,000,000.

33 31 1. The department of inspections and appeals shall
33 32 provide all state matching funds for survey and certification
33 33 activities performed by the department of inspections
33 34 and appeals. The department of human services is solely
33 35 responsible for distributing the federal matching funds for
33 36 such activities.

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

33 37 2. Of the funds appropriated in this section, \$50,000 shall
33 38 be used for continuation of home and community-based services
33 39 waiver quality assurance programs, including the review and
33 40 streamlining of processes and policies related to oversight and
33 41 quality management to meet state and federal requirements.

Allocates \$50,000 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 2015 allocation.

<p>33 42 3. Of the amount appropriated in this section, up to 33 43 \$200,000 may be transferred to the appropriation for general 34 1 administration in this division of this Act to be used for 34 2 additional full-time equivalent positions in the development of 34 3 key health initiatives such as cost containment, development 34 4 and oversight of managed care programs, and development of 34 5 health strategies targeted toward improved quality and reduced 34 6 costs in the Medicaid program.</p>	<p>Permits 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.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>34 7 4. Of the funds appropriated in this section, \$1,000,000 34 8 shall be used for planning and development, in cooperation with 34 9 the department of public health, of a phased-in program to 34 10 provide a dental home for children.</p>	<p>Allocates \$1,000,000 for the I-Smile Program.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p>
<p>34 11 5. Of the funds appropriated in this section, \$2,000,000 34 12 shall be used for the autism support program created in chapter 34 13 225D, with the exception of the following amounts of this 34 14 allocation which shall be used as follows:</p>	<p>Allocates \$2,000,000 for an Autism Treatment Program.</p> <p>DETAIL: This is a decrease of \$1,000,000 compared to the estimated FY 2015 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.</p>
<p>34 15 a. Of the funds allocated in this subsection, \$250,000 34 16 shall be deposited in the board-certified behavior analyst and 34 17 board-certified assistant behavior analyst grants program fund 34 18 created in section 135.181, as enacted in this Act, to be used 34 19 for the purposes of the fund.</p>	<p>Allocates \$250,000 from the \$2,000,000 Autism allocation for a board-certified behavioral analyst and assistant grant program.</p> <p>DETAIL: This is a new allocation for FY 2016. See Section 68 for additional detail.</p>
<p>34 20 b. Of the funds allocated in this subsection, \$25,000 34 21 shall be used for the public purpose of continuation of a 34 22 grant to a child welfare services provider headquartered in a 34 23 county with a population between 205,000 and 215,000 in the 34 24 latest certified federal census that provides multiple services 34 25 including but not limited to a psychiatric medical institution 34 26 for children, shelter, residential treatment, after school 34 27 programs, school-based programming, and an Asperger's syndrome 34 28 program, to be used for support services for children with 34 29 autism spectrum disorder and their families.</p>	<p>Allocates \$25,000 from the \$2,000,000 Autism allocation to Four Oaks for various autism spectrum disorder services.</p> <p>DETAIL: This is no change compared to FY 2015. This allocation was previously funded through the Child Welfare appropriation.</p>
<p>34 30 c. Of the funds allocated in this subsection, \$25,000 34 31 shall be used for the public purpose of continuing a grant to 34 32 a hospital-based provider headquartered in a county with a 34 33 population between 90,000 and 95,000 in the latest certified 34 34 federal census that provides multiple services including 34 35 but not limited to diagnostic, therapeutic, and behavioral 34 36 services to individuals with autism spectrum disorder across 34 37 one's lifespan. The grant recipient shall utilize the funds</p>	<p>Allocates \$25,000 from the \$2,000,000 Autism allocation 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 FY 2015. This allocation was previously funded through the Child Welfare appropriation.</p>

34 38 to continue the pilot project to determine the necessary
 34 39 support services for children with autism spectrum disorder and
 34 40 their families to be included in the children's disabilities
 34 41 services system. The grant recipient shall submit findings and
 34 42 recommendations based upon the results of the pilot project
 34 43 to the individuals specified in this division of this Act for
 35 1 submission of reports by December 31, 2015.

35 2 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.
 35 3 1. There is appropriated from the general fund of the
 35 4 state to the department of human services for the fiscal year
 35 5 beginning July 1, 2015, and ending June 30, 2016, the following
 35 6 amount, or so much thereof as is necessary, to be used for the
 35 7 purpose designated:
 35 8 For the state supplementary assistance program:
 35 9 \$ 12,997,187

35 10 2. The department shall increase the personal needs
 35 11 allowance for residents of residential care facilities by the
 35 12 same percentage and at the same time as federal supplemental
 35 13 security income and federal social security benefits are
 35 14 increased due to a recognized increase in the cost of living.
 35 15 The department may adopt emergency rules to implement this
 35 16 subsection.

35 17 3. If during the fiscal year beginning July 1, 2015,
 35 18 the department projects that state supplementary assistance
 35 19 expenditures for a calendar year will not meet the federal
 35 20 pass-through requirement specified in Tit.XVI of the federal
 35 21 Social Security Act, section 1618, as codified in 42 U.S.C.
 35 22 §1382g, the department may take actions including but not
 35 23 limited to increasing the personal needs allowance for
 35 24 residential care facility residents and making programmatic
 35 25 adjustments or upward adjustments of the residential care
 35 26 facility or in-home health-related care reimbursement rates
 35 27 prescribed in this division of this Act to ensure that federal
 35 28 requirements are met. In addition, the department may make
 35 29 other programmatic and rate adjustments necessary to remain
 35 30 within the amount appropriated in this section while ensuring
 35 31 compliance with federal requirements. The department may adopt
 35 32 emergency rules to implement the provisions of this subsection.

35 33 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.
 35 34 1. There is appropriated from the general fund of the
 35 35 state to the department of human services for the fiscal year
 35 36 beginning July 1, 2015, and ending June 30, 2016, the following
 35 37 amount, or so much thereof as is necessary, to be used for the
 35 38 purpose designated:

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is a decrease of \$1,123,967 compared to estimated FY 2015 due to lower caseloads.

Requires the DHS to increase the personal needs allowance of residential care facility 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.

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

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

DETAIL: This is a net decrease of \$25,464,154 compared to estimated FY 2015. The changes include:

35 39 For maintenance of the healthy and well kids in Iowa (hawk-i)
 35 40 program pursuant to chapter 514I, including supplemental dental
 35 41 services, for receipt of federal financial participation under
 35 42 Tit.XXI of the federal Social Security Act, which creates the
 35 43 children's health insurance program:
 36 1 \$ 20,413,844

An increase of \$1,713,536 due to a projected increase in premiums.

- An increase of \$1,385,273 due to a reduction in the FMAP rate.
- An increase of \$1,108,354 to maintain the current enrollment level in the health and dental program.
- An increase of \$323,639 due to growth in caseloads.
- A decrease of \$750,000 due to a general reduction.
- A decrease of \$29,244,956 due to a 23.00% FMAP increase provided under the federal Affordable Care Act (ACA).

36 2 2. Of the funds appropriated in this section, \$42,800 is
 36 3 allocated for continuation of the contract for outreach with
 36 4 the department of public health.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is a decrease of \$110,700 compared to the estimated FY 2015 allocation. The decrease is due to the increased FMAP rate provided under the ACA. The total amount of State and federal dollars allocated to this contract will remain unchanged.

36 5 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 36 6 from the general fund of the state to the department of human
 36 7 services for the fiscal year beginning July 1, 2015, and ending
 36 8 June 30, 2016, the following amount, or so much thereof as is
 36 9 necessary, to be used for the purpose designated:
 36 10 For child care programs:
 36 11 \$ 51,408,668

General Fund appropriation to the DHS for [Child Care Assistance](#).

DETAIL: This is a net increase of \$15,104,724 compared to estimated net FY 2015. The changes include:

- An increase of \$6,809,992 due to a one-time replacement of federal carryforward funds.
- An increase of \$10,828,136 to replace one-time TANF funds utilized in FY 2015.
- An increase of \$2,800,000 to expand eligibility requirements to 150.00% of the Federal Poverty Level (currently at 145.00% FPL, see Division XVI). *This Governor vetoed this Division.*
- An increase of \$341,510 to replace a reduction to the federal Child Care Development Fund (CCDF) grant.
- A decrease of \$5,574,914 due to lower estimated child care expenditures and use.
- A decrease of \$100,000 to eliminate the transfer for the Child Burial Program.

36 12 1. Of the funds appropriated in this section, \$43,689,241
 36 13 shall be used for state child care assistance in accordance
 36 14 with section 237A.13.

Allocates \$43,689,241 for the Child Care Assistance Program.

DETAIL: This is an increase of \$15,104,724 for the reasons outlined above.

36 15 2. Nothing in this section shall be construed or is
 36 16 intended as or shall imply a grant of entitlement for services
 36 17 to persons who are eligible for assistance due to an income

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.

36 18 level consistent with the waiting list requirements of section
36 19 237A.13. Any state obligation to provide services pursuant to
36 20 this section is limited to the extent of the funds appropriated
36 21 in this section.

36 22 3. Of the funds appropriated in this section, \$432,453
36 23 is allocated for the statewide grant program for child care
36 24 resource and referral services under section 237A.26. A list
36 25 of the registered and licensed child care facilities operating
36 26 in the area served by a child care resource and referral
36 27 service shall be made available to the families receiving state
36 28 child care assistance in that area.

Allocates \$432,453 for the Statewide Child Care Resource and Referral Program.

DETAIL: This is no change compared to the FY 2015 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.

36 29 4. Of the funds appropriated in this section, \$936,974
36 30 is allocated for child care quality improvement initiatives
36 31 including but not limited to the voluntary quality rating
36 32 system in accordance with section 237A.30.

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

DETAIL: This is no change compared to the FY 2015 allocation.

36 33 5. Of the funds appropriated in this section, \$6,350,000
36 34 shall be credited to the early childhood programs grants
36 35 account in the early childhood Iowa fund created in section
36 36 256I.11. The moneys shall be distributed for funding of
36 37 community-based early childhood programs targeted to children
36 38 from birth through five years of age developed by early
36 39 childhood Iowa areas in accordance with approved community
36 40 plans as provided in section 256I.8.

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

DETAIL: This is no change compared to the FY 2015 allocation.

36 41 6. The department may use any of the funds appropriated
36 42 in this section as a match to obtain federal funds for use in
36 43 expanding child care assistance and related programs. For
37 1 the purpose of expenditures of state and federal child care
37 2 funding, funds shall be considered obligated at the time
37 3 expenditures are projected or are allocated to the department's
37 4 service areas. Projections shall be based on current and
37 5 projected caseload growth, current and projected provider
37 6 rates, staffing requirements for eligibility determination
37 7 and management of program requirements including data systems
37 8 management, staffing requirements for administration of the
37 9 program, contractual and grant obligations and any transfers
37 10 to other state agencies, and obligations for decategorization
37 11 or innovation projects.

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.

37 12 7. A portion of the state match for the federal child care
37 13 and development block grant shall be provided as necessary to
37 14 meet federal matching funds requirements through the state
37 15 general fund appropriation made for child development grants
37 16 and other programs for at-risk children in section 279.51.

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

37 17 8. If a uniform reduction ordered by the governor under
 37 18 section 8.31 or other operation of law, transfer, or federal
 37 19 funding reduction reduces the appropriation made in this
 37 20 section for the fiscal year, the percentage reduction in the
 37 21 amount paid out to or on behalf of the families participating
 37 22 in the state child care assistance program shall be equal to or
 37 23 less than the percentage reduction made for any other purpose
 37 24 payable from the appropriation made in this section and the
 37 25 federal funding relating to it. The percentage reduction to
 37 26 the other allocations made in this section shall be the same as
 37 27 the uniform reduction ordered by the governor or the percentage
 37 28 change of the federal funding reduction, as applicable.
 37 29 If there is an unanticipated increase in federal funding
 37 30 provided for state child care assistance, the entire amount
 37 31 of the increase shall be used for state child care assistance
 37 32 payments. If the appropriations made for purposes of the
 37 33 state child care assistance program for the fiscal year are
 37 34 determined to be insufficient, it is the intent of the general
 37 35 assembly to appropriate sufficient funding for the fiscal year
 37 36 in order to avoid establishment of waiting list requirements.

Requires the DHS to apply any reductions to the child care assistance appropriation, either State or federal, that result in a reduction to subsidy payments to families, in amounts equal to or less than the percentage of the reduction. Also requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program. Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2016 to avoid the establishment of a waiting list.

37 37 9. Notwithstanding section 8.33, moneys advanced for
 37 38 purposes of the programs developed by early childhood Iowa
 37 39 areas, advanced for purposes of wraparound child care, or
 37 40 received from the federal appropriations made for the purposes
 37 41 of this section that remain unencumbered or unobligated at the
 37 42 close of the fiscal year shall not revert to any fund but shall
 37 43 remain available for expenditure for the purposes designated
 38 1 until the close of the succeeding fiscal year.

Permits nonreversion of FY 2016 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.

38 2 Sec. 17. JUVENILE INSTITUTION. There is appropriated
 38 3 from the general fund of the state to the department of human
 38 4 services for the fiscal year beginning July 1, 2015, and ending
 38 5 June 30, 2016, the following amounts, or so much thereof as is
 38 6 necessary, to be used for the purposes designated:

General Fund appropriation to the DHS for the Juvenile Institution at Eldora.

NOTE: Funding of \$350,000 to the DHS for security, maintenance, utilities, salary, and support of the facility at Toledo is provided from the Rebuild Iowa Infrastructure Fund in HF 650 (Infrastructure Appropriations Act) Section 1(1).

38 7 1. For operation of the state training school at Eldora and
 38 8 for salaries, support, maintenance, and miscellaneous purposes,
 38 9 and for not more than the following full-time equivalent
 38 10 positions:
 38 11 \$ 12,233,420
 38 12 FTEs 169.30

General Fund appropriation to the [State Training School at Eldora](#).

DETAIL: This is a net decrease of \$124,865 and increase of 5.00 FTE positions compared to estimated FY 2015. The General Fund changes include:

- A decrease of \$858,187 to transfer costs of the Preparation for Adult Living (PAL) Achieving Maximum Potential (AMP) Aftercare Program to the Child and Family Services

38 13 a. Of the funds appropriated in this subsection, \$91,150
 38 14 shall be used for distribution to licensed classroom teachers
 38 15 at this and other institutions under the control of the
 38 16 department of human services based upon the average student
 38 17 yearly enrollment at each institution as determined by the
 38 18 department.

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

DETAIL: This is no change compared to the FY 2015 allocation.

38 19 b. The department of human services shall work with the
 38 20 department of public health to identify substance abuse
 38 21 treatment programs and resources licensed under chapter
 38 22 125 to provide appropriate treatment for juveniles with
 38 23 substance-related disorders at the state training school at
 38 24 Eldora.

Directs the DHS to work with the DPH to identify substance abuse treatment programs and resources to provide appropriate treatment for juveniles with substance-related disorders at the State Training School.

38 25 2. A portion of the moneys appropriated in this section
 38 26 shall be used by the state training school at Eldora for
 38 27 grants for adolescent pregnancy prevention activities at the
 38 28 institution in the fiscal year beginning July 1, 2015.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2016.

38 29 Sec. 18. CHILD AND FAMILY SERVICES.

General Fund appropriation for [Child and Family Services](#).

38 30 1. There is appropriated from the general fund of the
 38 31 state to the department of human services for the fiscal year
 38 32 beginning July 1, 2015, and ending June 30, 2016, the following
 38 33 amount, or so much thereof as is necessary, to be used for the
 38 34 purpose designated:

DETAIL: This is a net decrease of \$9,515,616 compared to the FY 2015 appropriation. General Fund changes include:

38 35 For child and family services:
 38 36 \$ 85,341,938

- An increase of \$858,187 to transfer the PAL/AMP Aftercare Program from the Eldora Training School appropriation.
- An increase of \$251,438 due to the reduction in the Iowa FMAP rate.
- An increase of \$2,000,000 to transfer the Juvenile Child In Need of Assistance (CINA)/Female Adjudicated Delinquent appropriation from FY 2015.
- A decrease of \$1,000,000 to the CINA/Female Adjudicated Delinquent budget for a general reduction.
- An increase of \$100,000 to the System of Care Program in Cerro Gordo and Linn Counties.
- A decrease of \$1,000,000 to the FIP for a general decrease.
- An increase of \$659,184 for a 5.00% provider rate increase for resource family recruitment and retention contractors, child welfare emergency services contractors, supervised apartment

- living foster care providers, and shelter care services.
- A decrease of \$520,150 to move Juvenile Drug Court Funding to the SF 496 (Judicial Branch Appropriations Act) as amended by Section 21 of SF 510 (Standing Appropriations Act).
- A decrease of \$50,000 to transfer Autism Pilot Programs from Medical Contracts (Section 13).
- A decrease of \$10,814,275 to utilize Social Services Block Grant funds to offset General Fund dollars (Section 99).

38 37 2. Up to \$5,200,000 of the amount of federal temporary
38 38 assistance for needy families block grant funding appropriated
38 39 in this division of this Act for child and family services
38 40 shall be made available for purposes of juvenile delinquent
38 41 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 2015 allocation.

38 42 3. The department may transfer funds appropriated in this
38 43 section as necessary to pay the nonfederal costs of services
39 1 reimbursed under the medical assistance program, state child
39 2 care assistance program, or the family investment program which
39 3 are provided to children who would otherwise receive services
39 4 paid under the appropriation in this section. The department
39 5 may transfer funds appropriated in this section to the
39 6 appropriations made in this division of this Act for general
39 7 administration and for field operations for resources necessary
39 8 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 9 4. a. Of the funds appropriated in this section, up to
39 10 \$35,821,786 is allocated as the statewide expenditure target
39 11 under section 232.143 for group foster care maintenance and
39 12 services. If the department projects that such expenditures
39 13 for the fiscal year will be less than the target amount
39 14 allocated in this paragraph "a", the department may reallocate
39 15 the excess to provide additional funding for shelter care
39 16 or the child welfare emergency services addressed with the
39 17 allocation for shelter care.

Allocates up to \$35,821,786 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This an increase of \$76,599 compared to the FY 2015 allocation. The increase accounts for changes in the FMAP rate and Title IV-E eligibility.

39 18 b. If at any time after September 30, 2015, annualization
39 19 of a service area's current expenditures indicates a service
39 20 area is at risk of exceeding its group foster care expenditure
39 21 target under section 232.143 by more than 5 percent, the
39 22 department and juvenile court services shall examine all
39 23 group foster care placements in that service area in order to
39 24 identify those which might be appropriate for termination.
39 25 In addition, any aftercare services believed to be needed
39 26 for the children whose placements may be terminated shall be
39 27 identified. The department and juvenile court services shall
39 28 initiate action to set dispositional review hearings for the

Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.

39 29 placements identified. In such a dispositional review hearing,
 39 30 the juvenile court shall determine whether needed aftercare
 39 31 services are available and whether termination of the placement
 39 32 is in the best interest of the child and the community.

39 33 5. In accordance with the provisions of section 232.188,
 39 34 the department shall continue the child welfare and juvenile
 39 35 justice funding initiative during fiscal year 2015-2016. Of
 39 36 the funds appropriated in this section, \$1,717,753 is allocated
 39 37 specifically for expenditure for fiscal year 2015-2016 through
 39 38 the decategorization services funding pools and governance
 39 39 boards established pursuant to section 232.188.

39 40 6. A portion of the funds appropriated in this section
 39 41 may be used for emergency family assistance to provide other
 39 42 resources required for a family participating in a family
 39 43 preservation or reunification project or successor project to
 40 1 stay together or to be reunified.

40 2 7. Notwithstanding section 234.35 or any other provision
 40 3 of law to the contrary, state funding for shelter care and
 40 4 the child welfare emergency services contracting implemented
 40 5 to provide for or prevent the need for shelter care shall be
 40 6 limited to \$8,068,474.

40 7 8. Federal funds received by the state during the fiscal
 40 8 year beginning July 1, 2015, as the result of the expenditure
 40 9 of state funds appropriated during a previous state fiscal
 40 10 year for a service or activity funded under this section are
 40 11 appropriated to the department to be used as additional funding
 40 12 for services and purposes provided for under this section.
 40 13 Notwithstanding section 8.33, moneys received in accordance
 40 14 with this subsection that remain unencumbered or unobligated at
 40 15 the close of the fiscal year shall not revert to any fund but
 40 16 shall remain available for the purposes designated until the
 40 17 close of the succeeding fiscal year.

40 18 9. a. Of the funds appropriated in this section, up to
 40 19 \$3,290,000 is allocated for the payment of the expenses of
 40 20 court-ordered services provided to juveniles who are under the
 40 21 supervision of juvenile court services, which expenses are a
 40 22 charge upon the state pursuant to section 232.141, subsection
 40 23 4. Of the amount allocated in this paragraph "a", up to
 40 24 \$1,556,287 shall be made available to provide school-based

Allocates \$1,717,753 for decategorization services.

DETAIL: This is no change compared to the FY 2015 allocation.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

Limits State funding for shelter care to \$8,068,474.

DETAIL: This is a net increase of \$217,091 compared to the FY 2015 allocation due to the following:

- A decrease of \$33,561 due to changes in the FMAP rate and Title IV-E eligibility.
- An increase of \$250,652 to account for a 5.00% shelter care provider rate increase.

Requires federal funds received in FY 2016 for the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2017.

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 2015 allocation. Of this amount, \$1,556,287 is allocated for school-based

40 25 supervision of children adjudicated under chapter 232, of which
 40 26 not more than \$15,000 may be used for the purpose of training.
 40 27 A portion of the cost of each school-based liaison officer
 40 28 shall be paid by the school district or other funding source as
 40 29 approved by the chief juvenile court officer.
 40 30 b. Of the funds appropriated in this section, up to \$748,985
 40 31 is allocated for the payment of the expenses of court-ordered
 40 32 services provided to children who are under the supervision
 40 33 of the department, which expenses are a charge upon the state
 40 34 pursuant to section 232.141, subsection 4.

40 35 c. Notwithstanding section 232.141 or any other provision
 40 36 of law to the contrary, the amounts allocated in this
 40 37 subsection shall be distributed to the judicial districts
 40 38 as determined by the state court administrator and to the
 40 39 department's service areas as determined by the administrator
 40 40 of the department of human services' division of child and
 40 41 family services. The state court administrator and the
 40 42 division administrator shall make the determination of the
 40 43 distribution amounts on or before June 15, 2015.

41 1 d. Notwithstanding chapter 232 or any other provision of
 41 2 law to the contrary, a district or juvenile court shall not
 41 3 order any service which is a charge upon the state pursuant
 41 4 to section 232.141 if there are insufficient court-ordered
 41 5 services funds available in the district court or departmental
 41 6 service area distribution amounts to pay for the service. The
 41 7 chief juvenile court officer and the departmental service area
 41 8 manager shall encourage use of the funds allocated in this
 41 9 subsection such that there are sufficient funds to pay for
 41 10 all court-related services during the entire year. The chief
 41 11 juvenile court officers and departmental service area managers
 41 12 shall attempt to anticipate potential surpluses and shortfalls
 41 13 in the distribution amounts and shall cooperatively request the
 41 14 state court administrator or division administrator to transfer
 41 15 funds between the judicial districts' or departmental service
 41 16 areas' distribution amounts as prudent.

41 17 e. Notwithstanding any provision of law to the contrary,
 41 18 a district or juvenile court shall not order a county to pay
 41 19 for any service provided to a juvenile pursuant to an order
 41 20 entered under chapter 232 which is a charge upon the state
 41 21 under section 232.141, subsection 4.

41 22 f. Of the funds allocated in this subsection, not more than
 41 23 \$83,000 may be used by the judicial branch for administration
 41 24 of the requirements under this subsection.

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 the FY 2015 allocations.

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, 2015.

NOTE: This section is effective on enactment.

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

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

Prohibits expenditure of more than \$83,000 of the funds appropriated in this Section by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the FY 2015 allocation.

41 25 g. Of the funds allocated in this subsection, \$17,000
41 26 shall be used by the department of human services to support
41 27 the interstate commission for juveniles in accordance with
41 28 the interstate compact for juveniles as provided in section
41 29 232.173.

Allocates \$17,000 of the funds allocated to the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2015 allocation.

41 30 10. Of the funds appropriated in this section, \$8,053,227 is
41 31 allocated for juvenile delinquent graduated sanctions services.
41 32 Any state funds saved as a result of efforts by juvenile court
41 33 services to earn a federal Tit.IV-E match for juvenile court
41 34 services administration may be used for the juvenile delinquent
41 35 graduated sanctions services.

Allocates \$8,053,227 for juvenile delinquent graduated sanctions services.

DETAIL: This is an increase of \$1 compared to the FY 2015 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 be used for graduated sanctions services.

41 36 11. Of the funds appropriated in this section, \$1,608,285 is
41 37 transferred to the department of public health to be used for
41 38 the child protection center grant program for child protection
41 39 centers located in Iowa in accordance with section 135.118.
41 40 The grant amounts under the program shall be equalized so that
41 41 each center receives a uniform base amount of \$245,000, and
41 42 the remaining funds shall be awarded through a funding formula
41 43 based upon the volume of children served.

Requires \$1,608,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is no change compared to the FY 2015 allocation.

42 1 12. If the department receives federal approval to
42 2 implement a waiver under Tit.IV-E of the federal Social
42 3 Security Act to enable providers to serve children who remain
42 4 in the children's families and communities, for purposes of
42 5 eligibility under the medical assistance program through 25
42 6 years of age, children who participate in the waiver shall be
42 7 considered to be placed in foster care.

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.

42 8 13. Of the funds appropriated in this section, \$4,025,167 is
42 9 allocated for the preparation for adult living program pursuant
42 10 to section 234.46.

Allocates \$4,025,167 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is an increase of \$768,187 compared to the FY 2015 allocation, and no change in total funding compared to FY 2015. This accounts for the transfer of funding for this Program that was provided in the Eldora Training School appropriation in FY 2015.

42 11 14. Of the funds appropriated in this section, \$227,337
42 12 shall be used for the public purpose of continuing a grant to
42 13 a nonprofit human services organization providing services to
42 14 individuals and families in multiple locations in southwest

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 2015 allocation.

42 15	lowa and Nebraska for support of a project providing immediate,	
42 16	sensitive support and forensic interviews, medical exams, needs	
42 17	assessments, and referrals for victims of child abuse and their	
42 18	nonoffending family members.	
42 19	15. Of the funds appropriated in this section, \$300,620	Allocates \$300,620 to provide support for foster care youth councils.
42 20	is allocated for the foster care youth council approach of	
42 21	providing a support network to children placed in foster care.	DETAIL: This is an increase of \$90,000 compared to the FY 2015 allocation, and no change in total funding compared to FY 2015. This change is due to the transfer of funding that was provided in the Eldora Training School appropriation in FY 2015.
42 22	16. Of the funds appropriated in this section, \$202,000 is	Allocates \$202,000 for an initiative to address child sexual abuse.
42 23	allocated for use pursuant to section 235A.1 for continuation	
42 24	of the initiative to address child sexual abuse implemented	DETAIL: This is no change compared to the FY 2015 allocation.
42 25	pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection	
42 26	21.	
42 27	17. Of the funds appropriated in this section, \$630,240 is	Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites.
42 28	allocated for the community partnership for child protection	
42 29	sites.	DETAIL: This is no change compared to the FY 2015 allocation.
42 30	18. Of the funds appropriated in this section, \$371,250	Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.
42 31	is allocated for the department's minority youth and family	
42 32	projects under the redesign of the child welfare system.	DETAIL: This is no change compared to the FY 2015 allocation.
42 33	19. Of the funds appropriated in this section, \$1,186,595	Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa.
42 34	is allocated for funding of the community circle of care	
42 35	collaboration for children and youth in northeast Iowa.	DETAIL: This is no change compared to the FY 2015 allocation.
42 36	20. Of the funds appropriated in this section, at least	Allocates \$147,158 for the child welfare provider online training academy.
42 37	\$147,158 shall be used for the continuation of the child	
42 38	welfare provider training academy, a collaboration between the	DETAIL: This is no change compared to the FY 2015 allocation.
42 39	coalition for family and children's services in Iowa and the	
42 40	department.	
42 41	21. Of the funds appropriated in this section, \$211,872	Allocates \$211,872 for continuation of a System of Care Program in Polk County.
42 42	shall be used for continuation of the central Iowa system of	
42 43	care program grant through June 30, 2016.	DETAIL: This is no change compared to the FY 2015 allocation.
43 1	22. Of the funds appropriated in this section, \$235,000	Allocates \$235,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn Counties at Four Oaks.
43 2	shall be used for the public purpose of the continuation	

43 3 and expansion of a system of care program grant implemented
 43 4 in Cerro Gordo and Linn counties to utilize a comprehensive
 43 5 and long-term approach for helping children and families by
 43 6 addressing the key areas in a child's life of childhood basic
 43 7 needs, education and work, family, and community.

DETAIL: This is an increase of \$100,000 compared to the FY 2015 allocation to expand the program as part of the TotalChild Initiative. The TotalChild Initiative strives to follow children through age 18 by addressing childhood basic needs, and providing education and work supports, family support, and community support.

43 8 23. Of the funds appropriated in this section, at least
 43 9 \$25,000 shall be used to continue and to expand the foster
 43 10 care respite pilot program in which postsecondary students in
 43 11 social work and other human services-related programs receive
 43 12 experience by assisting family foster care providers with
 43 13 respite and other support.

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 2015 allocation.

43 14 24. Of the funds appropriated in this section, \$110,000
 43 15 shall be used for the public purpose of funding community-based
 43 16 services and other supports with a system of care approach
 43 17 for children with a serious emotional disturbance and their
 43 18 families through a nonprofit provider of child welfare services
 43 19 that has been in existence for more than 115 years, is located
 43 20 in a county with a population of more than 200,000 but less
 43 21 than 220,000 according to the latest census information
 43 22 issued by the United States census bureau, is licensed as a
 43 23 psychiatric medical institution for children, and was a system
 43 24 of care grantee prior to July 1, 2015.

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

DETAIL: This is no change compared to the FY 2015 allocation.

43 25 Sec. 19. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

43 26 1. There is appropriated from the general fund of the
 43 27 state to the department of human services for the fiscal year
 43 28 beginning July 1, 2015, and ending June 30, 2016, the following
 43 29 amount, or so much thereof as is necessary, to be used for the
 43 30 purpose designated:

DETAIL: This is an increase of \$417,537 compared to estimated FY 2015. The changes include the following:

43 31 For adoption subsidy payments and services:
 43 32 \$ 42,998,286

- An increase of \$271,719 due to the reduction in the Iowa FMAP rate and Title IV-E eligibility changes.
- An increase of \$145,818 to fund caseload growth.

43 33 2. The department may transfer funds appropriated in
 43 34 this section to the appropriation made in this division of
 43 35 this Act for general administration for costs paid from the
 43 36 appropriation relating to adoption subsidy.

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

43 37 3. Federal funds received by the state during the
 43 38 fiscal year beginning July 1, 2015, as the result of the
 43 39 expenditure of state funds during a previous state fiscal
 43 40 year for a service or activity funded under this section are
 43 41 appropriated to the department to be used as additional funding
 43 42 for the services and activities funded under this section.

Requires federal funds received in FY 2016 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 2017.

43 43 Notwithstanding section 8.33, moneys received in accordance
 44 1 with this subsection that remain unencumbered or unobligated
 44 2 at the close of the fiscal year shall not revert to any fund
 44 3 but shall remain available for expenditure for the purposes
 44 4 designated until the close of the succeeding fiscal year.

44 5 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 44 6 in the juvenile detention home fund created in section 232.142
 44 7 during the fiscal year beginning July 1, 2015, and ending June
 44 8 30, 2016, are appropriated to the department of human services
 44 9 for the fiscal year beginning July 1, 2015, and ending June 30,
 44 10 2016, for distribution of an amount equal to a percentage of
 44 11 the costs of the establishment, improvement, operation, and
 44 12 maintenance of county or multicounty juvenile detention homes
 44 13 in the fiscal year beginning July 1, 2014. Moneys appropriated
 44 14 for distribution in accordance with this section shall be
 44 15 allocated among eligible detention homes, prorated on the basis
 44 16 of an eligible detention home's proportion of the costs of all
 44 17 eligible detention homes in the fiscal year beginning July
 44 18 1, 2014. The percentage figure shall be determined by the
 44 19 department based on the amount available for distribution for
 44 20 the fund. Notwithstanding section 232.142, subsection 3, the
 44 21 financial aid payable by the state under that provision for the
 44 22 fiscal year beginning July 1, 2015, shall be limited to the
 44 23 amount appropriated for the purposes of this section.

44 24 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 44 25 1. There is appropriated from the general fund of the
 44 26 state to the department of human services for the fiscal year
 44 27 beginning July 1, 2015, and ending June 30, 2016, the following
 44 28 amount, or so much thereof as is necessary, to be used for the
 44 29 purpose designated:
 44 30 For the family support subsidy program subject to the
 44 31 enrollment restrictions in section 225C.37, subsection 3:
 44 32 \$ 1,073,932

44 33 2. The department shall use at least \$641,500 of the moneys
 44 34 appropriated in this section for the family support center
 44 35 component of the comprehensive family support program under
 44 36 section 225C.47. Not more than \$25,000 of the amount allocated
 44 37 in this subsection shall be used for administrative costs.

44 38 3. If at any time during the fiscal year, the amount of
 44 39 funding available for the family support subsidy program

Requires funds deposited in the Juvenile Detention Fund to be distributed to the eligible juvenile detention centers. Funds are to be allocated to the detention centers based on FY 2016 projected operation budgets.

General Fund appropriation for the [Family Support Program](#).

DETAIL: This is a net decrease of \$5,807 compared to estimated FY 2015. The changes include:

- A decrease of \$107,807 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$102,000 to expand the Children-at-Home Program to three new service areas.

Requires an allocation of \$641,500 from the Family Support Subsidy appropriation to continue the Children-at-Home Program in current counties. Permits the DHS to expand the Program to additional counties if funds are available. Administrative funding is limited to \$25,000.

DETAIL: This is an increase of \$102,000 to expand the program to three new areas.

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

44 40 is reduced from the amount initially used to establish the
 44 41 figure for the number of family members for whom a subsidy
 44 42 is to be provided at any one time during the fiscal year,
 44 43 notwithstanding section 225C.38, subsection 2, the department
 45 1 shall revise the figure as necessary to conform to the amount
 45 2 of funding available.

anticipated.

45 3 Sec. 22. CONNER DECREE. There is appropriated from the
 45 4 general fund of the state to the department of human services
 45 5 for the fiscal year beginning July 1, 2015, and ending June 30,
 45 6 2016, the following amount, or so much thereof as is necessary,
 45 7 to be used for the purpose designated:

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

DETAIL: This is no change compared to estimated FY 2015. 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.

45 8 For building community capacity through the coordination
 45 9 and provision of training opportunities in accordance with the
 45 10 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 45 11 Iowa, July 14, 1994):
 45 12 \$ 33,632

45 13 Sec. 23. MENTAL HEALTH INSTITUTES. There is appropriated
 45 14 from the general fund of the state to the department of human
 45 15 services for the fiscal year beginning July 1, 2015, and ending
 45 16 June 30, 2016, the following amounts, or so much thereof as
 45 17 is necessary, to be used for the purposes designated, which
 45 18 amounts shall not be transferred or expended for any purpose
 45 19 other than the purposes designated, notwithstanding section
 45 20 218.6 to the contrary:

General Fund appropriation to the MHI at Cherokee.

DETAIL: This is a net decrease of \$486,318 and no change in FTE positions compared to estimated FY 2015. The changes include:

45 21 1. For operation of the state mental health institute at
 45 22 Cherokee as required by chapters 218 and 226 for salaries,
 45 23 support, maintenance, and miscellaneous purposes, and for not
 45 24 more than the following full-time equivalent positions:
 45 25 \$ 5,545,616
 45 26 FTEs 169.20

- An increase of \$22,307 for educational expenses previously funded by the Department of Education.
- A decrease of \$508,625 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.

45 27 2. For operation of the state mental health institute at
 45 28 Independence as required by chapters 218 and 226 for salaries,
 45 29 support, maintenance, and miscellaneous purposes, and for not
 45 30 more than the following full-time equivalent positions:

General Fund appropriation to the MHI at Independence.

DETAIL: This is a net decrease of \$160,177 and no change in FTE positions compared to estimated FY 2015. The changes include:

45 31 \$ 10,324,209
 45 32 FTEs 233.00

- An increase of \$472,409 for educational expenses previously funded by the Department of Education.
- A decrease of \$632,586 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.

~~45 33 3. For operation of the state mental health institute~~
~~45 34 at Mount Pleasant as required by chapters 218 and 226, for~~
~~45 35 purposes of providing adult psychiatric services including~~
~~45 36 inpatient acute care, inpatient substance abuse treatment, and~~
~~45 37 inpatient dual diagnosis substance use disorder and mental~~
~~45 38 illness treatment, at the same level of care and treatment as~~
~~45 39 provided on July 1, 2014, for salaries, support, maintenance,~~
~~45 40 and miscellaneous purposes, and for not more than the following~~
~~45 41 full-time equivalent positions:~~

45 42	.....	\$	6,424,880
45 43	.....	FTEs	97.68

VETOED

General Fund appropriation to the MHI at Mount Pleasant.

DETAIL: This is a net increase of \$5,007,084 and no change in FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$5,752,587 to reallocate dollars previously transferred from Medicaid directly to the MHI.
- A decrease of \$232,615 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$512,888 due to additional time needed to phase in operations.

VETOED: The Governor vetoed this paragraph and stated it was in the best interest of the State to cease operation of an aging, antiquated MHI lacking in key clinical staff.

46 1 Sec. 24. STATE RESOURCE CENTERS.
 46 2 1. There is appropriated from the general fund of the
 46 3 state to the department of human services for the fiscal year
 46 4 beginning July 1, 2015, and ending June 30, 2016, the following
 46 5 amounts, or so much thereof as is necessary, to be used for the
 46 6 purposes designated:

46 7 a. For the state resource center at Glenwood for salaries,
 46 8 support, maintenance, and miscellaneous purposes:
 46 9 \$ 21,524,482

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is a net decrease of \$170,784 compared to estimated FY 2015. The changes include:

- An increase of \$712,293 to replace federal funds due to a reduction in the FMAP rate.
- A decrease of \$152,000 due to a declining census at the facility.
- A decrease of \$231,077 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$500,000 due to a general reduction.

46 10 b. For the state resource center at Woodward for salaries,
 46 11 support, maintenance, and miscellaneous purposes:
 46 12 \$ 14,583,806

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is a net decrease of \$271,887 compared to estimated FY 2015. The changes include:

- An increase of \$481,076 to replace federal funds due to a reduction in the FMAP rate.
- A decrease of \$201,119 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$201,844 due to a declining census at the facility.

- A decrease of \$350,000 due to a general reduction.

46 13 2. The department may continue to bill for state resource
46 14 center services utilizing a scope of services approach used for
46 15 private providers of intermediate care facilities for persons
46 16 with an intellectual disability services, in a manner which
46 17 does not shift costs between the medical assistance program,
46 18 counties, or other sources of funding for the state resource
46 19 centers.

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

46 20 3. The state resource centers may expand the time-limited
46 21 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.

46 22 4. If the department's administration and the department
46 23 of management concur with a finding by a state resource
46 24 center's superintendent that projected revenues can reasonably
46 25 be expected to pay the salary and support costs for a new
46 26 employee position, or that such costs for adding a particular
46 27 number of new positions for the fiscal year would be less
46 28 than the overtime costs if new positions would not be added,
46 29 the superintendent may add the new position or positions. If
46 30 the vacant positions available to a resource center do not
46 31 include the position classification desired to be filled, the
46 32 state resource center's superintendent may reclassify any
46 33 vacant position as necessary to fill the desired position. The
46 34 superintendents of the state resource centers may, by mutual
46 35 agreement, pool vacant positions and position classifications
46 36 during the course of the fiscal year in order to assist one
46 37 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.

46 38 5. If existing capacity limitations are reached in
46 39 operating units, a waiting list is in effect for a service or
46 40 a special need for which a payment source or other funding
46 41 is available for the service or to address the special need,
46 42 and facilities for the service or to address the special need
46 43 can be provided within the available payment source or other
47 1 funding, the superintendent of a state resource center may
47 2 authorize opening not more than two units or other facilities
47 3 and begin implementing the service or addressing the special
47 4 need during fiscal year 2015-2016.

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

47 5 Sec. 25. SEXUALLY VIOLENT PREDATORS.
 47 6 1. There is appropriated from the general fund of the
 47 7 state to the department of human services for the fiscal year
 47 8 beginning July 1, 2015, and ending June 30, 2016, the following
 47 9 amount, or so much thereof as is necessary, to be used for the
 47 10 purpose designated:
 47 11 For costs associated with the commitment and treatment of
 47 12 sexually violent predators in the unit located at the state
 47 13 mental health institute at Cherokee, including costs of legal
 47 14 services and other associated costs, including salaries,
 47 15 support, maintenance, and miscellaneous purposes, and for not
 47 16 more than the following full-time equivalent positions:
 47 17 \$ 9,893,079
 47 18 FTEs 132.50
 47 19 2. Unless specifically prohibited by law, if the amount
 47 20 charged provides for recoupment of at least the entire amount
 47 21 of direct and indirect costs, the department of human services
 47 22 may contract with other states to provide care and treatment
 47 23 of persons placed by the other states at the unit for sexually
 47 24 violent predators at Cherokee. The moneys received under
 47 25 such a contract shall be considered to be repayment receipts
 47 26 and used for the purposes of the appropriation made in this
 47 27 section.

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

DETAIL: This is a decrease of \$30,484 and no change in FTE positions compared to estimated net FY 2015. The changes include:

- A decrease of \$12,400 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$18,084 to adjust the per diem rate for the facility.

47 28 Sec. 26. FIELD OPERATIONS. There is appropriated from the
 47 29 general fund of the state to the department of human services
 47 30 for the fiscal year beginning July 1, 2015, and ending June 30,
 47 31 2016, the following amount, or so much thereof as is necessary,
 47 32 to be used for the purposes designated:
 47 33 For field operations, including salaries, support,
 47 34 maintenance, and miscellaneous purposes, and for not more than
 47 35 the following full-time equivalent positions:
 47 36 \$ 58,920,976
 47 37 FTEs 1,837.00

General Fund appropriation to the DHS for [Field Operations](#) staff and support.

DETAIL: This is a decrease of \$2,250,000 and increase of 78.00 FTE positions compared to estimated net FY 2015. The General Fund changes include:

- A decrease of \$2,250,000 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- An increase of 78.00 FTE positions to match the FY 2015 appropriation.

~~47 38 1. As a condition of this appropriation, the department
 47 39 shall make every possible effort to fill the entire number of
 47 40 positions authorized by this section and, unless specifically
 47 41 provided otherwise by an applicable collective bargaining
 47 42 agreement, the department is not subject to any approval
 47 43 requirement external to the department to fill a field
 48 1 operations vacancy within the number of full-time equivalent
 48 2 positions authorized by this section. The department shall
 48 3 report on the first of each month to the chairpersons and
 48 4 ranking members of the appropriations committees of the senate~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated that management must have the ability and flexibility to allocate resources

~~48 5 and house of representatives, and the persons designated by
48 6 this Act for submission of reports concerning the status of
48 7 filling the positions.~~

where they are needed and the information in the monthly report is available in the State's accounting and budgeting systems.

48 8 2. Priority in filling full-time equivalent positions
48 9 shall be given to those positions related to child protection
48 10 services and eligibility determination for low-income families.

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

48 11 Sec. 27. GENERAL ADMINISTRATION. There is appropriated
48 12 from the general fund of the state to the department of human
48 13 services for the fiscal year beginning July 1, 2015, and ending
48 14 June 30, 2016, the following amount, or so much thereof as is
48 15 necessary, to be used for the purpose designated:
48 16 For general administration, including salaries, support,
48 17 maintenance, and miscellaneous purposes, and for not more than
48 18 the following full-time equivalent positions:
48 19 \$ 14,898,198
48 20 FTEs 309.00

General Fund appropriation for [General Administration](#).

DETAIL: This is a net decrease of \$174,104 and an increase of 15.98 FTE positions compared to estimated net FY 2015. The changes include:

- A decrease of \$410,561 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A increase of 15.98 FTE positions to match the FY 2015 appropriation.
- An increase of \$250,000 to transfer to the ABLE Act for the ABLE Trust.
- A decrease of \$13,543 for the Prevention of Disabilities Council for a general reduction.

48 21 1. Of the funds appropriated in this section, \$25,000 is
48 22 allocated for the prevention of disabilities policy council
48 23 created in section 225B.3.

Allocates \$25,000 for the Prevention of Disabilities Policy Council.

DETAIL: This is a decrease of \$13,543 compared to the FY 2015 allocation. Iowa Code chapter [225B](#) will sunset on July 1, 2016 (Division XXIII).

~~48 24 2. The department shall report at least monthly to the
48 25 legislative services agency concerning the department's
48 26 operational and program expenditures.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated that this information is already available within the State's accounting and budgeting system.

48 27 3. Of the funds appropriated in this section, \$150,000 shall
48 28 be used to continue the contract for the provision of a program
48 29 to provide technical assistance, support, and consultation to
48 30 providers of habilitation services and home and community-based
48 31 services waiver services for adults with disabilities under the
48 32 medical assistance program.

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 no change compared to the FY 2015 allocation.

48 33 4. Of the funds appropriated in this section, \$50,000
48 34 is transferred to the Iowa finance authority to be used
48 35 for administrative support of the council on homelessness
48 36 established in section 16.2D and for the council to fulfill its

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 2015 allocation.

48 37 duties in addressing and reducing homelessness in the state.

48 38 5. Of the funds appropriated in this section, \$250,000
48 39 shall be transferred to and deposited in the administrative
48 40 fund of the Iowa ABLE savings plan trust created in section
48 41 121.4, if enacted in this Act, to be used for implementation
48 42 and administration activities of the Iowa ABLE savings plan
48 43 trust. Such activities may include the funding of a program
49 1 manager position, the issuance of a request for proposals,
49 2 and creation of an informational internet site, but shall not
49 3 include funding for marketing. The appropriation made in this
49 4 section is deemed to meet the requirement in the section of
49 5 the division of this Act, if enacted, relating to contingent
49 6 implementation of chapter 121.

Transfers \$250,000 to the Treasurer of State to implement the ABLE Trust Act.

DETAIL: This is a new transfer. The Act is established in Division XV of this Act.

49 7 Sec. 28. VOLUNTEERS. There is appropriated from the general
49 8 fund of the state to the department of human services for the
49 9 fiscal year beginning July 1, 2015, and ending June 30, 2016,
49 10 the following amount, or so much thereof as is necessary, to be
49 11 used for the purpose designated:

General Fund appropriation to the DHS for the development and coordination of the [Volunteer Services Program](#).

DETAIL: This is no change compared to estimated net FY 2015.

49 12 For development and coordination of volunteer services:
49 13 \$ 84,686

49 14 Sec. 29. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
49 15 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
49 16 DEPARTMENT OF HUMAN SERVICES.

49 17 1. a. (1) For the fiscal year beginning July 1, 2015,
49 18 the total state funding amount for the nursing facility budget
49 19 shall not exceed \$151,421,158.

Caps nursing facility reimbursements at \$151,421,158 for the first half of FY 2016 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

49 20 (2) For the fiscal year beginning July 1, 2015, the
49 21 department shall rebase case-mix nursing facility rates
49 22 effective July 1, 2015. However, total nursing facility budget
49 23 expenditures, including both case-mix and noncase-mix, shall
49 24 not exceed the amount specified in subparagraph (1). When
49 25 calculating case-mix per diem cost and the patient-day-weighted
49 26 medians used in rate-setting for nursing facilities effective
49 27 July 1, 2015, the inflation factor applied from the midpoint
49 28 of the cost report period to the first day of the state fiscal
49 29 year rate period shall be adjusted to maintain state funding
49 30 within the amount specified in subparagraph (1).

DETAIL: The cap includes \$13,400,000 to rebase nursing facilities. The DHS is to rebase nursing facility rates effective July 1, 2015.

49 31 (3) The department, in cooperation with nursing facility
49 32 representatives, shall review projections for state funding
49 33 expenditures for reimbursement of nursing facilities on a
49 34 quarterly basis and the department shall determine if an
49 35 adjustment to the medical assistance reimbursement rate is
49 36 necessary in order to provide reimbursement within the state
49 37 funding amount for the fiscal year. Notwithstanding 2001

49 38 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
 49 39 "c", and subsection 3, paragraph "a", subparagraph (2),
 49 40 if the state funding expenditures for the nursing facility
 49 41 budget for the fiscal year are projected to exceed the amount
 49 42 specified in subparagraph (1), the department shall adjust
 49 43 the reimbursement for nursing facilities reimbursed under the
 50 1 case-mix reimbursement system to maintain expenditures of the
 50 2 nursing facility budget within the specified amount for the
 50 3 fiscal year.

50 4 (4) For the fiscal year beginning July 1, 2015, special
 50 5 population nursing facilities shall be reimbursed in accordance
 50 6 with the methodology in effect on June 30, 2015.

Requires methodology for calculating reimbursement for special population nursing facilities to remain the same as the methodology in effect in FY 2015.

50 7 (5) For any open or unsettled nursing facility cost report
 50 8 for a fiscal year prior to and including the fiscal year
 50 9 beginning July 1, 2014, including any cost report remanded on
 50 10 judicial review for inclusion of prescription drug, laboratory,
 50 11 or x-ray costs, the department shall offset all reported
 50 12 prescription drug, laboratory, and x-ray costs with any revenue
 50 13 received from Medicare or other revenue source for any purpose.
 50 14 For purposes of this subparagraph, a nursing facility cost
 50 15 report is not considered open or unsettled if the facility did
 50 16 not initiate an administrative appeal under chapter 17A or if
 50 17 any appeal rights initiated have been exhausted.

Specifies that a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal or if any appeal rights initiated have been exhausted.

50 18 b. (1) For the fiscal year beginning July 1, 2015,
 50 19 the department shall establish the pharmacy dispensing fee
 50 20 reimbursement at \$11.73 per prescription as determined by the
 50 21 June 2014 cost of dispensing fee survey.

Requires a pharmacy dispensing fee reimbursement rate of \$11.73 per prescription.

DETAIL: This is an increase of \$1.61 compared to the FY 2015 fee.

50 22 (2) The department shall utilize an average acquisition
 50 23 cost reimbursement methodology for all drugs covered under the
 50 24 medical assistance program in accordance with 2012 Iowa Acts,
 50 25 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.

50 26 (3) Notwithstanding subparagraph (2), if the centers for
 50 27 Medicare and Medicaid services of the United States department
 50 28 of health and human services (CMS) requires, as a condition
 50 29 of federal Medicaid funding, that the department implement an
 50 30 aggregate federal upper limit (FUL) for drug reimbursement
 50 31 based on the average manufacturer's price (AMP), the department
 50 32 may utilize a reimbursement methodology for all drugs covered
 50 33 under the Medicaid program based on the national average drug

Specifies that if the Centers for Medicare and Medicaid Services (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).

50 34 acquisition cost (NADAC) methodology published by CMS, in order
50 35 to assure compliance with the aggregate FUL, minimize outcomes
50 36 of drug reimbursements below pharmacy acquisition costs, limit
50 37 administrative costs, and minimize any change in the aggregate
50 38 reimbursement for drugs. The department may adopt emergency
50 39 rules to implement this subparagraph.

50 40 c. (1) For the fiscal year beginning July 1, 2015,
50 41 reimbursement rates for outpatient hospital services shall
50 42 remain at the rates in effect on June 30, 2015, subject to
50 43 Medicaid program upper payment limit rules, and adjusted
51 1 as necessary to maintain expenditures within the amount
51 2 appropriated to the department for this purpose for the fiscal
51 3 year.

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2015, subject to the Medicaid Upper Payment Limit (UPL) rules.

51 4 (2) For the fiscal year beginning July 1, 2015,
51 5 reimbursement rates for inpatient hospital services shall
51 6 be rebased effective October 1, 2015, subject to Medicaid
51 7 program upper payment limit rules, and adjusted as necessary
51 8 to maintain expenditures within the amount appropriated to the
51 9 department for this purpose for the fiscal year.

Requires the rate of reimbursement for inpatient hospital services to be rebased effective October 1, 2015, subject to the Medicaid UPL rules.

DETAIL: The Legislature did not provide any funding for the rebase and the rebase will be budget neutral.

51 10 (3) For the fiscal year beginning July 1, 2015, the graduate
51 11 medical education and disproportionate share hospital fund
51 12 shall remain at the amount in effect on June 30, 2015, except
51 13 that the portion of the fund attributable to graduate medical
51 14 education shall be reduced in an amount that reflects the
51 15 elimination of graduate medical education payments made to
51 16 out-of-state hospitals.

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the FY 2015 reimbursement rate.

51 17 (4) In order to ensure the efficient use of limited state
51 18 funds in procuring health care services for low-income lowans,
51 19 funds appropriated in this Act for hospital services shall
51 20 not be used for activities which would be excluded from a
51 21 determination of reasonable costs under the federal Medicare
51 22 program pursuant to 42 U.S.C.§1395x(v)(1)(N).

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

51 23 d. For the fiscal year beginning July 1, 2015, reimbursement
51 24 rates for rural health clinics, hospices, and acute mental
51 25 hospitals shall be increased in accordance with increases under
51 26 the federal Medicare program or as supported by their Medicare
51 27 audited costs.

Requires rural health clinics, hospice services, and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2016.

51 28 e. For the fiscal year beginning July 1, 2015, independent
51 29 laboratories and rehabilitation agencies shall be reimbursed
51 30 using the same methodology in effect on June 30, 2015.

Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2015.

51 31 f. (1) For the fiscal year beginning July 1, 2015,

Requires rates for home health agencies to be based on the Medicare

<p>51 32 reimbursement rates for home health agencies shall continue to 51 33 be based on the Medicare low utilization payment adjustment 51 34 (LUPA) methodology with state geographic wage adjustments, and 51 35 updated to reflect the most recent Medicare LUPA rates.</p>	<p>Low Utilization Payment Amount (LUPA) and adjusted to reflect the most recent Medicare LUPA rates for FY 2016.</p> <p>DETAIL: The LUPA is estimated to cost \$3,900,000 for FY 2016. The Legislature provided \$1,000,000 for this purpose.</p>
<p>51 36 (2) For the fiscal year beginning July 1, 2015, rates for 51 37 private duty nursing and personal care services under the early 51 38 and periodic screening, diagnostic, and treatment program 51 39 benefit shall be calculated based on the methodology in effect 51 40 on June 30, 2015.</p>	<p>Requires rates for private duty nursing and personal care services under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain the same as the methodology in FY 2015.</p>
<p>51 41 g. For the fiscal year beginning July 1, 2015, federally 51 42 qualified health centers shall receive cost-based reimbursement 51 43 for 100 percent of the reasonable costs for the provision of 52 1 services to recipients of medical assistance.</p>	<p>Requires the DHS to reimburse federally qualified health centers for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.</p>
<p>52 2 h. For the fiscal year beginning July 1, 2015, the 52 3 reimbursement rates for dental services shall remain at the 52 4 rates in effect on June 30, 2015.</p>	<p>Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2015.</p>
<p>52 5 i. (1) For the fiscal year beginning July 1, 2015, 52 6 state-owned psychiatric medical institutions for children shall 52 7 receive cost-based reimbursement for 100 percent of the actual 52 8 and allowable costs for the provision of services to recipients 52 9 of medical assistance.</p>	<p>Requires the reimbursement rates for State-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.</p>
<p>52 10 (2) For the nonstate-owned psychiatric medical institutions 52 11 for children, reimbursement rates shall be based on the 52 12 reimbursement methodology developed by the Medicaid managed 52 13 care contractor for behavioral health services as required for 52 14 federal compliance.</p>	<p>Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology developed by the DHS.</p>
<p>52 15 (3) As a condition of participation in the medical 52 16 assistance program, enrolled providers shall accept the medical 52 17 assistance reimbursement rate for any covered goods or services 52 18 provided to recipients of medical assistance who are children 52 19 under the custody of a psychiatric medical institution for 52 20 children.</p>	<p>Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.</p>
<p>52 21 j. For the fiscal year beginning July 1, 2015, unless 52 22 otherwise specified in this Act, all noninstitutional medical 52 23 assistance provider reimbursement rates shall remain at the 52 24 rates in effect on June 30, 2015, except for area education 52 25 agencies, local education agencies, infant and toddler 52 26 services providers, home and community-based services providers 52 27 including consumer-directed attendant care providers under a 52 28 section 1915(c) or 1915(i) waiver, targeted case management</p>	<p>Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2015.</p>

<p>52 29 providers, and those providers whose rates are required to be 52 30 determined pursuant to section 249A.20.</p>	
<p>52 31 k. Notwithstanding any provision to the contrary, for the 52 32 fiscal year beginning July 1, 2015, the reimbursement rate for 52 33 anesthesiologists shall remain at the rate in effect on June 52 34 30, 2015.</p>	<p>Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2015.</p>
<p>52 35 l. Notwithstanding section 249A.20, for the fiscal year 52 36 beginning July 1, 2015, the average reimbursement rate for 52 37 health care providers eligible for use of the federal Medicare 52 38 resource-based relative value scale reimbursement methodology 52 39 under section 249A.20 shall remain at the rate in effect on 52 40 June 30, 2015; however, this rate shall not exceed the maximum 52 41 level authorized by the federal government.</p>	<p>Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2015, and not to exceed the maximum level authorized by the federal government.</p>
<p>52 42 m. For the fiscal year beginning July 1, 2015, the 52 43 reimbursement rate for residential care facilities shall not 53 1 be less than the minimum payment level as established by the 53 2 federal government to meet the federally mandated maintenance 53 3 of effort requirement. The flat reimbursement rate for 53 4 facilities electing not to file annual cost reports shall not 53 5 be less than the minimum payment level as established by the 53 6 federal government to meet the federally mandated maintenance 53 7 of effort requirement.</p>	<p>Requires the reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.</p>
<p>53 8 n. For the fiscal year beginning July 1, 2015, the 53 9 reimbursement rates for inpatient mental health services 53 10 provided at hospitals shall be rebased effective October 1, 53 11 2015, subject to Medicaid program upper payment limit rules, 53 12 and adjusted as necessary to maintain expenditures within the 53 13 amount appropriated to the department for this purpose for 53 14 the fiscal year; and psychiatrists shall be reimbursed at the 53 15 medical assistance program fee-for-service rate in effect on 53 16 June 30, 2015.</p>	<p>Requires the rate of reimbursement for inpatient psychiatric hospital services to be rebased effective October 1, 2015, subject to the Medicaid UPL rules.</p> <p>DETAIL: The Legislature did not provide any funding for the rebase and the rebase will be budget neutral.</p>
<p>53 17 o. For the fiscal year beginning July 1, 2015, community 53 18 mental health centers may choose to be reimbursed for the 53 19 services provided to recipients of medical assistance through 53 20 either of the following options: 53 21 (1) For 100 percent of the reasonable costs of the services. 53 22 (2) In accordance with the alternative reimbursement rate 53 23 methodology established by the medical assistance program's 53 24 managed care contractor for mental health services and approved 53 25 by the department of human services.</p>	<p>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.</p>
<p>53 26 p. For the fiscal year beginning July 1, 2015, the 53 27 reimbursement rate for providers of family planning services</p>	<p>Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2015.</p>

53 28 that are eligible to receive a 90 percent federal match shall
53 29 remain at the rates in effect on June 30, 2015.

53 30 q. For the fiscal year beginning July 1, 2015, the upper
53 31 limits on reimbursement rates for providers of home and
53 32 community-based services waiver services shall be increased
53 33 to the extent possible within the \$1 million of state funding
53 34 appropriated for this purpose.

53 35 r. For the fiscal year beginning July 1, 2015, the
53 36 reimbursement rates for emergency medical service providers
53 37 shall remain at the rates in effect on June 30, 2015.

~~53 38 s. For the fiscal year beginning July 1, 2015, reimbursement
53 39 rates for substance-related disorder treatment programs
53 40 licensed under section 125.13 shall be increased by 3 percent
53 41 over the rates in effect on June 30, 2015.~~

VETOED

Requires the upper payment limits on reimbursement rates for home and community-based services waiver services to be increased by \$1,000,000 compared to the FY 2015 rates.

Requires the reimbursement rates for emergency medical providers to remain at the rate in effect in FY 2015.

Requires the reimbursement rate for substance-related disorder treatment programs to increase by 3.00%.

DETAIL: This is to be covered within the funds appropriated and be budget neutral.

VETOED: The Governor vetoed this paragraph and stated that with the rate increase provided two years ago and substance abuse providers benefiting from the Iowa Health and Wellness Plan a rate increase is not needed at this time.

53 42 2. For the fiscal year beginning July 1, 2015, the
53 43 reimbursement rate for providers reimbursed under the
54 1 in-home-related care program shall not be less than the minimum
54 2 payment level as established by the federal government to meet
54 3 the federally mandated maintenance of effort requirement.

Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2016.

54 4 3. Unless otherwise directed in this section, when the
54 5 department's reimbursement methodology for any provider
54 6 reimbursed in accordance with this section includes an
54 7 inflation factor, this factor shall not exceed the amount
54 8 by which the consumer price index for all urban consumers
54 9 increased during the calendar year ending December 31, 2002.

Specifies that when the required reimbursement methodology for providers under this Section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.

54 10 4. For the fiscal year beginning July 1, 2015, the foster
54 11 family basic daily maintenance rate and the maximum adoption
54 12 subsidy rate for children ages 0 through 5 years shall be
54 13 \$16.78, the rate for children ages 6 through 11 years shall be
54 14 \$17.45, the rate for children ages 12 through 15 years shall
54 15 be \$19.10, and the rate for children and young adults ages 16
54 16 and older shall be \$19.35. For youth ages 18 to 21 who have
54 17 exited foster care, the preparation for adult living program
54 18 maintenance rate shall be \$602.70 per month. The maximum
54 19 payment for adoption subsidy nonrecurring expenses shall be
54 20 limited to \$500 and the disallowance of additional amounts

Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2015.

54 21 for court costs and other related legal expenses implemented
 54 22 pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall
 54 23 be continued.

54 24 5. For the fiscal year beginning July 1, 2015, the maximum
 54 25 reimbursement rates for social services providers under
 54 26 contract shall remain at the rates in effect on June 30, 2015,
 54 27 or the provider's actual and allowable cost plus inflation for
 54 28 each service, whichever is less. However, if a new service
 54 29 or service provider is added after June 30, 2015, the initial
 54 30 reimbursement rate for the service or provider shall be based
 54 31 upon a weighted average of provider rates for similar services.

Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2015.

54 32 6. For the fiscal year beginning July 1, 2015, the
 54 33 reimbursement rates for resource family recruitment and
 54 34 retention contractors, child welfare emergency services
 54 35 contractors, and supervised apartment living foster care
 54 36 providers shall be increased by 5 percent over the rates in
 54 37 effect on June 30, 2015.

Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to be increased 5.00% compared to the rate in effect in FY 2015.

DETAIL: This provision is estimated to cost \$659,184.

54 38 7. a. For the purposes of this subsection, "combined
 54 39 reimbursement rate" means the combined service and maintenance
 54 40 reimbursement rate for a service level under the department's
 54 41 reimbursement methodology. Effective July 1, 2015, the
 54 42 combined reimbursement rate for a group foster care service
 54 43 level shall be the amount designated in this subsection.
 55 1 However, if a group foster care provider's reimbursement rate
 55 2 for a service level as of June 30, 2015, is more than the rate
 55 3 designated in this subsection, the provider's reimbursement
 55 4 shall remain at the higher rate.

Requires the rate for group foster care providers to remain at the rate in effect in FY 2015.

55 5 b. Unless a group foster care provider is subject to the
 55 6 exception provided in paragraph "a", effective July 1, 2015,
 55 7 the combined reimbursement rates for the service levels under
 55 8 the department's reimbursement methodology shall be as follows:

55 9 (1) For service level, community - D1, the daily rate shall
 55 10 be at least \$84.17.

55 11 (2) For service level, comprehensive - D2, the daily rate
 55 12 shall be at least \$119.09.

55 13 (3) For service level, enhanced - D3, the daily rate shall
 55 14 be at least \$131.09.

55 15 8. The group foster care reimbursement rates paid for
 55 16 placement of children out of state shall be calculated
 55 17 according to the same rate-setting principles as those used for
 55 18 in-state providers, unless the director of human services or
 55 19 the director's designee determines that appropriate care cannot
 55 20 be provided within the state. The payment of the daily rate

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

<p>55 21 shall be based on the number of days in the calendar month in 55 22 which service is provided.</p>	<p>provided.</p>
<p>55 23 9. a. For the fiscal year beginning July 1, 2015, the 55 24 reimbursement rate paid for shelter care and the child welfare 55 25 emergency services implemented to provide or prevent the need 55 26 for shelter care shall be established by contract.</p>	<p>Requires the statewide average reimbursement rates paid to shelter care providers to be established by contract.</p>
<p>55 27 b. For the fiscal year beginning July 1, 2015, the combined 55 28 service and maintenance components of the reimbursement rate 55 29 paid for shelter care services shall be based on the financial 55 30 and statistical report submitted to the department. The 55 31 maximum reimbursement rate shall be \$101.83 per day. The 55 32 department shall reimburse a shelter care provider at the 55 33 provider's actual and allowable unit cost, plus inflation, not 55 34 to exceed the maximum reimbursement rate.</p>	<p>Requires the FY 2016 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.</p>
<p>55 35 c. Notwithstanding section 232.141, subsection 8, for the 55 36 fiscal year beginning July 1, 2015, the amount of the statewide 55 37 average of the actual and allowable rates for reimbursement of 55 38 juvenile shelter care homes that is utilized for the limitation 55 39 on recovery of unpaid costs shall remain at the amount in 55 40 effect for this purpose in the fiscal year beginning July 1, 55 41 2014.</p>	<p>Requires the the statewide average reimbursement rates paid to shelter care providers to remain at the rate in effect in FY 2015.</p>
<p>55 42 10. For the fiscal year beginning July 1, 2015, the 55 43 department shall calculate reimbursement rates for intermediate 56 1 care facilities for persons with an intellectual disability 56 2 at the 80th percentile. Beginning July 1, 2015, the rate 56 3 calculation methodology shall utilize the consumer price index 56 4 inflation factor applicable to the fiscal year beginning July 56 5 1, 2015.</p>	<p>Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2016.</p>
<p>56 6 11. For the fiscal year beginning July 1, 2015, for child 56 7 care providers reimbursed under the state child care assistance 56 8 program, the department shall set provider reimbursement 56 9 rates based on the rate reimbursement survey completed in 56 10 December 2004. Effective July 1, 2015, the child care provider 56 11 reimbursement rates shall remain at the rates in effect on June 56 12 30, 2015. The department shall set rates in a manner so as 56 13 to provide incentives for a nonregistered provider to become 56 14 registered by applying the increase only to registered and 56 15 licensed providers.</p>	<p>Requires the DHS to set FY 2016 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December of 2004 and at the same level as FY 2015.</p>
<p>56 16 12. For the fiscal year beginning July 1, 2015, if the 56 17 centers for Medicare and Medicaid services of the United 56 18 States department of health and human services approves the 56 19 waivers necessary to implement medical assistance program</p>	<p style="text-align: center;">VETOED</p> <p>Specifies that if the Centers for Medicare and Medicaid Services (CMS) approves the DHS managed care waiver, any provider subject to the contract will be reimbursed at actuarially sound capitation rates no lower than the reimbursement rates in effect on June 30, 2015.</p>

~~56 20 managed care applicable to any providers or services subject to
56 21 reimbursement under this section, notwithstanding any provision
56 22 to the contrary under this section, affected providers or
56 23 services shall instead be reimbursed as follows:
56 24 a. For fee-for-service claims, reimbursement shall be
56 25 calculated based on the methodology otherwise specified in this
56 26 section for the fiscal year beginning July 1, 2015, for the
56 27 respective provider or service.
56 28 b. For claims subject to a managed care contract,
56 29 reimbursement shall be based on the methodology established
56 30 by the managed care organization contract. However, any
56 31 reimbursement established under such contract shall not be
56 32 lower than the reimbursement otherwise specified in this
56 33 section for the fiscal year beginning July 1, 2015, for the
56 34 respective provider or service.~~

VETOED: The Governor vetoed this paragraph and stated the restrictions in this item are redundant and unneeded.

56 35 13. The department may adopt emergency rules to implement
56 36 this section.

Permits the DHS to adopt emergency rules to implement this Section.

56 37 Sec. 30. EMERGENCY RULES.

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

56 38 1. If specifically authorized by a provision of this
56 39 division of this Act, the department of human services or
56 40 the mental health and disability services commission may
56 41 adopt administrative rules under section 17A.4, subsection
56 42 3, and section 17A.5, subsection 2, paragraph "b", to
56 43 implement the provisions of this division of this Act and
57 1 the rules shall become effective immediately upon filing or
57 2 on a later effective date specified in the rules, unless the
57 3 effective date of the rules is delayed or the applicability
57 4 of the rules is suspended by the administrative rules review
57 5 committee. Any rules adopted in accordance with this section
57 6 shall not take effect before the rules are reviewed by the
57 7 administrative rules review committee. The delay authority
57 8 provided to the administrative rules review committee under
57 9 section 17A.4, subsection 7, and section 17A.8, subsection 9,
57 10 shall be applicable to a delay imposed under this section,
57 11 notwithstanding a provision in those sections making them
57 12 inapplicable to section 17A.5, subsection 2, paragraph "b".
57 13 Any rules adopted in accordance with the provisions of this
57 14 section shall also be published as a notice of intended action
57 15 as provided in section 17A.4.

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.

57 16 2. If during a fiscal year, the department of human
57 17 services is adopting rules in accordance with this section
57 18 or as otherwise directed or authorized by state law, and the
57 19 rules will result in an expenditure increase beyond the amount
57 20 anticipated in the budget process or if the expenditure was
57 21 not addressed in the budget process for the fiscal year, the

57 22 department shall notify the persons designated by this division
 57 23 of this Act for submission of reports, the chairpersons and
 57 24 ranking members of the committees on appropriations, and
 57 25 the department of management concerning the rules and the
 57 26 expenditure increase. The notification shall be provided at
 57 27 least 30 calendar days prior to the date notice of the rules
 57 28 is submitted to the administrative rules coordinator and the
 57 29 administrative code editor.

57 30 Sec. 31. REPORTS. Any reports or other information
 57 31 required to be compiled and submitted under this Act during the
 57 32 fiscal year beginning July 1, 2015, shall be submitted to the
 57 33 chairpersons and ranking members of the joint appropriations
 57 34 subcommittee on health and human services, the legislative
 57 35 services agency, and the legislative caucus staffs on or
 57 36 before the dates specified for submission of the reports or
 57 37 information.

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

57 38 Sec. 32. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN
 57 39 APPROPRIATIONS FY 2015-2016. Notwithstanding section 8.39,
 57 40 subsection 1, for the fiscal year beginning July 1, 2015, if
 57 41 savings resulting from the governor's Medicaid modernization
 57 42 initiative accrue to the medical contracts or children's health
 57 43 insurance program appropriation from the general fund of the
 58 1 state and not to the medical assistance appropriation from the
 58 2 general fund of the state under this division of this Act,
 58 3 such savings may be transferred to such medical assistance
 58 4 appropriation for the same fiscal year without prior written
 58 5 consent and approval of the governor and the director of the
 58 6 department of management. The department of human services
 58 7 shall report any transfers made pursuant to this section to the
 58 8 legislative services agency.

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative.

58 9 Sec. 33. EFFECTIVE UPON ENACTMENT. The following
 58 10 provisions of this division of this Act, being deemed of
 58 11 immediate importance, take effect upon enactment:
 58 12 1. The provision relating to section 232.141 and directing
 58 13 the state court administrator and the division administrator of
 58 14 the department of human services division of child and family
 58 15 services to make the determination, by June 15, 2015, of the
 58 16 distribution of funds allocated for the payment of the expenses
 58 17 of court-ordered services provided to juveniles which are a
 58 18 charge upon the state.

The Section that 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, on or before June 15, 2015, is effective on enactment.

58 19 DIVISION VI
 58 20 HEALTH CARE ACCOUNTS AND FUNDS — FY 2015-2016

58 21 Sec. 34. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is

Pharmaceutical Settlement Account appropriation to the DHS for

58 22 appropriated from the pharmaceutical settlement account created
 58 23 in section 249A.33 to the department of human services for the
 58 24 fiscal year beginning July 1, 2015, and ending June 30, 2016,
 58 25 the following amount, or so much thereof as is necessary, to be
 58 26 used for the purpose designated:
 58 27 Notwithstanding any provision of law to the contrary, to
 58 28 supplement the appropriations made in this Act for medical
 58 29 contracts under the medical assistance program for the fiscal
 58 30 year beginning July 1, 2015, and ending June 30, 2016:
 58 31 \$ 2,002,176

medical contracts in Medicaid.

DETAIL: This is a decrease of \$3,465,388 compared to estimated FY 2015.

58 32 Sec. 35. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 58 33 SERVICES. Notwithstanding any provision to the contrary and
 58 34 subject to the availability of funds, there is appropriated
 58 35 from the quality assurance trust fund created in section
 58 36 249L.4 to the department of human services for the fiscal year
 58 37 beginning July 1, 2015, and ending June 30, 2016, the following
 58 38 amounts, or so much thereof as is necessary, for the purposes
 58 39 designated:
 58 40 To supplement the appropriation made in this Act from the
 58 41 general fund of the state to the department of human services
 58 42 for medical assistance for the same fiscal year:
 58 43 \$ 37,205,208

Quality Assurance Trust Fund appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is an increase of \$8,009,555 compared to estimated FY 2015. The increase is due to raising the assessment to 3.00% and an additional \$500,000 available in the fund.

59 1 Sec. 36. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 59 2 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 59 3 the contrary and subject to the availability of funds, there is
 59 4 appropriated from the hospital health care access trust fund
 59 5 created in section 249M.4 to the department of human services
 59 6 for the fiscal year beginning July 1, 2015, and ending June
 59 7 30, 2016, the following amounts, or so much thereof as is
 59 8 necessary, for the purposes designated:
 59 9 To supplement the appropriation made in this Act from the
 59 10 general fund of the state to the department of human services
 59 11 for medical assistance for the same fiscal year:
 59 12 \$ 34,700,000

Hospital Health Care Access Trust Fund appropriation to the Medicaid Program.

DETAIL: This is no change compared to estimated FY 2015.

59 13 Sec. 37. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 59 14 FOR FY 2015-2016. Notwithstanding section 8.33, if moneys
 59 15 appropriated for purposes of the medical assistance program for
 59 16 the fiscal year beginning July 1, 2015, and ending June 30,
 59 17 2016, from the general fund of the state, the quality assurance
 59 18 trust fund and the hospital health care access trust fund, are
 59 19 in excess of actual expenditures for the medical assistance
 59 20 program and remain unencumbered or unobligated at the close
 59 21 of the fiscal year, the excess moneys shall not revert but
 59 22 shall remain available for expenditure for the purposes of the
 59 23 medical assistance program until the close of the succeeding

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

59 24 fiscal year.

59 25 DIVISION VII
59 26 PATIENT-CENTERED HEALTH ADVISORY COUNCIL

CODE: Changes the name of the Medical Home System Advisory Council to the Patient-Centered Health Advisory Council.

59 27 Sec. 38. Section 135.159, subsection 2, paragraph a,
59 28 unnumbered paragraph 1, Code 2015, is amended to read as
59 29 follows:

59 30 The department shall establish ~~an a~~ patient-centered health
59 31 advisory council which shall include but is not limited to
59 32 all of the following members, selected by their respective
59 33 organizations, and any other members the department determines
59 34 necessary to assist in the department's duties at various
59 35 stages of development of the medical home system:

59 36 Sec. 39. Section 135.159, subsection 2, paragraph b, Code
59 37 2015, is amended to read as follows:

59 38 b. Public members of the patient-centered health advisory
59 39 council shall receive reimbursement for actual expenses
59 40 incurred while serving in their official capacity only if they
59 41 are not eligible for reimbursement by the organization that
59 42 they represent.

59 43 Sec. 40. Section 135.159, subsection 10, Code 2015, is
60 1 amended to read as follows:

60 2 10. The department shall integrate the recommendations and
60 3 policies developed pursuant to section 135.161, Code 2011, into
60 4 the medical home system and shall incorporate the development
60 5 and implementation of the state initiative for prevention
60 6 and chronic care management as developed pursuant to section
60 7 135.161, Code 2011, into the duties of the ~~medical home system~~
60 8 patient-centered health advisory council beginning January 1,
60 9 2012.

60 10 Sec. 41. CODE EDITOR DIRECTIVE. The Code editor shall amend
60 11 the headnote of section 135.159, Code 2015, to read Medical home
60 12 system — patient-centered health advisory council — development
60 13 and implementation.

60 14 DIVISION VIII
60 15 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS

60 16 DECATEGORY — FY 2014-2015

60 17 Sec. 42. DECATEGORY CARRYOVER FUNDING — TRANSFER TO
60 18 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection
60 19 5, paragraph "b", any state appropriated moneys in the funding
60 20 pool that remained unencumbered or unobligated at the close
60 21 of the fiscal year beginning July 1, 2012, and were deemed
60 22 carryover funding to remain available for the two succeeding
60 23 fiscal years that still remain unencumbered or unobligated at
60 24 the close of the fiscal year beginning July 1, 2014, shall

Transfers funds from the Decategorization carryforward in FY 2014 to Medicaid in FY 2015.

DETAIL: The estimated carryforward transfer is \$3,000,000.

60 25 not revert but shall be transferred to the medical assistance
60 26 program for the fiscal year beginning July 1, 2014.

60 27 COMMUNITY MENTAL HEALTH SERVICES APPROPRIATION — FY 2014-2015

60 28 Sec. 43. 2013 Iowa Acts, chapter 136, section 2, subsection
60 29 1, paragraph c, is amended to read as follows:

60 30 c. The department shall allocate not less than 95 percent
60 31 of the amount of the block grant each federal fiscal year
60 32 to eligible community mental health services providers for
60 33 carrying out the plan submitted to and approved by the federal
60 34 substance abuse and mental health services administration
60 35 for the fiscal year involved, except that for federal fiscal
60 36 year 2014-2015, \$1,643,467 of such federal block grant funds
60 37 shall be used for child and family services pursuant to 2013
60 38 Iowa Acts, chapter 138, section 148, as amended by 2014 Iowa
60 39 Acts, chapter 1140, section 25, for the purposes of 2014 Iowa
60 40 Acts, chapter 1140, section 25, subsection 20, relating to
60 41 the community circle of care collaboration for children and
60 42 youth in northeast Iowa, subsection 24 relating to the central
60 43 Iowa system of care program grant, subsection 25 relating
61 1 to the system of care grant implemented in Cerro Gordo and
61 2 Linn counties, and subsection 27 relating to a system of care
61 3 approach for children with a serious emotional disturbance and
61 4 their families through a nonprofit provider of child welfare
61 5 services licensed as a psychiatric medical institution for
61 6 children.

Allocates \$1,643,467 of the FY 2015 Community Mental Health Services Block Grant to the system of care projects under the Child and Family Services appropriation.

DETAIL: The funds allocated in this Section are replacing General Fund appropriations that will be freed up and transferred to Medicaid in FY 2016.

61 7 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES — FY 2014-2015

61 8 Sec. 44. 2013 Iowa Acts, chapter 138, section 136,
61 9 subsections 1, 2, 6, and 13, as amended by 2014 Iowa Acts,
61 10 chapter 1140, section 9, are amended to read as follows:

61 11 1. To be credited to the family investment program account
61 12 and used for assistance under the family investment program
61 13 under chapter 239B:
61 14 \$ 9,879,488
61 15 6,281,222

Deappropriates \$3,598,266 in FY 2015 from the TANF appropriation to the Family Investment Program due to lower caseloads.

DETAIL: The funds will be redirected to TANF Child Care Assistance freeing up General Fund Child Care funds that will be used for Medicaid in FY 2015.

61 16 2. To be credited to the family investment program account
61 17 and used for the job opportunities and basic skills (JOBS)
61 18 program and implementing family investment agreements in
61 19 accordance with chapter 239B:
61 20 \$ 11,091,914

Deappropriates \$859,571 in FY 2015 from the TANF appropriation to the PROMISE JOBS Program due to lower caseloads.

DETAIL: The funds will be redirected to TANF Child Care Assistance freeing up General Fund Child Care funds that will be used for

61 21 10,232,340

Medicaid in FY 2015.

61 22 6. For state child care assistance:

Appropriates an additional \$6,163,129 in FY 2015 from surplus TANF funds to Child Care Assistance.

61 23\$ 35,047,110

61 24 41,210,239

DETAIL: The funds allocated in this Section are replacing General Fund appropriations that will be freed up and appropriated to Medicaid in FY 2015.

61 25 a. Of the funds appropriated in this subsection,
 61 26 ~~\$26,347,110~~ \$26,332,712 is transferred to the child care and
 61 27 development block grant appropriation made by the Eighty-fifth
 61 28 General Assembly, 2013 Session, in 2013 Iowa Acts, chapter 136,
 61 29 section 14 for the federal fiscal year beginning October 1,
 61 30 2014, and ending September 30, 2015. Of this amount, \$200,000
 61 31 shall be used for provision of educational opportunities to
 61 32 registered child care home providers in order to improve
 61 33 services and programs offered by this category of providers
 61 34 and to increase the number of providers. The department may
 61 35 contract with institutions of higher education or child care
 61 36 resource and referral centers to provide the educational
 61 37 opportunities. Allowable administrative costs under the
 61 38 contracts shall not exceed 5 percent. The application for a
 61 39 grant shall not exceed two pages in length.

Decreases the direct Child Care Assistance transfer by \$14,398 for FY 2015.

61 40 b. Any funds appropriated in this subsection remaining
 61 41 unallocated shall be used for state child care assistance
 61 42 payments for families who are employed, including but not
 61 43 limited to individuals enrolled in the family investment
 62 1 program ~~who are employed~~.

Permits TANF funds for Child Care Assistance to be used for any employed families in the Child Care Program and not just families enrolled in the Family Investment Program.

62 2 13. a. Notwithstanding any provision to the contrary,
 62 3 including but not limited to requirements in section 8.41 or
 62 4 provisions in 2013 or 2014 Iowa Acts regarding the receipt and
 62 5 appropriation of federal block grants, federal funds from the
 62 6 temporary assistance for needy families block grant received
 62 7 by the state not otherwise appropriated in this section and
 62 8 remaining available for the fiscal year beginning July 1, 2014,
 62 9 are appropriated to the department of human services to the
 62 10 extent as may be necessary to be used in the following priority
 62 11 order:the family investment program, for state child care
 62 12 assistance program payments for ~~individuals enrolled in the~~
 62 13 ~~family investment program~~ families who are employed, and for
 62 14 the family investment program share of costs to develop and
 62 15 maintain a new, integrated eligibility determination system.
 62 16 The federal funds appropriated in this paragraph "a" shall be
 62 17 expended only after all other funds appropriated in subsection

Specifies that for the purposes of this Subsection, funds are considered fully expended when the full amount has been transferred.

62 18 1 for the assistance under the family investment program,
 62 19 in subsection 6 for child care assistance, or in subsection
 62 20 12 for the family investment program share of the costs to
 62 21 continue to develop and maintain a new, integrated eligibility
 62 22 determination system, as applicable, have been expended. For
 62 23 the purposes of this subsection, the funds appropriated in
 62 24 subsection 6, paragraph "a", for transfer to the child care and
 62 25 development block grant are considered fully expended when the
 62 26 full amount has been transferred.

62 27 b. The department shall, on a quarterly basis, advise the
 62 28 legislative services agency and department of management of
 62 29 the amount of funds appropriated in this subsection that was
 62 30 expended in the prior quarter.

62 31 CHILD SUPPORT RECOVERY UNIT - CARRYFORWARD FUNDING - TO
 62 32 MEDICAID PROGRAM TRANSFER FOR FY 2015-2016

62 33 Sec. 45. 2013 Iowa Acts, chapter 138, section 139, as
 62 34 amended by 2014 Iowa Acts, chapter 1140, section 12, is amended
 62 35 by adding the following new subsection:
 62 36 NEW SUBSECTION 5. Notwithstanding section 8.33, moneys
 62 37 appropriated in this section that remain unencumbered or
 62 38 unobligated at the close of the fiscal year ending June 30,
 62 39 2015, shall not revert but shall be transferred to the medical
 62 40 assistance appropriation for the fiscal year beginning July 1,
 62 41 2015, to be used for the medical assistance program for that
 62 42 fiscal year.

Transfers \$140,000 in FY 2015 from the Child Support Recovery Unit appropriation to Medicaid in FY 2016.

62 43 MEDICAL ASSISTANCE — FY 2014-2015

63 1 Sec. 46. 2013 Iowa Acts, chapter 139, section 142,
 63 2 unnumbered paragraph 2, as amended by 2014 Iowa Acts, chapter
 63 3 1140, section 14, is amended to read as follows:
 63 4 For medical assistance program reimbursement and associated
 63 5 costs as specifically provided in the reimbursement
 63 6 methodologies in effect on June 30, 2014, except as otherwise
 63 7 expressly authorized by law, consistent with options under
 63 8 federal law and regulations, and contingent upon receipt of
 63 9 approval from the office of the governor of reimbursement for
 63 10 each abortion performed under the program:

General Fund supplemental appropriation of \$15,828,136 for the Medicaid Program in FY 2015.

63 11 ~~\$1,250,658,393~~
 63 12 1,266,486,529

63 13 DISPROPORTIONATE SHARE HOSPITAL — FY 2014-2015

63 14 Sec. 47. 2013 Iowa Acts, chapter 138, section 142,
 63 15 subsection 11, paragraph a, unnumbered paragraph 1, as amended
 63 16 by 2014 Iowa Acts, chapter 1140, section 15, is amended to read

Transfers \$2,800,000 in FY 2015 from the Medicaid Contracts appropriation to Medicaid in FY 2016.

63 17 as follows:

63 18 Of the funds appropriated in this section, ~~\$8,391,922~~
 63 19 \$5,591,922 is allocated for the state match for a
 63 20 disproportionate share hospital payment of ~~\$19,133,430~~
 63 21 \$12,749,481 to hospitals that meet both of the conditions
 63 22 specified in subparagraphs (1) and (2). In addition, the
 63 23 hospitals that meet the conditions specified shall either
 63 24 certify public expenditures or transfer to the medical
 63 25 assistance program an amount equal to provide the nonfederal
 63 26 share for a disproportionate share hospital payment of
 63 27 ~~\$7,500,000~~ \$13,883,949. The hospitals that meet the conditions
 63 28 specified shall receive and retain 100 percent of the total
 63 29 disproportionate share hospital payment of \$26,633,430.

63 30 MEDICAL CONTRACTS CARRYFORWARD FUNDING - TRANSFER TO
 63 31 PROGRAM FOR MEDICAID FY 2015-2016

63 32 Sec. 48. 2013 Iowa Acts, chapter 138, section 143, as
 63 33 amended by 2014 Iowa Acts, chapter 1140, section 19, is amended
 63 34 by adding the following new subsection:
 63 35 new subsection 9. Notwithstanding section 8.33, moneys
 63 36 appropriated in this section that remain unencumbered
 63 37 or unobligated at the close of the fiscal year shall not
 63 38 revert but shall be transferred to the medical assistance
 63 39 appropriation for the fiscal year beginning July 1, 2015, to be
 63 40 used for the medical assistance program for that fiscal year.

Reduces the Disproportionate Share Hospital (DSH) payment to the University of Iowa Hospitals and Clinics by \$2,800,000 in FY 2015. The funds will be used for the Medicaid Program in FY 2015.

63 41 STATE SUPPLEMENTARY ASSISTANCE — CARRYFORWARD FUNDING —
 63 42 TRANSFER TO MEDICAID PROGRAM FOR FY 2015-2016

63 43 Sec. 49. 2013 Iowa Acts, chapter 138, section 144, as
 64 1 amended by 2014 Iowa Acts, chapter 1140, section 20, is amended
 64 2 by adding the following new subsection:
 64 3 new subsection 4. Notwithstanding section 8.33, moneys
 64 4 appropriated in this section that remain unencumbered
 64 5 or unobligated at the close of the fiscal year shall not
 64 6 revert but shall be transferred to the medical assistance
 64 7 appropriation for the fiscal year beginning July 1, 2015, to be
 64 8 used for the medical assistance program for that fiscal year.

Transfers \$1,155,936 in FY 2015 from the State Supplementary Assistance appropriation to Medicaid in FY 2016.

64 9 CHILDREN'S HEALTH INSURANCE PROGRAM/HEALTHY AND WELL KIDS IN
 64 10 IOWA PROGRAM CARRYFORWARD FUNDING — TRANSFER TO MEDICAID
 64 11 PROGRAM FOR FY 2015-2016

64 12 Sec. 50. 2013 Iowa Acts, chapter 138, section 145, as
 64 13 amended by 2014 Iowa Acts, chapter 1140, section 21, is amended
 64 14 by adding the following new subsection:
 64 15 new subsection 3. Notwithstanding section 8.33, moneys

Transfers \$750,000 in FY 2015 from the State Children's Health Insurance Program appropriation to Medicaid in FY 2016.

64 16 appropriated in this section that remain unencumbered
 64 17 or unobligated at the close of the fiscal year shall not
 64 18 revert but shall be transferred to the medical assistance
 64 19 appropriation for the fiscal year beginning July 1, 2015, to be
 64 20 used for the medical assistance program for that same fiscal
 64 21 year.

64 22 CHILD CARE ASSISTANCE — FY 2014-2015

64 23 Sec. 51. 2013 Iowa Acts, chapter 138, section 146,
 64 24 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 64 25 chapter 1140, section 22, are amended to read as follows:

64 26 There is appropriated from the general fund of the state to
 64 27 the department of human services for the fiscal year beginning
 64 28 July 1, 2014, and ending June 30, 2015, the following amount,
 64 29 or so much thereof as is necessary, to be used for the purpose
 64 30 designated:

64 31 For child care programs:

64 32	\$ 47,132,080
64 33	<u>36,303,944</u>

Deappropriates \$10,828,136 in FY 2015 from the Child Care Assistance Program appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to Fund the FY 2015 Medicaid shortfall. The decrease reflects the following:

- A decrease of \$6,163,129 to use a one-time TANF surplus to supplant General Fund dollars.
- A decrease of \$4,665,007 due to an estimated surplus based on current enrollment. This level of funding will still meet MOE requirements.

64 34 Sec. 52. 2013 Iowa Acts, chapter 138, section 146,
 64 35 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 64 36 section 22, is amended to read as follows:

64 37 1. Of the funds appropriated in this section, ~~\$39,412,653~~
 64 38 \$28,484,517 shall be used for state child care assistance in
 64 39 accordance with section 237A.13.

Conforming change to the allocation for Child Care Assistance Program due to the deappropriation above.

64 40 CHILD AND FAMILY SERVICES — CARRYFORWARD FUNDING — TRANSFER
 64 41 TO MEDICAID PROGRAM FOR FY 2015-2016

64 42 Sec. 53. 2013 Iowa Acts, chapter 138, section 148, as
 64 43 amended by 2014 Iowa Acts, chapter 1140, section 25, is amended
 65 1 by adding the following new subsection:

65 2 new subsection 29. Notwithstanding section 8.33, of the
 65 3 moneys appropriated in this section that remain unencumbered or
 65 4 unobligated at the close of the fiscal year, \$8,293,467 shall
 65 5 not revert but shall be transferred to the medical assistance
 65 6 appropriation for the fiscal year beginning July 1, 2015, to be
 65 7 used for the medical assistance program for that fiscal year.

Transfers \$8,293,467 in FY 2015 from the Child and Family Services appropriation to Medicaid in FY 2016. This includes:

- \$1,643,467 from the System of Care Allocations using CMH Block Grant Funds instead.
- \$6,650,000 from restricting funds that would go to Decategorization.

65 8 ADOPTION SUBSIDY — CARRYFORWARD FUNDING — TRANSFER TO
 65 9 MEDICAID PROGRAM FOR FY 2015-2016

65 10 Sec. 54. 2013 Iowa Acts, chapter 138, section 149, as
 65 11 amended by 2014 Iowa Acts, chapter 1140, section 26, is amended
 65 12 by adding the following new subsection:

Transfers \$951,960 in FY 2015 from the Adoption Subsidy appropriation to Medicaid in FY 2016.

65 13 new subsection 4. Notwithstanding section 8.33, moneys
 65 14 appropriated in this section that remain unencumbered
 65 15 or unobligated at the close of the fiscal year shall not
 65 16 revert but shall be transferred to the medical assistance
 65 17 appropriation for the fiscal year beginning July 1, 2015, to be
 65 18 used for the medical assistance program for that fiscal year.

65 19 FAMILY SUPPORT SUBSIDY — CARRYFORWARD FUNDING — TRANSFER TO
 65 20 MEDICAID PROGRAM FOR FY 2015-2016

65 21 Sec. 55. 2013 Iowa Acts, chapter 138, section 151, as
 65 22 amended by 2014 Iowa Acts, chapter 1140, section 27, is amended
 65 23 by adding the following new subsection:
 65 24 new subsection 4. Notwithstanding section 8.33, moneys
 65 25 appropriated in this section that remain unencumbered
 65 26 or unobligated at the close of the fiscal year shall not
 65 27 revert but shall be transferred to the medical assistance
 65 28 appropriation for the fiscal year beginning July 1, 2015, to be
 65 29 used for the medical assistance program for that fiscal year.

Transfers \$500,000 in FY 2015 from the Family Support Subsidy Program appropriation to Medicaid in FY 2016.

65 30 CLARINDA AND INDEPENDENCE MENTAL HEALTH INSTITUTES CARRYFORWARD
 65 31 FUNDING — TRANSFER TO MEDICAID PROGRAM FOR FY 2015-2016

65 32 Sec. 56. 2013 Iowa Acts, chapter 138, section 153,
 65 33 subsections 2 and 3, as amended by 2014 Iowa Acts, chapter
 65 34 1140, section 29, are amended to read as follows:

65 35 2. a. For the state mental health institute at Clarinda for
 65 36 salaries, support, maintenance, and miscellaneous purposes, and
 65 37 for not more than the following full-time equivalent positions:
 65 38 \$ 6,787,309
 65 39 FTEs 86.10

Transfers \$548,000 in FY 2015 from the Clarinda MHI appropriation to Medicaid in FY 2016.

65 40 b. Notwithstanding section 8.33, moneys appropriated in
 65 41 this subsection that remain unencumbered or unobligated at
 65 42 the close of the fiscal year shall not revert but shall be
 65 43 transferred to the medical assistance appropriation for the
 66 1 fiscal year beginning July 1, 2015, to be used for the medical
 66 2 assistance program for that fiscal year.

66 3 3. a. For the state mental health institute at Independence
 66 4 for salaries, support, maintenance, and miscellaneous purposes,
 66 5 and for not more than the following full-time equivalent
 66 6 positions:

Transfers \$141,521 in FY 2015 from the Independence MHI appropriation to Medicaid in FY 2016.

66 7 \$ 10,484,386
 66 8 FTEs 233.00

66 9 b. Notwithstanding section 8.33, moneys appropriated in
 66 10 this subsection that remain unencumbered or unobligated at
 66 11 the close of the fiscal year shall not revert but shall be

66 12 transferred to the medical assistance appropriation for the
 66 13 fiscal year beginning July 1, 2015, to be used for the medical
 66 14 assistance program for that fiscal year.

66 15 GLENWOOD AND WOODWARD STATE RESOURCE CENTERS -
 66 16 FUNDING - TRANSFER TO MEDICAID CARRYFORWARD PROGRAM
 FOR FY 2015-2016

66 17 Sec. 57. 2013 Iowa Acts, chapter 138, section 154,
 66 18 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 66 19 section 30, is amended to read as follows:

66 20 1. There is appropriated from the general fund of the
 66 21 state to the department of human services for the fiscal year
 66 22 beginning July 1, 2014, and ending June 30, 2015, the following
 66 23 amounts, or so much thereof as is necessary, to be used for the
 66 24 purposes designated:

66 25 a. For the state resource center at Glenwood for salaries,
 66 26 support, maintenance, and miscellaneous purposes:
 66 27 \$ 21,695,266
 66 28 Notwithstanding section 8.33, moneys appropriated in this
 66 29 paragraph "a" that remain unencumbered or unobligated at
 66 30 the close of the fiscal year shall not revert but shall be
 66 31 transferred to the medical assistance appropriation for the
 66 32 fiscal year beginning July 1, 2015, to be used for the medical
 66 33 assistance program for that fiscal year.

Transfers \$500,000 in FY 2015 from the Glenwood Resource Center appropriation to Medicaid in FY 2016.

66 34 b. For the state resource center at Woodward for salaries,
 66 35 support, maintenance, and miscellaneous purposes:
 66 36 \$ 14,855,693
 66 37 Notwithstanding section 8.33, moneys appropriated in this
 66 38 paragraph "b" that remain unencumbered or unobligated at
 66 39 the close of the fiscal year shall not revert but shall be
 66 40 transferred to the medical assistance appropriation for the
 66 41 fiscal year beginning July 1, 2015, to be used for the medical
 66 42 assistance program for that fiscal year.

Transfers \$350,000 in FY 2015 from the Woodward Resource Center appropriation to Medicaid in FY 2016.

66 43 FIELD OPERATIONS — FY 2014-2015

67 1 Sec. 58. 2013 Iowa Acts, chapter 138, section 156,
 67 2 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 67 3 chapter 1140, section 32, are amended to read as follows:

67 4 There is appropriated from the general fund of the state to
 67 5 the department of human services for the fiscal year beginning
 67 6 July 1, 2014, and ending June 30, 2015, the following amount,
 67 7 or so much thereof as is necessary, to be used for the purposes
 67 8 designated:

67 9 For field operations, including salaries, support,
 67 10 maintenance, and miscellaneous purposes, and for not more than

Deappropriates \$4,000,000 in FY 2015 from the Field Operations appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

67 11	the following full-time equivalent positions:		
67 12	.....	\$	65,170,976
67 13			<u>61,170,976</u>
67 14	..... FTEs		1,837.00

67 15 GENERAL ADMINISTRATION — FY 2014-2015

67 16 Sec. 59. 2013 Iowa Acts, chapter 138, section 157,
67 17 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
67 18 chapter 1140, section 33, are amended to read as follows:

67 19 There is appropriated from the general fund of the state to
67 20 the department of human services for the fiscal year beginning
67 21 July 1, 2014, and ending June 30, 2015, the following amount,
67 22 or so much thereof as is necessary, to be used for the purpose
67 23 designated:

67 24 For general administration, including salaries, support,
67 25 maintenance, and miscellaneous purposes, and for not more than
67 26 the following full-time equivalent positions:

67 27	.....	\$	46,072,302
67 28			<u>15,072,302</u>
67 29	..... FTEs		309.00

67 30 CHILDREN ADJUDICATED AS DELINQUENT AND CHILD IN NEED OF
67 31 ASSISTANCE PLACEMENTS — CARRYFORWARD FUNDING FY 2015-2016

67 32 Sec. 60. 2013 Iowa Acts, chapter 138, section 147A, as
67 33 enacted by 2014 Iowa Acts, chapter 1140, section 24, is amended
67 34 by adding the following new subsection:

67 35 new subsection 4. Notwithstanding section 8.33, moneys
67 36 appropriated in this section that remain unencumbered
67 37 or unobligated at the close of the fiscal year shall not
67 38 revert but shall be transferred to the medical assistance
67 39 appropriation for the fiscal year beginning July 1, 2015, to be
67 40 used for the medical assistance program for that fiscal year.

67 41 Sec. 61. EFFECTIVE UPON ENACTMENT. This division of this
67 42 Act, being deemed of immediate importance, takes effect upon
67 43 enactment.

68 1 Sec. 62. RETROACTIVE APPLICABILITY. This division of this
68 2 Act is retroactively applicable to July 1, 2014.

68 3 DIVISION IX
68 4 HEALTH POLICY — OVERSIGHT

68 5 Sec. 63. HEALTH POLICY OVERSIGHT — MEDICAID MANAGED CARE.

68 6 1. The department of human services shall partner with
68 7 appropriate stakeholders to convene monthly statewide public
68 8 meetings to receive input and recommendations from stakeholders

Deappropriates \$1,000,000 in FY 2015 from the General Administration appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

Transfers \$600,000 in FY 2015 from the Juvenile Delinquent and Child in Need of Assistance appropriation to Medicaid in FY 2016.

This Division is effective on enactment.

This Division is retroactive to July 1, 2014.

Requires the DHS to partner with appropriate stakeholders to convene monthly statewide public meetings to receive input and recommendations from stakeholders and members of the public regarding Medicaid managed care, beginning in March 2016. The input

68 9 and members of the public regarding Medicaid managed care,
 68 10 beginning in March 2016. The meetings shall be held in
 68 11 both rural and urban areas, in small communities and large
 68 12 population centers, and in a manner that is geographically
 68 13 balanced. The input and recommendations of the public meetings
 68 14 shall be compiled by the department of human services and
 68 15 submitted to the executive committee of the medical assistance
 68 16 advisory council created in section 249A.4B.

and recommendations of the public meetings are to be compiled by the
 DHS and submitted to the executive committee of the Medical
 Assistance Advisory Council (MAAC).

68 17 2. a. The executive committee of the medical assistance
 68 18 advisory council shall review the compilation of the input and
 68 19 recommendations of the public meetings convened pursuant to
 68 20 subsection 1, and shall submit recommendations based upon the
 68 21 compilation to the director of human services on a quarterly
 68 22 basis.

Requires the MAAC Council to review the compilation of the input and
 recommendations from the public meetings and submit
 recommendations to the Director of DHS on a quarterly basis.

68 23 b. The director of human services shall submit the
 68 24 compilation and the recommendations made under paragraph "a" to
 68 25 the legislative health policy oversight committee created in
 68 26 section 2.45.

Requires the DHS Director to submit recommendations to the
 Legislative Health Policy Oversight Committee created below.

68 27 Sec. 64. Section 2.45, Code 2015, is amended by adding the
 68 28 following new subsection:
 68 29 NEW SUBSECTION 6. The legislative health policy oversight
 68 30 committee, which shall be composed of members appointed by the
 68 31 legislative council. The legislative health policy oversight
 68 32 committee shall receive updates and review data, public input
 68 33 and concerns, and make recommendations for improvements to and
 68 34 changes in law or rule regarding Medicaid managed care.

CODE: Creates a new Legislative Health Policy Oversight Committee
 to receive updates and review data, public input and concerns, and
 make recommendations for improvements to and changes in law or
 rule regarding Medicaid managed care.

68 35 Sec. 65. NEW SECTION 231.44 UTILIZATION OF RESOURCES
 68 36 — ASSISTANCE AND ADVOCACY RELATED TO LONG-TERM SERVICES AND
 68 37 SUPPORTS UNDER THE MEDICAID PROGRAM.

68 38 1. The office of long-term care ombudsman may utilize
 68 39 its available resources to provide assistance and advocacy
 68 40 services to eligible recipients, or the families or legal
 68 41 representatives of such eligible recipients, of long-term
 68 42 services and supports provided through the Medicaid program.
 68 43 Such assistance and advocacy shall include but is not limited
 69 1 to all of the following:
 69 2 a. Assisting recipients in understanding the services,
 69 3 coverage, and access provisions and their rights under Medicaid
 69 4 managed care.
 69 5 b. Developing procedures for the tracking and reporting
 69 6 of the outcomes of individual requests for assistance, the
 69 7 obtaining of necessary services and supports, and other aspects
 69 8 of the services provided to eligible recipients.

CODE: Allows the Office of Long-Term Care Ombudsman to provide
 assistance and advocacy services to recipients of long-term services
 and supports provided through the Medicaid Program and specifies the
 type of assistance and advocacy.

69 9 c. Providing advice and assistance relating to the
 69 10 preparation and filing of complaints, grievances, and appeals
 69 11 of complaints or grievances, including through processes
 69 12 available under managed care plans and the state appeals
 69 13 process, relating to long-term services and supports under the
 69 14 Medicaid program.

Permits the Office of Long-Term Care Ombudsman to access individual medical and social records if authorized by the individual.

69 15 2. A representative of the office of long-term care
 69 16 ombudsman providing assistance and advocacy services authorized
 69 17 under this section for an individual, shall be provided
 69 18 access to the individual, and shall be provided access to
 69 19 the individual's medical and social records as authorized by
 69 20 the individual or the individual's legal representative, as
 69 21 necessary to carry out the duties specified in this section.

Permits the Office of Long-Term Care Ombudsman to have access to administrative records.

69 22 3. A representative of the office of long-term care
 69 23 ombudsman providing assistance and advocacy services authorized
 69 24 under this section for an individual, shall be provided access
 69 25 to administrative records related to the provision of the
 69 26 long-term services and supports to the individual, as necessary
 69 27 to carry out the duties specified in this section.

Provides definitions for "institutional setting" and "long-term services and supports."

69 28 4. For the purposes of this section:
 69 29 a. "Institutional setting" includes a long-term care
 69 30 facility, an elder group home, or an assisted living program.
 69 31 b. "Long-term services and supports" means the broad range of
 69 32 health, health-related, and personal care assistance services
 69 33 and supports, provided in both institutional settings and home
 69 34 and community-based settings, necessary for older individuals
 69 35 and persons with disabilities who experience limitations in
 69 36 their capacity for self-care due to a physical, cognitive, or
 69 37 mental disability or condition.

Requires the Office of Long-Term Care Ombudsman to collaborate with the Departments and agencies listed in this Section to develop a proposal for the establishment of a health consumer ombudsman alliance and submit a proposal to the Governor and General Assembly by December 15, 2015.

69 38 Sec. 66. PROPOSAL FOR A HEALTH CONSUMER OMBUDSMAN
 69 39 ALLIANCE. The office of long-term care ombudsman shall
 69 40 collaborate with the department on aging, the office of
 69 41 substitute decision maker, the department of veterans affairs,
 69 42 the department of human services, the department of public
 69 43 health, the department of inspections and appeals, the
 70 1 designated protection and advocacy agency as provided in
 70 2 section 135C.2, subsection 4, the civil rights commission, the
 70 3 senior health insurance information program, the Iowa insurance
 70 4 consumer advocate, Iowa legal aid, and other consumer advocates
 70 5 and consumer assistance programs, to develop a proposal for the
 70 6 establishment of a health consumer ombudsman alliance. The
 70 7 purpose of the alliance is to provide a permanent coordinated
 70 8 system of independent consumer supports to ensure that
 70 9 consumers, including consumers covered under Medicaid managed

70 10 care, obtain and maintain essential health care, are provided
 70 11 unbiased information in understanding coverage models, and are
 70 12 assisted in resolving problems regarding health care services,
 70 13 coverage, access, and rights. The proposal developed shall
 70 14 include annual budget projections and shall be submitted to the
 70 15 governor and the general assembly no later than December 15,
 70 16 2015.

~~70 17 Sec. 67. LEVEL OF CARE ASSESSMENTS AND REASSESSMENTS,
 70 18 OPTIONS COUNSELING, AND CASE MANAGEMENT.~~

~~70 19 1. a. The department of human services shall contract with
 70 20 a conflict free third party to conduct initial level of care
 70 21 assessments and reassessments for Medicaid program applicants
 70 22 or members who are not enrolled in a Medicaid managed care
 70 23 plan.~~

~~70 24 b. A Medicaid managed care contractor shall conduct initial
 70 25 level of care assessments and reassessments for Medicaid
 70 26 program members enrolled in the contractor's plan, and shall
 70 27 submit the results to the department.~~

~~70 28 c. All level of care assessments and reassessments shall be
 70 29 conducted using an assessment tool approved by the department
 70 30 and shall be conflict free.~~

~~70 31 d. The department shall determine the level of care of an
 70 32 applicant or member based upon the results of the assessments
 70 33 or reassessments conducted and submitted in accordance with
 70 34 this subsection.~~

~~70 35 e. Level of care reassessments shall be conducted annually
 70 36 or when the needs of a member change.~~

~~70 37 2. A Medicaid member's service plan shall reflect
 70 38 the member's needs and goals based upon the assessment or
 70 39 reassessment conducted pursuant to subsection 1. A member's
 70 40 service plan shall not be changed prior to the completion of a
 70 41 functional or needs reassessment, and any subsequent service
 70 42 plan shall be based on the reassessment.~~

~~70 43 3. The department shall provide for administration of
 71 1 nonbiased, community based, in person options counseling by a
 71 2 conflict free third party for applicants for a Medicaid managed
 71 3 care plan.~~

~~71 4 4. Case management under a Medicaid managed care contract
 71 5 shall be administered in a conflict free manner.~~

~~71 6 5. For the purposes of this section, "conflict free" means
 71 7 conflict free pursuant to specifications of the balancing
 71 8 incentive program requirements.~~

VETOED

Requires the DHS to contract with a third party to conduct initial level of care assessments and reassessments of consumers that may be eligible for long-term services and supports and are under the Medicaid managed care contract.

VETOED: The Governor vetoed this entire Section and stated the item creates restrictions on the reimbursement methods of the health care plans partnering with the State that are redundant and unheeded.

VETOED

Requires Medicaid members service plans to reflect the members needs and goals based on the assessment and requires the plan not to change unless a reassessment is completed.

VETOED

Requires the DHS to provide for third-party administration of counseling options for individuals applying for Medicaid managed care plans.

VETOED

Requires case management services under Medicaid managed care contracts to be conflict free.

VETOED

Defines conflict free Medicaid case management.

71 9	DIVISION X	
71 10	AUTISM	
71 11	Sec. 68.NEW SECTION 135.181 BEHAVIOR ANALYST AND BOARD	CODE: Creates a Board-Certified Behavior Analyst and Board-Certified
71 12	CERTIFIED ASSISTANT BEHAVIOR ANALYST GRANTS PROGRAM — FUND.	Assistant Behavior Analysts Grants Program and Fund within the DPH.
71 13	1. The department shall establish a board-certified	
71 14	behavior analyst and board-certified assistant behavior	
71 15	analyst grants program to provide grants to Iowa resident and	DETAIL: Allocates \$250,000 for the Program in Section 13(5)(a).
71 16	nonresident applicants who have been accepted for admission or	
71 17	are attending a board of regents university, community college,	
71 18	or an accredited private institution, are enrolled in a program	
71 19	to be eligible for board certification as a behavior analyst	
71 20	or assistant behavior analyst, and demonstrate financial	
71 21	need. Priority in the awarding of a grant shall be given to	
71 22	applicants who are residents of Iowa.	
71 23	2. The department, in cooperation with the department	
71 24	of education, shall adopt rules pursuant to chapter 17A to	
71 25	establish minimum standards for applicants to be eligible for a	
71 26	grant that address all of the following:	
71 27	a. Eligibility requirements for and qualifications of an	
71 28	applicant to receive a grant.	
71 29	b. The application process for the grant.	
71 30	c. Criteria for preference in awarding of the grants.	
71 31	d. Determination of the amount of a grant.	
71 32	e. Use of the funds awarded.	
71 33	3. a. A board-certified behavior analyst and	
71 34	board-certified assistant behavior analyst grants program fund	
71 35	is created in the state treasury as a separate fund under	
71 36	the control of the department. The fund shall consist of	
71 37	moneys appropriated from the general fund of the state for	
71 38	the purposes of the fund and moneys from any other public or	
71 39	private source available.	
71 40	b. The department may receive contributions, grants, and	
71 41	in-kind contributions to support the purposes of the fund. Not	
71 42	more than five percent of the moneys in the fund may be used	
71 43	annually for administrative costs.	
72 1	c. The fund shall be separate from the general fund of the	
72 2	state and shall not be considered part of the general fund of	
72 3	the state. The moneys in the fund shall not be considered	
72 4	revenue of the state, but rather shall be moneys of the fund.	
72 5	Moneys within the fund are not subject to section 8.33 and	
72 6	shall not be transferred, used, obligated, appropriated, or	
72 7	otherwise encumbered, except to provide for the purposes of	
72 8	this section. Notwithstanding section 12C.7, subsection 2,	
72 9	interest or earnings on moneys deposited in the fund shall be	
72 10	credited to the fund.	
72 11	d. The moneys in the fund are appropriated to the department	
72 12	and shall be used to provide grants to individuals who meet the	

72 13 criteria established under this section.

72 14 Sec. 69. Section 225D.1, subsection 3, Code 2015, is amended
72 15 to read as follows:

72 16 3. "Autism service provider" means a person providing
72 17 applied behavioral analysis, who meets all of the following
72 18 criteria:

72 19 a. Is any of the following:

72 20 (1) Is certified as a behavior analyst by the behavior
72 21 analyst certification board or, is a health professional
72 22 licensed under chapter 147 psychologist licensed under chapter
72 23 154B, or is a psychiatrist licensed under chapter 148.

72 24 (2) Is a board-certified assistant behavior analyst who
72 25 performs duties, identified by and based on the standards of
72 26 the behavior analyst certification board, under the supervision
72 27 of a board-certified behavior analyst.

72 28 b. Is approved as a member of the provider network by the
72 29 department.

72 30 Sec. 70. Section 225D.2, subsection 2, Code 2015, is amended
72 31 by adding the following new paragraph:

72 32 NEW PARAGRAPH I. Proof of eligibility for the autism
72 33 support program that includes a written denial for coverage or
72 34 a benefits summary indicating that applied behavioral analysis
72 35 treatment is not a covered benefit for which the applicant
72 36 is eligible, under the Medicaid program, section 514C.28, or
72 37 private insurance coverage.

72 38 Sec. 71. Section 225D.2, subsection 5, paragraph a, Code
72 39 2015, is amended to read as follows:

72 40 a. An autism support fund is created in the state treasury
72 41 under the authority of the department. Moneys appropriated
72 42 to and all other moneys specified for deposit in the fund
72 43 shall be deposited in the fund and used for the purposes of
73 1 the program. Notwithstanding section 12C.7, interest or
73 2 earnings on moneys in the fund shall be credited to the fund.
73 3 Notwithstanding section 8.33, moneys credited to the fund that
73 4 remain unexpended or unobligated at the end of a fiscal year
73 5 shall not revert to any other fund.

73 6 DIVISION XI
73 7 OFFICE OF SUBSTITUTE DECISION MAKER

73 8 Sec. 72. Section 231E.4, subsection 3, paragraph a, Code
73 9 2015, is amended to read as follows:

73 10 a. Select persons through a request for proposals process to
73 11 establish local offices of substitute decision maker in each
73 12 of the planning and service areas. Local offices shall be
73 13 established statewide on or before July 1, ~~2015~~ 2017.

CODE: Lists psychiatrists and psychologists as approved providers of services for the Autism Program. Adds a board-certified assistant behavior analyst to the list of qualified providers to the Autism Program.

CODE: Permits individuals to provide a summary of insurance benefits to show applied behavioral analysis treatment is not a covered benefit for the Autism Program.

CODE: Adds nonreversion language to the Autism Support Fund.

CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2017.

73 14 DIVISION XII
 73 15 DEMENTIA WORKFORCE
 73 16 Sec. 73. INTERAGENCY DEMENTIA PROFICIENT WORKFORCE TASK
 73 17 FORCE. The department on aging shall convene an interagency
 73 18 task force, in collaboration with the office of long-term
 73 19 care ombudsman, the office of substitute decision maker, the
 73 20 departments of public health, human services, and inspections
 73 21 and appeals, and the Alzheimer's association, to review the
 73 22 recommendations for a standard curriculum model for dementia
 73 23 education submitted by the Alzheimer's association dementia
 73 24 education task force to the department on aging in June 2010,
 73 25 in the Iowa dementia education project final report, and the
 73 26 curricula-related recommendations submitted by the direct care
 73 27 worker task force and the direct care worker advisory council;
 73 28 identify staff, in settings in which individuals with dementia
 73 29 may seek services and care, who should have some level of
 73 30 dementia proficiency and analyze gaps in existing training
 73 31 and educational requirements; and develop an implementation
 73 32 plan to transition toward competency-based dementia curricula
 73 33 and training that achieves dementia proficiency across a
 73 34 broader care continuum. To the greatest extent possible,
 73 35 the plan shall address training strategies for different
 73 36 settings, levels of skill, and licensure. The plan shall
 73 37 include a timeline for implementation, fiscal implications of
 73 38 recommendations, and identification of key decision points
 73 39 for the general assembly. The task force shall provide
 73 40 opportunities for stakeholder input from affected industry,
 73 41 education, professional, employee, and consumer organizations.
 73 42 The task force shall submit its recommendations to the governor
 73 43 and the general assembly no later than December 15, 2015.

Directs the Department on Aging to convene an interagency taskforce consisting of the DPH, the DHS, the Department of Inspections and Appeals, and in collaboration with the Alzheimers Association, to do the following:

- Review recommendations for a standard curriculum model for dementia education.
- Identify staff in settings that interact with individuals with dementia that should have some level of training.
- Analyze gaps in existing training and education requirements.
- Develop an implementation plan that outlines dementia training that achieves proficiency across a broad care continuum. The plan must include timeliness for implementation, fiscal implications, and key decision points for the General Assembly.

The report is due to the General Assembly and Governor by December 15, 2015.

74 1 DIVISION XIII
 74 2 PHARMACEUTICAL COLLECTION AND DISPOSAL PROGRAM
 74 3 Sec. 74. Section 155A.43, Code 2015, is amended to read as
 74 4 follows:
 74 5 155A.43 PHARMACEUTICAL COLLECTION AND DISPOSAL PROGRAM —
 74 6 ANNUAL ALLOCATION.
 74 7 Of the fees collected pursuant to sections 124.301 and
 74 8 147.80 and chapter 155A by the board of pharmacy, and retained
 74 9 by the board pursuant to section 147.82, not more than
 74 10 one hundred ~~twenty-five~~ seventy-five thousand dollars may
 74 11 be allocated annually by the board for administering the
 74 12 pharmaceutical collection and disposal program originally
 74 13 established pursuant to 2009 Iowa Acts, ch.175, §9. The
 74 14 program shall provide for the management and disposal of
 74 15 unused, excess, and expired pharmaceuticals. The board of
 74 16 pharmacy may cooperate with the Iowa pharmacy association and

CODE: Permits the Board of Pharmacy to allocate up to \$175,000 of the fees available to the Board for the Pharmaceutical Collection and Disposal Program.

DETAIL: This is an increase of \$50,000.

74 17 may consult with the department and sanitary landfill operators
74 18 in administering the program.

74 19 DIVISION XIV
74 20 PREREQUISITES FOR AN ABORTION
74 21 Sec. 75.NEW SECTION 146A.1 PREREQUISITES FOR AN ABORTION.
74 22 Except in the case of a medical emergency, as defined in
74 23 section 135L.1, for any woman, the physician shall certify both
74 24 of the following before performing an abortion:
74 25 1. That the woman has been given the opportunity to view an
74 26 ultrasound image of the fetus as part of the standard of care.
74 27 2. That the woman has been provided information regarding
74 28 the options relative to a pregnancy, including continuing the
74 29 pregnancy to term and retaining parental rights following the
74 30 child's birth, continuing the pregnancy to term and placing the
74 31 child for adoption, and terminating the pregnancy.

CODE: Requires a woman to be given the opportunity to view an ultrasound image of the fetus before receiving an abortion as part of the standard of care. Also requires women to be provided information regarding the options relative to a pregnancy, including continuing the pregnancy to term and retaining parental rights following the child's birth, continuing the pregnancy to term and placing the child for adoption, and terminating the pregnancy.

74 32 DIVISION XV
74 33 IOWA ABLE SAVINGS PLAN TRUST
74 34 Sec. 76.NEW SECTION 12I.1 PURPOSE AND DEFINITIONS.
74 35 1. The general assembly finds that the general welfare
74 36 and well-being of the state are directly related to the
74 37 health, maintenance, independence, and quality of life of its
74 38 disabled residents, and that a vital and valid public purpose
74 39 is served by the creation and implementation of programs that
74 40 encourage and make possible savings to secure funding for
74 41 disability-related expenses on behalf of individuals with
74 42 disabilities that will supplement, but not supplant, other
74 43 benefits provided by various federal, state, and private
75 1 sources. The creation of the means of encouragement for
75 2 citizens to invest in such a program represents the carrying
75 3 out of a vital and valid public purpose. In order to make
75 4 available to the citizens of the state an opportunity to fund
75 5 future disability-related expenses of individuals, it is
75 6 necessary that a public trust be established in which moneys
75 7 may be invested for payment of future disability-related
75 8 expenses of an individual.
75 9 2. As used in this chapter, unless the context otherwise
75 10 requires:
75 11 a. "Account balance limit" means the maximum allowable
75 12 aggregate balance of an account established for a designated
75 13 beneficiary. Account earnings, if any, are included in the
75 14 account balance limit.
75 15 b. "Account owner" means an individual who enters into a
75 16 participation agreement under this chapter for the payment
75 17 of qualified disability expenses on behalf of a designated
75 18 beneficiary.
75 19 c. "Contracting state" means the same as defined in section

CODE: This Division creates an Iowa ABLE (Achieving a Better Life Experience) Savings Plan Trust. The Trust will be administered by the State Treasurer. Contributions to the Trust on behalf of beneficiaries are deductible for State income tax purposes, up to a specified amount, and that amount is adjusted annually for inflation. Interest earnings on account balances are also exempt from State income tax. In addition, the accounts are not subject to State inheritance tax and the assets of the accounts are excluded from consideration under certain means-tested programs, such as Medicaid or Supplemental Security Income. This Division allows account contributions to be made on or after July 1, 2016, but the income tax provisions are not effective until January 1, 2016 (tax year 2016). The State inheritance tax exemption applies to deaths occurring on or after July 1, 2015.

DETAIL: The creation of the Iowa ABLE Savings Plan Trust is projected to reduce State General Fund revenue by \$5,900,000 for FY 2017 and local option income surtax for schools revenue by \$200,000 in FY 2017. The State Treasurer's Office will also receive an appropriation of \$250,000 in this Act to implement the ABLE Trust. For more information see the fiscal note available at: <https://www.legis.iowa.gov/docs/publications/FN/662737.pdf>.

75 20 529A of the Internal Revenue Code.

75 21 d. "Designated beneficiary" means an individual who is a
75 22 resident of this state or a resident of a contracting state and
75 23 who meets the definition of "eligible individual" in section
75 24 529A of the Internal Revenue Code.

75 25 e. "Internal Revenue Code" means the Internal Revenue Code
75 26 of 1986, as amended, and regulations promulgated thereunder.

75 27 f. "Iowa ABLE savings plan trust" or "trust" means the trust
75 28 created under section 12I.2.

75 29 g. "Participation agreement" means an agreement between the
75 30 account owner and the trust entered into under this chapter.

75 31 h. "Qualified ABLE program" means the same as defined in
75 32 section 529A of the Internal Revenue Code.

75 33 i. "Qualified disability expenses" means the same as defined
75 34 in section 529A of the Internal Revenue Code.

75 35 j. "Resident" shall be defined by rules adopted by the
75 36 treasurer of state. The rules shall determine residency in
75 37 such manner as may be required or permitted under section
75 38 529A of the Internal Revenue Code, or, in the absence of any
75 39 guidance under federal law, as the treasurer of state deems
75 40 advisable for the purpose of satisfying the requirements of
75 41 section 529A of the Internal Revenue Code.

75 42 Sec. 77.NEW SECTION 12I.2 CREATION OF IOWA ABLE SAVINGS
75 43 PLAN TRUST.

76 1 An Iowa ABLE savings plan trust is created. The treasurer of
76 2 state is the trustee of the trust, and has all powers necessary
76 3 to carry out and effectuate the purposes, objectives, and
76 4 provisions of this chapter pertaining to the trust, including
76 5 the power to do all of the following:

76 6 1. Make and enter into contracts necessary for the
76 7 administration of the trust created under this chapter.

76 8 2. Enter into agreements with this state or any other
76 9 state, or any federal or other state agency, or other entity as
76 10 required to implement this chapter.

76 11 3. Carry out the duties and obligations of the trust
76 12 pursuant to this chapter.

76 13 4. Accept any grants, gifts, legislative appropriations,
76 14 and other moneys from the state, any unit of federal, state, or
76 15 local government, or any other person, firm, partnership, or
76 16 corporation which the treasurer of state shall deposit into the
76 17 administrative fund or program fund.

76 18 5. Participate in any federal, state, or local governmental
76 19 program for the benefit of the trust.

76 20 6. Procure insurance against any loss in connection with the
76 21 property, assets, or activities of the trust.

76 22 7. Enter into participation agreements with account owners.

76 23 8. Make payments to designated beneficiaries pursuant to
76 24 participation agreements.

76 25 9. Make refunds to account owners upon the termination
76 26 of participation agreements, and partial nonqualified
76 27 distributions to account owners, pursuant to this chapter and
76 28 the limitations and restrictions set forth in this chapter.

76 29 10. Invest moneys from the program fund in any investments
76 30 that are determined by the treasurer of state to be
76 31 appropriate.

76 32 11. Engage investment advisors, if necessary, to assist in
76 33 the investment of trust assets.

76 34 12. Contract for goods and services and engage personnel
76 35 as necessary, including consultants, actuaries, managers,
76 36 legal counsel, and auditors for the purpose of rendering
76 37 professional, managerial, and technical assistance and advice
76 38 to the treasurer of state regarding trust administration and
76 39 operation.

76 40 13. Establish, impose, and collect administrative fees
76 41 and charges in connection with transactions of the trust, and
76 42 provide for reasonable service charges, including penalties for
76 43 cancellations and late payments with respect to participation
77 1 agreements.

77 2 14. Administer the funds of the trust.

77 3 15. Prepare and file reports and notices.

77 4 16. Enter into agreements with contracting states to permit
77 5 residents of the contracting state to participate in the Iowa
77 6 ABLE savings plan trust.

77 7 17. Adopt rules pursuant to chapter 17A for the
77 8 administration of this chapter.

77 9 Sec. 78. NEW SECTION 121.3 PARTICIPATION AGREEMENTS FOR
77 10 TRUST.

77 11 On or after July 1, 2016, the trust may enter into
77 12 participation agreements with account owners pursuant to the
77 13 following terms and agreements:

77 14 1. a. Unless otherwise permitted under section 529A of the
77 15 Internal Revenue Code, the treasurer of state shall allow only
77 16 one participation agreement per designated beneficiary.

77 17 b. Unless otherwise permitted under section 529A of the
77 18 Internal Revenue Code, the account owner must also be the
77 19 designated beneficiary of the account. However, a trustee or
77 20 legal guardian may be designated as custodian of an account for
77 21 a designated beneficiary who is a minor or who lacks capacity
77 22 to enter into a participation agreement if such designation is
77 23 not prohibited under section 529A of the Internal Revenue Code.

77 24 c. The treasurer of state shall set an annual contribution
77 25 limit and account balance limit to maintain compliance with
77 26 section 529A of the Internal Revenue Code. A contribution
77 27 shall not be permitted to the extent it exceeds the annual
77 28 contribution limit or causes the aggregate balance of the
77 29 account established for the designated beneficiary to exceed

77 30 the applicable account balance limit.

77 31 d. The maximum amount that may be deducted per year for
77 32 Iowa income tax purposes by an individual for contributions on
77 33 behalf of any one designated beneficiary that is a resident
77 34 of this state shall not exceed the maximum deductible amount
77 35 determined for the year pursuant to section 12D.3, subsection
77 36 1, paragraph "a".

77 37 e. Participation agreements may be amended to provide
77 38 for adjusted levels of contributions based upon changed
77 39 circumstances or changes in disability-related expenses.

77 40 f. Any person may make contributions pursuant to a
77 41 participation agreement on behalf of a designated beneficiary
77 42 under rules adopted by the treasurer of state.

77 43 2. The execution of a participation agreement by the trust
78 1 shall not guarantee in any way that future disability-related
78 2 expenses will be equal to projections and estimates provided by
78 3 the trust or that the account owner or designated beneficiary
78 4 is guaranteed any of the following:

78 5 a. A return of principal.

78 6 b. A rate of interest or other return from the trust.

78 7 c. Payment of interest or other return from the trust.

78 8 3. a. A designated beneficiary under a participation
78 9 agreement may be changed as permitted under rules adopted by
78 10 the treasurer of state upon written request of the account
78 11 owner as long as such change would be permitted by section 529A
78 12 of the Internal Revenue Code.

78 13 b. Participation agreements may otherwise be freely amended
78 14 throughout their terms in order to enable account owners to
78 15 increase or decrease the level of participation, change the
78 16 designated beneficiary, and carry out similar matters as
78 17 authorized by rule.

78 18 4. Each participation agreement shall provide that the
78 19 participation agreement may be canceled upon the terms and
78 20 conditions, and upon payment of applicable fees and costs set
78 21 forth and contained in the rules adopted by the treasurer of
78 22 state.

78 23 Sec. 79.NEW SECTION 12I.4 PROGRAM AND ADMINISTRATIVE
78 24 FUNDS — INVESTMENT AND PAYMENT.

78 25 1. a. The treasurer of state shall segregate moneys
78 26 received by the trust into two funds: the program fund and the
78 27 administrative fund.

78 28 b. All moneys paid by account owners or other persons
78 29 on behalf of a designated beneficiary in connection with
78 30 participation agreements shall be deposited as received into
78 31 separate accounts for each designated beneficiary within the
78 32 program fund.

78 33 c. Contributions to the trust made on behalf of designated
78 34 beneficiaries may only be made in the form of cash.

78 35 d. An account owner or designated beneficiary is
78 36 not permitted to provide investment direction regarding
78 37 contributions or earnings held by the trust.

78 38 2. Moneys accrued by account owners in the program fund
78 39 of the trust may be used for payments of qualified disability
78 40 expenses.

78 41 3. Moneys in the account of a designated beneficiary may
78 42 be claimed by the Iowa Medicaid program as provided in section
78 43 529A(f) of the Internal Revenue Code and subject to limitations
79 1 imposed by the treasurer of state.

79 2 4. The trust shall comply with Pub.L. No.113-295, §103,
79 3 regarding treatment of ABLE accounts under certain federal
79 4 programs.

79 5 5. Moneys in the funds are not subject to section 8.33.
79 6 Notwithstanding section 12C.7, interest or earnings on moneys
79 7 in the funds shall be credited to the funds.

79 8 Sec. 80.NEW SECTION 12I.5 CANCELLATION OF AGREEMENTS.
79 9 An account owner may cancel a participation agreement at
79 10 will. Upon cancellation of a participation agreement, an
79 11 account owner shall be entitled to the return of the account
79 12 owner's account balance.

79 13 Sec. 81.NEW SECTION 12I.6 REPAYMENT AND OWNERSHIP OF
79 14 PAYMENTS AND INVESTMENT INCOME — TRANSFER OF OWNERSHIP
79 15 RIGHTS. An account owner retains ownership of all
79 16 contributions made on behalf of a designated beneficiary under
79 17 a participation agreement up to the date of utilization for
79 18 payment of qualified disability expenses of the designated
79 19 beneficiary.

79 20 b. All income derived from the investment of the
79 21 contributions made on behalf of a designated beneficiary shall
79 22 be considered to be held in trust for the benefit of the
79 23 designated beneficiary.

79 24 2. In the event the trust is terminated prior to payment of
79 25 qualified disability expenses for the designated beneficiary,
79 26 the account owner is entitled to a refund of the account
79 27 owner's account balance.

79 28 3. Any amounts which may be paid to any person or persons
79 29 pursuant to the Iowa ABLE savings plan trust but which are not
79 30 listed in this section are owned by the trust.

79 31 4. An account owner may transfer ownership rights to
79 32 another designated beneficiary, including a gift of the
79 33 ownership rights to a designated beneficiary who is a minor, in
79 34 accordance with rules adopted by the treasurer of state and the
79 35 terms of the participation agreement, so long as the transfer
79 36 would be permitted by section 529A of the Internal Revenue
79 37 Code.

79 38 5. An account owner or designated beneficiary shall not be
79 39 entitled to utilize any interest in the trust as security for

79 40 a loan.

79 41 Sec. 82.NEW SECTION 12I.7 REPORTS — ANNUAL AUDITED

79 42 FINANCIAL REPORT — REPORTS UNDER FEDERAL LAW.

79 43 1. a. The treasurer of state shall submit an annual

80 1 audited financial report, prepared in accordance with generally

80 2 accepted accounting principles, on the operations of the trust

80 3 by November 1 to the governor and the general assembly.

80 4 b. The annual audit shall be made either by the auditor

80 5 of state or by an independent certified public accountant

80 6 designated by the auditor of state and shall include direct and

80 7 indirect costs attributable to the use of outside consultants,

80 8 independent contractors, and any other persons who are not

80 9 state employees.

80 10 2. The annual audit shall be supplemented by all of the

80 11 following information prepared by the treasurer of state:

80 12 a. Any related studies or evaluations prepared in the

80 13 preceding year.

80 14 b. A summary of the benefits provided by the trust,

80 15 including the number of account owners and designated

80 16 beneficiaries in the trust, or, if the trust has caused this

80 17 state to become a contracting state pursuant to section 12I.10,

80 18 a summary of the benefits provided to Iowa residents by the

80 19 contracted qualified ABLE program, including the number of

80 20 account owners and designated beneficiaries in the contracted

80 21 qualified ABLE program who are Iowa residents.

80 22 c. Any other information deemed relevant by the treasurer of

80 23 state in order to make a full, fair, and effective disclosure

80 24 of the operations of the trust or the contracted qualified ABLE

80 25 program if applicable.

80 26 3. The treasurer of state shall prepare and submit to the

80 27 secretary of the United States treasury or other required party

80 28 any reports, notices, or statements required under section 529A

80 29 of the Internal Revenue Code.

80 30 Sec. 83.NEW SECTION 12I.8 TAX CONSIDERATIONS.

80 31 1. For federal income tax purposes, the Iowa ABLE savings

80 32 plan trust shall be considered a qualified ABLE program exempt

80 33 from taxation pursuant to section 529A of the Internal Revenue

80 34 Code and shall be operated so that it meets the requirements of

80 35 section 529A of the Internal Revenue Code.

80 36 2. State income tax treatment of the Iowa ABLE savings plan

80 37 trust shall be as provided in section 422.7, subsections 34 and

80 38 34A.

80 39 3. State inheritance tax treatment of interests in Iowa ABLE

80 40 savings plans shall be as provided in section 450.4, subsection

80 41 9.

80 42 Sec. 84.NEW SECTION 12I.9 PROPERTY RIGHTS TO ASSETS IN

80 43 TRUST.

81 1 1. The assets of the trust shall at all times be preserved,

81 2 invested, and expended solely and only for the purposes of the
81 3 trust and shall be held in trust for the account owners and
81 4 designated beneficiaries.

81 5 2. Except as provided in section 12I.4, subsection 3, no
81 6 property rights in the trust shall exist in favor of the state.

81 7 3. Except as provided in section 12I.4, subsection 3, the
81 8 assets of the trust shall not be transferred or used by the
81 9 state for any purposes other than the purposes of the trust.

81 10 Sec. 85.NEW SECTION 12I.10 IMPLEMENTATION AS A
81 11 CONTRACTING STATE — TAX CONSIDERATIONS.

81 12 1. The general assembly acknowledges that section 529A of
81 13 the Internal Revenue Code permits access to qualified ABLE
81 14 programs by residents of a state without such a program. The
81 15 general assembly finds that becoming a contracting state may
81 16 accomplish the public purpose set forth in section 12I.1,
81 17 subsection 1, in the same manner as if the qualified ABLE
81 18 program under the Iowa ABLE savings plan trust were to be
81 19 implemented and administered by this state. To that end,
81 20 the treasurer of state, as trustee of the trust, may defer
81 21 implementation of the qualified ABLE program under the trust
81 22 and alternatively cause this state to become a contracting
81 23 state by entering into an agreement with another state with a
81 24 qualified ABLE program to provide Iowa residents access to that
81 25 state's qualified ABLE program. The trust shall not enter into
81 26 an agreement pursuant to this section unless the treasurer,
81 27 as trustee of the trust, determines that all of the following
81 28 requirements are satisfied:

81 29 a. The program is a qualified ABLE program.

81 30 b. The qualified ABLE program provides comparable benefits
81 31 and protections to Iowa residents as would be provided under
81 32 the Iowa ABLE savings plan trust.

81 33 c. That entering into an agreement for access to the
81 34 qualified ABLE program would not result in increased costs to
81 35 the state or to account owners and designated beneficiaries as
81 36 compared to the costs of implementing and administering the
81 37 qualified ABLE program under the Iowa ABLE savings plan trust.

81 38 d. The qualified ABLE program will be audited annually by
81 39 an independent certified public accountant or by the state
81 40 auditor, or similar public official, of the state that has
81 41 implemented the qualified ABLE program.

81 42 e. The qualified ABLE program will provide information to
81 43 the treasurer of state as trustee of the trust so as to allow
82 1 the trustee to fulfill the reporting requirements in section
82 2 12I.7.

82 3 2. a. The maximum amount that may be deducted per year for
82 4 Iowa income tax purposes by an individual for contributions on
82 5 behalf of any one designated beneficiary that is a resident of
82 6 this state to the qualified ABLE program with which the state

82 7 has contracted pursuant to this section shall not exceed the
82 8 maximum deductible amount determined for the year pursuant to
82 9 section 12D.3, subsection 1, paragraph "a".

82 10 b. State income tax treatment of the qualified ABLE program
82 11 with which the state has contracted pursuant to this section
82 12 shall be as provided in section 422.7, subsections 34 and 34A.

82 13 3. State inheritance tax treatment of interests in the
82 14 qualified ABLE program with which the state has contracted
82 15 pursuant to this section shall be as provided in section 450.4,
82 16 subsection 9.

82 17 Sec. 86. NEW SECTION 12I.11 CONSTRUCTION.

82 18 This chapter shall be construed liberally in order to
82 19 effectuate its purpose.

82 20 Sec. 87. Section 422.7, Code 2015, is amended by adding the
82 21 following new subsections:

82 22 NEW SUBSECTION 34. a. Subtract the amount contributed
82 23 during the tax year on behalf of a designated beneficiary
82 24 that is a resident of this state to the Iowa ABLE savings
82 25 plan trust or to the qualified ABLE program with which the
82 26 state has contracted pursuant to section 12I.10, not to exceed
82 27 the maximum contribution level established in section 12I.3,
82 28 subsection 1, paragraph "d", or section 12I.10, subsection 2,
82 29 paragraph "a", as applicable.

82 30 b. Add the amount resulting from the cancellation of a
82 31 participation agreement refunded to the taxpayer as an account
82 32 owner in the Iowa ABLE savings plan trust or the qualified
82 33 ABLE program with which the state has contracted pursuant to
82 34 section 12I.10 to the extent previously deducted pursuant
82 35 to this subsection by the taxpayer or any other person as a
82 36 contribution to the trust or qualified ABLE program.

82 37 c. Add the amount resulting from a withdrawal made by a
82 38 taxpayer from the Iowa ABLE savings plan trust or the qualified
82 39 ABLE program with which the state has contracted pursuant to
82 40 section 12I.10 for purposes other than the payment of qualified
82 41 disability expenses to the extent previously deducted pursuant
82 42 to this subsection by the taxpayer or any other person as a
82 43 contribution to the trust or qualified ABLE program.

83 1 NEW SUBSECTION 34A. Subtract, to the extent included,
83 2 income from interest and earnings received from the Iowa ABLE
83 3 savings plan trust created in chapter 12I, or received by a
83 4 resident account owner from a qualified ABLE program with which
83 5 the state has contracted pursuant to section 12I.10.

83 6 Sec. 88. Section 450.4, Code 2015, is amended by adding the
83 7 following new subsection:

83 8 NEW SUBSECTION 9. On the value of any interest in the Iowa
83 9 ABLE savings plan trust created in chapter 12I, or any interest
83 10 held by a resident account owner in a qualified ABLE program
83 11 with which the state has contracted pursuant to section 12I.10.

83 12 Sec. 89. CONTINGENT IMPLEMENTATION. The implementation of
 83 13 chapter 12I as enacted in this division of this Act is subject
 83 14 to an appropriation with the stated purpose of the Iowa ABLE
 83 15 Savings Plan Trust.
 83 16 Sec. 90. APPLICABILITY. The section of this division of
 83 17 this Act amending section 450.4 applies to estates of decedents
 83 18 dying on or after January 1, 2016.
 83 19 Sec. 91. APPLICABILITY. The section of this division of
 83 20 this Act amending section 422.7 applies to tax years beginning
 83 21 on or after January 1, 2016.

~~83 22 DIVISION XVI~~
~~83 23 STATE CHILD CARE ASSISTANCE INCOME ELIGIBILITY~~
 83 24 ~~Sec. 92. Section 237A.13, subsection 7, paragraph c, Code~~
 83 25 ~~2015, is amended to read as follows:~~
 83 26 ~~c. Families with an income of more than one hundred~~
 83 27 ~~percent but not more than one hundred forty five fifty percent~~
 83 28 ~~of the federal poverty level whose members, for at least~~
 83 29 ~~twenty eight hours per week in the aggregate, are employed~~
 83 30 ~~or are participating at a satisfactory level in an approved~~
 83 31 ~~training program or educational program.~~
 83 32 ~~Sec. 93. DIRECTIVE TO DEPARTMENT OF HUMAN SERVICES ON~~
 83 33 ~~CHILD CARE ASSISTANCE. The department of human services shall~~
 83 34 ~~amend its administrative rules relating to income eligibility~~
 83 35 ~~for state child care assistance, according to family size for~~
 83 36 ~~children needing basic care, to families whose nonexempt gross~~
 83 37 ~~monthly income does not exceed 150 percent of the federal~~
 83 38 ~~poverty level.~~

VETOED

Directs the DHS to amend the Administrative Rules for income eligibility for the Child Care Assistance Program to 150.00% of the Federal Poverty Level.

DETAIL: This allows a single parent with two children to earn up to \$30,135 and be eligible for the Program.

FISCAL IMPACT: It is estimated that this change in eligibility will increase program expenditures by \$2,800,044 and Field Operations expenditures by \$37,668. The appropriation for Child Care Assistance was increased \$2,800,000 for this change.

VETOED: The Governor vetoed this Division and stated that with larger federal updates forthcoming, the DHS recommended not making this change at this time.

83 39 DIVISION XVII
 83 40 COUNTY MENTAL HEALTH AND DISABILITIES SERVICES FUNDING —
 83 41 EQUALIZATION AND MEDICAID OFFSET

83 42 Sec. 94. Section 331.424A, subsection 8, unnumbered
 83 43 paragraph 1, Code 2015, is amended to read as follows:
 84 1 Notwithstanding subsection 6, for the fiscal years beginning
 84 2 July 1, 2013, July 1, 2014, ~~and~~ July 1, 2015, and July 1, 2016.
 84 3 county revenues from taxes levied by the county and credited
 84 4 to the county services fund shall not exceed the lower of the
 84 5 following amounts:

CODE: Extends the Mental Health and Adult Disability Services Property Tax Levy for an additional year through FY 2017. The system levies funding based on either a per capita formula or where property taxes were capped in 1996, whichever is lower.

84 6 Sec. 95. Section 426B.3, subsection 1, Code 2015, is amended
 84 7 to read as follows:
 84 8 1. For the fiscal years beginning July 1, 2013, July
 84 9 1, 2014, ~~and~~ July 1, 2015, and July 1, 2016. the state and
 84 10 county funding for the mental health and disability services
 84 11 administered or paid for by counties shall be provided based on
 84 12 a statewide per capita expenditure target amount computed in

CODE: Extends the per capita distribution formula for Mental Health and Disability Services (MH/DS) for an additional year through FY 2017.

84 13 accordance with this section and section 331.424A.

84 14 Sec. 96. Section 426B.3, subsection 4, paragraph a, Code
84 15 2015, is amended to read as follows:

CODE: Extends the MH/DS equalization payment through FY 2017.

84 16 a. For the fiscal years beginning July 1, 2013, July 1,
84 17 2014, ~~and July 1, 2015, and July 1, 2016,~~ a county with a county
84 18 population expenditure target amount that exceeds the amount
84 19 of the county's base year expenditures for mental health and
84 20 disabilities services shall receive an equalization payment for
84 21 the difference.

84 22 Sec. 97. Section 426B.3, subsection 5, Code 2015, is amended
84 23 by striking the subsection.

CODE: Strikes the statutory language related to the Medicaid Offset that requires counties to return a portion of the savings related to the Iowa Health and Wellness Program.

84 24 DIVISION XVIII
84 25 MEDICAID OFFSET PAYMENTS

84 26 Sec. 98. Section 426B.3, subsection 5, paragraph e,
84 27 subparagraph (1), Code 2015, is amended to read as follows:
84 28 (1) (a) If the county receives an equalization payment
84 29 in the fiscal year following the calculation year, the county
84 30 shall repay the Medicaid offset amount to the state from that
84 31 equalization payment. A county's repayment pursuant to this
84 32 subparagraph shall be remitted on or before January 1 of the
84 33 fiscal year in which the equalization payment is received and
84 34 the repayment shall be credited to the property tax relief
84 35 fund. Moneys credited to the property tax relief fund in
84 36 accordance with this subparagraph are subject to appropriation
84 37 by the general assembly to support mental health and disability
84 38 services administered by the regional system. The department
84 39 of human services' annual budget shall include recommendations
84 40 for reinvestment of the amounts credited to the fund to address
84 41 core and additional core services administered by the regional
84 42 system.

CODE: Appropriates \$10,000,000 from the Medicaid Offset Payments to the Medicaid Program for FY 2016.

DETAIL: This is a new appropriation.

84 43 (b) Notwithstanding any provision to the contrary in
85 1 subparagraph division (a), during the fiscal year beginning
85 2 July 1, 2014, any repayment received pursuant to subparagraph
85 3 division (a) shall not be subject to appropriation by the
85 4 general assembly to support mental health and disabilities
85 5 services administered by the regional system, but instead
85 6 shall be transferred to the department of human services to
85 7 supplement the medical assistance program appropriations for
85 8 the fiscal year beginning July 1, 2015.

85 9 DIVISION XIX
85 10 PROPERTY TAX RELIEF FUND — BLOCK GRANT MONEYS

85 11 Sec. 99. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY. The
 85 12 moneys transferred to the property tax relief fund for the
 85 13 fiscal year beginning July 1, 2015, from the federal social
 85 14 services block grant pursuant to 2015 Iowa Acts, House File
 85 15 630, and from the federal temporary assistance for needy
 85 16 families block grant, totaling at least \$11,774,275, are
 85 17 appropriated to the department of human services for the fiscal
 85 18 year beginning July 1, 2015, and ending June 30, 2016, to be
 85 19 used for the purposes designated, notwithstanding any provision
 85 20 of law to the contrary:

85 21 1. For distribution to any mental health and disability
 85 22 services region where 25 percent of the region's projected
 85 23 expenditures exceeds the region's projected fund balance:
 85 24 \$ 960,000

Appropriates \$960,000 from the Social Services Block Grant to the counties that have a fund balance of less than 25.00%.

85 25 a. For purposes of this subsection:
 85 26 (1) "Available funds" means a county mental health and
 85 27 services fund balance on June 30, 2015, plus the maximum amount
 85 28 a county was allowed to levy for the fiscal year beginning July
 85 29 1, 2015.
 85 30 (2) "Projected expenditures" means the actual expenditures
 85 31 of a mental health and disability services region as of June
 85 32 30, 2015, multiplied by an annual inflation rate of 2 percent
 85 33 plus the projected costs for new core services administered by
 85 34 the region as provided in a region's regional service system
 85 35 management plan approved pursuant to section 331.393 for the
 85 36 fiscal year beginning July 1, 2015.
 85 37 (3) "Projected fund balance" means the difference between a
 85 38 mental health and disability services region's available funds
 85 39 and projected expenditures.

Provides definitions for the distribution formula above.

85 40 b. If sufficient funds are not available to implement this
 85 41 subsection, the department of human services shall distribute
 85 42 funds to a region in proportion to the availability of funds.

Requires funds to be prorated if insufficient funds are available to meet the need.

85 43 c. A mental health and disability services region with
 86 1 a population of 35,000 or less, as determined by the latest
 86 2 federal decennial census, shall work with the department of
 86 3 human services to determine whether the region shall join
 86 4 another region approved by the department in accordance with
 86 5 section 331.389 to increase the availability of and access to
 86 6 needed mental health and disability services.

Requires any MH/DS regions with populations of less than 35,000 to work with the DHS to determine if the region should join another region to increase the availability and access to services.

86 7 2. To be transferred to the appropriation in this Act for
 86 8 child and family services for the fiscal year beginning July 1,
 86 9 2015, to be used for the purpose of that appropriation:
 86 10 \$ 10,814,275

Appropriates \$10,814,275 from the Social Services Block Grant to the Child and Family Services appropriation for FY 2016.

DETAIL: This is a new appropriation for FY 2016. The funds are being

used to offset General Fund dollars.

Directs the Child Welfare Advisory Committee to study the procedures of the DHS for receiving complaints from families involved in guardianship, placement, and custody proceedings, the clarity of court orders issued in placements pursuant to a [Report](#) by the Children's Bureau of the U.S. Administration for Children and Families. The report, with recommendations, is due to the Governor and General Assembly by December 15, 2015.

CODE: Provides that a policy, contract, or plan providing copayments or coinsurance of health and medical expenses charged for the services provided by physical and occupational therapists and speech pathologists cannot be greater than the copayment or coinsurance amount charged for services used to treat the same or similar diagnosed condition as rendered by a primary care physician (PCP) or other medical provider. This Division applies to specified individual and group policies, contracts, and plans that are issued for delivery, continued, or renewed in this state on or after July 1, 2015.

FISCAL IMPACT: There is no direct impact to the State General Fund. Enactment of this Division will cause the University of Iowa to modify its current health insurance plans. The plans will need to be adjusted to meet the proposed requirements and reduce the member cost sharing for services performed by physical and occupational therapists as well speech pathologists to those offered by a PCP. Approximately 0.05% of the University of Iowa's student plans are projected to be affected as a result of the cost impact of a premium increase to allow for additional coverage.

The University of Iowa projects that the cost of employer claims will increase approximately \$884,000 in FY 2016 and \$919,000 in FY 2017. The University also expects employer claims costs to be increasing towards \$1,000,000 as the new copayment requirements become effective.

For more information see the fiscal note:
<https://www.legis.iowa.gov/docs/publications/FN/643749.pdf>.

86 11 DIVISION XX
86 12 STUDY — CHILD WELFARE ADVISORY COMMITTEE
86 13 Sec. 100. STUDY — CHILD WELFARE ADVISORY COMMITTEE. The
86 14 child welfare advisory committee of the council on human
86 15 services established pursuant to section 217.3A shall study
86 16 procedures in the department of human services for receiving
86 17 complaints from families involved in guardianship, placement,
86 18 and custody proceedings; and the specificity and clarity of
86 19 court orders issued in foster care placements pursuant to
86 20 the State of Iowa Primary Review of Tit.IV-E Foster Care
86 21 Eligibility Report of Findings for October 1, 2012, through
86 22 March 31, 2013. The committee shall submit a report with
86 23 findings and recommendations to the governor and general
86 24 assembly on or before December 15, 2015.

86 25 DIVISION XXI
86 26 COVERAGE OF SERVICES PROVIDED BY A PHYSICAL THERAPIST,
86 27 OCCUPATIONAL THERAPIST, OR SPEECH PATHOLOGIST
86 28 Sec. 101. NEW SECTION 514C.30 SERVICES PROVIDED BY
86 29 A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, OR SPEECH
86 30 PATHOLOGIST.
86 31 1. Notwithstanding the uniformity of treatment requirements
86 32 of section 514C.6, a policy, contract, or plan providing
86 33 for third-party payment or prepayment of health or medical
86 34 expenses shall not impose a copayment or coinsurance amount
86 35 on an insured for services provided by a physical therapist
86 36 licensed pursuant to chapter 148A, by an occupational therapist
86 37 licensed pursuant to chapter 148B, or by a speech pathologist
86 38 licensed pursuant to 154F that is greater than the copayment or
86 39 coinsurance amount imposed on the insured for services provided
86 40 by a person engaged in the practice of medicine and surgery
86 41 or osteopathic medicine and surgery under chapter 148 for the
86 42 same or a similar diagnosed condition even if a different
86 43 nomenclature is used to describe the condition for which the
87 1 services are provided.
87 2 2. This section applies to the following classes of
87 3 third-party payment provider policies, contracts, or plans
87 4 delivered, issued for delivery, continued, or renewed in this
87 5 state on or after July 1, 2015:
87 6 a. Individual or group accident and sickness insurance
87 7 providing coverage on an expense-incurred basis.
87 8 b. An individual or group hospital or medical service
87 9 contract issued pursuant to chapter 509, 514, or 514A.
87 10 c. An individual or group health maintenance organization
87 11 contract regulated under chapter 514B.

87 12 d. A plan established pursuant to chapter 509A for public
 87 13 employees.
 87 14 e. An organized delivery system licensed by the director of
 87 15 public health.
 87 16 3. This section shall not apply to accident-only,
 87 17 specified disease, short-term hospital or medical, hospital
 87 18 confinement indemnity, credit, dental, vision, Medicare
 87 19 supplement, long-term care, basic hospital and medical-surgical
 87 20 expense coverage as defined by the commissioner, disability
 87 21 income insurance coverage, coverage issued as a supplement
 87 22 to liability insurance, workers' compensation or similar
 87 23 insurance, or automobile medical payment insurance.

87 24 DIVISION XXII
 87 25 CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP
 87 26 Sec. 102. CHILDREN'S MENTAL HEALTH WORKGROUP. The
 87 27 department of human services, in cooperation with the
 87 28 departments of education and public health, shall facilitate
 87 29 a study by a workgroup of stakeholders which shall make
 87 30 recommendations relating to children's mental health. The
 87 31 workgroup shall study incorporating a coordinated response
 87 32 in children's mental health services that emphasizes
 87 33 implementation of mental health issues across the various
 87 34 systems that serve children, taking into account the effects
 87 35 of mental health, child welfare, and child welfare systems
 87 36 and services, and that specifically addresses the effects of
 87 37 adverse childhood experiences and child poverty. The workgroup
 87 38 shall create interdepartmental awareness of issues relating
 87 39 to children's mental health. The workgroup shall develop
 87 40 interdepartmental strategies for helping improve children's
 87 41 mental health and shall develop strategies to promote community
 87 42 partnerships to help address issues of children's mental
 87 43 health. In carrying out its charge, the workgroup shall review
 88 1 a 2014 report by the children's defense fund on the state of
 88 2 America's children containing the most recent and reliable
 88 3 national and state-by-state data on many complex issues
 88 4 affecting children's health, including data on more than 7,000
 88 5 homeless public school students in Iowa. The workgroup shall
 88 6 submit a report on the study with recommendations, including
 88 7 but not limited to recommendations relating to the creation and
 88 8 implementation of a children's mental health crisis response
 88 9 system to aid parents and other custodians in dealing with
 88 10 children experiencing a mental health crisis. The workgroup
 88 11 shall submit its report to the governor and the general
 88 12 assembly on or before December 15, 2015.

Directs the DHS, in cooperation with the Department of Education and the DPH, to facilitate a workgroup of stakeholders to study and make recommendations relating to children's mental health and well-being in Iowa. The report is due to the Governor and General Assembly by December 15, 2015.

88 13 DIVISION XXIII
 88 14 PREVENTION OF DISABILITIES POLICY COUNCIL

CODE: Extends the Prevention of Disabilities Policy Council for one additional year until June 30, 2016, and requires the Council to work

88 15 Sec. 103. Section 225B.8, Code 2015, is amended to read as
88 16 follows:

88 17 225B.8 REPEAL.

88 18 1. This chapter is repealed July 1, 2015 2016.

88 19 2. Prior to June 30, 2016, the state mental health and
88 20 disability services commission created in section 225C.5 and
88 21 the Iowa developmental disabilities council appointed by
88 22 the governor shall work with the prevention of disabilities
88 23 policy council, the department of human services, and the Iowa
88 24 department of public health to provide for the transfer of the
88 25 duties of the prevention of disabilities policy council to the
88 26 state mental health and disability services commission, the
88 27 Iowa developmental disabilities council, or the Iowa department
88 28 of public health.

with the DHS and the DPH to transfer duties to other existing groups.

88 29 DIVISION XXIV
88 30 HOSPITAL AND LONG-TERM CARE PHARMACY PRACTICE —
88 31 PNEUMOCOCCAL VACCINES — BOARD OF PHARMACY RULES
88 32 Sec. 104. HOSPITAL AND LONG-TERM CARE PHARMACY PRACTICE —
88 33 PNEUMOCOCCAL VACCINES — BOARD OF PHARMACY RULES. The board
88 34 of pharmacy shall adopt rules pursuant to chapter 17A relating
88 35 to hospital and long-term care pharmacy practices that allow,
88 36 as authorized by federal law, in addition to influenza and
88 37 pneumococcal polysaccharide vaccines, that a written or verbal
88 38 patient-specific medication administration order shall not
88 39 be required prior to administration to an adult patient of
88 40 pneumococcal conjugate vaccine pursuant to physician-approved
88 41 hospital or facility policy and after the patient has been
88 42 assessed for contraindications.

Directs the Board of Pharmacy to adopt administrative rules that permit a written or verbal patient-specific medication administration order not be required prior to administration to an adult patient of pneumococcal conjugate vaccine pursuant to physician-approved hospital or facility policy.

88 43 DIVISION XXV
89 1 HEALTHY AND WELL KIDS IN IOWA PROGRAM — CONTINUED ENROLLMENT
89 2 Sec. 105. Section 514I.8, subsection 3, Code 2015, is
89 3 amended to read as follows:
89 4 3. In accordance with the rules adopted by the board, a
89 5 child may be determined to be presumptively eligible for the
89 6 program pending a final eligibility determination. Following
89 7 final determination of eligibility, a child shall be eligible
89 8 for a twelve-month period. At the end of the twelve-month
89 9 period, a review of the circumstances of the child's family
89 10 shall be conducted to establish eligibility and cost sharing
89 11 for the subsequent twelve-month period. Pending such review
89 12 of the circumstances of the child's family, the child shall
89 13 continue to be eligible for and remain enrolled in the same
89 14 plan if the family complies with requirements to provide
89 15 information and verification of income, otherwise cooperates
89 16 in the annual review process, and submits the completed
89 17 review form and any information necessary to establish

CODE: Requires the DHS to continue to provide coverage for children under the hawk-i Program during eligibility redetermination.

89 18 continued eligibility in a timely manner in accordance with
 89 19 administrative rules.

89 20 DIVISION XXVI
 89 21 PERSONNEL SETTLEMENT AGREEMENT PAYMENTS
 89 22 Sec. 106. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a
 89 23 condition of the appropriations in this 2015 Act, the moneys
 89 24 appropriated and any other moneys available shall not be used
 89 25 for payment of a personnel settlement agreement that contains a
 89 26 confidentiality provision intended to prevent public disclosure
 89 27 of the agreement or any terms of the agreement.

Specifies that no money appropriated in this Act, 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.

89 28 DIVISION XXVII
 89 29 MEDICAID REIMBURSEMENT — PSYCHOLOGISTS
 89 30 Sec. 107. Section 249A.15, Code 2015, is amended to read as
 89 31 follows:
 89 32 249A.15 LICENSED PSYCHOLOGISTS ELIGIBLE FOR PAYMENT.
 89 33 The department shall adopt rules pursuant to chapter 17A
 89 34 entitling psychologists who are licensed pursuant to chapter
 89 35 154B and psychologists who are licensed in the state where
 89 36 the services are provided and have a doctorate degree in
 89 37 psychology, have had at least two years of clinical experience
 89 38 in a recognized health setting, or have met the standards of a
 89 39 national register of health service providers in psychology,
 89 40 to payment for services provided to recipients of medical
 89 41 assistance, subject to limitations and exclusions the
 89 42 department finds necessary on the basis of federal laws and
 89 43 regulations and of funds available for the medical assistance
 90 1 program.

CODE: Requires the Medicaid Program to reimburse psychologists who obtain a provisional license in the State.

FISCAL IMPACT: This provision is estimated to have a minimal fiscal impact. There are very few psychologists with provisional licenses and it is not likely to have a significant impact on access for services.

90 2 DIVISION XXVIII
 90 3 HOME MODIFICATION ASSISTANCE PROGRAM PLAN
 90 4 Sec. 108. HOME MODIFICATION ASSISTANCE PROGRAM PLAN.
 90 5 1. The aging and disability resource center and the mental
 90 6 health and disability services commission shall jointly
 90 7 develop a plan for a home modification assistance program to
 90 8 provide grants and individual income tax credits to assist with
 90 9 expenses related to the making of permanent home modifications
 90 10 that permit individuals with a disability in this state to
 90 11 remain in their homes and age in place. The plan shall include
 90 12 the following components:
 90 13 a. The plan shall develop criteria and procedures for
 90 14 establishing eligibility of individuals with a disability
 90 15 under the program, and in doing so the plan shall utilize the
 90 16 definition of disability found in 42 U.S.C. §12102 and shall
 90 17 require appropriate certifications from the primary health care
 90 18 providers of individuals with a disability.
 90 19 b. The plan shall establish criteria for determining the

Requires the Aging and Disability Resource Center (ADRC) and the Mental Health and Disability Services Commission to develop a plan for a Home Modification Assistance Program.

DETAIL: The goal of the Program is to provide grants and individual income tax credits to assist with expenses related to the making of permanent home modifications that permit individuals with a disability to remain in their homes. This Division specifies the components of the plan and requires the ADRC and the Mental Health and Disability Services Commission to submit the plan to the members listed by December 15, 2015.

90 20 type of home modification expenses that will be eligible for a
90 21 grant or tax credit award under the program.

90 22 c. The plan shall develop criteria and procedures for
90 23 receiving grants and tax credits under the program, and shall
90 24 determine the maximum amount of grants and tax credits that
90 25 may be provided to an individual with a disability under the
90 26 program.

90 27 d. The plan shall provide that individuals with a disability
90 28 shall utilize any funding for home modification under the
90 29 Medicaid program to the fullest extent possible before becoming
90 30 eligible to participate in the home modification assistance
90 31 program to ensure that the program's grants and tax credits do
90 32 not supplant available Medicaid program resources.

90 33 e. The plan shall provide that grants under the program
90 34 shall be available to individuals with a disability with annual
90 35 incomes that do not exceed 250 percent of the federal poverty
90 36 level, and that individual income tax credits under the program
90 37 shall be available to individuals with a disability with annual
90 38 incomes exceeding 250 percent but not exceeding 450 percent of
90 39 the federal poverty level.

90 40 f. The plan shall avoid placing unrealistic expectations
90 41 and overly burdensome requirements on individuals with a
90 42 disability and their families, particularly those living in
90 43 rural areas.

91 1 2. In developing the plan for the home modification
91 2 assistance program, the aging and disability resource center
91 3 and the mental health and disability services commission shall
91 4 seek input from and consult with the department on aging, the
91 5 department of human services, the department of revenue, and
91 6 other interested public and private stakeholders.

91 7 3. The aging and disability resource center and the mental
91 8 health and disability services commission shall submit the plan
91 9 on or before December 15, 2015, to the chairpersons and ranking
91 10 members of the joint appropriations subcommittee on health and
91 11 human services, to the chairpersons and ranking members of the
91 12 senate and house standing committees on human resources, to
91 13 the chairpersons and ranking members of the senate and house
91 14 standing committees on ways and means, and to the governor.

91 15 DIVISION XXIX
91 16 MEDICAID PROGRAM ASSET VERIFICATION
91 17 Sec. 109. MEDICAID PROGRAM — ASSET VERIFICATION. The
91 18 department of human services shall issue a request for
91 19 proposals to contract with a third-party vendor to establish
91 20 an electronic asset verification system for the purposes of
91 21 compliance with 42 U.S.C. §1396w requiring determination
91 22 or redetermination of the eligibility of an individual
91 23 who is an applicant for or recipient of medical assistance

Directs the Department of Human Services (DHS) to contract with a third-party vendor to implement a computerized asset verification system.

91 24 under the Medicaid state plan on the basis of being aged,
 91 25 blind, or disabled in accordance with 42 U.S.C. §1396w. The
 91 26 third-party vendor selected shall be able to demonstrate in
 91 27 writing its current relationships or contracts with financial
 91 28 institutions in the state and nationally. Participation by
 91 29 financial institutions in providing account balances for asset
 91 30 verification shall remain voluntary.

91 31 Sec. 110. EFFECTIVE UPON ENACTMENT. This division of this
 91 32 Act, being deemed of immediate importance, takes effect upon
 91 33 enactment.

This Division is effective on enactment.

~~91 34 DIVISION XXX~~
~~91 35 REFUGEE FAMILY SUPPORT SERVICES APPROPRIATION~~
 91 36 Sec. 111. REFUGEE FAMILY SUPPORT SERVICES PILOT PROGRAM.

VETOED

Directs the Bureau of Refugee Services to establish and administer the Refugee Family Support Services Pilot Program to provide grants to State, local, or community organizations working with refugee populations for contracting with and training multiple refugees to act as refugee community navigators.

~~91 37 1. The bureau of refugee services within the department~~
~~91 38 of human services shall establish, promote, and administer a~~
~~91 39 refugee family support services pilot program for purposes of~~
~~91 40 providing a grant to a state, local, or community organization~~
~~91 41 working with refugee populations to contract with and train~~
~~91 42 multiple refugees to act as refugee community navigators.~~
~~91 43 2. An organization awarded a grant pursuant to this section~~
~~92 1 shall recruit and train multiple refugee community navigators~~
~~92 2 to educate and provide direct assistance to their respective~~
~~92 3 refugee communities so the refugee communities can successfully~~
~~92 4 access and utilize existing community resources and services.~~
~~92 5 3. The refugee community navigators shall train other~~
~~92 6 refugee community members and shall offer home-based,~~
~~92 7 peer-group learning sessions about resources in the community.~~
~~92 8 4. A grant awarded pursuant to this section shall be~~
~~92 9 used for employment costs of a program manager and community~~
~~92 10 navigator coordinator, and contract and stipend costs for~~
~~92 11 multiple refugee community navigators for each organization.~~
~~92 12 5. The bureau of refugee services shall award one grant to~~
~~92 13 a state, local, or community organization through a competitive~~
~~92 14 application process. The bureau shall provide moneys over a~~
~~92 15 three-year period to an organization awarded a grant.~~
~~92 16 6. A state, local, or community organization awarded a grant~~
~~92 17 pursuant to this section shall provide the bureau with annual~~
~~92 18 progress reports. The bureau of refugee services shall present~~
~~92 19 a report of the program goals and outcomes to the general~~
~~92 20 assembly.~~
~~92 21 7. The bureau of refugee services shall conduct a~~
~~92 22 comprehensive review of the refugee family support services~~
~~92 23 pilot program and shall, by December 31, 2017, submit a~~
~~92 24 report of its review, as well as any recommendations and cost~~
~~92 25 projections of its recommendations to the governor and the~~
~~92 26 general assembly.~~

VETOED: The Governor vetoed this entire Division and stated that more time is needed to study a statewide solution for refugees and immigrants that originally went to other states and how Iowa, both publicly and privately, can best meet the needs of modern refugees.

~~92 27 8. The bureau of refugee services may expend program moneys
92 28 for administrative expenses as provided by law.~~

~~92 29 Sec. 112. REFUGEE FAMILY SUPPORT SERVICES PILOT PROGRAM
92 30 APPROPRIATION. There is appropriated from the general fund of
92 31 the state to the department of human services for the fiscal
92 32 year beginning July 1, 2015, and ending June 30, 2016, the
92 33 following amount, or so much thereof as is necessary, to be
92 34 used for the purposes designated:
92 35 For a pilot project pursuant to the refugee family support
92 36 services pilot project program created in this division of this
92 37 Act in a county with a population over 350,000 as determined by
92 38 the 2010 federal decennial census:
92 39 \$ 100,000~~

VETOED

Appropriates \$100,000 for a new Refugee Family Support Services Pilot Program.

DETAIL: This is a new appropriation.

~~92 40 The amount appropriated under this section shall not
92 41 be reduced for administrative or other costs prior to
92 42 distribution.~~

VETOED

Prohibits use of the funds appropriated for administrative or other costs prior to distribution.

~~92 43 Notwithstanding section 8.33, moneys appropriated in this
93 1 section that remain unencumbered or unobligated at the close of
93 2 the fiscal year shall not revert but shall remain available for
93 3 expenditure for the purposes designated until the close of the
93 4 succeeding fiscal year.~~

VETOED

Requires nonreversion of funds through FY 2017.

~~93 5 DIVISION XXXI
93 6 PHYSICIAN ASSISTANT SUPERVISION
93 7 Sec. 113. ADMINISTRATIVE RULES — PHYSICIAN SUPERVISION OF
93 8 PHYSICIAN ASSISTANTS. The boards of medicine and physician
93 9 assistants shall jointly adopt rules pursuant to chapter 17A
93 10 to establish specific minimum standards or a definition of
93 11 supervision for appropriate supervision of physician assistants
93 12 by physicians. The boards shall jointly file notices of
93 13 intended action pursuant to section 17A.4, subsection 1,
93 14 paragraph “a”, on or before February 1, 2016, for adoption of
93 15 such rules.~~

Requires the Boards of Medicine and Physician Assistants to jointly adopt rules that establish standards and definitions for supervision of physician assistants by physicians by February 1, 2016.

~~93 16 DIVISION XXXII
93 17 QUALITY ASSURANCE ASSESSMENT
93 18 Sec. 114. Section 249L-3, subsection 1, paragraph d, Code
93 19 2015, is amended to read as follows:
93 20 d. The aggregate quality assurance assessments imposed
93 21 under this chapter shall not exceed the lower of be established
93 22 at three percent of the aggregate non-Medicare revenues of a
93 23 nursing facility or the maximum amount that may be assessed
93 24 pursuant to the indirect guarantee threshold as established
93 25 pursuant to 42 C.F.R. §433.68(f)(3)(i), and shall be stated
93 26 on a per-patient-day basis. The aggregate quality assurance~~

VETOED

CODE: Requires the Nursing Facility Quality Assurance Assessment to be set at 3.00%.

VETOED: The Governor vetoed this entire Division and stated a change in the assessment is inappropriate at this time.

~~93 27 assessment shall be recalibrated only concurrently with any~~
~~93 28 nursing facility rebasing.~~

93 29 DIVISION XXXIII
 93 30 HOSPITAL ASSESSMENT
 93 31 Sec. 115. HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM —
 93 32 TRANSITION TO MANAGED CARE.

93 33 1. The department of human services shall include in any
 93 34 Medicaid managed care contract entered into on or after July 1,
 93 35 2015, a mechanism by which the capitated payment received by
 93 36 the managed care contractor reflects the amount necessary to
 93 37 continue reimbursement of participating hospitals by managed
 93 38 care contractors in accordance with the provisions of chapter
 93 39 249M. Such reimbursement shall preferably be provided through
 93 40 lump sum payments to participating hospitals. Notwithstanding
 93 41 any provisions of chapter 249M to the contrary, the department
 93 42 may make administrative modifications to the hospital health
 93 43 care access assessment program to comply with this section.

94 1 The department of human services shall work with participating
 94 2 providers, including health systems and the Iowa hospital
 94 3 association, to effectuate this section.

94 4 2. The department of human services shall submit
 94 5 recommendations for any changes in statute or rules regarding
 94 6 the hospital health care access assessment program necessitated
 94 7 by the transition to managed care to the individuals identified
 94 8 in this Act for submission of reports by December 15, 2015.

94 9 DIVISION XXXIV
 94 10 BOARD OF RESPIRATORY CARE AND POLYSOMNOGRAPHY
 94 11 Sec. 116. BOARD OF RESPIRATORY CARE AND POLYSOMNOGRAPHY. If
 94 12 funding is appropriated for a fee-supported board of
 94 13 respiratory care and polysomnography to administer chapter
 94 14 148G, as enacted in 2015 Iowa Acts, House File 203, the
 94 15 fee-supported model shall provide for repayment of the funds
 94 16 appropriated to the state by June 30, 2018.

94 17 DIVISION XXXV
 94 18 FOOD ASSISTANCE PROGRAM BONUS
 94 19 Sec. 117. FOOD ASSISTANCE PROGRAM BONUS. Any funds
 94 20 available to the department of human services during the fiscal
 94 21 year beginning July 1, 2015, received from the United States
 94 22 department of agriculture's food and nutrition service for
 94 23 achieving a low case and procedural error rate and for ranking
 94 24 third in the nation on certain case-related measures under the
 94 25 supplemental nutrition assistance program, shall be used by the
 94 26 department for the purposes of the appropriation in this Act

Requires the DHS to develop a mechanism under managed care to reflect the payments made by the Hospitals as part of the Health Care Access Assessment Program. Reimbursements are to be provided in a lump sum if possible. The DHS is to submit recommendations on any necessary law changes by December 15, 2015.

Requires the Board of Respiratory Care and Polysomnography to repay any funds appropriated for the administration of Iowa Code chapter 148G by June 30, 2018.

NOTE: The DPH received an appropriation of \$36,000 from the Rebuild Iowa Infrastructure Fund in HF 650 (Infrastructure Appropriations Act) Section 3(5)(b) to purchase software relating to the licensure and regulation of this Board. *The Governor vetoed the infrastructure appropriation of \$36,000.*

Directs the \$2,000,000 federal bonus the DHS received for the Food Assistance Program to Medicaid in FY 2016.

94 27 for the same fiscal year for the medical assistance program.

94 28 DIVISION XXXVI
 94 29 MEDICAL ASSISTANCE SPECIAL NEEDS TRUST
 94 30 Sec. 118. Section 633C.1, subsection 8, Code 2015, is
 94 31 amended by striking the subsection.
 94 32 Sec. 119. Section 633C.2, Code 2015, is amended by striking
 94 33 the section and inserting in lieu thereof the following:
 94 34 633C.2 DISPOSITION OF MEDICAL ASSISTANCE SPECIAL NEEDS
 94 35 TRUSTS.

94 36 Any income or assets added to or received by and any income
 94 37 or principal retained in a medical assistance special needs
 94 38 trust shall be used in accordance with a standard that is
 94 39 no more restrictive than specified under federal law. All
 94 40 distributions from a medical assistance special needs trust
 94 41 shall be for the sole benefit of the beneficiary to enhance
 94 42 the quality of life of the beneficiary, and the trustee shall
 94 43 have sole discretion regarding such disbursements to ensure
 95 1 compliance with beneficiary eligibility requirements. Any
 95 2 distinct disbursement in excess of one thousand dollars shall
 95 3 be subject to review by the district court sitting in probate.
 95 4 The department shall adopt rules pursuant to chapter 17A for
 95 5 the establishment and disposition of medical assistance special
 95 6 needs trusts in accordance with this section.

95 7 Sec. 120. Section 633C.4, subsection 2, Code 2015, is
 95 8 amended to read as follows:

95 9 2. The trustee of a medical assistance income trust or
 95 10 a medical assistance special needs trust is a fiduciary for
 95 11 purposes of chapter 633A and, in the exercise of the trustee's
 95 12 fiduciary duties, the state shall be considered a beneficiary
 95 13 of the trust. Regardless of the terms of the trust, the
 95 14 trustee shall not take any action that is not prudent in light
 95 15 of the state's interest in the trust. Notwithstanding any
 95 16 provision of chapter 633A to the contrary, the trustee of a
 95 17 medical assistance special needs trust shall be subject to the
 95 18 jurisdiction of the district court sitting in probate and shall
 95 19 submit an accounting of the disposition of the trust to the
 95 20 district court sitting in probate on an annual basis.

95 21 DIVISION XXXVII
 95 22 DEPARTMENT ON AGING — FY 2016-2017
 95 23 Sec. 121. DEPARTMENT ON AGING. There is appropriated from
 95 24 the general fund of the state to the department on aging for
 95 25 the fiscal year beginning July 1, 2016, and ending June 30,
 95 26 2017, the following amount, or so much thereof as is necessary,
 95 27 to be used for the purposes designated:
 95 28 For aging programs for the department on aging and area
 95 29 agencies on aging to provide citizens of Iowa who are 60 years

CODE: Eliminates the restrictions on how funds can be disbursed from a Medicaid Special Needs Trust and sets new standards that are no more restrictive than the federal law.

FISCAL IMPACT: The fiscal impact of these changes cannot be determined due to the following factors:

- The change in the law may encourage new individuals to sign up for Special Needs Trusts costing the State an average of \$10,300 for each individual, but it is difficult to estimate the new demand.
- No estimate is available for the new spending that may occur from the Special Needs Trusts that are not currently allowed, but any new spending allowed by this Act will reduce the amount the State will collect upon the death of a beneficiary. Given the range of expenses permitted, the amount collected could be reduced significantly.
- With only a few years of data, it is difficult to estimate the number of deaths annually and the assets of each Special Needs Trust the State may collect upon an individual's death.

Given all of the factors, it is likely this Division will have a significant fiscal impact and will likely increase the cost to the State over time.

Divisions XXXVII through XLIV make FY 2017 General Fund, other fund, and FTE position appropriations. All appropriations and allocations are at 50.00% of the FY 2016 level, with the exception of other fund appropriations where the entire fund is appropriated.

95 30 of age and older with case management for frail elders, Iowa's
 95 31 aging and disabilities resource center, and other services
 95 32 which may include but are not limited to adult day services,
 95 33 respite care, chore services, information and assistance,
 95 34 and material aid, for information and options counseling for
 95 35 persons with disabilities who are 18 years of age or older,
 95 36 and for salaries, support, administration, maintenance, and
 95 37 miscellaneous purposes, and for not more than the following
 95 38 full-time equivalent positions:

95 39	.....	\$	5,699,866
95 40	.....	FTEs	31.00

95 41 1. Funds appropriated in this section may be used to
 95 42 supplement federal funds under federal regulations. To
 95 43 receive funds appropriated in this section, a local area
 96 1 agency on aging shall match the funds with moneys from other
 96 2 sources according to rules adopted by the department. Funds
 96 3 appropriated in this section may be used for elderly services
 96 4 not specifically enumerated in this section only if approved
 96 5 by an area agency on aging for provision of the service within
 96 6 the area.

96 7 2. Of the funds appropriated in this section, \$139,973 is
 96 8 transferred to the economic development authority for the Iowa
 96 9 commission on volunteer services to be used for the retired and
 96 10 senior volunteer program.

96 11 3. a. The department on aging shall establish and enforce
 96 12 procedures relating to expenditure of state and federal funds
 96 13 by area agencies on aging that require compliance with both
 96 14 state and federal laws, rules, and regulations, including but
 96 15 not limited to all of the following:

96 16 (1) Requiring that expenditures are incurred only for goods
 96 17 or services received or performed prior to the end of the
 96 18 fiscal period designated for use of the funds.

96 19 (2) Prohibiting prepayment for goods or services not
 96 20 received or performed prior to the end of the fiscal period
 96 21 designated for use of the funds.

96 22 (3) Prohibiting the prepayment for goods or services
 96 23 not defined specifically by good or service, time period, or
 96 24 recipient.

96 25 (4) Prohibiting the establishment of accounts from which
 96 26 future goods or services which are not defined specifically by
 96 27 good or service, time period, or recipient, may be purchased.

96 28 b. The procedures shall provide that if any funds are
 96 29 expended in a manner that is not in compliance with the
 96 30 procedures and applicable federal and state laws, rules, and
 96 31 regulations, and are subsequently subject to repayment, the
 96 32 area agency on aging expending such funds in contravention of
 96 33 such procedures, laws, rules and regulations, not the state,
 96 34 shall be liable for such repayment.

96 35 4. Of the funds appropriated in this section, at least
 96 36 \$125,000 shall be used to fund the unmet needs identified
 96 37 through Iowa's aging and disability resource center network.
 96 38 5. Of the funds appropriated in this section, at least
 96 39 \$300,000 shall be used to fund home and community-based
 96 40 services through the area agencies on aging that enable older
 96 41 individuals to avoid more costly utilization of residential or
 96 42 institutional services and remain in their own homes.
 96 43 6. Of the funds appropriated in this section, \$406,833
 97 1 shall be used for the purposes of chapter 231E and section
 97 2 231.56A, of which \$144,333 shall be used for the office of
 97 3 substitute decision maker pursuant to chapter 231E, and the
 97 4 remainder shall be distributed equally to the area agencies on
 97 5 aging to administer the prevention of elder abuse, neglect, and
 97 6 exploitation program pursuant to section 231.56A, in accordance
 97 7 with the requirements of the federal Older Americans Act of
 97 8 1965, 42 U.S.C. §3001 et seq., as amended.

DIVISION XXXVIII

OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

Sec. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

97 12 1. There is appropriated from the general fund of the state
 97 13 to the office of long-term care ombudsman for the fiscal year
 97 14 beginning July 1, 2016, and ending June 30, 2017, the following
 97 15 amount, or so much thereof as is necessary, to be used for the
 97 16 purposes designated:

97 17 For salaries, support, administration, maintenance, and
 97 18 miscellaneous purposes, and for not more than the following
 97 19 full-time equivalent positions:

97 20	\$	638,391
97 21	FTEs	17.00

97 22 2. Of the funds appropriated in this section, \$110,000 shall
 97 23 be used to continue to provide for additional local long-term
 97 24 care ombudsmen.

DIVISION XXXIX

DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

97 27 Sec. 123. DEPARTMENT OF PUBLIC HEALTH. There is
 97 28 appropriated from the general fund of the state to the
 97 29 department of public health for the fiscal year beginning July
 97 30 1, 2016, and ending June 30, 2017, the following amounts, or
 97 31 so much thereof as is necessary, to be used for the purposes
 97 32 designated:

1. ADDICTIVE DISORDERS

97 34 For reducing the prevalence of the use of tobacco, alcohol,
 97 35 and other drugs, and treating individuals affected by addictive
 97 36 behaviors, including gambling, and for not more than the
 97 37 following full-time equivalent positions:

97 38	\$	13,631,845
97 39	FTEs	10.00

97 40 a. (1) Of the funds appropriated in this subsection,
97 41 \$2,624,180 shall be used for the tobacco use prevention
97 42 and control initiative, including efforts at the state and
97 43 local levels, as provided in chapter 142A. The commission
98 1 on tobacco use prevention and control established pursuant
98 2 to section 142A.3 shall advise the director of public health
98 3 in prioritizing funding needs and the allocation of moneys
98 4 appropriated for the programs and initiatives. Activities
98 5 of the programs and initiatives shall be in alignment with
98 6 the United States centers for disease control and prevention
98 7 best practices for comprehensive tobacco control programs that
98 8 include the goals of preventing youth initiation of tobacco
98 9 usage, reducing exposure to secondhand smoke, and promotion
98 10 of tobacco cessation. To maximize resources, the department
98 11 shall determine if third-party sources are available to
98 12 instead provide nicotine replacement products to an applicant
98 13 prior to provision of such products to an applicant under
98 14 the initiative. The department shall track and report to
98 15 the individuals specified in this Act, any reduction in
98 16 the provision of nicotine replacement products realized by
98 17 the initiative through implementation of the prerequisite
98 18 screening.

98 19 (2) (a) Of the funds allocated in this paragraph "a",
98 20 \$226,533 is transferred to the alcoholic beverages division of
98 21 the department of commerce for enforcement of tobacco laws,
98 22 regulations, and ordinances and to engage in tobacco control
98 23 activities approved by the division of tobacco use prevention
98 24 and control of the department of public health as specified
98 25 in the memorandum of understanding entered into between the
98 26 divisions.

98 27 (b) For the fiscal year beginning July 1, 2016, and ending
98 28 June 30, 2017, the terms of the memorandum of understanding,
98 29 entered into between the division of tobacco use prevention
98 30 and control of the department of public health and the
98 31 alcoholic beverages division of the department of commerce,
98 32 governing compliance checks conducted to ensure licensed retail
98 33 tobacco outlet conformity with tobacco laws, regulations, and
98 34 ordinances relating to persons under eighteen years of age,
98 35 shall continue to restrict the number of such checks to one
98 36 check per retail outlet, and one additional check for any
98 37 retail outlet found to be in violation during the first check.

98 38 b. Of the funds appropriated in this subsection,
98 39 \$11,007,664 shall be used for problem gambling and
98 40 substance-related disorder prevention, treatment, and recovery
98 41 services, including a 24-hour helpline, public information
98 42 resources, professional training, and program evaluation.

98 43 (1) Of the funds allocated in this paragraph "b", \$9,451,857
99 1 shall be used for substance-related disorder prevention and

99 2 treatment.

99 3 (a) Of the funds allocated in this subparagraph (1),
99 4 \$449,650 shall be used for the public purpose of a grant
99 5 program to provide substance-related disorder prevention
99 6 programming for children.

99 7 (i) Of the funds allocated in this subparagraph division
99 8 (a), \$213,769 shall be used for grant funding for organizations
99 9 that provide programming for children by utilizing mentors.
99 10 Programs approved for such grants shall be certified or must
99 11 be certified within six months of receiving the grant award
99 12 by the Iowa commission on volunteer services as utilizing the
99 13 standards for effective practice for mentoring programs.

99 14 (ii) Of the funds allocated in this subparagraph division
99 15 (a), \$213,419 shall be used for grant funding for organizations
99 16 providing programming that includes youth development and
99 17 leadership services. The programs shall also be recognized as
99 18 being programs that are scientifically based with evidence of
99 19 their effectiveness in reducing substance-related disorders in
99 20 children.

99 21 (iii) The department of public health shall utilize a
99 22 request for proposals process to implement the grant program.

99 23 (iv) All grant recipients shall participate in a program
99 24 evaluation as a requirement for receiving grant funds.

99 25 (v) Of the funds allocated in this subparagraph division
99 26 (a), up to \$22,461 may be used to administer substance-related
99 27 disorder prevention grants and for program evaluations.

99 28 (b) Of the funds allocated in this subparagraph
99 29 (1), \$136,301 shall be used for culturally competent
99 30 substance-related disorder treatment pilot projects.

99 31 (i) The department shall utilize the amount allocated
99 32 in this subparagraph division (b) for at least three pilot
99 33 projects to provide culturally competent substance-related
99 34 disorder treatment in various areas of the state. Each pilot
99 35 project shall target a particular ethnic minority population.
99 36 The populations targeted shall include but are not limited to
99 37 African American, Asian, and Latino.

99 38 (ii) The pilot project requirements shall provide for
99 39 documentation or other means to ensure access to the cultural
99 40 competence approach used by a pilot project so that such
99 41 approach can be replicated and improved upon in successor
99 42 programs.

99 43 (2) Of the funds allocated in this paragraph "b", up
100 1 to \$1,555,807 may be used for problem gambling prevention,
100 2 treatment, and recovery services.

100 3 (a) Of the funds allocated in this subparagraph (2),
100 4 \$1,286,881 shall be used for problem gambling prevention and
100 5 treatment.

100 6 (b) Of the funds allocated in this subparagraph (2), up to

100 7 \$218,926 may be used for a 24-hour helpline, public information
100 8 resources, professional training, and program evaluation.
100 9 (c) Of the funds allocated in this subparagraph (2), up
100 10 to \$50,000 may be used for the licensing of problem gambling
100 11 treatment programs.
100 12 (3) It is the intent of the general assembly that from the
100 13 moneys allocated in this paragraph "b", persons with a dual
100 14 diagnosis of substance-related disorder and gambling addiction
100 15 shall be given priority in treatment services.
100 16 c. Notwithstanding any provision of law to the contrary,
100 17 to standardize the availability, delivery, cost of delivery,
100 18 and accountability of problem gambling and substance-related
100 19 disorder treatment services statewide, the department shall
100 20 continue implementation of a process to create a system
100 21 for delivery of treatment services in accordance with the
100 22 requirements specified in 2008 Iowa Acts, chapter 1187, section
100 23 3, subsection 4. To ensure the system provides a continuum
100 24 of treatment services that best meets the needs of Iowans,
100 25 the problem gambling and substance-related disorder treatment
100 26 services in any area may be provided either by a single agency
100 27 or by separate agencies submitting a joint proposal.
100 28 (1) The system for delivery of substance-related disorder
100 29 and problem gambling treatment shall include problem gambling
100 30 prevention.
100 31 (2) The system for delivery of substance-related disorder
100 32 and problem gambling treatment shall include substance-related
100 33 disorder prevention by July 1, 2017.
100 34 (3) Of the funds allocated in paragraph "b", the department
100 35 may use up to \$50,000 for administrative costs to continue
100 36 developing and implementing the process in accordance with this
100 37 paragraph "c".
100 38 d. The requirement of section 123.53, subsection 5, is met
100 39 by the appropriations and allocations made in this division of
100 40 this Act for purposes of substance-related disorder treatment
100 41 and addictive disorders for the fiscal year beginning July 1,
100 42 2016.
100 43 e. The department of public health shall work with all
101 1 other departments that fund substance-related disorder
101 2 prevention and treatment services and all such departments
101 3 shall, to the extent necessary, collectively meet the state
101 4 maintenance of effort requirements for expenditures for
101 5 substance-related disorder services as required under the
101 6 federal substance-related disorder prevention and treatment
101 7 block grant.
101 8 2. HEALTHY CHILDREN AND FAMILIES
101 9 For promoting the optimum health status for children,
101 10 adolescents from birth through 21 years of age, and families,
101 11 and for not more than the following full-time equivalent

101 12 positions:
 101 13 \$ 2,308,771
 101 14 FTEs 12.00

101 15 a. Of the funds appropriated in this subsection, not more
 101 16 than \$367,420 shall be used for the healthy opportunities for
 101 17 parents to experience success (HOPES)-healthy families Iowa
 101 18 (HFI) program established pursuant to section 135.106. The
 101 19 funding shall be distributed to renew the grants that were
 101 20 provided to the grantees that operated the program during the
 101 21 fiscal year ending June 30, 2016.

101 22 b. In order to implement the legislative intent stated in
 101 23 sections 135.106 and 256I.9, that priority for home visitation
 101 24 program funding be given to programs using evidence-based or
 101 25 promising models for home visitation, it is the intent of the
 101 26 general assembly to phase in the funding priority in accordance
 101 27 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 101 28 paragraph "0b".

101 29 c. Of the funds appropriated in this subsection, \$1,099,414
 101 30 shall be used for continuation of the department's initiative
 101 31 to provide for adequate developmental surveillance and
 101 32 screening during a child's first five years. The funds shall
 101 33 be used first to fully fund the current sites to ensure that
 101 34 the sites are fully operational, with the remaining funds
 101 35 to be used for expansion to additional sites. The full
 101 36 implementation and expansion shall include enhancing the scope
 101 37 of the program through collaboration with the child health
 101 38 specialty clinics to promote healthy child development through
 101 39 early identification and response to both biomedical and social
 101 40 determinants of healthy development; by monitoring child
 101 41 health metrics to inform practice, document long-term health
 101 42 impacts and savings, and provide for continuous improvement
 101 43 through training, education, and evaluation; and by providing
 102 1 for practitioner consultation particularly for children with
 102 2 behavioral conditions and needs. The department of public
 102 3 health shall also collaborate with the Iowa Medicaid enterprise
 102 4 and the child health specialty clinics to integrate the
 102 5 activities of the first five initiative into the establishment
 102 6 of patient-centered medical homes, community utilities,
 102 7 accountable care organizations, and other integrated care
 102 8 models developed to improve health quality and population
 102 9 health while reducing health care costs. To the maximum extent
 102 10 possible, funding allocated in this paragraph shall be utilized
 102 11 as matching funds for medical assistance program reimbursement.

102 12 d. Of the funds appropriated in this subsection, \$37,320
 102 13 shall be distributed to a statewide dental carrier to provide
 102 14 funds to continue the donated dental services program patterned
 102 15 after the projects developed by the lifeline network to provide
 102 16 dental services to indigent individuals who are elderly or with

102 17 disabilities.

102 18 e. Of the funds appropriated in this subsection, \$55,997

102 19 shall be used for childhood obesity prevention.

102 20 f. Of the funds appropriated in this subsection, \$81,384

102 21 shall be used to provide audiological services and hearing

102 22 aids for children. The department may enter into a contract

102 23 to administer this paragraph.

102 24 g. Of the funds appropriated in this subsection, \$12,500 is

102 25 transferred to the university of iowa college of dentistry for

102 26 provision of primary dental services to children. State funds

102 27 shall be matched on a dollar-for-dollar basis. The university

102 28 of iowa college of dentistry shall coordinate efforts with the

102 29 department of public health, bureau of oral and health delivery

102 30 systems, to provide dental care to underserved populations

102 31 throughout the state.

102 32 h. Of the funds appropriated in this subsection, \$25,000

102 33 shall be used to address youth suicide prevention.

102 34 i. Of the funds appropriated in this subsection, \$25,000

102 35 shall be used to support the iowa effort to address the survey

102 36 of children who experience adverse childhood experiences known

102 37 as ACEs.

102 38 j. The department of public health shall continue to

102 39 administer the program to assist parents in this state with

102 40 costs resulting from the death of a child in accordance with

102 41 the provisions of 2014 iowa Acts, chapter 1140, section 22,

102 42 subsection 12.

102 43 3. CHRONIC CONDITIONS

103 1 For serving individuals identified as having chronic

103 2 conditions or special health care needs, and for not more than

103 3 the following full-time equivalent positions:

103 4	.....	\$	2,477,846
103 5	.....	FTEs	5.00

103 6 a. Of the funds appropriated in this subsection, \$79,966

103 7 shall be used for grants to individual patients who have an

103 8 inherited metabolic disorder to assist with the costs of

103 9 medically necessary foods and formula.

103 10 b. Of the funds appropriated in this subsection, \$445,822

103 11 shall be used for the brain injury services program pursuant to

103 12 section 135.22B, including for continuation of the contracts

103 13 for resource facilitator services in accordance with section

103 14 135.22B, subsection 9, and to enhance brain injury training and

103 15 recruitment of service providers on a statewide basis. Of the

103 16 amount allocated in this paragraph, \$47,500 shall be used to

103 17 fund one full-time equivalent position to serve as the state

103 18 brain injury services program manager.

103 19 c. Of the funds appropriated in this subsection, \$273,991

103 20 shall be used as additional funding to leverage federal funding

103 21 through the federal Ryan White Care Act, Tit.II, AIDS drug

103 22 assistance program supplemental drug treatment grants.
103 23 d. Of the funds appropriated in this subsection, \$74,911
103 24 shall be used for the public purpose of continuing to contract
103 25 with an existing national-affiliated organization to provide
103 26 education, client-centered programs, and client and family
103 27 support for people living with epilepsy and their families.
103 28 The amount allocated in this paragraph in excess of \$50,000
103 29 shall be matched dollar-for-dollar by the organization
103 30 specified.
103 31 e. Of the funds appropriated in this subsection, \$392,557
103 32 shall be used for child health specialty clinics.
103 33 f. Of the funds appropriated in this subsection, \$200,000
103 34 shall be used by the regional autism assistance program
103 35 established pursuant to section 256.35, and administered by
103 36 the child health specialty clinic located at the university of
103 37 iowa hospitals and clinics. The funds shall be used to enhance
103 38 interagency collaboration and coordination of educational,
103 39 medical, and other human services for persons with autism,
103 40 their families, and providers of services, including delivering
103 41 regionalized services of care coordination, family navigation,
103 42 and integration of services through the statewide system of
103 43 regional child health specialty clinics and fulfilling other
104 1 requirements as specified in chapter 225D. The university of
104 2 iowa shall not receive funds allocated under this paragraph for
104 3 indirect costs associated with the regional autism assistance
104 4 program.
104 5 g. Of the funds appropriated in this subsection, \$285,496
104 6 shall be used for the comprehensive cancer control program to
104 7 reduce the burden of cancer in iowa through prevention, early
104 8 detection, effective treatment, and ensuring quality of life.
104 9 Of the funds allocated in this paragraph "g", \$75,000 shall
104 10 be used to support a melanoma research symposium, a melanoma
104 11 biorepository and registry, basic and translational melanoma
104 12 research, and clinical trials.
104 13 h. Of the funds appropriated in this subsection, \$63,225
104 14 shall be used for cervical and colon cancer screening, and
104 15 \$150,000 shall be used to enhance the capacity of the cervical
104 16 cancer screening program to include provision of recommended
104 17 prevention and early detection measures to a broader range of
104 18 low-income women.
104 19 i. Of the funds appropriated in this subsection, \$263,347
104 20 shall be used for the center for congenital and inherited
104 21 disorders.
104 22 j. Of the funds appropriated in this subsection, \$64,705
104 23 shall be used for the prescription drug donation repository
104 24 program created in chapter 135M.
104 25 k. Of the funds appropriated in this subsection,
104 26 \$107,631 shall be used by the department of public health

104 27 for reform-related activities, including but not limited to
 104 28 facilitation of communication to stakeholders at the state and
 104 29 local level, administering the patient-centered health advisory
 104 30 council pursuant to section 135.159, and involvement in health
 104 31 care system innovation activities occurring across the state.

104 32 I. Of the funds appropriated in this subsection, \$12,500
 104 33 shall be used for administration of chapter 124D, the medical
 104 34 cannabidiol Act.

104 35 4. COMMUNITY CAPACITY

104 36 For strengthening the health care delivery system at the
 104 37 local level, and for not more than the following full-time
 104 38 equivalent positions:

104 39	.....	\$	4,410,667
104 40	.....	FTEs	11.00

104 41 a. Of the funds appropriated in this subsection, \$49,707
 104 42 is allocated for continuation of the child vision screening
 104 43 program implemented through the university of Iowa hospitals
 105 1 and clinics in collaboration with early childhood Iowa areas.
 105 2 The program shall submit a report to the individuals identified
 105 3 in this Act for submission of reports regarding the use of
 105 4 funds allocated under this paragraph "a". The report shall
 105 5 include the objectives and results for the program year
 105 6 including the target population and how the funds allocated
 105 7 assisted the program in meeting the objectives; the number,
 105 8 age, and location within the state of individuals served;
 105 9 the type of services provided to the individuals served; the
 105 10 distribution of funds based on service provided; and the
 105 11 continuing needs of the program.

105 12 b. Of the funds appropriated in this subsection, \$55,328 is
 105 13 allocated for continuation of an initiative implemented at the
 105 14 university of Iowa and \$49,952 is allocated for continuation of
 105 15 an initiative at the state mental health institute at Cherokee
 105 16 to expand and improve the workforce engaged in mental health
 105 17 treatment and services. The initiatives shall receive input
 105 18 from the university of Iowa, the department of human services,
 105 19 the department of public health, and the mental health and
 105 20 disability services commission to address the focus of the
 105 21 initiatives.

105 22 c. Of the funds appropriated in this subsection, \$582,314
 105 23 shall be used for essential public health services that promote
 105 24 healthy aging throughout one's lifespan, contracted through a
 105 25 formula for local boards of health, to enhance health promotion
 105 26 and disease prevention services.

105 27 d. Of the funds appropriated in this section, \$49,643 shall
 105 28 be deposited in the governmental public health system fund
 105 29 created in section 135A.8 to be used for the purposes of the
 105 30 fund.

105 31 e. Of the funds appropriated in this subsection, \$52,724

105 32 shall be used to continue to address the shortage of mental
105 33 health professionals in the state.

105 34 f. Of the funds appropriated in this subsection,
105 35 \$25,000 shall be used for a grant to a statewide association
105 36 of psychologists that is affiliated with the American
105 37 psychological association to be used for continuation of a
105 38 program to rotate intern psychologists in placements in urban
105 39 and rural mental health professional shortage areas, as defined
105 40 in section 135.180.

105 41 g. (1) Of the funds appropriated in this subsection,
105 42 \$1,441,484 shall be allocated as a grant to the Iowa primary
105 43 care association to be used pursuant to section 135.153 for
106 1 the statewide coordination of the Iowa collaborative safety
106 2 net provider network. Coordination of the network shall
106 3 focus on increasing access by underserved populations to
106 4 health care services, increasing integration of the health
106 5 system and collaboration across the continuum of care with
106 6 a focus on safety net services, and enhancing the Iowa
106 7 collaborative safety net provider network's communication and
106 8 education efforts. The amount allocated as a grant under this
106 9 subparagraph (1) shall be used as follows to support the Iowa
106 10 collaborative safety net provider network goals of increased
106 11 access, health system integration, and engagement:

106 12 (a) For distribution to safety net partners in the state
106 13 that work to increase access of the underserved population to
106 14 health services:

106 15	\$	512,742
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106 16 (i) Of the amount allocated in this subparagraph
106 17 division (a), up to \$206,707 shall be distributed to the
106 18 Iowa prescription drug corporation for continuation of the
106 19 pharmaceutical infrastructure for safety net providers as
106 20 described in 2007 Iowa Acts, chapter 218, section 108.

106 21 (ii) Of the amount allocated in this subparagraph division
106 22 (a), up to \$174,161 shall be distributed to free clinics and
106 23 free clinics of Iowa for necessary infrastructure, statewide
106 24 coordination, provider recruitment, service delivery, and
106 25 provision of assistance to patients in securing a medical home
106 26 inclusive of oral health care.

106 27 (iii) Of the amount allocated in this subparagraph
106 28 division (a), up to \$25,000 shall be distributed to the
106 29 Iowa coalition against sexual assault to continue a training
106 30 program for sexual assault response team (SART) members,
106 31 including representatives of law enforcement, victim advocates,
106 32 prosecutors, and certified medical personnel.

106 33 (iv) Of the amount allocated in this subparagraph division
106 34 (a), up to \$106,874 shall be distributed to the Polk county
106 35 medical society for continuation of the safety net provider
106 36 patient access to a specialty health care initiative as

106 37 described in 2007 Iowa Acts, chapter 218, section 109.

~~106 38 (b) For distribution to safety net partners in the~~
~~106 39 state that work to increase health system integration, care~~
~~106 40 coordination, and collaboration across the continuum of care~~
~~106 41 with a focus on safety net services. Such efforts shall~~
~~106 42 include but not be limited to community care coordination team~~
~~106 43 development and integration of medical and behavioral health~~
~~107 1 services. Efforts shall also include working, in conjunction~~
~~107 2 with the department of human services and the department~~
~~107 3 of public health, to support Medicaid managed care efforts~~
~~107 4 inclusive of the state innovation model through the continued~~
~~107 5 development and implementation of community care coordination~~
~~107 6 teams. Implementation of the community care coordination~~
~~107 7 teams shall be accomplished through a statewide regionally~~
~~107 8 based network that provides an integrated approach to health~~
~~107 9 care delivery through care coordination that supports primary~~
~~107 10 care providers and links patients with community resources~~
~~107 11 necessary to empower patients in addressing biomedical and~~
~~107 12 social determinants of health to improve health outcomes:~~
~~107 13 \$ 836,099~~

VETOED

VETOED: The Governor vetoed this paragraph and stated that due to the Iowa State Innovation Model grant funding that this state funding is duplicative and not needed at this time.

107 14 (c) For distribution to safety net partners in the state
107 15 that work to serve as a resource for credible, accurate
107 16 information on health care-related needs and services
107 17 for vulnerable populations in the state including the
107 18 Iowa association of rural health clinics for necessary
107 19 infrastructure and service delivery transformation and the Iowa
107 20 primary care association to support partner engagement, program
107 21 management, and statewide coordination of the network:
107 22 \$ 92,642

107 23 (2) The amount allocated under this paragraph "g" shall
107 24 not be reduced for administrative or other costs prior to
107 25 distribution. The Iowa collaborative safety net provider
107 26 network may continue to distribute funds allocated pursuant to
107 27 this paragraph "g" through existing contracts or renewal of
107 28 existing contracts.

107 29 (3) For each goal of the Iowa collaborative safety net
107 30 provider network, the Iowa primary care association shall
107 31 submit a progress report to the individuals designated in this
107 32 Act for submission of reports by December 15, 2016, including
107 33 progress in developing and implementing the network, how the
107 34 funds were distributed and used in developing and implementing
107 35 the network, and the remaining needs identified to fully
107 36 develop and implement the network.

107 37 h. Of the funds appropriated in this subsection, \$106,700
107 38 shall be used for continuation of the work of the direct care
107 39 worker advisory council established pursuant to 2008 Iowa Acts,

107 40 chapter 1188, section 69, in implementing the recommendations
107 41 in the final report submitted by the advisory council to the
107 42 governor and the general assembly in March 2012, including
107 43 by continuing to develop, promote, and make available on a
108 1 statewide basis the prepare-to-care core curriculum and its
108 2 associated modules and specialties through various formats
108 3 including online access, community colleges, and other venues;
108 4 exploring new and maintaining existing specialties including
108 5 but not limited to oral health and dementia care; supporting
108 6 instructor training; and assessing and making recommendations
108 7 concerning the lowa care book and information technology
108 8 systems and infrastructure uses and needs.
108 9 i. (1) Of the funds appropriated in this subsection,
108 10 \$108,187 shall be used for allocation to an independent
108 11 statewide direct care worker organization selected through a
108 12 request for proposals process. The contract shall include
108 13 performance and outcomes measures, and shall allow the
108 14 contractor to use a portion of the funds received under the
108 15 contract to collect data to determine results based on the
108 16 performance and outcomes measures.
108 17 (2) Of the funds appropriated in this subsection, \$37,500
108 18 shall be used to provide scholarships or other forms of
108 19 subsidization for direct care worker educational conferences,
108 20 training, or outreach activities.
108 21 j. Of the funds appropriated in this subsection, the
108 22 department may use up to \$29,087 for up to one full-time
108 23 equivalent position to administer the volunteer health care
108 24 provider program pursuant to section 135.24.
108 25 k. Of the funds appropriated in this subsection, \$50,000
108 26 shall be used for a matching dental education loan repayment
108 27 program to be allocated to a dental nonprofit health service
108 28 corporation to continue to develop the criteria and implement
108 29 the loan repayment program.
108 30 l. Of the funds appropriated in this subsection, \$52,911 is
108 31 transferred to the college student aid commission for deposit
108 32 in the rural lowa primary care trust fund created in section
108 33 261.113 to be used for the purposes of the fund.
108 34 m. Of the funds appropriated in this subsection, \$125,000
108 35 shall be used for the purposes of the lowa donor registry as
108 36 specified in section 142C.18.
108 37 n. Of the funds appropriated in this subsection, \$50,000
108 38 shall be used for continuation of a grant to a nationally
108 39 affiliated volunteer eye organization that has an established
108 40 program for children and adults and that is solely dedicated to
108 41 preserving sight and preventing blindness through education,
108 42 nationally certified vision screening and training, and
108 43 community and patient service programs. The organization
109 1 shall submit a report to the individuals identified in this

109 2 Act for submission of reports regarding the use of funds
 109 3 allocated under this paragraph "n". The report shall include
 109 4 the objectives and results for the program year including
 109 5 the target population and how the funds allocated assisted
 109 6 the program in meeting the objectives; the number, age, and
 109 7 location within the state of individuals served; the type of
 109 8 services provided to the individuals served; the distribution
 109 9 of funds based on services provided; and the continuing needs
 109 10 of the program.

109 11 o. Of the funds appropriated in this subsection, \$1,000,000
 109 12 shall be deposited in the medical residency training account
 109 13 created in section 135.175, subsection 5, paragraph "a", and
 109 14 is appropriated from the account to the department of public
 109 15 health to be used for the purposes of the medical residency
 109 16 training state matching grants program as specified in section
 109 17 135.176. However, notwithstanding any provision to the
 109 18 contrary in section 135.176, priority in the awarding of grants
 109 19 shall be given to sponsors that propose preference in the use
 109 20 of the grant funds for psychiatric residency positions and
 109 21 family practice residency positions.

109 22 p. Of the funds appropriated in this subsection, \$78,309 is
 109 23 allocated to the university of Iowa hospitals and clinics to
 109 24 continue a systematic and evidence-based practice collaborative
 109 25 care model to improve outcomes of mental health treatment in
 109 26 primary care settings in the state. Funds shall be used to
 109 27 establish the collaborative care model in several primary care
 109 28 practices in rural and urban areas throughout the state, to
 109 29 provide staffing to administer the model, and to provide staff
 109 30 training and database management to track and manage patient
 109 31 outcomes.

109 32 5. HEALTHY AGING

109 33 To provide public health services that reduce risks and
 109 34 invest in promoting and protecting good health over the
 109 35 course of a lifetime with a priority given to older lowans and
 109 36 vulnerable populations:
 109 37 \$ 3,648,571

109 38 6. INFECTIOUS DISEASES

109 39 For reducing the incidence and prevalence of communicable
 109 40 diseases, and for not more than the following full-time
 109 41 equivalent positions:
 109 42 \$ 667,577
 109 43 FTEs 4.00

110 1 7. PUBLIC PROTECTION

110 2 For protecting the health and safety of the public through
 110 3 establishing standards and enforcing regulations, and for not
 110 4 more than the following full-time equivalent positions:
 110 5 \$ 2,169,595
 110 6 FTEs 136.00

110 7 a. Of the funds appropriated in this subsection, not more
 110 8 than \$227,350 shall be credited to the emergency medical
 110 9 services fund created in section 135.25. Moneys in the
 110 10 emergency medical services fund are appropriated to the
 110 11 department to be used for the purposes of the fund.

110 12 b. Of the funds appropriated in this subsection, \$101,516
 110 13 shall be used for sexual violence prevention programming
 110 14 through a statewide organization representing programs
 110 15 serving victims of sexual violence through the department's
 110 16 sexual violence prevention program. The amount allocated
 110 17 in this paragraph "b" shall not be used to supplant funding
 110 18 administered for other sexual violence prevention or victims
 110 19 assistance programs.

110 20 c. Of the funds appropriated in this subsection, \$299,375
 110 21 shall be used for the state poison control center. Pursuant
 110 22 to the directive under 2014 Iowa Acts, chapter 1140, section
 110 23 102, the federal matching funds available to the state poison
 110 24 control center from the department of human services under the
 110 25 federal Children's Health Insurance Program Reauthorization Act
 110 26 allotment shall be subject to the federal administrative cap
 110 27 rule of 10 percent applicable to funding provided under Tit.
 110 28 XXI of the federal Social Security Act and included within the
 110 29 department's calculations of the cap.

110 30 d. Of the funds appropriated in this subsection, \$268,875
 110 31 shall be used for childhood lead poisoning provisions.

110 32 8. RESOURCE MANAGEMENT

110 33 For establishing and sustaining the overall ability of the
 110 34 department to deliver services to the public, and for not more
 110 35 than the following full-time equivalent positions:

110 36	..... \$	427,536
110 37	..... FTEs	4.00

110 38 The university of Iowa hospitals and clinics under the
 110 39 control of the state board of regents shall not receive
 110 40 indirect costs from the funds appropriated in this section.
 110 41 The university of Iowa hospitals and clinics billings to the
 110 42 department shall be on at least a quarterly basis.

110 43 DIVISION XL

111 1 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

111 2 Sec. 124. DEPARTMENT OF VETERANS AFFAIRS. There is
 111 3 appropriated from the general fund of the state to the
 111 4 department of veterans affairs for the fiscal year beginning
 111 5 July 1, 2016, and ending June 30, 2017, the following amounts,
 111 6 or so much thereof as is necessary, to be used for the purposes
 111 7 designated:

111 8 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

111 9 For salaries, support, maintenance, and miscellaneous
 111 10 purposes, and for not more than the following full-time
 111 11 equivalent positions:

111 12 \$ 600,273
 111 13 FTEs 15.00

111 14 2. IOWA VETERANS HOME

111 15 For salaries, support, maintenance, and miscellaneous
 111 16 purposes:

111 17 \$ 3,797,498

111 18 a. The Iowa veterans home billings involving the department
 111 19 of human services shall be submitted to the department on at
 111 20 least a monthly basis.

~~111 21 b. If there is a change in the employer of employees
 111 22 providing services at the Iowa veterans home under a collective
 111 23 bargaining agreement, such employees and the agreement shall
 111 24 be continued by the successor employer as though there had not
 111 25 been a change in employer.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated this item restricts contracting flexibility at the Iowa Veterans Home.

111 26 c. Within available resources and in conformance with
 111 27 associated state and federal program eligibility requirements,
 111 28 the Iowa veterans home may implement measures to provide
 111 29 financial assistance to or on behalf of veterans or their
 111 30 spouses who are participating in the community reentry program.

~~111 31 d. The Iowa veterans home expenditure report shall be
 111 32 submitted monthly to the legislative services agency.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated the requirement was redundant and overly burdensome.

111 33 3. HOME OWNERSHIP ASSISTANCE PROGRAM

111 34 For transfer to the Iowa finance authority for the
 111 35 continuation of the home ownership assistance program for
 111 36 persons who are or were eligible members of the armed forces of
 111 37 the United States, pursuant to section 16.54:

111 38 \$ 1,250,000

111 39 Sec. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
 111 40 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 111 41 standing appropriation in section 35A.16 for the fiscal year
 111 42 beginning July 1, 2016, and ending June 30, 2017, the amount
 111 43 appropriated from the general fund of the state pursuant to
 112 1 that section for the following designated purposes shall not
 112 2 exceed the following amount:

112 3 For the county commissions of veteran affairs fund under
 112 4 section 35A.16:

112 5 \$ 495,000

112 6 DIVISION XLI
 112 7 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017
 112 8 Sec. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK

112 9 GRANT. There is appropriated from the fund created in section
112 10 8.41 to the department of human services for the fiscal year
112 11 beginning July 1, 2016, and ending June 30, 2017, from moneys
112 12 received under the federal temporary assistance for needy
112 13 families (TANF) block grant pursuant to the federal Personal
112 14 Responsibility and Work Opportunity Reconciliation Act of 1996,
112 15 Pub.L.No.104-193, and successor legislation, the following
112 16 amounts, or so much thereof as is necessary, to be used for the
112 17 purposes designated:

112 18 1. To be credited to the family investment program account
112 19 and used for assistance under the family investment program
112 20 under chapter 239B:
112 21 \$ 2,568,497

112 22 2. To be credited to the family investment program account
112 23 and used for the job opportunities and basic skills (JOBS)
112 24 program and implementing family investment agreements in
112 25 accordance with chapter 239B:
112 26 \$ 5,069,089

112 27 3. To be used for the family development and
112 28 self-sufficiency grant program in accordance with section
112 29 216A.107:
112 30 \$ 1,449,490

112 31 Notwithstanding section 8.33, moneys appropriated in this
112 32 subsection that remain unencumbered or unobligated at the close
112 33 of the fiscal year shall not revert but shall remain available
112 34 for expenditure for the purposes designated until the close of
112 35 the succeeding fiscal year. However, unless such moneys are
112 36 encumbered or obligated on or before September 30, 2016, the
112 37 moneys shall revert.

112 38 4. For field operations:
112 39 \$ 15,648,116

112 40 5. For general administration:
112 41 \$ 1,872,000

112 42 6. For state child care assistance:
112 43 \$ 17,523,555

113 1 a. Of the funds appropriated in this subsection,
113 2 \$13,164,048 is transferred to the child care and development
113 3 block grant appropriation made by the Eighty-sixth General
113 4 Assembly, 2016 Session, for the federal fiscal year beginning
113 5 October 1, 2016, and ending September 30, 2017. Of this
113 6 amount, \$100,000 shall be used for provision of educational
113 7 opportunities to registered child care home providers in order
113 8 to improve services and programs offered by this category
113 9 of providers and to increase the number of providers. The
113 10 department may contract with institutions of higher education
113 11 or child care resource and referral centers to provide
113 12 the educational opportunities. Allowable administrative
113 13 costs under the contracts shall not exceed 5 percent. The

113 14 application for a grant shall not exceed two pages in length.

113 15 b. Any funds appropriated in this subsection remaining

113 16 unallocated shall be used for state child care assistance

113 17 payments for families who are employed including but not

113 18 limited to individuals enrolled in the family investment

113 19 program.

113 20 7. For distribution to counties and regions through the

113 21 property tax relief fund for mental health and disability

113 22 services as provided in an appropriation made for this purpose:

113 23 \$ 2,447,026

113 24 8. For child and family services:

113 25 \$ 16,042,215

113 26 9. For child abuse prevention grants:

113 27 \$ 62,500

113 28 10. For pregnancy prevention grants on the condition that

113 29 family planning services are funded:

113 30 \$ 965,033

113 31 Pregnancy prevention grants shall be awarded to programs

113 32 in existence on or before July 1, 2016, if the programs have

113 33 demonstrated positive outcomes. Grants shall be awarded to

113 34 pregnancy prevention programs which are developed after July

113 35 1, 2016, if the programs are based on existing models that

113 36 have demonstrated positive outcomes. Grants shall comply with

113 37 the requirements provided in 1997 Iowa Acts, chapter 208,

113 38 section 14, subsections 1 and 2, including the requirement that

113 39 grant programs must emphasize sexual abstinence. Priority in

113 40 the awarding of grants shall be given to programs that serve

113 41 areas of the state which demonstrate the highest percentage of

113 42 unplanned pregnancies of females of childbearing age within the

113 43 geographic area to be served by the grant.

114 1 11. For technology needs and other resources necessary

114 2 to meet federal welfare reform reporting, tracking, and case

114 3 management requirements:

114 4 \$ 518,593

114 5 12. For the family investment program share of the costs to

114 6 continue to develop and maintain a new, integrated eligibility

114 7 determination system:

114 8 \$ 3,327,440

114 9 13. a. Notwithstanding any provision to the contrary,

114 10 including but not limited to requirements in section 8.41 or

114 11 provisions in 2015 or 2016 Iowa Acts regarding the receipt and

114 12 appropriation of federal block grants, federal funds from the

114 13 temporary assistance for needy families block grant received by

114 14 the state and not otherwise appropriated in this section and

114 15 remaining available for the fiscal year beginning July 1, 2016,

114 16 are appropriated to the department of human services to the

114 17 extent as may be necessary to be used in the following priority

114 18 order:the family investment program, for state child care

114 19 assistance program payments for families who are employed, and
 114 20 for the family investment program share of costs to develop and
 114 21 maintain a new, integrated eligibility determination system.
 114 22 The federal funds appropriated in this paragraph "a" shall be
 114 23 expended only after all other funds appropriated in subsection
 114 24 1 for the assistance under the family investment program,
 114 25 in subsection 6 for child care assistance, or in subsection
 114 26 12 for the family investment program share of the costs to
 114 27 continue to develop and maintain a new, integrated eligibility
 114 28 determination system, as applicable, have been expended. For
 114 29 the purposes of this subsection, the funds appropriated in
 114 30 subsection 6, paragraph "a", for transfer to the child care
 114 31 and development block grant appropriation are considered fully
 114 32 expended when the full amount has been transferred.

114 33 b. The department shall, on a quarterly basis, advise the
 114 34 legislative services agency and department of management of
 114 35 the amount of funds appropriated in this subsection that was
 114 36 expended in the prior quarter.

114 37 14. Of the amounts appropriated in this section, \$6,481,004
 114 38 for the fiscal year beginning July 1, 2016, is transferred to
 114 39 the appropriation of the federal social services block grant
 114 40 made to the department of human services for that fiscal year.

114 41 15. For continuation of the program providing categorical
 114 42 eligibility for the food assistance program as specified for
 114 43 the program in the section of this division of this 2016 Act
 115 1 relating to the family investment program account:
 115 2 \$ 12,500

115 3 16. The department may transfer funds allocated in this
 115 4 section to the appropriations made in this division of this Act
 115 5 for the same fiscal year for general administration and field
 115 6 operations for resources necessary to implement and operate the
 115 7 services referred to in this section and those funded in the
 115 8 appropriation made in this division of this Act for the same
 115 9 fiscal year for the family investment program from the general
 115 10 fund of the state.

115 11 Sec. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

115 12 1. Moneys credited to the family investment program (FIP)
 115 13 account for the fiscal year beginning July 1, 2016, and
 115 14 ending June 30, 2017, shall be used to provide assistance in
 115 15 accordance with chapter 239B.

115 16 2. The department may use a portion of the moneys credited
 115 17 to the FIP account under this section as necessary for
 115 18 salaries, support, maintenance, and miscellaneous purposes.

115 19 3. The department may transfer funds allocated in
 115 20 subsection 4 to the appropriations made in this division of
 115 21 this Act for the same fiscal year for general administration
 115 22 and field operations for resources necessary to implement and
 115 23 operate the family investment program services referred to in

115 24 this section and those funded in the appropriation made in this
 115 25 division of this Act for the same fiscal year for the family
 115 26 investment program from the general fund of the state.

115 27 4. Moneys appropriated in this division of this Act and
 115 28 credited to the FIP account for the fiscal year beginning July
 115 29 1, 2016, and ending June 30, 2017, are allocated as follows:

115 30 a. To be retained by the department of human services to
 115 31 be used for coordinating with the department of human rights
 115 32 to more effectively serve participants in FIP and other shared
 115 33 clients and to meet federal reporting requirements under the
 115 34 federal temporary assistance for needy families block grant:
 115 35 \$ 10,000

115 36 b. To the department of human rights for staffing,
 115 37 administration, and implementation of the family development
 115 38 and self-sufficiency grant program in accordance with section
 115 39 216A.107:
 115 40 \$ 3,096,417

115 41 (1) Of the funds allocated for the family development
 115 42 and self-sufficiency grant program in this paragraph "b",
 115 43 not more than 5 percent of the funds shall be used for the
 116 1 administration of the grant program.

116 2 (2) The department of human rights may continue to implement
 116 3 the family development and self-sufficiency grant program
 116 4 statewide during fiscal year 2016-2017.

116 5 (3) The department of human rights may engage in activities
 116 6 to strengthen and improve family outcomes measures and
 116 7 data collection systems under the family development and
 116 8 self-sufficiency grant program.

116 9 c. For the diversion subaccount of the FIP account:
 116 10 \$ 407,500

116 11 A portion of the moneys allocated for the subaccount may
 116 12 be used for field operations, salaries, data management
 116 13 system development, and implementation costs and support
 116 14 deemed necessary by the director of human services in order
 116 15 to administer the FIP diversion program. To the extent
 116 16 moneys allocated in this paragraph "c" are not deemed by the
 116 17 department to be necessary to support diversion activities,
 116 18 such moneys may be used for other efforts intended to increase
 116 19 engagement by family investment program participants in work,
 116 20 education, or training activities.

116 21 d. For the food assistance employment and training program:
 116 22 \$ 33,294

116 23 (1) The department shall apply the federal supplemental
 116 24 nutrition assistance program (SNAP) employment and training
 116 25 state plan in order to maximize to the fullest extent permitted
 116 26 by federal law the use of the 50 percent federal reimbursement
 116 27 provisions for the claiming of allowable federal reimbursement
 116 28 funds from the United States department of agriculture

116 29 pursuant to the federal SNAP employment and training program
 116 30 for providing education, employment, and training services
 116 31 for eligible food assistance program participants, including
 116 32 but not limited to related dependent care and transportation
 116 33 expenses.

116 34 (2) The department shall continue the categorical federal
 116 35 food assistance program eligibility at 160 percent of the
 116 36 federal poverty level and continue to eliminate the asset test
 116 37 from eligibility requirements, consistent with federal food
 116 38 assistance program requirements. The department shall include
 116 39 as many food assistance households as is allowed by federal
 116 40 law. The eligibility provisions shall conform to all federal
 116 41 requirements including requirements addressing individuals who
 116 42 are incarcerated or otherwise ineligible.

116 43 e. For the JOBS program:

117 1 \$ 8,770,199

117 2 5. Of the child support collections assigned under FIP,
 117 3 an amount equal to the federal share of support collections
 117 4 shall be credited to the child support recovery appropriation
 117 5 made in this division of this Act. Of the remainder of the
 117 6 assigned child support collections received by the child
 117 7 support recovery unit, a portion shall be credited to the FIP
 117 8 account, a portion may be used to increase recoveries, and a
 117 9 portion may be used to sustain cash flow in the child support
 117 10 payments account. If as a consequence of the appropriations
 117 11 and allocations made in this section the resulting amounts
 117 12 are insufficient to sustain cash assistance payments and meet
 117 13 federal maintenance of effort requirements, the department
 117 14 shall seek supplemental funding. If child support collections
 117 15 assigned under FIP are greater than estimated or are otherwise
 117 16 determined not to be required for maintenance of effort, the
 117 17 state share of either amount may be transferred to or retained
 117 18 in the child support payments account.

117 19 6. The department may adopt emergency rules for the family
 117 20 investment, JOBS, food assistance, and medical assistance
 117 21 programs if necessary to comply with federal requirements.

117 22 Sec. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 117 23 is appropriated from the general fund of the state to the
 117 24 department of human services for the fiscal year beginning July
 117 25 1, 2016, and ending June 30, 2017, the following amount, or
 117 26 so much thereof as is necessary, to be used for the purpose
 117 27 designated:

117 28 To be credited to the family investment program (FIP)
 117 29 account and used for family investment program assistance under
 117 30 chapter 239B:

117 31 \$ 24,336,937

117 32 1. Of the funds appropriated in this section, \$3,701,110 is
 117 33 allocated for the JOBS program.

117 34 2. Of the funds appropriated in this section, \$1,656,927 is
117 35 allocated for the family development and self-sufficiency grant
117 36 program.

117 37 3. Notwithstanding section 8.39, for the fiscal year
117 38 beginning July 1, 2016, if necessary to meet federal
117 39 maintenance of effort requirements or to transfer federal
117 40 temporary assistance for needy families block grant funding
117 41 to be used for purposes of the federal social services block
117 42 grant or to meet cash flow needs resulting from delays in
117 43 receiving federal funding or to implement, in accordance with
118 1 this division of this Act, activities currently funded with
118 2 juvenile court services, county, or community moneys and state
118 3 moneys used in combination with such moneys, the department
118 4 of human services may transfer funds within or between any
118 5 of the appropriations made in this division of this Act and
118 6 appropriations in law for the federal social services block
118 7 grant to the department for the following purposes, provided
118 8 that the combined amount of state and federal temporary
118 9 assistance for needy families block grant funding for each
118 10 appropriation remains the same before and after the transfer:

- 118 11 a. For the family investment program.
- 118 12 b. For child care assistance.
- 118 13 c. For child and family services.
- 118 14 d. For field operations.
- 118 15 e. For general administration.
- 118 16 f. For distribution to counties or regions through the
118 17 property tax relief fund for mental health and disability
118 18 services as provided in an appropriation for this purpose.

118 19 This subsection shall not be construed to prohibit the use
118 20 of existing state transfer authority for other purposes. The
118 21 department shall report any transfers made pursuant to this
118 22 subsection to the legislative services agency.

118 23 4. Of the funds appropriated in this section, \$97,839 shall
118 24 be used for continuation of a grant to an Iowa-based nonprofit
118 25 organization with a history of providing tax preparation
118 26 assistance to low-income Iowans in order to expand the usage of
118 27 the earned income tax credit. The purpose of the grant is to
118 28 supply this assistance to underserved areas of the state.

118 29 5. Of the funds appropriated in this section, \$30,000 shall
118 30 be used for the continuation of an unfunded pilot project, as
118 31 defined in 441 IAC 100.1, relating to parental obligations,
118 32 in which the child support recovery unit participates, to
118 33 support the efforts of a nonprofit organization committed to
118 34 strengthening the community through youth development, healthy
118 35 living, and social responsibility headquartered in a county
118 36 with a population over 350,000. The funds allocated in this
118 37 subsection shall be used by the recipient organization to
118 38 develop a larger community effort, through public and private

118 39 partnerships, to support a broad-based multi-county fatherhood
118 40 initiative that promotes payment of child support obligations,
118 41 improved family relationships, and full-time employment.

118 42 6. The department may transfer funds appropriated in this
118 43 section to the appropriations made in this division of this Act
119 1 for general administration and field operations as necessary
119 2 to administer this section and the overall family investment
119 3 program.

119 4 Sec. 129. CHILD SUPPORT RECOVERY. There is appropriated
119 5 from the general fund of the state to the department of human
119 6 services for the fiscal year beginning July 1, 2016, and ending
119 7 June 30, 2017, the following amount, or so much thereof as is
119 8 necessary, to be used for the purposes designated:

119 9 For child support recovery, including salaries, support,
119 10 maintenance, and miscellaneous purposes, and for not more than
119 11 the following full-time equivalent positions:

119 12	.....	\$	7,331,686
119 13	.....	FTEs	464.00

119 14 1. The department shall expend up to \$12,164, including
119 15 federal financial participation, for the fiscal year beginning
119 16 July 1, 2016, for a child support public awareness campaign.
119 17 The department and the office of the attorney general shall
119 18 cooperate in continuation of the campaign. The public
119 19 awareness campaign shall emphasize, through a variety of
119 20 media activities, the importance of maximum involvement of
119 21 both parents in the lives of their children as well as the
119 22 importance of payment of child support obligations.

119 23 2. Federal access and visitation grant moneys shall be
119 24 issued directly to private not-for-profit agencies that provide
119 25 services designed to increase compliance with the child access
119 26 provisions of court orders, including but not limited to
119 27 neutral visitation sites and mediation services.

119 28 3. The appropriation made to the department for child
119 29 support recovery may be used throughout the fiscal year in the
119 30 manner necessary for purposes of cash flow management, and for
119 31 cash flow management purposes the department may temporarily
119 32 draw more than the amount appropriated, provided the amount
119 33 appropriated is not exceeded at the close of the fiscal year.

119 34 4. With the exception of the funding amount specified, the
119 35 requirements established under 2001 Iowa Acts, chapter 191,
119 36 section 3, subsection 5, paragraph "c", subparagraph (3), shall
119 37 be applicable to parental obligation pilot projects for the
119 38 fiscal year beginning July 1, 2016, and ending June 30, 2017.
119 39 Notwithstanding 441 IAC 100.8, providing for termination of
119 40 rules relating to the pilot projects, the rules shall remain
119 41 in effect until June 30, 2017.

119 42 Sec. 130. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
119 43 FY 2016-2017. Any funds remaining in the health care trust

120 1 fund created in section 453A.35A for the fiscal year beginning
 120 2 July 1, 2016, and ending June 30, 2017, are appropriated to
 120 3 the department of human services to supplement the medical
 120 4 assistance program appropriations made in this division of this
 120 5 Act, for medical assistance reimbursement and associated costs,
 120 6 including program administration and costs associated with
 120 7 program implementation.

120 8 Sec. 131. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 120 9 2016-2017. Any funds remaining in the Medicaid fraud fund
 120 10 created in section 249A.50 for the fiscal year beginning
 120 11 July 1, 2016, and ending June 30, 2017, are appropriated to
 120 12 the department of human services to supplement the medical
 120 13 assistance appropriations made in this division of this Act,
 120 14 for medical assistance reimbursement and associated costs,
 120 15 including program administration and costs associated with
 120 16 program implementation.

120 17 Sec. 132. MEDICAL ASSISTANCE. There is appropriated from
 120 18 the general fund of the state to the department of human
 120 19 services for the fiscal year beginning July 1, 2016, and ending
 120 20 June 30, 2017, the following amount, or so much thereof as is
 120 21 necessary, to be used for the purpose designated:

120 22 For medical assistance program reimbursement and associated
 120 23 costs as specifically provided in the reimbursement
 120 24 methodologies in effect on June 30, 2016, except as otherwise
 120 25 expressly authorized by law, consistent with options under
 120 26 federal law and regulations, and contingent upon receipt of
 120 27 approval from the office of the governor of reimbursement for
 120 28 each abortion performed under the program:

120 29 \$ 651,595,782

120 30 1. Iowans support reducing the number of abortions
 120 31 performed in our state. Funds appropriated under this section
 120 32 shall not be used for abortions, unless otherwise authorized
 120 33 under this section.

120 34 2. The provisions of this section relating to abortions
 120 35 shall also apply to the Iowa health and wellness plan created
 120 36 pursuant to chapter 249N.

120 37 3. The department shall utilize not more than \$30,000 of
 120 38 the funds appropriated in this section to continue the AIDS/HIV
 120 39 health insurance premium payment program as established in 1992
 120 40 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 120 41 409, subsection 6. Of the funds allocated in this subsection,
 120 42 not more than \$2,500 may be expended for administrative
 120 43 purposes.

121 1 4. Of the funds appropriated in this Act to the department
 121 2 of public health for addictive disorders, \$475,000 for
 121 3 the fiscal year beginning July 1, 2016, is transferred
 121 4 to the department of human services for an integrated
 121 5 substance-related disorder managed care system. The department

121 6 shall not assume management of the substance-related disorder
121 7 system in place of the managed care contractor unless such
121 8 a change in approach is specifically authorized in law.
121 9 The departments of human services and public health shall
121 10 work together to maintain the level of mental health and
121 11 substance-related disorder treatment services provided by the
121 12 managed care contractor through the Iowa plan for behavioral
121 13 health. Each department shall take the steps necessary to
121 14 continue the federal waivers as necessary to maintain the level
121 15 of services.

121 16 5. a. The department shall aggressively pursue options for
121 17 providing medical assistance or other assistance to individuals
121 18 with special needs who become ineligible to continue receiving
121 19 services under the early and periodic screening, diagnostic,
121 20 and treatment program under the medical assistance program
121 21 due to becoming 21 years of age who have been approved for
121 22 additional assistance through the department's exception to
121 23 policy provisions, but who have health care needs in excess
121 24 of the funding available through the exception to policy
121 25 provisions.

121 26 b. Of the funds appropriated in this section, \$50,000
121 27 shall be used for participation in one or more pilot projects
121 28 operated by a private provider to allow the individual or
121 29 individuals to receive service in the community in accordance
121 30 with principles established in *Olmstead v.L.C.*, 527 U.S.581
121 31 (1999), for the purpose of providing medical assistance or
121 32 other assistance to individuals with special needs who become
121 33 ineligible to continue receiving services under the early and
121 34 periodic screening, diagnostic, and treatment program under
121 35 the medical assistance program due to becoming 21 years of
121 36 age who have been approved for additional assistance through
121 37 the department's exception to policy provisions, but who have
121 38 health care needs in excess of the funding available through
121 39 the exception to the policy provisions.

121 40 6. Of the funds appropriated in this section, up to
121 41 \$1,525,041 may be transferred to the field operations or
121 42 general administration appropriations in this division of this
121 43 Act for operational costs associated with Part D of the federal
122 1 Medicare Prescription Drug Improvement and Modernization Act
122 2 of 2003, Pub.L.No.108-173.

122 3 7. Of the funds appropriated in this section, up to \$221,050
122 4 may be transferred to the appropriation in this division
122 5 of this Act for medical contracts to be used for clinical
122 6 assessment services and prior authorization of services.

122 7 8. A portion of the funds appropriated in this section
122 8 may be transferred to the appropriations in this division of
122 9 this Act for general administration, medical contracts, the
122 10 children's health insurance program, or field operations to be

122 11 used for the state match cost to comply with the payment error
122 12 rate measurement (PERM) program for both the medical assistance
122 13 and children's health insurance programs as developed by the
122 14 centers for Medicare and Medicaid services of the United States
122 15 department of health and human services to comply with the
122 16 federal Improper Payments Information Act of 2002, Pub.L.No.
122 17 107-300.

122 18 9. The department shall continue to implement the
122 19 recommendations of the assuring better child health and
122 20 development initiative II (ABCDII) clinical panel to the
122 21 Iowa early and periodic screening, diagnostic, and treatment
122 22 services healthy mental development collaborative board
122 23 regarding changes to billing procedures, codes, and eligible
122 24 service providers.

122 25 10. Of the funds appropriated in this section, a sufficient
122 26 amount is allocated to supplement the incomes of residents of
122 27 nursing facilities, intermediate care facilities for persons
122 28 with mental illness, and intermediate care facilities for
122 29 persons with an intellectual disability, with incomes of less
122 30 than \$50 in the amount necessary for the residents to receive a
122 31 personal needs allowance of \$50 per month pursuant to section
122 32 249A.30A.

122 33 11. Of the funds appropriated in this section, the following
122 34 amounts are transferred to the appropriations made in this
122 35 division of this Act for the state mental health institutes:

122 36 a. Cherokee mental health institute.....\$4,549,212
122 37 b. Independence mental health institute.....\$4,522,947

122 38 12. a. Of the funds appropriated in this section,
122 39 \$2,041,939 is allocated for the state match for a
122 40 disproportionate share hospital payment of \$4,544,712 to
122 41 hospitals that meet both of the conditions specified in
122 42 subparagraphs (1) and (2). In addition, the hospitals that
122 43 meet the conditions specified shall either certify public
123 1 expenditures or transfer to the medical assistance program
123 2 an amount equal to provide the nonfederal share for a
123 3 disproportionate share hospital payment of \$8,772,003. The
123 4 hospitals that meet the conditions specified shall receive and
123 5 retain 100 percent of the total disproportionate share hospital
123 6 payment of \$13,316,715.

123 7 (1) The hospital qualifies for disproportionate share and
123 8 graduate medical education payments.

123 9 (2) The hospital is an Iowa state-owned hospital with more
123 10 than 500 beds and eight or more distinct residency specialty
123 11 or subspecialty programs recognized by the American college of
123 12 graduate medical education.

123 13 b. Distribution of the disproportionate share payments
123 14 shall be made on a monthly basis. The total amount of
123 15 disproportionate share payments including graduate medical

123 16 education, enhanced disproportionate share, and Iowa
123 17 state-owned teaching hospital payments shall not exceed the
123 18 amount of the state's allotment under Pub.L.No.102-234.
123 19 In addition, the total amount of all disproportionate
123 20 share payments shall not exceed the hospital-specific
123 21 disproportionate share limits under Pub.L.No.103-66.
123 22 c. The university of Iowa hospitals and clinics shall either
123 23 certify public expenditures or transfer to the appropriations
123 24 made in this division of this Act for medical assistance an
123 25 amount equal to provide the nonfederal share for increased
123 26 medical assistance payments for inpatient and outpatient
123 27 hospital services of \$4,950,000. The university of Iowa
123 28 hospitals and clinics shall receive and retain 100 percent of
123 29 the total increase in medical assistance payments.
123 30 d. Payment methodologies utilized for disproportionate
123 31 share hospitals and graduate medical education, and other
123 32 supplemental payments under the Medicaid program may be
123 33 adjusted or converted to other methodologies or payment types
123 34 to provide these payments through Medicaid managed care. The
123 35 department of human services shall obtain approval from the
123 36 centers for Medicare and Medicaid services of the United States
123 37 department of health and human services prior to implementation
123 38 of any such adjusted or converted methodologies or payment
123 39 types.
123 40 13. One hundred percent of the nonfederal share of payments
123 41 to area education agencies that are medical assistance
123 42 providers for medical assistance-covered services provided to
123 43 medical assistance-covered children, shall be made from the
124 1 appropriation made in this section.
124 2 14. Any new or renewed contract entered into by the
124 3 department with a third party to administer services under the
124 4 medical assistance program shall provide that any interest
124 5 earned on payments from the state during the state fiscal year
124 6 shall be remitted to the department and treated as recoveries
124 7 to offset the costs of the medical assistance program.
124 8 15. A portion of the funds appropriated in this section
124 9 may be transferred to the appropriation in this division of
124 10 this Act for medical contracts to be used for administrative
124 11 activities associated with the money follows the person
124 12 demonstration project.
124 13 16. Of the funds appropriated in this section, \$174,505
124 14 shall be used for the administration of the health insurance
124 15 premium payment program, including salaries, support,
124 16 maintenance, and miscellaneous purposes.
124 17 17. a. The department may increase the amounts allocated
124 18 for salaries, support, maintenance, and miscellaneous purposes
124 19 associated with the medical assistance program, as necessary,
124 20 to implement cost containment strategies. The department shall

124 21 report any such increase to the legislative services agency and
 124 22 the department of management.
 124 23 b. If the savings to the medical assistance program from
 124 24 cost containment efforts exceed the cost for the fiscal
 124 25 year beginning July 1, 2016, the department may transfer any
 124 26 savings generated for the fiscal year due to medical assistance
 124 27 program cost containment efforts to the appropriation
 124 28 made in this division of this Act for medical contracts or
 124 29 general administration to defray the increased contract costs
 124 30 associated with implementing such efforts.

~~124 31 e. The department of human services shall not implement the
 124 32 cost containment measures to provide uniform rates of \$.575 per
 124 33 mile based on the 2015 Internal Revenue Service mileage rate
 124 34 and of \$9.29, the current statewide average, per one-way trip
 124 35 for Medicaid program home and community-based services waivers
 124 36 as recommended by the governor for the fiscal year beginning
 124 37 July 1, 2016.~~

VETOED

Prohibits the DHS from implementing the Governor's cost containment strategy relating to mileage reimbursement for the Home and Community-Based Services Program.

VETOED: The Governor vetoed this paragraph and stated the item restricts the ability of the DHS to manage the Medicaid Program.

~~124 38 d. The department shall report the implementation of
 124 39 any cost containment strategies under this subsection to the
 124 40 individuals specified in this Act for submission of reports on
 124 41 a quarterly basis.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated that the LSA, the DHS, and the DOM meet monthly and cost containment information is shared at these meetings.

124 42 18. For the fiscal year beginning July 1, 2016, and ending
 124 43 June 30, 2017, the replacement generation tax revenues required
 125 1 to be deposited in the property tax relief fund pursuant to
 125 2 section 437A.8, subsection 4, paragraph "d", and section
 125 3 437A.15, subsection 3, paragraph "f", shall instead be credited
 125 4 to and supplement the appropriation made in this section and
 125 5 used for the allocations made in this section.
 125 6 19. The department shall continue to administer the state
 125 7 balancing incentive payments program as specified in 2012 Iowa
 125 8 Acts, chapter 1133, section 14.
 125 9 20. a. Of the funds appropriated in this section, up
 125 10 to \$25,000 may be transferred by the department to the
 125 11 appropriation made in this division of this Act to the
 125 12 department for the same fiscal year for general administration
 125 13 to be used for associated administrative expenses and for not
 125 14 more than one full-time equivalent position, in addition to
 125 15 those authorized for the same fiscal year, to be assigned to
 125 16 implementing the project.
 125 17 b. Of the funds appropriated in this section, up to \$200,000
 125 18 may be transferred by the department to the appropriation made

125 19 to the department in this division of this Act for the same
 125 20 fiscal year for Medicaid program-related general administration
 125 21 planning and implementation activities. The funds may be used
 125 22 for contracts or for personnel in addition to the amounts
 125 23 appropriated for and the positions authorized for general
 125 24 administration for the fiscal year.

125 25 c. Of the funds appropriated in this section, up to
 125 26 \$1,500,000 may be transferred by the department to the
 125 27 appropriations made in this division of this Act for the same
 125 28 fiscal year for general administration or medical contracts
 125 29 to be used to support the development and implementation of
 125 30 standardized assessment tools for persons with mental illness,
 125 31 an intellectual disability, a developmental disability, or a
 125 32 brain injury.

125 33 21. Of the funds appropriated in this section, \$125,000
 125 34 shall be used for lodging expenses associated with care
 125 35 provided at the university of Iowa hospitals and clinics for
 125 36 patients with cancer whose travel distance is 30 miles or more
 125 37 and whose income is at or below 200 percent of the federal
 125 38 poverty level as defined by the most recently revised poverty
 125 39 income guidelines published by the United States department of
 125 40 health and human services. The department of human services
 125 41 shall establish the maximum number of overnight stays and the
 125 42 maximum rate reimbursed for overnight lodging, which may be
 125 43 based on the state employee rate established by the department
 126 1 of administrative services. The funds allocated in this
 126 2 subsection shall not be used as nonfederal share matching
 126 3 funds.

~~126 4 22. The number of home and community based services waiver
 126 5 slots available during the fiscal year beginning July 1, 2016,
 126 6 shall not be reduced below the number of such slots available
 126 7 on January 1, 2015.~~

VETOED

Prohibits reduction of the number of HCBS Waiver slots available in FY 2016 below the number available on January 1, 2015.

VETOED: The Governor vetoed this paragraph and stated it restricted the ability of the DHS to manage the Medicaid Program.

126 8 Sec. 133. MEDICAL CONTRACTS. There is appropriated from the
 126 9 general fund of the state to the department of human services
 126 10 for the fiscal year beginning July 1, 2016, and ending June 30,
 126 11 2017, the following amount, or so much thereof as is necessary,
 126 12 to be used for the purpose designated:

126 13 For medical contracts:
 126 14 \$ 9,806,982

126 15 1. The department of inspections and appeals shall
 126 16 provide all state matching funds for survey and certification
 126 17 activities performed by the department of inspections
 126 18 and appeals. The department of human services is solely
 126 19 responsible for distributing the federal matching funds for

126 20 such activities.

126 21 2. Of the funds appropriated in this section, \$25,000 shall
126 22 be used for continuation of home and community-based services
126 23 waiver quality assurance programs, including the review and
126 24 streamlining of processes and policies related to oversight and
126 25 quality management to meet state and federal requirements.

126 26 3. Of the amount appropriated in this section, up to
126 27 \$100,000 may be transferred to the appropriation for general
126 28 administration in this division of this Act to be used for
126 29 additional full-time equivalent positions in the development of
126 30 key health initiatives such as cost containment, development
126 31 and oversight of managed care programs, and development of
126 32 health strategies targeted toward improved quality and reduced
126 33 costs in the Medicaid program.

126 34 4. Of the funds appropriated in this section, \$500,000 shall
126 35 be used for planning and development, in cooperation with the
126 36 department of public health, of a phased-in program to provide
126 37 a dental home for children.

126 38 5. Of the funds appropriated in this section, \$1,000,000
126 39 shall be used for the autism support program created in chapter
126 40 225D, with the exception of the following amounts of this
126 41 allocation which shall be used as follows:

126 42 a. Of the funds allocated in this subsection, \$125,000
126 43 shall be deposited in the board-certified behavior analyst and
127 1 board-certified assistant behavior analyst grants program fund
127 2 created in section 135.181, as enacted in this Act, to be used
127 3 for the purposes of the fund.

127 4 b. Of the funds allocated in this subsection, \$12,500
127 5 shall be used for the public purpose of continuation of a
127 6 grant to a child welfare services provider headquartered in a
127 7 county with a population between 205,000 and 215,000 in the
127 8 latest certified federal census that provides multiple services
127 9 including but not limited to a psychiatric medical institution
127 10 for children, shelter, residential treatment, after school
127 11 programs, school-based programming, and an Asperger's syndrome
127 12 program, to be used for support services for children with
127 13 autism spectrum disorder and their families.

127 14 c. Of the funds allocated in this subsection, \$12,500
127 15 shall be used for the public purpose of continuing a grant to
127 16 a hospital-based provider headquartered in a county with a
127 17 population between 90,000 and 95,000 in the latest certified
127 18 federal census that provides multiple services including
127 19 but not limited to diagnostic, therapeutic, and behavioral
127 20 services to individuals with autism spectrum disorder across
127 21 one's lifespan. The grant recipient shall utilize the funds
127 22 to continue the pilot project to determine the necessary
127 23 support services for children with autism spectrum disorder and
127 24 their families to be included in the children's disabilities

127 25 services system. The grant recipient shall submit findings and
 127 26 recommendations based upon the results of the pilot project
 127 27 to the individuals specified in this division of this Act for
 127 28 submission of reports by December 31, 2015.

127 29 Sec. 134. STATE SUPPLEMENTARY ASSISTANCE.

127 30 1. There is appropriated from the general fund of the
 127 31 state to the department of human services for the fiscal year
 127 32 beginning July 1, 2016, and ending June 30, 2017, the following
 127 33 amount, or so much thereof as is necessary, to be used for the
 127 34 purpose designated:

127 35 For the state supplementary assistance program:
 127 36 \$ 6,498,593

127 37 2. The department shall increase the personal needs
 127 38 allowance for residents of residential care facilities by the
 127 39 same percentage and at the same time as federal supplemental
 127 40 security income and federal social security benefits are
 127 41 increased due to a recognized increase in the cost of living.
 127 42 The department may adopt emergency rules to implement this
 127 43 subsection.

128 1 3. If during the fiscal year beginning July 1, 2016,
 128 2 the department projects that state supplementary assistance
 128 3 expenditures for a calendar year will not meet the federal
 128 4 pass-through requirement specified in Tit.XVI of the federal
 128 5 Social Security Act, section 1618, as codified in 42 U.S.C.
 128 6 §1382g, the department may take actions including but not
 128 7 limited to increasing the personal needs allowance for
 128 8 residential care facility residents and making programmatic
 128 9 adjustments or upward adjustments of the residential care
 128 10 facility or in-home health-related care reimbursement rates
 128 11 prescribed in this division of this Act to ensure that federal
 128 12 requirements are met. In addition, the department may make
 128 13 other programmatic and rate adjustments necessary to remain
 128 14 within the amount appropriated in this section while ensuring
 128 15 compliance with federal requirements. The department may adopt
 128 16 emergency rules to implement the provisions of this subsection.

128 17 Sec. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

128 18 1. There is appropriated from the general fund of the
 128 19 state to the department of human services for the fiscal year
 128 20 beginning July 1, 2016, and ending June 30, 2017, the following
 128 21 amount, or so much thereof as is necessary, to be used for the
 128 22 purpose designated:

128 23 For maintenance of the healthy and well kids in Iowa (hawk-i)
 128 24 program pursuant to chapter 514I, including supplemental dental
 128 25 services, for receipt of federal financial participation under
 128 26 Tit.XXI of the federal Social Security Act, which creates the
 128 27 children's health insurance program:
 128 28 \$ 10,206,922

128 29 2. Of the funds appropriated in this section, \$21,400 is

128 30 allocated for continuation of the contract for outreach with
128 31 the department of public health.
128 32 Sec. 136. CHILD CARE ASSISTANCE. There is appropriated
128 33 from the general fund of the state to the department of human
128 34 services for the fiscal year beginning July 1, 2016, and ending
128 35 June 30, 2017, the following amount, or so much thereof as is
128 36 necessary, to be used for the purpose designated:
128 37 For child care programs:
128 38 \$ 25,704,334
128 39 1. Of the funds appropriated in this section, \$21,844,620
128 40 shall be used for state child care assistance in accordance
128 41 with section 237A.13.
128 42 2. Nothing in this section shall be construed or is
128 43 intended as or shall imply a grant of entitlement for services
129 1 to persons who are eligible for assistance due to an income
129 2 level consistent with the waiting list requirements of section
129 3 237A.13. Any state obligation to provide services pursuant to
129 4 this section is limited to the extent of the funds appropriated
129 5 in this section.
129 6 3. Of the funds appropriated in this section, \$216,226
129 7 is allocated for the statewide grant program for child care
129 8 resource and referral services under section 237A.26. A list
129 9 of the registered and licensed child care facilities operating
129 10 in the area served by a child care resource and referral
129 11 service shall be made available to the families receiving state
129 12 child care assistance in that area.
129 13 4. Of the funds appropriated in this section, \$468,487
129 14 is allocated for child care quality improvement initiatives
129 15 including but not limited to the voluntary quality rating
129 16 system in accordance with section 237A.30.
129 17 5. Of the funds appropriated in this section, \$3,175,000
129 18 shall be credited to the early childhood programs grants
129 19 account in the early childhood Iowa fund created in section
129 20 256I.11. The moneys shall be distributed for funding of
129 21 community-based early childhood programs targeted to children
129 22 from birth through five years of age developed by early
129 23 childhood Iowa areas in accordance with approved community
129 24 plans as provided in section 256I.8.
129 25 6. The department may use any of the funds appropriated
129 26 in this section as a match to obtain federal funds for use in
129 27 expanding child care assistance and related programs. For
129 28 the purpose of expenditures of state and federal child care
129 29 funding, funds shall be considered obligated at the time
129 30 expenditures are projected or are allocated to the department's
129 31 service areas. Projections shall be based on current and
129 32 projected caseload growth, current and projected provider
129 33 rates, staffing requirements for eligibility determination
129 34 and management of program requirements including data systems

129 35 management, staffing requirements for administration of the
129 36 program, contractual and grant obligations and any transfers
129 37 to other state agencies, and obligations for decategorization
129 38 or innovation projects.

129 39 7. A portion of the state match for the federal child care
129 40 and development block grant shall be provided as necessary to
129 41 meet federal matching funds requirements through the state
129 42 general fund appropriation made for child development grants
129 43 and other programs for at-risk children in section 279.51.

130 1 8. If a uniform reduction ordered by the governor under
130 2 section 8.31 or other operation of law, transfer, or federal
130 3 funding reduction reduces the appropriation made in this
130 4 section for the fiscal year, the percentage reduction in the
130 5 amount paid out to or on behalf of the families participating
130 6 in the state child care assistance program shall be equal to or
130 7 less than the percentage reduction made for any other purpose
130 8 payable from the appropriation made in this section and the
130 9 federal funding relating to it. The percentage reduction to
130 10 the other allocations made in this section shall be the same as
130 11 the uniform reduction ordered by the governor or the percentage
130 12 change of the federal funding reduction, as applicable.

130 13 If there is an unanticipated increase in federal funding
130 14 provided for state child care assistance, the entire amount
130 15 of the increase shall be used for state child care assistance
130 16 payments. If the appropriations made for purposes of the
130 17 state child care assistance program for the fiscal year are
130 18 determined to be insufficient, it is the intent of the general
130 19 assembly to appropriate sufficient funding for the fiscal year
130 20 in order to avoid establishment of waiting list requirements.

130 21 9. Notwithstanding section 8.33, moneys advanced for
130 22 purposes of the programs developed by early childhood Iowa
130 23 areas, advanced for purposes of wraparound child care, or
130 24 received from the federal appropriations made for the purposes
130 25 of this section that remain unencumbered or unobligated at the
130 26 close of the fiscal year shall not revert to any fund but shall
130 27 remain available for expenditure for the purposes designated
130 28 until the close of the succeeding fiscal year.

130 29 Sec. 137. JUVENILE INSTITUTION. There is appropriated
130 30 from the general fund of the state to the department of human
130 31 services for the fiscal year beginning July 1, 2016, and ending
130 32 June 30, 2017, the following amounts, or so much thereof as is
130 33 necessary, to be used for the purposes designated:

130 34 1. For operation of the state training school at Eldora and
130 35 for salaries, support, maintenance, and miscellaneous purposes,
130 36 and for not more than the following full-time equivalent
130 37 positions:

130 38	.....	\$	6,116,710
130 39	.....	FTEs	169.30

130 40 Of the funds appropriated in this subsection, \$45,575 shall
 130 41 be used for distribution to licensed classroom teachers at this
 130 42 and other institutions under the control of the department of
 130 43 human services based upon the average student yearly enrollment
 131 1 at each institution as determined by the department.

131 2 2. A portion of the moneys appropriated in this section
 131 3 shall be used by the state training school at Eldora for
 131 4 grants for adolescent pregnancy prevention activities at the
 131 5 institution in the fiscal year beginning July 1, 2016.

131 6 Sec. 138. CHILD AND FAMILY SERVICES.

131 7 1. There is appropriated from the general fund of the
 131 8 state to the department of human services for the fiscal year
 131 9 beginning July 1, 2016, and ending June 30, 2017, the following
 131 10 amount, or so much thereof as is necessary, to be used for the
 131 11 purpose designated:

131 12 For child and family services:
 131 13 \$ 42,670,969

131 14 2. Up to \$2,600,000 of the amount of federal temporary
 131 15 assistance for needy families block grant funding appropriated
 131 16 in this division of this Act for child and family services
 131 17 shall be made available for purposes of juvenile delinquent
 131 18 graduated sanction services.

131 19 3. The department may transfer funds appropriated in this
 131 20 section as necessary to pay the nonfederal costs of services
 131 21 reimbursed under the medical assistance program, state child
 131 22 care assistance program, or the family investment program which
 131 23 are provided to children who would otherwise receive services
 131 24 paid under the appropriation in this section. The department
 131 25 may transfer funds appropriated in this section to the
 131 26 appropriations made in this division of this Act for general
 131 27 administration and for field operations for resources necessary
 131 28 to implement and operate the services funded in this section.

131 29 4. a. Of the funds appropriated in this section, up to
 131 30 \$17,910,893 is allocated as the statewide expenditure target
 131 31 under section 232.143 for group foster care maintenance and
 131 32 services. If the department projects that such expenditures
 131 33 for the fiscal year will be less than the target amount
 131 34 allocated in this paragraph "a", the department may reallocate
 131 35 the excess to provide additional funding for shelter care
 131 36 or the child welfare emergency services addressed with the
 131 37 allocation for shelter care.

131 38 b. If at any time after September 30, 2016, annualization
 131 39 of a service area's current expenditures indicates a service
 131 40 area is at risk of exceeding its group foster care expenditure
 131 41 target under section 232.143 by more than 5 percent, the
 131 42 department and juvenile court services shall examine all
 131 43 group foster care placements in that service area in order to
 132 1 identify those which might be appropriate for termination.

132 2 In addition, any aftercare services believed to be needed
132 3 for the children whose placements may be terminated shall be
132 4 identified. The department and juvenile court services shall
132 5 initiate action to set dispositional review hearings for the
132 6 placements identified. In such a dispositional review hearing,
132 7 the juvenile court shall determine whether needed aftercare
132 8 services are available and whether termination of the placement
132 9 is in the best interest of the child and the community.

132 10 5. In accordance with the provisions of section 232.188,
132 11 the department shall continue the child welfare and juvenile
132 12 justice funding initiative during fiscal year 2016-2017. Of
132 13 the funds appropriated in this section, \$858,876 is allocated
132 14 specifically for expenditure for fiscal year 2016-2017 through
132 15 the decategorization services funding pools and governance
132 16 boards established pursuant to section 232.188.

132 17 6. A portion of the funds appropriated in this section
132 18 may be used for emergency family assistance to provide other
132 19 resources required for a family participating in a family
132 20 preservation or reunification project or successor project to
132 21 stay together or to be reunified.

132 22 7. Notwithstanding section 234.35 or any other provision
132 23 of law to the contrary, state funding for shelter care and
132 24 the child welfare emergency services contracting implemented
132 25 to provide for or prevent the need for shelter care shall be
132 26 limited to \$4,034,237.

132 27 8. Federal funds received by the state during the fiscal
132 28 year beginning July 1, 2016, as the result of the expenditure
132 29 of state funds appropriated during a previous state fiscal
132 30 year for a service or activity funded under this section are
132 31 appropriated to the department to be used as additional funding
132 32 for services and purposes provided for under this section.
132 33 Notwithstanding section 8.33, moneys received in accordance
132 34 with this subsection that remain unencumbered or unobligated at
132 35 the close of the fiscal year shall not revert to any fund but
132 36 shall remain available for the purposes designated until the
132 37 close of the succeeding fiscal year.

132 38 9. a. Of the funds appropriated in this section, up to
132 39 \$1,645,000 is allocated for the payment of the expenses of
132 40 court-ordered services provided to juveniles who are under
132 41 the supervision of juvenile court services, which expenses
132 42 are a charge upon the state pursuant to section 232.141,
132 43 subsection 4. Of the amount allocated in this paragraph "a",
133 1 up to \$778,143 shall be made available to provide school-based
133 2 supervision of children adjudicated under chapter 232, of which
133 3 not more than \$7,500 may be used for the purpose of training.
133 4 A portion of the cost of each school-based liaison officer
133 5 shall be paid by the school district or other funding source as
133 6 approved by the chief juvenile court officer.

133 7 b. Of the funds appropriated in this section, up to \$374,492
133 8 is allocated for the payment of the expenses of court-ordered
133 9 services provided to children who are under the supervision
133 10 of the department, which expenses are a charge upon the state
133 11 pursuant to section 232.141, subsection 4.

133 12 c. Notwithstanding section 232.141 or any other provision
133 13 of law to the contrary, the amounts allocated in this
133 14 subsection shall be distributed to the judicial districts
133 15 as determined by the state court administrator and to the
133 16 department's service areas as determined by the administrator
133 17 of the department of human services' division of child and
133 18 family services. The state court administrator and the
133 19 division administrator shall make the determination of the
133 20 distribution amounts on or before June 15, 2016.

133 21 d. Notwithstanding chapter 232 or any other provision of
133 22 law to the contrary, a district or juvenile court shall not
133 23 order any service which is a charge upon the state pursuant
133 24 to section 232.141 if there are insufficient court-ordered
133 25 services funds available in the district court or departmental
133 26 service area distribution amounts to pay for the service. The
133 27 chief juvenile court officer and the departmental service area
133 28 manager shall encourage use of the funds allocated in this
133 29 subsection such that there are sufficient funds to pay for
133 30 all court-related services during the entire year. The chief
133 31 juvenile court officers and departmental service area managers
133 32 shall attempt to anticipate potential surpluses and shortfalls
133 33 in the distribution amounts and shall cooperatively request the
133 34 state court administrator or division administrator to transfer
133 35 funds between the judicial districts' or departmental service
133 36 areas' distribution amounts as prudent.

133 37 e. Notwithstanding any provision of law to the contrary,
133 38 a district or juvenile court shall not order a county to pay
133 39 for any service provided to a juvenile pursuant to an order
133 40 entered under chapter 232 which is a charge upon the state
133 41 under section 232.141, subsection 4.

133 42 f. Of the funds allocated in this subsection, not more than
133 43 \$41,500 may be used by the judicial branch for administration
134 1 of the requirements under this subsection.

134 2 g. Of the funds allocated in this subsection, \$8,500
134 3 shall be used by the department of human services to support
134 4 the interstate commission for juveniles in accordance with
134 5 the interstate compact for juveniles as provided in section
134 6 232.173.

134 7 10. Of the funds appropriated in this section, \$4,026,613 is
134 8 allocated for juvenile delinquent graduated sanctions services.
134 9 Any state funds saved as a result of efforts by juvenile court
134 10 services to earn a federal Tit.IV-E match for juvenile court
134 11 services administration may be used for the juvenile delinquent

134 12 graduated sanctions services.

134 13 11. Of the funds appropriated in this section, \$804,142 is
134 14 transferred to the department of public health to be used for
134 15 the child protection center grant program for child protection
134 16 centers located in Iowa in accordance with section 135.118.
134 17 The grant amounts under the program shall be equalized so that
134 18 each center receives a uniform base amount of \$122,500, and
134 19 the remaining funds shall be awarded through a funding formula
134 20 based upon the volume of children served.

134 21 12. If the department receives federal approval to
134 22 implement a waiver under Tit.IV-E of the federal Social
134 23 Security Act to enable providers to serve children who remain
134 24 in the children's families and communities, for purposes of
134 25 eligibility under the medical assistance program through 25
134 26 years of age, children who participate in the waiver shall be
134 27 considered to be placed in foster care.

134 28 13. Of the funds appropriated in this section, \$2,012,583 is
134 29 allocated for the preparation for adult living program pursuant
134 30 to section 234.46.

134 31 14. Of the funds appropriated in this section, \$113,668
134 32 shall be used for the public purpose of continuing a grant to
134 33 a nonprofit human services organization providing services to
134 34 individuals and families in multiple locations in southwest
134 35 Iowa and Nebraska for support of a project providing immediate,
134 36 sensitive support and forensic interviews, medical exams, needs
134 37 assessments, and referrals for victims of child abuse and their
134 38 nonoffending family members.

134 39 15. Of the funds appropriated in this section, \$150,310
134 40 is allocated for the foster care youth council approach of
134 41 providing a support network to children placed in foster care.

134 42 16. Of the funds appropriated in this section, \$101,000 is
134 43 allocated for use pursuant to section 235A.1 for continuation
135 1 of the initiative to address child sexual abuse implemented
135 2 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
135 3 21.

135 4 17. Of the funds appropriated in this section, \$315,120 is
135 5 allocated for the community partnership for child protection
135 6 sites.

135 7 18. Of the funds appropriated in this section, \$185,625
135 8 is allocated for the department's minority youth and family
135 9 projects under the redesign of the child welfare system.

135 10 19. Of the funds appropriated in this section, \$593,297
135 11 is allocated for funding of the community circle of care
135 12 collaboration for children and youth in northeast Iowa.

135 13 20. Of the funds appropriated in this section, at least
135 14 \$73,579 shall be used for the continuation of the child
135 15 welfare provider training academy, a collaboration between the
135 16 coalition for family and children's services in Iowa and the

135 17 department.

135 18 21. Of the funds appropriated in this section, \$105,936

135 19 shall be used for continuation of the central Iowa system of

135 20 care program grant through June 30, 2017.

135 21 22. Of the funds appropriated in this section, \$117,500

135 22 shall be used for the public purpose of the continuation

135 23 and expansion of a system of care program grant implemented

135 24 in Cerro Gordo and Linn counties to utilize a comprehensive

135 25 and long-term approach for helping children and families by

135 26 addressing the key areas in a child's life of childhood basic

135 27 needs, education and work, family, and community.

135 28 23. Of the funds appropriated in this section, at least

135 29 \$12,500 shall be used to continue and to expand the foster

135 30 care respite pilot program in which postsecondary students in

135 31 social work and other human services-related programs receive

135 32 experience by assisting family foster care providers with

135 33 respite and other support.

135 34 24. Of the funds appropriated in this section, \$55,000

135 35 shall be used for the public purpose of funding community-based

135 36 services and other supports with a system of care approach

135 37 for children with a serious emotional disturbance and their

135 38 families through a nonprofit provider of child welfare services

135 39 that has been in existence for more than 115 years, is located

135 40 in a county with a population of more than 200,000 but less

135 41 than 220,000 according to the latest census information

135 42 issued by the United States census bureau, is licensed as a

135 43 psychiatric medical institution for children, and was a system

136 1 of care grantee prior to July 1, 2016.

136 2 Sec. 139. ADOPTION SUBSIDY.

136 3 1. There is appropriated from the general fund of the

136 4 state to the department of human services for the fiscal year

136 5 beginning July 1, 2016, and ending June 30, 2017, the following

136 6 amount, or so much thereof as is necessary, to be used for the

136 7 purpose designated:

136 8 For adoption subsidy payments and services:

136 9 \$ 21,499,143

136 10 2. The department may transfer funds appropriated in

136 11 this section to the appropriation made in this division of

136 12 this Act for general administration for costs paid from the

136 13 appropriation relating to adoption subsidy.

136 14 3. Federal funds received by the state during the

136 15 fiscal year beginning July 1, 2016, as the result of the

136 16 expenditure of state funds during a previous state fiscal

136 17 year for a service or activity funded under this section are

136 18 appropriated to the department to be used as additional funding

136 19 for the services and activities funded under this section.

136 20 Notwithstanding section 8.33, moneys received in accordance

136 21 with this subsection that remain unencumbered or unobligated

136 22 at the close of the fiscal year shall not revert to any fund
136 23 but shall remain available for expenditure for the purposes
136 24 designated until the close of the succeeding fiscal year.
136 25 Sec. 140. JUVENILE DETENTION HOME FUND. Moneys deposited
136 26 in the juvenile detention home fund created in section 232.142
136 27 during the fiscal year beginning July 1, 2016, and ending June
136 28 30, 2017, are appropriated to the department of human services
136 29 for the fiscal year beginning July 1, 2016, and ending June 30,
136 30 2017, for distribution of an amount equal to a percentage of
136 31 the costs of the establishment, improvement, operation, and
136 32 maintenance of county or multicounty juvenile detention homes
136 33 in the fiscal year beginning July 1, 2015. Moneys appropriated
136 34 for distribution in accordance with this section shall be
136 35 allocated among eligible detention homes, prorated on the basis
136 36 of an eligible detention home's proportion of the costs of all
136 37 eligible detention homes in the fiscal year beginning July
136 38 1, 2015. The percentage figure shall be determined by the
136 39 department based on the amount available for distribution for
136 40 the fund. Notwithstanding section 232.142, subsection 3, the
136 41 financial aid payable by the state under that provision for the
136 42 fiscal year beginning July 1, 2016, shall be limited to the
136 43 amount appropriated for the purposes of this section.

137 1 Sec. 141. FAMILY SUPPORT SUBSIDY PROGRAM.
137 2 1. There is appropriated from the general fund of the
137 3 state to the department of human services for the fiscal year
137 4 beginning July 1, 2016, and ending June 30, 2017, the following
137 5 amount, or so much thereof as is necessary, to be used for the
137 6 purpose designated:
137 7 For the family support subsidy program subject to the
137 8 enrollment restrictions in section 225C.37, subsection 3:
137 9 \$ 536,966

137 10 2. The department shall use at least \$320,750 of the moneys
137 11 appropriated in this section for the family support center
137 12 component of the comprehensive family support program under
137 13 section 225C.47. Not more than \$12,500 of the amount allocated
137 14 in this subsection shall be used for administrative costs.

137 15 3. If at any time during the fiscal year, the amount of
137 16 funding available for the family support subsidy program
137 17 is reduced from the amount initially used to establish the
137 18 figure for the number of family members for whom a subsidy
137 19 is to be provided at any one time during the fiscal year,
137 20 notwithstanding section 225C.38, subsection 2, the department
137 21 shall revise the figure as necessary to conform to the amount
137 22 of funding available.

137 23 Sec. 142. CONNER DECREE. There is appropriated from the
137 24 general fund of the state to the department of human services
137 25 for the fiscal year beginning July 1, 2016, and ending June 30,
137 26 2017, the following amount, or so much thereof as is necessary,

137 27 to be used for the purpose designated:
 137 28 For building community capacity through the coordination
 137 29 and provision of training opportunities in accordance with the
 137 30 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 137 31 Iowa, July 14, 1994):
 137 32 \$ 16,816
 137 33 Sec. 143. MENTAL HEALTH INSTITUTES. There is appropriated
 137 34 from the general fund of the state to the department of human
 137 35 services for the fiscal year beginning July 1, 2016, and ending
 137 36 June 30, 2017, the following amounts, or so much thereof as is
 137 37 necessary, to be used for the purposes designated which amounts
 137 38 shall not be transferred or expended for any purpose other than
 137 39 the purposes designated, notwithstanding section 218.6 to the
 137 40 contrary:
 137 41 1. For operation of the state mental health institute at
 137 42 Cherokee as required by chapters 218 and 226 for salaries,
 137 43 support, maintenance, and miscellaneous purposes, and for not
 138 1 more than the following full-time equivalent positions:
 138 2 \$ 2,772,808
 138 3 FTEs 169.20
 138 4 2. For operation of the state mental health institute at
 138 5 Independence as required by chapters 218 and 226 for salaries,
 138 6 support, maintenance, and miscellaneous purposes, and for not
 138 7 more than the following full-time equivalent positions:
 138 8 \$ 5,162,104
 138 9 FTEs 233.00

~~138 10 3. For operation of the state mental health institute~~
~~138 11 at Mount Pleasant as required by chapters 218 and 226, for~~
~~138 12 purposes of providing adult psychiatric services including~~
~~138 13 inpatient acute care, inpatient substance abuse treatment, and~~
~~138 14 inpatient dual diagnosis substance use disorder and mental~~
~~138 15 illness treatment, at the same level of care and treatment as~~
~~138 16 provided on July 1, 2014, for salaries, support, maintenance,~~
~~138 17 and miscellaneous purposes, and for not more than the following~~
~~138 18 full-time equivalent positions:~~
~~138 19 \$ 3,212,440~~
~~138 20 FTEs 97.68~~

VETOED

General Fund appropriation to the MHI at Mount Pleasant for FY 2017.

VETOED: The Governor vetoed this paragraph and stated it was in the best interest of the State to cease operation of an aging, antiquated MHI lacking in key clinical staff.

138 21 Sec. 144. STATE RESOURCE CENTERS.
 138 22 1. There is appropriated from the general fund of the
 138 23 state to the department of human services for the fiscal year
 138 24 beginning July 1, 2016, and ending June 30, 2017, the following
 138 25 amounts, or so much thereof as is necessary, to be used for the
 138 26 purposes designated:
 138 27 a. For the state resource center at Glenwood for salaries,
 138 28 support, maintenance, and miscellaneous purposes:
 138 29 \$ 10,762,241

138 30 b. For the state resource center at Woodward for salaries,
138 31 support, maintenance, and miscellaneous purposes:
138 32 \$ 7,291,903

138 33 2. The department may continue to bill for state resource
138 34 center services utilizing a scope of services approach used for
138 35 private providers of intermediate care facilities for persons
138 36 with an intellectual disability services, in a manner which
138 37 does not shift costs between the medical assistance program,
138 38 counties, or other sources of funding for the state resource
138 39 centers.

138 40 3. The state resource centers may expand the time-limited
138 41 assessment and respite services during the fiscal year.

138 42 4. If the department's administration and the department
138 43 of management concur with a finding by a state resource
139 1 center's superintendent that projected revenues can reasonably
139 2 be expected to pay the salary and support costs for a new
139 3 employee position, or that such costs for adding a particular
139 4 number of new positions for the fiscal year would be less
139 5 than the overtime costs if new positions would not be added,
139 6 the superintendent may add the new position or positions. If
139 7 the vacant positions available to a resource center do not
139 8 include the position classification desired to be filled, the
139 9 state resource center's superintendent may reclassify any
139 10 vacant position as necessary to fill the desired position. The
139 11 superintendents of the state resource centers may, by mutual
139 12 agreement, pool vacant positions and position classifications
139 13 during the course of the fiscal year in order to assist one
139 14 another in filling necessary positions.

139 15 5. If existing capacity limitations are reached in
139 16 operating units, a waiting list is in effect for a service or
139 17 a special need for which a payment source or other funding
139 18 is available for the service or to address the special need,
139 19 and facilities for the service or to address the special need
139 20 can be provided within the available payment source or other
139 21 funding, the superintendent of a state resource center may
139 22 authorize opening not more than two units or other facilities
139 23 and begin implementing the service or addressing the special
139 24 need during fiscal year 2016-2017.

139 25 Sec. 145. SEXUALLY VIOLENT PREDATORS.

139 26 1. There is appropriated from the general fund of the
139 27 state to the department of human services for the fiscal year
139 28 beginning July 1, 2016, and ending June 30, 2017, the following
139 29 amount, or so much thereof as is necessary, to be used for the
139 30 purpose designated:

139 31 For costs associated with the commitment and treatment of
139 32 sexually violent predators in the unit located at the state
139 33 mental health institute at Cherokee, including costs of legal
139 34 services and other associated costs, including salaries,

139 35 support, maintenance, and miscellaneous purposes, and for not
139 36 more than the following full-time equivalent positions:

139 37 \$ 4,946,539

139 38 FTEs 132.50

139 39 2. Unless specifically prohibited by law, if the amount
139 40 charged provides for recoupment of at least the entire amount
139 41 of direct and indirect costs, the department of human services
139 42 may contract with other states to provide care and treatment
139 43 of persons placed by the other states at the unit for sexually
140 1 violent predators at Cherokee. The moneys received under
140 2 such a contract shall be considered to be repayment receipts
140 3 and used for the purposes of the appropriation made in this
140 4 section.

140 5 Sec. 146. FIELD OPERATIONS. There is appropriated from the
140 6 general fund of the state to the department of human services
140 7 for the fiscal year beginning July 1, 2016, and ending June 30,
140 8 2017, the following amount, or so much thereof as is necessary,
140 9 to be used for the purposes designated:

140 10 For field operations, including salaries, support,
140 11 maintenance, and miscellaneous purposes, and for not more than
140 12 the following full-time equivalent positions:

140 13 \$ 29,460,488

140 14 FTEs 1,837.00

140 15 1. As a condition of this appropriation, the department
140 16 shall make every possible effort to fill the entire number of
140 17 positions authorized by this section and, unless specifically
140 18 provided otherwise by an applicable collective bargaining
140 19 agreement, the department is not subject to any approval
140 20 requirement external to the department to fill a field
140 21 operations vacancy within the number of full-time equivalent
140 22 positions authorized by this section. The department shall
140 23 report on the first of each month to the chairpersons and
140 24 ranking members of the appropriations committees of the senate
140 25 and house of representatives, and the persons designated by
140 26 this Act for submission of reports concerning the status of
140 27 filling the positions.

VETOED

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

VETOED: The Governor vetoed this paragraph and stated that management must have the ability and flexibility to allocate resources where they are needed and the information in the monthly report is available in the State's accounting and budgeting systems.

140 28 2. Priority in filling full-time equivalent positions
140 29 shall be given to those positions related to child protection
140 30 services and eligibility determination for low-income families.

140 31 Sec. 147. GENERAL ADMINISTRATION. There is appropriated
140 32 from the general fund of the state to the department of human
140 33 services for the fiscal year beginning July 1, 2016, and ending
140 34 June 30, 2017, the following amount, or so much thereof as is
140 35 necessary, to be used for the purpose designated:

140 36 For general administration, including salaries, support,
140 37 maintenance, and miscellaneous purposes, and for not more than
140 38 the following full-time equivalent positions:

140	39	.....	\$	7,449,099
140	40	.....	FTEs	309.00

~~140 41 1. The department shall report at least monthly to the~~
~~140 42 legislative services agency concerning the department's~~
~~140 43 operational and program expenditures.~~

VETOED

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

VETOED: The Governor vetoed this paragraph and stated that this information is already available within the State's accounting and budgeting system.

141 1 2. Of the funds appropriated in this section, \$75,000 shall
 141 2 be used to continue the contract for the provision of a program
 141 3 to provide technical assistance, support, and consultation to
 141 4 providers of habilitation services and home and community-based
 141 5 services waiver services for adults with disabilities under the
 141 6 medical assistance program.

141 7 3. Of the funds appropriated in this section, \$25,000
 141 8 is transferred to the Iowa finance authority to be used
 141 9 for administrative support of the council on homelessness
 141 10 established in section 16.2D and for the council to fulfill its
 141 11 duties in addressing and reducing homelessness in the state.

141 12 4. Of the funds appropriated in this section, \$125,000 shall
 141 13 be transferred to and deposited in the administrative fund of
 141 14 the Iowa ABLE savings plan trust created in section 121.4, if
 141 15 enacted in this or any other Act, to be used for implementation
 141 16 and administration activities of the Iowa ABLE savings plan
 141 17 trust.

141 18 Sec. 148. VOLUNTEERS. There is appropriated from the
 141 19 general fund of the state to the department of human services
 141 20 for the fiscal year beginning July 1, 2016, and ending June 30,
 141 21 2017, the following amount, or so much thereof as is necessary,
 141 22 to be used for the purpose designated:

141 23 For development and coordination of volunteer services:
 141 24 \$ 42,343

141 25 Sec. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 141 26 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 141 27 DEPARTMENT OF HUMAN SERVICES.

141 28 1. a. (1) For the fiscal year beginning July 1, 2016,
 141 29 the total state funding amount for the nursing facility budget
 141 30 shall not exceed \$151,421,458.

141 31 (2) The department, in cooperation with nursing facility
 141 32 representatives, shall review projections for state funding
 141 33 expenditures for reimbursement of nursing facilities on a
 141 34 quarterly basis and the department shall determine if an
 141 35 adjustment to the medical assistance reimbursement rate is
 141 36 necessary in order to provide reimbursement within the state
 141 37 funding amount for the fiscal year. Notwithstanding 2001
 141 38 Iowa Acts, chapter 192, section 4, subsection 2, paragraph

141 39 "c", and subsection 3, paragraph "a", subparagraph (2),
141 40 if the state funding expenditures for the nursing facility
141 41 budget for the fiscal year are projected to exceed the amount
141 42 specified in subparagraph (1), the department shall adjust
141 43 the reimbursement for nursing facilities reimbursed under the
142 1 case-mix reimbursement system to maintain expenditures of the
142 2 nursing facility budget within the specified amount for the
142 3 fiscal year.

142 4 (3) For the fiscal year beginning July 1, 2016, special
142 5 population nursing facilities shall be reimbursed in accordance
142 6 with the methodology in effect on June 30, 2016.

142 7 (4) For any open or unsettled nursing facility cost report
142 8 for a fiscal year prior to and including the fiscal year
142 9 beginning July 1, 2015, including any cost report remanded on
142 10 judicial review for inclusion of prescription drug, laboratory,
142 11 or x-ray costs, the department shall offset all reported
142 12 prescription drug, laboratory, and x-ray costs with any revenue
142 13 received from Medicare or other revenue source for any purpose.
142 14 For purposes of this subparagraph, a nursing facility cost
142 15 report is not considered open or unsettled if the facility did
142 16 not initiate an administrative appeal under chapter 17A or if
142 17 any appeal rights initiated have been exhausted.

142 18 b. (1) For the fiscal year beginning July 1, 2016,
142 19 the department shall establish the pharmacy dispensing fee
142 20 reimbursement at \$11.73 per prescription, until a cost of
142 21 dispensing survey is completed. The actual dispensing fee
142 22 shall be determined by a cost of dispensing survey performed
142 23 by the department and required to be completed by all medical
142 24 assistance program participating pharmacies every two years,
142 25 adjusted as necessary to maintain expenditures within the
142 26 amount appropriated to the department for this purpose for the
142 27 fiscal year.

142 28 (2) The department shall utilize an average acquisition
142 29 cost reimbursement methodology for all drugs covered under the
142 30 medical assistance program in accordance with 2012 Iowa Acts,
142 31 chapter 1133, section 33.

142 32 (3) Notwithstanding subparagraph (2), if the centers for
142 33 Medicare and Medicaid services of the United States department
142 34 of health and human services (CMS) requires, as a condition
142 35 of federal Medicaid funding, that the department implement an
142 36 aggregate federal upper limit (FUL) for drug reimbursement
142 37 based on the average manufacturer's price (AMP), the department
142 38 may utilize a reimbursement methodology for all drugs covered
142 39 under the Medicaid program based on the national average drug
142 40 acquisition cost (NADAC) methodology published by CMS, in order
142 41 to assure compliance with the aggregate FUL, minimize outcomes
142 42 of drug reimbursements below pharmacy acquisition costs, limit
142 43 administrative costs, and minimize any change in the aggregate

143 1 reimbursement for drugs. The department may adopt emergency
143 2 rules to implement this subparagraph.

143 3 c. (1) For the fiscal year beginning July 1, 2016,
143 4 reimbursement rates for outpatient hospital services shall
143 5 remain at the rates in effect on June 30, 2016, subject to
143 6 Medicaid program upper payment limit rules, and adjusted
143 7 as necessary to maintain expenditures within the amount
143 8 appropriated to the department for this purpose for the fiscal
143 9 year.

143 10 (2) For the fiscal year beginning July 1, 2016,
143 11 reimbursement rates for inpatient hospital services shall
143 12 remain at the rates in effect on June 30, 2016, subject to
143 13 Medicaid program upper payment limit rules, and adjusted
143 14 as necessary to maintain expenditures within the amount
143 15 appropriated to the department for this purpose for the fiscal
143 16 year.

143 17 (3) For the fiscal year beginning July 1, 2016, the graduate
143 18 medical education and disproportionate share hospital fund
143 19 shall remain at the amount in effect on June 30, 2016, except
143 20 that the portion of the fund attributable to graduate medical
143 21 education shall be reduced in an amount that reflects the
143 22 elimination of graduate medical education payments made to
143 23 out-of-state hospitals.

143 24 (4) In order to ensure the efficient use of limited state
143 25 funds in procuring health care services for low-income lowans,
143 26 funds appropriated in this Act for hospital services shall
143 27 not be used for activities which would be excluded from a
143 28 determination of reasonable costs under the federal Medicare
143 29 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

143 30 d. For the fiscal year beginning July 1, 2016, reimbursement
143 31 rates for rural health clinics, hospices, and acute mental
143 32 hospitals shall be increased in accordance with increases under
143 33 the federal Medicare program or as supported by their Medicare
143 34 audited costs.

143 35 e. For the fiscal year beginning July 1, 2016, independent
143 36 laboratories and rehabilitation agencies shall be reimbursed
143 37 using the same methodology in effect on June 30, 2016.

143 38 f. (1) For the fiscal year beginning July 1, 2016,
143 39 reimbursement rates for home health agencies shall continue to
143 40 be based on the Medicare low utilization payment adjustment
143 41 (LUPA) methodology with state geographic wage adjustments, and
143 42 updated to reflect the most recent Medicare LUPA rates.

143 43 (2) For the fiscal year beginning July 1, 2016, rates for
144 1 private duty nursing and personal care services under the early
144 2 and periodic screening, diagnostic, and treatment program
144 3 benefit shall be calculated based on the methodology in effect
144 4 on June 30, 2016.

144 5 g. For the fiscal year beginning July 1, 2016, federally

144 6 qualified health centers shall receive cost-based reimbursement
144 7 for 100 percent of the reasonable costs for the provision of
144 8 services to recipients of medical assistance.

144 9 h. For the fiscal year beginning July 1, 2016, the
144 10 reimbursement rates for dental services shall remain at the
144 11 rates in effect on June 30, 2016.

144 12 i. (1) For the fiscal year beginning July 1, 2016,
144 13 state-owned psychiatric medical institutions for children shall
144 14 receive cost-based reimbursement for 100 percent of the actual
144 15 and allowable costs for the provision of services to recipients
144 16 of medical assistance.

144 17 (2) For the nonstate-owned psychiatric medical institutions
144 18 for children, reimbursement rates shall be based on the
144 19 reimbursement methodology developed by the Medicaid managed
144 20 care contractor for behavioral health services as required for
144 21 federal compliance.

144 22 (3) As a condition of participation in the medical
144 23 assistance program, enrolled providers shall accept the medical
144 24 assistance reimbursement rate for any covered goods or services
144 25 provided to recipients of medical assistance who are children
144 26 under the custody of a psychiatric medical institution for
144 27 children.

144 28 j. For the fiscal year beginning July 1, 2016, unless
144 29 otherwise specified in this Act, all noninstitutional medical
144 30 assistance provider reimbursement rates shall remain at the
144 31 rates in effect on June 30, 2016, except for area education
144 32 agencies, local education agencies, infant and toddler
144 33 services providers, home and community-based services providers
144 34 including consumer-directed attendant care providers under a
144 35 section 1915(c) or 1915(i) waiver, targeted case management
144 36 providers, and those providers whose rates are required to be
144 37 determined pursuant to section 249A.20.

144 38 k. Notwithstanding any provision to the contrary, for the
144 39 fiscal year beginning July 1, 2016, the reimbursement rate for
144 40 anesthesiologists shall remain at the rate in effect on June
144 41 30, 2016.

144 42 l. Notwithstanding section 249A.20, for the fiscal year
144 43 beginning July 1, 2016, the average reimbursement rate for
145 1 health care providers eligible for use of the federal Medicare
145 2 resource-based relative value scale reimbursement methodology
145 3 under section 249A.20 shall remain at the rate in effect on
145 4 June 30, 2016; however, this rate shall not exceed the maximum
145 5 level authorized by the federal government.

145 6 m. For the fiscal year beginning July 1, 2016, the
145 7 reimbursement rate for residential care facilities shall not
145 8 be less than the minimum payment level as established by the
145 9 federal government to meet the federally mandated maintenance
145 10 of effort requirement. The flat reimbursement rate for

145 11 facilities electing not to file annual cost reports shall not
 145 12 be less than the minimum payment level as established by the
 145 13 federal government to meet the federally mandated maintenance
 145 14 of effort requirement.

145 15 n. For the fiscal year beginning July 1, 2016, the
 145 16 reimbursement rates for inpatient mental health services
 145 17 provided at hospitals shall remain at the rates in effect on
 145 18 June 30, 2016, subject to Medicaid program upper payment limit
 145 19 rules; and psychiatrists shall be reimbursed at the medical
 145 20 assistance program fee-for-service rate in effect on June 30,
 145 21 2016.

145 22 o. For the fiscal year beginning July 1, 2016, community
 145 23 mental health centers may choose to be reimbursed for the
 145 24 services provided to recipients of medical assistance through
 145 25 either of the following options:

145 26 (1) For 100 percent of the reasonable costs of the services.

145 27 (2) In accordance with the alternative reimbursement rate
 145 28 methodology established by the medical assistance program's
 145 29 managed care contractor for mental health services and approved
 145 30 by the department of human services.

145 31 p. For the fiscal year beginning July 1, 2016, the
 145 32 reimbursement rate for providers of family planning services
 145 33 that are eligible to receive a 90 percent federal match shall
 145 34 remain at the rates in effect on June 30, 2016.

145 35 q. For the fiscal year beginning July 1, 2016, the upper
 145 36 limits on reimbursement rates for providers of home and
 145 37 community-based services waiver services shall remain at the
 145 38 limits in effect on June 30, 2016.

145 39 r. For the fiscal year beginning July 1, 2016, the
 145 40 reimbursement rates for emergency medical service providers
 145 41 shall remain at the rates in effect on June 30, 2016.

~~145 42 s. For the fiscal year beginning July 1, 2016, reimbursement~~
~~145 43 rates for substance-related disorder treatment programs~~
~~146 1 licensed under section 125.13 shall remain at the rates in~~
~~146 2 effect on June 30, 2016.~~

VETOED

Requires reimbursement rates for substance abuse providers to remain at the same rate as FY 2016.

VETOED: The Governor vetoed this paragraph and stated that with the rate increase provided two years ago and substance abuse providers benefiting from the Iowa Health and Wellness Plan a rate increase is not needed at this time.

146 3 2. For the fiscal year beginning July 1, 2016, the
 146 4 reimbursement rate for providers reimbursed under the
 146 5 in-home-related care program shall not be less than the minimum
 146 6 payment level as established by the federal government to meet
 146 7 the federally mandated maintenance of effort requirement.

146 8 3. Unless otherwise directed in this section, when the
 146 9 department's reimbursement methodology for any provider

146 10 reimbursed in accordance with this section includes an
146 11 inflation factor, this factor shall not exceed the amount
146 12 by which the consumer price index for all urban consumers
146 13 increased during the calendar year ending December 31, 2002.
146 14 4. For the fiscal year beginning July 1, 2016, the foster
146 15 family basic daily maintenance rate and the maximum adoption
146 16 subsidy rate for children ages 0 through 5 years shall be
146 17 \$16.78, the rate for children ages 6 through 11 years shall be
146 18 \$17.45, the rate for children ages 12 through 15 years shall
146 19 be \$19.10, and the rate for children and young adults ages 16
146 20 and older shall be \$19.35. For youth ages 18 to 21 who have
146 21 exited foster care, the preparation for adult living program
146 22 maintenance rate shall be \$602.70 per month. The maximum
146 23 payment for adoption subsidy nonrecurring expenses shall be
146 24 limited to \$500 and the disallowance of additional amounts
146 25 for court costs and other related legal expenses implemented
146 26 pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall
146 27 be continued.

146 28 5. For the fiscal year beginning July 1, 2016, the maximum
146 29 reimbursement rates for social services providers under
146 30 contract shall remain at the rates in effect on June 30, 2016,
146 31 or the provider's actual and allowable cost plus inflation for
146 32 each service, whichever is less. However, if a new service
146 33 or service provider is added after June 30, 2016, the initial
146 34 reimbursement rate for the service or provider shall be based
146 35 upon a weighted average of provider rates for similar services.

146 36 6. For the fiscal year beginning July 1, 2016, the
146 37 reimbursement rates for resource family recruitment and
146 38 retention contractors, child welfare emergency services
146 39 contractors, and supervised apartment living foster care
146 40 providers shall remain at the rates in effect on June 30, 2016.

146 41 7. a. For the purposes of this subsection, "combined
146 42 reimbursement rate" means the combined service and maintenance
146 43 reimbursement rate for a service level under the department's
147 1 reimbursement methodology. Effective July 1, 2016, the
147 2 combined reimbursement rate for a group foster care service
147 3 level shall be the amount designated in this subsection.
147 4 However, if a group foster care provider's reimbursement rate
147 5 for a service level as of June 30, 2016, is more than the rate
147 6 designated in this subsection, the provider's reimbursement
147 7 shall remain at the higher rate.

147 8 b. Unless a group foster care provider is subject to the
147 9 exception provided in paragraph "a", effective July 1, 2016,
147 10 the combined reimbursement rates for the service levels under
147 11 the department's reimbursement methodology shall be as follows:

147 12 (1) For service level, community - D1, the daily rate shall
147 13 be at least \$84.17.

147 14 (2) For service level, comprehensive - D2, the daily rate

147 15 shall be at least \$119.09.
147 16 (3) For service level, enhanced - D3, the daily rate shall
147 17 be at least \$131.09.
147 18 8. The group foster care reimbursement rates paid for
147 19 placement of children out of state shall be calculated
147 20 according to the same rate-setting principles as those used for
147 21 in-state providers, unless the director of human services or
147 22 the director's designee determines that appropriate care cannot
147 23 be provided within the state. The payment of the daily rate
147 24 shall be based on the number of days in the calendar month in
147 25 which service is provided.
147 26 9. a. For the fiscal year beginning July 1, 2016, the
147 27 reimbursement rate paid for shelter care and the child welfare
147 28 emergency services implemented to provide or prevent the need
147 29 for shelter care shall be established by contract.
147 30 b. For the fiscal year beginning July 1, 2016, the combined
147 31 service and maintenance components of the reimbursement rate
147 32 paid for shelter care services shall be based on the financial
147 33 and statistical report submitted to the department. The
147 34 maximum reimbursement rate shall be \$101.83 per day. The
147 35 department shall reimburse a shelter care provider at the
147 36 provider's actual and allowable unit cost, plus inflation, not
147 37 to exceed the maximum reimbursement rate.
147 38 c. Notwithstanding section 232.141, subsection 8, for the
147 39 fiscal year beginning July 1, 2016, the amount of the statewide
147 40 average of the actual and allowable rates for reimbursement of
147 41 juvenile shelter care homes that is utilized for the limitation
147 42 on recovery of unpaid costs shall remain at the amount in
147 43 effect for this purpose in the fiscal year beginning July 1,
148 1 2015.
148 2 10. For the fiscal year beginning July 1, 2016, the
148 3 department shall calculate reimbursement rates for intermediate
148 4 care facilities for persons with an intellectual disability
148 5 at the 80th percentile. Beginning July 1, 2016, the rate
148 6 calculation methodology shall utilize the consumer price index
148 7 inflation factor applicable to the fiscal year beginning July
148 8 1, 2016.
148 9 11. For the fiscal year beginning July 1, 2016, for child
148 10 care providers reimbursed under the state child care assistance
148 11 program, the department shall set provider reimbursement
148 12 rates based on the rate reimbursement survey completed in
148 13 December 2004. Effective July 1, 2016, the child care provider
148 14 reimbursement rates shall remain at the rates in effect on June
148 15 30, 2016. The department shall set rates in a manner so as
148 16 to provide incentives for a nonregistered provider to become
148 17 registered by applying the increase only to registered and
148 18 licensed providers.

VETOED

Specifies that if the Centers for Medicare and Medicaid Services (CMS) approve the DHS managed care waiver, any provider subject to the contract will be reimbursed at actuarially sound capitation rates no lower than the reimbursement rates in effect on June 30, 2015.

VETOED: The Governor vetoed this paragraph and stated the restrictions in this item are redundant and unneeded.

~~148 19 12. For the fiscal year beginning July 1, 2016, if the~~
~~148 20 centers for Medicare and Medicaid services of the United~~
~~148 21 States department of health and human services approves the~~
~~148 22 waivers necessary to implement medical assistance program~~
~~148 23 managed care applicable to any providers or services subject to~~
~~148 24 reimbursement under this section, notwithstanding any provision~~
~~148 25 to the contrary under this section, affected providers or~~
~~148 26 services shall instead be reimbursed as follows:~~
~~148 27 a. For fee for service claims, reimbursement shall be~~
~~148 28 calculated based on the methodology otherwise specified in this~~
~~148 29 section for the fiscal year beginning July 1, 2016, for the~~
~~148 30 respective provider or service.~~
~~148 31 b. For claims subject to a managed care contract,~~
~~148 32 reimbursement shall be based on the methodology established~~
~~148 33 by the managed care organization contract. However, any~~
~~148 34 reimbursement established under such contract shall not be~~
~~148 35 lower than the reimbursement otherwise specified in this~~
~~148 36 section for the fiscal year beginning July 1, 2016, for the~~
~~148 37 respective provider or service.~~

148 38 13. The department may adopt emergency rules to implement
148 39 this section.
148 40 Sec. 150. EMERGENCY RULES.
148 41 1. If specifically authorized by a provision of this
148 42 division of this Act, the department of human services or
148 43 the mental health and disability services commission may
149 1 adopt administrative rules under section 17A.4, subsection
149 2 3, and section 17A.5, subsection 2, paragraph "b", to
149 3 implement the provisions of this division of this Act and
149 4 the rules shall become effective immediately upon filing or
149 5 on a later effective date specified in the rules, unless the
149 6 effective date of the rules is delayed or the applicability
149 7 of the rules is suspended by the administrative rules review
149 8 committee. Any rules adopted in accordance with this section
149 9 shall not take effect before the rules are reviewed by the
149 10 administrative rules review committee. The delay authority
149 11 provided to the administrative rules review committee under
149 12 section 17A.4, subsection 7, and section 17A.8, subsection 9,
149 13 shall be applicable to a delay imposed under this section,
149 14 notwithstanding a provision in those sections making them
149 15 inapplicable to section 17A.5, subsection 2, paragraph "b".
149 16 Any rules adopted in accordance with the provisions of this
149 17 section shall also be published as a notice of intended action
149 18 as provided in section 17A.4.
149 19 2. If during a fiscal year, the department of human
149 20 services is adopting rules in accordance with this section
149 21 or as otherwise directed or authorized by state law, and the
149 22 rules will result in an expenditure increase beyond the amount
149 23 anticipated in the budget process or if the expenditure was

149 24 not addressed in the budget process for the fiscal year, the
 149 25 department shall notify the persons designated by this division
 149 26 of this Act for submission of reports, the chairpersons and
 149 27 ranking members of the committees on appropriations, and
 149 28 the department of management concerning the rules and the
 149 29 expenditure increase. The notification shall be provided at
 149 30 least 30 calendar days prior to the date notice of the rules
 149 31 is submitted to the administrative rules coordinator and the
 149 32 administrative code editor.

149 33 Sec. 151. REPORTS. Any reports or other information
 149 34 required to be compiled and submitted under this Act during the
 149 35 fiscal year beginning July 1, 2016, shall be submitted to the
 149 36 chairpersons and ranking members of the joint appropriations
 149 37 subcommittee on health and human services, the legislative
 149 38 services agency, and the legislative caucus staffs on or
 149 39 before the dates specified for submission of the reports or
 149 40 information.

149 41 DIVISION XLII

149 42 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017

149 43 Sec. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 150 1 appropriated from the pharmaceutical settlement account created
 150 2 in section 249A.33 to the department of human services for the
 150 3 fiscal year beginning July 1, 2016, and ending June 30, 2017,
 150 4 the following amount, or so much thereof as is necessary, to be
 150 5 used for the purpose designated:

150 6 Notwithstanding any provision of law to the contrary, to
 150 7 supplement the appropriations made in this Act for medical
 150 8 contracts under the medical assistance program for the fiscal
 150 9 year beginning July 1, 2016, and ending June 30, 2017:

150 10 \$ 1,001,088

150 11 Sec. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 150 12 HUMAN SERVICES. Notwithstanding any provision to the contrary
 150 13 and subject to the availability of funds, there is appropriated
 150 14 from the quality assurance trust fund created in section
 150 15 249L.4 to the department of human services for the fiscal year
 150 16 beginning July 1, 2016, and ending June 30, 2017, the following
 150 17 amounts, or so much thereof as is necessary, for the purposes
 150 18 designated:

150 19 To supplement the appropriation made in this Act from the
 150 20 general fund of the state to the department of human services
 150 21 for medical assistance for the same fiscal year:

150 22 \$ 18,602,604

150 23 Sec. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 150 24 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 150 25 the contrary and subject to the availability of funds, there is
 150 26 appropriated from the hospital health care access trust fund
 150 27 created in section 249M.4 to the department of human services
 150 28 for the fiscal year beginning July 1, 2016, and ending June

150 29 30, 2017, the following amounts, or so much thereof as is
 150 30 necessary, for the purposes designated:
 150 31 To supplement the appropriation made in this Act from the
 150 32 general fund of the state to the department of human services
 150 33 for medical assistance for the same fiscal year:
 150 34 \$ 17,350,000
 150 35 Sec. 155. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 150 36 FOR FY 2016-2017. Notwithstanding section 8.33, if moneys
 150 37 appropriated for purposes of the medical assistance program for
 150 38 the fiscal year beginning July 1, 2016, and ending June 30,
 150 39 2017, from the general fund of the state, the quality assurance
 150 40 trust fund and the hospital health care access trust fund, are
 150 41 in excess of actual expenditures for the medical assistance
 150 42 program and remain unencumbered or unobligated at the close
 150 43 of the fiscal year, the excess moneys shall not revert but
 151 1 shall remain available for expenditure for the purposes of the
 151 2 medical assistance program until the close of the succeeding
 151 3 fiscal year.

151 4 DIVISION XLIII
 151 5 REFUGEE FAMILY SUPPORT SERVICES PILOT PROGRAM

~~151 6 Sec. 156. REFUGEE FAMILY SUPPORT SERVICES PILOT PROGRAM
 151 7 APPROPRIATION — FY 2016-2017. There is appropriated from the
 151 8 general fund of the state to the department of human services
 151 9 for the fiscal year beginning July 1, 2016, and ending June 30,
 151 10 2017, the following amount, or so much thereof as is necessary,
 151 11 to be used for the purposes designated:
 151 12 For continuation of a pilot project pursuant to the refugee
 151 13 family support services pilot project program created in
 151 14 this 2015 Act in a county with a population over 350,000 as
 151 15 determined by the 2010 federal decennial census:
 151 16 \$ 50,000
 151 17 The amount appropriated under this section shall not
 151 18 be reduced for administrative or other costs prior to
 151 19 distribution.
 151 20 Notwithstanding section 8.33, moneys appropriated in this
 151 21 section that remain unencumbered or unobligated at the close of
 151 22 the fiscal year shall not revert but shall remain available for
 151 23 expenditure for the purposes designated until the close of the
 151 24 succeeding fiscal year.~~

VETOED

Directs the Bureau of Refugee Services to establish and administer the Refugee Family Support Services Pilot Program to provide grants to State, local, or community organizations working with refugee populations for contracting with and training multiple refugees to act as refugee community navigators.

VETOED: The Governor vetoed this entire Division and stated that more time is needed to study a statewide solution for refugees and immigrants that originally went to other states and how Iowa, both publicly and privately, can best meet the needs of modern refugees.

151 25 Sec. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The
 151 26 moneys transferred to the property tax relief fund for the
 151 27 fiscal year beginning July 1, 2015, from the federal social
 151 28 services block grant pursuant to 2015 Iowa Acts, House File
 151 29 630, and from the federal temporary assistance for needy
 151 30 families block grant, totaling at least \$11,774,275, are
 151 31 appropriated to the department of human services for the fiscal

151 32 year beginning July 1, 2015, and ending June 30, 2016, to be
 151 33 used for the purposes designated, notwithstanding any provision
 151 34 of law to the contrary:
 151 35 1. For distribution to any mental health and disability
 151 36 services region where 25 percent of the region's projected
 151 37 expenditures exceeds the region's projected fund balance:
 151 38 \$ 480,000
 151 39 a. For purposes of this subsection:
 151 40 (1) "Available funds" means a county mental health and
 151 41 services fund balance on June 30, 2015, plus the maximum amount
 151 42 a county was allowed to levy for the fiscal year beginning July
 151 43 1, 2015.
 152 1 (2) "Projected expenditures" means the actual expenditures
 152 2 of a mental health and disability services region as of June
 152 3 30, 2015, multiplied by an annual inflation rate of 2 percent
 152 4 plus the projected costs for new core services administered by
 152 5 the region as provided in a region's regional service system
 152 6 management plan approved pursuant to section 331.393 for the
 152 7 fiscal year beginning July 1, 2015.
 152 8 (3) "Projected fund balance" means the difference between a
 152 9 mental health and disability services region's available funds
 152 10 and projected expenditures.
 152 11 b. If sufficient funds are not available to implement this
 152 12 subsection, the department of human services shall distribute
 152 13 funds to a region in proportion to the availability of funds.
 152 14 2. To be transferred to the appropriation in this Act for
 152 15 child and family services for the fiscal year beginning July 1,
 152 16 2016, to be used for the purpose of that appropriation:
 152 17 \$ 5,407,137

152 18 DIVISION XLIV
 152 19 PERSONNEL SETTLEMENT AGREEMENT PAYMENTS
 152 20 Sec. 158. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As
 152 21 a condition of the appropriations in this Act, the moneys
 152 22 appropriated and any other moneys available shall not be used
 152 23 for payment of a personnel settlement agreement that contains a
 152 24 confidentiality provision intended to prevent public disclosure
 152 25 of the agreement or any terms of the agreement.

~~152 26 DIVISION XLV~~
~~152 27 CLARINDA STATE MENTAL HEALTH INSTITUTE PRIVATE PROVIDER~~
~~152 28 SHARED SERVICES~~
~~152 29 Sec. 159. CLARINDA PRIVATE PROVIDER.~~
~~152 30 1. Within 30 days of the effective date of an appropriation~~
~~152 31 to the department of human services for the fiscal year~~
~~152 32 beginning July 1, 2014, and ending June 30, 2015, for operation~~
~~152 33 of the state mental health institute at Clarinda in the fiscal~~
~~152 34 year beginning July 1, 2015, the department of human services~~

VETOED

Requires the DHS to issue a request for proposals (RFP) to provide care and treatment for adults that are sexually aggressive or combative due to a mental illness or that have unmet geropsychiatric needs, beginning December 16, 2015, at the Clarinda MHI. The RFP must be issued within 30 days of the effective date of the appropriation to the DHS.

VETOED: The Governor vetoed this Section and stated it is in the best interest of the State to allow Mental Health and Disability Services

~~152 35 shall issue a request for proposals for the purpose of entering
 152 36 into a contract to engage an in-state private nursing home
 152 37 provider to provide care and treatment for adult persons who
 152 38 are sexually aggressive or combative due to a mental illness or
 152 39 who have unmet geropsychiatric needs, beginning December 16,
 152 40 2015, at the state mental health institute at Clarinda. The
 152 41 request for proposals shall specify that the provider shall
 152 42 have an authorized bed capacity of not fewer than 15 beds.
 152 43 2. The contract executed by the department of human
 153 1 services with the private provider of geropsychiatric care and
 153 2 treatment after December 15, 2015, at the state mental health
 153 3 institute at Clarinda shall require the private provider to
 153 4 give preference in employment to qualified former employees
 153 5 providing such care and treatment at the state mental health
 153 6 institute at Clarinda between January 1 and December 15, 2015.~~

Regions to develop their own settings for care rather than restricting them to the Clarinda campus.

153 7 CLARINDA — SHARED SERVICES — 2015-2016 FISCAL YEAR
 153 8 Sec. 160. 2015 Iowa Acts, Senate File 497, section 3,
 153 9 subsection 1, paragraph g, if enacted, is amended to read as
 153 10 follows:
 153 11 g. For the operation of the Clarinda correctional facility,
 153 12 including salaries, support, maintenance, and miscellaneous
 153 13 purposes:
 153 14 \$ 25,933,430
 153 15 Moneys received by the department of corrections as
 153 16 reimbursement for services provided to the Clarinda youth
 153 17 ~~corporation~~ any private provider contracting with the
 153 18 ~~department of human services or the department of corrections~~
 153 19 are appropriated to the department of corrections and shall be
 153 20 used for the purpose of operating the Clarinda correctional
 153 21 facility.

Amends SF 497 (Justice System Appropriations Act) to allow the Department of Corrections to provide services to any private provider on the campus and receive reimbursements to operate the facility for FY 2016.

153 22 CLARINDA — SHARED SERVICES — 2016-2017 FISCAL YEAR
 153 23 Sec. 161. 2015 Iowa Acts, Senate File 497, section 25,
 153 24 subsection 1, paragraph g, if enacted, is amended to read as
 153 25 follows:
 153 26 g. For the operation of the Clarinda correctional facility,
 153 27 including salaries, support, maintenance, and miscellaneous
 153 28 purposes:
 153 29 \$ 12,966,715
 153 30 Moneys received by the department of corrections as
 153 31 reimbursement for services provided to the Clarinda youth
 153 32 ~~corporation~~ any private provider contracting with the
 153 33 ~~department of human services or the department of corrections~~
 153 34 are appropriated to the department of corrections and shall be
 153 35 used for the purpose of operating the Clarinda correctional
 153 36 facility.

Amends SF 497 (Justice System Appropriations Act) to allow the Department of Corrections to provide services to any private provider on the campus and receive reimbursements to operate the facility for FY 2017.

153	37			
			DIVISION XLVI	
153	38		CONDITIONAL EFFECTIVE DATE AND	
153	39		RETROACTIVE APPLICABILITY PROVISIONS	
153	40	Sec. 162. EFFECTIVE UPON ENACTMENT. Unless otherwise		Unless otherwise provided, this Act is effective July 1, 2015, and
153	41	provided, this Act, if approved by the governor on or after		retroactive to July 1, 2015, if signed by the Governor on or after July 1,
153	42	July 1, 2015, takes effect upon enactment.		2015.
153	43	Sec. 163. RETROACTIVE APPLICABILITY. Unless otherwise		
154	1	provided, this Act, if approved by the governor on or after		
154	2	July 1, 2015, applies retroactively to July 1, 2015.		

Summary Data

General Fund

	<u>Actual FY 2014</u> (1)	<u>Estimated Net FY 2015</u> (2)	<u>Final Action FY 2016</u> (3)	<u>Final Action FY 2016 vs Est Net FY 2015</u> (4)	<u>Item Veto FY 2016</u> (5)	<u>Final Action FY 2017</u> (6)	<u>Item Veto FY 2017</u> (7)	<u>Page and Line #</u> (8)
Health and Human Services	\$ 1,750,974,923	\$ 1,858,603,019	\$ 1,839,390,492	\$ -19,212,527	\$ -6,524,880	\$ 919,695,241	\$ -3,262,440	
Grand Total	<u>\$ 1,750,974,923</u>	<u>\$ 1,858,603,019</u>	<u>\$ 1,839,390,492</u>	<u>\$ -19,212,527</u>	<u>\$ -6,524,880</u>	<u>\$ 919,695,241</u>	<u>\$ -3,262,440</u>	

Health and Human Services General Fund

	Actual FY 2014 (1)	Estimated Net FY 2015 (2)	Final Action FY 2016 (3)	Final Action FY 2016 vs Est Net FY 2015 (4)	Item Veto FY 2016 (5)	Final Action FY 2017 (6)	Item Veto FY 2017 (7)	Page and Line # (8)
<u>Aging, Dept. on</u>								
Aging, Dept. on								
Aging Programs	\$ 10,606,066	\$ 11,419,732	\$ 11,399,732	\$ -20,000	\$ 0	\$ 5,699,866	\$ 0	PG 1 LN 8
Office of LTC Resident's Advocate	1,021,707	929,315	1,276,783	347,468	0	638,391	0	PG 3 LN 23
Food Security for Older Individuals	0	250,000	0	-250,000	0	0	0	
Total Aging, Dept. on	\$ 11,627,773	\$ 12,599,047	\$ 12,676,515	\$ 77,468	\$ 0	\$ 6,338,257	\$ 0	
<u>Public Health, Dept. of</u>								
Public Health, Dept. of								
Addictive Disorders	\$ 27,163,690	\$ 27,263,690	\$ 27,263,690	\$ 0	\$ 0	\$ 13,631,845	\$ 0	PG 4 LN 11
Healthy Children and Families	3,653,559	4,046,602	4,617,543	570,941	0	2,308,771	0	PG 7 LN 29
Chronic Conditions	5,080,692	5,155,692	4,955,692	-200,000	0	2,477,846	0	PG 9 LN 21
Community Capacity	8,562,617	8,737,910	8,821,335	83,425	0	4,410,667	0	PG 11 LN 13
Healthy Aging	7,297,142	7,297,142	7,297,142	0	0	3,648,571	0	PG 16 LN 10
Environmental Hazards	803,870	803,870	0	-803,870	0	0	0	
Infectious Diseases	1,335,155	1,335,155	1,335,155	0	0	667,577	0	PG 16 LN 16
Public Protection	3,278,771	3,287,127	4,339,191	1,052,064	0	2,169,595	0	PG 16 LN 22
Resource Management	855,072	855,072	855,072	0	0	427,536	0	PG 17 LN 10
Total Public Health, Dept. of	\$ 58,030,568	\$ 58,782,260	\$ 59,484,820	\$ 702,560	\$ 0	\$ 29,742,408	\$ 0	
<u>Veterans Affairs, Dept. of</u>								
Veterans Affairs, Department of								
General Administration	\$ 1,095,951	\$ 1,095,951	\$ 1,200,546	\$ 104,595	\$ 0	\$ 600,273	\$ 0	PG 17 LN 23
Vets Home Ownership Program	1,600,000	2,500,000	2,500,000	0	0	1,250,000	0	
Veterans County Grants	990,000	990,000	990,000	0	0	495,000	0	
Total Veterans Affairs, Department of	\$ 3,685,951	\$ 4,585,951	\$ 4,690,546	\$ 104,595	\$ 0	\$ 2,345,273	\$ 0	
Veterans Affairs, Dept. of								
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	\$ 0	\$ 3,797,498	\$ 0	PG 17 LN 36
Total Veterans Affairs, Dept. of	\$ 11,280,947	\$ 12,180,947	\$ 12,285,542	\$ 104,595	\$ 0	\$ 6,142,771	\$ 0	

Health and Human Services General Fund

	Actual FY 2014	Estimated Net FY 2015	Final Action FY 2016	Final Action FY 2016 vs Est Net FY 2015	Item Veto FY 2016	Final Action FY 2017	Item Veto FY 2017	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Human Services, Dept. of								
Assistance								
Family Investment Program/JOBS	\$ 48,503,875	\$ 48,693,875	\$ 48,673,875	\$ -20,000	\$ 0	\$ 24,336,937	\$ 0	PG 24 LN 1
Medical Assistance	1,144,208,805	1,266,486,529	1,303,191,564	36,705,035	0	651,595,782	0	PG 26 LN 39
Medical Contracts	12,320,048	17,148,576	19,613,964	2,465,388	0	9,806,982	0	PG 33 LN 24
State Supplementary Assistance	16,516,858	14,121,154	12,997,187	-1,123,967	0	6,498,593	0	PG 35 LN 2
State Children's Health Insurance	36,817,261	45,877,998	20,413,844	-25,464,154	0	10,206,922	0	PG 35 LN 33
Child Care Assistance	62,735,563	36,303,944	51,408,668	15,104,724	0	25,704,334	0	PG 36 LN 5
Child and Family Services	91,329,427	94,857,554	85,341,938	-9,515,616	0	42,670,969	0	PG 38 LN 29
Adoption Subsidy	40,729,282	42,580,749	42,998,286	417,537	0	21,499,143	0	PG 43 LN 25
Family Support Subsidy	1,093,288	1,079,739	1,073,932	-5,807	0	536,966	0	PG 44 LN 24
Connors Training	33,632	33,632	33,632	0	0	16,816	0	PG 45 LN 3
Volunteers	84,686	84,686	84,686	0	0	42,343	0	PG 49 LN 7
MHDS Equalization	29,820,478	30,555,823	0	-30,555,823	0	0	0	
Juv CINA/Female Adjud Delinquent Placements	0	2,000,000	0	-2,000,000	0	0	0	
Refugee Pilot Project	0	0	100,000	100,000	-100,000	50,000	-50,000	PG 92 LN 29
Total Assistance	\$ 1,484,193,203	\$ 1,599,824,259	\$ 1,585,931,576	\$ -13,892,683	\$ -100,000	\$ 792,965,787	\$ -50,000	
Toledo Juvenile Home								
Toledo Juvenile Home	\$ 8,867,121	\$ 507,766	\$ 0	\$ -507,766	\$ 0	\$ 0	\$ 0	
Eldora Training School								
Eldora Training School	\$ 11,268,202	\$ 12,358,285	\$ 12,233,420	\$ -124,865	\$ 0	\$ 6,116,710	\$ 0	PG 38 LN 7
Cherokee								
Cherokee MHI	\$ 5,964,737	\$ 6,031,934	\$ 5,545,616	\$ -486,318	\$ 0	\$ 2,772,808	\$ 0	PG 45 LN 21
Clarinda								
Clarinda MHI	\$ 6,757,689	\$ 6,787,309	\$ 0	\$ -6,787,309	\$ 0	\$ 0	\$ 0	
Independence								
Independence MHI	\$ 10,334,082	\$ 10,484,386	\$ 10,324,209	\$ -160,177	\$ 0	\$ 5,162,104	\$ 0	PG 45 LN 27
Mt Pleasant								
Mt Pleasant MHI	\$ 1,374,061	\$ 1,417,796	\$ 6,424,880	\$ 5,007,084	\$ -6,424,880	\$ 3,212,440	\$ -3,212,440	PG 45 LN 33
Glenwood								
Glenwood Resource Center	\$ 20,349,122	\$ 21,695,266	\$ 21,524,482	\$ -170,784	\$ 0	\$ 10,762,241	\$ 0	PG 46 LN 7
Woodward								
Woodward Resource Center	\$ 14,286,191	\$ 14,855,693	\$ 14,583,806	\$ -271,887	\$ 0	\$ 7,291,903	\$ 0	PG 46 LN 10

Health and Human Services General Fund

	<u>Actual FY 2014</u> (1)	<u>Estimated Net FY 2015</u> (2)	<u>Final Action FY 2016</u> (3)	<u>Final Action FY 2016 vs Est Net FY 2015</u> (4)	<u>Item Veto FY 2016</u> (5)	<u>Final Action FY 2017</u> (6)	<u>Item Veto FY 2017</u> (7)	<u>Page and Line #</u> (8)
Cherokee CCUSO								
Civil Commitment Unit for Sexual Offenders	\$ 9,425,568	\$ 9,923,563	\$ 9,893,079	\$ -30,484	\$ 0	\$ 4,946,539	\$ 0	PG 47 LN 5
Field Operations								
Child Support Recoveries	\$ 14,215,081	\$ 14,911,230	\$ 14,663,373	\$ -247,857	\$ 0	\$ 7,331,686	\$ 0	PG 25 LN 26
Field Operations	66,670,976	61,170,976	58,920,976	-2,250,000	0	29,460,488	0	PG 47 LN 28
Total Field Operations	<u>\$ 80,886,057</u>	<u>\$ 76,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ -2,497,857</u>	<u>\$ 0</u>	<u>\$ 36,792,174</u>	<u>\$ 0</u>	
General Administration								
General Administration	\$ 16,329,602	\$ 15,072,302	\$ 14,898,198	\$ -174,104	\$ 0	\$ 7,449,099	\$ 0	PG 48 LN 11
Total Human Services, Dept. of	<u>\$ 1,670,035,635</u>	<u>\$ 1,775,040,765</u>	<u>\$ 1,754,943,615</u>	<u>\$ -20,097,150</u>	<u>\$ -6,524,880</u>	<u>\$ 877,471,805</u>	<u>\$ -3,262,440</u>	
Total Health and Human Services	<u><u>\$ 1,750,974,923</u></u>	<u><u>\$ 1,858,603,019</u></u>	<u><u>\$ 1,839,390,492</u></u>	<u><u>\$ -19,212,527</u></u>	<u><u>\$ -6,524,880</u></u>	<u><u>\$ 919,695,241</u></u>	<u><u>\$ -3,262,440</u></u>	

Summary Data Other Funds

	<u>Actual FY 2014</u> (1)	<u>Estimated Net FY 2015</u> (2)	<u>Final Action FY 2016</u> (3)	<u>Final Action FY 2016 vs Est Net FY 2015</u> (4)	<u>Item Veto FY 2016</u> (5)	<u>Final Action FY 2017</u> (6)	<u>Item Veto FY 2017</u> (7)	<u>Page and Line #</u> (8)
Health and Human Services	\$ 534,443,666	\$ 435,231,514	\$ 453,280,420	\$ 18,048,906	\$ 0	\$ 332,636,883	\$ 0	
Grand Total	<u>\$ 534,443,666</u>	<u>\$ 435,231,514</u>	<u>\$ 453,280,420</u>	<u>\$ 18,048,906</u>	<u>\$ 0</u>	<u>\$ 332,636,883</u>	<u>\$ 0</u>	

Health and Human Services Other Funds

	Actual FY 2014 (1)	Estimated Net FY 2015 (2)	Final Action FY 2016 (3)	Final Action FY 2016 vs Est Net FY 2015 (4)	Item Veto FY 2016 (5)	Final Action FY 2017 (6)	Item Veto FY 2017 (7)	Page and Line # (8)
Human Services, Dept. of								
General Administration								
FIP-TANF	\$ 18,116,948	\$ 6,281,222	\$ 5,136,995	\$ -1,144,227	\$ 0	\$ 2,568,497	\$ 0	PG 18 LN 39
Promise Jobs-TANF	11,866,439	10,232,340	10,138,178	-94,162	0	5,069,089	0	PG 18 LN 43
FaDDS-TANF	2,898,980	2,898,980	2,898,980	0	0	1,449,490	0	PG 19 LN 5
Field Operations-TANF	31,296,232	31,296,232	31,296,232	0	0	15,648,116	0	PG 19 LN 16
General Administration-TANF	3,744,000	3,744,000	3,744,000	0	0	1,872,000	0	PG 19 LN 18
Child Care Assistance -TANF	25,732,687	41,210,239	35,047,110	-6,163,129	0	17,523,555	0	PG 19 LN 20
MH/DD Comm. Services-TANF	4,894,052	4,894,052	4,894,052	0	0	2,447,026	0	PG 19 LN 41
Child & Family Services-TANF	32,084,430	32,084,430	32,084,430	0	0	16,042,215	0	PG 20 LN 2
Child Abuse Prevention-TANF	125,000	125,000	125,000	0	0	62,500	0	PG 20 LN 4
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	0	0	518,593	0	PG 20 LN 22
FIP Eligibility System-TANF	5,050,451	6,549,549	6,654,880	105,331	0	3,327,440	0	PG 20 LN 26
Total General Administration	\$ 136,846,405	\$ 140,353,230	\$ 133,057,043	\$ -7,296,187	\$ 0	\$ 66,528,521	\$ 0	
Assistance								
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 0	\$ 965,033	\$ 0	PG 20 LN 6
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	0	0	12,500	0	PG 21 LN 20
Medical Assistance - HCTF	225,591,447	223,060,000	222,100,000	-960,000	0	221,790,000	0	PG 26 LN 21
Medical Contracts-Pharm Settlement - PhSA	6,650,000	5,467,564	2,002,176	-3,465,388	0	1,001,088	0	PG 58 LN 21
Broadlawns Hospital - ICA	35,500,000	0	0	0	0	0	0	
Regional Provider Network - ICA	2,993,183	0	0	0	0	0	0	
Nonparticipating Providers - NPPR	1,000,000	0	0	0	0	0	0	
Medical Assistance - QATF	28,788,917	29,195,653	37,205,208	8,009,555	0	18,602,604	0	PG 58 LN 32
Medical Assistance-HHCAAT	34,288,000	34,700,000	34,700,000	0	0	17,350,000	0	PG 59 LN 1
Nonparticipating Provider Reimb Fund-HHCAAT	412,000	0	0	0	0	0	0	
IowaCare Fund - Admin - ICA	371,552	0	0	0	0	0	0	
Lab Test & Radiology Pool - ICA	1,500,000	0	0	0	0	0	0	
Medicaid Supplemental - MFF	8,717,020	500,000	500,000	0	0	500,000	0	
Medicaid Sup. - Medicaid Offset - PTRF	0	0	9,986,651	9,986,651	0	0	0	
Child and Family Services - SSBG	0	0	10,814,275	10,814,275	0	5,407,137	0	
MHDS Regional allocation - SSBG	0	0	960,000	960,000	0	480,000	0	
Total Assistance	\$ 347,767,186	\$ 294,878,284	\$ 320,223,377	\$ 25,345,093	\$ 0	\$ 266,108,362	\$ 0	
Total Human Services, Dept. of	\$ 484,613,591	\$ 435,231,514	\$ 453,280,420	\$ 18,048,906	\$ 0	\$ 332,636,883	\$ 0	

Health and Human Services

Other Funds

	<u>Actual FY 2014</u>	<u>Estimated Net FY 2015</u>	<u>Final Action FY 2016</u>	<u>Final Action FY 2016 vs Est Net FY 2015</u>	<u>Item Veto FY 2016</u>	<u>Final Action FY 2017</u>	<u>Item Veto FY 2017</u>	<u>Page and Line #</u>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<u>Regents, Board of</u>								
Regents, Board of								
UI - UIHC IowaCares Program - ICA	\$ 13,642,292	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
UI - UIHC IowaCares Expansion Pop - ICA	26,284,600	0	0	0	0	0	0	
UI - UIHC IowaCares Physicians - ICA	<u>9,903,183</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Total Regents, Board of	<u>\$ 49,830,075</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	
Total Health and Human Services	<u>\$ 534,443,666</u>	<u>\$ 435,231,514</u>	<u>\$ 453,280,420</u>	<u>\$ 18,048,906</u>	<u>\$ 0</u>	<u>\$ 332,636,883</u>	<u>\$ 0</u>	

Summary Data

FTE Positions

	<u>Actual</u> <u>FY 2014</u> <u>(1)</u>	<u>Estimated Net</u> <u>FY 2015</u> <u>(2)</u>	<u>Final Action</u> <u>FY 2016</u> <u>(3)</u>	<u>Final Action FY 2016</u> <u>vs Est Net FY 2015</u> <u>(4)</u>	<u>Item Veto</u> <u>FY 2016</u> <u>(5)</u>	<u>Final Action</u> <u>FY 2017</u> <u>(6)</u>	<u>Item Veto</u> <u>FY 2017</u> <u>(7)</u>	<u>Page and</u> <u>Line #</u> <u>(8)</u>
Health and Human Services	<u>4,735.42</u>	<u>5,119.14</u>	<u>5,146.27</u>	<u>27.13</u>	<u>-97.68</u>	<u>5,146.27</u>	<u>-97.68</u>	
Grand Total	<u>4,735.42</u>	<u>5,119.14</u>	<u>5,146.27</u>	<u>27.13</u>	<u>-97.68</u>	<u>5,146.27</u>	<u>-97.68</u>	

Health and Human Services

FTE Positions

	Actual FY 2014 (1)	Estimated Net FY 2015 (2)	Final Action FY 2016 (3)	Final Action FY 2016 vs Est Net FY 2015 (4)	Item Veto FY 2016 (5)	Final Action FY 2017 (6)	Item Veto FY 2017 (7)	Page and Line # (8)
<u>Aging, Dept. on</u>								
Aging, Dept. on								
Aging Programs	22.42	28.10	31.00	2.90	0.00	31.00	0.00	PG 1 LN 8
Office of LTC Resident's Advocate	10.44	11.90	17.00	5.10	0.00	17.00	0.00	PG 3 LN 23
Total Aging, Dept. on	32.87	40.00	48.00	8.00	0.00	48.00	0.00	
<u>Public Health, Dept. of</u>								
Public Health, Dept. of								
Addictive Disorders	6.62	10.00	10.00	0.00	0.00	10.00	0.00	PG 4 LN 11
Healthy Children and Families	10.64	12.00	12.00	0.00	0.00	12.00	0.00	PG 7 LN 29
Chronic Conditions	3.95	5.00	5.00	0.00	0.00	5.00	0.00	PG 9 LN 21
Community Capacity	7.58	11.00	11.00	0.00	0.00	11.00	0.00	PG 11 LN 13
Environmental Hazards	3.12	4.00	0.00	-4.00	0.00	0.00	0.00	
Infectious Diseases	2.04	4.00	4.00	0.00	0.00	4.00	0.00	PG 16 LN 16
Public Protection	125.08	131.50	136.00	4.50	0.00	136.00	0.00	PG 16 LN 22
Resource Management	3.45	4.00	4.00	0.00	0.00	4.00	0.00	PG 17 LN 10
Total Public Health, Dept. of	162.47	181.50	182.00	0.50	0.00	182.00	0.00	
<u>Veterans Affairs, Dept. of</u>								
Veterans Affairs, Department of								
General Administration	12.82	13.00	15.00	2.00	0.00	15.00	0.00	PG 17 LN 23
Total Veterans Affairs, Dept. of	12.82	13.00	15.00	2.00	0.00	15.00	0.00	
<u>Human Services, Dept. of</u>								
Assistance								
Medical Contracts	3.01	0.00	0.00	0.00	0.00	0.00	0.00	PG 33 LN 24
Toledo Juvenile Home								
Toledo Juvenile Home	55.46	0.10	0.00	-0.10	0.00	0.00	0.00	
Eldora Training School								
Eldora Training School	159.28	164.30	169.30	5.00	0.00	169.30	0.00	PG 38 LN 7
Cherokee								
Cherokee MHI	168.42	169.20	169.20	0.00	0.00	169.20	0.00	PG 45 LN 21

Health and Human Services

FTE Positions

	Actual FY 2014 (1)	Estimated Net FY 2015 (2)	Final Action FY 2016 (3)	Final Action FY 2016 vs Est Net FY 2015 (4)	Item Veto FY 2016 (5)	Final Action FY 2017 (6)	Item Veto FY 2017 (7)	Page and Line # (8)
Clarinda								
Clarinda MHI	77.96	87.25	0.00	-87.25	0.00	0.00	0.00	
Independence								
Independence MHI	222.76	233.00	233.00	0.00	0.00	233.00	0.00	PG 45 LN 27
Mt Pleasant								
Mt Pleasant MHI	90.19	97.68	97.68	0.00	-97.68	97.68	-97.68	PG 45 LN 33
Glenwood								
Glenwood Resource Center	803.47	846.12	846.12	0.00	0.00	846.12	0.00	PG 46 LN 7
Woodward								
Woodward Resource Center	609.85	643.47	643.47	0.00	0.00	643.47	0.00	PG 46 LN 10
Cherokee CCUSO								
Civil Commitment Unit for Sexual Offenders	89.83	132.50	132.50	0.00	0.00	132.50	0.00	PG 47 LN 5
Field Operations								
Child Support Recoveries	438.55	459.00	464.00	5.00	0.00	464.00	0.00	PG 25 LN 26
Field Operations	1,559.35	1,759.00	1,837.00	78.00	0.00	1,837.00	0.00	PG 47 LN 28
Total Field Operations	<u>1,997.91</u>	<u>2,218.00</u>	<u>2,301.00</u>	<u>83.00</u>	<u>0.00</u>	<u>2,301.00</u>	<u>0.00</u>	
General Administration								
General Administration	249.14	293.02	309.00	15.98	0.00	309.00	0.00	PG 48 LN 11
Total Human Services, Dept. of	<u>4,527.27</u>	<u>4,884.64</u>	<u>4,901.27</u>	<u>16.63</u>	<u>-97.68</u>	<u>4,901.27</u>	<u>-97.68</u>	
Total Health and Human Services	<u>4,735.42</u>	<u>5,119.14</u>	<u>5,146.27</u>	<u>27.13</u>	<u>-97.68</u>	<u>5,146.27</u>	<u>-97.68</u>	