

Health and Human Services Appropriations Bill Senate Study Bill 1288

Last Action:
**Senate Appropriations
Subcommittee**
April 30, 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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EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

FUNDING SUMMARY

General Fund FY 2016: Appropriates a total of \$1,904.4 million from the General Fund and 5,238.9 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$45.8 million and 119.7 FTE positions compared to estimated FY 2015.

Other Funds FY 2016: Appropriates a total of \$451.0 million from other funds. This is an increase of \$17.4 million compared to estimated FY 2015.

General Fund FY 2017: Appropriates a total of \$952.2 million from the General Fund and 5,236.9 FTE positions to the IDA, DPH, DHS, IVA, and the IVH. This is a 50.0% decrease in funding and 2.0 FTE positions compared to FY 2016.

Other Funds FY 2017: Appropriates a total of \$331.6 million from other funds. This is a decrease of \$119.3 million compared to estimated FY 2015.

General Fund Supplemental FY 2015: Provides a net \$32.1 million supplemental appropriation from the General Fund for FY 2015. This includes a \$59.6 million supplemental for Medicaid and various deappropriations.

Other Fund Supplemental FY 2015: Provides a net \$3.7 million supplemental appropriation from other funds for FY 2015 including several deappropriations.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

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

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MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Long Term Care Ombudsman: Appropriates \$1.5 million and 21.0 FTE positions. This is an increase of \$577,000 and 9.1 FTE positions compared to estimated FY 2015.

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Department of Public Health: Appropriates \$62.2 million and 182.5 FTE positions. This is an increase of

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SENATE STUDY BILL 1288

\$3.5 million and 1.0 FTE position compared to estimated FY 2015. The significant change includes an increase of \$3.3 million and 1.0 FTE position to the Healthy Children and Families appropriation. Funds are also transferred between appropriations to be used for the same purpose.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$12.2 million and 15.0 FTE positions. This is an increase of \$105,000 and 2.0 FTE positions compared to estimated FY 2015.

Page 19, Line 29

Department of Human Services: Appropriates \$1,818.0 million from the General Fund and 4,989.4 FTE positions. This is an increase of \$42.8 million and an increase of 104.7 FTE positions compared to estimated FY 2015. Significant changes include:

Page 21, Line 8

- An increase of \$400,000 for the Family Investment Program.
- A decrease of \$248,000 for the Child Support Recovery Unit.
- An increase of \$96.6 million for the Medicaid Program.
- An increase of \$5.0 million for Medical Contracts.
- A decrease of \$1.1 million for the State Supplementary Assistance Program.
- A decrease of \$24.7 million for State Children's Health Insurance Program (hawk-i Program).
- An increase of \$9.5 million for the Child Care Assistance Program.
- An increase of \$3.3 million for Child and Family Services.
- An increase of \$418,000 for the Adoption Subsidy Program.
- A decrease of \$7.0 million for the four Mental Health Institutes (MHI), including elimination of the General Fund appropriation for the Mt. Pleasant MHI.
- An increase of \$407,000 for the two State Resource Centers.
- A decrease of \$6.3 million for Field Operations.
- A decrease of \$911,000 for General Administration.

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$135.0 million for FY 2016. This is a decrease of \$5.6 million compared to estimated FY 2015.

Page 21, Line 10

Health Care Trust Fund: Appropriates \$222.1 million for FY 2016. This is a decrease of \$1.0 million compared to estimated FY 2015.

Page 31, Line 12

Pharmaceutical Settlement Account: Appropriates \$500,000 for FY 2016. This is a decrease of \$5.0 million compared to estimated FY 2015.

Page 73, Line 31

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2016. This is an increase of \$7.5

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million compared to estimated FY 2015.

Medicaid Offset - Property Tax Relief Fund: Appropriates \$10.0 million for FY 2016. This is a new appropriation.

Page 106, Line 21

Social Services Block Grant: Appropriates \$11.8 million in FY 2016 to the Clarinda and Mt. Pleasant MHIs.

Page 108, Line 15

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services: Provides a net \$32.1 million dollar supplemental appropriation from the General Fund for FY 2015 and a net increase of \$3.7 million from other funds. The additional revenues will provide a \$69.0 million supplemental appropriation for FY 2015 and fund Medicaid at the midpoint of the Medicaid Forecasting Group estimates.

Page 76, Line 5

STUDIES AND INTENT

Department of Human Services

Capitated Payment Requirements: Places certain requirements on capitated payments to Medicaid managed care contractors.

Page 88, Line 2

Long-Term Care Services Assessment: Requires the DHS to contract with a third party to conduct initial and subsequent functional assessments.

Page 90, Line 16

Child Care Assistance: Increases program eligibility to 160.0% of the Federal Poverty Level.

Page 105, Line 11

Child Welfare Advisory Committee: Directs the 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; caseload trends; and immunity provisions for social workers. The report with recommendations is due to the Governor and General Assembly by December 15, 2015.

Page 109, Line 1

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.

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Interim Study Committee: Requests the Legislative Council to establish an Interim Study Committee on the need for a facility for individuals that are sexually aggressive or have unmet geropsychiatric needs.

Page 116, Line 3

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 117, Line 28

Department on Aging

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

Page 92, Line 28

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 89, Line 30

SIGNIFICANT CODE CHANGES

Department of Human Services

Nursing Facility Quality Assurance Assessment: Requires the assessment rate to be set at 3.0%.

Page 84, Line 24

Autism Program: Makes changes to allow for greater access to services.

Page 91, Line 14

Family Planning: Requires the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group.

Page 94, Line 8

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 105, Line 31

Prevention of Disabilities Policy Council: Amends the prevention activities of the Council, Council membership, duties, and coordination efforts with state agencies and disability groups.

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Hawk-i Program Eligibility: Requires the DHS to continue to provide coverage for children during eligibility redetermination.

Page 118, Line 7

Department of Public Health

Anatomical Gift Public Awareness Fund: Permits any unobligated funds to be used for grants to recipients of organ transplants.

Page 117, Line 9

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 86, Line 15

Other Changes

Legislative Health Policy Oversight Committee: Creates a new committee to focus on general state health care policies with particular focus on the Medicaid Program.

Page 85, Line 2

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

Page 109, Line 20

EFFECTIVE DATE

Department of Human Services

The Section of the Bill that requires allocations to the judicial districts and to the DHS districts on before June 15, 2015, is effective on enactment.

Page 73, Line 19

The Division making deappropriations and a supplemental appropriation to Medicaid is effective upon enactment.

Page 84, Line 19

The Division requiring the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group is effective upon enactment.

Page 94, Line 17

Senate Study Bill 1288 provides for the following changes to the Code of Iowa.

| Page # | Line # | Bill Section | Action | Code Section |
|--------|--------|--------------|--------|--------------|
| 75 | 10 | 37 | Amend | 135.159.2.a |
| 75 | 19 | 38 | Amend | 135.159.2.b |
| 75 | 26 | 39 | Amend | 135.159.10 |
| 84 | 26 | 60 | Amend | 249L.3.1.d |
| 85 | 2 | 61 | New | 2.70 |
| 86 | 15 | 62 | New | 231.44 |
| 91 | 16 | 66 | Amend | 225D.1.3,8 |
| 92 | 3 | 67 | Amend | 225D.2.2.c |
| 92 | 12 | 68 | Add | 225D.2.2.1 |
| 92 | 22 | 69 | Amend | 231E.4.3.a |
| 93 | 25 | 71 | Amend | 155A.43 |
| 94 | 21 | 74 | New | 12I.1 |
| 96 | 2 | 75 | New | 12I.2 |
| 97 | 20 | 76 | New | 12I.3 |
| 99 | 7 | 77 | New | 12I.4 |
| 99 | 35 | 78 | New | 12I.5 |
| 100 | 5 | 79 | New | 12I.6 |
| 100 | 33 | 80 | New | 12I.7 |
| 101 | 30 | 81 | New | 12I.8 |
| 102 | 7 | 82 | New | 12I.9 |
| 102 | 18 | 83 | New | 12I.10 |
| 103 | 33 | 84 | New | 12I.11 |
| 104 | 1 | 85 | Add | 422.7.34,34A |
| 104 | 30 | 86 | Add | 450.4.9 |
| 105 | 13 | 90 | Amend | 237A.13.7.c |
| 105 | 31 | 92 | Amend | 331.424A.8 |
| 106 | 3 | 93 | Amend | 426B.3.1 |
| 106 | 11 | 94 | Amend | 426B.3.4.a |
| 106 | 19 | 95 | Strike | 426B.3.5 |
| 109 | 23 | 99 | New | 514C.30 |
| 111 | 31 | 101 | New | 225B.101 |
| 112 | 21 | 102 | New | 225B.102 |
| 113 | 2 | 103 | New | 225B.103 |
| 115 | 2 | 104 | New | 225B.104 |
| 115 | 8 | 105 | New | 225B.105 |
| 115 | 24 | 106 | New | 225B.106 |
| 115 | 34 | 107 | New | 225B.107 |
| 117 | 11 | 109 | Amend | 142C.15.4.c |
| 118 | 9 | 111 | Amend | 514I.8.3 |

1 1 DIVISION I
 1 2 DEPARTMENT ON AGING — FY 2015-2016

1 3 Section 1. DEPARTMENT ON AGING. There is appropriated from
 1 4 the general fund of the state to the department on aging for
 1 5 the fiscal year beginning July 1, 2015, and ending June 30,
 1 6 2016, the following amount, or so much thereof as is necessary,
 1 7 to be used for the purposes designated:

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

| | | |
|------------|------|------------|
| 1 19 | \$ | 11,436,066 |
| 1 20 | FTEs | 31.00 |

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

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

1 34 3. a. The department on aging shall establish and enforce
 1 35 procedures relating to expenditure of state and federal funds
 2 1 by area agencies on aging that require compliance with both
 2 2 state and federal laws, rules, and regulations, including but
 2 3 not limited to all of the following:
 2 4 (1) Requiring that expenditures are incurred only for goods
 2 5 or services received or performed prior to the end of the
 2 6 fiscal period designated for use of the funds.
 2 7 (2) Prohibiting prepayment for goods or services not

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

DETAIL: This is a net increase of \$16,334 and 2.90 FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$36,334 to fund the Office of Substitute Decision Maker at \$325,000.
- 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 8 received or performed prior to the end of the fiscal period
 2 9 designated for use of the funds.
 2 10 (3) Prohibiting the prepayment for goods or services
 2 11 not defined specifically by good or service, time period, or
 2 12 recipient.
 2 13 (4) Prohibiting the establishment of accounts from which
 2 14 future goods or services which are not defined specifically by
 2 15 good or service, time period, or recipient, may be purchased.
 2 16 b. The procedures shall provide that if any funds are
 2 17 expended in a manner that is not in compliance with the
 2 18 procedures and applicable federal and state laws, rules, and
 2 19 regulations, and are subsequently subject to repayment, the
 2 20 area agency on aging expending such funds in contravention of
 2 21 such procedures, laws, rules and regulations, not the state,
 2 22 shall be liable for such repayment.

2 23 4. Of the funds appropriated in this section, at least
 2 24 \$250,000 shall be used to fund the unmet needs identified
 2 25 through Iowa's aging and disability resource center network.

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

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

2 26 5. Of the funds appropriated in this section, at least
 2 27 \$600,000 shall be used to fund home and community-based
 2 28 services through the area agencies on aging that enable older
 2 29 individuals to avoid more costly utilization of residential or
 2 30 institutional services and remain in their own homes.

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

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

2 31 6. Of the funds appropriated in this section, \$850,000
 2 32 shall be used for the purposes of chapter 231E and section
 2 33 231.56A, of which \$325,000 shall be used for the office of
 2 34 substitute decision maker pursuant to chapter 231E, and the
 2 35 remainder shall be distributed equally to the area agencies on
 3 1 aging to administer the prevention of elder abuse, neglect, and
 3 2 exploitation program pursuant to section 231.56A, in accordance
 3 3 with the requirements of the federal Older Americans Act of
 3 4 1965, 42 U.S.C. §3001 et seq., as amended.

Allocates \$850,000 for the following:

- \$525,000 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- \$325,000 for the Office of Substitute Decision Maker.

DETAIL: This is no change compared to FY 2015 for the Aging and Disability Resource Network and an increase of \$36,334 for the Office of Substitute Decision Maker.

3 5 DIVISION II
 3 6 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2015-2016

3 7 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN.
 3 8 1. There is appropriated from the general fund of the state
 3 9 to the office of long-term care ombudsman for the fiscal year
 3 10 beginning July 1, 2015, and ending June 30, 2016, the following
 3 11 amount, or so much thereof as is necessary, to be used for the
 3 12 purposes designated:

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

DETAIL: This is an increase of \$577,468 and up to 9.10 FTE positions compared to estimated FY 2015. This includes:

3 13 For salaries, support, administration, maintenance, and
 3 14 miscellaneous purposes, and for not more than the following
 3 15 full-time equivalent positions:
 3 16 \$ 1,506,783
 3 17 FTEs 21.00

- An increase of \$450,000 for up to 8.00 additional Long-Term Care Ombudsmen if federal matching funds are approved.
- An increase of \$127,468 to maintain current programs and personnel.
- An increase of 1.00 FTE to account for the State Long-Term Care Ombudsman position.
- An increase of 0.10 FTE positions to match the FY 2015 appropriation.

3 18 2. Of the funds appropriated in this section, \$450,000 shall
 3 19 be used to provide additional local long-term care ombudsmen.

Allocates \$450,000 for four Local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is a new allocation for FY 2015.

3 20 3. The office of long-term care ombudsman and the department
 3 21 of human services shall collaborate to develop a Medicaid
 3 22 state plan amendment to provide for the claiming of federal
 3 23 financial participation for office of long-term care ombudsman
 3 24 activities that are performed to assist with administration of
 3 25 the Medicaid program. The Medicaid state plan amendment shall
 3 26 be submitted to the centers for Medicare and Medicaid services
 3 27 of the United States department of health and human services in
 3 28 a timely manner to allow for such claiming of federal financial
 3 29 participation beginning January 1, 2016.

Requires the Office of Long-Term Care Ombudsman and the DHS to create a Medicaid State Plan amendment to draw federal matching funds for the work the Ombudsman's Office performs related to Medicaid.

3 30 DIVISION III
 3 31 DEPARTMENT OF PUBLIC HEALTH — FY 2015-2016
 3 32 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 3 33 from the general fund of the state to the department of public
 3 34 health for the fiscal year beginning July 1, 2015, and ending
 3 35 June 30, 2016, the following amounts, or so much thereof as is
 4 1 necessary, to be used for the purposes designated:

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

4 2 1. ADDICTIVE DISORDERS
 4 3 For reducing the prevalence of the use of tobacco, alcohol,
 4 4 and other drugs, and treating individuals affected by addictive
 4 5 behaviors, including gambling, and for not more than the
 4 6 following full-time equivalent positions:
 4 7 \$ 27,263,690
 4 8 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 9 a. (1) Of the funds appropriated in this subsection,
 4 10 \$5,248,361 shall be used for the tobacco use prevention
 4 11 and control initiative, including efforts at the state and
 4 12 local levels, as provided in chapter 142A. The commission
 4 13 on tobacco use prevention and control established pursuant

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 U.S. Center for Disease Control best practices

4 14 to section 142A.3 shall advise the director of public health
 4 15 in prioritizing funding needs and the allocation of moneys
 4 16 appropriated for the programs and initiatives. Activities
 4 17 of the programs and initiatives shall be in alignment with
 4 18 the United States centers for disease control and prevention
 4 19 best practices for comprehensive tobacco control programs that
 4 20 include the goals of preventing youth initiation of tobacco
 4 21 usage, reducing exposure to secondhand smoke, and promotion of
 4 22 tobacco cessation.

4 23 (2) (a) Of the funds allocated in this paragraph "a",
 4 24 \$453,067 is transferred to the alcoholic beverages division of
 4 25 the department of commerce for enforcement of tobacco laws,
 4 26 regulations, and ordinances and to engage in tobacco control
 4 27 activities approved by the division of tobacco use prevention
 4 28 and control of the department of public health as specified
 4 29 in the memorandum of understanding entered into between the
 4 30 divisions.

4 31 (b) For the fiscal year beginning July 1, 2015, and ending
 4 32 June 30, 2016, the terms of the memorandum of understanding,
 4 33 entered into between the division of tobacco use prevention
 4 34 and control of the department of public health and the
 4 35 alcoholic beverages division of the department of commerce,
 5 1 governing compliance checks conducted to ensure licensed retail
 5 2 tobacco outlet conformity with tobacco laws, regulations, and
 5 3 ordinances relating to persons under eighteen years of age,
 5 4 shall continue to restrict the number of such checks to one
 5 5 check per retail outlet, and one additional check for any
 5 6 retail outlet found to be in violation during the first check.

5 7 b. Of the funds appropriated in this subsection,
 5 8 \$22,015,329 shall be used for problem gambling and
 5 9 substance-related disorder prevention, treatment, and recovery
 5 10 services, including a 24-hour helpline, public information
 5 11 resources, professional training, and program evaluation.

5 12 (1) Of the funds allocated in this paragraph "b",
 5 13 \$18,903,715 shall be used for substance-related disorder
 5 14 prevention and treatment.

5 15 (a) Of the funds allocated in this subparagraph (1),
 5 16 \$899,300 shall be used for the public purpose of a grant
 5 17 program to provide substance-related disorder prevention
 5 18 programming for children.

5 19 (i) Of the funds allocated in this subparagraph division
 5 20 (a), \$427,539 shall be used for grant funding for organizations

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

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

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

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

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

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

Of the amount allocated in paragraph b above, allocates \$18,903,715 for substance abuse prevention and treatment.

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

Of the amount allocated in subparagraph b(1) above, 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

5 21 that provide programming for children by utilizing mentors.
 5 22 Programs approved for such grants shall be certified or must
 5 23 be certified within six months of receiving the grant award
 5 24 by the Iowa commission on volunteer services as utilizing the
 5 25 standards for effective practice for mentoring programs.
 5 26 (ii) Of the funds allocated in this subparagraph division
 5 27 (a), \$426,839 shall be used for grant funding for organizations
 5 28 providing programming that includes youth development and
 5 29 leadership services. The programs shall also be recognized as
 5 30 being programs that are scientifically based with evidence of
 5 31 their effectiveness in reducing substance-related disorders in
 5 32 children.
 5 33 (iii) The department of public health shall utilize a
 5 34 request for proposals process to implement the grant program.
 5 35 (iv) All grant recipients shall participate in a program
 6 1 evaluation as a requirement for receiving grant funds.
 6 2 (v) Of the funds allocated in this subparagraph division
 6 3 (a), up to \$44,922 may be used to administer substance-related
 6 4 disorder prevention grants and for program evaluations.

6 5 (b) Of the funds allocated in this subparagraph
 6 6 (1), \$272,603 shall be used for culturally competent
 6 7 substance-related disorder treatment pilot projects.
 6 8 (i) The department shall utilize the amount allocated
 6 9 in this subparagraph division (b) for at least three pilot
 6 10 projects to provide culturally competent substance-related
 6 11 disorder treatment in various areas of the state. Each pilot
 6 12 project shall target a particular ethnic minority population.
 6 13 The populations targeted shall include but are not limited to
 6 14 African American, Asian, and Latino.

6 15 (ii) The pilot project requirements shall provide for
 6 16 documentation or other means to ensure access to the cultural
 6 17 competence approach used by a pilot project so that such
 6 18 approach can be replicated and improved upon in successor
 6 19 programs.

6 20 (2) Of the funds allocated in this paragraph "b", up
 6 21 to \$3,111,614 may be used for problem gambling prevention,
 6 22 treatment, and recovery services.

6 23 (a) Of the funds allocated in this subparagraph (2),
 6 24 \$2,573,762 shall be used for problem gambling prevention and
 6 25 treatment.

6 26 (b) Of the funds allocated in this subparagraph (2), up to
 6 27 \$437,852 may be used for a 24-hour helpline, public information
 6 28 resources, professional training, and program evaluation.

6 29 (c) Of the funds allocated in this subparagraph (2), up
 6 30 to \$100,000 may be used for the licensing of problem gambling
 6 31 treatment programs.

amount is further allocated as follows:

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

Of the amount allocated in subparagraph b(1) above, 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 and 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.

Of the amount allocated in paragraph b above, 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:

- \$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 32 (3) It is the intent of the general assembly that from the
 6 33 moneys allocated in this paragraph "b", persons with a dual
 6 34 diagnosis of substance-related disorder and gambling addiction
 6 35 shall be given priority in treatment services.

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

7 1 c. Notwithstanding any provision of law to the contrary,
 7 2 to standardize the availability, delivery, cost of delivery,
 7 3 and accountability of problem gambling and substance-related
 7 4 disorder treatment services statewide, the department shall
 7 5 continue implementation of a process to create a system
 7 6 for delivery of treatment services in accordance with the
 7 7 requirements specified in 2008 Iowa Acts, chapter 1187, section
 7 8 3, subsection 4. To ensure the system provides a continuum
 7 9 of treatment services that best meets the needs of Iowans,
 7 10 the problem gambling and substance-related disorder treatment
 7 11 services in any area may be provided either by a single agency
 7 12 or by separate agencies submitting a joint proposal.
 7 13 (1) The system for delivery of substance-related disorder
 7 14 and problem gambling treatment shall include problem gambling
 7 15 prevention.
 7 16 (2) The system for delivery of substance-related disorder
 7 17 and problem gambling treatment shall include substance-related
 7 18 disorder prevention by July 1, 2016.
 7 19 (3) Of the funds allocated in paragraph "b", the department
 7 20 may use up to \$100,000 for administrative costs to continue
 7 21 developing and implementing the process in accordance with this
 7 22 paragraph "c".

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 of the funds allocated in paragraph b for administrative costs and system development.

7 23 d. The requirement of section 123.53, subsection 5, is met
 7 24 by the appropriations and allocations made in this division of
 7 25 this Act for purposes of substance-related disorder treatment
 7 26 and addictive disorders for the fiscal year beginning July 1,
 7 27 2015.

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

7 28 e. The department of public health shall work with all
 7 29 other departments that fund substance-related disorder
 7 30 prevention and treatment services and all such departments
 7 31 shall, to the extent necessary, collectively meet the state
 7 32 maintenance of effort requirements for expenditures for
 7 33 substance-related disorder services as required under the
 7 34 federal substance-related disorder prevention and treatment
 7 35 block grant.

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

8 1 2. HEALTHY CHILDREN AND FAMILIES
 8 2 For promoting the optimum health status for children,
 8 3 adolescents from birth through 21 years of age, and families,
 8 4 and for not more than the following full-time equivalent

General Fund appropriation to Healthy Children and Families programs.

8 5 positions:
 8 6 \$ 7,331,602
 8 7 FTEs 13.00

DETAIL: This is an increase of \$3,285,000 and 1.00 FTE position compared to estimated FY 2015. The increase is to expand the First Five Program statewide.

8 8 a. Of the funds appropriated in this subsection, not more
 8 9 than \$734,841 shall be used for the healthy opportunities for
 8 10 parents to experience success (HOPES)-healthy families Iowa
 8 11 (HFI) program established pursuant to section 135.106. The
 8 12 funding shall be distributed to renew the grants that were
 8 13 provided to the grantees that operated the program during the
 8 14 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.

8 15 b. In order to implement the legislative intent stated in
 8 16 sections 135.106 and 256I.9, that priority for home visitation
 8 17 program funding be given to programs using evidence-based or
 8 18 promising models for home visitation, it is the intent of the
 8 19 general assembly to phase in the funding priority in accordance
 8 20 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 8 21 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 22 c. Of the funds appropriated in this subsection, \$4,912,887
 8 23 shall be used to expand statewide the department's initiative
 8 24 to provide for adequate developmental surveillance and
 8 25 screening during a child's first five years. The funds shall
 8 26 be used first to fully fund the current sites to ensure that
 8 27 the sites are fully operational, with the remaining funds
 8 28 to be used for expansion to additional sites. The full
 8 29 implementation and expansion shall include enhancing the scope
 8 30 of the program through collaboration with the child health
 8 31 specialty clinics to promote healthy child development through
 8 32 early identification and response to both biomedical and social
 8 33 determinants of healthy development; by monitoring child
 8 34 health metrics to inform practice, document long-term health
 8 35 impacts and savings, and provide for continuous improvement
 9 1 through training, education, and evaluation; and by providing
 9 2 for practitioner consultation particularly for children with
 9 3 behavioral conditions and needs. The department of public
 9 4 health shall also collaborate with the Iowa Medicaid enterprise
 9 5 and the child health specialty clinics to integrate the
 9 6 activities of the first five initiative into the establishment
 9 7 of patient-centered medical homes, community utilities,
 9 8 accountable care organizations, and other integrated care
 9 9 models developed to improve health quality and population
 9 10 health while reducing health care costs. To the maximum extent
 9 11 possible, funding allocated in this paragraph shall be utilized
 9 12 as matching funds for medical assistance program reimbursement.

Allocates \$4,912,887 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$3,825,000 compared to the FY 2015 allocation to expand the Program statewide. 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. First Five is currently operating in 49 Iowa counties.

9 13 d. Of the funds appropriated in this subsection, \$74,640
 9 14 shall be distributed to a statewide dental carrier to provide
 9 15 funds to continue the donated dental services program patterned
 9 16 after the projects developed by the lifeline network to provide
 9 17 dental services to indigent individuals who are elderly or with
 9 18 disabilities.

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.

9 19 e. Of the funds appropriated in this subsection, \$111,995
 9 20 shall be used for childhood obesity prevention.

Allocates \$111,995 for childhood obesity programs.

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

9 21 f. Of the funds appropriated in this subsection, \$162,768
 9 22 shall be used to provide audiological services and hearing
 9 23 aids for children. The department may enter into a contract
 9 24 to administer this paragraph.

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

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

9 25 g. Of the funds appropriated in this subsection, \$25,000 is
 9 26 transferred to the university of iowa college of dentistry for
 9 27 provision of primary dental services to children. State funds
 9 28 shall be matched on a dollar-for-dollar basis. The university
 9 29 of iowa college of dentistry shall coordinate efforts with the
 9 30 department of public health, bureau of oral and health delivery
 9 31 systems, to provide dental care to underserved populations
 9 32 throughout the state.

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

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

9 33 h. Of the funds appropriated in this subsection, \$50,000
 9 34 shall be used to address youth suicide prevention.

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

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

9 35 i. Of the funds appropriated in this subsection, \$50,000
 10 1 shall be used to support the Iowa effort to address the survey
 10 2 of children who experience adverse childhood experiences known
 10 3 as ACEs.

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

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

10 4 3. CHRONIC CONDITIONS

10 5 For serving individuals identified as having chronic
 10 6 conditions or special health care needs, and for not more than
 10 7 the following full-time equivalent positions:

| | | | |
|------|-------|------|-----------|
| 10 8 | ..... | \$ | 5,105,861 |
| 10 9 | ..... | FTEs | 5.00 |

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is a net decrease of \$49,831 and no change in FTE positions compared to estimated FY 2015. The General Fund changes include:

- A decrease of \$200,000 for the Cervical Cancer Screening Program.
- An increase of \$150,169 for the Center for Congenital and Inherited Disorders.

| | |
|---|---|
| 10 10 a. Of the funds appropriated in this subsection, \$159,932 | Allocates \$159,932 for grants to individual patients with inherited |
| 10 11 shall be used for grants to individual patients who have an | metabolic disorders to assist with necessary costs for special foods. |
| 10 12 inherited metabolic disorder to assist with the costs of | |
| 10 13 medically necessary foods and formula. | DETAIL: This is no change compared to the FY 2015 allocation |
| | funding. The allocation language was broadened to cover more than |
| | Phenylketonuria. |
| 10 14 b. Of the funds appropriated in this subsection, \$891,644 | Allocates \$891,644 for continuation of the two contracts in the |
| 10 15 shall be used for the brain injury services program pursuant to | Department's Brain Injury Services Program for facilitator services, |
| 10 16 section 135.22B, including for continuation of the contracts | training services, and provider recruitment. |
| 10 17 for resource facilitator services in accordance with section | |
| 10 18 135.22B, subsection 9, and to enhance brain injury training and | DETAIL: This is no change compared to the FY 2015 allocation. |
| 10 19 recruitment of service providers on a statewide basis. Of the | |
| 10 20 amount allocated in this paragraph, \$95,000 shall be used to | |
| 10 21 fund one full-time equivalent position to serve as the state | |
| 10 22 brain injury services program manager. | |
| 10 23 c. Of the funds appropriated in this subsection, \$547,982 | Allocates \$547,982 to the AIDS Drug Assistance Program (ADAP) . |
| 10 24 shall be used as additional funding to leverage federal funding | |
| 10 25 through the federal Ryan White Care Act, Tit.II, AIDS drug | DETAIL: This is no change compared to the FY 2015 allocation. |
| 10 26 assistance program supplemental drug treatment grants. | |
| 10 27 d. Of the funds appropriated in this subsection, \$149,823 | Allocates \$149,823 for epilepsy education and support. |
| 10 28 shall be used for the public purpose of continuing to contract | |
| 10 29 with an existing national-affiliated organization to provide | DETAIL: This is no change compared to the FY 2015 allocation. |
| 10 30 education, client-centered programs, and client and family | |
| 10 31 support for people living with epilepsy and their families. | |
| 10 32 The amount allocated in this paragraph in excess of \$100,000 | |
| 10 33 shall be matched dollar-for-dollar by the organization | |
| 10 34 specified. | |
| 10 35 e. Of the funds appropriated in this subsection, \$785,114 | Allocates \$785,114 for Child Health Specialty Clinics. |
| 11 1 shall be used for child health specialty clinics. | DETAIL: This is no change compared to the FY 2015 allocation. |
| | |
| 11 2 f. Of the funds appropriated in this subsection, \$400,000 | Allocates \$400,000 to be used by the Regional Autism Service |
| 11 3 shall be used by the regional autism assistance program | Program (RASP) to create autism support programs administered by |
| 11 4 established pursuant to section 256.35, and administered by | the Child Health Speciality Clinic located at the University of Iowa |
| 11 5 the child health specialty clinic located at the university of | Hospitals and Clinics (UIHC). |
| 11 6 Iowa hospitals and clinics. The funds shall be used to enhance | |
| 11 7 interagency collaboration and coordination of educational, | DETAIL: This is no change compared to the FY 2015 allocation. The |
| 11 8 medical, and other human services for persons with autism, | University of Iowa (UI) is prohibited from receiving any funds for |
| 11 9 their families, and providers of services, including delivering | indirect costs associated with the allocation. |
| 11 10 regionalized services of care coordination, family navigation, | |
| 11 11 and integration of services through the statewide system of | |
| 11 12 regional child health specialty clinics and fulfilling other | |
| 11 13 requirements as specified in chapter 225D. The university of | |

11 14 Iowa shall not receive funds allocated under this paragraph for
 11 15 indirect costs associated with the regional autism assistance
 11 16 program.

11 17 g. Of the funds appropriated in this subsection, \$570,993
 11 18 shall be used for the comprehensive cancer control program to
 11 19 reduce the burden of cancer in Iowa through prevention, early
 11 20 detection, effective treatment, and ensuring quality of life.
 11 21 Of the funds allocated in this paragraph "g", \$150,000 shall
 11 22 be used to support a melanoma research symposium, a melanoma
 11 23 biorepository and registry, basic and translational melanoma
 11 24 research, and clinical trials.

11 25 h. Of the funds appropriated in this subsection, \$126,450
 11 26 shall be used for cervical and colon cancer screening, and
 11 27 \$300,000 shall be used to enhance the capacity of the cervical
 11 28 cancer screening program to include provision of recommended
 11 29 prevention and early detection measures to a broader range of
 11 30 low-income women.

11 31 i. Of the funds appropriated in this subsection, \$676,864
 11 32 shall be used for the center for congenital and inherited
 11 33 disorders including to provide for surveillance of stillbirths
 11 34 as defined in section 136A.2.

11 35 j. Of the funds appropriated in this subsection, \$129,411
 12 1 shall be used for the prescription drug donation repository
 12 2 program created in chapter 135M.

12 3 k. Of the funds appropriated in this subsection,
 12 4 \$215,263 shall be used by the department of public health
 12 5 for reform-related activities, including but not limited to
 12 6 facilitation of communication to stakeholders at the state and
 12 7 local level, administering the patient-centered health advisory
 12 8 council pursuant to section 135.159, and involvement in health
 12 9 care system innovation activities occurring across the state.

Allocates \$570,993 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

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

Allocates \$126,450 for cervical and colon cancer screening and \$300,000 for cervical cancer screening for a total of \$426,450.

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 Iowans seeking DPH-funded cervical cancer screening and preventative services is projected to decrease as historically eligible women become enrolled in new health plans.

Allocates \$676,864 for the Center for Congenital and Inherited Disorders central registry.

DETAIL: This is an increase of \$150,169 compared to the FY 2015 allocation. The increase provides for funding for the Iowa Stillbirth Surveillance Project (ISSP) and Prevention programs, a work group developed to standardized stillbirth evaluation protocol and make recommendations for the surveillance of stillbirths occurring in Iowa.

Allocates \$129,411 for the Prescription Drug Donation Repository Program.

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

Allocates \$215,263 for the Medical Home System Advisory Council for the development and implementation of a prevention and chronic care management state initiative.

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

12 10 I. Of the funds appropriated in this subsection, \$25,000
 12 11 shall be used for administration of chapter 124D, the medical
 12 12 cannabidiol Act, or other Code provisions authorizing the
 12 13 compassionate medical use of cannabis, if enacted by the 2015
 12 14 regular session of the Eighty-sixth General Assembly.

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act or any other Iowa Code provisions that authorize the compassionate medical use of cannabis enacted by the 86th General Assembly.

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

12 15 4. COMMUNITY CAPACITY

General Fund appropriation to Community Capacity programs.

12 16 For strengthening the health care delivery system at the
 12 17 local level, and for not more than the following full-time
 12 18 equivalent positions:
 12 19 \$ 8,719,716
 12 20 FTEs 11.00

DETAIL: This is a net decrease of \$18,194 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 increase of \$30,000 for the Direct Care Workers Mouth Care Matters Initiative.

12 21 a. Of the funds appropriated in this subsection, \$99,414
 12 22 is allocated for continuation of the child vision screening
 12 23 program implemented through the university of Iowa hospitals
 12 24 and clinics in collaboration with early childhood Iowa areas.
 12 25 The program shall submit a report to the individuals identified
 12 26 in this Act for submission of reports regarding the use of
 12 27 funds allocated under this paragraph "a". The report shall
 12 28 include the objectives and results for the program year
 12 29 including the target population and how the funds allocated
 12 30 assisted the program in meeting the objectives; the number,
 12 31 age, and location within the state of individuals served;
 12 32 the type of services provided to the individuals served; the
 12 33 distribution of funds based on service provided; and the
 12 34 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.

12 35 b. Of the funds appropriated in this subsection, \$110,656 is
 13 1 allocated for continuation of an initiative implemented at the
 13 2 university of Iowa and \$99,904 is allocated for continuation of
 13 3 an initiative at the state mental health institute at Cherokee
 13 4 to expand and improve the workforce engaged in mental health
 13 5 treatment and services. The initiatives shall receive input
 13 6 from the university of Iowa, the department of human services,
 13 7 the department of public health, and the mental health and

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.

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

13 8 disability services commission to address the focus of the
13 9 initiatives.

Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.

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

13 10 c. Of the funds appropriated in this subsection, \$1,164,628
13 11 shall be used for essential public health services that promote
13 12 healthy aging throughout one’s lifespan, contracted through a
13 13 formula for local boards of health, to enhance health promotion
13 14 and disease prevention services.

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

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

13 15 d. Of the funds appropriated in this section, \$99,286 shall
13 16 be deposited in the governmental public health system fund
13 17 created in section 135A.8 to be used for the purposes of the
13 18 fund.

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

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

13 19 e. Of the funds appropriated in this subsection, \$105,448
13 20 shall be used to continue to address the shortage of mental
13 21 health professionals in the state.

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

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

13 22 f. Of the funds appropriated in this subsection,
13 23 \$50,000 shall be used for a grant to a statewide association
13 24 of psychologists that is affiliated with the American
13 25 psychological association to be used for continuation of a
13 26 program to rotate intern psychologists in placements in urban
13 27 and rural mental health professional shortage areas, as defined
13 28 in section 135.180.

Allocates \$2,882,969 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#).

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 combined or revised from last years Act.

13 29 g. (1) Of the funds appropriated in this subsection,
13 30 \$2,882,969 shall be allocated as a grant to the Iowa primary
13 31 care association to be used pursuant to section 135.153 for
13 32 the statewide coordination of the Iowa collaborative safety
13 33 net provider network. Coordination of the network shall
13 34 focus on increasing access by underserved populations to
13 35 health care services, increasing integration of the health
14 1 system and collaboration across the continuum of care with
14 2 a focus on safety net services, and enhancing the Iowa
14 3 collaborative safety net provider network’s communication and
14 4 education efforts. The amount allocated as a grant under this
14 5 subparagraph (1) shall be used as follows to support the Iowa
14 6 collaborative safety net provider network goals of increased
14 7 access, health system integration, and engagement:

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:

14 8 (a) For distribution to safety net partners in the state
14 9 that work to increase access of the underserved population to
14 10 health services:
14 11 \$ 1,025,485

- Up to \$413,415 for the pharmaceutical infrastructure for safety

14 12 (i) Of the amount allocated in this subparagraph

14 13 division (a), up to \$413,415 shall be distributed to the
 14 14 Iowa prescription drug corporation for continuation of the
 14 15 pharmaceutical infrastructure for safety net providers as
 14 16 described in 2007 Iowa Acts, chapter 218, section 108.
 14 17 (ii) Of the amount allocated in this subparagraph division
 14 18 (a), up to \$348,322 shall be distributed to free clinics and
 14 19 free clinics of Iowa for necessary infrastructure, statewide
 14 20 coordination, provider recruitment, service delivery, and
 14 21 provision of assistance to patients in securing a medical home
 14 22 inclusive of oral health care.
 14 23 (iii) Of the amount allocated in this subparagraph
 14 24 division (a), up to \$50,000 shall be distributed to the
 14 25 Iowa coalition against sexual assault to continue a training
 14 26 program for sexual assault response team (SART) members,
 14 27 including representatives of law enforcement, victim advocates,
 14 28 prosecutors, and certified medical personnel.
 14 29 (iv) Of the amount allocated in this subparagraph division
 14 30 (a), up to \$213,748 shall be distributed to the Polk county
 14 31 medical society for continuation of the safety net provider
 14 32 patient access to a specialty health care initiative as
 14 33 described in 2007 Iowa Acts, chapter 218, section 109.

14 34 (b) For distribution to safety net partners in the
 14 35 state that work to increase health system integration, care
 15 1 coordination, and collaboration across the continuum of care
 15 2 with a focus on safety net services. Such efforts shall
 15 3 include but not be limited to community care coordination team
 15 4 development and integration of medical and behavioral health
 15 5 services. Efforts shall also include working, in conjunction
 15 6 with the department of human services and the department
 15 7 of public health, to support Medicaid managed care efforts
 15 8 inclusive of the state innovation model through the continued
 15 9 development and implementation of community care coordination
 15 10 teams. Implementation of the community care coordination
 15 11 teams shall be accomplished through a statewide regionally
 15 12 based network that provides an integrated approach to health
 15 13 care delivery through care coordination that supports primary
 15 14 care providers and links patients with community resources
 15 15 necessary to empower patients in addressing biomedical and
 15 16 social determinants of health to improve health outcomes:
 15 17 \$ 1,672,199

15 18 (c) For distribution to safety net partners in the state
 15 19 that work to serve as a resource for credible, accurate
 15 20 information on health care-related needs and services
 15 21 for vulnerable populations in the state including the
 15 22 Iowa association of rural health clinics for necessary
 15 23 infrastructure and service delivery transformation and the Iowa

- net providers.
- Up to \$348,322 for free clinics to assist patients with finding a medical home.
- Up to \$50,000 for a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
- Up to \$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.

DETAIL: This is a new method for allocating these funds.

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

DETAIL: This is a new method for allocating these funds.

15 24 primary care association to support partner engagement, program
 15 25 management, and statewide coordination of the network:
 15 26 \$ 185,285

15 27 (2) The amount allocated under this paragraph “g” shall
 15 28 not be reduced for administrative or other costs prior to
 15 29 distribution. The Iowa collaborative safety net provider
 15 30 network may continue to distribute funds allocated pursuant to
 15 31 this paragraph “g” through existing contracts or renewal of
 15 32 existing contracts.

15 33 (3) For each goal of the Iowa collaborative safety net
 15 34 provider network, the Iowa primary care association shall
 15 35 submit a progress report to the individuals designated in this
 16 1 Act for submission of reports by December 15, 2015, including
 16 2 progress in developing and implementing the network, how the
 16 3 funds were distributed and used in developing and implementing
 16 4 the network, and the remaining needs identified to fully
 16 5 develop and implement the network.

16 6 h. Of the funds appropriated in this subsection, \$213,400
 16 7 shall be used for continuation of the work of the direct care
 16 8 worker advisory council established pursuant to 2008 Iowa Acts,
 16 9 chapter 1188, section 69, in implementing the recommendations
 16 10 in the final report submitted by the advisory council to the
 16 11 governor and the general assembly in March 2012.

16 12 i. (1) Of the funds appropriated in this subsection,
 16 13 \$216,375 shall be used for allocation to an independent
 16 14 statewide direct care worker organization under continuation
 16 15 of the contract in effect during the fiscal year ending June
 16 16 30, 2015.

16 17 (2) Of the funds appropriated in this subsection, \$75,000
 16 18 shall be used to provide scholarships or other forms of
 16 19 subsidization for direct care worker educational conferences,
 16 20 training, or outreach activities.

16 21 j. Of the funds appropriated in this subsection, the
 16 22 department may use up to \$58,175 for up to one full-time
 16 23 equivalent position to administer the volunteer health care
 16 24 provider program pursuant to section 135.24.

16 25 k. Of the funds appropriated in this subsection, \$100,000
 16 26 shall be used for a matching dental education loan repayment
 16 27 program to be allocated to a dental nonprofit health service
 16 28 corporation to continue to develop the criteria and implement
 16 29 the loan repayment program.

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.

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.

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

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

Allocates \$216,375 for the Direct Care Worker Association.

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

Allocates \$75,000 for scholarships for direct care worker educational conferences, training, or outreach activities.

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

Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

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

Allocates \$100,000 for the [FIND Dental Education Loan Repayment Program](#).

DETAIL: This is an increase of \$50,000 compared to the FY 2015 allocation. This is a general increase to expand the program.

16 30 l. Of the funds appropriated in this subsection, \$105,823 is
16 31 transferred to the college student aid commission for deposit
16 32 in the rural Iowa primary care trust fund created in section
16 33 261.113 to be used for the purposes of the fund.

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.

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

16 34 m. Of the funds appropriated in this subsection, \$250,000
16 35 shall be used for the purposes of the Iowa donor registry as
17 1 specified in section 142C.18.

Allocates \$250,000 to the [Iowa Donor Registry](#).

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

17 2 n. Of the funds appropriated in this subsection, \$100,000
17 3 shall be used for continuation of a grant to a nationally
17 4 affiliated volunteer eye organization that has an established
17 5 program for children and adults and that is solely dedicated to
17 6 preserving sight and preventing blindness through education,
17 7 nationally certified vision screening and training, and
17 8 community and patient service programs. The organization
17 9 shall submit a report to the individuals identified in this
17 10 Act for submission of reports regarding the use of funds
17 11 allocated under this paragraph "n". The report shall include
17 12 the objectives and results for the program year including
17 13 the target population and how the funds allocated assisted
17 14 the program in meeting the objectives; the number, age, and
17 15 location within the state of individuals served; the type of
17 16 services provided to the individuals served; the distribution
17 17 of funds based on services provided; and the continuing needs
17 18 of the program.

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

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

17 19 o. Of the funds appropriated in this subsection, \$25,000
17 20 shall be used for the continuation of a wellness council under
17 21 the direction of the director of public health to increase
17 22 support for wellness activities in the state.

Allocates \$25,000 for a [Wellness Council](#) to increase support for wellness activities.

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

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

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.

17 32 of the grant funds for psychiatric residency positions and
17 33 family practice residency positions.

17 34 q. Of the funds appropriated in this section, \$30,000
17 35 shall be used for a grant to a dental nonprofit health service
18 1 corporation to support an initiative of the lifelong smiles
18 2 coalition in developing and testing an oral health specialty
18 3 training for direct care professionals. The specialty training
18 4 curriculum shall be developed through a partnership with the
18 5 university of Iowa college of dentistry and the college of
18 6 nursing to increase access to and improve oral health care of
18 7 older lowans who are homebound or living in nursing facilities,
18 8 to improve and enhance their overall health, comfort, and
18 9 dignity.

Allocates \$30,000 for the Mouth Care Matters pilot project curriculum development.

DETAIL: This is a new allocation. The goal of the Pilot Project is to develop a curriculum that will focus on the importance of oral health; a tour of the oral cavity; common oral health problems; systemic oral connections; supporting person-centered oral health; and, managing challenging behaviors when providing oral care. The Mouth Care Matters pilot project is being implemented in 22 central Iowa counties.

18 10 5. HEALTHY AGING
18 11 To provide public health services that reduce risks and
18 12 invest in promoting and protecting good health over the
18 13 course of a lifetime with a priority given to older lowans and
18 14 vulnerable populations:
18 15 \$ 7,297,142

General Fund appropriation to Healthy Aging programs.

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

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

General Fund appropriation to Infectious Disease programs.

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

18 22 7. PUBLIC PROTECTION
18 23 For protecting the health and safety of the public through
18 24 establishing standards and enforcing regulations, and for not
18 25 more than the following full-time equivalent positions:
18 26 \$ 4,339,191
18 27 FTEs 135.50

General Fund appropriation to Public Protection programs.

DETAIL: This is an increase of \$1,052,064 and 4.00 FTE positions compared to estimated FY 2015. The General Fund changes include:

- 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 to transfer funding of a Local Board of Health Environmental Liaison 0.50 FTE position from the Community Capacity appropriation.
- An increase of \$803,870 and 4.00 FTE positions to transfer funding from the Environmental Protection appropriation that was eliminated.

18 28 a. Of the funds appropriated in this subsection, not more
 18 29 than \$454,700 shall be credited to the emergency medical
 18 30 services fund created in section 135.25. Moneys in the
 18 31 emergency medical services fund are appropriated to the
 18 32 department to be used for the purposes of the fund.

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

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

18 33 b. Of the funds appropriated in this subsection, \$203,032
 18 34 shall be used for sexual violence prevention programming
 18 35 through a statewide organization representing programs
 19 1 serving victims of sexual violence through the department's
 19 2 sexual violence prevention program. The amount allocated
 19 3 in this paragraph "b" shall not be used to supplant funding
 19 4 administered for other sexual violence prevention or victims
 19 5 assistance programs.

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

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

19 6 c. Of the funds appropriated in this subsection, \$598,751
 19 7 shall be used for the state poison control center. Pursuant
 19 8 to the directive under 2014 Iowa Acts, chapter 1140, section
 19 9 102, the federal matching funds available to the state poison
 19 10 control center from the department of human services under the
 19 11 federal Children's Health Insurance Program Reauthorization Act
 19 12 allotment shall be subject to the federal administrative cap
 19 13 rule of 10 percent applicable to funding provided under Tit.
 19 14 XXI of the federal Social Security Act and included within the
 19 15 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.

19 16 d. Of the funds appropriated in this subsection, \$537,750
 19 17 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.

19 18 8. RESOURCE MANAGEMENT

19 19 For establishing and sustaining the overall ability of the
 19 20 department to deliver services to the public, and for not more
 19 21 than the following full-time equivalent positions:

| | | |
|-------|------------|---------|
| 19 22 | \$ | 855,072 |
| 19 23 | FTEs | 4.00 |

General Fund appropriation for Resource Management activities.

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

19 24 The university of Iowa hospitals and clinics under the
 19 25 control of the state board of regents shall not receive
 19 26 indirect costs from the funds appropriated in this section.
 19 27 The university of Iowa hospitals and clinics billings to the
 19 28 department shall be on at least a quarterly basis.

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

19 30 DEPARTMENT OF VETERANS AFFAIRS — FY 2015-2016

19 31 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
19 32 appropriated from the general fund of the state to the
19 33 department of veterans affairs for the fiscal year beginning
19 34 July 1, 2015, and ending June 30, 2016, the following amounts,
19 35 or so much thereof as is necessary, to be used for the purposes
20 1 designated:

20 2 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
20 3 For salaries, support, maintenance, and miscellaneous
20 4 purposes, and for not more than the following full-time
20 5 equivalent positions:
20 6 \$ 1,200,546
20 7 FTEs 15.00

20 8 2. IOWA VETERANS HOME

20 9 For salaries, support, maintenance, and miscellaneous
20 10 purposes:
20 11 \$ 7,594,996

20 12 a. The Iowa veterans home billings involving the department
20 13 of human services shall be submitted to the department on at
20 14 least a monthly basis.

20 15 b. If there is a change in the employer of employees
20 16 providing services at the Iowa veterans home under a collective
20 17 bargaining agreement, such employees and the agreement shall
20 18 be continued by the successor employer as though there had not
20 19 been a change in employer.

20 20 c. Within available resources and in conformance with
20 21 associated state and federal program eligibility requirements,
20 22 the Iowa veterans home may implement measures to provide
20 23 financial assistance to or on behalf of veterans or their
20 24 spouses who are participating in the community reentry program.

20 25 d. The Iowa veterans home expenditure report shall be
20 26 submitted monthly to the legislative services agency.

20 27 3. HOME OWNERSHIP ASSISTANCE PROGRAM

20 28 For transfer to the Iowa finance authority for the
20 29 continuation of the home ownership assistance program for
20 30 persons who are or were eligible members of the armed forces of
20 31 the United States, pursuant to section 16.54:
20 32 \$ 2,500,000

General Fund appropriation to the [Department of Veteran Affairs](#).

DETAIL: This is an increase of \$104,595 and 2.00 FTE positions compared to estimated FY 2015. The changes include:

- 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 the State previously paid for by the Iowa Veterans Home.

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

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

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

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

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

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

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.

20 33 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
 20 34 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
 20 35 appropriation in section 35A.16 for the fiscal year beginning
 21 1 July 1, 2015, and ending June 30, 2016, the amount appropriated
 21 2 from the general fund of the state pursuant to that section
 21 3 for the following designated purposes shall not exceed the
 21 4 following amount:
 21 5 For the county commissions of veteran affairs fund under
 21 6 section 35A.16:
 21 7 \$ 990,000

Limits the FY 2016 General Fund appropriation to the County Commissions of Veterans 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.

21 8 DIVISION V
 21 9 DEPARTMENT OF HUMAN SERVICES — FY 2015-2016

21 10 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 21 11 GRANT. There is appropriated from the fund created in section
 21 12 8.41 to the department of human services for the fiscal year
 21 13 beginning July 1, 2015, and ending June 30, 2016, from moneys
 21 14 received under the federal temporary assistance for needy
 21 15 families (TANF) block grant pursuant to the federal Personal
 21 16 Responsibility and Work Opportunity Reconciliation Act of 1996,
 21 17 Pub.L.No.104-193, and successor legislation, the following
 21 18 amounts, or so much thereof as is necessary, to be used for the
 21 19 purposes designated:

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.

21 20 1. To be credited to the family investment program account
 21 21 and used for assistance under the family investment program
 21 22 under chapter 239B:
 21 23 \$ 5,136,995

TANF FY 2016 Block Grant appropriation for the FIP Account.

DETAIL: This is a decrease of \$4,742,493 compared to estimated FY 2015. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.

21 24 2. To be credited to the family investment program account
 21 25 and used for the job opportunities and basic skills (JOBS)
 21 26 program and implementing family investment agreements in
 21 27 accordance with chapter 239B:
 21 28 \$ 10,138,178

TANF FY 2016 Block Grant appropriation for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$953,733 compared to estimated FY 2015. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.

21 29 3. To be used for the family development and
 21 30 self-sufficiency grant program in accordance with section
 21 31 216A.107:
 21 32 \$ 2,898,980

TANF FY 2016 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.

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

21 33 Notwithstanding section 8.33, moneys appropriated in this
 21 34 subsection that remain unencumbered or unobligated at the close

Requires nonreversion of funds allocated for the FaDSS Grant Program.

21 35 of the fiscal year shall not revert but shall remain available
 22 1 for expenditure for the purposes designated until the close of
 22 2 the succeeding fiscal year. However, unless such moneys are
 22 3 encumbered or obligated on or before September 30, 2016, the
 22 4 moneys shall revert.

22 5 4. For field operations:
 22 6 \$ 31,296,232

TANF FY 2016 Block Grant appropriation for Field Operations.
 DETAIL: This is no change compared to estimated FY 2015.

22 7 5. For general administration:
 22 8 \$ 3,744,000

TANF FY 2016 Block Grant appropriation for General Administration.
 DETAIL: This is no change compared to estimated FY 2015.

22 9 6. For state child care assistance:
 22 10 \$ 35,047,110

TANF FY 2016 Block Grant appropriation for Child Care Assistance.
 DETAIL: This is no change compared to estimated FY 2015.

22 11 a. Of the funds appropriated in this subsection,
 22 12 \$26,328,097 is transferred to the child care and development
 22 13 block grant appropriation made by the Eighty-sixth General
 22 14 Assembly, 2015 Session, for the federal fiscal year beginning
 22 15 October 1, 2015, and ending September 30, 2016. Of this
 22 16 amount, \$200,000 shall be used for provision of educational
 22 17 opportunities to registered child care home providers in order
 22 18 to improve services and programs offered by this category
 22 19 of providers and to increase the number of providers. The
 22 20 department may contract with institutions of higher education
 22 21 or child care resource and referral centers to provide
 22 22 the educational opportunities. Allowable administrative
 22 23 costs under the contracts shall not exceed 5 percent. The
 22 24 application for a grant shall not exceed two pages in length.

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%.

22 25 b. Any funds appropriated in this subsection remaining
 22 26 unallocated shall be used for state child care assistance
 22 27 payments for families who are employed including but not
 22 28 limited to individuals enrolled in the family investment
 22 29 program.

Specifies that approximately \$8,600,000 will be used for Child Care Assistance for individuals enrolled in the FIP Program who are employed.

22 30 7. For distribution to counties and regions through the
 22 31 property tax relief fund for mental health and disability
 22 32 services as provided in an appropriation made for this purpose:
 22 33 \$ 4,894,052

TANF FY 2016 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.
 DETAIL: This is no change compared to estimated FY 2015.

22 34 8. For child and family services:
 22 35 \$ 32,084,430

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

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

23 1 9. For child abuse prevention grants:
23 2 \$ 125,000

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

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

23 3 10. For pregnancy prevention grants on the condition that
23 4 family planning services are funded:
23 5 \$ 1,930,067

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.

23 6 Pregnancy prevention grants shall be awarded to programs
23 7 in existence on or before July 1, 2015, if the programs have
23 8 demonstrated positive outcomes. Grants shall be awarded to
23 9 pregnancy prevention programs which are developed after July
23 10 1, 2015, if the programs are based on existing models that
23 11 have demonstrated positive outcomes. Grants shall comply with
23 12 the requirements provided in 1997 Iowa Acts, chapter 208,
23 13 section 14, subsections 1 and 2, including the requirement that
23 14 grant programs must emphasize sexual abstinence. Priority in
23 15 the awarding of grants shall be given to programs that serve
23 16 areas of the state which demonstrate the highest percentage of
23 17 unplanned pregnancies of females of childbearing age within the
23 18 geographic area to be served by the grant.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

23 19 11. For technology needs and other resources necessary
23 20 to meet federal welfare reform reporting, tracking, and case
23 21 management requirements:
23 22 \$ 1,037,186

TANF FY 2016 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

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

23 23 12. For the family investment program share of the costs to
23 24 continue to develop and maintain a new, integrated eligibility
23 25 determination system:
23 26 \$ 6,654,880

TANF FY 2016 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.

DETAIL: This is an increase of \$105,331 compared to estimated FY 2015.

23 27 13. a. Notwithstanding any provision to the contrary,
23 28 including but not limited to requirements in section 8.41 or
23 29 provisions in 2014 or 2015 Iowa Acts regarding the receipt and
23 30 appropriation of federal block grants, federal funds from the
23 31 temporary assistance for needy families block grant received by
23 32 the state and not otherwise appropriated in this section and

Permits the DHS to carryforward TANF funds.

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

23 33 remaining available for the fiscal year beginning July 1, 2015,
 23 34 are appropriated to the department of human services to the
 23 35 extent as may be necessary to be used in the following priority
 24 1 order:the family investment program, for state child care
 24 2 assistance program payments for families who are employed, and
 24 3 for the family investment program share of costs to develop and
 24 4 maintain a new, integrated eligibility determination system.
 24 5 The federal funds appropriated in this paragraph "a" shall be
 24 6 expended only after all other funds appropriated in subsection
 24 7 1 for the assistance under the family investment program,
 24 8 in subsection 6 for child care assistance, or in subsection
 24 9 12 for the family investment program share of the costs to
 24 10 continue to develop and maintain a new, integrated eligibility
 24 11 determination system, as applicable, have been expended. For
 24 12 the purposes of this subsection, the funds appropriated in
 24 13 subsection 6, paragraph "a", for transfer to the child care
 24 14 and development block grant appropriation are considered fully
 24 15 expended when the full amount has been transferred.

24 16 b. The department shall, on a quarterly basis, advise the
 24 17 legislative services agency and department of management of
 24 18 the amount of funds appropriated in this subsection that was
 24 19 expended in the prior quarter.

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

24 20 14. Of the amounts appropriated in this section,
 24 21 \$12,962,008 for the fiscal year beginning July 1, 2015, is
 24 22 transferred to the appropriation of the federal social services
 24 23 block grant made to the department of human services for that
 24 24 fiscal year.

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

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

24 25 15. For continuation of the program providing categorical
 24 26 eligibility for the food assistance program as specified for
 24 27 the program in the section of this division of this 2015 Act
 24 28 relating to the family investment program account:
 24 29 \$ 25,000

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

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

24 30 16. The department may transfer funds allocated in this
 24 31 section to the appropriations made in this division of this Act
 24 32 for the same fiscal year for general administration and field
 24 33 operations for resources necessary to implement and operate the
 24 34 services referred to in this section and those funded in the
 24 35 appropriation made in this division of this Act for the same
 25 1 fiscal year for the family investment program from the general
 25 2 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.

25 3 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

25 4 1. Moneys credited to the family investment program (FIP)

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

25 5 account for the fiscal year beginning July 1, 2015, and
25 6 ending June 30, 2016, shall be used to provide assistance in
25 7 accordance with chapter 239B.

specified.

25 8 2. The department may use a portion of the moneys credited
25 9 to the FIP account under this section as necessary for
25 10 salaries, support, maintenance, and miscellaneous purposes.

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

25 11 3. The department may transfer funds allocated in
25 12 subsection 4 to the appropriations made in this division of
25 13 this Act for the same fiscal year for general administration
25 14 and field operations for resources necessary to implement and
25 15 operate the family investment program services referred to in
25 16 this section and those funded in the appropriation made in this
25 17 division of this Act for the same fiscal year for the family
25 18 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.

25 19 4. Moneys appropriated in this division of this Act and
25 20 credited to the FIP account for the fiscal year beginning July
25 21 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.

25 22 a. To be retained by the department of human services to
25 23 be used for coordinating with the department of human rights
25 24 to more effectively serve participants in FIP and other shared
25 25 clients and to meet federal reporting requirements under the
25 26 federal temporary assistance for needy families block grant:
25 27 \$ 20,000

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

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

25 28 b. To the department of human rights for staffing,
25 29 administration, and implementation of the family development
25 30 and self-sufficiency grant program in accordance with section
25 31 216A.107:
25 32 \$ 6,392,834

Allocates \$6,392,834 of the FY 2015 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 an increase of \$200,000 compared to estimated FY 2015.

25 33 (1) Of the funds allocated for the family development
25 34 and self-sufficiency grant program in this paragraph "b",
25 35 not more than 5 percent of the funds shall be used for the
26 1 administration of the grant program.

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

26 2 (2) The department of human rights may continue to implement
26 3 the family development and self-sufficiency grant program
26 4 statewide during fiscal year 2015-2016.

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

26 5 (3) The department of human rights may engage in activities
26 6 to strengthen and improve family outcomes measures and
26 7 data collection systems under the family development and
26 8 self-sufficiency grant program.

26 9 c. For the diversion subaccount of the FIP account:
 26 10 \$ 815,000
 26 11 A portion of the moneys allocated for the subaccount may
 26 12 be used for field operations, salaries, data management
 26 13 system development, and implementation costs and support
 26 14 deemed necessary by the director of human services in order
 26 15 to administer the FIP diversion program. To the extent
 26 16 moneys allocated in this paragraph "c" are not deemed by the
 26 17 department to be necessary to support diversion activities,
 26 18 such moneys may be used for other efforts intended to increase
 26 19 engagement by family investment program participants in work,
 26 20 education, or training activities.

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

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

26 21 d. For the food assistance employment and training program:
 26 22 \$ 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.

26 23 (1) The department shall apply the federal supplemental
 26 24 nutrition assistance program (SNAP) employment and training
 26 25 state plan in order to maximize to the fullest extent permitted
 26 26 by federal law the use of the 50 percent federal reimbursement
 26 27 provisions for the claiming of allowable federal reimbursement
 26 28 funds from the United States department of agriculture
 26 29 pursuant to the federal SNAP employment and training program
 26 30 for providing education, employment, and training services
 26 31 for eligible food assistance program participants, including
 26 32 but not limited to related dependent care and transportation
 26 33 expenses.

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

26 34 (2) The department shall continue the categorical federal
 26 35 food assistance program eligibility at 160 percent of the
 27 1 federal poverty level and continue to eliminate the asset test
 27 2 from eligibility requirements, consistent with federal food
 27 3 assistance program requirements. The department shall include
 27 4 as many food assistance households as is allowed by federal
 27 5 law. The eligibility provisions shall conform to all federal
 27 6 requirements including requirements addressing individuals who
 27 7 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.

27 8 e. For the JOBS program:
 27 9 \$ 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.

27 10 5. Of the child support collections assigned under FIP,

Requires the federal share of child support collections recovered by the

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

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.

27 27 6. The department may adopt emergency rules for the family
 27 28 investment, JOBS, food assistance, and medical assistance
 27 29 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.

27 30 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 27 31 is appropriated from the general fund of the state to the
 27 32 department of human services for the fiscal year beginning July
 27 33 1, 2015, and ending June 30, 2016, the following amount, or
 27 34 so much thereof as is necessary, to be used for the purpose
 27 35 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 increase of \$400,000 compared to estimated FY 2015. The changes include:

28 1 To be credited to the family investment program (FIP)
 28 2 account and used for family investment program assistance under
 28 3 chapter 239B:
 28 4 \$ 49,093,875

- 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).
- An increase of \$200,000 for the FaDSS Program.
- An increase of \$200,000 for the Boys and Girls Club for TANF eligible children.
- 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 \$41,774 due to a reduction in EBT 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).

28 5 1. Of the funds appropriated in this section, \$7,402,220 is
28 6 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.

28 7 2. Of the funds appropriated in this section, \$3,513,854 is
28 8 allocated for the family development and self-sufficiency grant
28 9 program.

General Fund allocation of \$3,513,854 for the FaDSS Program.

DETAIL: This is an increase of \$200,000 compared to the FY 2015 allocation.

28 10 3. Notwithstanding section 8.39, for the fiscal year
28 11 beginning July 1, 2015, if necessary to meet federal
28 12 maintenance of effort requirements or to transfer federal
28 13 temporary assistance for needy families block grant funding
28 14 to be used for purposes of the federal social services block
28 15 grant or to meet cash flow needs resulting from delays in
28 16 receiving federal funding or to implement, in accordance with
28 17 this division of this Act, activities currently funded with
28 18 juvenile court services, county, or community moneys and state
28 19 moneys used in combination with such moneys, the department
28 20 of human services may transfer funds within or between any
28 21 of the appropriations made in this division of this Act and
28 22 appropriations in law for the federal social services block
28 23 grant to the department for the following purposes, provided
28 24 that the combined amount of state and federal temporary
28 25 assistance for needy families block grant funding for each
28 26 appropriation remains the same before and after the transfer:
28 27 a. For the family investment program.
28 28 b. For child care assistance.
28 29 c. For child and family services.
28 30 d. For field operations.
28 31 e. For general administration.
28 32 f. For distribution to counties or regions through the
28 33 property tax relief fund for mental health and disability
28 34 services as provided in an appropriation for this purpose.
28 35 This subsection shall not be construed to prohibit the use
29 1 of existing state transfer authority for other purposes. The
29 2 department shall report any transfers made pursuant to this
29 3 subsection to the legislative services agency.

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

29 4 4. Of the funds appropriated in this section, \$195,678 shall
29 5 be used for continuation of a grant to an Iowa-based nonprofit
29 6 organization with a history of providing tax preparation
29 7 assistance to low-income Iowans in order to expand the usage of
29 8 the earned income tax credit. The purpose of the grant is to

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

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

29 9 supply this assistance to underserved areas of the state.

29 10 5. Of the funds appropriated in this section, \$80,000 shall
29 11 be used for the continuation of an unfunded pilot project, as
29 12 defined in 441 IAC 100.1, relating to parental obligations,
29 13 in which the child support recovery unit participates, to
29 14 support the efforts of a nonprofit organization committed to
29 15 strengthening the community through youth development, healthy
29 16 living, and social responsibility headquartered in a county
29 17 with a population over 350,000. The funds allocated in this
29 18 subsection shall be used by the recipient organization to
29 19 develop a larger community effort, through public and private
29 20 partnerships, to support a broad-based multi-county fatherhood
29 21 initiative that promotes payment of child support obligations,
29 22 improved family relationships, and full-time employment.

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

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

29 23 6. Of the funds appropriated in this section, \$200,000 shall
29 24 be used as a grant to a nonprofit organization organized under
29 25 section 501(c)(4) of the Internal Revenue Code to implement a
29 26 youth development strategy through after-school programming
29 27 that promotes academic success, healthy lifestyles, good
29 28 character, and citizenship. The organization shall meet all of
29 29 the following criteria:

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

29 30 a. Operate statewide and provide services through more than
29 31 one location.

29 32 b. Provide the after-school programming for students ages
29 33 five through eighteen years of age who are members of families
29 34 eligible for the federal temporary assistance for needy
29 35 families program.

30 1 c. Provide evidence, based on measurable outcomes, that the
30 2 after-school programming provided results in increased student
30 3 achievement.

30 4 7. The department may transfer funds appropriated in this
30 5 section to the appropriations made in this division of this Act
30 6 for general administration and field operations as necessary
30 7 to administer this section and the overall family investment
30 8 program.

30 9 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
30 10 from the general fund of the state to the department of human
30 11 services for the fiscal year beginning July 1, 2015, and ending
30 12 June 30, 2016, the following amount, or so much thereof as is
30 13 necessary, to be used for the purposes designated:

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

DETAIL: This is a decrease of \$247,857 and an increase of 5.00 FTE positions compared to estimated FY 2015. The changes include:

30 14 For child support recovery, including salaries, support,
30 15 maintenance, and miscellaneous purposes, and for not more than
30 16 the following full-time equivalent positions:

30 17 \$ 14,663,373
30 18 FTEs 464.00

- A decrease of \$294,111 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- An increase of \$46,254 due to increased costs of service.
- An increase of 5.00 FTE positions to match the FY 2015

appropriation.

30 19 1. The department shall expend up to \$24,329, including
 30 20 federal financial participation, for the fiscal year beginning
 30 21 July 1, 2015, for a child support public awareness campaign.
 30 22 The department and the office of the attorney general shall
 30 23 cooperate in continuation of the campaign. The public
 30 24 awareness campaign shall emphasize, through a variety of
 30 25 media activities, the importance of maximum involvement of
 30 26 both parents in the lives of their children as well as the
 30 27 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.

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

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

30 33 3. The appropriation made to the department for child
 30 34 support recovery may be used throughout the fiscal year in the
 30 35 manner necessary for purposes of cash flow management, and for
 31 1 cash flow management purposes the department may temporarily
 31 2 draw more than the amount appropriated, provided the amount
 31 3 appropriated is not exceeded at the close of the fiscal year.

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

31 4 4. With the exception of the funding amount specified, the
 31 5 requirements established under 2001 Iowa Acts, chapter 191,
 31 6 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 31 7 be applicable to parental obligation pilot projects for the
 31 8 fiscal year beginning July 1, 2015, and ending June 30, 2016.
 31 9 Notwithstanding 441 IAC 100.8, providing for termination of
 31 10 rules relating to the pilot projects, the rules shall remain
 31 11 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 \(FY 2002 Health and Human Services Appropriations Act\)](#).

31 12 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 31 13 FY 2015-2016. Any funds remaining in the health care trust
 31 14 fund created in section 453A.35A for the fiscal year beginning
 31 15 July 1, 2015, and ending June 30, 2016, are appropriated to
 31 16 the department of human services to supplement the medical
 31 17 assistance program appropriations made in this division of this
 31 18 Act, for medical assistance reimbursement and associated costs,
 31 19 including program administration and costs associated with
 31 20 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.

31 21 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 31 22 2015-2016. Any funds remaining in the Medicaid fraud fund
 31 23 created in section 249A.50 for the fiscal year beginning
 31 24 July 1, 2015, and ending June 30, 2016, are appropriated to

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

DETAIL: It is estimated that there will be \$500,000 available. This is no

31 25 the department of human services to supplement the medical
 31 26 assistance appropriations made in this division of this Act,
 31 27 for medical assistance reimbursement and associated costs,
 31 28 including program administration and costs associated with
 31 29 program implementation.

change compared to estimated FY 2015.

31 30 Sec. 12. MEDICAL ASSISTANCE.

General Fund appropriation to the DHS for the Medicaid Program.

31 31 1. There is appropriated from the general fund of the
 31 32 state to the department of human services for the fiscal year
 31 33 beginning July 1, 2015, and ending June 30, 2016, the following
 31 34 amount, or so much thereof as is necessary, to be used for the
 31 35 purpose designated:

DETAIL: This is a net increase of \$95,695,247 compared to estimated FY 2015. The changes include:

32 1 For medical assistance program reimbursement and associated
 32 2 costs as specifically provided in the reimbursement
 32 3 methodologies in effect on June 30, 2015, except as otherwise
 32 4 expressly authorized by law, including reimbursement for
 32 5 abortion services which shall be available under the medical
 32 6 assistance program only for those abortions which are medically
 32 7 necessary:
 32 8 \$1,346,353,640

- An increase of \$69,000,000 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 \$32,500,000 to rebase nursing facilities.
- An increase of \$17,788,860 due to program growth and other revenue adjustments.
- An increase of \$12,747,847 to fund Medicaid at the Governor's level.
- An increase of \$5,400,000 to rebase hospitals.
- 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 \$4,200,000 to provide a 1.50% increase for Home and Community-Based Services (HCBS) providers.
- An increase of \$3,900,000 to rebase home health provider rates.
- An increase of \$1,922,695 to replace funding from the Medicaid Fraud Fund.
- An increase of \$1,000,000 for an inpatient psychiatric bed cost-based adjustment.
- A decrease of \$5,752,587 to reallocate funds directly to the Mt. Pleasant MHI.
- A decrease of \$108,295,633 for Medicaid cost containment initiatives.

32 9 2. Medically necessary abortions are those performed under
 32 10 any of the following conditions:

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

32 11 a. The attending physician certifies that continuing the
 32 12 pregnancy would endanger the life of the pregnant woman.

32 13 b. The attending physician certifies that the fetus is
 32 14 physically deformed, mentally deficient, or afflicted with a
 32 15 congenital illness.

32 16 c. The pregnancy is the result of a rape which is reported
 32 17 within 45 days of the incident to a law enforcement agency or
 32 18 public or private health agency which may include a family

32 19 physician.
 32 20 d. The pregnancy is the result of incest which is reported
 32 21 within 150 days of the incident to a law enforcement agency
 32 22 or public or private health agency which may include a family
 32 23 physician.
 32 24 e. Any spontaneous abortion, commonly known as a
 32 25 miscarriage, if not all of the products of conception are
 32 26 expelled.
 32 27 3. a. Iowans support reducing the number of abortions
 32 28 performed in our state. For an abortion covered under the
 32 29 program, except in the case of a medical emergency, as defined
 32 30 in section 135L.1, for any woman, the physician shall certify
 32 31 both of the following:
 32 32 (1) That the woman has been given the opportunity to view an
 32 33 ultrasound image of the fetus as part of the standard of care
 32 34 before an abortion is performed.
 32 35 (2) That the woman has been provided information regarding
 33 1 the options relative to a pregnancy, including continuing the
 33 2 pregnancy to term and retaining parental rights following the
 33 3 child's birth, continuing the pregnancy to term and placing the
 33 4 child for adoption, and terminating the pregnancy.
 33 5 b. The provisions of this section relating to abortions
 33 6 shall also apply to the Iowa health and wellness plan created
 33 7 pursuant to chapter 249N.

33 8 4. The department shall utilize not more than \$60,000 of
 33 9 the funds appropriated in this section to continue the AIDS/HIV
 33 10 health insurance premium payment program as established in 1992
 33 11 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 33 12 409, subsection 6. Of the funds allocated in this subsection,
 33 13 not more than \$5,000 may be expended for administrative
 33 14 purposes.

33 15 5. Of the funds appropriated in this Act to the department
 33 16 of public health for addictive disorders, \$950,000 for
 33 17 the fiscal year beginning July 1, 2015, is transferred
 33 18 to the department of human services for an integrated
 33 19 substance-related disorder managed care system. The department
 33 20 shall not assume management of the substance-related disorder
 33 21 system in place of the managed care contractor unless such
 33 22 a change in approach is specifically authorized in law.
 33 23 The departments of human services and public health shall
 33 24 work together to maintain the level of mental health and
 33 25 substance-related disorder treatment services provided by the
 33 26 managed care contractor through the Iowa plan for behavioral
 33 27 health. Each department shall take the steps necessary to
 33 28 continue the federal waivers as necessary to maintain the level

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

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

Requires \$950,000 of the Addictive Disorders appropriation allocation 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.

33 29 of services.

33 30 6. a. The department shall aggressively pursue options for
 33 31 providing medical assistance or other assistance to individuals
 33 32 with special needs who become ineligible to continue receiving
 33 33 services under the early and periodic screening, diagnostic,
 33 34 and treatment program under the medical assistance program
 33 35 due to becoming 21 years of age who have been approved for
 34 1 additional assistance through the department's exception to
 34 2 policy provisions, but who have health care needs in excess
 34 3 of the funding available through the exception to policy
 34 4 provisions.

34 5 b. Of the funds appropriated in this section, \$100,000
 34 6 shall be used for participation in one or more pilot projects
 34 7 operated by a private provider to allow the individual or
 34 8 individuals to receive service in the community in accordance
 34 9 with principles established in *Olmstead v.L.C.*, 527 U.S.581
 34 10 (1999), for the purpose of providing medical assistance or
 34 11 other assistance to individuals with special needs who become
 34 12 ineligible to continue receiving services under the early and
 34 13 periodic screening, diagnostic, and treatment program under
 34 14 the medical assistance program due to becoming 21 years of
 34 15 age who have been approved for additional assistance through
 34 16 the department's exception to policy provisions, but who have
 34 17 health care needs in excess of the funding available through
 34 18 the exception to the policy provisions.

34 19 7. Of the funds appropriated in this section, up to
 34 20 \$3,050,082 may be transferred to the field operations or
 34 21 general administration appropriations in this division of this
 34 22 Act for operational costs associated with Part D of the federal
 34 23 Medicare Prescription Drug Improvement and Modernization Act
 34 24 of 2003, Pub.L.No.108-173.

34 25 8. Of the funds appropriated in this section, up to \$442,100
 34 26 may be transferred to the appropriation in this division
 34 27 of this Act for medical contracts to be used for clinical
 34 28 assessment services and prior authorization of services.

34 29 9. A portion of the funds appropriated in this section
 34 30 may be transferred to the appropriations in this division of
 34 31 this Act for general administration, medical contracts, the
 34 32 children's health insurance program, or field operations to be
 34 33 used for the state match cost to comply with the payment error
 34 34 rate measurement (PERM) program for both the medical assistance
 34 35 and children's health insurance programs as developed by the
 35 1 centers for Medicare and Medicaid services of the United States

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.

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.

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.

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.

35 2 department of health and human services to comply with the
35 3 federal Improper Payments Information Act of 2002, Pub.L.No.
35 4 107-300.

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.

35 5 10. The department shall continue to implement the
35 6 recommendations of the assuring better child health and
35 7 development initiative II (ABCDII) clinical panel to the
35 8 Iowa early and periodic screening, diagnostic, and treatment
35 9 services healthy mental development collaborative board
35 10 regarding changes to billing procedures, codes, and eligible
35 11 service providers.

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.

35 12 11. Of the funds appropriated in this section, a sufficient
35 13 amount is allocated to supplement the incomes of residents of
35 14 nursing facilities, intermediate care facilities for persons
35 15 with mental illness, and intermediate care facilities for
35 16 persons with an intellectual disability, with incomes of less
35 17 than \$50 in the amount necessary for the residents to receive a
35 18 personal needs allowance of \$50 per month pursuant to section
35 19 249A.30A.

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

DETAIL: This is no change compared to the FY 2015 allocation for the three institutions listed. The \$5,752,587 that was previously under this paragraph for Mt. Pleasant MHI is now funded from the Social Services Block Grant.

35 20 12. Of the funds appropriated in this section, the following
35 21 amounts are transferred to the appropriations made in this
35 22 division of this Act for the state mental health institutes:
35 23 a. Cherokee mental health institute \$ 9,098,425
35 24 b. Clarinda mental health institute \$ 1,977,305
35 25 c. Independence mental health institute ... \$ 9,045,894

35 26 13. a. Of the funds appropriated in this section,
35 27 \$8,596,650 is allocated for the state match for a
35 28 disproportionate share hospital payment of \$19,133,430 to
35 29 hospitals that meet both of the conditions specified in
35 30 subparagraphs (1) and (2). In addition, the hospitals that
35 31 meet the conditions specified shall either certify public
35 32 expenditures or transfer to the medical assistance program
35 33 an amount equal to provide the nonfederal share for a
35 34 disproportionate share hospital payment of \$7,500,000. The
35 35 hospitals that meet the conditions specified shall receive and
36 1 retain 100 percent of the total disproportionate share hospital
36 2 payment of \$26,633,430.
36 3 (1) The hospital qualifies for disproportionate share and
36 4 graduate medical education payments.
36 5 (2) The hospital is an Iowa state-owned hospital with more
36 6 than 500 beds and eight or more distinct residency specialty
36 7 or subspecialty programs recognized by the American college of
36 8 graduate medical education.

Allocates \$8,596,650 of Medicaid funds for the State match for the Disproportionate Share Hospital (DSH) payment of \$19,133,430. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$7,500,000 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

36 9 b. Distribution of the disproportionate share payments

Specifies that the DSH payments are to be distributed on a monthly

36 10 shall be made on a monthly basis. The total amount of
 36 11 disproportionate share payments including graduate medical
 36 12 education, enhanced disproportionate share, and Iowa
 36 13 state-owned teaching hospital payments shall not exceed the
 36 14 amount of the state's allotment under Pub.L.No.102-234.
 36 15 In addition, the total amount of all disproportionate
 36 16 share payments shall not exceed the hospital-specific
 36 17 disproportionate share limits under Pub.L.No.103-66.

basis and the DSH payments are not to exceed the federal limit.

36 18 c. The university of Iowa hospitals and clinics shall either
 36 19 certify public expenditures or transfer to the appropriations
 36 20 made in this division of this Act for medical assistance an
 36 21 amount equal to provide the nonfederal share for increased
 36 22 medical assistance payments for inpatient and outpatient
 36 23 hospital services of \$9,900,000. The university of Iowa
 36 24 hospitals and clinics shall receive and retain 100 percent of
 36 25 the total increase in medical assistance payments.

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

36 26 d. Program payments for disproportionate share hospitals
 36 27 and graduate medical education, and the upper payment limits
 36 28 applicable to these programs shall be held harmless from the
 36 29 impacts of Medicaid managed care and the governor's Medicaid
 36 30 modernization initiative. Payment methodologies utilized
 36 31 for these programs may be adjusted or converted to other
 36 32 methodologies or payment types in order to comply with this
 36 33 hold harmless requirement.

36 34 14. One hundred percent of the nonfederal share of payments
 36 35 to area education agencies that are medical assistance
 37 1 providers for medical assistance-covered services provided to
 37 2 medical assistance-covered children, shall be made from the
 37 3 appropriation made in this section.

Allocates Medicaid funds to Area Education Agencies.

37 4 15. Any new or renewed contract entered into by the
 37 5 department with a third party to administer behavioral health
 37 6 services under the medical assistance program shall provide
 37 7 that any interest earned on payments from the state during
 37 8 the state fiscal year shall be remitted to the department
 37 9 and treated as recoveries to offset the costs of the medical
 37 10 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 back to the DHS.

37 11 16. A portion of the funds appropriated in this section
 37 12 may be transferred to the appropriation in this division of
 37 13 this Act for medical contracts to be used for administrative
 37 14 activities associated with the money follows the person
 37 15 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.

37 16 17. Of the funds appropriated in this section, \$349,011
 37 17 shall be used for the administration of the health insurance

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

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| <p>37 18 premium payment program, including salaries, support, 37 19 maintenance, and miscellaneous purposes.</p> | <p>DETAIL: This is no change compared to the FY 2015 allocation.</p> |
| <p>37 20 18. a. The department may increase the amounts allocated 37 21 for salaries, support, maintenance, and miscellaneous purposes 37 22 associated with the medical assistance program, as necessary, 37 23 to implement cost containment strategies. The department shall 37 24 report any such increase to the legislative services agency and 37 25 the department of management.</p> | <p>Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.</p> <p>DETAIL: The Department is required to report any increase to the LSA and the DOM.</p> |
| <p>37 26 b. If the savings to the medical assistance program from 37 27 cost containment efforts exceed the cost for the fiscal 37 28 year beginning July 1, 2015, the department may transfer any 37 29 savings generated for the fiscal year due to medical assistance 37 30 program cost containment efforts to the appropriation 37 31 made in this division of this Act for medical contracts or 37 32 general administration to defray the increased contract costs 37 33 associated with implementing such efforts.</p> | <p>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.</p> |
| <p>37 34 c. The department of human services shall not implement 37 35 the following cost containment measures as recommended by the 38 1 governor for the fiscal year beginning July 1, 2015:</p> | |
| <p>38 2 (1) A measure to provide uniform rates of \$.575 per mile 38 3 based on the 2015 Internal Revenue Service mileage rate and 38 4 of \$9.29, the current statewide average, per one-way trip for 38 5 Medicaid program home and community-based services waivers.</p> | <p>Prohibits the DHS from implementing the Governor's cost containment strategy relating to mileage reimbursement for the Home and Community-Based Services Program.</p> |
| <p>38 6 (2) A measure to cap the total costs of all services 38 7 received by a recipient of the home and community-based 38 8 services waiver for individuals with an intellectual disability 38 9 at the daily intermediate care facility for persons with an 38 10 intellectual disability (ICF/ID) per diem rate of \$346.39 per 38 11 day based on the 80th percentile of all ICF/ID rates.</p> | <p>Prohibits the DHS from implementing the Governor's cost containment strategy relating to capping the total cost of services under the Intellectual Disabilities waiver.</p> |
| <p>38 12 (3) A measure to align individual requests for exceptions to 38 13 policy with the capped total cost of services for a recipient 38 14 of the home and community-based services waiver for individuals 38 15 with an intellectual disability as computed under subparagraph 38 16 (2).</p> | <p>Prohibits the DHS from implementing the Governor's cost containment strategy related to exceptions to policy for the Intellectual Disabilities waiver.</p> |
| <p>38 17 (4) A measure to utilize the supports intensity scale 38 18 to determine payment amounts and a tiered payment system 38 19 for the services provided to adults served under the home 38 20 and community-based services waiver for individuals with an 38 21 intellectual disability.</p> | <p>Prohibits the DHS from implementing the Governor's cost containment strategy related the Supports Intensity Scale for the Intellectual Disabilities waiver.</p> |
| <p>38 22 (5) A measure to accelerate implementation of the provision</p> | <p>Prohibits the DHS from implementing the Governor's cost containment</p> |

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| <p>38 23 that beginning July 1, 2015, rather than July 1, 2016, the 38 24 department of human services requires services through the 38 25 consumer-directed attendant care option to be provided through 38 26 an agency or consumer choices option.</p> | <p>strategy making changes to the consumer-directed attendant care option.</p> |
| <p>38 27 (6) A measure to reallocate funding for community-based 38 28 systems of care to instead support integrated health homes.</p> | <p>Prohibits the DHS from implementing the Governor's cost containment strategy reallocating funding for systems of care initiatives under the Child Welfare Appropriation.</p> |
| <p>38 29 (7) A measure to increase the university of Iowa hospitals 38 30 and clinics state share responsibility for the supplemental 38 31 disproportionate share hospital payment to the university of 38 32 Iowa hospitals and clinics for the fiscal year beginning July 38 33 1, 2015.</p> | <p>Prohibits the DHS from implementing the Governor's cost containment strategy shifting the responsibility for the nonfederal share of the disproportionate share hospital payment to the UIHC.</p> |
| <p>38 34 d. The department shall report the implementation of 38 35 any cost containment strategies under this subsection to 39 1 the individuals specified in this division of this Act for 39 2 submission of reports on a quarterly basis.</p> | <p>Requires the DHS to report on the implementation of the cost containment strategies in this Division on a quarterly basis to the LSA and DOM.</p> |
| <p>39 3 19. For the fiscal year beginning July 1, 2015, and ending 39 4 June 30, 2016, the replacement generation tax revenues required 39 5 to be deposited in the property tax relief fund pursuant to 39 6 section 437A.8, subsection 4, paragraph "d", and section 39 7 437A.15, subsection 3, paragraph "f", shall instead be credited 39 8 to and supplement the appropriation made in this section and 39 9 used for the allocations made in this section.</p> | <p>Allocates approximately \$1,300,000 in funding from the replacement generation tax revenues to the Medicaid Program.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p> |
| <p>39 10 20. The department shall continue to administer the state 39 11 balancing incentive payments program as specified in 2012 Iowa 39 12 Acts, chapter 1133, section 14.</p> | <p>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).</p> |
| <p>39 13 21. a. Of the funds appropriated in this section, \$900,000 39 14 shall be used for continued implementation of the children's 39 15 mental health home project proposed by the department of human 39 16 services and reported to the general assembly's mental health 39 17 and disability services study committee in December 2011. Of 39 18 this amount, up to \$50,000 may be transferred by the department 39 19 to the appropriation made in this division of this Act to the 39 20 department for the same fiscal year for general administration 39 21 to be used for associated administrative expenses and for not 39 22 more than one full-time equivalent position, in addition to 39 23 those authorized for the same fiscal year, to be assigned to 39 24 implementing the project.</p> | <p>Allocates \$900,000 to implement the Children's Mental Health Home and allows the DHS to transfer up to \$50,000 to be used for administrative expenses.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p> |
| <p>39 25 b. Of the funds appropriated in this section, up to \$400,000 39 26 may be transferred by the department to the appropriation made</p> | <p>Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the</p> |

39 27 to the department in this division of this Act for the same
 39 28 fiscal year for Medicaid program-related general administration
 39 29 planning and implementation activities. The funds may be used
 39 30 for contracts or for personnel in addition to the amounts
 39 31 appropriated for and the positions authorized for general
 39 32 administration for the fiscal year.

Balancing Incentive Payment Program (BIPP).

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

39 33 c. Of the funds appropriated in this section, up to
 39 34 \$3,000,000 may be transferred by the department to the
 39 35 appropriations made in this division of this Act for the same
 40 1 fiscal year for general administration or medical contracts
 40 2 to be used to support the development and implementation of
 40 3 standardized assessment tools for persons with mental illness,
 40 4 an intellectual disability, a developmental disability, or a
 40 5 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.

40 6 22. Of the funds appropriated in this section, \$250,000
 40 7 shall be used for lodging expenses associated with care
 40 8 provided at the university of Iowa hospitals and clinics for
 40 9 patients with cancer whose travel distance is 30 miles or more
 40 10 and whose income is at or below 200 percent of the federal
 40 11 poverty level as defined by the most recently revised poverty
 40 12 income guidelines published by the United States department of
 40 13 health and human services. The department of human services
 40 14 shall establish the maximum number of overnight stays and the
 40 15 maximum rate reimbursed for overnight lodging, which may be
 40 16 based on the state employee rate established by the department
 40 17 of administrative services. The funds allocated in this
 40 18 subsection shall not be used as nonfederal share matching
 40 19 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.

40 20 23. The department of human services shall adopt rules to
 40 21 provide for coverage of telehealth under the Medicaid program.
 40 22 The rules shall provide that in-person contact between a
 40 23 health care professional and a patient is not required as a
 40 24 prerequisite for payment for services appropriately provided
 40 25 through telehealth in accordance with generally accepted health
 40 26 care practices and standards prevailing in the applicable
 40 27 professional community at the time the services are provided.
 40 28 Health care services provided through in-person consultations
 40 29 or through telehealth shall be treated as equivalent services
 40 30 for the purposes of reimbursement.

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

40 31 24. a. For inpatient and outpatient services provided
 40 32 by hospitals on or after July 1, 2015, the department of
 40 33 human services shall recalculate and prospectively apply an
 40 34 updated cost-to-charge ratio upon the request of a hospital to
 40 35 implement price or charge reductions, if all of the following

Permits hospitals to lower the published rate closer to the rate the patient is charged without adversely impacting Medicaid reimbursement.

41 1 criteria are met:
 41 2 (1) The recalculation of an updated cost-to-charge ratio is
 41 3 budget neutral to the state funding amount appropriated for the
 41 4 respective fiscal year and maintains budget neutral payments or
 41 5 revenue to all hospitals.
 41 6 (2) The hospital requesting the price or charge reduction
 41 7 submits a proforma cost report and charge master that reflects
 41 8 the anticipated cost-to-charge reduction.
 41 9 b. Based upon the proforma cost report submitted by the
 41 10 requesting hospital, the department of human services shall
 41 11 prospectively apply the recalculated cost-to-charge ratio as
 41 12 appropriate to submitted claims for health care services.

41 13 25. The department of human services shall not adopt
 41 14 emergency rules to implement Medicaid managed care or the
 41 15 governor's Medicaid modernization initiative on or after July
 41 16 1, 2015.

41 17 26. The number of home and community-based services waiver
 41 18 slots available during the fiscal year beginning July 1, 2015,
 41 19 shall not be reduced below the number of such slots available
 41 20 on January 1, 2015.

41 21 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
 41 22 general fund of the state to the department of human services
 41 23 for the fiscal year beginning July 1, 2015, and ending June 30,
 41 24 2016, the following amount, or so much thereof as is necessary,
 41 25 to be used for the purpose designated:
 41 26 For medical contracts:
 41 27 \$ 22,153,584

41 28 1. The department of inspections and appeals shall
 41 29 provide all state matching funds for survey and certification
 41 30 activities performed by the department of inspections
 41 31 and appeals. The department of human services is solely
 41 32 responsible for distributing the federal matching funds for
 41 33 such activities.

41 34 2. Of the funds appropriated in this section, \$50,000 shall
 41 35 be used for continuation of home and community-based services
 42 1 waiver quality assurance programs, including the review and
 42 2 streamlining of processes and policies related to oversight and
 42 3 quality management to meet state and federal requirements.

Prohibits the DHS from utilizing emergency rules to implement managed care or the Governor's Medicaid Modernization Initiative.

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

General Fund appropriation to Medical Contracts.

DETAIL: This is an increase of \$5,005,008 compared to estimated FY 2015. The changes include:

- An increase of \$4,967,564 to replace one-time funding from the Pharmaceutical Settlement Account.
- An increase of \$1,037,444 due to increased contract, operations, and information technology (IT) costs.
- A decrease of \$1,000,000 for the Autism Treatment Program. This reduces the General Fund appropriation for the Program to \$2,000,000.

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

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.

42 4 3. Of the amount appropriated in this section, up to
 42 5 \$200,000 may be transferred to the appropriation for general
 42 6 administration in this division of this Act to be used for
 42 7 additional full-time equivalent positions in the development of
 42 8 key health initiatives such as cost containment, development
 42 9 and oversight of managed care programs, and development of
 42 10 health strategies targeted toward improved quality and reduced
 42 11 costs in the Medicaid program.

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.

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

42 12 4. Of the funds appropriated in this section, \$1,000,000
 42 13 shall be used for planning and development, in cooperation with
 42 14 the department of public health, of a phased-in program to
 42 15 provide a dental home for children.

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

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

42 16 5. Of the funds appropriated in this section, \$2,000,000
 42 17 shall be used for the autism support program created in chapter
 42 18 225D.

Allocates \$2,000,000 for an Autism Treatment Program.

DETAIL: This is an 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.

42 19 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for State Supplementary Assistance.

42 20 1. There is appropriated from the general fund of the
 42 21 state to the department of human services for the fiscal year
 42 22 beginning July 1, 2015, and ending June 30, 2016, the following
 42 23 amount, or so much thereof as is necessary, to be used for the
 42 24 purpose designated:

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

42 25 For the state supplementary assistance program:
 42 26 \$ 12,997,187

42 27 2. The department shall increase the personal needs
 42 28 allowance for residents of residential care facilities by the
 42 29 same percentage and at the same time as federal supplemental
 42 30 security income and federal social security benefits are
 42 31 increased due to a recognized increase in the cost of living.
 42 32 The department may adopt emergency rules to implement this
 42 33 subsection.

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.

42 34 3. If during the fiscal year beginning July 1, 2015,
 42 35 the department projects that state supplementary assistance
 43 1 expenditures for a calendar year will not meet the federal
 43 2 pass-through requirement specified in Tit.XVI of the federal
 43 3 Social Security Act, section 1618, as codified in 42 U.S.C.
 43 4 §1382g, the department may take actions including but not
 43 5 limited to increasing the personal needs allowance for
 43 6 residential care facility residents and making programmatic

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

43 7 adjustments or upward adjustments of the residential care
 43 8 facility or in-home health-related care reimbursement rates
 43 9 prescribed in this division of this Act to ensure that federal
 43 10 requirements are met. In addition, the department may make
 43 11 other programmatic and rate adjustments necessary to remain
 43 12 within the amount appropriated in this section while ensuring
 43 13 compliance with federal requirements. The department may adopt
 43 14 emergency rules to implement the provisions of this subsection.

43 15 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.
 43 16 1. There is appropriated from the general fund of the
 43 17 state to the department of human services for the fiscal year
 43 18 beginning July 1, 2015, and ending June 30, 2016, the following
 43 19 amount, or so much thereof as is necessary, to be used for the
 43 20 purpose designated:
 43 21 For maintenance of the healthy and well kids in Iowa (hawk-i)
 43 22 program pursuant to chapter 514I, including supplemental dental
 43 23 services, for receipt of federal financial participation under
 43 24 Tit.XXI of the federal Social Security Act, which creates the
 43 25 children's health insurance program:
 43 26 \$ 21,163,844

43 27 2. Of the funds appropriated in this section, \$42,800 is
 43 28 allocated for continuation of the contract for outreach with
 43 29 the department of public health.

43 30 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 43 31 from the general fund of the state to the department of human
 43 32 services for the fiscal year beginning July 1, 2015, and ending
 43 33 June 30, 2016, the following amount, or so much thereof as is
 43 34 necessary, to be used for the purpose designated:
 43 35 For child care programs:
 44 1 \$ 56,638,030

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 \$24,714,154 compared to estimated FY 2015. The changes include:

- 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 \$29,244,956 due to a 23.00% FMAP increase provided under the federal Affordable Care Act (ACA).

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.

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

DETAIL: This is a net increase of \$9,505,950 compared to estimated FY 2015. The changes include:

- An increase of \$6,809,992 due to a one-time replacement of federal carryforward funds.
- An increase of \$7,929,362 to expand eligibility requirements to 160.00% of the Federal Poverty Level.
- 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.

| | |
|---|--|
| 44 2 1. Of the funds appropriated in this section, \$48,818,603 | Allocates \$48,818,603 for the Child Care Assistance Program. |
| 44 3 shall be used for state child care assistance in accordance | |
| 44 4 with section 237A.13. | DETAIL: This is an increase of \$9,505,950 for the reasons outlined above. |
| 44 5 2. Nothing in this section shall be construed or is | |
| 44 6 intended as or shall imply a grant of entitlement for services | |
| 44 7 to persons who are eligible for assistance due to an income | |
| 44 8 level consistent with the waiting list requirements of section | |
| 44 9 237A.13. Any state obligation to provide services pursuant to | |
| 44 10 this section is limited to the extent of the funds appropriated | |
| 44 11 in this section. | Specifies that assistance from the Child Care Assistance Program is not an entitlement and the State's obligation to provide services is limited to the funds available. |
| 44 12 3. Of the funds appropriated in this section, \$432,453 | |
| 44 13 is allocated for the statewide grant program for child care | |
| 44 14 resource and referral services under section 237A.26. A list | |
| 44 15 of the registered and licensed child care facilities operating | |
| 44 16 in the area served by a child care resource and referral | |
| 44 17 service shall be made available to the families receiving state | |
| 44 18 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. |
| 44 19 4. Of the funds appropriated in this section, \$936,974 | |
| 44 20 is allocated for child care quality improvement initiatives | |
| 44 21 including but not limited to the voluntary quality rating | |
| 44 22 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. |
| 44 23 5. Of the funds appropriated in this section, \$6,350,000 | |
| 44 24 shall be credited to the early childhood programs grants | |
| 44 25 account in the early childhood Iowa fund created in section | |
| 44 26 256I.11. The moneys shall be distributed for funding of | |
| 44 27 community-based early childhood programs targeted to children | |
| 44 28 from birth through five years of age developed by early | |
| 44 29 childhood Iowa areas in accordance with approved community | |
| 44 30 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. |
| 44 31 6. The department may use any of the funds appropriated | |
| 44 32 in this section as a match to obtain federal funds for use in | |
| 44 33 expanding child care assistance and related programs. For | |
| 44 34 the purpose of expenditures of state and federal child care | |
| 44 35 funding, funds shall be considered obligated at the time | |
| 45 1 expenditures are projected or are allocated to the department's | |
| 45 2 service areas. Projections shall be based on current and | |
| 45 3 projected caseload growth, current and projected provider | |
| 45 4 rates, staffing requirements for eligibility determination | |
| 45 5 and management of program requirements including data systems | |
| 45 6 management, staffing requirements for administration of the | 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. |

45 7 program, contractual and grant obligations and any transfers
 45 8 to other state agencies, and obligations for decategorization
 45 9 or innovation projects.

45 10 7. A portion of the state match for the federal child care
 45 11 and development block grant shall be provided as necessary to
 45 12 meet federal matching funds requirements through the state
 45 13 general fund appropriation made for child development grants
 45 14 and other programs for at-risk children in section 279.51.

45 15 8. If a uniform reduction ordered by the governor under
 45 16 section 8.31 or other operation of law, transfer, or federal
 45 17 funding reduction reduces the appropriation made in this
 45 18 section for the fiscal year, the percentage reduction in the
 45 19 amount paid out to or on behalf of the families participating
 45 20 in the state child care assistance program shall be equal to or
 45 21 less than the percentage reduction made for any other purpose
 45 22 payable from the appropriation made in this section and the
 45 23 federal funding relating to it. The percentage reduction to
 45 24 the other allocations made in this section shall be the same as
 45 25 the uniform reduction ordered by the governor or the percentage
 45 26 change of the federal funding reduction, as applicable.
 45 27 If there is an unanticipated increase in federal funding
 45 28 provided for state child care assistance, the entire amount
 45 29 of the increase shall be used for state child care assistance
 45 30 payments. If the appropriations made for purposes of the
 45 31 state child care assistance program for the fiscal year are
 45 32 determined to be insufficient, it is the intent of the general
 45 33 assembly to appropriate sufficient funding for the fiscal year
 45 34 in order to avoid establishment of waiting list requirements.

45 35 9. Notwithstanding section 8.33, moneys advanced for
 46 1 purposes of the programs developed by early childhood Iowa
 46 2 areas, advanced for purposes of wraparound child care, or
 46 3 received from the federal appropriations made for the purposes
 46 4 of this section that remain unencumbered or unobligated at the
 46 5 close of the fiscal year shall not revert to any fund but shall
 46 6 remain available for expenditure for the purposes designated
 46 7 until the close of the succeeding fiscal year.

46 8 10. Of the funds appropriated in this section, \$100,000
 46 9 is transferred to the department of public health to be used
 46 10 to continue a program to assist parents in this state with
 46 11 costs resulting from the death of a child in accordance with
 46 12 this subsection. If it is less costly than administering the
 46 13 program directly, the department shall issue a request for
 46 14 proposals and issue a grant to an appropriate organization to
 46 15 administer the program.

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

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

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.

Allocates \$100,000 for transfer to the DPH for a program to assist low-income parents of deceased children with grants up to \$2,000 for burial expenses. Funds transferred for this Program will not revert.

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

46 16 a. The program funding shall be used to assist parents who
 46 17 reside in this state with costs incurred for a funeral, burial
 46 18 or cremation, cemetery costs, or grave marker costs associated
 46 19 with the unintended death of a child of the parent or a child
 46 20 under the care of a guardian or custodian. The department
 46 21 shall consider the following eligibility factors in developing
 46 22 program requirements:

46 23 (1) The child was a stillborn infant or was less than age
 46 24 eighteen at the time of death.

46 25 (2) The request for assistance was approved by the local
 46 26 board or department of health or the county general assistance
 46 27 director and may have been referred by a local funeral home.

46 28 (3) To be eligible, the parent, guardian, or custodian must
 46 29 have an annual household income that is less than 145 percent
 46 30 of the federal poverty level based on the number of people
 46 31 in the applicant's household as defined by the most recently
 46 32 revised poverty income guidelines published by the United
 46 33 States department of health and human services.

46 34 (4) The maximum amount of grant assistance provided to a
 46 35 parent, guardian, or custodian associated with the death of
 47 1 a child is \$2,000. If the death is a multiple death and the
 47 2 infants or children are being cremated, or buried together, the
 47 3 same limitation applies.

47 4 (5) To the extent the overall amount of assistance received
 47 5 by a recipient for the costs addressed under this subsection
 47 6 does not exceed the overall total of the costs, the recipient
 47 7 may receive other public or private assistance in addition to
 47 8 grant assistance under this section.

47 9 b. Notwithstanding section 8.33, moneys transferred by this
 47 10 subsection that remain unencumbered or unobligated at the close
 47 11 of the fiscal year shall not revert but shall remain available
 47 12 for expenditure for the purposes designated until expended.

47 13 Sec. 17. JUVENILE INSTITUTIONS. There is appropriated
 47 14 from the general fund of the state to the department of human
 47 15 services for the fiscal year beginning July 1, 2015, and ending
 47 16 June 30, 2016, the following amounts, or so much thereof as is
 47 17 necessary, to be used for the purposes designated:

47 18 1. For the costs of security, building and grounds
 47 19 maintenance, utilities, salary, and support for the facilities
 47 20 located at the Iowa juvenile home at Toledo and for salaries,
 47 21 support, maintenance, and miscellaneous purposes, and for not
 47 22 more than the following full-time equivalent positions:

| | | | |
|-------|-------|------|---------|
| 47 23 | ..... | \$ | 372,766 |
| 47 24 | ..... | FTEs | 2.00 |

General Fund appropriation to the DHS for Juvenile Institutions.

General Fund appropriation to the Iowa Juvenile Home at Toledo for ground maintenance, utilities, and security.

DETAIL: This is a decrease of \$135,000 and an increase of 1.90 FTE positions compared to estimated FY 2015. The decrease is to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid. The increase of 1.90 FTE positions matches the FY 2015 appropriation.

47 25 2. For operation of the state training school at Eldora and
 47 26 for salaries, support, maintenance, and miscellaneous purposes,
 47 27 and for not more than the following full-time equivalent
 47 28 positions:
 47 29 \$ 12,445,552
 47 30 FTEs 169.30

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

DETAIL: This is a net increase of \$87,267 and 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 appropriation.
- A decrease of \$251,936 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- An increase of \$212,132 to replace the loss of grant funding for a substance use disorder program.
- An increase of \$292,090 to enhance education programs with 1.00 FTE Special Educator and 4.00 FTE Educational Aides.
- An increase of \$693,168 to replace educational expenses due to a decrease from the Department of Education.

47 31 Of the funds appropriated in this subsection, \$91,150 shall
 47 32 be used for distribution to licensed classroom teachers at this
 47 33 and other institutions under the control of the department of
 47 34 human services based upon the average student yearly enrollment
 47 35 at each institution as determined by the department.

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

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

48 1 Sec. 18. CHILD AND FAMILY SERVICES.
 48 2 1. There is appropriated from the general fund of the
 48 3 state to the department of human services for the fiscal year
 48 4 beginning July 1, 2015, and ending June 30, 2016, the following
 48 5 amount, or so much thereof as is necessary, to be used for the
 48 6 purpose designated:
 48 7 For child and family services:
 48 8 \$ 98,182,179

General Fund appropriation for Child and Family Services.

DETAIL: This is a net increase of \$3,324,625 compared to the FY 2015 appropriation. General Fund changes include:

- 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 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 \$115,000 to the System of Care Program in Cerro Gordo and Linn Counties.
- A decrease of \$1,000,000 to the Family Investment Program for a general decrease.
- An increase of \$2,100,000 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, shelter care services, and family safety, risk, and permanency service providers.

48 9 2. Up to \$5,200,000 of the amount of federal temporary
48 10 assistance for needy families block grant funding appropriated
48 11 in this division of this Act for child and family services
48 12 shall be made available for purposes of juvenile delinquent
48 13 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.

48 14 3. The department may transfer funds appropriated in this
48 15 section as necessary to pay the nonfederal costs of services
48 16 reimbursed under the medical assistance program, state child
48 17 care assistance program, or the family investment program which
48 18 are provided to children who would otherwise receive services
48 19 paid under the appropriation in this section. The department
48 20 may transfer funds appropriated in this section to the
48 21 appropriations made in this division of this Act for general
48 22 administration and for field operations for resources necessary
48 23 to implement and operate the services funded in this section.

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

48 24 4. a. Of the funds appropriated in this section, up to
48 25 \$35,821,786 is allocated as the statewide expenditure target
48 26 under section 232.143 for group foster care maintenance and
48 27 services. If the department projects that such expenditures
48 28 for the fiscal year will be less than the target amount
48 29 allocated in this paragraph "a", the department may reallocate
48 30 the excess to provide additional funding for shelter care
48 31 or the child welfare emergency services addressed with the
48 32 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.

48 33 b. If at any time after September 30, 2015, annualization
48 34 of a service area's current expenditures indicates a service
48 35 area is at risk of exceeding its group foster care expenditure
49 1 target under section 232.143 by more than 5 percent, the
49 2 department and juvenile court services shall examine all
49 3 group foster care placements in that service area in order to
49 4 identify those which might be appropriate for termination.
49 5 In addition, any aftercare services believed to be needed
49 6 for the children whose placements may be terminated shall be
49 7 identified. The department and juvenile court services shall
49 8 initiate action to set dispositional review hearings for the
49 9 placements identified. In such a dispositional review hearing,
49 10 the juvenile court shall determine whether needed aftercare
49 11 services are available and whether termination of the placement
49 12 is in the best interest of the child and the community.

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

49 13 5. In accordance with the provisions of section 232.188,
49 14 the department shall continue the child welfare and juvenile
49 15 justice funding initiative during fiscal year 2015-2016. Of
49 16 the funds appropriated in this section, \$1,717,753 is allocated
49 17 specifically for expenditure for fiscal year 2015-2016 through

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

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

49 18 the decategorization services funding pools and governance
49 19 boards established pursuant to section 232.188.

49 20 6. A portion of the funds appropriated in this section
49 21 may be used for emergency family assistance to provide other
49 22 resources required for a family participating in a family
49 23 preservation or reunification project or successor project to
49 24 stay together or to be reunified.

49 25 7. Notwithstanding section 234.35 or any other provision
49 26 of law to the contrary, state funding for shelter care and
49 27 the child welfare emergency services contracting implemented
49 28 to provide for or prevent the need for shelter care shall be
49 29 limited to \$8,068,474.

49 30 8. Federal funds received by the state during the fiscal
49 31 year beginning July 1, 2015, as the result of the expenditure
49 32 of state funds appropriated during a previous state fiscal
49 33 year for a service or activity funded under this section are
49 34 appropriated to the department to be used as additional funding
49 35 for services and purposes provided for under this section.
50 1 Notwithstanding section 8.33, moneys received in accordance
50 2 with this subsection that remain unencumbered or unobligated at
50 3 the close of the fiscal year shall not revert to any fund but
50 4 shall remain available for the purposes designated until the
50 5 close of the succeeding fiscal year.

50 6 9. a. Of the funds appropriated in this section, up to
50 7 \$3,290,000 is allocated for the payment of the expenses of
50 8 court-ordered services provided to juveniles who are under the
50 9 supervision of juvenile court services, which expenses are a
50 10 charge upon the state pursuant to section 232.141, subsection
50 11 4. Of the amount allocated in this paragraph "a", up to
50 12 \$1,556,287 shall be made available to provide school-based
50 13 supervision of children adjudicated under chapter 232, of which
50 14 not more than \$15,000 may be used for the purpose of training.
50 15 A portion of the cost of each school-based liaison officer
50 16 shall be paid by the school district or other funding source as
50 17 approved by the chief juvenile court officer.
50 18 b. Of the funds appropriated in this section, up to \$748,985
50 19 is allocated for the payment of the expenses of court-ordered
50 20 services provided to children who are under the supervision
50 21 of the department, which expenses are a charge upon the state

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 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.

50 22 pursuant to section 232.141, subsection 4.

50 23 c. Notwithstanding section 232.141 or any other provision
 50 24 of law to the contrary, the amounts allocated in this
 50 25 subsection shall be distributed to the judicial districts
 50 26 as determined by the state court administrator and to the
 50 27 department's service areas as determined by the administrator
 50 28 of the department of human services' division of child and
 50 29 family services. The state court administrator and the
 50 30 division administrator shall make the determination of the
 50 31 distribution amounts on or before June 15, 2015.

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.

50 32 d. Notwithstanding chapter 232 or any other provision of
 50 33 law to the contrary, a district or juvenile court shall not
 50 34 order any service which is a charge upon the state pursuant
 50 35 to section 232.141 if there are insufficient court-ordered
 51 1 services funds available in the district court or departmental
 51 2 service area distribution amounts to pay for the service. The
 51 3 chief juvenile court officer and the departmental service area
 51 4 manager shall encourage use of the funds allocated in this
 51 5 subsection such that there are sufficient funds to pay for
 51 6 all court-related services during the entire year. The chief
 51 7 juvenile court officers and departmental service area managers
 51 8 shall attempt to anticipate potential surpluses and shortfalls
 51 9 in the distribution amounts and shall cooperatively request the
 51 10 state court administrator or division administrator to transfer
 51 11 funds between the judicial districts' or departmental service
 51 12 areas' distribution amounts as prudent.

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.

51 13 e. Notwithstanding any provision of law to the contrary,
 51 14 a district or juvenile court shall not order a county to pay
 51 15 for any service provided to a juvenile pursuant to an order
 51 16 entered under chapter 232 which is a charge upon the state
 51 17 under section 232.141, subsection 4.

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

51 18 f. Of the funds allocated in this subsection, not more than
 51 19 \$83,000 may be used by the judicial branch for administration
 51 20 of the requirements under this subsection.

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.

51 21 g. Of the funds allocated in this subsection, \$17,000
 51 22 shall be used by the department of human services to support
 51 23 the interstate commission for juveniles in accordance with
 51 24 the interstate compact for juveniles as provided in section
 51 25 232.173.

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.

51 26 10. Of the funds appropriated in this section, \$8,053,227 is
 51 27 allocated for juvenile delinquent graduated sanctions services.
 51 28 Any state funds saved as a result of efforts by juvenile court
 51 29 services to earn a federal Tit.IV-E match for juvenile court
 51 30 services administration may be used for the juvenile delinquent
 51 31 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.

51 32 11. Of the funds appropriated in this section, \$1,608,285 is
 51 33 transferred to the department of public health to be used for
 51 34 the child protection center grant program for child protection
 51 35 centers located in Iowa in accordance with section 135.118.
 52 1 The grant amounts under the program shall be equalized so that
 52 2 each center receives a uniform base amount of \$245,000, and
 52 3 the remaining funds shall be awarded through a funding formula
 52 4 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.

52 5 12. If the department receives federal approval to
 52 6 implement a waiver under Tit.IV-E of the federal Social
 52 7 Security Act to enable providers to serve children who remain
 52 8 in the children's families and communities, for purposes of
 52 9 eligibility under the medical assistance program through 25
 52 10 years of age, children who participate in the waiver shall be
 52 11 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.

52 12 13. Of the funds appropriated in this section, \$4,025,167 is
 52 13 allocated for the preparation for adult living program pursuant
 52 14 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.

52 15 14. Of the funds appropriated in this section, \$520,150
 52 16 shall be used for juvenile drug courts. The amount allocated
 52 17 in this subsection shall be distributed as follows:
 52 18 To the judicial branch for salaries to assist with the
 52 19 operation of juvenile drug court programs operated in the
 52 20 following jurisdictions:
 52 21 a. Marshall county:
 52 22 \$ 62,708
 52 23 b. Woodbury county:
 52 24 \$ 125,682
 52 25 c. Polk county:
 52 26 \$ 195,892
 52 27 d. The third judicial district:

Allocates a total of \$520,150 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.

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

52 28 \$ 67,934
 52 29 e. The eighth judicial district:
 52 30 \$ 67,934

52 31 15. Of the funds appropriated in this section, \$227,337
 52 32 shall be used for the public purpose of continuing a grant to
 52 33 a nonprofit human services organization providing services to
 52 34 individuals and families in multiple locations in southwest
 52 35 Iowa and Nebraska for support of a project providing immediate,
 53 1 sensitive support and forensic interviews, medical exams, needs
 53 2 assessments, and referrals for victims of child abuse and their
 53 3 nonoffending family members.

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

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

53 4 16. Of the funds appropriated in this section, \$300,620
 53 5 is allocated for the foster care youth council approach of
 53 6 providing a support network to children placed in foster care.

Allocates \$300,620 to provide support for foster care youth councils.

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 to the Eldora Training School appropriation in FY 2015.

53 7 17. Of the funds appropriated in this section, \$202,000 is
 53 8 allocated for use pursuant to section 235A.1 for continuation
 53 9 of the initiative to address child sexual abuse implemented
 53 10 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 53 11 21.

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

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

53 12 18. Of the funds appropriated in this section, \$630,240 is
 53 13 allocated for the community partnership for child protection
 53 14 sites.

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

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

53 15 19. Of the funds appropriated in this section, \$371,250
 53 16 is allocated for the department's minority youth and family
 53 17 projects under the redesign of the child welfare system.

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

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

53 18 20. Of the funds appropriated in this section, \$1,186,595
 53 19 is allocated for funding of the community circle of care
 53 20 collaboration for children and youth in northeast Iowa.

Allocates \$1,186,595 for the Circle of Care grant in Northeast Iowa.

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

53 21 21. Of the funds appropriated in this section, at least
 53 22 \$147,158 shall be used for the continuation of the child
 53 23 welfare provider training academy, a collaboration between the
 53 24 coalition for family and children's services in Iowa and the
 53 25 department.

Allocates \$147,158 for the child welfare provider online training academy.

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

53 26 22. Of the funds appropriated in this section, \$25,000
53 27 shall be used for the public purpose of continuation of a
53 28 grant to a child welfare services provider headquartered in a
53 29 county with a population between 205,000 and 215,000 in the
53 30 latest certified federal census that provides multiple services
53 31 including but not limited to a psychiatric medical institution
53 32 for children, shelter, residential treatment, after school
53 33 programs, school-based programming, and an Asperger's syndrome
53 34 program, to be used for support services for children with
53 35 autism spectrum disorder and their families.

Allocates \$25,000 to Four Oaks for various autism spectrum disorder services.

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

54 1 23. Of the funds appropriated in this section, \$25,000
54 2 shall be used for the public purpose of continuing a grant to
54 3 a hospital-based provider headquartered in a county with a
54 4 population between 90,000 and 95,000 in the latest certified
54 5 federal census that provides multiple services including
54 6 but not limited to diagnostic, therapeutic, and behavioral
54 7 services to individuals with autism spectrum disorder across
54 8 one's lifespan. The grant recipient shall utilize the funds
54 9 to continue the pilot project to determine the necessary
54 10 support services for children with autism spectrum disorder and
54 11 their families to be included in the children's disabilities
54 12 services system. The grant recipient shall submit findings and
54 13 recommendations based upon the results of the pilot project
54 14 to the individuals specified in this division of this Act for
54 15 submission of reports by December 31, 2015.

Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

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

54 16 24. Of the funds appropriated in this section, \$211,872
54 17 shall be used for continuation of the central Iowa system of
54 18 care program grant through June 30, 2016.

Allocates \$211,872 for continuation of a System of Care Program in Polk County.

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

54 19 25. Of the funds appropriated in this section, \$250,000
54 20 shall be used for the public purpose of the continuation
54 21 and expansion of a system of care program grant implemented
54 22 in Cerro Gordo and Linn counties to utilize a comprehensive
54 23 and long-term approach for helping children and families by
54 24 addressing the key areas in a child's life of childhood basic
54 25 needs, education and work, family, and community.

Allocates \$250,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn Counties at Four Oaks.

DETAIL: This is an increase of \$115,000 compared to the FY 2015 allocation to expand the program as part of the TotalChild Initiative. The TotalChild Initiative strives to follow children through their 18th birthdays meeting childhood basic needs, education and work supports, family support, and community support.

54 26 26. Of the funds appropriated in this section, at least
54 27 \$25,000 shall be used to continue and to expand the foster
54 28 care respite pilot program in which postsecondary students in
54 29 social work and other human services-related programs receive
54 30 experience by assisting family foster care providers with
54 31 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.

54 32 27. Of the funds appropriated in this section, \$110,000
 54 33 shall be used for the public purpose of funding community-based
 54 34 services and other supports with a system of care approach
 54 35 for children with a serious emotional disturbance and their
 55 1 families through a nonprofit provider of child welfare services
 55 2 that has been in existence for more than 115 years, is located
 55 3 in a county with a population of more than 200,000 but less
 55 4 than 220,000 according to the latest census information
 55 5 issued by the United States census bureau, is licensed as a
 55 6 psychiatric medical institution for children, and was a system
 55 7 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.

55 8 Sec. 19. ADOPTION SUBSIDY.
 55 9 1. There is appropriated from the general fund of the
 55 10 state to the department of human services for the fiscal year
 55 11 beginning July 1, 2015, and ending June 30, 2016, the following
 55 12 amount, or so much thereof as is necessary, to be used for the
 55 13 purpose designated:
 55 14 For adoption subsidy payments and services:
 55 15 \$ 42,998,286

General Fund appropriation to the Adoption Subsidy Program.

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

- 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.

55 16 2. The department may transfer funds appropriated in
 55 17 this section to the appropriation made in this division of
 55 18 this Act for general administration for costs paid from the
 55 19 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.

55 20 3. Federal funds received by the state during the
 55 21 fiscal year beginning July 1, 2015, as the result of the
 55 22 expenditure of state funds during a previous state fiscal
 55 23 year for a service or activity funded under this section are
 55 24 appropriated to the department to be used as additional funding
 55 25 for the services and activities funded under this section.
 55 26 Notwithstanding section 8.33, moneys received in accordance
 55 27 with this subsection that remain unencumbered or unobligated
 55 28 at the close of the fiscal year shall not revert to any fund
 55 29 but shall remain available for expenditure for the purposes
 55 30 designated until the close of the succeeding fiscal year.

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.

55 31 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 55 32 in the juvenile detention home fund created in section 232.142
 55 33 during the fiscal year beginning July 1, 2015, and ending June
 55 34 30, 2016, are appropriated to the department of human services
 55 35 for the fiscal year beginning July 1, 2015, and ending June 30,
 56 1 2016, for distribution of an amount equal to a percentage of
 56 2 the costs of the establishment, improvement, operation, and
 56 3 maintenance of county or multicounty juvenile detention homes

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.

56 4 in the fiscal year beginning July 1, 2014. Moneys appropriated
 56 5 for distribution in accordance with this section shall be
 56 6 allocated among eligible detention homes, prorated on the basis
 56 7 of an eligible detention home's proportion of the costs of all
 56 8 eligible detention homes in the fiscal year beginning July
 56 9 1, 2014. The percentage figure shall be determined by the
 56 10 department based on the amount available for distribution for
 56 11 the fund. Notwithstanding section 232.142, subsection 3, the
 56 12 financial aid payable by the state under that provision for the
 56 13 fiscal year beginning July 1, 2015, shall be limited to the
 56 14 amount appropriated for the purposes of this section.

56 15 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 56 16 1. There is appropriated from the general fund of the
 56 17 state to the department of human services for the fiscal year
 56 18 beginning July 1, 2015, and ending June 30, 2016, the following
 56 19 amount, or so much thereof as is necessary, to be used for the
 56 20 purpose designated:
 56 21 For the family support subsidy program subject to the
 56 22 enrollment restrictions in section 225C.37, subsection 3:
 56 23 \$ 1,073,932

56 24 2. The department shall use at least \$641,500 of the moneys
 56 25 appropriated in this section for the family support center
 56 26 component of the comprehensive family support program under
 56 27 section 225C.47. Not more than \$25,000 of the amount allocated
 56 28 in this subsection shall be used for administrative costs.

56 29 3. If at any time during the fiscal year, the amount of
 56 30 funding available for the family support subsidy program
 56 31 is reduced from the amount initially used to establish the
 56 32 figure for the number of family members for whom a subsidy
 56 33 is to be provided at any one time during the fiscal year,
 56 34 notwithstanding section 225C.38, subsection 2, the department
 56 35 shall revise the figure as necessary to conform to the amount
 57 1 of funding available.

57 2 Sec. 22. CONNER DECREE. There is appropriated from the
 57 3 general fund of the state to the department of human services
 57 4 for the fiscal year beginning July 1, 2015, and ending June 30,
 57 5 2016, the following amount, or so much thereof as is necessary,
 57 6 to be used for the purpose designated:
 57 7 For building community capacity through the coordination
 57 8 and provision of training opportunities in accordance with the

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

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

DETAIL: This is no change compared to estimated FY 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.

57 9 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 57 10 Iowa, July 14, 1994):
 57 11 \$ 33,632

57 12 Sec. 23. MENTAL HEALTH INSTITUTES. There is appropriated
 57 13 from the general fund of the state to the department of human
 57 14 services for the fiscal year beginning July 1, 2015, and ending
 57 15 June 30, 2016, the following amounts, or so much thereof as is
 57 16 necessary, to be used for the purposes designated:

57 17 1. For the state mental health institute at Cherokee for
 57 18 salaries, support, maintenance, and miscellaneous purposes, and
 57 19 for not more than the following full-time equivalent positions:
 57 20 \$ 5,545,616
 57 21 FTEs 169.20

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:

- 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.

57 22 2. For the state mental health institute at Clarinda for
 57 23 salaries, support, maintenance, and miscellaneous purposes, and
 57 24 for not more than the following full-time equivalent positions:
 57 25 \$ 1,812,899
 57 26 FTEs 86.10

General Fund appropriation to the MHI at Clarinda.

DETAIL: This is a decrease of \$4,974,410 and 1.15 FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$508,625 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$4,836,507 to shift funding to the Social Services Block Grant appropriation.

57 27 3. For the state mental health institute at Independence for
 57 28 salaries, support, maintenance, and miscellaneous purposes, and
 57 29 for not more than the following full-time equivalent positions:
 57 30 \$ 10,390,773
 57 31 FTEs 233.00

General Fund appropriation to the MHI at Independence.

DETAIL: This is a net decrease of \$93,613 and no change in FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$472,409 for educational expenses previously funded by the Department of Education.
- An increase of \$66,564 to replace federal funds due to a reduction in the FMAP rate.
- A decrease of \$632,586 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.

57 32 Sec. 24. STATE RESOURCE CENTERS.

57 33 1. There is appropriated from the general fund of the
 57 34 state to the department of human services for the fiscal year
 57 35 beginning July 1, 2015, and ending June 30, 2016, the following

58 1 amounts, or so much thereof as is necessary, to be used for the
58 2 purposes designated:

58 3 a. For the state resource center at Glenwood for salaries,
58 4 support, maintenance, and miscellaneous purposes:
58 5 \$ 22,024,482

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is an increase of \$329,216 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.

58 6 b. For the state resource center at Woodward for salaries,
58 7 support, maintenance, and miscellaneous purposes:
58 8 \$ 14,933,806

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$78,113 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.

58 9 2. The department may continue to bill for state resource
58 10 center services utilizing a scope of services approach used for
58 11 private providers of intermediate care facilities for persons
58 12 with an intellectual disability services, in a manner which
58 13 does not shift costs between the medical assistance program,
58 14 counties, or other sources of funding for the state resource
58 15 centers.

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

58 16 3. The state resource centers may expand the time-limited
58 17 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.

58 18 4. If the department's administration and the department

Specifies that FTE positions may be added at the two State Resource

58 19 of management concur with a finding by a state resource
 58 20 center's superintendent that projected revenues can reasonably
 58 21 be expected to pay the salary and support costs for a new
 58 22 employee position, or that such costs for adding a particular
 58 23 number of new positions for the fiscal year would be less
 58 24 than the overtime costs if new positions would not be added,
 58 25 the superintendent may add the new position or positions. If
 58 26 the vacant positions available to a resource center do not
 58 27 include the position classification desired to be filled, the
 58 28 state resource center's superintendent may reclassify any
 58 29 vacant position as necessary to fill the desired position. The
 58 30 superintendents of the state resource centers may, by mutual
 58 31 agreement, pool vacant positions and position classifications
 58 32 during the course of the fiscal year in order to assist one
 58 33 another in filling necessary positions.

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.

58 34 5. If existing capacity limitations are reached in
 58 35 operating units, a waiting list is in effect for a service or
 59 1 a special need for which a payment source or other funding
 59 2 is available for the service or to address the special need,
 59 3 and facilities for the service or to address the special need
 59 4 can be provided within the available payment source or other
 59 5 funding, the superintendent of a state resource center may
 59 6 authorize opening not more than two units or other facilities
 59 7 and begin implementing the service or addressing the special
 59 8 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.

59 9 Sec. 25. SEXUALLY VIOLENT PREDATORS.
 59 10 1. There is appropriated from the general fund of the
 59 11 state to the department of human services for the fiscal year
 59 12 beginning July 1, 2015, and ending June 30, 2016, the following
 59 13 amount, or so much thereof as is necessary, to be used for the
 59 14 purpose designated:
 59 15 For costs associated with the commitment and treatment of
 59 16 sexually violent predators in the unit located at the state
 59 17 mental health institute at Cherokee, including costs of legal
 59 18 services and other associated costs, including salaries,
 59 19 support, maintenance, and miscellaneous purposes, and for not
 59 20 more than the following full-time equivalent positions:
 59 21 \$ 9,893,079
 59 22 FTEs 132.50

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 FY 2015. The changes include:

59 23 2. Unless specifically prohibited by law, if the amount
 59 24 charged provides for recoupment of at least the entire amount
 59 25 of direct and indirect costs, the department of human services
 59 26 may contract with other states to provide care and treatment
 59 27 of persons placed by the other states at the unit for sexually
 59 28 violent predators at Cherokee. The moneys received under
 59 29 such a contract shall be considered to be repayment receipts

- 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.

59 30 and used for the purposes of the appropriation made in this
59 31 section.

59 32 Sec. 26. FIELD OPERATIONS. There is appropriated from the
59 33 general fund of the state to the department of human services
59 34 for the fiscal year beginning July 1, 2015, and ending June 30,
59 35 2016, the following amount, or so much thereof as is necessary,
60 1 to be used for the purposes designated:

60 2 For field operations, including salaries, support,
60 3 maintenance, and miscellaneous purposes, and for not more than
60 4 the following full-time equivalent positions:

| | | | |
|------|-------|------|------------|
| 60 5 | ..... | \$ | 58,920,976 |
| 60 6 | ..... | FTEs | 1,837.00 |

60 7 1. As a condition of this appropriation, the department
60 8 shall make every possible effort to fill the entire number of
60 9 positions authorized by this section and, unless specifically
60 10 provided otherwise by an applicable collective bargaining
60 11 agreement, the department is not subject to any approval
60 12 requirement external to the department to fill a field
60 13 operations vacancy within the number of full-time equivalent
60 14 positions authorized by this section. The department shall
60 15 report on the first of each month to the chairpersons and
60 16 ranking members of the appropriations committees of the senate
60 17 and house of representatives, and the persons designated by
60 18 this Act for submission of reports concerning the status of
60 19 filling the positions.

60 20 2. Priority in filling full-time equivalent positions
60 21 shall be given to those positions related to child protection
60 22 services and eligibility determination for low-income families.

60 23 Sec. 27. GENERAL ADMINISTRATION. There is appropriated
60 24 from the general fund of the state to the department of human
60 25 services for the fiscal year beginning July 1, 2015, and ending
60 26 June 30, 2016, the following amount, or so much thereof as is
60 27 necessary, to be used for the purpose designated:

60 28 For general administration, including salaries, support,
60 29 maintenance, and miscellaneous purposes, and for not more than
60 30 the following full-time equivalent positions:

| | | | |
|-------|-------|------|------------|
| 60 31 | ..... | \$ | 15,161,741 |
| 60 32 | ..... | FTEs | 309.00 |

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

DETAIL: This is a decrease of \$6,250,000 and increase of 78.00 FTE positions compared to estimated 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.
- A decrease of \$4,000,000 to match the level the DHS has managed the appropriation at in FY 2015.
- An increase of 78.00 FTE positions to match the FY 2015 appropriation.

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.

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

General Fund appropriation for General Administration.

DETAIL: This is a net decrease of \$910,561 and an increase of 15.98 FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$1,000,000 for a general budget reduction to match the level the DHS has managed the appropriation to in FY 2015.
- 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

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| | <p>ABLE Trust.</p> <ul style="list-style-type: none"> • An increase of \$250,000 for the Iowa Food Bank. |
| <p>60 33 1. Of the funds appropriated in this section, \$38,543 is 60 34 allocated for the prevention of disabilities policy council 60 35 created in section 225B.103, if enacted in this Act.</p> | <p>Allocates \$38,543 for the Prevention of Disabilities Policy Council.</p> <p>DETAIL: This no change compared to the FY 2015 allocation. Iowa Code chapter 225B will sunset on July 1, 2015. Division XXIV of this Bill creates a Council of the same name and revises the membership and duties of the Council.</p> |
| <p>61 1 2. The department shall report at least monthly to the 61 2 legislative services agency concerning the department's 61 3 operational and program expenditures.</p> | <p>Requires the DHS to submit monthly expenditure reports to the LSA.</p> |
| <p>61 4 3. Of the funds appropriated in this section, \$150,000 shall 61 5 be used to continue the contract for the provision of a program 61 6 to provide technical assistance, support, and consultation to 61 7 providers of habilitation services and home and community-based 61 8 services waiver services for adults with disabilities under the 61 9 medical assistance program.</p> | <p>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.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p> |
| <p>61 10 4. Of the funds appropriated in this section, \$50,000 61 11 is transferred to the Iowa finance authority to be used 61 12 for administrative support of the council on homelessness 61 13 established in section 16.2D and for the council to fulfill its 61 14 duties in addressing and reducing homelessness in the state.</p> | <p>Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.</p> <p>DETAIL: This is no change compared to the FY 2015 allocation.</p> |
| <p>61 15 5. Of the funds appropriated in this section, \$250,000 61 16 is allocated to an Iowa food bank association selected by 61 17 the department for the purchase of food on behalf of an Iowa 61 18 emergency feeding organization or for the distribution of 61 19 moneys to the Iowa emergency feeding organization for the 61 20 purchase of food. The moneys allocated in this subsection 61 21 shall be allocated only to the extent that the allocated moneys 61 22 are matched on a dollar-for-dollar basis. Notwithstanding 61 23 section 8.33, moneys allocated in this subsection that remain 61 24 unencumbered or unobligated at the close of the fiscal year 61 25 shall not revert but shall remain available for expenditure for 61 26 the purposes designated until the close of the following fiscal 61 27 year.</p> | <p>Allocates \$250,000 for an Iowa Food Bank Association.</p> <p>DETAIL: This is a new allocation. Requires funds to be matched on a dollar-for-dollar basis and provides nonreversion until the end of FY 2017.</p> |
| <p>61 28 6. Of the funds appropriated in this section, \$250,000 61 29 shall be transferred to and deposited in the administrative 61 30 fund of the Iowa ABLE savings plan trust created in section 61 31 121.4, if enacted in this Act, to be used for implementation 61 32 and administration activities of the Iowa ABLE savings plan 61 33 trust. Such activities may include the funding of a program</p> | <p>Transfers \$250,000 to the Treasurer of State to implement the ABLE Trust Act.</p> <p>DETAIL: This is a new transfer. The Act is established in Division XVI of this Bill. For more information, see the fiscal note: https://www.legis.iowa.gov/docs/publications/FN/662737.pdf .</p> |

61 34 manager position, the issuance of a request for proposals,
 61 35 and creation of an informational internet site, but shall not
 62 1 include funding for marketing. The appropriation made in this
 62 2 section is deemed to meet the requirement in the section of
 62 3 the division of this Act, if enacted, relating to contingent
 62 4 implementation of chapter 12l.

62 5 Sec. 28. VOLUNTEERS. There is appropriated from the general
 62 6 fund of the state to the department of human services for the
 62 7 fiscal year beginning July 1, 2015, and ending June 30, 2016,
 62 8 the following amount, or so much thereof as is necessary, to be
 62 9 used for the purpose designated:
 62 10 For development and coordination of volunteer services:
 62 11 \$ 84,686

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

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

62 12 Sec. 29. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 62 13 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 62 14 DEPARTMENT OF HUMAN SERVICES.

62 15 1. a. (1) For the fiscal year beginning July 1, 2015,
 62 16 the total state funding amount for the nursing facility budget
 62 17 shall not exceed \$321,900,006.

Caps nursing facility reimbursements at \$321,900,006 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

62 18 (2) For the fiscal year beginning July 1, 2015, the
 62 19 department shall rebase case-mix nursing facility rates
 62 20 effective July 1, 2015. However, total nursing facility budget
 62 21 expenditures, including both case-mix and noncase-mix, shall
 62 22 not exceed the amount specified in subparagraph (1). When
 62 23 calculating case-mix per diem cost and the patient-day-weighted
 62 24 medians used in rate-setting for nursing facilities effective
 62 25 July 1, 2015, the inflation factor applied from the midpoint
 62 26 of the cost report period to the first day of the state fiscal
 62 27 year rate period shall be adjusted to maintain state funding
 62 28 within the amount specified in subparagraph (1).

DETAIL: The cap includes \$32,500,000 to rebase nursing facilities. The DHS is to rebase nursing facility rates effective July 1, 2015.

62 29 (3) The department, in cooperation with nursing facility
 62 30 representatives, shall review projections for state funding
 62 31 expenditures for reimbursement of nursing facilities on a
 62 32 quarterly basis and the department shall determine if an
 62 33 adjustment to the medical assistance reimbursement rate is
 62 34 necessary in order to provide reimbursement within the state
 62 35 funding amount for the fiscal year. Notwithstanding 2001
 63 1 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
 63 2 "c", and subsection 3, paragraph "a", subparagraph (2),
 63 3 if the state funding expenditures for the nursing facility
 63 4 budget for the fiscal year are projected to exceed the amount
 63 5 specified in subparagraph (1), the department shall adjust
 63 6 the reimbursement for nursing facilities reimbursed under the
 63 7 case-mix reimbursement system to maintain expenditures of the
 63 8 nursing facility budget within the specified amount for the

63 9 fiscal year.

63 10 (4) For the fiscal year beginning July 1, 2015, special
63 11 population nursing facilities shall be reimbursed in accordance
63 12 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.

63 13 (5) For any open or unsettled nursing facility cost report
63 14 for a fiscal year prior to and including the fiscal year
63 15 beginning July 1, 2014, including any cost report remanded on
63 16 judicial review for inclusion of prescription drug, laboratory,
63 17 or x-ray costs, the department shall offset all reported
63 18 prescription drug, laboratory, and x-ray costs with any revenue
63 19 received from Medicare or other revenue source for any purpose.
63 20 For purposes of this subparagraph, a nursing facility cost
63 21 report is not considered open or unsettled if the facility did
63 22 not initiate an administrative appeal under chapter 17A or if
63 23 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.

63 24 b. (1) For the fiscal year beginning July 1, 2015,
63 25 the department shall establish the pharmacy dispensing fee
63 26 reimbursement at \$11.73 per prescription as determined by the
63 27 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.

63 28 (2) The department shall utilize an average acquisition
63 29 cost reimbursement methodology for all drugs covered under the
63 30 medical assistance program in accordance with 2012 Iowa Acts,
63 31 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.

63 32 (3) Notwithstanding subparagraph (2), if the centers for
63 33 Medicare and Medicaid services of the United States department
63 34 of health and human services (CMS) requires, as a condition
63 35 of federal Medicaid funding, that the department implement an
64 1 aggregate federal upper limit (FUL) for drug reimbursement
64 2 based on the average manufacturer's price (AMP), the department
64 3 may utilize a reimbursement methodology for all drugs covered
64 4 under the Medicaid program based on the national average drug
64 5 acquisition cost (NADAC) methodology published by CMS, in order
64 6 to assure compliance with the aggregate FUL, minimize outcomes
64 7 of drug reimbursements below pharmacy acquisition costs, limit
64 8 administrative costs, and minimize any change in the aggregate
64 9 reimbursement for drugs. The department may adopt emergency
64 10 rules to implement this subparagraph.

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

64 11 c. (1) For the fiscal year beginning July 1, 2015,

Requires the rate of reimbursement for outpatient hospital services to

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| <p>64 12 reimbursement rates for outpatient hospital services shall 64 13 remain at the rates in effect on June 30, 2015, subject 64 14 to Medicaid program upper payment limit rules and adjusted 64 15 as necessary to maintain expenditures within the amount 64 16 appropriated to the department for this purpose for the fiscal 64 17 year.</p> | <p>remain at the same rate in effect in FY 2015, subject to the Medicaid Upper Payment Limit (UPL) rules.</p> |
| <p>64 18 (2) For the fiscal year beginning July 1, 2015, 64 19 reimbursement rates for inpatient hospital services shall be 64 20 rebased effective October 1, 2015, subject to Medicaid program 64 21 upper payment limit rules and adjusted as necessary to maintain 64 22 expenditures within the amount appropriated to the department 64 23 for this purpose for the fiscal year.</p> | <p>Requires the rate of reimbursement for inpatient hospital services to be rebased effective October 1, 2015, subject to the Medicaid UPL rules.</p> <p>DETAIL: The inpatient hospital rebase is projected to cost \$5,400,000 for FY 2016.</p> |
| <p>64 24 (3) For the fiscal year beginning July 1, 2015, the graduate 64 25 medical education and disproportionate share hospital fund 64 26 shall remain at the amount in effect on June 30, 2015, except 64 27 that the portion of the fund attributable to graduate medical 64 28 education shall be reduced in an amount that reflects the 64 29 elimination of graduate medical education payments made to 64 30 out-of-state hospitals.</p> | <p>Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital fund to remain the same as the FY 2015 reimbursement rate.</p> |
| <p>64 31 (4) In order to ensure the efficient use of limited state 64 32 funds in procuring health care services for low-income lowans, 64 33 funds appropriated in this Act for hospital services shall 64 34 not be used for activities which would be excluded from a 64 35 determination of reasonable costs under the federal Medicare 65 1 program pursuant to 42 U.S.C.§1395x(v)(1)(N).</p> | <p>Requires funds appropriated for hospital activities to be used for activities pursuant to the federal Medicare program.</p> |
| <p>65 2 d. For the fiscal year beginning July 1, 2015, reimbursement 65 3 rates for rural health clinics, hospices, and acute mental 65 4 hospitals shall be increased in accordance with increases under 65 5 the federal Medicare program or as supported by their Medicare 65 6 audited costs.</p> | <p>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.</p> |
| <p>65 7 e. For the fiscal year beginning July 1, 2015, independent 65 8 laboratories and rehabilitation agencies shall be reimbursed 65 9 using the same methodology in effect on June 30, 2015.</p> | <p>Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2015.</p> |
| <p>65 10 f. (1) For the fiscal year beginning July 1, 2015, 65 11 reimbursement rates for home health agencies shall continue to 65 12 be based on the Medicare low utilization payment adjustment 65 13 (LUPA) methodology with state geographic wage adjustments, and 65 14 updated to reflect the most recent Medicare LUPA rates.</p> | <p>Requires rates for home health agencies to be based on the Medicare 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.</p> |
| <p>65 15 (2) For the fiscal year beginning July 1, 2015, rates for 65 16 private duty nursing and personal care services under the early</p> | <p>Requires rates for private duty nursing and personal care services under the Early Periodic Screening, Diagnostic, and Treatment</p> |

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| 65 17 and periodic screening, diagnostic, and treatment program 65 18 benefit shall be calculated based on the methodology in effect 65 19 on June 30, 2015. | (EPSDT) Program to remain the same as the methodology in FY 2015. |
| 65 20 g. For the fiscal year beginning July 1, 2015, federally 65 21 qualified health centers shall receive cost-based reimbursement 65 22 for 100 percent of the reasonable costs for the provision of 65 23 services to recipients of medical assistance. | 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. |
| 65 24 h. For the fiscal year beginning July 1, 2015, the 65 25 reimbursement rates for dental services shall remain at the 65 26 rates in effect on June 30, 2015. | Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2015. |
| 65 27 i. (1) For the fiscal year beginning July 1, 2015, 65 28 state-owned psychiatric medical institutions for children shall 65 29 receive cost-based reimbursement for 100 percent of the actual 65 30 and allowable costs for the provision of services to recipients 65 31 of medical assistance. | Requires the reimbursement rates for State-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs. |
| 65 32 (2) For the nonstate-owned psychiatric medical institutions 65 33 for children, reimbursement rates shall be based on the 65 34 reimbursement methodology developed by the department as 65 35 required for federal compliance. | Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology developed by the DHS. |
| 66 1 (3) As a condition of participation in the medical 66 2 assistance program, enrolled providers shall accept the medical 66 3 assistance reimbursement rate for any covered goods or services 66 4 provided to recipients of medical assistance who are children 66 5 under the custody of a psychiatric medical institution for 66 6 children. | Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC. |
| 66 7 j. For the fiscal year beginning July 1, 2015, unless 66 8 otherwise specified in this Act, all noninstitutional medical 66 9 assistance provider reimbursement rates shall remain at the 66 10 rates in effect on June 30, 2015, except for area education 66 11 agencies, local education agencies, infant and toddler 66 12 services providers, home and community-based services providers 66 13 including consumer-directed attendant care providers under a 66 14 section 1915(c) or 1915(i) waiver, targeted case management 66 15 providers, and those providers whose rates are required to be 66 16 determined pursuant to section 249A.20. | Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2015. |
| 66 17 k. Notwithstanding any provision to the contrary, for the 66 18 fiscal year beginning July 1, 2015, the reimbursement rate for 66 19 anesthesiologists shall remain at the rate in effect on June 66 20 30, 2015. | Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2015. |
| 66 21 l. For the fiscal year beginning July 1, 2015, the average 66 22 reimbursement rate for health care providers eligible for use | Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement |

66 23 of the federal Medicare resource-based relative value scale
 66 24 reimbursement methodology under section 249A.20 shall remain
 66 25 at the rate in effect on June 30, 2015; however, this rate
 66 26 shall not exceed the maximum level authorized by the federal
 66 27 government.

methodology to remain at the rates in effect in FY 2015, and not to exceed the maximum level authorized by the federal government.

66 28 m. For the fiscal year beginning July 1, 2015, the
 66 29 reimbursement rate for residential care facilities shall not
 66 30 be less than the minimum payment level as established by the
 66 31 federal government to meet the federally mandated maintenance
 66 32 of effort requirement. The flat reimbursement rate for
 66 33 facilities electing not to file annual cost reports shall not
 66 34 be less than the minimum payment level as established by the
 66 35 federal government to meet the federally mandated maintenance
 67 1 of effort requirement.

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

67 2 n. For the fiscal year beginning July 1, 2015, the
 67 3 reimbursement rates for inpatient mental health services
 67 4 provided at hospitals shall be rebased effective October 1,
 67 5 2015, subject to Medicaid program upper payment limit rules;
 67 6 and psychiatrists shall be reimbursed at the medical assistance
 67 7 program fee-for-service rate in effect on June 30, 2015.

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

DETAIL: The inpatient psychiatric hospital rebase is projected to cost \$1,000,000 for FY 2016.

67 8 o. For the fiscal year beginning July 1, 2015, community
 67 9 mental health centers may choose to be reimbursed for the
 67 10 services provided to recipients of medical assistance through
 67 11 either of the following options:
 67 12 (1) For 100 percent of the reasonable costs of the services.
 67 13 (2) In accordance with the alternative reimbursement rate
 67 14 methodology established by the medical assistance program's
 67 15 managed care contractor for mental health services and approved
 67 16 by the department of human services.

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.

67 17 p. For the fiscal year beginning July 1, 2015, the
 67 18 reimbursement rate for providers of family planning services
 67 19 that are eligible to receive a 90 percent federal match shall
 67 20 remain at the rates in effect on June 30, 2015.

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2015.

67 21 q. For the fiscal year beginning July 1, 2015, the upper
 67 22 limits on reimbursement rates for providers of home and
 67 23 community-based services waiver services shall be increased by
 67 24 1.5 percent over the limits in effect on June 30, 2015.

Requires the upper payment limits on reimbursement rates for home and community-based services waiver services to be increased by 1.50% compared to the FY 2015 rates.

DETAIL: This change is estimated to cost \$4,200,000.

67 25 r. For the fiscal year beginning July 1, 2015, the
 67 26 reimbursement rates for emergency medical service providers
 67 27 shall remain at the rates in effect on June 30, 2015.

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

67 28 s. For the fiscal year beginning July 1, 2015, reimbursement
67 29 rates for substance-related disorder treatment programs
67 30 licensed under section 125.13 shall be increased by 3 percent
67 31 over the rates in effect on June 30, 2015.

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

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

67 32 2. For the fiscal year beginning July 1, 2015, the
67 33 reimbursement rate for providers reimbursed under the
67 34 in-home-related care program shall not be less than the minimum
67 35 payment level as established by the federal government to meet
68 1 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.

68 2 3. Unless otherwise directed in this section, when the
68 3 department's reimbursement methodology for any provider
68 4 reimbursed in accordance with this section includes an
68 5 inflation factor, this factor shall not exceed the amount
68 6 by which the consumer price index for all urban consumers
68 7 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.

68 8 4. For the fiscal year beginning July 1, 2015, the foster
68 9 family basic daily maintenance rate and the maximum adoption
68 10 subsidy rate for children ages 0 through 5 years shall be
68 11 \$16.78, the rate for children ages 6 through 11 years shall be
68 12 \$17.45, the rate for children ages 12 through 15 years shall
68 13 be \$19.10, and the rate for children and young adults ages 16
68 14 and older shall be \$19.35. For youth ages 18 to 21 who have
68 15 exited foster care, the preparation for adult living program
68 16 maintenance rate shall be \$602.70 per month. The maximum
68 17 payment for adoption subsidy nonrecurring expenses shall be
68 18 limited to \$500 and the disallowance of additional amounts
68 19 for court costs and other related legal expenses implemented
68 20 pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall
68 21 be continued.

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.

68 22 5. For the fiscal year beginning July 1, 2015, the maximum
68 23 reimbursement rates for social services providers under
68 24 contract shall remain at the rates in effect on June 30, 2015,
68 25 or the provider's actual and allowable cost plus inflation for
68 26 each service, whichever is less. However, if a new service
68 27 or service provider is added after June 30, 2015, the initial
68 28 reimbursement rate for the service or provider shall be based
68 29 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.

68 30 6. For the fiscal year beginning July 1, 2015, the
68 31 reimbursement rates for resource family recruitment and
68 32 retention contractors, child welfare emergency services
68 33 contractors, and supervised apartment living foster care
68 34 providers shall be increased by 5 percent over the rates in

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.

68 35 effect on June 30, 2015.

DETAIL: This is estimated to cost \$659,000.

69 1 7. For the fiscal year beginning July 1, 2015, the
69 2 reimbursement rate for safety plan services and family safety,
69 3 risk, and permanency services (family-centered) shall be
69 4 increased as follows:

Requires the reimbursement rates for safety plan services and family safety, risk, and permanency services be increased 5.00% compared to the rate in effect at the beginning of FY 2015.

69 5 a. The statewide base monthly payment amount for all
69 6 family safety, risk, and permanency services (family-centered)
69 7 contractors shall be increased by \$25.22 per month over the
69 8 rate in effect on June 30, 2015.

DETAIL: This change is estimated to cost \$1,400,000.

69 9 (1) Family safety, risk, and permanency services
69 10 Performance Measure 1 payments shall be increased by \$5.25 per
69 11 case over the rate in effect on June 30, 2015.

69 12 (2) Family safety, risk, and permanency services
69 13 Performance Measure 2 payments shall be increased by \$13.15 per
69 14 case over the rate in effect on June 30, 2015.

69 15 (3) Family safety, risk, and permanency services
69 16 Performance Measure 3 payments shall be increased by \$26.25 per
69 17 case over the rate in effect on June 30, 2015.

69 18 (4) Family safety, risk, and permanency services
69 19 Performance Measure 4 payments shall be increased by \$26.25 per
69 20 case over the rate in effect on June 30, 2015.

69 21 b. The maximum reimbursement unit rate for safety plan
69 22 services shall be increased by \$27.61 over the rate in effect
69 23 on June 30, 2015.

69 24 (1) Safety plan services Performance Measure 1 payments
69 25 shall be increased by \$5.25 per case over the rate in effect on
69 26 June 30, 2015.

69 27 (2) Safety plan services Performance Measure 2 payments
69 28 shall be increased by \$5.25 per case over the rate in effect on
69 29 June 30, 2015.

69 30 8. a. For the purposes of this subsection, "combined
69 31 reimbursement rate" means the combined service and maintenance
69 32 reimbursement rate for a service level under the department's
69 33 reimbursement methodology. Effective July 1, 2015, the
69 34 combined reimbursement rate for a group foster care service
69 35 level shall be the amount designated in this subsection.

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

70 1 However, if a group foster care provider's reimbursement rate
70 2 for a service level as of June 30, 2015, is more than the rate
70 3 designated in this subsection, the provider's reimbursement
70 4 shall remain at the higher rate.

70 5 b. Unless a group foster care provider is subject to the
70 6 exception provided in paragraph "a", effective July 1, 2015,
70 7 the combined reimbursement rates for the service levels under
70 8 the department's reimbursement methodology shall be as follows:

70 9 (1) For service level, community - D1, the daily rate shall

70 10 be at least \$84.17.
70 11 (2) For service level, comprehensive - D2, the daily rate
70 12 shall be at least \$119.09.
70 13 (3) For service level, enhanced - D3, the daily rate shall
70 14 be at least \$131.09.

70 15 9. The group foster care reimbursement rates paid for
70 16 placement of children out of state shall be calculated
70 17 according to the same rate-setting principles as those used for
70 18 in-state providers, unless the director of human services or
70 19 the director's designee determines that appropriate care cannot
70 20 be provided within the state. The payment of the daily rate
70 21 shall be based on the number of days in the calendar month in
70 22 which service is provided.

70 23 10. a. For the fiscal year beginning July 1, 2015, the
70 24 reimbursement rate paid for shelter care and the child welfare
70 25 emergency services implemented to provide or prevent the need
70 26 for shelter care shall be established by contract.

70 27 b. For the fiscal year beginning July 1, 2015, the combined
70 28 service and maintenance components of the reimbursement rate
70 29 paid for shelter care services shall be based on the financial
70 30 and statistical report submitted to the department. The
70 31 maximum reimbursement rate shall be \$101.83 per day. The
70 32 department shall reimburse a shelter care provider at the
70 33 provider's actual and allowable unit cost, plus inflation, not
70 34 to exceed the maximum reimbursement rate.

70 35 c. Notwithstanding section 232.141, subsection 8, for the
71 1 fiscal year beginning July 1, 2015, the amount of the statewide
71 2 average of the actual and allowable rates for reimbursement of
71 3 juvenile shelter care homes that is utilized for the limitation
71 4 on recovery of unpaid costs shall remain at the amount in
71 5 effect for this purpose in the fiscal year beginning July 1,
71 6 2014.

71 7 11. For the fiscal year beginning July 1, 2015, the
71 8 department shall calculate reimbursement rates for intermediate
71 9 care facilities for persons with an intellectual disability
71 10 at the 80th percentile. Beginning July 1, 2015, the rate
71 11 calculation methodology shall utilize the consumer price index
71 12 inflation factor applicable to the fiscal year beginning July
71 13 1, 2015.

71 14 12. For the fiscal year beginning July 1, 2015, for child
71 15 care providers reimbursed under the state child care assistance
71 16 program, the department shall set provider reimbursement

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

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

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.

Requires the the Statewide average reimbursement rates paid to shelter care providers to remain at the rate in effect FY 2015.

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.

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.

71 17 rates based on the rate reimbursement survey completed in
 71 18 December 2004. Effective July 1, 2015, the child care provider
 71 19 reimbursement rates shall remain at the rates in effect on June
 71 20 30, 2015. The department shall set rates in a manner so as
 71 21 to provide incentives for a nonregistered provider to become
 71 22 registered by applying the increase only to registered and
 71 23 licensed providers.

71 24 13. For the fiscal year beginning July 1, 2015, if the
 71 25 centers for Medicare and Medicaid services of the United States
 71 26 department of health and human services approves the waivers
 71 27 necessary to implement medical assistance program managed care
 71 28 applicable to any providers subject to reimbursement under this
 71 29 section, notwithstanding any provision to the contrary under
 71 30 this section, affected providers shall instead be reimbursed
 71 31 as follows:

71 32 a. For fee-for-service claims, reimbursement rates shall
 71 33 be calculated based on the methodology otherwise specified in
 71 34 this section for the fiscal year beginning July 1, 2015, for
 71 35 the respective provider or service.

72 1 b. For claims subject to a managed care contract,
 72 2 reimbursement shall be based on the actuarially sound
 72 3 capitation rates established under the contract. However,
 72 4 any reimbursement established under such contract shall not
 72 5 be lower than the reimbursement otherwise specified in this
 72 6 section for the fiscal year beginning July 1, 2015, for the
 72 7 respective provider or service.

72 8 14. The department may adopt emergency rules to implement
 72 9 this section.

72 10 Sec. 30. EMERGENCY RULES.

72 11 1. If specifically authorized by a provision of this
 72 12 division of this Act, the department of human services or
 72 13 the mental health and disability services commission may
 72 14 adopt administrative rules under section 17A.4, subsection
 72 15 3, and section 17A.5, subsection 2, paragraph "b", to
 72 16 implement the provisions of this division of this Act and
 72 17 the rules shall become effective immediately upon filing or
 72 18 on a later effective date specified in the rules, unless the
 72 19 effective date of the rules is delayed or the applicability
 72 20 of the rules is suspended by the administrative rules review
 72 21 committee. Any rules adopted in accordance with this section
 72 22 shall not take effect before the rules are reviewed by the
 72 23 administrative rules review committee. The delay authority
 72 24 provided to the administrative rules review committee under
 72 25 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 72 26 shall be applicable to a delay imposed under this section,

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.

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

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

72 27 notwithstanding a provision in those sections making them
 72 28 inapplicable to section 17A.5, subsection 2, paragraph “b”.
 72 29 Any rules adopted in accordance with the provisions of this
 72 30 section shall also be published as a notice of intended action
 72 31 as provided in section 17A.4.

72 32 2. If during a fiscal year, the department of human
 72 33 services is adopting rules in accordance with this section
 72 34 or as otherwise directed or authorized by state law, and the
 72 35 rules will result in an expenditure increase beyond the amount
 73 1 anticipated in the budget process or if the expenditure was
 73 2 not addressed in the budget process for the fiscal year, the
 73 3 department shall notify the persons designated by this division
 73 4 of this Act for submission of reports, the chairpersons and
 73 5 ranking members of the committees on appropriations, and
 73 6 the department of management concerning the rules and the
 73 7 expenditure increase. The notification shall be provided at
 73 8 least 30 calendar days prior to the date notice of the rules
 73 9 is submitted to the administrative rules coordinator and the
 73 10 administrative code editor.

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.

73 11 Sec. 31. REPORTS. Any reports or other information
 73 12 required to be compiled and submitted under this Act during the
 73 13 fiscal year beginning July 1, 2015, shall be submitted to the
 73 14 chairpersons and ranking members of the joint appropriations
 73 15 subcommittee on health and human services, the legislative
 73 16 services agency, and the legislative caucus staffs on or
 73 17 before the dates specified for submission of the reports or
 73 18 information.

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

73 19 Sec. 32. EFFECTIVE UPON ENACTMENT. The following
 73 20 provisions of this division of this Act, being deemed of
 73 21 immediate importance, take effect upon enactment:

73 22 1. The provision relating to section 232.141 and directing
 73 23 the state court administrator and the division administrator of
 73 24 the department of human services division of child and family
 73 25 services to make the determination, by June 15, 2015, of the
 73 26 distribution of funds allocated for the payment of the expenses
 73 27 of court-ordered services provided to juveniles which are a
 73 28 charge upon the state.

The Section of the Bill 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 before June 15, 2015, is effective on enactment.

73 29 DIVISION VI
 73 30 HEALTH CARE ACCOUNTS AND FUNDS — FY 2015-2016

73 31 Sec. 33. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 73 32 appropriated from the pharmaceutical settlement account created
 73 33 in section 249A.33 to the department of human services for the
 73 34 fiscal year beginning July 1, 2015, and ending June 30, 2016,

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

DETAIL: This is a decrease of \$4,967,564 compared to estimated FY

73 35 the following amount, or so much thereof as is necessary, to be
 74 1 used for the purpose designated:
 74 2 Notwithstanding any provision of law to the contrary, to
 74 3 supplement the appropriations made in this Act for medical
 74 4 contracts under the medical assistance program for the fiscal
 74 5 year beginning July 1, 2015, and ending June 30, 2016:
 74 6 \$ 500,000

2015.

74 7 Sec. 34. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 74 8 SERVICES. Notwithstanding any provision to the contrary and
 74 9 subject to the availability of funds, there is appropriated
 74 10 from the quality assurance trust fund created in section
 74 11 249L.4 to the department of human services for the fiscal year
 74 12 beginning July 1, 2015, and ending June 30, 2016, the following
 74 13 amounts, or so much thereof as is necessary, for the purposes
 74 14 designated:
 74 15 To supplement the appropriation made in this Act from the
 74 16 general fund of the state to the department of human services
 74 17 for medical assistance for the same fiscal year:
 74 18 \$ 36,705,208

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

DETAIL: This is an increase of \$7,509,555 compared to estimated FY 2015. The increase is due to raising the assessment to 3.00%.

74 19 Sec. 35. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 74 20 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 74 21 the contrary and subject to the availability of funds, there is
 74 22 appropriated from the hospital health care access trust fund
 74 23 created in section 249M.4 to the department of human services
 74 24 for the fiscal year beginning July 1, 2015, and ending June
 74 25 30, 2016, the following amounts, or so much thereof as is
 74 26 necessary, for the purposes designated:
 74 27 To supplement the appropriation made in this Act from the
 74 28 general fund of the state to the department of human services
 74 29 for medical assistance for the same fiscal year:
 74 30 \$ 34,700,000

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

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

74 31 Sec. 36. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 74 32 FOR FY 2015-2016. Notwithstanding section 8.33, if moneys
 74 33 appropriated for purposes of the medical assistance program for
 74 34 the fiscal year beginning July 1, 2015, and ending June 30,
 74 35 2016, from the general fund of the state, the quality assurance
 75 1 trust fund and the hospital health care access trust fund, are
 75 2 in excess of actual expenditures for the medical assistance
 75 3 program and remain unencumbered or unobligated at the close
 75 4 of the fiscal year, the excess moneys shall not revert but
 75 5 shall remain available for expenditure for the purposes of the
 75 6 medical assistance program until the close of the succeeding
 75 7 fiscal year.

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

75 9 PATIENT-CENTERED HEALTH ADVISORY COUNCIL

Council to the Patient Centered Health Advisory Council.

75 10 Sec. 37. Section 135.159, subsection 2, paragraph a,
75 11 unnumbered paragraph 1, Code 2015, is amended to read as
75 12 follows:

75 13 The department shall establish ~~an~~ a patient-centered health
75 14 advisory council which shall include but is not limited to
75 15 all of the following members, selected by their respective
75 16 organizations, and any other members the department determines
75 17 necessary to assist in the department's duties at various
75 18 stages of development of the medical home system:

75 19 Sec. 38. Section 135.159, subsection 2, paragraph b, Code
75 20 2015, is amended to read as follows:

75 21 b. Public members of the patient-centered health advisory
75 22 council shall receive reimbursement for actual expenses
75 23 incurred while serving in their official capacity only if they
75 24 are not eligible for reimbursement by the organization that
75 25 they represent.

75 26 Sec. 39. Section 135.159, subsection 10, Code 2015, is
75 27 amended to read as follows:

75 28 10. The department shall integrate the recommendations and
75 29 policies developed pursuant to section 135.161, Code 2011, into
75 30 the medical home system and shall incorporate the development
75 31 and implementation of the state initiative for prevention
75 32 and chronic care management as developed pursuant to section
75 33 135.161, Code 2011, into the duties of the ~~medical home system~~
75 34 patient-centered health advisory council beginning January 1,
75 35 2012.

76 1 Sec. 40. CODE EDITOR DIRECTIVE. The Code editor shall amend
76 2 the headnote of section 135.159, Code 2015, to read Medical home
76 3 system — patient-centered health advisory council — development
76 4 and implementation.

76 5 DIVISION VIII
76 6 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS
76 7 DECATORIZATION

76 8 Sec. 41. DECATORIZATION CARRYOVER FUNDING — TRANSFER TO
76 9 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection
76 10 5, paragraph "b", any state appropriated moneys in the funding
76 11 pool that remained unencumbered or unobligated at the close
76 12 of the fiscal year beginning July 1, 2012, and were deemed
76 13 carryover funding to remain available for the two succeeding
76 14 fiscal years that still remain unencumbered or unobligated at
76 15 the close of the fiscal year beginning July 1, 2014, shall
76 16 not revert but shall be transferred to the medical assistance
76 17 program for the fiscal year beginning July 1, 2014.

Transfers funds from the Decategorization carryforward in FY 2013 to Medicaid.

DETAIL: This is estimated to transfer \$3,000,000.

76 18 COMMUNITY MENTAL HEALTH SERVICES APPROPRIATION

76 19 Sec. 42. 2013 Iowa Acts, chapter 136, section 2, subsection
 76 20 1, paragraph c, is amended to read as follows:
 76 21 c. The department shall allocate not less than 95 percent
 76 22 of the amount of the block grant each federal fiscal year
 76 23 to eligible community mental health services providers for
 76 24 carrying out the plan submitted to and approved by the federal
 76 25 substance abuse and mental health services administration
 76 26 for the fiscal year involved, except that for federal fiscal
 76 27 year 2014-2015, \$1,643,467 of such federal block grant funds
 76 28 shall be used for child and family services pursuant to 2013
 76 29 Iowa Acts, chapter 138, section 148, as amended by 2014 Iowa
 76 30 Acts, chapter 1140, section 25, for the purposes of 2014 Iowa
 76 31 Acts, chapter 1140, section 25, subsection 20, relating to
 76 32 the community circle of care collaboration for children and
 76 33 youth in northeast Iowa, subsection 24 relating to the central
 76 34 Iowa system of care program grant, subsection 25 relating
 76 35 to the system of care grant implemented in Cerro Gordo and
 77 1 Linn counties, and subsection 27 relating to a system of care
 77 2 approach for children with a serious emotional disturbance and
 77 3 their families through a nonprofit provider of child welfare
 77 4 services licensed as a psychiatric medical institution for
 77 5 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 appropriated to Medicaid.

77 6 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

77 7 Sec. 43. 2013 Iowa Acts, chapter 138, section 136,
 77 8 subsections 1, 2, 6, and 13, as amended by 2014 Iowa Acts,
 77 9 chapter 1140, section 9, are amended to read as follows:

77 10 1. To be credited to the family investment program account
 77 11 and used for assistance under the family investment program
 77 12 under chapter 239B:
 77 13 \$ 9,879,488
 77 14 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.

77 15 2. To be credited to the family investment program account
 77 16 and used for the job opportunities and basic skills (JOBS)
 77 17 program and implementing family investment agreements in
 77 18 accordance with chapter 239B:
 77 19 \$ 11,091,914
 77 20 10,232,340

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 Medicaid.

77 21 6. For state child care assistance:
 77 22 \$ 35,047,140

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

| | | |
|--|--|--|
| 77 23 | <u>41,210,239</u> | DETAIL: The funds allocated in this Section are replacing General Fund appropriations that will be freed up and appropriated to Medicaid. |
| 77 24 77 25 77 26 77 27 77 28 77 29 77 30 77 31 77 32 77 33 77 34 77 35 78 1 78 2 78 3 | a. Of the funds appropriated in this subsection, \$26,347,440 <u>\$26,332,712</u> is transferred to the child care and development block grant appropriation made by the Eighty-fifth General Assembly, 2013 Session, in 2013 Iowa Acts, chapter 136, section 14 for the federal fiscal year beginning October 1, 2014, and ending September 30, 2015. Of this amount, \$200,000 shall be used for provision of educational opportunities to registered child care home providers in order to improve services and programs offered by this category of providers and to increase the number of providers. The department may contract with institutions of higher education or child care resource and referral centers to provide the educational opportunities. Allowable administrative costs under the contracts shall not exceed 5 percent. The application for a grant shall not exceed two pages in length. | Decreases the direct Child Care Assistance transfer by \$14,398 for FY 2015. |
| 78 4 78 5 78 6 78 7 78 8 | b. Any funds appropriated in this subsection remaining unallocated shall be used for state child care assistance payments for <u>families who are employed, including but not limited to</u> individuals enrolled in the family investment 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. |
| 78 9 78 10 78 11 78 12 78 13 78 14 78 15 78 16 78 17 78 18 78 19 78 20 78 21 78 22 78 23 78 24 78 25 78 26 78 27 78 28 78 29 | 13. a. Notwithstanding any provision to the contrary, including but not limited to requirements in section 8.41 or provisions in 2013 or 2014 Iowa Acts regarding the receipt and appropriation of federal block grants, federal funds from the temporary assistance for needy families block grant received by the state not otherwise appropriated in this section and remaining available for the fiscal year beginning July 1, 2014, are appropriated to the department of human services to the extent as may be necessary to be used in the following priority order: the family investment program, for state child care assistance program payments for individuals enrolled in the family investment program <u>families</u> who are employed, and for the family investment program share of costs to develop and maintain a new, integrated eligibility determination system. The federal funds appropriated in this paragraph "a" shall be expended only after all other funds appropriated in subsection 1 for the assistance under the family investment program, in subsection 6 for child care assistance, or in subsection 12 for the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system, as applicable, have been expended. <u>For</u> | Specifies that for the purposes of this Subsection, funds are considered fully expended when the full amount has been transferred. |

78 30 the purposes of this subsection, the funds appropriated in
 78 31 subsection 6, paragraph "a", for transfer to the child care and
 78 32 development block grant are considered fully expended when the
 78 33 full amount has been transferred.

78 34 b. The department shall, on a quarterly basis, advise the
 78 35 legislative services agency and department of management of
 79 1 the amount of funds appropriated in this subsection that was
 79 2 expended in the prior quarter.

79 3 CHILD SUPPORT RECOVERY UNIT

79 4 Sec. 44. 2013 Iowa Acts, chapter 138, section 139,
 79 5 unnumbered paragraph 2, as amended by 2014 Iowa Acts, chapter
 79 6 1140, section 12, is amended to read as follows:

79 7 For child support recovery, including salaries, support,
 79 8 maintenance, and miscellaneous purposes, and for not more than
 79 9 the following full-time equivalent positions:
 79 10 \$ 14,911,230
 79 11 14,771,230
 79 12 FTEs 464.00

Deappropriates \$140,000 in FY 2015 from the Child Support Recovery Unit appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

79 13 MEDICAL ASSISTANCE

79 14 Sec. 45. 2013 Iowa Acts, chapter 139, section 142,
 79 15 unnumbered paragraph 2, as amended by 2014 Iowa Acts, chapter
 79 16 1140, section 14, is amended to read as follows:

79 17 For medical assistance program reimbursement and associated
 79 18 costs as specifically provided in the reimbursement
 79 19 methodologies in effect on June 30, 2014, except as otherwise
 79 20 expressly authorized by law, consistent with options under
 79 21 federal law and regulations, and contingent upon receipt of
 79 22 approval from the office of the governor of reimbursement for
 79 23 each abortion performed under the program:
 79 24 \$1,250,658,393
 79 25 1,310,299,250

General Fund supplemental appropriation for FY 2015 of \$59,640,857 from the General Fund for the Medicaid Program in FY 2015.

DETAIL: This appropriation, in addition to other fund appropriations and DHS revenues, will provide a \$69,000,000 supplemental appropriation for FY 2015 and fund Medicaid at the midpoint of the Medicaid Forecasting Group estimates.

79 26 MEDICAL CONTRACTS

79 27 Sec. 46. 2013 Iowa Acts, chapter 138, section 143,
 79 28 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 79 29 chapter 1140, section 19, are amended to read as follows:

79 30 There is appropriated from the general fund of the state to
 79 31 the department of human services for the fiscal year beginning
 79 32 July 1, 2014, and ending June 30, 2015, the following amount,
 79 33 or so much thereof as is necessary, to be used for the purpose
 79 34 designated:
 79 35 For medical contracts:
 80 1 \$ 17,148,576

Deappropriates \$4,252,176 in FY 2015 from the Medical Contracts 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 \$2,000,000 to reflect a surplus in the Autism Program.
- A decrease of \$1,502,176 due to increased funds from the Pharmaceutical Settlement Account.

80 2 12,896,400

- A decrease of \$750,000 to delay the implementation of a Healthy Rewards vendor for the Iowa Health and Wellness Program.

80 3 STATE SUPPLEMENTARY ASSISTANCE

80 4 Sec. 47. 2013 Iowa Acts, chapter 138, section 144,
80 5 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
80 6 section 20, is amended to read as follows:

Deappropriates \$1,155,836 in FY 2015 from the State Supplementary Assistance appropriation.

80 7 1. There is appropriated from the general fund of the
80 8 state to the department of human services for the fiscal year
80 9 beginning July 1, 2014, and ending June 30, 2015, the following
80 10 amount, or so much thereof as is necessary, to be used for the
80 11 purpose designated:

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

80 12 For the state supplementary assistance program:

| | | | |
|-------|-------|----|-------------------|
| 80 13 | ..... | \$ | 44,121,154 |
| 80 14 | | | <u>12,965,318</u> |

80 15 CHILDREN'S HEALTH INSURANCE PROGRAM/
80 16 HEALTHY AND WELL KIDS IN IOWA PROGRAM

80 17 Sec. 48. 2013 Iowa Acts, chapter 138, section 145,
80 18 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
80 19 section 21, is amended to read as follows:

Deappropriates \$780,913 in FY 2015 from the Children's Health Insurance Program appropriation.

80 20 1. There is appropriated from the general fund of the
80 21 state to the department of human services for the fiscal year
80 22 beginning July 1, 2014, and ending June 30, 2015, the following
80 23 amount, or so much thereof as is necessary, to be used for the
80 24 purpose designated:

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

80 25 For maintenance of the healthy and well kids in Iowa (hawk-i)
80 26 program pursuant to chapter 514I, including supplemental dental
80 27 services, for receipt of federal financial participation under
80 28 Tit.XXI of the federal Social Security Act, which creates the
80 29 children's health insurance program:

| | | | |
|-------|-------|----|-------------------|
| 80 30 | ..... | \$ | 45,877,998 |
| 80 31 | | | <u>45,097,085</u> |

80 32 CHILD CARE ASSISTANCE

80 33 Sec. 49. 2013 Iowa Acts, chapter 138, section 146,
80 34 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
80 35 chapter 1140, section 22, are amended to read as follows:

Deappropriates \$10,828,136 in FY 2015 from the Child Care Assistance Program appropriation.

81 1 There is appropriated from the general fund of the state to
81 2 the department of human services for the fiscal year beginning
81 3 July 1, 2014, and ending June 30, 2015, the following amount,
81 4 or so much thereof as is necessary, to be used for the purpose
81 5 designated:

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 \$6,163,126 to use a one-time TANF surplus to

| | | | |
|----|---|--------------------------|-------------------|
| 81 | 6 | For child care programs: | |
| 81 | 7 | ..... | \$ 47,132,080 |
| 81 | 8 | | <u>36,303,944</u> |

- 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.

81 9 CHILDREN ADJUDICATED AS DELINQUENT AND CHILD IN NEED OF
81 10 ASSISTANCE PLACEMENTS

81 11 Sec. 50. 2013 Iowa Acts, chapter 138, unnumbered paragraphs
81 12 1 and 2, as amended by 2014 Iowa Acts, chapter 1140, section
81 13 24, are amended to read as follows:
81 14 There is appropriated from the general fund of the state to
81 15 the department of human services for the fiscal year beginning
81 16 July 1, 2014, and ending June 30, 2015, the following amount,
81 17 or so much thereof as is necessary, to be used for the purposes
81 18 designated:
81 19 For the placement costs of female children adjudicated as
81 20 delinquent and male and female children adjudicated as a child
81 21 in need of assistance:
81 22 \$ 2,000,000
81 23 1,400,000

Deappropriates \$600,000 in FY 2015 from the appropriation for adjudicated as delinquent and children in need of assistance placements.

DETAIL: The deappropriated funds in this Section are being redirected to the FY 2015 Medicaid shortfall.

81 24 CHILD AND FAMILY SERVICES

81 25 Sec. 51. 2013 Iowa Acts, chapter 138, section 148,
81 26 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
81 27 section 25, is amended to read as follows:
81 28 1. There is appropriated from the general fund of the
81 29 state to the department of human services for the fiscal year
81 30 beginning July 1, 2014, and ending June 30, 2015, the following
81 31 amount, or so much thereof as is necessary, to be used for the
81 32 purpose designated:
81 33 For child and family services:
81 34 \$ 94,857,554
81 35 91,364,087

Deappropriates \$3,493,467 in FY 2015 from the Child and Family Services 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 \$1,643,467 to fund system of care projects with the Community Mental Health Services Block Grant.
- A decrease of \$1,850,000 that the DHS has managed the appropriation to in FY 2015.

82 1 ADOPTION SUBSIDY

82 2 Sec. 52. 2013 Iowa Acts, chapter 138, section 149,
82 3 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
82 4 section 26, is amended to read as follows:
82 5 1. There is appropriated from the general fund of the
82 6 state to the department of human services for the fiscal year
82 7 beginning July 1, 2014, and ending June 30, 2015, the following
82 8 amount, or so much thereof as is necessary, to be used for the
82 9 purpose designated:
82 10 For adoption subsidy payments and services:

Deappropriates \$836,600 in FY 2015 from the Adoption Subsidy Program.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall. This decrease is due to the estimated surplus from the most recent LSA, the DHS, the DOM forecasting group consensus.

82 11 \$ 42,580,749
 82 12 41,744,149

82 13 FAMILY SUPPORT SUBSIDY

82 14 Sec. 53. 2013 Iowa Acts, chapter 138, section 151,
 82 15 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 82 16 section 27, is amended to read as follows:

82 17 1. There is appropriated from the general fund of the
 82 18 state to the department of human services for the fiscal year
 82 19 beginning July 1, 2014, and ending June 30, 2015, the following
 82 20 amount, or so much thereof as is necessary, to be used for the
 82 21 purpose designated:

82 22 For the family support subsidy program subject to the
 82 23 enrollment restrictions in section 225C.37, subsection 3:
 82 24 \$ 1,079,739
 82 25 579,739

82 26 FIELD OPERATIONS

82 27 Sec. 54. 2013 Iowa Acts, chapter 138, section 156,
 82 28 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 82 29 chapter 1140, section 32, are amended to read as follows:

82 30 There is appropriated from the general fund of the state to
 82 31 the department of human services for the fiscal year beginning
 82 32 July 1, 2014, and ending June 30, 2015, the following amount,
 82 33 or so much thereof as is necessary, to be used for the purposes
 82 34 designated:

82 35 For field operations, including salaries, support,
 83 1 maintenance, and miscellaneous purposes, and for not more than
 83 2 the following full-time equivalent positions:
 83 3 \$ 65,170,976
 83 4 61,170,976
 83 5 FTEs 1,837.00

83 6 GENERAL ADMINISTRATION

83 7 Sec. 55. 2013 Iowa Acts, chapter 138, section 157,
 83 8 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 83 9 chapter 1140, section 33, are amended to read as follows:

83 10 There is appropriated from the general fund of the state to
 83 11 the department of human services for the fiscal year beginning
 83 12 July 1, 2014, and ending June 30, 2015, the following amount,
 83 13 or so much thereof as is necessary, to be used for the purpose
 83 14 designated:

83 15 For general administration, including salaries, support,
 83 16 maintenance, and miscellaneous purposes, and for not more than
 83 17 the following full-time equivalent positions:

Deappropriates \$500,000 in FY 2015 from the Family Support Subsidy Program.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall. This is due to funds that have accumulated in the Program from annual carryforwards over the past few fiscal years.

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.

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.

| | | | |
|-------|------------|----|-------------------|
| 83 18 | ..... | \$ | 46,072,302 |
| 83 19 | | | <u>15,072,302</u> |
| 83 20 | FTEs | | 309.00 |

83 21 PHARMACEUTICAL SETTLEMENT ACCOUNT

83 22 Sec. 56. 2013 Iowa Acts, chapter 138, section 162, as
83 23 amended by 2014 Iowa Acts, chapter 1140, section 47, is amended
83 24 to read as follows:

83 25 SEC. 162. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
83 26 appropriated from the pharmaceutical settlement account created
83 27 in section 249A.33 to the department of human services for the
83 28 fiscal year beginning July 1, 2014, and ending June 30, 2015,
83 29 the following amount, or so much thereof as is necessary, to be
83 30 used for the purpose designated:

| | | | |
|-------|---|----|------------------|
| 83 31 | Notwithstanding any provision of law to the contrary, to | | |
| 83 32 | supplement the appropriations made in this Act for medical | | |
| 83 33 | contracts under the medical assistance program for the fiscal | | |
| 83 34 | year beginning July 1, 2014, and ending June 30, 2015: | | |
| 83 35 | ..... | \$ | 5,467,564 |
| 84 1 | | | <u>6,969,740</u> |

84 2 QUALITY ASSURANCE TRUST FUND

84 3 Sec. 57. 2013 Iowa Acts, chapter 138, section 163, as
84 4 amended by 2014 Iowa Acts, chapter 1140, section 48, is amended
84 5 to read as follows:

84 6 SEC. 163. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
84 7 HUMAN SERVICES. Notwithstanding any provision to the contrary
84 8 and subject to the availability of funds, there is appropriated
84 9 from the quality assurance trust fund created in section
84 10 249L.4 to the department of human services for the fiscal year
84 11 beginning July 1, 2014, and ending June 30, 2015, the following
84 12 amounts, or so much thereof as is necessary, for the purposes
84 13 designated:

| | | | |
|-------|---|----|-------------------|
| 84 14 | To supplement the appropriation made in this Act from the | | |
| 84 15 | general fund of the state to the department of human services | | |
| 84 16 | for medical assistance for the same fiscal year: | | |
| 84 17 | ..... | \$ | 29,195,653 |
| 84 18 | | | <u>29,695,653</u> |

84 19 Sec. 58. EFFECTIVE UPON ENACTMENT. This division of this
84 20 Act, being deemed of immediate importance, takes effect upon
84 21 enactment.

84 22 Sec. 59. RETROACTIVE APPLICABILITY. This division of this
84 23 Act is retroactively applicable to July 1, 2014.

Pharmaceutical Settlement Account supplemental appropriation of \$1,502,176 in FY 2015 to Medical Contracts.

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

Quality Assurance Trust Fund supplemental appropriation of \$500,000 in FY 2015 to Medicaid.

DETAIL: This is part of a total \$69,000,000 supplemental to fund the FY 2015 Medicaid shortfall.

This Division is effective on enactment.

This Division is retroactive to July 1, 2014.

84 24 DIVISION IX
 84 25 QUALITY ASSURANCE ASSESSMENT
 84 26 Sec. 60. Section 249L.3, subsection 1, paragraph d, Code
 84 27 2015, is amended to read as follows:
 84 28 d. The aggregate quality assurance assessments imposed
 84 29 under this chapter shall ~~not exceed the lower of~~ be established
 84 30 at three percent of the aggregate non-Medicare revenues of a
 84 31 nursing facility or the maximum amount that may be assessed
 84 32 pursuant to the indirect guarantee threshold as established
 84 33 pursuant to 42 C.F.R. §433.68(f)(3)(i), and shall be stated on
 84 34 a per-patient-day basis.

CODE: Requires the Nursing Facility Quality Assurance Assessment to be set at 3.00%.

84 35 DIVISION X
 85 1 HEALTH POLICY — OVERSIGHT

85 2 Sec. 61. NEW SECTION 2.70 LEGISLATIVE HEALTH POLICY
 85 3 OVERSIGHT COMMITTEE.
 85 4 1. A legislative health policy oversight committee
 85 5 is created to provide a formal venue for oversight of
 85 6 and stakeholder engagement in, the design, development,
 85 7 implementation, administration, and funding associated
 85 8 with general state health care policy, with a particular
 85 9 focus on the Medicaid program. The overall purpose of the
 85 10 committee is to ensure that health care policy in this state
 85 11 is consumer-focused and provides for accessible, accountable,
 85 12 efficient, cost-effective, and quality health care. The goal
 85 13 of the committee is to continue to further health policy that
 85 14 improves health care, improves population health, reduces
 85 15 health care costs, and integrates medical and social services
 85 16 and supports into a holistic health system.
 85 17 2. a. The committee shall include all of the following
 85 18 members:
 85 19 (1) The co-chairpersons and ranking members of the
 85 20 legislative joint appropriations subcommittee on health
 85 21 and human services, or members of the joint appropriations
 85 22 subcommittee designated by the respective co-chairpersons or
 85 23 ranking members.
 85 24 (2) The chairpersons and ranking members of the
 85 25 human resources committees of the senate and house of
 85 26 representatives, or members of the respective committees
 85 27 designated by the respective chairpersons or ranking members.
 85 28 (3) The chairpersons and ranking members of the
 85 29 appropriations committees of the senate and house of
 85 30 representatives, or members of the respective committees
 85 31 designated by the respective chairpersons or ranking members.
 85 32 b. The members of the committee shall receive a per diem as
 85 33 provided in section 2.10.
 85 34 c. The committee shall meet at least quarterly, but may meet

CODE: Creates a new Legislative Health Policy Oversight Committee for oversight of and stakeholder engagement in, the design, development, implementation, administration, and funding associated with general state health care policies, with a particular focus on the Medicaid program. This Section also specifies the membership of the Committee and permits the Committee to contract for outside expertise.

85 35 as often as necessary. The committee may request information
 86 1 from sources as deemed appropriate, and the department of human
 86 2 services and other agencies of state government shall provide
 86 3 information to the committee as requested. The legislative
 86 4 services agency shall provide staff support to the committee.
 86 5 d. The committee shall select co-chairpersons, one
 86 6 representing the senate and one representing the house of
 86 7 representatives, annually, from its membership. A majority of
 86 8 the members of the committee shall constitute a quorum.
 86 9 e. The committee may contract for the services of persons
 86 10 who are qualified by education, expertise, or experience to
 86 11 advise, consult with, or otherwise assist the committee in the
 86 12 performance of its duties.

86 13 3. The committee shall submit a report to the governor and
 86 14 the general assembly by December 15, annually.

Requires the Legislative Health Policy Oversight Committee to submit a report annually to the Governor and General Assembly by December 15.

86 15 Sec. 62.NEW SECTION 231.44 UTILIZATION OF RESOURCES
 86 16 — ASSISTANCE AND ADVOCACY RELATED TO LONG-TERM SERVICES AND
 86 17 SUPPORTS UNDER THE MEDICAID PROGRAM.

86 18 1. The office of long-term care ombudsman may utilize its
 86 19 available resources to provide assistance and advocacy services
 86 20 to potential or actual recipients, or the families or legal
 86 21 representatives of such potential or actual recipients, of
 86 22 long-term services and supports provided through the Medicaid
 86 23 program. Such assistance and advocacy shall include but is not
 86 24 limited to all of the following:
 86 25 a. Providing information, education, consultation, and
 86 26 assistance regarding eligibility for, enrollment in, and the
 86 27 obtaining of long-term services and supports through the
 86 28 Medicaid program.
 86 29 b. Identifying and referring individuals who may be eligible
 86 30 for and in need of long-term services and supports to the
 86 31 Medicaid program.
 86 32 c. Developing procedures for tracking and reporting
 86 33 individual requests for assistance with the obtaining of
 86 34 necessary services and supports.
 86 35 d. Providing consultation for individuals transitioning into
 87 1 or out of an institutional setting or across levels of care.
 87 2 e. Identifying gaps in or duplication of services provided
 87 3 to older individuals and persons with disabilities and
 87 4 developing strategies to improve the delivery and coordination
 87 5 of these services for these individuals.
 87 6 f. Providing advice, assistance, and negotiation relating
 87 7 to the preparation and filing of complaints, grievances, and

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.

87 8 appeals of complaints or grievances relating to long-term
 87 9 services and supports under the Medicaid program.
 87 10 g. Providing individual case advocacy services in
 87 11 administrative hearings and legal representation for judicial
 87 12 proceedings related to long-term services and supports under
 87 13 the Medicaid program.

87 14 2. A representative of the office of long-term care
 87 15 ombudsman providing assistance and advocacy services authorized
 87 16 under this section for an individual, shall be provided
 87 17 access to the individual, and shall be provided access to
 87 18 the individual's medical and social records as authorized by
 87 19 the individual or the individual's legal representative, as
 87 20 necessary to carry out the duties specified in this section.

Permits the Office of Long-Term Care Ombudsman to access individual medical and social records if authorized by the individual.

87 21 3. A representative of the office of long-term care
 87 22 ombudsman providing assistance and advocacy services authorized
 87 23 under this section for an individual, shall be provided access
 87 24 to administrative records related to the provision of the
 87 25 long-term services and supports to the individual, as necessary
 87 26 to carry out the duties specified in this section.

Permits the Office of Long-Term Care Ombudsman to have access to administrative records.

87 27 4. For the purposes of this section:
 87 28 a. "Institutional setting" includes a long-term care
 87 29 facility, an elder group home, or an assisted living program.
 87 30 b. "Long-term services and supports" means the broad range of
 87 31 health, health-related, and personal care assistance services
 87 32 and supports, provided in both institutional settings and home
 87 33 and community-based settings, necessary for older individuals
 87 34 and persons with disabilities who experience limitations in
 87 35 their capacity for self-care due to a physical, cognitive, or
 88 1 mental disability or condition.

Provides definitions for "institutional setting" and "long-term services and supports."

88 2 Sec. 63. MEDICAID MANAGED CARE ORGANIZATIONS — UTILIZATION
 88 3 OF CAPITATED PAYMENTS.

88 4 1. All of the following shall apply to Medicaid managed care
 88 5 contracts entered into on or after July 1, 2015:

88 6 a. Two percent of the Medicaid capitation payment amount
 88 7 specified under the contract shall be withheld by the state to
 88 8 be used to provide for Medicaid program oversight, including
 88 9 for a health consumer ombudsman function, and for quality
 88 10 improvement.

Requires 2.00% of the Medicaid capitation payment to be withheld by the state to be used to provide for Medicaid program oversight, including for a health consumer ombudsman function, and for quality improvement.

88 11 b. The portion of the Medicaid capitation payment paid
 88 12 to a Medicaid managed care contractor that is required to be
 88 13 dedicated to meeting the minimum medical loss ratio shall be
 88 14 allocated to a Medicaid claims fund. Expenditures of moneys

Provides requirements for funds dedicated to meeting the minimum medical loss ratio.

88 15 in the Medicaid claims fund shall comply with all of the
88 16 following:

88 17 (1) Only expenditures for medical claims shall be
88 18 considered in computing the minimum medical loss ratio
88 19 as specified in the contract. For the purposes of the
88 20 computation, "medical claims" means only the costs of claims
88 21 for direct delivery of covered benefits incurred during the
88 22 applicable minimum medical loss ratio reporting period, not
88 23 otherwise defined or designated as administrative costs,
88 24 population health benefits or quality improvement, or profit in
88 25 this section.

Permits only expenditures for medical claims to be considered in computing the minimum medical loss ratio as specified in the contract.

88 26 (2) If a Medicaid managed care contractor does not meet
88 27 the minimum medical loss ratio established under the contract
88 28 for the reporting period specified, the Medicaid managed
88 29 care contractor shall remit the excess amount, multiplied
88 30 by the total contract revenue, to the state for community
88 31 reinvestment, oversight, and quality improvement.

Requires the managed care contractor to remit funds if they do not meet the minimum medical loss ratio.

88 32 c. The portion of the Medicaid capitation payment that is
88 33 not required to be dedicated to meeting the minimum medical
88 34 loss ratio, shall be allocated to an administrative fund.
88 35 Expenditure or use of moneys in the administrative fund shall
89 1 comply with all of the following:

Provides requirements for administrative funds.

89 2 (1) Funds in the administrative fund may be used for
89 3 population health and quality improvement activities
89 4 including conflict or reinvestment free case management, care
89 5 coordination, community benefit expenditures, nontraditional
89 6 consumer-centered services that address social determinants
89 7 of health, health information technology, data collection and
89 8 analysis, and other population health and quality improvement
89 9 activities as specified by rule of the department of human
89 10 services.

The remaining administrative funds are to be used for the services listed.

89 11 (2) Administrative costs shall not exceed the percentage
89 12 applicable to the Medicaid program for administrative costs for
89 13 FY 2015 of a maximum of 4 percent calculated as a percentage of
89 14 the Medicaid capitation payment during the applicable minimum
89 15 medical loss ratio reporting period. Administrative functions
89 16 and costs shall not be shifted to providers or other entities
89 17 as a means of administrative cost avoidance.

Prohibits administrative costs from exceeding 4.00%.

89 18 (3) Profit, including reserves and earnings on reserves
89 19 such as investment income and earned interest, as a percentage
89 20 of the Medicaid capitated payment, shall be limited to a
89 21 maximum of 3 percent during the applicable minimum medical loss

Limits profit to 3.00%.

89 22 ratio reporting period.

89 23 (4) Any funds remaining in the administrative fund
 89 24 following allowable expenditures or uses specified in
 89 25 subparagraphs (1), (2), and (3) shall be remitted to the state
 89 26 for community reinvestment, oversight, and quality improvement.
 89 27 2. The department of human services shall specify by rule
 89 28 reporting requirements for Medicaid managed care contractors
 89 29 under this section.

Requires the managed care contractor to remit any funds remaining after all allowable expenditures are accounted for.

89 30 Sec. 64. PROPOSAL FOR A HEALTH CONSUMER OMBUDSMAN
 89 31 ALLIANCE. The office of long-term care ombudsman shall
 89 32 collaborate with the department on aging, the department of
 89 33 human services, the department of public health, the department
 89 34 of inspections and appeals, the designated protection and
 89 35 advocacy agency as provided in section 135C.2, subsection
 90 1 4, the civil rights commission, the senior health insurance
 90 2 information program, the Iowa insurance consumer advocate, Iowa
 90 3 legal aid, and other consumer advocates and consumer assistance
 90 4 programs, to develop a proposal for the establishment of
 90 5 a health consumer ombudsman alliance. The purpose of the
 90 6 alliance is to provide a permanent coordinated system of
 90 7 independent consumer supports to ensure that consumers,
 90 8 including consumers covered under Medicaid managed care,
 90 9 obtain and maintain essential health care, are provided
 90 10 unbiased information in understanding coverage models, and are
 90 11 assisted in resolving problems regarding health care services,
 90 12 coverage, access, and rights. The proposal developed shall
 90 13 include annual budget projections and shall be submitted to the
 90 14 governor and the general assembly no later than December 15,
 90 15 2015.

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.

90 16 Sec. 65. FUNCTIONAL, LEVEL OF CARE, AND NEEDS-BASED
 90 17 ASSESSMENTS — CASE MANAGEMENT.
 90 18 1. The department of human services shall contract
 90 19 with a conflict free third party to conduct initial and
 90 20 subsequent functional, level of care, and needs assessments and
 90 21 reassessments of consumers who may be eligible for long-term
 90 22 services and supports and are subject to a Medicaid managed
 90 23 care contract. Such assessments and reassessments shall not
 90 24 be completed by a Medicaid managed care organization under
 90 25 contract with the state or by any entity that is not deemed
 90 26 conflict free. If a managed care contractor becomes aware that
 90 27 an applicant may require long-term services and supports or
 90 28 that an enrolled consumer's functional level of care, support
 90 29 needs, or medical status has changed, the Medicaid managed care
 90 30 contractor shall notify the department and the conflict free
 90 31 third party shall administer any assessment or reassessment

Requires the DHS to contract with a third party to conduct initial and subsequent functional, level of care, and needs assessments and reassessments of consumers that may be eligible for long-term services and supports and are under the Medicaid managed care contract. Prohibits assessments by a managed care organization under contract with the State.

90 32 in response to the notification. A case manager or Medicaid
 90 33 managed care contractor shall not alter a consumer's service
 90 34 plan independent of the prior administration of an assessment
 90 35 or reassessment conducted by the conflict free third party.
 91 1 The department of human services shall retain authority to
 91 2 determine or redetermine a consumer's categorical, financial,
 91 3 level of care or needs-based eligibility based on the conflict
 91 4 free third party assessment or reassessment.

91 5 2. The department of human services shall provide for
 91 6 administration of non-biased, community-based, in-person
 91 7 options counseling by a conflict free third party for
 91 8 applicants for a Medicaid managed care plan.

Requires the DHS to provide for third-party administration of counseling options for individuals applying for Medicaid managed care plans.

91 9 3. Case management under a Medicaid managed care contract
 91 10 shall be administered in a conflict free manner.

Requires case management under Medicaid to meet Balancing Incentive Program Requirements.

91 11 4. For the purposes of this section, "conflict free" means
 91 12 conflict free pursuant to specifications of the balancing
 91 13 incentive program requirements.

91 14 DIVISION XI
 91 15 AUTISM

CODE: Makes the following changes to the Autism Program:

91 16 Sec. 66. Section 225D.1, subsections 3 and 8, Code 2015, are
 91 17 amended to read as follows:

91 18 3. "Autism service provider" means a person providing
 91 19 applied behavioral analysis, who meets all of the following
 91 20 criteria:

91 21 a. Is any of the following:

91 22 (1) Is certified as a behavior analyst by the behavior
 91 23 analyst certification board or is a health professional
 91 24 licensed under chapter 147.

91 25 (2) Is a board-certified assistant behavior analyst who
 91 26 performs duties, identified by and based on the standards of
 91 27 the behavior analyst certification board, under the supervision
 91 28 of a board-certified behavior analyst.

91 29 b. Is approved as a member of the provider network by the
 91 30 department.

91 31 8. "Eligible individual" means a child less than ~~nine~~
 91 32 fifteen years of age who has been diagnosed with autism based
 91 33 on a diagnostic assessment of autism, is not otherwise eligible
 91 34 for coverage for applied behavioral analysis treatment under
 91 35 the medical assistance program, section 514C.28, or private
 92 1 insurance coverage, and whose household income does not exceed
 92 2 four hundred percent of the federal poverty level.

92 3 Sec. 67. Section 225D.2, subsection 2, paragraph c, Code
 92 4 2015, is amended to read as follows:

92 5 c. Notwithstanding the age limitation for an eligible
 92 6 individual, a provision that if an eligible individual reaches

- Adds a board-certified assistant behavior analyst to the list of qualified providers.
- Increases the age to qualify for the Program from nine to 15 years of age.
- Permits individuals to provide a summary of insurance benefits to show applied behavioral analysis treatment is not a covered benefit.

92 7 ~~nine fifteen~~ years of age prior to completion of the maximum
 92 8 applied behavioral analysis treatment period specified in
 92 9 paragraph “b”, the individual may complete such treatment in
 92 10 accordance with the individual’s treatment plan, not to exceed
 92 11 the maximum treatment period.
 92 12 Sec. 68. Section 225D.2, subsection 2, Code 2015, is amended
 92 13 by adding the following new paragraph:
 92 14 NEW PARAGRAPH I. Proof of eligibility for the autism
 92 15 support program that includes a written denial for coverage or
 92 16 a benefits summary indicating that applied behavioral analysis
 92 17 treatment is not a covered benefit for which the applicant
 92 18 is eligible, under the Medicaid program, section 514C.28, or
 92 19 private insurance coverage.

92 20 DIVISION XII
 92 21 OFFICE OF SUBSTITUTE DECISIONMAKER
 92 22 Sec. 69. Section 231E.4, subsection 3, paragraph a, Code
 92 23 2015, is amended to read as follows:
 92 24 a. Select persons through a request for proposals process to
 92 25 establish local offices of substitute decision maker in each
 92 26 of the planning and service areas. Local offices shall be
 92 27 established statewide on or before July 1, ~~2015~~ 2017.

CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2017.

92 28 DIVISION XIII
 92 29 DEMENTIA WORKFORCE
 92 30 Sec. 70. INTERAGENCY DEMENTIA PROFICIENT WORKFORCE TASK
 92 31 FORCE. The departments of public health, human services, and
 92 32 inspections and appeals, the department on aging, and the
 92 33 office of long-term care ombudsman shall convene an interagency
 92 34 task force, in collaboration with the Alzheimer’s association,
 92 35 to review the recommendations for a standard curriculum model
 93 1 for dementia education submitted by the Alzheimer’s association
 93 2 dementia education task force to the department on aging
 93 3 in June 2010, in the Iowa dementia education project final
 93 4 report, and the curricula-related recommendations submitted
 93 5 by the direct care worker task force and the direct care
 93 6 worker advisory council; identify staff, in settings in which
 93 7 individuals with dementia may seek services and care, who
 93 8 should have some level of dementia proficiency and analyze gaps
 93 9 in existing training and educational requirements; and develop
 93 10 an implementation plan to transition toward competency-based
 93 11 dementia curricula and training that achieves dementia
 93 12 proficiency across a broader care continuum. To the greatest
 93 13 extent possible, the plan shall address training strategies
 93 14 for different settings, levels of skill, and licensure. The
 93 15 plan shall include a timeline for implementation, fiscal
 93 16 implications of recommendations, and identification of key
 93 17 decision points for the general assembly. The task force shall

Directs the DPH, the DHS, the Department of Inspections and Appeals, and the Department on Aging to convene an interagency taskforce 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.

93 18 provide opportunities for stakeholder input from affected
 93 19 industry, education, professional, employee, and consumer
 93 20 organizations. The task force shall submit its recommendations
 93 21 to the governor and the general assembly no later than December
 93 22 15, 2015.

93 23 DIVISION XIV
 93 24 PHARMACEUTICAL COLLECTION AND DISPOSAL PROGRAM

93 25 Sec. 71. Section 155A.43, Code 2015, is amended to read as
 93 26 follows:

93 27 155A.43 PHARMACEUTICAL COLLECTION AND DISPOSAL PROGRAM —
 93 28 ANNUAL ALLOCATION.

93 29 Of the fees collected pursuant to sections 124.301 and
 93 30 147.80 and chapter 155A by the board of pharmacy, and retained
 93 31 by the board pursuant to section 147.82, not more than
 93 32 one hundred ~~twenty-five~~ ~~seventy-five~~ thousand dollars may
 93 33 be allocated annually by the board for administering the
 93 34 pharmaceutical collection and disposal program originally
 93 35 established pursuant to 2009 Iowa Acts, ch.175, §9. The
 94 1 program shall provide for the management and disposal of
 94 2 unused, excess, and expired pharmaceuticals. The board of
 94 3 pharmacy may cooperate with the Iowa pharmacy association and
 94 4 may consult with the department and sanitary landfill operators
 94 5 in administering the program.

94 6 DIVISION XV
 94 7 MEDICAID STATE PLAN — FAMILY PLANNING

94 8 Sec. 72. MEDICAID STATE PLAN AMENDMENT — FAMILY
 94 9 PLANNING. The department of human services shall amend the
 94 10 medical assistance state plan to include, effective no later
 94 11 than January 1, 2016, the eligibility provisions of the Iowa
 94 12 family planning network section 1115 demonstration waiver in
 94 13 effect on January 1, 2015. The department shall implement
 94 14 the state plan amendment upon receipt of approval by the
 94 15 centers for Medicare and Medicaid services of the United States
 94 16 department of health and human services.

94 17 Sec. 73. EFFECTIVE DATE. This division of this Act, being
 94 18 deemed of immediate importance, takes effect upon enactment.

94 19 DIVISION XVI
 94 20 IOWA ABLE SAVINGS PLAN TRUST
 94 21 Sec. 74. NEW SECTION 12I.1 PURPOSE AND DEFINITIONS.

94 22 1. The general assembly finds that the general welfare
 94 23 and well-being of the state are directly related to the
 94 24 health, maintenance, independence, and quality of life of its
 94 25 disabled residents, and that a vital and valid public purpose

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.

Requires the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group. This Division is effective on enactment but implementation is contingent on approval from CMS.

This Division is effective upon enactment.

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

94 26 is served by the creation and implementation of programs that
 94 27 encourage and make possible savings to secure funding for
 94 28 disability-related expenses on behalf of individuals with
 94 29 disabilities that will supplement, but not supplant, other
 94 30 benefits provided by various federal, state, and private
 94 31 sources. The creation of the means of encouragement for
 94 32 citizens to invest in such a program represents the carrying
 94 33 out of a vital and valid public purpose. In order to make
 94 34 available to the citizens of the state an opportunity to fund
 94 35 future disability-related expenses of individuals, it is
 95 1 necessary that a public trust be established in which moneys
 95 2 may be invested for payment of future disability-related
 95 3 expenses of an individual.

95 4 2. As used in this chapter, unless the context otherwise
 95 5 requires:

95 6 a. "Account balance limit" means the maximum allowable
 95 7 aggregate balance of an account established for a designated
 95 8 beneficiary. Account earnings, if any, are included in the
 95 9 account balance limit.

95 10 b. "Account owner" means an individual who enters into a
 95 11 participation agreement under this chapter for the payment
 95 12 of qualified disability expenses on behalf of a designated
 95 13 beneficiary.

95 14 c. "Contracting state" means the same as defined in section
 95 15 529A of the Internal Revenue Code.

95 16 d. "Designated beneficiary" means an individual who is a
 95 17 resident of this state or a resident of a contracting state and
 95 18 who meets the definition of "eligible individual" in section
 95 19 529A of the Internal Revenue Code.

95 20 e. "Internal Revenue Code" means the Internal Revenue Code
 95 21 of 1986, as amended, and regulations promulgated thereunder.

95 22 f. "Iowa ABLE savings plan trust" or "trust" means the trust
 95 23 created under section 121.2.

95 24 g. "Participation agreement" means an agreement between the
 95 25 account owner and the trust entered into under this chapter.

95 26 h. "Qualified ABLE program" means the same as defined in
 95 27 section 529A of the Internal Revenue Code.

95 28 i. "Qualified disability expenses" means the same as defined
 95 29 in section 529A of the Internal Revenue Code.

95 30 j. "Resident" shall be defined by rules adopted by the
 95 31 treasurer of state. The rules shall determine residency in
 95 32 such manner as may be required or permitted under section
 95 33 529A of the Internal Revenue Code, or, in the absence of any
 95 34 guidance under federal law, as the treasurer of state deems
 95 35 advisable for the purpose of satisfying the requirements of
 96 1 section 529A of the Internal Revenue Code.

96 2 Sec. 75.NEW SECTION 121.2 CREATION OF IOWA ABLE SAVINGS
 96 3 PLAN TRUST.

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 \$5.9 million for FY 2017 and and local option income surtax for schools revenue by \$200,000 in FY 2017. The State Treasures Office will also receive an appropriation of \$250,000 in this Bill to implement the ABLE Trust. For more information please see the fiscal note available here: <https://www.legis.iowa.gov/docs/publications/FN/662737.pdf>.

96 4 An Iowa ABLE savings plan trust is created. The treasurer of
96 5 state is the trustee of the trust, and has all powers necessary
96 6 to carry out and effectuate the purposes, objectives, and
96 7 provisions of this chapter pertaining to the trust, including
96 8 the power to do all of the following:

- 96 9 1. Make and enter into contracts necessary for the
96 10 administration of the trust created under this chapter.
- 96 11 2. Enter into agreements with this state or any other
96 12 state, or any federal or other state agency, or other entity as
96 13 required to implement this chapter.
- 96 14 3. Carry out the duties and obligations of the trust
96 15 pursuant to this chapter.
- 96 16 4. Accept any grants, gifts, legislative appropriations,
96 17 and other moneys from the state, any unit of federal, state, or
96 18 local government, or any other person, firm, partnership, or
96 19 corporation which the treasurer of state shall deposit into the
96 20 administrative fund or program fund.
- 96 21 5. Participate in any federal, state, or local governmental
96 22 program for the benefit of the trust.
- 96 23 6. Procure insurance against any loss in connection with the
96 24 property, assets, or activities of the trust.
- 96 25 7. Enter into participation agreements with account owners.
- 96 26 8. Make payments to designated beneficiaries pursuant to
96 27 participation agreements.
- 96 28 9. Make refunds to account owners upon the termination
96 29 of participation agreements, and partial nonqualified
96 30 distributions to account owners, pursuant to this chapter and
96 31 the limitations and restrictions set forth in this chapter.
- 96 32 10. Invest moneys from the program fund in any investments
96 33 that are determined by the treasurer of state to be
96 34 appropriate.
- 96 35 11. Engage investment advisors, if necessary, to assist in
97 1 the investment of trust assets.
- 97 2 12. Contract for goods and services and engage personnel
97 3 as necessary, including consultants, actuaries, managers,
97 4 legal counsel, and auditors for the purpose of rendering
97 5 professional, managerial, and technical assistance and advice
97 6 to the treasurer of state regarding trust administration and
97 7 operation.
- 97 8 13. Establish, impose, and collect administrative fees
97 9 and charges in connection with transactions of the trust, and
97 10 provide for reasonable service charges, including penalties for
97 11 cancellations and late payments with respect to participation
97 12 agreements.
- 97 13 14. Administer the funds of the trust.
- 97 14 15. Prepare and file reports and notices.
- 97 15 16. Enter into agreements with contracting states to permit
97 16 residents of the contracting state to participate in the Iowa

97 17 ABLE savings plan trust.
97 18 17. Adopt rules pursuant to chapter 17A for the
97 19 administration of this chapter.
97 20 Sec. 76.NEW SECTION 12I.3 PARTICIPATION AGREEMENTS FOR
97 21 TRUST.
97 22 On or after July 1, 2016, the trust may enter into
97 23 participation agreements with account owners pursuant to the
97 24 following terms and agreements:
97 25 1. a. Unless otherwise permitted under section 529A of the
97 26 Internal Revenue Code, the treasurer of state shall allow only
97 27 one participation agreement per designated beneficiary.
97 28 b. Unless otherwise permitted under section 529A of the
97 29 Internal Revenue Code, the account owner must also be the
97 30 designated beneficiary of the account. However, a trustee or
97 31 legal guardian may be designated as custodian of an account for
97 32 a designated beneficiary who is a minor or who lacks capacity
97 33 to enter into a participation agreement if such designation is
97 34 not prohibited under section 529A of the Internal Revenue Code.
97 35 c. The treasurer of state shall set an annual contribution
98 1 limit and account balance limit to maintain compliance with
98 2 section 529A of the Internal Revenue Code. A contribution
98 3 shall not be permitted to the extent it exceeds the annual
98 4 contribution limit or causes the aggregate balance of the
98 5 account established for the designated beneficiary to exceed
98 6 the applicable account balance limit.
98 7 d. The maximum amount that may be deducted per year for
98 8 Iowa income tax purposes by an individual for contributions on
98 9 behalf of any one designated beneficiary that is a resident
98 10 of this state shall not exceed the maximum deductible amount
98 11 determined for the year pursuant to section 12D.3, subsection
98 12 1, paragraph "a".
98 13 e. Participation agreements may be amended to provide
98 14 for adjusted levels of contributions based upon changed
98 15 circumstances or changes in disability-related expenses.
98 16 f. Any person may make contributions pursuant to a
98 17 participation agreement on behalf of a designated beneficiary
98 18 under rules adopted by the treasurer of state.
98 19 2. The execution of a participation agreement by the trust
98 20 shall not guarantee in any way that future disability-related
98 21 expenses will be equal to projections and estimates provided by
98 22 the trust or that the account owner or designated beneficiary
98 23 is guaranteed any of the following:
98 24 a. A return of principal.
98 25 b. A rate of interest or other return from the trust.
98 26 c. Payment of interest or other return from the trust.
98 27 3. a. A designated beneficiary under a participation
98 28 agreement may be changed as permitted under rules adopted by
98 29 the treasurer of state upon written request of the account

98 30 owner as long as such change would be permitted by section 529A
98 31 of the Internal Revenue Code.

98 32 b. Participation agreements may otherwise be freely amended
98 33 throughout their terms in order to enable account owners to
98 34 increase or decrease the level of participation, change the
98 35 designated beneficiary, and carry out similar matters as
99 1 authorized by rule.

99 2 4. Each participation agreement shall provide that the
99 3 participation agreement may be canceled upon the terms and
99 4 conditions, and upon payment of applicable fees and costs set
99 5 forth and contained in the rules adopted by the treasurer of
99 6 state.

99 7 Sec. 77.NEW SECTION 12I.4 PROGRAM AND ADMINISTRATIVE
99 8 FUNDS — INVESTMENT AND PAYMENT.

99 9 1. a. The treasurer of state shall segregate moneys
99 10 received by the trust into two funds: the program fund and the
99 11 administrative fund.

99 12 b. All moneys paid by account owners or other persons
99 13 on behalf of a designated beneficiary in connection with
99 14 participation agreements shall be deposited as received into
99 15 separate accounts for each designated beneficiary within the
99 16 program fund.

99 17 c. Contributions to the trust made on behalf of designated
99 18 beneficiaries may only be made in the form of cash.

99 19 d. An account owner or designated beneficiary is
99 20 not permitted to provide investment direction regarding
99 21 contributions or earnings held by the trust.

99 22 2. Moneys accrued by account owners in the program fund
99 23 of the trust may be used for payments of qualified disability
99 24 expenses.

99 25 3. Moneys in the account of a designated beneficiary may
99 26 be claimed by the Iowa Medicaid program as provided in section
99 27 529A(f) of the Internal Revenue Code and subject to limitations
99 28 imposed by the treasurer of state.

99 29 4. The trust shall comply with Pub.L. No.113-295, §103,
99 30 regarding treatment of ABLE accounts under certain federal
99 31 programs.

99 32 5. Moneys in the funds are not subject to section 8.33.
99 33 Notwithstanding section 12C.7, interest or earnings on moneys
99 34 in the funds shall be credited to the funds.

99 35 Sec. 78.NEW SECTION 12I.5 CANCELLATION OF AGREEMENTS.

100 1 An account owner may cancel a participation agreement at
100 2 will. Upon cancellation of a participation agreement, an
100 3 account owner shall be entitled to the return of the account
100 4 owner's account balance.

100 5 Sec. 79.NEW SECTION 12I.6 REPAYMENT AND OWNERSHIP OF
100 6 PAYMENTS AND INVESTMENT INCOME — TRANSFER OF OWNERSHIP
100 7 RIGHTS. An account owner retains ownership of all

100 8 contributions made on behalf of a designated beneficiary under
100 9 a participation agreement up to the date of utilization for
100 10 payment of qualified disability expenses of the designated
100 11 beneficiary.

100 12 b. All income derived from the investment of the
100 13 contributions made on behalf of a designated beneficiary shall
100 14 be considered to be held in trust for the benefit of the
100 15 designated beneficiary.

100 16 2. In the event the trust is terminated prior to payment of
100 17 qualified disability expenses for the designated beneficiary,
100 18 the account owner is entitled to a refund of the account
100 19 owner's account balance.

100 20 3. Any amounts which may be paid to any person or persons
100 21 pursuant to the Iowa ABLE savings plan trust but which are not
100 22 listed in this section are owned by the trust.

100 23 4. An account owner may transfer ownership rights to
100 24 another designated beneficiary, including a gift of the
100 25 ownership rights to a designated beneficiary who is a minor, in
100 26 accordance with rules adopted by the treasurer of state and the
100 27 terms of the participation agreement, so long as the transfer
100 28 would be permitted by section 529A of the Internal Revenue
100 29 Code.

100 30 5. An account owner or designated beneficiary shall not be
100 31 entitled to utilize any interest in the trust as security for
100 32 a loan.

100 33 Sec. 80. NEW SECTION 12I.7 REPORTS — ANNUAL AUDITED
100 34 FINANCIAL REPORT — REPORTS UNDER FEDERAL LAW.

100 35 1. a. The treasurer of state shall submit an annual
101 1 audited financial report, prepared in accordance with generally
101 2 accepted accounting principles, on the operations of the trust
101 3 by November 1 to the governor and the general assembly.

101 4 b. The annual audit shall be made either by the auditor
101 5 of state or by an independent certified public accountant
101 6 designated by the auditor of state and shall include direct and
101 7 indirect costs attributable to the use of outside consultants,
101 8 independent contractors, and any other persons who are not
101 9 state employees.

101 10 2. The annual audit shall be supplemented by all of the
101 11 following information prepared by the treasurer of state:

101 12 a. Any related studies or evaluations prepared in the
101 13 preceding year.

101 14 b. A summary of the benefits provided by the trust,
101 15 including the number of account owners and designated
101 16 beneficiaries in the trust, or, if the trust has caused this
101 17 state to become a contracting state pursuant to section 12I.10,
101 18 a summary of the benefits provided to Iowa residents by the
101 19 contracted qualified ABLE program, including the number of
101 20 account owners and designated beneficiaries in the contracted

101 21 qualified ABLÉ program who are Iowa residents.
101 22 c. Any other information deemed relevant by the treasurer of
101 23 state in order to make a full, fair, and effective disclosure
101 24 of the operations of the trust or the contracted qualified ABLÉ
101 25 program if applicable.
101 26 3. The treasurer of state shall prepare and submit to the
101 27 secretary of the United States treasury or other required party
101 28 any reports, notices, or statements required under section 529A
101 29 of the Internal Revenue Code.
101 30 Sec. 81.NEW SECTION 12I.8 TAX CONSIDERATIONS.
101 31 1. For federal income tax purposes, the Iowa ABLÉ savings
101 32 plan trust shall be considered a qualified ABLÉ program exempt
101 33 from taxation pursuant to section 529A of the Internal Revenue
101 34 Code and shall be operated so that it meets the requirements of
101 35 section 529A of the Internal Revenue Code.
102 1 2. State income tax treatment of the Iowa ABLÉ savings plan
102 2 trust shall be as provided in section 422.7, subsections 34 and
102 3 34A.
102 4 3. State inheritance tax treatment of interests in Iowa ABLÉ
102 5 savings plans shall be as provided in section 450.4, subsection
102 6 9.
102 7 Sec. 82.NEW SECTION 12I.9 PROPERTY RIGHTS TO ASSETS IN
102 8 TRUST.
102 9 1. The assets of the trust shall at all times be preserved,
102 10 invested, and expended solely and only for the purposes of the
102 11 trust and shall be held in trust for the account owners and
102 12 designated beneficiaries.
102 13 2. Except as provided in section 12I.4, subsection 3, no
102 14 property rights in the trust shall exist in favor of the state.
102 15 3. Except as provided in section 12I.4, subsection 3, the
102 16 assets of the trust shall not be transferred or used by the
102 17 state for any purposes other than the purposes of the trust.
102 18 Sec. 83.NEW SECTION 12I.10 IMPLEMENTATION AS A
102 19 CONTRACTING STATE — TAX CONSIDERATIONS.
102 20 1. The general assembly acknowledges that section 529A of
102 21 the Internal Revenue Code permits access to qualified ABLÉ
102 22 programs by residents of a state without such a program. The
102 23 general assembly finds that becoming a contracting state may
102 24 accomplish the public purpose set forth in section 12I.1,
102 25 subsection 1, in the same manner as if the qualified ABLÉ
102 26 program under the Iowa ABLÉ savings plan trust were to be
102 27 implemented and administered by this state. To that end,
102 28 the treasurer of state, as trustee of the trust, may defer
102 29 implementation of the qualified ABLÉ program under the trust
102 30 and alternatively cause this state to become a contracting
102 31 state by entering into an agreement with another state with a
102 32 qualified ABLÉ program to provide Iowa residents access to that
102 33 state's qualified ABLÉ program. The trust shall not enter into

102 34 an agreement pursuant to this section unless the treasurer,
102 35 as trustee of the trust, determines that all of the following
103 1 requirements are satisfied:

- 103 2 a. The program is a qualified ABLE program.
- 103 3 b. The qualified ABLE program provides comparable benefits
103 4 and protections to Iowa residents as would be provided under
103 5 the Iowa ABLE savings plan trust.
- 103 6 c. That entering into an agreement for access to the
103 7 qualified ABLE program would not result in increased costs to
103 8 the state or to account owners and designated beneficiaries as
103 9 compared to the costs of implementing and administering the
103 10 qualified ABLE program under the Iowa ABLE savings plan trust.
- 103 11 d. The qualified ABLE program will be audited annually by
103 12 an independent certified public accountant or by the state
103 13 auditor, or similar public official, of the state that has
103 14 implemented the qualified ABLE program.
- 103 15 e. The qualified ABLE program will provide information to
103 16 the treasurer of state as trustee of the trust so as to allow
103 17 the trustee to fulfill the reporting requirements in section
103 18 12I.7.

103 19 2. a. The maximum amount that may be deducted per year for
103 20 Iowa income tax purposes by an individual for contributions on
103 21 behalf of any one designated beneficiary that is a resident of
103 22 this state to the qualified ABLE program with which the state
103 23 has contracted pursuant to this section shall not exceed the
103 24 maximum deductible amount determined for the year pursuant to
103 25 section 12D.3, subsection 1, paragraph "a".

- 103 26 b. State income tax treatment of the qualified ABLE program
103 27 with which the state has contracted pursuant to this section
103 28 shall be as provided in section 422.7, subsections 34 and 34A.
- 103 29 3. State inheritance tax treatment of interests in the
103 30 qualified ABLE program with which the state has contracted
103 31 pursuant to this section shall be as provided in section 450.4,
103 32 subsection 9.

103 33 Sec. 84. NEW SECTION 12I.11 CONSTRUCTION.
103 34 This chapter shall be construed liberally in order to
103 35 effectuate its purpose.

104 1 Sec. 85. Section 422.7, Code 2015, is amended by adding the
104 2 following new subsections:

104 3 NEW SUBSECTION 34. a. Subtract the amount contributed
104 4 during the tax year on behalf of a designated beneficiary
104 5 that is a resident of this state to the Iowa ABLE savings
104 6 plan trust or to the qualified ABLE program with which the
104 7 state has contracted pursuant to section 12I.10, not to exceed
104 8 the maximum contribution level established in section 12I.3,
104 9 subsection 1, paragraph "d", or section 12I.10, subsection 2,
104 10 paragraph "a", as applicable.

- 104 11 b. Add the amount resulting from the cancellation of a

104 12 participation agreement refunded to the taxpayer as an account
 104 13 owner in the Iowa ABLE savings plan trust or the qualified
 104 14 ABLE program with which the state has contracted pursuant to
 104 15 section 12I.10 to the extent previously deducted pursuant
 104 16 to this subsection by the taxpayer or any other person as a
 104 17 contribution to the trust or qualified ABLE program.

104 18 c. Add the amount resulting from a withdrawal made by a
 104 19 taxpayer from the Iowa ABLE savings plan trust or the qualified
 104 20 ABLE program with which the state has contracted pursuant to
 104 21 section 12I.10 for purposes other than the payment of qualified
 104 22 disability expenses to the extent previously deducted pursuant
 104 23 to this subsection by the taxpayer or any other person as a
 104 24 contribution to the trust or qualified ABLE program.

104 25 NEW SUBSECTION 34A. Subtract, to the extent included,
 104 26 income from interest and earnings received from the Iowa ABLE
 104 27 savings plan trust created in chapter 12I, or received by a
 104 28 resident account owner from a qualified ABLE program with which
 104 29 the state has contracted pursuant to section 12I.10.

104 30 Sec. 86. Section 450.4, Code 2015, is amended by adding the
 104 31 following new subsection:

104 32 NEW SUBSECTION 9. On the value of any interest in the Iowa
 104 33 ABLE savings plan trust created in chapter 12I, or any interest
 104 34 held by a resident account owner in a qualified ABLE program
 104 35 with which the state has contracted pursuant to section 12I.10.

105 1 Sec. 87. CONTINGENT IMPLEMENTATION. The implementation of
 105 2 chapter 12I as enacted in this division of this Act is subject
 105 3 to an appropriation with the stated purpose of the Iowa ABLE
 105 4 Savings Plan Trust.

105 5 Sec. 88. APPLICABILITY. The section of this division of
 105 6 this Act amending section 450.4 applies to estates of decedents
 105 7 dying on or after January 1, 2016.

105 8 Sec. 89. APPLICABILITY. The section of this division of
 105 9 this Act amending section 422.7 applies to tax years beginning
 105 10 on or after January 1, 2016.

105 11 DIVISION XVII
 105 12 STATE CHILD CARE ASSISTANCE — INCOME ELIGIBILITY

105 13 Sec. 90. Section 237A.13, subsection 7, paragraph c, Code
 105 14 2015, is amended to read as follows:

105 15 c. Families with an income of more than one hundred
 105 16 percent but not more than one hundred ~~forty-five~~ sixty percent
 105 17 of the federal poverty level whose members, for at least
 105 18 twenty-eight hours per week in the aggregate, are employed
 105 19 or are participating at a satisfactory level in an approved
 105 20 training program or educational program.

105 21 Sec. 91. DIRECTIVE TO DEPARTMENT OF HUMAN SERVICES ON

CODE: Updates the waiting list priority for State Child Care Assistance in the event that funding is insufficient for a fiscal year.

Directs the DHS to amend the the Administrative Rules for income

105 22 CHILD CARE ASSISTANCE. The department of human services shall
 105 23 amend its administrative rules relating to income eligibility
 105 24 for state child care assistance, according to family size for
 105 25 children needing basic care, to families whose nonexempt gross
 105 26 monthly income does not exceed 160 percent of the federal
 105 27 poverty level.

eligibility for the Child Care Assistance Program to 160.00% of the Federal Poverty Level.

DETAIL: This would allow a single parent with two children to earn up to \$32,144 and be eligible for the Program.

FISCAL IMPACT: It is estimated that this change in eligibility will increase program expenditures by \$8,574,228 and Field Operations expenditures by \$75,335. The appropriation for Child Care Assistance was increased \$7,929,362 for this change.

105 28 DIVISION XVIII
 105 29 COUNTY MENTAL HEALTH AND DISABILITIES SERVICES FUNDING —
 105 30 EQUALIZATION AND MEDICAID OFFSET

105 31 Sec. 92. Section 331.424A, subsection 8, unnumbered
 105 32 paragraph 1, Code 2015, is amended to read as follows:
 105 33 Notwithstanding subsection 6, for the fiscal years beginning
 105 34 July 1, 2013, July 1, 2014, ~~and July 1, 2015, and July 1, 2016.~~
 105 35 county revenues from taxes levied by the county and credited
 106 1 to the county services fund shall not exceed the lower of the
 106 2 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.

106 3 Sec. 93. Section 426B.3, subsection 1, Code 2015, is amended
 106 4 to read as follows:
 106 5 1. For the fiscal years beginning July 1, 2013, July
 106 6 1, 2014, ~~and July 1, 2015, and July 1, 2016,~~ the state and
 106 7 county funding for the mental health and disability services
 106 8 administered or paid for by counties shall be provided based on
 106 9 a statewide per capita expenditure target amount computed in
 106 10 accordance with this section and section 331.424A.

CODE: Extends the per capita distribution formula for Mental Health and Disability Services (MH/DS) for an additional year through FY 2017.

106 11 Sec. 94. Section 426B.3, subsection 4, paragraph a, Code
 106 12 2015, is amended to read as follows:
 106 13 a. For the fiscal years beginning July 1, 2013, July 1,
 106 14 2014, ~~and July 1, 2015, and July 1, 2016,~~ a county with a county
 106 15 population expenditure target amount that exceeds the amount
 106 16 of the county's base year expenditures for mental health and
 106 17 disabilities services shall receive an equalization payment for
 106 18 the difference.

CODE: Extends the MH/DS equalization payment through FY 2017.

106 19 Sec. 95. Section 426B.3, subsection 5, Code 2015, is amended
 106 20 by striking the subsection.

CODE: Strikes the Code Subsection related to the Medicaid Offset that required counties to return a portion of the savings related to the Iowa Health and Wellness Program.

106 21 DIVISION XIX
 106 22 MEDICAID OFFSET PAYMENTS — PROPERTY TAX RELIEF FUND

106 23 APPROPRIATIONS

106 24 Sec. 96. MEDICAID OFFSET PAYMENTS — PROPERTY TAX RELIEF
106 25 FUND APPROPRIATION.

106 26 1. Of the moneys credited to the property tax relief fund
106 27 pursuant to section 426B.3, subsection 5, paragraph "e",
106 28 subparagraph (1), Code 2015, in the fiscal year beginning July
106 29 1, 2014, and ending June 30, 2015, there is appropriated to the
106 30 department of human services for the fiscal year beginning July
106 31 1, 2015, and ending June 30, 2016, the following amounts, to be
106 32 used for the purposes designated, notwithstanding any contrary
106 33 provision of chapter 426B:

106 34 a. For reductions in the waiting lists of all medical
106 35 assistance home and community-based services waivers:
107 1 \$ 5,092,000

Provides appropriations from the Property Tax Relief Fund for FY 2016 from moneys returned from the counties due to savings from the Iowa Health and Wellness Program.

Property Tax Relief Fund - Medicaid Offset appropriation to the Medicaid Program.

DETAIL: This is a new appropriation for FY 2016 to buy additional slots for the Medicaid Home and Community-Based Services Waiver Program and reduce the waiting lists.

107 2 b. For allocation to the department on aging for a grant
107 3 to a nationally affiliated organization providing support and
107 4 education to people living with Alzheimer's disease and other
107 5 related dementias to be used for a statewide public awareness
107 6 campaign regarding the signs of Alzheimer's disease and other
107 7 related dementias and the resources available to such people:
107 8 \$ 100,000

Property Tax Relief Fund - Medicaid Offset appropriation to the Department on Aging.

DETAIL: This is a new appropriation for FY 2016 for a grant for education to people living with Alzheimers or dementia.

107 9 c. For development of an application for a planning
107 10 grant through the substance abuse and mental health services
107 11 administration of the United States department of health
107 12 and human services to participate in a two-year pilot for
107 13 certified community behavioral health clinics under the federal
107 14 Protecting Access to Medicare Act of 2014, Pub.L. No.113-93:
107 15 \$ 240,000

Property Tax Relief Fund - Medicaid Offset appropriation to the Department of Human Services.

DETAIL: This is a new appropriation for FY 2016 to pursue a two-year pilot project for certified community behavioral health clinics.

107 16 The department may use the funds allocated pursuant to this
107 17 paragraph to contract for necessary support to develop and
107 18 submit the application for the planning grant.

107 19 2. Of the moneys credited to the property tax relief
107 20 fund pursuant to section 426B.3, subsection 5, paragraph e,
107 21 subparagraph (1), Code 2015, in the fiscal year beginning July
107 22 1, 2014, and ending June 30, 2015, there is appropriated to
107 23 the department of human services for the fiscal year beginning
107 24 July 1, 2015, and ending June 30, 2016, the following amount,
107 25 or so much thereof as is necessary, to be used for the purpose
107 26 designated:

Property Tax Relief Fund - Medicaid Offset appropriation to the Department of Human Services to distribute to the counties.

DETAIL: This is a new funding formula for FY 2016 and is intended to provide any region that does not have a 25.00% fund balance the funding to get to 25.00%. It is projected that \$4,554,651 will be distributed based on the formula, but the funds will be prorated if insufficient funds are available to meet the need.

107 27 a. For distribution to a mental health and disability

107 28 services region where 25 percent of a region's projected
 107 29 expenditures exceeds the region's projected fund balance:
 107 30 \$ 4,554,651

107 31 b. For purposes of this section:
 107 32 (1) "Available funds" means a county mental health and
 107 33 services fund balance on June 30, 2015, plus the maximum amount
 107 34 a county was allowed to levy for the fiscal year beginning July
 107 35 1, 2015.
 108 1 (2) "Projected expenditures" means the actual expenditures
 108 2 of a mental health and disability services region as of June
 108 3 30, 2015, multiplied by an annual inflation rate equal to
 108 4 2 percent plus the projected costs for core services and
 108 5 additional core services administered by the region as provided
 108 6 in a region's regional service system management plan approved
 108 7 pursuant to section 331.393 for the fiscal year beginning July
 108 8 1, 2015.
 108 9 (3) "Projected fund balance" means the difference between a
 108 10 mental health and disability services region's available funds
 108 11 and projected expenditures.

Provides definitions for the distribution formula above.

108 12 c. If sufficient funds are not available to implement this
 108 13 subsection, the department of human services shall distribute
 108 14 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.

108 15 DIVISION XX
 108 16 PROPERTY TAX RELIEF FUND — BLOCK GRANT MONEYS — MENTAL
 108 17 INSTITUTES

108 18 Sec. 97. MENTAL HEALTH INSTITUTES. The moneys transferred
 108 19 to the property tax relief fund for the fiscal year beginning
 108 20 July 1, 2015, from the federal social services block grant
 108 21 pursuant to 2015 Iowa Acts, House File 630, if enacted, and
 108 22 from the federal temporary assistance for needy families block
 108 23 grant, totaling at least \$11,774,275, are appropriated to the
 108 24 department of human services for the fiscal year beginning July
 108 25 1, 2015, and ending June 30, 2016, to be used for the purposes
 108 26 designated:

108 27 1. For the state mental health institute at Clarinda for
 108 28 salaries, support, maintenance, and miscellaneous purposes:
 108 29 \$ 4,836,507

Social Services Block Grant appropriation to the MHI at Clarinda.

DETAIL: This is a new appropriation for FY 2015 and is intended to supplement the General Fund appropriation.

108 30 2. For the state mental health institute at Mount Pleasant
 108 31 for salaries, support, maintenance, and miscellaneous purposes,
 108 32 and for not more than the following full-time equivalent
 108 33 positions:
 108 34 \$ 6,937,768

Social Services Block Grant appropriation to the MHI at Mt. Pleasant.

DETAIL: This is a new appropriation for FY 2015 and replaces all General Fund appropriations.

108 35 FTEs 97.68

109 1 DIVISION XXI
109 2 STUDY — CHILD WELFARE ADVISORY COMMITTEE

109 3 Sec. 98. STUDY — CHILD WELFARE ADVISORY COMMITTEE. The
109 4 child welfare advisory committee of the council on human
109 5 services established pursuant to section 217.3A shall study
109 6 procedures in the department of human services for receiving
109 7 complaints from families involved in guardianship, placement,
109 8 and custody proceedings; the specificity and clarity of court
109 9 orders issued in foster care placements pursuant to the State
109 10 of Iowa Primary Review of Tit.IV-E Foster Care Eligibility
109 11 Report of Findings for October 1, 2012, through March 31, 2013;
109 12 caseload trends of social workers, including an analysis of how
109 13 Iowa compares nationally and with best practices as defined
109 14 by national associations; and immunity provisions for social
109 15 workers employed by the department of human services and basic
109 16 qualifications of social workers employed by the department
109 17 of human services. The committee shall submit a report with
109 18 findings and recommendations to the governor and general
109 19 assembly on or before December 15, 2015.

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; caseload trends; and immunity provisions for social workers. The report with recommendations is due to the Governor and General Assembly by December 15, 2015.

109 20 DIVISION XXII
109 21 COVERAGE OF SERVICES PROVIDED BY A PHYSICAL THERAPIST,
109 22 OCCUPATIONAL THERAPIST, OR SPEECH PATHOLOGIST
109 23 Sec. 99.NEW SECTION 514C.30 SERVICES PROVIDED BY
109 24 A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, OR SPEECH
109 25 PATHOLOGIST.

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.

109 26 1. Notwithstanding the uniformity of treatment requirements
109 27 of section 514C.6, a policy, contract, or plan providing
109 28 for third-party payment or prepayment of health or medical
109 29 expenses shall not impose a copayment or coinsurance amount
109 30 on an insured for services provided by a physical therapist
109 31 licensed pursuant to chapter 148A, by an occupational therapist
109 32 licensed pursuant to chapter 148B, or by a speech pathologist
109 33 licensed pursuant to 154F that is greater than the copayment or
109 34 coinsurance amount imposed on the insured for services provided
109 35 by a person engaged in the practice of medicine and surgery
110 1 or osteopathic medicine and surgery under chapter 148 for the
110 2 same or a similar diagnosed condition even if a different
110 3 nomenclature is used to describe the condition for which the
110 4 services are provided.

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 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.

110 5 2. This section applies to the following classes of
110 6 third-party payment provider policies, contracts, or plans
110 7 delivered, issued for delivery, continued, or renewed in this
110 8 state on or after July 1, 2015:
110 9 a. Individual or group accident and sickness insurance

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 co-payment requirements become effective.

110 10 providing coverage on an expense-incurred basis.
 110 11 b. An individual or group hospital or medical service
 110 12 contract issued pursuant to chapter 509, 514, or 514A.
 110 13 c. An individual or group health maintenance organization
 110 14 contract regulated under chapter 514B.
 110 15 d. A plan established pursuant to chapter 509A for public
 110 16 employees.
 110 17 e. An organized delivery system licensed by the director of
 110 18 public health.
 110 19 3. This section shall not apply to accident-only,
 110 20 specified disease, short-term hospital or medical, hospital
 110 21 confinement indemnity, credit, dental, vision, Medicare
 110 22 supplement, long-term care, basic hospital and medical-surgical
 110 23 expense coverage as defined by the commissioner, disability
 110 24 income insurance coverage, coverage issued as a supplement
 110 25 to liability insurance, workers' compensation or similar
 110 26 insurance, or automobile medical payment insurance.

For more information see the fiscal note:

<https://www.legis.iowa.gov/docs/publications/FN/643749.pdf>.

110 27 DIVISION XXIII
 110 28 CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP
 110 29 Sec. 100. CHILDREN'S MENTAL HEALTH AND WELL-BEING
 110 30 WORKGROUP. The department of human services, in cooperation
 110 31 with the departments of education and public health, shall
 110 32 facilitate a workgroup of stakeholders to study and make
 110 33 recommendations relating to children's mental health and
 110 34 well-being in this state. The issues that may be considered
 110 35 by the workgroup include developing a strategic plan for
 111 1 data systems to provide for a comprehensive analysis of
 111 2 the mental health and well-being of children in this state;
 111 3 creating a comprehensive system of care for children that
 111 4 incorporates a coordinated response to mental health issues
 111 5 across many disciplines including education, public health,
 111 6 mental health, child welfare, and child welfare systems
 111 7 and services and that specifically addresses the effects of
 111 8 adverse childhood experiences and extreme child poverty and
 111 9 homelessness; and building interdepartmental awareness of
 111 10 issues relating to child mental health and well-being and
 111 11 creating interdepartmental strategies for helping improve
 111 12 child mental health and well-being and understanding impacts
 111 13 on education and employment outcomes; examining child care
 111 14 quality and affordability; and determining how government can
 111 15 create community partnerships to help address issues of child
 111 16 mental health and well-being. In carrying out the charge
 111 17 of the workgroup, the workgroup shall review a 2014 report
 111 18 by the children's defense fund on the state of America's
 111 19 children containing the most recent and reliable national and
 111 20 state-by-state data on many complex issues affecting children's
 111 21 health and well-being, including data on more than 7,000

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.

111 22 homeless public school students in Iowa. The workgroup shall
 111 23 develop and recommend proactive strategies across state systems
 111 24 to address these most complex needs impacting children's mental
 111 25 health and well-being which will also aid different populations
 111 26 of children with fewer challenges. The workgroup shall submit
 111 27 a report on the study and make recommendations to the governor
 111 28 and the general assembly on or before December 15, 2015.

111 29 DIVISION XXIV
 111 30 PREVENTION OF DISABILITIES POLICY COUNCIL

111 31 Sec. 101.NEW SECTION 225B.101 FINDINGS AND INTENT.

111 32 1. The general assembly finds that:

111 33 a. Between ten and twenty percent of Iowans have a
 111 34 disability that affects their ability to learn, work,
 111 35 communicate, perform activities of daily living, and
 112 1 participate in everyday community life. These disabilities
 112 2 are the result of genetics, environmental factors, injury, or
 112 3 illness; may occur at any point in life; may be mild, severe,
 112 4 or intermittent; and are often very costly for the individuals
 112 5 affected, their families, and government both in terms of
 112 6 quality of life and financial expenditures.

112 7 b. Most disabilities are due to conditions that can be
 112 8 prevented, can be minimized if recognized and treated early, or
 112 9 can be reduced through appropriate accommodation.

112 10 c. A need exists to optimize the use of cost-effective
 112 11 prevention of disability strategies in state policies and
 112 12 programs in order to reduce the cost of disabilities to Iowa's
 112 13 citizens and government.

112 14 2. It is the intent of the general assembly to establish
 112 15 a structure and process to identify opportunities to enhance
 112 16 prevention of disability efforts in Iowa, design cross-agency
 112 17 strategies to address the prevention of disabilities, integrate
 112 18 and coordinate proven prevention of disability strategies
 112 19 within state programs, and inform the general assembly about
 112 20 priority prevention of disability policies and programs.

112 21 Sec. 102.NEW SECTION 225B.102 DEFINITIONS.

112 22 As used in this chapter, unless the context otherwise
 112 23 requires:

112 24 1. "Council" means the prevention of disabilities policy
 112 25 council.

112 26 2. "Disability" means an individual who meets the definition
 112 27 in 42 U.S.C. §12102.

112 28 3. "Prevention" activities include policies, programs, and
 112 29 practices that do any of the following:

112 30 a. Prevent a disability or a condition that leads to a
 112 31 disability from occurring.

112 32 b. Identify a disability or a condition that leads to a
 112 33 disability early on so that intervention can eliminate the risk

CODE: This Division relates to the Prevention of Disabilities Policy Council and amends provisions in Code chapter 225B relating to prevention activities of the Council, Council membership, duties, and coordination efforts with state agencies and disability groups, and related definitions.

DETAIL: The new Council replaces the old Council that sunsets July 1, 2015.

112 34 of a disability or minimize the disability's effect.
112 35 c. Reduce the effects of a disability on an individual's
113 1 health and independence.

113 2 Sec. 103.NEW SECTION 225B.103 PREVENTION OF DISABILITIES
113 3 POLICY COUNCIL ESTABLISHED — MEMBERSHIP — DUTIES.

113 4 1. A prevention of disabilities policy council is
113 5 established to focus state prevention of disability efforts
113 6 and provide oversight in the development and operation of a
113 7 coordinated prevention of disabilities system. The council
113 8 shall consist of the following members:

113 9 a. Three providers of disability prevention services
113 10 appointed by the governor and confirmed by the senate. The
113 11 governor may consider recommendations from the prevention of
113 12 disabilities policy council in making appointments.

113 13 b. Three persons with expertise in priority prevention areas
113 14 appointed by the governor and confirmed by the senate. The
113 15 governor may consider recommendations from the prevention of
113 16 disabilities policy council in making appointments.

113 17 c. Three persons with disabilities or family members
113 18 of a person with disabilities appointed by the governor,
113 19 and confirmed by the senate. The governor may consider
113 20 recommendations from the prevention of disabilities policy
113 21 council in making appointments.

113 22 d. One representative each from the department on aging,
113 23 department of education, department of human services, and
113 24 department of public health appointed by the directors of the
113 25 respective agencies.

113 26 e. Two members of the senate appointed by the senate
113 27 majority leader and minority leader and two members of the
113 28 house of representatives appointed by the speaker of the house
113 29 and the house minority leader.

113 30 2. Members of the council appointed by the governor shall
113 31 serve three-year staggered terms for terms beginning and ending
113 32 as provided in section 69.19. Members representing the state
113 33 departments shall serve one-year terms and shall serve as ex
113 34 officio, nonvoting members. Members of the general assembly
113 35 appointed to the council shall serve two-year terms as provided
114 1 in section 69.16B and shall serve as ex officio, nonvoting
114 2 members. Vacancies on the council shall be filled in the same
114 3 manner as original appointments. Members are entitled to
114 4 reimbursement of actual expenses incurred in performance of
114 5 their official duties.

114 6 3. The council shall do all of the following:

114 7 a. Review the prevention of disabilities activities of
114 8 public and private entities and provide recommendations to
114 9 optimize the planning, implementation, and evaluation of
114 10 prevention of disabilities efforts.

114 11 b. Promote cooperative and complementary planning among the

114 12 public, nonpublic, and volunteer sectors involved in prevention
114 13 of disabilities activities.

114 14 c. Facilitate coordination of prevention of disabilities
114 15 activities among state departments to develop an integrated
114 16 system of care.

114 17 d. Provide support and technical assistance to public
114 18 or nonpublic entities to identify, seek, implement, and
114 19 evaluate state, federal, and private grants for prevention of
114 20 disabilities activities.

114 21 e. Encourage research into the causes and prevention of
114 22 disabilities, including methods to evaluate the effectiveness
114 23 of prevention efforts.

114 24 f. Promote professional and provider training in
114 25 evidence-based prevention of disabilities measures and assure
114 26 adequate dissemination of such to appropriate entities.

114 27 g. Submit to the governor and general assembly annually by
114 28 November 1 a report that includes all of the following:

114 29 (1) A summary of all disabilities prevention activities
114 30 conducted since the preceding annual report.

114 31 (2) Recommendations for policy and priorities for the
114 32 prevention of disabilities.

114 33 4. The council shall meet at least six times during the
114 34 year. A majority of the members of the council constitutes a
114 35 quorum and a quorum is necessary to act on matters within the
115 1 purview of the council.

115 2 Sec. 104.NEW SECTION 225B.104 RULES.

115 3 The department of human services shall adopt and update
115 4 administrative rules as necessary to implement the provisions
115 5 of this chapter. All rules adopted by the department of human
115 6 services pursuant to this section are subject to approval by
115 7 the council.

115 8 Sec. 105.NEW SECTION 225B.105 COORDINATION WITH STATE
115 9 AGENCIES.

115 10 1. The directors or deputy directors of the state
115 11 departments on aging, and of education, human services, and
115 12 public health shall meet at least annually with the council and
115 13 shall do all of the following:

115 14 a. Provide an update to the council regarding the status
115 15 of prevention of disabilities policies and programs with
115 16 each respective department and provide recommendations about
115 17 priorities the council should consider in the next year.

115 18 b. Receive new policy and program recommendations from the
115 19 council regarding the prevention of disabilities.

115 20 2. The council may seek and receive data from state
115 21 departments that will aid in developing, implementing, and
115 22 evaluating prevention of disabilities efforts and systems in
115 23 Iowa.

115 24 Sec. 106.NEW SECTION 225B.106 COORDINATION WITH

115 25 DISABILITY GROUPS.
 115 26 The chairpersons and designated staff of chairpersons of
 115 27 public and private state disabilities prevention groups shall
 115 28 meet with the council at least annually to do all of the
 115 29 following:
 115 30 1. Identify ways to incorporate prevention of disabilities
 115 31 activities within Iowa's disabilities services system.
 115 32 2. Assist in developing a policy agenda for prevention of
 115 33 disabilities services system improvements.
 115 34 Sec. 107. NEW SECTION 225B.107 EVALUATION.
 115 35 The state's prevention of disability effort and the council
 116 1 are subject to review and evaluation by the governor and the
 116 2 general assembly.

116 3 DIVISION XXV
 116 4 FACILITY FOR PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS
 116 5 — INTERIM COMMITTEE
 116 6 Sec. 108. FACILITY FOR PERSONS WITH AGGRESSIVE OR
 116 7 PSYCHIATRIC BEHAVIORS — INTERIM COMMITTEE — REPORT.
 116 8 1. The legislative council is requested to establish an
 116 9 interim study committee relating to the establishment of one
 116 10 or more facilities to provide care and treatment for persons
 116 11 who are sexually aggressive, combative, or who have unmet
 116 12 geropsychiatric needs.
 116 13 2. The study committee shall be composed of ten members
 116 14 of the general assembly. Five members shall be members of
 116 15 the senate, three of whom shall be appointed by the majority
 116 16 leader of the senate, and two of whom shall be appointed by
 116 17 the minority leader of the senate. Five members shall be
 116 18 members of the house of representatives, three of whom shall
 116 19 be appointed by the speaker of the house of representatives,
 116 20 and two of whom shall be appointed by the minority leader of
 116 21 the house of representatives.
 116 22 3. The study committee shall receive testimony from
 116 23 stakeholders with an interest or expertise relating to the
 116 24 care and treatment of persons who are sexually aggressive,
 116 25 combative, or who have unmet geropsychiatric needs including
 116 26 health care providers, long-term care facilities, hospitals,
 116 27 health systems, and other entities; consumers and families of
 116 28 consumers; individuals involved in the delivery and financing
 116 29 of related services and supports; and representatives of
 116 30 agencies responsible for oversight, funding, and regulation of
 116 31 such services and supports.
 116 32 4. The study committee shall specifically address and
 116 33 make recommendations relating to the characteristics of the
 116 34 residents for such a facility and the size of the resident
 116 35 populations to be served; options for creating a new facility
 117 1 or expanding an existing facility; workforce recruitment,

Requests the Legislative Council establish an Interim Study Committee relating to the establishment of one or more facilities to provide care and treatment for persons who are sexually aggressive or have unmet geropsychiatric needs. The Division specifies duties and membership of the Committee and requires a report and recommendations to be submitted to the General Assembly by January 1, 2016.

117 2 training, and compensation issues; requirements that the
 117 3 facility or facilities must meet in order to qualify for
 117 4 Medicaid reimbursement; and any other information deemed
 117 5 appropriate by the committee.
 117 6 5. The study committee shall meet during the 2015
 117 7 legislative interim and shall submit a report and
 117 8 recommendations to the general assembly by January 1, 2016.

117 9 DIVISION XXVI
 117 10 ANATOMICAL GIFT PUBLIC AWARENESS AND TRANSPLANTATION FUND
 117 11 Sec. 109. Section 142C.15, subsection 4, paragraph c,
 117 12 unnumbered paragraph 1, Code 2015, is amended to read as
 117 13 follows:
 117 14 ~~Not more than fifty percent of the~~ Any unobligated moneys
 117 15 in the fund annually may be expended in the form of grants to
 117 16 transplant recipients, transplant candidates, living organ
 117 17 donors, or to legal representatives on behalf of transplant
 117 18 recipients, transplant candidates, or living organ donors.
 117 19 Transplant recipients, transplant candidates, living organ
 117 20 donors, or the legal representatives of transplant recipients,
 117 21 transplant candidates, or living organ donors shall submit
 117 22 grant applications with supporting documentation provided
 117 23 by a hospital that performs transplants, verifying that the
 117 24 person by or for whom the application is submitted requires a
 117 25 transplant or is a living organ donor and specifying the amount
 117 26 of the costs associated with the following, if funds are not
 117 27 available from any other third-party payor:

CODE: Permits any unobligated funds in the Anatomical Gift Public Awareness Fund to be used for grants to recipients of organ transplants.

DETAIL: Awards for this category are currently limited to 50.00% of funds available. Any unexpended funds are carried forward in the next fiscal year.

117 28 DIVISION XXVII
 117 29 HOSPITAL AND LONG-TERM CARE PHARMACY PRACTICE —
 117 30 PNEUMOCOCCAL VACCINES — BOARD OF PHARMACY RULES
 117 31 Sec. 110. HOSPITAL AND LONG-TERM CARE PHARMACY PRACTICE —
 117 32 PNEUMOCOCCAL VACCINES — BOARD OF PHARMACY RULES. The board
 117 33 of pharmacy shall adopt rules pursuant to chapter 17A relating
 117 34 to hospital and long-term care pharmacy practices that allow,
 117 35 as authorized by federal law, in addition to influenza and
 118 1 pneumococcal polysaccharide vaccines, that a written or verbal
 118 2 patient-specific medication administration order shall not
 118 3 be required prior to administration to an adult patient of
 118 4 pneumococcal conjugate vaccine pursuant to physician-approved
 118 5 hospital or facility policy and after the patient has been
 118 6 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.

118 7 DIVISION XXVIII
 118 8 HEALTHY AND WELL KIDS IN IOWA PROGRAM — CONTINUED ENROLLMENT
 118 9 Sec. 111. Section 514I.8, subsection 3, Code 2015, is
 118 10 amended to read as follows:
 118 11 3. In accordance with the rules adopted by the board, a

CODE: Requires the DHS to continue to provide coverage for children under the hawk-i Program during eligibility redetermination.

118 12 child may be determined to be presumptively eligible for the
 118 13 program pending a final eligibility determination. Following
 118 14 final determination of eligibility, a child shall be eligible
 118 15 for a twelve-month period. At the end of the twelve-month
 118 16 period, a review of the circumstances of the child's family
 118 17 shall be conducted to establish eligibility and cost sharing
 118 18 for the subsequent twelve-month period. Pending such review
 118 19 of the circumstances of the child's family, the child shall
 118 20 continue to be eligible for and remain enrolled in the same
 118 21 plan if the family complies with requirements to provide
 118 22 information and verification of income, otherwise cooperates
 118 23 in the annual review process, and submits the completed
 118 24 review form and any information necessary to establish
 118 25 continued eligibility in a timely manner in accordance with
 118 26 administrative rules.

118 27 DIVISION XXIX
 118 28 PERSONNEL SETTLEMENT AGREEMENT PAYMENTS
 118 29 Sec. 112. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a
 118 30 condition of the appropriations in this 2015 Act, the moneys
 118 31 appropriated and any other moneys available shall not be used
 118 32 for payment of a personnel settlement agreement that contains a
 118 33 confidentiality provision intended to prevent public disclosure
 118 34 of the agreement or any terms of the agreement.

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

118 35 DIVISION XXX
 119 1 DEPARTMENT ON AGING — FY 2016-2017
 119 2 Sec. 113. DEPARTMENT ON AGING. There is appropriated from
 119 3 the general fund of the state to the department on aging for
 119 4 the fiscal year beginning July 1, 2016, and ending June 30,
 119 5 2017, the following amount, or so much thereof as is necessary,
 119 6 to be used for the purposes designated:
 119 7 For aging programs for the department on aging and area
 119 8 agencies on aging to provide citizens of Iowa who are 60 years
 119 9 of age and older with case management for frail elders, Iowa's
 119 10 aging and disabilities resource center, and other services
 119 11 which may include but are not limited to adult day services,
 119 12 respite care, chore services, information and assistance,
 119 13 and material aid, for information and options counseling for
 119 14 persons with disabilities who are 18 years of age or older,
 119 15 and for salaries, support, administration, maintenance, and
 119 16 miscellaneous purposes, and for not more than the following
 119 17 full-time equivalent positions:
 119 18 \$ 5,718,033
 119 19 FTEs 31.00
 119 20 1. Funds appropriated in this section may be used to
 119 21 supplement federal funds under federal regulations. To
 119 22 receive funds appropriated in this section, a local area

Divisions XXX through XXXVII 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 the FTE levels for FY 2017 matching the FY 2016 appropriations.

119 23 agency on aging shall match the funds with moneys from other
119 24 sources according to rules adopted by the department. Funds
119 25 appropriated in this section may be used for elderly services
119 26 not specifically enumerated in this section only if approved
119 27 by an area agency on aging for provision of the service within
119 28 the area.

119 29 2. Of the funds appropriated in this section, \$139,973 is
119 30 transferred to the economic development authority for the Iowa
119 31 commission on volunteer services to be used for the retired and
119 32 senior volunteer program.

119 33 3. a. The department on aging shall establish and enforce
119 34 procedures relating to expenditure of state and federal funds
119 35 by area agencies on aging that require compliance with both
120 1 state and federal laws, rules, and regulations, including but
120 2 not limited to all of the following:

120 3 (1) Requiring that expenditures are incurred only for goods
120 4 or services received or performed prior to the end of the
120 5 fiscal period designated for use of the funds.

120 6 (2) Prohibiting prepayment for goods or services not
120 7 received or performed prior to the end of the fiscal period
120 8 designated for use of the funds.

120 9 (3) Prohibiting the prepayment for goods or services
120 10 not defined specifically by good or service, time period, or
120 11 recipient.

120 12 (4) Prohibiting the establishment of accounts from which
120 13 future goods or services which are not defined specifically by
120 14 good or service, time period, or recipient, may be purchased.

120 15 b. The procedures shall provide that if any funds are
120 16 expended in a manner that is not in compliance with the
120 17 procedures and applicable federal and state laws, rules, and
120 18 regulations, and are subsequently subject to repayment, the
120 19 area agency on aging expending such funds in contravention of
120 20 such procedures, laws, rules and regulations, not the state,
120 21 shall be liable for such repayment.

120 22 4. Of the funds appropriated in this section, at least
120 23 \$125,000 shall be used to fund the unmet needs identified
120 24 through Iowa's aging and disability resource center network.

120 25 5. Of the funds appropriated in this section, at least
120 26 \$300,000 shall be used to fund home and community-based
120 27 services through the area agencies on aging that enable older
120 28 individuals to avoid more costly utilization of residential or
120 29 institutional services and remain in their own homes.

120 30 6. Of the funds appropriated in this section, \$425,000
120 31 shall be used for the purposes of chapter 231E and section
120 32 231.56A, of which \$162,500 shall be used for the office of
120 33 substitute decision maker pursuant to chapter 231E, and the
120 34 remainder shall be distributed equally to the area agencies on
120 35 aging to administer the prevention of elder abuse, neglect, and

121 1 exploitation program pursuant to section 231.56A, in accordance
 121 2 with the requirements of the federal Older Americans Act of
 121 3 1965, 42 U.S.C. §3001 et seq., as amended.
 121 4 DIVISION XXXI
 121 5 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

121 6 Sec. 114. OFFICE OF LONG-TERM CARE OMBUDSMAN.
 121 7 1. There is appropriated from the general fund of the state
 121 8 to the office of long-term care ombudsman for the fiscal year
 121 9 beginning July 1, 2016, and ending June 30, 2017, the following
 121 10 amount, or so much thereof as is necessary, to be used for the
 121 11 purposes designated:

121 12 For salaries, support, administration, maintenance, and
 121 13 miscellaneous purposes, and for not more than the following
 121 14 full-time equivalent positions:
 121 15 \$ 753,392
 121 16 FTEs 21.00

121 17 2. Of the funds appropriated in this section, \$225,000 shall
 121 18 be used to continue to provide for additional local long-term
 121 19 care ombudsmen.

121 20 DIVISION XXXII
 121 21 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

121 22 Sec. 115. DEPARTMENT OF PUBLIC HEALTH. There is
 121 23 appropriated from the general fund of the state to the
 121 24 department of public health for the fiscal year beginning July
 121 25 1, 2016, and ending June 30, 2017, the following amounts, or
 121 26 so much thereof as is necessary, to be used for the purposes
 121 27 designated:

121 28 1. ADDICTIVE DISORDERS
 121 29 For reducing the prevalence of the use of tobacco, alcohol,
 121 30 and other drugs, and treating individuals affected by addictive
 121 31 behaviors, including gambling, and for not more than the
 121 32 following full-time equivalent positions:
 121 33 \$ 13,631,845
 121 34 FTEs 10.00

121 35 a. (1) Of the funds appropriated in this subsection,
 122 1 \$2,624,181 shall be used for the tobacco use prevention
 122 2 and control initiative, including efforts at the state and
 122 3 local levels, as provided in chapter 142A. The commission
 122 4 on tobacco use prevention and control established pursuant
 122 5 to section 142A.3 shall advise the director of public health
 122 6 in prioritizing funding needs and the allocation of moneys
 122 7 appropriated for the programs and initiatives. Activities
 122 8 of the programs and initiatives shall be in alignment with
 122 9 the United States centers for disease control and prevention
 122 10 best practices for comprehensive tobacco control programs that
 122 11 include the goals of preventing youth initiation of tobacco
 122 12 usage, reducing exposure to secondhand smoke, and promotion of
 122 13 tobacco cessation.

122 14 (2) (a) Of the funds allocated in this paragraph "a",
122 15 \$226,534 is transferred to the alcoholic beverages division of
122 16 the department of commerce for enforcement of tobacco laws,
122 17 regulations, and ordinances and to engage in tobacco control
122 18 activities approved by the division of tobacco use prevention
122 19 and control of the department of public health as specified
122 20 in the memorandum of understanding entered into between the
122 21 divisions.

122 22 (b) For the fiscal year beginning July 1, 2016, and ending
122 23 June 30, 2017, the terms of the memorandum of understanding,
122 24 entered into between the division of tobacco use prevention
122 25 and control of the department of public health and the
122 26 alcoholic beverages division of the department of commerce,
122 27 governing compliance checks conducted to ensure licensed retail
122 28 tobacco outlet conformity with tobacco laws, regulations, and
122 29 ordinances relating to persons under eighteen years of age,
122 30 shall continue to restrict the number of such checks to one
122 31 check per retail outlet, and one additional check for any
122 32 retail outlet found to be in violation during the first check.

122 33 b. Of the funds appropriated in this subsection,
122 34 \$11,007,664 shall be used for problem gambling and
122 35 substance-related disorder prevention, treatment, and recovery
123 1 services, including a 24-hour helpline, public information
123 2 resources, professional training, and program evaluation.

123 3 (1) Of the funds allocated in this paragraph "b", \$9,451,857
123 4 shall be used for substance-related disorder prevention and
123 5 treatment.

123 6 (a) Of the funds allocated in this subparagraph (1),
123 7 \$449,650 shall be used for the public purpose of a grant
123 8 program to provide substance-related disorder prevention
123 9 programming for children.

123 10 (i) Of the funds allocated in this subparagraph division
123 11 (a), \$213,770 shall be used for grant funding for organizations
123 12 that provide programming for children by utilizing mentors.
123 13 Programs approved for such grants shall be certified or must
123 14 be certified within six months of receiving the grant award
123 15 by the Iowa commission on volunteer services as utilizing the
123 16 standards for effective practice for mentoring programs.

123 17 (ii) Of the funds allocated in this subparagraph division
123 18 (a), \$213,420 shall be used for grant funding for organizations
123 19 providing programming that includes youth development and
123 20 leadership services. The programs shall also be recognized as
123 21 being programs that are scientifically based with evidence of
123 22 their effectiveness in reducing substance-related disorders in
123 23 children.

123 24 (iii) The department of public health shall utilize a
123 25 request for proposals process to implement the grant program.

123 26 (iv) All grant recipients shall participate in a program

123 27 evaluation as a requirement for receiving grant funds.

123 28 (v) Of the funds allocated in this subparagraph division

123 29 (a), up to \$22,461 may be used to administer substance-related

123 30 disorder prevention grants and for program evaluations.

123 31 (b) Of the funds allocated in this subparagraph

123 32 (1), \$136,302 shall be used for culturally competent

123 33 substance-related disorder treatment pilot projects.

123 34 (i) The department shall utilize the amount allocated

123 35 in this subparagraph division (b) for at least three pilot

124 1 projects to provide culturally competent substance-related

124 2 disorder treatment in various areas of the state. Each pilot

124 3 project shall target a particular ethnic minority population.

124 4 The populations targeted shall include but are not limited to

124 5 African American, Asian, and Latino.

124 6 (ii) The pilot project requirements shall provide for

124 7 documentation or other means to ensure access to the cultural

124 8 competence approach used by a pilot project so that such

124 9 approach can be replicated and improved upon in successor

124 10 programs.

124 11 (2) Of the funds allocated in this paragraph "b", up

124 12 to \$1,555,807 may be used for problem gambling prevention,

124 13 treatment, and recovery services.

124 14 (a) Of the funds allocated in this subparagraph (2),

124 15 \$1,286,881 shall be used for problem gambling prevention and

124 16 treatment.

124 17 (b) Of the funds allocated in this subparagraph (2), up to

124 18 \$218,926 may be used for a 24-hour helpline, public information

124 19 resources, professional training, and program evaluation.

124 20 (c) Of the funds allocated in this subparagraph (2), up

124 21 to \$50,000 may be used for the licensing of problem gambling

124 22 treatment programs.

124 23 (3) It is the intent of the general assembly that from the

124 24 moneys allocated in this paragraph "b", persons with a dual

124 25 diagnosis of substance-related disorder and gambling addiction

124 26 shall be given priority in treatment services.

124 27 c. Notwithstanding any provision of law to the contrary,

124 28 to standardize the availability, delivery, cost of delivery,

124 29 and accountability of problem gambling and substance-related

124 30 disorder treatment services statewide, the department shall

124 31 continue implementation of a process to create a system

124 32 for delivery of treatment services in accordance with the

124 33 requirements specified in 2008 Iowa Acts, chapter 1187, section

124 34 3, subsection 4. To ensure the system provides a continuum

124 35 of treatment services that best meets the needs of Iowans,

125 1 the problem gambling and substance-related disorder treatment

125 2 services in any area may be provided either by a single agency

125 3 or by separate agencies submitting a joint proposal.

125 4 (1) The system for delivery of substance-related disorder

125 5 and problem gambling treatment shall include problem gambling
125 6 prevention.

125 7 (2) The system for delivery of substance-related disorder
125 8 and problem gambling treatment shall include substance-related
125 9 disorder prevention by July 1, 2017.

125 10 (3) Of the funds allocated in paragraph "b", the department
125 11 may use up to \$50,000 for administrative costs to continue
125 12 developing and implementing the process in accordance with this
125 13 paragraph "c".

125 14 d. The requirement of section 123.53, subsection 5, is met
125 15 by the appropriations and allocations made in this division of
125 16 this Act for purposes of substance-related disorder treatment
125 17 and addictive disorders for the fiscal year beginning July 1,
125 18 2016.

125 19 e. The department of public health shall work with all
125 20 other departments that fund substance-related disorder
125 21 prevention and treatment services and all such departments
125 22 shall, to the extent necessary, collectively meet the state
125 23 maintenance of effort requirements for expenditures for
125 24 substance-related disorder services as required under the
125 25 federal substance-related disorder prevention and treatment
125 26 block grant.

125 27 2. HEALTHY CHILDREN AND FAMILIES

125 28 For promoting the optimum health status for children,
125 29 adolescents from birth through 21 years of age, and families,
125 30 and for not more than the following full-time equivalent
125 31 positions:

| | | | |
|--------|-------|------|-----------|
| 125 32 | ..... | \$ | 3,665,801 |
| 125 33 | ..... | FTEs | 13.00 |

125 34 a. Of the funds appropriated in this subsection, not more
125 35 than \$367,421 shall be used for the healthy opportunities for
126 1 parents to experience success (HOPES)-healthy families Iowa
126 2 (HFI) program established pursuant to section 135.106. The
126 3 funding shall be distributed to renew the grants that were
126 4 provided to the grantees that operated the program during the
126 5 fiscal year ending June 30, 2016.

126 6 b. In order to implement the legislative intent stated in
126 7 sections 135.106 and 256I.9, that priority for home visitation
126 8 program funding be given to programs using evidence-based or
126 9 promising models for home visitation, it is the intent of the
126 10 general assembly to phase in the funding priority in accordance
126 11 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
126 12 paragraph 0b.

126 13 c. Of the funds appropriated in this subsection, \$2,456,444
126 14 shall be used to continue to expand statewide the department's
126 15 initiative to provide for adequate developmental surveillance
126 16 and screening during a child's first five years. The funds
126 17 shall be used first to fully fund the current sites to ensure

126 18 that the sites are fully operational, with the remaining
126 19 funds to be used for expansion to additional sites. The full
126 20 implementation and expansion shall include enhancing the scope
126 21 of the program through collaboration with the child health
126 22 specialty clinics to promote healthy child development through
126 23 early identification and response to both biomedical and social
126 24 determinants of healthy development; by monitoring child
126 25 health metrics to inform practice, document long-term health
126 26 impacts and savings, and provide for continuous improvement
126 27 through training, education, and evaluation; and by providing
126 28 for practitioner consultation particularly for children with
126 29 behavioral conditions and needs. The department of public
126 30 health shall also collaborate with the Iowa Medicaid enterprise
126 31 and the child health specialty clinics to integrate the
126 32 activities of the first five initiative into the establishment
126 33 of patient-centered medical homes, community utilities,
126 34 accountable care organizations, and other integrated care
126 35 models developed to improve health quality and population
127 1 health while reducing health care costs. To the maximum extent
127 2 possible, funding allocated in this paragraph shall be utilized
127 3 as matching funds for medical assistance program reimbursement.
127 4 d. Of the funds appropriated in this subsection, \$37,320
127 5 shall be distributed to a statewide dental carrier to provide
127 6 funds to continue the donated dental services program patterned
127 7 after the projects developed by the lifeline network to provide
127 8 dental services to indigent individuals who are elderly or with
127 9 disabilities.
127 10 e. Of the funds appropriated in this subsection, \$55,998
127 11 shall be used for childhood obesity prevention.
127 12 f. Of the funds appropriated in this subsection, \$81,384
127 13 shall be used to provide audiological services and hearing
127 14 aids for children. The department may enter into a contract
127 15 to administer this paragraph.
127 16 g. Of the funds appropriated in this subsection, \$12,500 is
127 17 transferred to the university of Iowa college of dentistry for
127 18 provision of primary dental services to children. State funds
127 19 shall be matched on a dollar-for-dollar basis. The university
127 20 of Iowa college of dentistry shall coordinate efforts with the
127 21 department of public health, bureau of oral and health delivery
127 22 systems, to provide dental care to underserved populations
127 23 throughout the state.
127 24 h. Of the funds appropriated in this subsection, \$25,000
127 25 shall be used to address youth suicide prevention.
127 26 i. Of the funds appropriated in this subsection, \$25,000
127 27 shall be used to support the Iowa effort to address the survey
127 28 of children who experience adverse childhood experiences known
127 29 as ACEs.
127 30 3. CHRONIC CONDITIONS

127 31 For serving individuals identified as having chronic
127 32 conditions or special health care needs, and for not more than
127 33 the following full-time equivalent positions:
127 34 \$ 2,552,931
127 35 FTEs 5.00

128 1 a. Of the funds appropriated in this subsection, \$79,966
128 2 shall be used for grants to individual patients who have an
128 3 inherited metabolic disorder to assist with the costs of
128 4 medically necessary foods and formula.

128 5 b. Of the funds appropriated in this subsection, \$445,822
128 6 shall be used for the brain injury services program pursuant to
128 7 section 135.22B, including for continuation of the contracts
128 8 for resource facilitator services in accordance with section
128 9 135.22B, subsection 9, and to enhance brain injury training and
128 10 recruitment of service providers on a statewide basis. Of the
128 11 amount allocated in this paragraph, \$47,500 shall be used to
128 12 fund one full-time equivalent position to serve as the state
128 13 brain injury services program manager.

128 14 c. Of the funds appropriated in this subsection, \$273,991
128 15 shall be used as additional funding to leverage federal funding
128 16 through the federal Ryan White Care Act, Tit.II, AIDS drug
128 17 assistance program supplemental drug treatment grants.

128 18 d. Of the funds appropriated in this subsection, \$74,912
128 19 shall be used for the public purpose of continuing to contract
128 20 with an existing national-affiliated organization to provide
128 21 education, client-centered programs, and client and family
128 22 support for people living with epilepsy and their families.
128 23 The amount allocated in this paragraph in excess of \$50,000
128 24 shall be matched dollar-for-dollar by the organization
128 25 specified.

128 26 e. Of the funds appropriated in this subsection, \$392,557
128 27 shall be used for child health specialty clinics.

128 28 f. Of the funds appropriated in this subsection, \$200,000
128 29 shall be used by the regional autism assistance program
128 30 established pursuant to section 256.35, and administered by
128 31 the child health specialty clinic located at the university of
128 32 Iowa hospitals and clinics. The funds shall be used to enhance
128 33 interagency collaboration and coordination of educational,
128 34 medical, and other human services for persons with autism,
128 35 their families, and providers of services, including delivering
129 1 regionalized services of care coordination, family navigation,
129 2 and integration of services through the statewide system of
129 3 regional child health specialty clinics and fulfilling other
129 4 requirements as specified in chapter 225D. The university of
129 5 Iowa shall not receive funds allocated under this paragraph for
129 6 indirect costs associated with the regional autism assistance
129 7 program.

129 8 g. Of the funds appropriated in this subsection, \$285,497

129 9 shall be used for the comprehensive cancer control program to
 129 10 reduce the burden of cancer in Iowa through prevention, early
 129 11 detection, effective treatment, and ensuring quality of life.
 129 12 Of the funds allocated in this paragraph "g", \$75,000 shall
 129 13 be used to support a melanoma research symposium, a melanoma
 129 14 biorepository and registry, basic and translational melanoma
 129 15 research, and clinical trials.

129 16 h. Of the funds appropriated in this subsection, \$63,225
 129 17 shall be used for cervical and colon cancer screening, and
 129 18 \$150,000 shall be used to enhance the capacity of the cervical
 129 19 cancer screening program to include provision of recommended
 129 20 prevention and early detection measures to a broader range of
 129 21 low-income women.

129 22 i. Of the funds appropriated in this subsection, \$338,432
 129 23 shall be used for the center for congenital and inherited
 129 24 disorders including to provide for surveillance of stillbirths
 129 25 as defined in section 136A.2.

129 26 j. Of the funds appropriated in this subsection, \$64,706
 129 27 shall be used for the prescription drug donation repository
 129 28 program created in chapter 135M.

129 29 k. Of the funds appropriated in this subsection,
 129 30 \$107,632 shall be used by the department of public health
 129 31 for reform-related activities, including but not limited to
 129 32 facilitation of communication to stakeholders at the state and
 129 33 local level, administering the patient-centered health advisory
 129 34 council pursuant to section 135.159, and involvement in health
 129 35 care system innovation activities occurring across the state.

130 1 l. Of the funds appropriated in this subsection, \$12,500
 130 2 shall be used for administration of chapter 124D, the medical
 130 3 cannabidiol Act, or other Code provisions authorizing the
 130 4 compassionate medical use of cannabis, if enacted by the 2016
 130 5 regular session of the Eighty-sixth General Assembly.

130 6 4. COMMUNITY CAPACITY

130 7 For strengthening the health care delivery system at the
 130 8 local level, and for not more than the following full-time
 130 9 equivalent positions:

| | | |
|--------------|------|-----------|
| 130 10 | \$ | 4,359,858 |
| 130 11 | FTEs | 11.00 |

130 12 a. Of the funds appropriated in this subsection, \$49,707
 130 13 is allocated for continuation of the child vision screening
 130 14 program implemented through the university of Iowa hospitals
 130 15 and clinics in collaboration with early childhood Iowa areas.
 130 16 The program shall submit a report to the individuals identified
 130 17 in this Act for submission of reports regarding the use of
 130 18 funds allocated under this paragraph "a". The report shall
 130 19 include the objectives and results for the program year
 130 20 including the target population and how the funds allocated
 130 21 assisted the program in meeting the objectives; the number,

130 22 age, and location within the state of individuals served;
130 23 the type of services provided to the individuals served; the
130 24 distribution of funds based on service provided; and the
130 25 continuing needs of the program.

130 26 b. Of the funds appropriated in this subsection, \$55,328 is
130 27 allocated for continuation of an initiative implemented at the
130 28 university of Iowa and \$49,952 is allocated for continuation of
130 29 an initiative at the state mental health institute at Cherokee
130 30 to expand and improve the workforce engaged in mental health
130 31 treatment and services. The initiatives shall receive input
130 32 from the university of Iowa, the department of human services,
130 33 the department of public health, and the mental health and
130 34 disability services commission to address the focus of the
130 35 initiatives.

131 1 c. Of the funds appropriated in this subsection, \$582,314
131 2 shall be used for essential public health services that promote
131 3 healthy aging throughout one's lifespan, contracted through a
131 4 formula for local boards of health, to enhance health promotion
131 5 and disease prevention services.

131 6 d. Of the funds appropriated in this section, \$49,643 shall
131 7 be deposited in the governmental public health system fund
131 8 created in section 135A.8 to be used for the purposes of the
131 9 fund.

131 10 e. Of the funds appropriated in this subsection, \$52,724
131 11 shall be used to continue to address the shortage of mental
131 12 health professionals in the state.

131 13 f. Of the funds appropriated in this subsection,
131 14 \$25,000 shall be used for a grant to a statewide association
131 15 of psychologists that is affiliated with the American
131 16 psychological association to be used for continuation of a
131 17 program to rotate intern psychologists in placements in urban
131 18 and rural mental health professional shortage areas, as defined
131 19 in section 135.180.

131 20 g. (1) Of the funds appropriated in this subsection,
131 21 \$1,441,485 shall be allocated as a grant to the Iowa primary
131 22 care association to be used pursuant to section 135.153 for
131 23 the statewide coordination of the Iowa collaborative safety
131 24 net provider network. Coordination of the network shall
131 25 focus on increasing access by underserved populations to
131 26 health care services, increasing integration of the health
131 27 system and collaboration across the continuum of care with
131 28 a focus on safety net services, and enhancing the Iowa
131 29 collaborative safety net provider network's communication and
131 30 education efforts. The amount allocated as a grant under this
131 31 subparagraph (1) shall be used as follows to support the Iowa
131 32 collaborative safety net provider network goals of increased
131 33 access, health system integration, and engagement:

131 34 (a) For distribution to safety net partners in the state

131 35 that work to increase access of the underserved population to
132 1 health services:

132 2 \$ 512,743

132 3 (i) Of the amount allocated in this subparagraph
132 4 division (a), up to \$206,708 shall be distributed to the
132 5 Iowa prescription drug corporation for continuation of the
132 6 pharmaceutical infrastructure for safety net providers as
132 7 described in 2007 Iowa Acts, chapter 218, section 108.

132 8 (ii) Of the amount allocated in this subparagraph division
132 9 (a), up to \$174,161 shall be distributed to free clinics and
132 10 free clinics of Iowa for necessary infrastructure, statewide
132 11 coordination, provider recruitment, service delivery, and
132 12 provision of assistance to patients in securing a medical home
132 13 inclusive of oral health care.

132 14 (iii) Of the amount allocated in this subparagraph
132 15 division (a), up to \$25,000 shall be distributed to the
132 16 Iowa coalition against sexual assault to continue a training
132 17 program for sexual assault response team (SART) members,
132 18 including representatives of law enforcement, victim advocates,
132 19 prosecutors, and certified medical personnel.

132 20 (iv) Of the amount allocated in this subparagraph division
132 21 (a), up to \$106,874 shall be distributed to the Polk county
132 22 medical society for continuation of the safety net provider
132 23 patient access to a specialty health care initiative as
132 24 described in 2007 Iowa Acts, chapter 218, section 109.

132 25 (b) For distribution to safety net partners in the
132 26 state that work to increase health system integration, care
132 27 coordination, and collaboration across the continuum of care
132 28 with a focus on safety net services. Such efforts shall
132 29 include but not be limited to community care coordination team
132 30 development and integration of medical and behavioral health
132 31 services. Efforts shall also include working, in conjunction
132 32 with the department of human services and the department
132 33 of public health, to support Medicaid managed care efforts
132 34 inclusive of the state innovation model through the continued
132 35 development and implementation of community care coordination
133 1 teams. Implementation of the community care coordination
133 2 teams shall be accomplished through a statewide regionally
133 3 based network that provides an integrated approach to health
133 4 care delivery through care coordination that supports primary
133 5 care providers and links patients with community resources
133 6 necessary to empower patients in addressing biomedical and
133 7 social determinants of health to improve health outcomes:

133 8 \$ 836,100

133 9 (c) For distribution to safety net partners in the state
133 10 that work to serve as a resource for credible, accurate
133 11 information on health care-related needs and services
133 12 for vulnerable populations in the state including the

133 13 Iowa association of rural health clinics for necessary
 133 14 infrastructure and service delivery transformation and the Iowa
 133 15 primary care association to support partner engagement, program
 133 16 management, and statewide coordination of the network:

133 17 \$ 92,643

133 18 (2) The amount allocated under this paragraph "g" shall
 133 19 not be reduced for administrative or other costs prior to
 133 20 distribution. The Iowa collaborative safety net provider
 133 21 network may continue to distribute funds allocated pursuant to
 133 22 this paragraph "g" through existing contracts or renewal of
 133 23 existing contracts.

133 24 (3) For each goal of the Iowa collaborative safety net
 133 25 provider network, the Iowa primary care association shall
 133 26 submit a progress report to the individuals designated in this
 133 27 Act for submission of reports by December 15, 2016, including
 133 28 progress in developing and implementing the network, how the
 133 29 funds were distributed and used in developing and implementing
 133 30 the network, and the remaining needs identified to fully
 133 31 develop and implement the network.

133 32 h. Of the funds appropriated in this subsection, \$106,700
 133 33 shall be used for continuation of the work of the direct care
 133 34 worker advisory council established pursuant to 2008 Iowa Acts,
 133 35 chapter 1188, section 69, in implementing the recommendations
 134 1 in the final report submitted by the advisory council to the
 134 2 governor and the general assembly in March 2012.

134 3 i. (1) Of the funds appropriated in this subsection,
 134 4 \$108,188 shall be used for allocation to an independent
 134 5 statewide direct care worker organization under continuation
 134 6 of the contract in effect during the fiscal year ending June
 134 7 30, 2016.

134 8 (2) Of the funds appropriated in this subsection, \$37,500
 134 9 shall be used to provide scholarships or other forms of
 134 10 subsidization for direct care worker educational conferences,
 134 11 training, or outreach activities.

134 12 j. Of the funds appropriated in this subsection, the
 134 13 department may use up to \$29,088 for up to one full-time
 134 14 equivalent position to administer the volunteer health care
 134 15 provider program pursuant to section 135.24.

134 16 k. Of the funds appropriated in this subsection, \$50,000
 134 17 shall be used for a matching dental education loan repayment
 134 18 program to be allocated to a dental nonprofit health service
 134 19 corporation to continue to develop the criteria and implement
 134 20 the loan repayment program.

134 21 l. Of the funds appropriated in this subsection, \$52,912 is
 134 22 transferred to the college student aid commission for deposit
 134 23 in the rural Iowa primary care trust fund created in section
 134 24 261.113 to be used for the purposes of the fund.

134 25 m. Of the funds appropriated in this subsection, \$125,000

134 26 shall be used for the purposes of the Iowa donor registry as
134 27 specified in section 142C.18.

134 28 n. Of the funds appropriated in this subsection, \$50,000
134 29 shall be used for continuation of a grant to a nationally
134 30 affiliated volunteer eye organization that has an established
134 31 program for children and adults and that is solely dedicated to
134 32 preserving sight and preventing blindness through education,
134 33 nationally certified vision screening and training, and
134 34 community and patient service programs. The organization
134 35 shall submit a report to the individuals identified in this
135 1 Act for submission of reports regarding the use of funds
135 2 allocated under this paragraph "n". The report shall include
135 3 the objectives and results for the program year including
135 4 the target population and how the funds allocated assisted
135 5 the program in meeting the objectives; the number, age, and
135 6 location within the state of individuals served; the type of
135 7 services provided to the individuals served; the distribution
135 8 of funds based on services provided; and the continuing needs
135 9 of the program.

135 10 o. Of the funds appropriated in this subsection, \$12,500
135 11 shall be used for the continuation of a wellness council under
135 12 the direction of the director of public health to increase
135 13 support for wellness activities in the state.

135 14 p. Of the funds appropriated in this subsection, \$1,000,000
135 15 shall be deposited in the medical residency training account
135 16 created in section 135.175, subsection 5, paragraph "a", and
135 17 is appropriated from the account to the department of public
135 18 health to be used for the purposes of the medical residency
135 19 training state matching grants program as specified in section
135 20 135.176. However, notwithstanding any provision to the
135 21 contrary in section 135.176, priority in the awarding of grants
135 22 shall be given to sponsors that propose preference in the use
135 23 of the grant funds for psychiatric residency positions and
135 24 family practice residency positions.

135 25 q. Of the funds appropriated in this section, \$15,000 shall
135 26 be used for continuation of a grant to a dental nonprofit
135 27 health service corporation to support an initiative of the
135 28 lifelong smiles coalition in developing and testing an oral
135 29 health specialty training for direct care professionals. The
135 30 specialty training curriculum shall be developed through a
135 31 partnership with the university of Iowa college of dentistry
135 32 and the college of nursing to increase access to and improve
135 33 oral health care of older Iowans who are homebound or living
135 34 in nursing facilities, to improve and enhance their overall
135 35 health, comfort, and dignity.

136 1 5. HEALTHY AGING

136 2 To provide public health services that reduce risks and
136 3 invest in promoting and protecting good health over the

136 4 course of a lifetime with a priority given to older lowans and
 136 5 vulnerable populations:
 136 6 \$ 3,648,571

136 7 6. INFECTIOUS DISEASES

136 8 For reducing the incidence and prevalence of communicable
 136 9 diseases, and for not more than the following full-time
 136 10 equivalent positions:
 136 11 \$ 667,578
 136 12 FTEs 4.00

136 13 7. PUBLIC PROTECTION

136 14 For protecting the health and safety of the public through
 136 15 establishing standards and enforcing regulations, and for not
 136 16 more than the following full-time equivalent positions:
 136 17 \$ 2,169,596
 136 18 FTEs 135.50

136 19 a. Of the funds appropriated in this subsection, not more
 136 20 than \$227,350 shall be credited to the emergency medical
 136 21 services fund created in section 135.25. Moneys in the
 136 22 emergency medical services fund are appropriated to the
 136 23 department to be used for the purposes of the fund.

136 24 b. Of the funds appropriated in this subsection, \$101,516
 136 25 shall be used for sexual violence prevention programming
 136 26 through a statewide organization representing programs
 136 27 serving victims of sexual violence through the department's
 136 28 sexual violence prevention program. The amount allocated
 136 29 in this paragraph "b" shall not be used to supplant funding
 136 30 administered for other sexual violence prevention or victims
 136 31 assistance programs.

136 32 c. Of the funds appropriated in this subsection, \$299,376
 136 33 shall be used for the state poison control center. Pursuant
 136 34 to the directive under 2014 Iowa Acts, chapter 1140, section
 136 35 102, the federal matching funds available to the state poison
 137 1 control center from the department of human services under the
 137 2 federal Children's Health Insurance Program Reauthorization Act
 137 3 allotment shall be subject to the federal administrative cap
 137 4 rule of 10 percent applicable to funding provided under Tit.
 137 5 XXI of the federal Social Security Act and included within the
 137 6 department's calculations of the cap.

137 7 d. Of the funds appropriated in this subsection, \$268,875
 137 8 shall be used for childhood lead poisoning provisions.

137 9 8. RESOURCE MANAGEMENT

137 10 For establishing and sustaining the overall ability of the
 137 11 department to deliver services to the public, and for not more
 137 12 than the following full-time equivalent positions:
 137 13 \$ 427,536
 137 14 FTEs 4.00

137 15 The university of Iowa hospitals and clinics under the
 137 16 control of the state board of regents shall not receive

137 17 indirect costs from the funds appropriated in this section.
137 18 The university of Iowa hospitals and clinics billings to the
137 19 department shall be on at least a quarterly basis.
137 20 DIVISION XXXIII
137 21 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017
137 22 Sec. 116. DEPARTMENT OF VETERANS AFFAIRS. There is
137 23 appropriated from the general fund of the state to the
137 24 department of veterans affairs for the fiscal year beginning
137 25 July 1, 2016, and ending June 30, 2017, the following amounts,
137 26 or so much thereof as is necessary, to be used for the purposes
137 27 designated:
137 28 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
137 29 For salaries, support, maintenance, and miscellaneous
137 30 purposes, and for not more than the following full-time
137 31 equivalent positions:
137 32 \$ 600,273
137 33 FTEs 15.00
137 34 2. IOWA VETERANS HOME
137 35 For salaries, support, maintenance, and miscellaneous
138 1 purposes:
138 2 \$ 3,797,498
138 3 a. The Iowa veterans home billings involving the department
138 4 of human services shall be submitted to the department on at
138 5 least a monthly basis.
138 6 b. If there is a change in the employer of employees
138 7 providing services at the Iowa veterans home under a collective
138 8 bargaining agreement, such employees and the agreement shall
138 9 be continued by the successor employer as though there had not
138 10 been a change in employer.
138 11 c. Within available resources and in conformance with
138 12 associated state and federal program eligibility requirements,
138 13 the Iowa veterans home may implement measures to provide
138 14 financial assistance to or on behalf of veterans or their
138 15 spouses who are participating in the community reentry program.
138 16 d. The Iowa veterans home expenditure report shall be
138 17 submitted monthly to the legislative services agency.
138 18 3. HOME OWNERSHIP ASSISTANCE PROGRAM
138 19 For transfer to the Iowa finance authority for the
138 20 continuation of the home ownership assistance program for
138 21 persons who are or were eligible members of the armed forces of
138 22 the United States, pursuant to section 16.54:
138 23 \$ 1,250,000
138 24 Sec. 117. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
138 25 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
138 26 standing appropriation in section 35A.16 for the fiscal year
138 27 beginning July 1, 2016, and ending June 30, 2017, the amount
138 28 appropriated from the general fund of the state pursuant to
138 29 that section for the following designated purposes shall not

138 30 exceed the following amount:
138 31 For the county commissions of veteran affairs fund under
138 32 section 35A.16:
138 33 \$ 495,000
138 34 DIVISION XXXIV
138 35 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017
139 1 Sec. 118. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
139 2 GRANT. There is appropriated from the fund created in section
139 3 8.41 to the department of human services for the fiscal year
139 4 beginning July 1, 2016, and ending June 30, 2017, from moneys
139 5 received under the federal temporary assistance for needy
139 6 families (TANF) block grant pursuant to the federal Personal
139 7 Responsibility and Work Opportunity Reconciliation Act of 1996,
139 8 Pub.L.No.104-193, and successor legislation, the following
139 9 amounts, or so much thereof as is necessary, to be used for the
139 10 purposes designated:
139 11 1. To be credited to the family investment program account
139 12 and used for assistance under the family investment program
139 13 under chapter 239B:
139 14 \$ 2,568,498
139 15 2. To be credited to the family investment program account
139 16 and used for the job opportunities and basic skills (JOBS)
139 17 program and implementing family investment agreements in
139 18 accordance with chapter 239B:
139 19 \$ 5,069,089
139 20 3. To be used for the family development and
139 21 self-sufficiency grant program in accordance with section
139 22 216A.107:
139 23 \$ 1,449,490
139 24 Notwithstanding section 8.33, moneys appropriated in this
139 25 subsection that remain unencumbered or unobligated at the close
139 26 of the fiscal year shall not revert but shall remain available
139 27 for expenditure for the purposes designated until the close of
139 28 the succeeding fiscal year. However, unless such moneys are
139 29 encumbered or obligated on or before September 30, 2016, the
139 30 moneys shall revert.
139 31 4. For field operations:
139 32 \$ 15,648,116
139 33 5. For general administration:
139 34 \$ 1,872,000
139 35 6. For state child care assistance:
140 1 \$ 17,523,555
140 2 a. Of the funds appropriated in this subsection,
140 3 \$13,164,049 is transferred to the child care and development
140 4 block grant appropriation made by the Eighty-sixth General
140 5 Assembly, 2016 Session, for the federal fiscal year beginning
140 6 October 1, 2016, and ending September 30, 2017. Of this
140 7 amount, \$100,000 shall be used for provision of educational

140 8 opportunities to registered child care home providers in order
140 9 to improve services and programs offered by this category
140 10 of providers and to increase the number of providers. The
140 11 department may contract with institutions of higher education
140 12 or child care resource and referral centers to provide
140 13 the educational opportunities. Allowable administrative
140 14 costs under the contracts shall not exceed 5 percent. The
140 15 application for a grant shall not exceed two pages in length.

140 16 b. Any funds appropriated in this subsection remaining
140 17 unallocated shall be used for state child care assistance
140 18 payments for families who are employed including but not
140 19 limited to individuals enrolled in the family investment
140 20 program.

140 21 7. For distribution to counties and regions through the
140 22 property tax relief fund for mental health and disability
140 23 services as provided in an appropriation made for this purpose:
140 24 \$ 2,447,026

140 25 8. For child and family services:
140 26 \$ 16,042,215

140 27 9. For child abuse prevention grants:
140 28 \$ 62,500

140 29 10. For pregnancy prevention grants on the condition that
140 30 family planning services are funded:
140 31 \$ 965,034

140 32 Pregnancy prevention grants shall be awarded to programs
140 33 in existence on or before July 1, 2016, if the programs have
140 34 demonstrated positive outcomes. Grants shall be awarded to
140 35 pregnancy prevention programs which are developed after July
141 1 1, 2016, if the programs are based on existing models that
141 2 have demonstrated positive outcomes. Grants shall comply with
141 3 the requirements provided in 1997 Iowa Acts, chapter 208,
141 4 section 14, subsections 1 and 2, including the requirement that
141 5 grant programs must emphasize sexual abstinence. Priority in
141 6 the awarding of grants shall be given to programs that serve
141 7 areas of the state which demonstrate the highest percentage of
141 8 unplanned pregnancies of females of childbearing age within the
141 9 geographic area to be served by the grant.

141 10 11. For technology needs and other resources necessary
141 11 to meet federal welfare reform reporting, tracking, and case
141 12 management requirements:
141 13 \$ 518,593

141 14 12. For the family investment program share of the costs to
141 15 continue to develop and maintain a new, integrated eligibility
141 16 determination system:
141 17 \$ 3,327,440

141 18 13. a. Notwithstanding any provision to the contrary,
141 19 including but not limited to requirements in section 8.41 or
141 20 provisions in 2015 or 2016 Iowa Acts regarding the receipt and

141 21 appropriation of federal block grants, federal funds from the
141 22 temporary assistance for needy families block grant received by
141 23 the state and not otherwise appropriated in this section and
141 24 remaining available for the fiscal year beginning July 1, 2016,
141 25 are appropriated to the department of human services to the
141 26 extent as may be necessary to be used in the following priority
141 27 order:the family investment program, for state child care
141 28 assistance program payments for families who are employed, and
141 29 for the family investment program share of costs to develop and
141 30 maintain a new, integrated eligibility determination system.
141 31 The federal funds appropriated in this paragraph "a" shall be
141 32 expended only after all other funds appropriated in subsection
141 33 1 for the assistance under the family investment program,
141 34 in subsection 6 for child care assistance, or in subsection
141 35 12 for the family investment program share of the costs to
142 1 continue to develop and maintain a new, integrated eligibility
142 2 determination system, as applicable, have been expended. For
142 3 the purposes of this subsection, the funds appropriated in
142 4 subsection 6, paragraph "a", for transfer to the child care
142 5 and development block grant appropriation are considered fully
142 6 expended when the full amount has been transferred.
142 7 b. The department shall, on a quarterly basis, advise the
142 8 legislative services agency and department of management of
142 9 the amount of funds appropriated in this subsection that was
142 10 expended in the prior quarter.
142 11 14. Of the amounts appropriated in this section, \$6,481,004
142 12 for the fiscal year beginning July 1, 2016, is transferred to
142 13 the appropriation of the federal social services block grant
142 14 made to the department of human services for that fiscal year.
142 15 15. For continuation of the program providing categorical
142 16 eligibility for the food assistance program as specified for
142 17 the program in the section of this division of this 2016 Act
142 18 relating to the family investment program account:
142 19 \$ 12,500
142 20 16. The department may transfer funds allocated in this
142 21 section to the appropriations made in this division of this Act
142 22 for the same fiscal year for general administration and field
142 23 operations for resources necessary to implement and operate the
142 24 services referred to in this section and those funded in the
142 25 appropriation made in this division of this Act for the same
142 26 fiscal year for the family investment program from the general
142 27 fund of the state.
142 28 Sec. 119. FAMILY INVESTMENT PROGRAM ACCOUNT.
142 29 1. Moneys credited to the family investment program (FIP)
142 30 account for the fiscal year beginning July 1, 2016, and
142 31 ending June 30, 2017, shall be used to provide assistance in
142 32 accordance with chapter 239B.
142 33 2. The department may use a portion of the moneys credited

142 34 to the FIP account under this section as necessary for
142 35 salaries, support, maintenance, and miscellaneous purposes.

143 1 3. The department may transfer funds allocated in
143 2 subsection 4 to the appropriations made in this division of
143 3 this Act for the same fiscal year for general administration
143 4 and field operations for resources necessary to implement and
143 5 operate the family investment program services referred to in
143 6 this section and those funded in the appropriation made in this
143 7 division of this Act for the same fiscal year for the family
143 8 investment program from the general fund of the state.

143 9 4. Moneys appropriated in this division of this Act and
143 10 credited to the FIP account for the fiscal year beginning July
143 11 1, 2016, and ending June 30, 2017, are allocated as follows:

143 12 a. To be retained by the department of human services to
143 13 be used for coordinating with the department of human rights
143 14 to more effectively serve participants in FIP and other shared
143 15 clients and to meet federal reporting requirements under the
143 16 federal temporary assistance for needy families block grant:
143 17 \$ 10,000

143 18 b. To the department of human rights for staffing,
143 19 administration, and implementation of the family development
143 20 and self-sufficiency grant program in accordance with section
143 21 216A.107:
143 22 \$ 3,196,417

143 23 (1) Of the funds allocated for the family development
143 24 and self-sufficiency grant program in this paragraph "b",
143 25 not more than 5 percent of the funds shall be used for the
143 26 administration of the grant program.

143 27 (2) The department of human rights may continue to implement
143 28 the family development and self-sufficiency grant program
143 29 statewide during fiscal year 2016-2017.

143 30 (3) The department of human rights may engage in activities
143 31 to strengthen and improve family outcomes measures and
143 32 data collection systems under the family development and
143 33 self-sufficiency grant program.

143 34 c. For the diversion subaccount of the FIP account:
143 35 \$ 407,500

144 1 A portion of the moneys allocated for the subaccount may
144 2 be used for field operations, salaries, data management
144 3 system development, and implementation costs and support
144 4 deemed necessary by the director of human services in order
144 5 to administer the FIP diversion program. To the extent
144 6 moneys allocated in this paragraph "c" are not deemed by the
144 7 department to be necessary to support diversion activities,
144 8 such moneys may be used for other efforts intended to increase
144 9 engagement by family investment program participants in work,
144 10 education, or training activities.

144 11 d. For the food assistance employment and training program:

144 12 \$ 33,294

144 13 (1) The department shall apply the federal supplemental
144 14 nutrition assistance program (SNAP) employment and training
144 15 state plan in order to maximize to the fullest extent permitted
144 16 by federal law the use of the 50 percent federal reimbursement
144 17 provisions for the claiming of allowable federal reimbursement
144 18 funds from the United States department of agriculture
144 19 pursuant to the federal SNAP employment and training program
144 20 for providing education, employment, and training services
144 21 for eligible food assistance program participants, including
144 22 but not limited to related dependent care and transportation
144 23 expenses.

144 24 (2) The department shall continue the categorical federal
144 25 food assistance program eligibility at 160 percent of the
144 26 federal poverty level and continue to eliminate the asset test
144 27 from eligibility requirements, consistent with federal food
144 28 assistance program requirements. The department shall include
144 29 as many food assistance households as is allowed by federal
144 30 law. The eligibility provisions shall conform to all federal
144 31 requirements including requirements addressing individuals who
144 32 are incarcerated or otherwise ineligible.

144 33 e. For the JOBS program:
144 34 \$ 8,770,199

144 35 5. Of the child support collections assigned under FIP,
145 1 an amount equal to the federal share of support collections
145 2 shall be credited to the child support recovery appropriation
145 3 made in this division of this Act. Of the remainder of the
145 4 assigned child support collections received by the child
145 5 support recovery unit, a portion shall be credited to the FIP
145 6 account, a portion may be used to increase recoveries, and a
145 7 portion may be used to sustain cash flow in the child support
145 8 payments account. If as a consequence of the appropriations
145 9 and allocations made in this section the resulting amounts
145 10 are insufficient to sustain cash assistance payments and meet
145 11 federal maintenance of effort requirements, the department
145 12 shall seek supplemental funding. If child support collections
145 13 assigned under FIP are greater than estimated or are otherwise
145 14 determined not to be required for maintenance of effort, the
145 15 state share of either amount may be transferred to or retained
145 16 in the child support payments account.

145 17 6. The department may adopt emergency rules for the family
145 18 investment, JOBS, food assistance, and medical assistance
145 19 programs if necessary to comply with federal requirements.

145 20 Sec. 120. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
145 21 is appropriated from the general fund of the state to the
145 22 department of human services for the fiscal year beginning July
145 23 1, 2016, and ending June 30, 2017, the following amount, or
145 24 so much thereof as is necessary, to be used for the purpose

145 25 designated:
145 26 To be credited to the family investment program (FIP)
145 27 account and used for family investment program assistance under
145 28 chapter 239B:
145 29 \$ 24,546,938
145 30 1. Of the funds appropriated in this section, \$3,701,110 is
145 31 allocated for the JOBS program.
145 32 2. Of the funds appropriated in this section, \$1,756,927 is
145 33 allocated for the family development and self-sufficiency grant
145 34 program.
145 35 3. Notwithstanding section 8.39, for the fiscal year
146 1 beginning July 1, 2016, if necessary to meet federal
146 2 maintenance of effort requirements or to transfer federal
146 3 temporary assistance for needy families block grant funding
146 4 to be used for purposes of the federal social services block
146 5 grant or to meet cash flow needs resulting from delays in
146 6 receiving federal funding or to implement, in accordance with
146 7 this division of this Act, activities currently funded with
146 8 juvenile court services, county, or community moneys and state
146 9 moneys used in combination with such moneys, the department
146 10 of human services may transfer funds within or between any
146 11 of the appropriations made in this division of this Act and
146 12 appropriations in law for the federal social services block
146 13 grant to the department for the following purposes, provided
146 14 that the combined amount of state and federal temporary
146 15 assistance for needy families block grant funding for each
146 16 appropriation remains the same before and after the transfer:
146 17 a. For the family investment program.
146 18 b. For child care assistance.
146 19 c. For child and family services.
146 20 d. For field operations.
146 21 e. For general administration.
146 22 f. For distribution to counties or regions through the
146 23 property tax relief fund for mental health and disability
146 24 services as provided in an appropriation for this purpose.
146 25 This subsection shall not be construed to prohibit the use
146 26 of existing state transfer authority for other purposes. The
146 27 department shall report any transfers made pursuant to this
146 28 subsection to the legislative services agency.
146 29 4. Of the funds appropriated in this section, \$97,839 shall
146 30 be used for continuation of a grant to an Iowa-based nonprofit
146 31 organization with a history of providing tax preparation
146 32 assistance to low-income Iowans in order to expand the usage of
146 33 the earned income tax credit. The purpose of the grant is to
146 34 supply this assistance to underserved areas of the state.
146 35 5. Of the funds appropriated in this section, \$40,000 shall
147 1 be used for the continuation of an unfunded pilot project, as
147 2 defined in 441 IAC 100.1, relating to parental obligations,

147 3 in which the child support recovery unit participates, to
 147 4 support the efforts of a nonprofit organization committed to
 147 5 strengthening the community through youth development, healthy
 147 6 living, and social responsibility headquartered in a county
 147 7 with a population over 350,000. The funds allocated in this
 147 8 subsection shall be used by the recipient organization to
 147 9 develop a larger community effort, through public and private
 147 10 partnerships, to support a broad-based multi-county fatherhood
 147 11 initiative that promotes payment of child support obligations,
 147 12 improved family relationships, and full-time employment.

147 13 6. Of the funds appropriated in this section, \$100,000
 147 14 shall be used to continue a grant to a nonprofit organization
 147 15 organized under section 501(c)(4) of the Internal Revenue Code
 147 16 to continue a youth development strategy through after-school
 147 17 programming that promotes academic success, healthy lifestyles,
 147 18 good character, and citizenship. The organization shall meet
 147 19 all of the following criteria:

147 20 a. Operate statewide and provide services through more than
 147 21 one location.

147 22 b. Provide the after-school programming for students ages
 147 23 five through eighteen years of age who are members of families
 147 24 eligible for the federal temporary assistance for needy
 147 25 families program.

147 26 c. Provide evidence, based on measurable outcomes, that the
 147 27 after-school programming provided results in increased student
 147 28 achievement.

147 29 7. The department may transfer funds appropriated in this
 147 30 section to the appropriations made in this division of this Act
 147 31 for general administration and field operations as necessary
 147 32 to administer this section and the overall family investment
 147 33 program.

147 34 Sec. 121. CHILD SUPPORT RECOVERY. There is appropriated
 147 35 from the general fund of the state to the department of human
 148 1 services for the fiscal year beginning July 1, 2016, and ending
 148 2 June 30, 2017, the following amount, or so much thereof as is
 148 3 necessary, to be used for the purposes designated:

148 4 For child support recovery, including salaries, support,
 148 5 maintenance, and miscellaneous purposes, and for not more than
 148 6 the following full-time equivalent positions:

| | | | |
|-------|-------|------|-----------|
| 148 7 | ..... | \$ | 7,331,687 |
| 148 8 | ..... | FTEs | 464.00 |

148 9 1. The department shall expend up to \$12,165, including
 148 10 federal financial participation, for the fiscal year beginning
 148 11 July 1, 2016, for a child support public awareness campaign.
 148 12 The department and the office of the attorney general shall
 148 13 cooperate in continuation of the campaign. The public
 148 14 awareness campaign shall emphasize, through a variety of
 148 15 media activities, the importance of maximum involvement of

148 16 both parents in the lives of their children as well as the
148 17 importance of payment of child support obligations.
148 18 2. Federal access and visitation grant moneys shall be
148 19 issued directly to private not-for-profit agencies that provide
148 20 services designed to increase compliance with the child access
148 21 provisions of court orders, including but not limited to
148 22 neutral visitation sites and mediation services.

148 23 3. The appropriation made to the department for child
148 24 support recovery may be used throughout the fiscal year in the
148 25 manner necessary for purposes of cash flow management, and for
148 26 cash flow management purposes the department may temporarily
148 27 draw more than the amount appropriated, provided the amount
148 28 appropriated is not exceeded at the close of the fiscal year.

148 29 4. With the exception of the funding amount specified, the
148 30 requirements established under 2001 Iowa Acts, chapter 191,
148 31 section 3, subsection 5, paragraph "c", subparagraph (3), shall
148 32 be applicable to parental obligation pilot projects for the
148 33 fiscal year beginning July 1, 2016, and ending June 30, 2017.
148 34 Notwithstanding 441 IAC 100.8, providing for termination of
148 35 rules relating to the pilot projects, the rules shall remain
149 1 in effect until June 30, 2017.

149 2 Sec. 122. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
149 3 FY 2016-2017. Any funds remaining in the health care trust
149 4 fund created in section 453A.35A for the fiscal year beginning
149 5 July 1, 2016, and ending June 30, 2017, are appropriated to
149 6 the department of human services to supplement the medical
149 7 assistance program appropriations made in this division of this
149 8 Act, for medical assistance reimbursement and associated costs,
149 9 including program administration and costs associated with
149 10 program implementation.

149 11 Sec. 123. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
149 12 2016-2017. Any funds remaining in the Medicaid fraud fund
149 13 created in section 249A.50 for the fiscal year beginning
149 14 July 1, 2016, and ending June 30, 2017, are appropriated to
149 15 the department of human services to supplement the medical
149 16 assistance appropriations made in this division of this Act,
149 17 for medical assistance reimbursement and associated costs,
149 18 including program administration and costs associated with
149 19 program implementation.

149 20 Sec. 124. MEDICAL ASSISTANCE.

149 21 1. There is appropriated from the general fund of the
149 22 state to the department of human services for the fiscal year
149 23 beginning July 1, 2016, and ending June 30, 2017, the following
149 24 amount, or so much thereof as is necessary, to be used for the
149 25 purpose designated:

149 26 For medical assistance program reimbursement and associated
149 27 costs as specifically provided in the reimbursement
149 28 methodologies in effect on June 30, 2016, except as otherwise

149 29 expressly authorized by law, including reimbursement for
149 30 abortion services which shall be available under the medical
149 31 assistance program only for those abortions which are medically
149 32 necessary:
149 33 \$ 673,176,820
149 34 2. Medically necessary abortions are those performed under
149 35 any of the following conditions:
150 1 a. The attending physician certifies that continuing the
150 2 pregnancy would endanger the life of the pregnant woman.
150 3 b. The attending physician certifies that the fetus is
150 4 physically deformed, mentally deficient, or afflicted with a
150 5 congenital illness.
150 6 c. The pregnancy is the result of a rape which is reported
150 7 within 45 days of the incident to a law enforcement agency or
150 8 public or private health agency which may include a family
150 9 physician.
150 10 d. The pregnancy is the result of incest which is reported
150 11 within 150 days of the incident to a law enforcement agency
150 12 or public or private health agency which may include a family
150 13 physician.
150 14 e. Any spontaneous abortion, commonly known as a
150 15 miscarriage, if not all of the products of conception are
150 16 expelled.
150 17 3. a. Iowans support reducing the number of abortions
150 18 performed in our state. For an abortion covered under the
150 19 program, except in the case of a medical emergency, as defined
150 20 in section 135L.1, for any woman, the physician shall certify
150 21 both of the following:
150 22 (1) That the woman has been given the opportunity to view an
150 23 ultrasound image of the fetus as part of the standard of care
150 24 before an abortion is performed.
150 25 (2) That the woman has been provided information regarding
150 26 the options relative to a pregnancy, including continuing the
150 27 pregnancy to term and retaining parental rights following the
150 28 child's birth, continuing the pregnancy to term and placing the
150 29 child for adoption, and terminating the pregnancy.
150 30 b. The provisions of this section relating to abortions
150 31 shall also apply to the Iowa health and wellness plan created
150 32 pursuant to chapter 249N.
150 33 4. The department shall utilize not more than \$30,000 of
150 34 the funds appropriated in this section to continue the AIDS/HIV
150 35 health insurance premium payment program as established in 1992
151 1 Iowa Acts, Second Extraordinary Session, chapter 1001, section
151 2 409, subsection 6. Of the funds allocated in this subsection,
151 3 not more than \$2,500 may be expended for administrative
151 4 purposes.
151 5 5. Of the funds appropriated in this Act to the department
151 6 of public health for addictive disorders, \$475,000 for

151 7 the fiscal year beginning July 1, 2016, is transferred
151 8 to the department of human services for an integrated
151 9 substance-related disorder managed care system. The department
151 10 shall not assume management of the substance-related disorder
151 11 system in place of the managed care contractor unless such
151 12 a change in approach is specifically authorized in law.
151 13 The departments of human services and public health shall
151 14 work together to maintain the level of mental health and
151 15 substance-related disorder treatment services provided by the
151 16 managed care contractor through the Iowa plan for behavioral
151 17 health. Each department shall take the steps necessary to
151 18 continue the federal waivers as necessary to maintain the level
151 19 of services.

151 20 6. a. The department shall aggressively pursue options for
151 21 providing medical assistance or other assistance to individuals
151 22 with special needs who become ineligible to continue receiving
151 23 services under the early and periodic screening, diagnostic,
151 24 and treatment program under the medical assistance program
151 25 due to becoming 21 years of age who have been approved for
151 26 additional assistance through the department's exception to
151 27 policy provisions, but who have health care needs in excess
151 28 of the funding available through the exception to policy
151 29 provisions.

151 30 b. Of the funds appropriated in this section, \$50,000
151 31 shall be used for participation in one or more pilot projects
151 32 operated by a private provider to allow the individual or
151 33 individuals to receive service in the community in accordance
151 34 with principles established in *Olmstead v.L.C.*, 527 U.S.581
151 35 (1999), for the purpose of providing medical assistance or
152 1 other assistance to individuals with special needs who become
152 2 ineligible to continue receiving services under the early and
152 3 periodic screening, diagnostic, and treatment program under
152 4 the medical assistance program due to becoming 21 years of
152 5 age who have been approved for additional assistance through
152 6 the department's exception to policy provisions, but who have
152 7 health care needs in excess of the funding available through
152 8 the exception to the policy provisions.

152 9 7. Of the funds appropriated in this section, up to
152 10 \$1,525,041 may be transferred to the field operations or
152 11 general administration appropriations in this division of this
152 12 Act for operational costs associated with Part D of the federal
152 13 Medicare Prescription Drug Improvement and Modernization Act
152 14 of 2003, Pub.L.No.108-173.

152 15 8. Of the funds appropriated in this section, up to \$221,050
152 16 may be transferred to the appropriation in this division
152 17 of this Act for medical contracts to be used for clinical
152 18 assessment services and prior authorization of services.

152 19 9. A portion of the funds appropriated in this section

152 20 may be transferred to the appropriations in this division of
152 21 this Act for general administration, medical contracts, the
152 22 children's health insurance program, or field operations to be
152 23 used for the state match cost to comply with the payment error
152 24 rate measurement (PERM) program for both the medical assistance
152 25 and children's health insurance programs as developed by the
152 26 centers for Medicare and Medicaid services of the United States
152 27 department of health and human services to comply with the
152 28 federal Improper Payments Information Act of 2002, Pub.L.No.
152 29 107-300.

152 30 10. The department shall continue to implement the
152 31 recommendations of the assuring better child health and
152 32 development initiative II (ABCDII) clinical panel to the
152 33 Iowa early and periodic screening, diagnostic, and treatment
152 34 services healthy mental development collaborative board
152 35 regarding changes to billing procedures, codes, and eligible
153 1 service providers.

153 2 11. Of the funds appropriated in this section, a sufficient
153 3 amount is allocated to supplement the incomes of residents of
153 4 nursing facilities, intermediate care facilities for persons
153 5 with mental illness, and intermediate care facilities for
153 6 persons with an intellectual disability, with incomes of less
153 7 than \$50 in the amount necessary for the residents to receive a
153 8 personal needs allowance of \$50 per month pursuant to section
153 9 249A.30A.

153 10 12. Of the funds appropriated in this section, the following
153 11 amounts are transferred to the appropriations made in this
153 12 division of this Act for the state mental health institutes:
153 13 a. Cherokee mental health institute \$ 4,549,213
153 14 b. Clarinda mental health institute \$ 988,653
153 15 c. Independence mental health institute ... \$ 4,522,947

153 16 13. a. Of the funds appropriated in this section,
153 17 \$4,298,325 is allocated for the state match for a
153 18 disproportionate share hospital payment of \$9,566,715 to
153 19 hospitals that meet both of the conditions specified in
153 20 subparagraphs (1) and (2). In addition, the hospitals that
153 21 meet the conditions specified shall either certify public
153 22 expenditures or transfer to the medical assistance program
153 23 an amount equal to provide the nonfederal share for a
153 24 disproportionate share hospital payment of \$3,750,000. The
153 25 hospitals that meet the conditions specified shall receive and
153 26 retain 100 percent of the total disproportionate share hospital
153 27 payment of \$13,316,715.

153 28 (1) The hospital qualifies for disproportionate share and
153 29 graduate medical education payments.

153 30 (2) The hospital is an Iowa state-owned hospital with more
153 31 than 500 beds and eight or more distinct residency specialty
153 32 or subspecialty programs recognized by the American college of

153 33 graduate medical education.

153 34 b. Distribution of the disproportionate share payments

153 35 shall be made on a monthly basis. The total amount of

154 1 disproportionate share payments including graduate medical

154 2 education, enhanced disproportionate share, and Iowa

154 3 state-owned teaching hospital payments shall not exceed the

154 4 amount of the state's allotment under Pub.L.No.102-234.

154 5 In addition, the total amount of all disproportionate

154 6 share payments shall not exceed the hospital-specific

154 7 disproportionate share limits under Pub.L.No.103-66.

154 8 c. The university of Iowa hospitals and clinics shall either

154 9 certify public expenditures or transfer to the appropriations

154 10 made in this division of this Act for medical assistance an

154 11 amount equal to provide the nonfederal share for increased

154 12 medical assistance payments for inpatient and outpatient

154 13 hospital services of \$4,950,000. The university of Iowa

154 14 hospitals and clinics shall receive and retain 100 percent of

154 15 the total increase in medical assistance payments.

154 16 d. Program payments for disproportionate share hospitals

154 17 and graduate medical education, and the upper payment limits

154 18 applicable to these programs shall be held harmless from the

154 19 impacts of Medicaid managed care and the governor's Medicaid

154 20 modernization initiative. Payment methodologies utilized

154 21 for these programs may be adjusted or converted to other

154 22 methodologies or payment types in order to comply with this

154 23 hold harmless requirement.

154 24 14. One hundred percent of the nonfederal share of payments

154 25 to area education agencies that are medical assistance

154 26 providers for medical assistance-covered services provided to

154 27 medical assistance-covered children, shall be made from the

154 28 appropriation made in this section.

154 29 15. Any new or renewed contract entered into by the

154 30 department with a third party to administer behavioral health

154 31 services under the medical assistance program shall provide

154 32 that any interest earned on payments from the state during

154 33 the state fiscal year shall be remitted to the department

154 34 and treated as recoveries to offset the costs of the medical

154 35 assistance program.

155 1 16. A portion of the funds appropriated in this section

155 2 may be transferred to the appropriation in this division of

155 3 this Act for medical contracts to be used for administrative

155 4 activities associated with the money follows the person

155 5 demonstration project.

155 6 17. Of the funds appropriated in this section, \$174,506

155 7 shall be used for the administration of the health insurance

155 8 premium payment program, including salaries, support,

155 9 maintenance, and miscellaneous purposes.

155 10 18. a. The department may increase the amounts allocated

155 11 for salaries, support, maintenance, and miscellaneous purposes
155 12 associated with the medical assistance program, as necessary,
155 13 to implement cost containment strategies. The department shall
155 14 report any such increase to the legislative services agency and
155 15 the department of management.

155 16 b. If the savings to the medical assistance program from
155 17 cost containment efforts exceed the cost for the fiscal
155 18 year beginning July 1, 2016, the department may transfer any
155 19 savings generated for the fiscal year due to medical assistance
155 20 program cost containment efforts to the appropriation
155 21 made in this division of this Act for medical contracts or
155 22 general administration to defray the increased contract costs
155 23 associated with implementing such efforts.

155 24 c. The department of human services shall not implement
155 25 the following cost containment measures as recommended by the
155 26 governor for the fiscal year beginning July 1, 2016:

155 27 (1) A measure to provide uniform rates of \$.575 per mile
155 28 based on the 2015 Internal Revenue Service mileage rate and
155 29 of \$9.29, the current statewide average, per one-way trip for
155 30 Medicaid program home and community-based services waivers.

155 31 (2) A measure to cap the total costs of all services
155 32 received by a recipient of the home and community-based
155 33 services waiver for individuals with an intellectual disability
155 34 at the daily intermediate care facility for persons with an
155 35 intellectual disability (ICF/ID) per diem rate of \$346.39 per
156 1 day based on the 80th percentile of all ICF/ID rates.

156 2 (3) A measure to align individual requests for exceptions to
156 3 policy with the capped total cost of services for a recipient
156 4 of the home and community-based services waiver for individuals
156 5 with an intellectual disability as computed under subparagraph
156 6 (2).

156 7 (4) A measure to utilize the supports intensity scale
156 8 to determine payment amounts and a tiered payment system
156 9 for the services provided to adults served under the home
156 10 and community-based services waiver for individuals with an
156 11 intellectual disability.

156 12 (5) A measure to reallocate funding for community-based
156 13 systems of care to instead support integrated health homes.

156 14 (6) A measure to increase the university of Iowa hospitals
156 15 and clinics state share responsibility for the supplemental
156 16 disproportionate share hospital payment to the university of
156 17 Iowa hospitals and clinics for the fiscal year beginning July
156 18 1, 2016.

156 19 d. The department shall report the implementation of
156 20 any cost containment strategies under this subsection to
156 21 the individuals specified in this division of this Act for
156 22 submission of reports on a quarterly basis.

156 23 19. For the fiscal year beginning July 1, 2016, and ending

156 24 June 30, 2017, the replacement generation tax revenues required
156 25 to be deposited in the property tax relief fund pursuant to
156 26 section 437A.8, subsection 4, paragraph “d”, and section
156 27 437A.15, subsection 3, paragraph “f”, shall instead be credited
156 28 to and supplement the appropriation made in this section and
156 29 used for the allocations made in this section.

156 30 20. The department shall continue to administer the state
156 31 balancing incentive payments program as specified in 2012 Iowa
156 32 Acts, chapter 1133, section 14.

156 33 21. a. Of the funds appropriated in this section, \$450,000
156 34 shall be used for continued implementation of the children’s
156 35 mental health home project proposed by the department of human
157 1 services and reported to the general assembly’s mental health
157 2 and disability services study committee in December 2011. Of
157 3 this amount, up to \$25,000 may be transferred by the department
157 4 to the appropriation made in this division of this Act to the
157 5 department for the same fiscal year for general administration
157 6 to be used for associated administrative expenses and for not
157 7 more than one full-time equivalent position, in addition to
157 8 those authorized for the same fiscal year, to be assigned to
157 9 implementing the project.

157 10 b. Of the funds appropriated in this section, up to \$200,000
157 11 may be transferred by the department to the appropriation made
157 12 to the department in this division of this Act for the same
157 13 fiscal year for Medicaid program-related general administration
157 14 planning and implementation activities. The funds may be used
157 15 for contracts or for personnel in addition to the amounts
157 16 appropriated for and the positions authorized for general
157 17 administration for the fiscal year.

157 18 c. Of the funds appropriated in this section, up to
157 19 \$1,500,000 may be transferred by the department to the
157 20 appropriations made in this division of this Act for the same
157 21 fiscal year for general administration or medical contracts
157 22 to be used to support the development and implementation of
157 23 standardized assessment tools for persons with mental illness,
157 24 an intellectual disability, a developmental disability, or a
157 25 brain injury.

157 26 22. Of the funds appropriated in this section, \$125,000
157 27 shall be used for lodging expenses associated with care
157 28 provided at the university of Iowa hospitals and clinics for
157 29 patients with cancer whose travel distance is 30 miles or more
157 30 and whose income is at or below 200 percent of the federal
157 31 poverty level as defined by the most recently revised poverty
157 32 income guidelines published by the United States department of
157 33 health and human services. The department of human services
157 34 shall establish the maximum number of overnight stays and the
157 35 maximum rate reimbursed for overnight lodging, which may be
158 1 based on the state employee rate established by the department

158 2 of administrative services. The funds allocated in this
158 3 subsection shall not be used as nonfederal share matching
158 4 funds.

158 5 23. a. For inpatient and outpatient services provided by
158 6 hospitals on or after July 1, 2016, the department of human
158 7 services shall continue to recalculate and prospectively
158 8 apply an updated cost-to-charge ratio upon the request of a
158 9 hospital to implement price or charge reductions, if all of the
158 10 following criteria are met:

158 11 (1) The recalculation of an updated cost-to-charge ratio is
158 12 budget neutral to the state funding amount appropriated for the
158 13 respective fiscal year and maintains budget neutral payments or
158 14 revenue to all hospitals.

158 15 (2) The hospital requesting the price or charge reduction
158 16 submits a proforma cost report and charge master that reflects
158 17 the anticipated cost-to-charge reduction.

158 18 b. Based upon the proforma cost report submitted by the
158 19 requesting hospital, the department of human services shall
158 20 prospectively apply the recalculated cost-to-charge ratio as
158 21 appropriate to submitted claims for health care services.

158 22 24. The department of human services shall not adopt
158 23 emergency rules to implement Medicaid managed care or the
158 24 governor's Medicaid modernization initiative on or after July
158 25 1, 2015.

158 26 25. The number of home and community-based services waiver
158 27 slots available during the fiscal year beginning July 1, 2016,
158 28 shall not be reduced below the number of such slots available
158 29 on January 1, 2015.

158 30 Sec. 125. MEDICAL CONTRACTS. There is appropriated from the
158 31 general fund of the state to the department of human services
158 32 for the fiscal year beginning July 1, 2016, and ending June 30,
158 33 2017, the following amount, or so much thereof as is necessary,
158 34 to be used for the purpose designated:

158 35 For medical contracts:
159 1 \$ 11,076,792

159 2 1. The department of inspections and appeals shall
159 3 provide all state matching funds for survey and certification
159 4 activities performed by the department of inspections
159 5 and appeals. The department of human services is solely
159 6 responsible for distributing the federal matching funds for
159 7 such activities.

159 8 2. Of the funds appropriated in this section, \$25,000 shall
159 9 be used for continuation of home and community-based services
159 10 waiver quality assurance programs, including the review and
159 11 streamlining of processes and policies related to oversight and
159 12 quality management to meet state and federal requirements.

159 13 3. Of the amount appropriated in this section, up to
159 14 \$100,000 may be transferred to the appropriation for general

159 15 administration in this division of this Act to be used for
 159 16 additional full-time equivalent positions in the development of
 159 17 key health initiatives such as cost containment, development
 159 18 and oversight of managed care programs, and development of
 159 19 health strategies targeted toward improved quality and reduced
 159 20 costs in the Medicaid program.

159 21 4. Of the funds appropriated in this section, \$500,000 shall
 159 22 be used for planning and development, in cooperation with the
 159 23 department of public health, of a phased-in program to provide
 159 24 a dental home for children.

159 25 5. Of the funds appropriated in this section, \$1,000,000
 159 26 shall be used for the autism support program created in chapter
 159 27 225D.

159 28 Sec. 126. STATE SUPPLEMENTARY ASSISTANCE.

159 29 1. There is appropriated from the general fund of the
 159 30 state to the department of human services for the fiscal year
 159 31 beginning July 1, 2016, and ending June 30, 2017, the following
 159 32 amount, or so much thereof as is necessary, to be used for the
 159 33 purpose designated:

159 34 For the state supplementary assistance program:
 159 35 \$ 6,498,594

160 1 2. The department shall increase the personal needs
 160 2 allowance for residents of residential care facilities by the
 160 3 same percentage and at the same time as federal supplemental
 160 4 security income and federal social security benefits are
 160 5 increased due to a recognized increase in the cost of living.
 160 6 The department may adopt emergency rules to implement this
 160 7 subsection.

160 8 3. If during the fiscal year beginning July 1, 2016,
 160 9 the department projects that state supplementary assistance
 160 10 expenditures for a calendar year will not meet the federal
 160 11 pass-through requirement specified in Tit.XVI of the federal
 160 12 Social Security Act, section 1618, as codified in 42 U.S.C.
 160 13 §1382g, the department may take actions including but not
 160 14 limited to increasing the personal needs allowance for
 160 15 residential care facility residents and making programmatic
 160 16 adjustments or upward adjustments of the residential care
 160 17 facility or in-home health-related care reimbursement rates
 160 18 prescribed in this division of this Act to ensure that federal
 160 19 requirements are met. In addition, the department may make
 160 20 other programmatic and rate adjustments necessary to remain
 160 21 within the amount appropriated in this section while ensuring
 160 22 compliance with federal requirements. The department may adopt
 160 23 emergency rules to implement the provisions of this subsection.

160 24 Sec. 127. CHILDREN'S HEALTH INSURANCE PROGRAM.

160 25 1. There is appropriated from the general fund of the
 160 26 state to the department of human services for the fiscal year
 160 27 beginning July 1, 2016, and ending June 30, 2017, the following

160 28 amount, or so much thereof as is necessary, to be used for the
160 29 purpose designated:

160 30 For maintenance of the healthy and well kids in Iowa (hawk-i)
160 31 program pursuant to chapter 514I, including supplemental dental
160 32 services, for receipt of federal financial participation under
160 33 Tit.XXI of the federal Social Security Act, which creates the
160 34 children's health insurance program:

160 35 \$ 10,581,922

161 1 2. Of the funds appropriated in this section, \$21,400 is
161 2 allocated for continuation of the contract for outreach with
161 3 the department of public health.

161 4 Sec. 128. CHILD CARE ASSISTANCE. There is appropriated
161 5 from the general fund of the state to the department of human
161 6 services for the fiscal year beginning July 1, 2016, and ending
161 7 June 30, 2017, the following amount, or so much thereof as is
161 8 necessary, to be used for the purpose designated:

161 9 For child care programs:

161 10 \$ 28,319,015

161 11 1. Of the funds appropriated in this section, \$24,409,301
161 12 shall be used for state child care assistance in accordance
161 13 with section 237A.13.

161 14 2. Nothing in this section shall be construed or is
161 15 intended as or shall imply a grant of entitlement for services
161 16 to persons who are eligible for assistance due to an income
161 17 level consistent with the waiting list requirements of section
161 18 237A.13. Any state obligation to provide services pursuant to
161 19 this section is limited to the extent of the funds appropriated
161 20 in this section.

161 21 3. Of the funds appropriated in this section, \$216,227
161 22 is allocated for the statewide grant program for child care
161 23 resource and referral services under section 237A.26. A list
161 24 of the registered and licensed child care facilities operating
161 25 in the area served by a child care resource and referral
161 26 service shall be made available to the families receiving state
161 27 child care assistance in that area.

161 28 4. Of the funds appropriated in this section, \$468,487
161 29 is allocated for child care quality improvement initiatives
161 30 including but not limited to the voluntary quality rating
161 31 system in accordance with section 237A.30.

161 32 5. Of the funds appropriated in this section, \$3,175,000
161 33 shall be credited to the early childhood programs grants
161 34 account in the early childhood Iowa fund created in section
161 35 256I.11. The moneys shall be distributed for funding of
162 1 community-based early childhood programs targeted to children
162 2 from birth through five years of age developed by early
162 3 childhood Iowa areas in accordance with approved community
162 4 plans as provided in section 256I.8.

162 5 6. The department may use any of the funds appropriated

162 6 in this section as a match to obtain federal funds for use in
162 7 expanding child care assistance and related programs. For
162 8 the purpose of expenditures of state and federal child care
162 9 funding, funds shall be considered obligated at the time
162 10 expenditures are projected or are allocated to the department's
162 11 service areas. Projections shall be based on current and
162 12 projected caseload growth, current and projected provider
162 13 rates, staffing requirements for eligibility determination
162 14 and management of program requirements including data systems
162 15 management, staffing requirements for administration of the
162 16 program, contractual and grant obligations and any transfers
162 17 to other state agencies, and obligations for decategorization
162 18 or innovation projects.

162 19 7. A portion of the state match for the federal child care
162 20 and development block grant shall be provided as necessary to
162 21 meet federal matching funds requirements through the state
162 22 general fund appropriation made for child development grants
162 23 and other programs for at-risk children in section 279.51.

162 24 8. If a uniform reduction ordered by the governor under
162 25 section 8.31 or other operation of law, transfer, or federal
162 26 funding reduction reduces the appropriation made in this
162 27 section for the fiscal year, the percentage reduction in the
162 28 amount paid out to or on behalf of the families participating
162 29 in the state child care assistance program shall be equal to or
162 30 less than the percentage reduction made for any other purpose
162 31 payable from the appropriation made in this section and the
162 32 federal funding relating to it. The percentage reduction to
162 33 the other allocations made in this section shall be the same as
162 34 the uniform reduction ordered by the governor or the percentage
162 35 change of the federal funding reduction, as applicable.

163 1 If there is an unanticipated increase in federal funding
163 2 provided for state child care assistance, the entire amount
163 3 of the increase shall be used for state child care assistance
163 4 payments. If the appropriations made for purposes of the
163 5 state child care assistance program for the fiscal year are
163 6 determined to be insufficient, it is the intent of the general
163 7 assembly to appropriate sufficient funding for the fiscal year
163 8 in order to avoid establishment of waiting list requirements.

163 9 9. Notwithstanding section 8.33, moneys advanced for
163 10 purposes of the programs developed by early childhood Iowa
163 11 areas, advanced for purposes of wraparound child care, or
163 12 received from the federal appropriations made for the purposes
163 13 of this section that remain unencumbered or unobligated at the
163 14 close of the fiscal year shall not revert to any fund but shall
163 15 remain available for expenditure for the purposes designated
163 16 until the close of the succeeding fiscal year.

163 17 10. Of the funds appropriated in this section, \$50,000
163 18 is transferred to the department of public health to be used

163 19 to continue a program to assist parents in this state with
163 20 costs resulting from the death of a child in accordance with
163 21 this subsection. If it is less costly than administering the
163 22 program directly, the department shall issue a request for
163 23 proposals and issue a grant to an appropriate organization to
163 24 administer the program.

163 25 a. The program funding shall be used to assist parents who
163 26 reside in this state with costs incurred for a funeral, burial
163 27 or cremation, cemetery costs, or grave marker costs associated
163 28 with the unintended death of a child of the parent or a child
163 29 under the care of a guardian or custodian. The department
163 30 shall consider the following eligibility factors in developing
163 31 program requirements:

163 32 (1) The child was a stillborn infant or was less than age
163 33 eighteen at the time of death.

163 34 (2) The request for assistance was approved by the local
163 35 board or department of health or the county general assistance
164 1 director and may have been referred by a local funeral home.

164 2 (3) To be eligible, the parent, guardian, or custodian must
164 3 have an annual household income that is less than 145 percent
164 4 of the federal poverty level based on the number of people
164 5 in the applicant's household as defined by the most recently
164 6 revised poverty income guidelines published by the United
164 7 States department of health and human services.

164 8 (4) The maximum amount of grant assistance provided to a
164 9 parent, guardian, or custodian associated with the death of
164 10 a child is \$2,000. If the death is a multiple death and the
164 11 infants or children are being cremated, or buried together, the
164 12 same limitation applies.

164 13 (5) To the extent the overall amount of assistance received
164 14 by a recipient for the costs addressed under this subsection
164 15 does not exceed the overall total of the costs, the recipient
164 16 may receive other public or private assistance in addition to
164 17 grant assistance under this section.

164 18 b. Notwithstanding section 8.33, moneys transferred by this
164 19 subsection that remain unencumbered or unobligated at the close
164 20 of the fiscal year shall not revert but shall remain available
164 21 for expenditure for the purposes designated until expended.

164 22 Sec. 129. JUVENILE INSTITUTIONS. There is appropriated
164 23 from the general fund of the state to the department of human
164 24 services for the fiscal year beginning July 1, 2016, and ending
164 25 June 30, 2017, the following amounts, or so much thereof as is
164 26 necessary, to be used for the purposes designated:

164 27 1. For the costs of security, building and grounds
164 28 maintenance, utilities, salary, and support for the facilities
164 29 located at the Iowa juvenile home at Toledo and for salaries,
164 30 support, maintenance, and miscellaneous purposes, and for not
164 31 more than the following full-time equivalent positions:

164 32 \$ 186,383

164 33 FTEs 2.00

164 34 2. For operation of the state training school at Eldora and
 164 35 for salaries, support, maintenance, and miscellaneous purposes,
 165 1 and for not more than the following full-time equivalent
 165 2 positions:

165 3 \$ 6,222,776

165 4 FTEs 169.30

165 5 Of the funds appropriated in this subsection, \$45,575 shall
 165 6 be used for distribution to licensed classroom teachers at this
 165 7 and other institutions under the control of the department of
 165 8 human services based upon the average student yearly enrollment
 165 9 at each institution as determined by the department.

165 10 Sec. 130. CHILD AND FAMILY SERVICES.

165 11 1. There is appropriated from the general fund of the
 165 12 state to the department of human services for the fiscal year
 165 13 beginning July 1, 2016, and ending June 30, 2017, the following
 165 14 amount, or so much thereof as is necessary, to be used for the
 165 15 purpose designated:

165 16 For child and family services:

165 17 \$ 49,091,090

165 18 2. Up to \$2,600,000 of the amount of federal temporary
 165 19 assistance for needy families block grant funding appropriated
 165 20 in this division of this Act for child and family services
 165 21 shall be made available for purposes of juvenile delinquent
 165 22 graduated sanction services.

165 23 3. The department may transfer funds appropriated in this
 165 24 section as necessary to pay the nonfederal costs of services
 165 25 reimbursed under the medical assistance program, state child
 165 26 care assistance program, or the family investment program which
 165 27 are provided to children who would otherwise receive services
 165 28 paid under the appropriation in this section. The department
 165 29 may transfer funds appropriated in this section to the
 165 30 appropriations made in this division of this Act for general
 165 31 administration and for field operations for resources necessary
 165 32 to implement and operate the services funded in this section.

165 33 4. a. Of the funds appropriated in this section, up to
 165 34 \$17,910,893 is allocated as the statewide expenditure target
 165 35 under section 232.143 for group foster care maintenance and
 166 1 services. If the department projects that such expenditures
 166 2 for the fiscal year will be less than the target amount
 166 3 allocated in this paragraph "a", the department may reallocate
 166 4 the excess to provide additional funding for shelter care
 166 5 or the child welfare emergency services addressed with the
 166 6 allocation for shelter care.

166 7 b. If at any time after September 30, 2016, annualization
 166 8 of a service area's current expenditures indicates a service
 166 9 area is at risk of exceeding its group foster care expenditure

166 10 target under section 232.143 by more than 5 percent, the
166 11 department and juvenile court services shall examine all
166 12 group foster care placements in that service area in order to
166 13 identify those which might be appropriate for termination.
166 14 In addition, any aftercare services believed to be needed
166 15 for the children whose placements may be terminated shall be
166 16 identified. The department and juvenile court services shall
166 17 initiate action to set dispositional review hearings for the
166 18 placements identified. In such a dispositional review hearing,
166 19 the juvenile court shall determine whether needed aftercare
166 20 services are available and whether termination of the placement
166 21 is in the best interest of the child and the community.

166 22 5. In accordance with the provisions of section 232.188,
166 23 the department shall continue the child welfare and juvenile
166 24 justice funding initiative during fiscal year 2016-2017. Of
166 25 the funds appropriated in this section, \$858,877 is allocated
166 26 specifically for expenditure for fiscal year 2016-2017 through
166 27 the decategorization services funding pools and governance
166 28 boards established pursuant to section 232.188.

166 29 6. A portion of the funds appropriated in this section
166 30 may be used for emergency family assistance to provide other
166 31 resources required for a family participating in a family
166 32 preservation or reunification project or successor project to
166 33 stay together or to be reunified.

166 34 7. Notwithstanding section 234.35 or any other provision
166 35 of law to the contrary, state funding for shelter care and
167 1 the child welfare emergency services contracting implemented
167 2 to provide for or prevent the need for shelter care shall be
167 3 limited to \$4,034,237.

167 4 8. Federal funds received by the state during the fiscal
167 5 year beginning July 1, 2016, as the result of the expenditure
167 6 of state funds appropriated during a previous state fiscal
167 7 year for a service or activity funded under this section are
167 8 appropriated to the department to be used as additional funding
167 9 for services and purposes provided for under this section.
167 10 Notwithstanding section 8.33, moneys received in accordance
167 11 with this subsection that remain unencumbered or unobligated at
167 12 the close of the fiscal year shall not revert to any fund but
167 13 shall remain available for the purposes designated until the
167 14 close of the succeeding fiscal year.

167 15 9. a. Of the funds appropriated in this section, up to
167 16 \$1,645,000 is allocated for the payment of the expenses of
167 17 court-ordered services provided to juveniles who are under
167 18 the supervision of juvenile court services, which expenses
167 19 are a charge upon the state pursuant to section 232.141,
167 20 subsection 4. Of the amount allocated in this paragraph "a",
167 21 up to \$778,144 shall be made available to provide school-based
167 22 supervision of children adjudicated under chapter 232, of which

167 23 not more than \$7,500 may be used for the purpose of training.
167 24 A portion of the cost of each school-based liaison officer
167 25 shall be paid by the school district or other funding source as
167 26 approved by the chief juvenile court officer.

167 27 b. Of the funds appropriated in this section, up to \$374,493
167 28 is allocated for the payment of the expenses of court-ordered
167 29 services provided to children who are under the supervision
167 30 of the department, which expenses are a charge upon the state
167 31 pursuant to section 232.141, subsection 4.

167 32 c. Notwithstanding section 232.141 or any other provision
167 33 of law to the contrary, the amounts allocated in this
167 34 subsection shall be distributed to the judicial districts
167 35 as determined by the state court administrator and to the
168 1 department's service areas as determined by the administrator
168 2 of the department of human services' division of child and
168 3 family services. The state court administrator and the
168 4 division administrator shall make the determination of the
168 5 distribution amounts on or before June 15, 2016.

168 6 d. Notwithstanding chapter 232 or any other provision of
168 7 law to the contrary, a district or juvenile court shall not
168 8 order any service which is a charge upon the state pursuant
168 9 to section 232.141 if there are insufficient court-ordered
168 10 services funds available in the district court or departmental
168 11 service area distribution amounts to pay for the service. The
168 12 chief juvenile court officer and the departmental service area
168 13 manager shall encourage use of the funds allocated in this
168 14 subsection such that there are sufficient funds to pay for
168 15 all court-related services during the entire year. The chief
168 16 juvenile court officers and departmental service area managers
168 17 shall attempt to anticipate potential surpluses and shortfalls
168 18 in the distribution amounts and shall cooperatively request the
168 19 state court administrator or division administrator to transfer
168 20 funds between the judicial districts' or departmental service
168 21 areas' distribution amounts as prudent.

168 22 e. Notwithstanding any provision of law to the contrary,
168 23 a district or juvenile court shall not order a county to pay
168 24 for any service provided to a juvenile pursuant to an order
168 25 entered under chapter 232 which is a charge upon the state
168 26 under section 232.141, subsection 4.

168 27 f. Of the funds allocated in this subsection, not more than
168 28 \$41,500 may be used by the judicial branch for administration
168 29 of the requirements under this subsection.

168 30 g. Of the funds allocated in this subsection, \$8,500
168 31 shall be used by the department of human services to support
168 32 the interstate commission for juveniles in accordance with
168 33 the interstate compact for juveniles as provided in section
168 34 232.173.

168 35 10. Of the funds appropriated in this section, \$4,026,614 is

169 1 allocated for juvenile delinquent graduated sanctions services.
 169 2 Any state funds saved as a result of efforts by juvenile court
 169 3 services to earn a federal Tit.IV-E match for juvenile court
 169 4 services administration may be used for the juvenile delinquent
 169 5 graduated sanctions services.

169 6 11. Of the funds appropriated in this section, \$804,143 is
 169 7 transferred to the department of public health to be used for
 169 8 the child protection center grant program for child protection
 169 9 centers located in Iowa in accordance with section 135.118.
 169 10 The grant amounts under the program shall be equalized so that
 169 11 each center receives a uniform base amount of \$122,500, and
 169 12 the remaining funds shall be awarded through a funding formula
 169 13 based upon the volume of children served.

169 14 12. If the department receives federal approval to
 169 15 implement a waiver under Tit.IV-E of the federal Social
 169 16 Security Act to enable providers to serve children who remain
 169 17 in the children's families and communities, for purposes of
 169 18 eligibility under the medical assistance program through 25
 169 19 years of age, children who participate in the waiver shall be
 169 20 considered to be placed in foster care.

169 21 13. Of the funds appropriated in this section, \$2,012,584 is
 169 22 allocated for the preparation for adult living program pursuant
 169 23 to section 234.46.

169 24 14. Of the funds appropriated in this section, \$260,075
 169 25 shall be used for juvenile drug courts. The amount allocated
 169 26 in this subsection shall be distributed as follows:

- 169 27 To the judicial branch for salaries to assist with the
 169 28 operation of juvenile drug court programs operated in the
 169 29 following jurisdictions:
- 169 30 a. Marshall county:
 - 169 31 \$ 31,354
 - 169 32 b. Woodbury county:
 - 169 33 \$ 62,841
 - 169 34 c. Polk county:
 - 169 35 \$ 97,946
 - 170 1 d. The third judicial district:
 - 170 2 \$ 33,967
 - 170 3 e. The eighth judicial district:
 - 170 4 \$ 33,967

170 5 15. Of the funds appropriated in this section, \$113,669
 170 6 shall be used for the public purpose of continuing a grant to
 170 7 a nonprofit human services organization providing services to
 170 8 individuals and families in multiple locations in southwest
 170 9 Iowa and Nebraska for support of a project providing immediate,
 170 10 sensitive support and forensic interviews, medical exams, needs
 170 11 assessments, and referrals for victims of child abuse and their
 170 12 nonoffending family members.

170 13 16. Of the funds appropriated in this section, \$150,310

170 14 is allocated for the foster care youth council approach of
170 15 providing a support network to children placed in foster care.
170 16 17. Of the funds appropriated in this section, \$101,000 is
170 17 allocated for use pursuant to section 235A.1 for continuation
170 18 of the initiative to address child sexual abuse implemented
170 19 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
170 20 21.
170 21 18. Of the funds appropriated in this section, \$315,120 is
170 22 allocated for the community partnership for child protection
170 23 sites.
170 24 19. Of the funds appropriated in this section, \$185,625
170 25 is allocated for the department's minority youth and family
170 26 projects under the redesign of the child welfare system.
170 27 20. Of the funds appropriated in this section, \$593,298
170 28 is allocated for funding of the community circle of care
170 29 collaboration for children and youth in northeast Iowa.
170 30 21. Of the funds appropriated in this section, at least
170 31 \$73,579 shall be used for the continuation of the child
170 32 welfare provider training academy, a collaboration between the
170 33 coalition for family and children's services in Iowa and the
170 34 department.
170 35 22. Of the funds appropriated in this section, \$12,500
171 1 shall be used for the public purpose of continuation of a
171 2 grant to a child welfare services provider headquartered in a
171 3 county with a population between 205,000 and 215,000 in the
171 4 latest certified federal census that provides multiple services
171 5 including but not limited to a psychiatric medical institution
171 6 for children, shelter, residential treatment, after school
171 7 programs, school-based programming, and an Asperger's syndrome
171 8 program, to be used for support services for children with
171 9 autism spectrum disorder and their families.
171 10 23. Of the funds appropriated in this section, \$12,500
171 11 shall be used for the public purpose of continuing a grant to
171 12 a hospital-based provider headquartered in a county with a
171 13 population between 90,000 and 95,000 in the latest certified
171 14 federal census that provides multiple services including
171 15 but not limited to diagnostic, therapeutic, and behavioral
171 16 services to individuals with autism spectrum disorder across
171 17 one's lifespan. The grant recipient shall utilize the funds
171 18 to continue the pilot project to determine the necessary
171 19 support services for children with autism spectrum disorder and
171 20 their families to be included in the children's disabilities
171 21 services system. The grant recipient shall submit findings and
171 22 recommendations based upon the results of the pilot project
171 23 to the individuals specified in this division of this Act for
171 24 submission of reports by December 31, 2016.
171 25 24. Of the funds appropriated in this section, \$105,936
171 26 shall be used for continuation of the central Iowa system of

171 27 care program grant through June 30, 2017.

171 28 25. Of the funds appropriated in this section, \$125,000

171 29 shall be used for the public purpose of the continuation

171 30 and expansion of a system of care program grant implemented

171 31 in Cerro Gordo and Linn counties to utilize a comprehensive

171 32 and long-term approach for helping children and families by

171 33 addressing the key areas in a child's life of childhood basic

171 34 needs, education and work, family, and community.

171 35 26. Of the funds appropriated in this section, at least

172 1 \$12,500 shall be used to continue and to expand the foster

172 2 care respite pilot program in which postsecondary students in

172 3 social work and other human services-related programs receive

172 4 experience by assisting family foster care providers with

172 5 respite and other support.

172 6 27. Of the funds appropriated in this section, \$55,000

172 7 shall be used for the public purpose of funding community-based

172 8 services and other supports with a system of care approach

172 9 for children with a serious emotional disturbance and their

172 10 families through a nonprofit provider of child welfare services

172 11 that has been in existence for more than 115 years, is located

172 12 in a county with a population of more than 200,000 but less

172 13 than 220,000 according to the latest census information

172 14 issued by the United States census bureau, is licensed as a

172 15 psychiatric medical institution for children, and was a system

172 16 of care grantee prior to July 1, 2016.

172 17 Sec. 131. ADOPTION SUBSIDY.

172 18 1. There is appropriated from the general fund of the

172 19 state to the department of human services for the fiscal year

172 20 beginning July 1, 2016, and ending June 30, 2017, the following

172 21 amount, or so much thereof as is necessary, to be used for the

172 22 purpose designated:

172 23 For adoption subsidy payments and services:

172 24 \$ 21,499,143

172 25 2. The department may transfer funds appropriated in

172 26 this section to the appropriation made in this division of

172 27 this Act for general administration for costs paid from the

172 28 appropriation relating to adoption subsidy.

172 29 3. Federal funds received by the state during the

172 30 fiscal year beginning July 1, 2016, as the result of the

172 31 expenditure of state funds during a previous state fiscal

172 32 year for a service or activity funded under this section are

172 33 appropriated to the department to be used as additional funding

172 34 for the services and activities funded under this section.

172 35 Notwithstanding section 8.33, moneys received in accordance

173 1 with this subsection that remain unencumbered or unobligated

173 2 at the close of the fiscal year shall not revert to any fund

173 3 but shall remain available for expenditure for the purposes

173 4 designated until the close of the succeeding fiscal year.

173 5 Sec. 132. JUVENILE DETENTION HOME FUND. Moneys deposited
173 6 in the juvenile detention home fund created in section 232.142
173 7 during the fiscal year beginning July 1, 2016, and ending June
173 8 30, 2017, are appropriated to the department of human services
173 9 for the fiscal year beginning July 1, 2016, and ending June 30,
173 10 2017, for distribution of an amount equal to a percentage of
173 11 the costs of the establishment, improvement, operation, and
173 12 maintenance of county or multicounty juvenile detention homes
173 13 in the fiscal year beginning July 1, 2015. Moneys appropriated
173 14 for distribution in accordance with this section shall be
173 15 allocated among eligible detention homes, prorated on the basis
173 16 of an eligible detention home's proportion of the costs of all
173 17 eligible detention homes in the fiscal year beginning July
173 18 1, 2015. The percentage figure shall be determined by the
173 19 department based on the amount available for distribution for
173 20 the fund. Notwithstanding section 232.142, subsection 3, the
173 21 financial aid payable by the state under that provision for the
173 22 fiscal year beginning July 1, 2016, shall be limited to the
173 23 amount appropriated for the purposes of this section.

173 24 Sec. 133. FAMILY SUPPORT SUBSIDY PROGRAM.
173 25 1. There is appropriated from the general fund of the
173 26 state to the department of human services for the fiscal year
173 27 beginning July 1, 2016, and ending June 30, 2017, the following
173 28 amount, or so much thereof as is necessary, to be used for the
173 29 purpose designated:
173 30 For the family support subsidy program subject to the
173 31 enrollment restrictions in section 225C.37, subsection 3:
173 32 \$ 536,966

173 33 2. The department shall use at least \$320,750 of the moneys
173 34 appropriated in this section for the family support center
173 35 component of the comprehensive family support program under
174 1 section 225C.47. Not more than \$12,500 of the amount allocated
174 2 in this subsection shall be used for administrative costs.

174 3 3. If at any time during the fiscal year, the amount of
174 4 funding available for the family support subsidy program
174 5 is reduced from the amount initially used to establish the
174 6 figure for the number of family members for whom a subsidy
174 7 is to be provided at any one time during the fiscal year,
174 8 notwithstanding section 225C.38, subsection 2, the department
174 9 shall revise the figure as necessary to conform to the amount
174 10 of funding available.

174 11 Sec. 134. CONNER DECREE. There is appropriated from the
174 12 general fund of the state to the department of human services
174 13 for the fiscal year beginning July 1, 2016, and ending June 30,
174 14 2017, the following amount, or so much thereof as is necessary,
174 15 to be used for the purpose designated:
174 16 For building community capacity through the coordination
174 17 and provision of training opportunities in accordance with the

174 18 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 174 19 Iowa, July 14, 1994):
 174 20 \$ 16,816
 174 21 Sec. 135. MENTAL HEALTH INSTITUTES. There is appropriated
 174 22 from the general fund of the state to the department of human
 174 23 services for the fiscal year beginning July 1, 2016, and ending
 174 24 June 30, 2017, the following amounts, or so much thereof as is
 174 25 necessary, to be used for the purposes designated:
 174 26 1. For the state mental health institute at Cherokee for
 174 27 salaries, support, maintenance, and miscellaneous purposes, and
 174 28 for not more than the following full-time equivalent positions:
 174 29 \$ 2,772,808
 174 30 FTEs 169.20
 174 31 2. For the state mental health institute at Clarinda for
 174 32 salaries, support, maintenance, and miscellaneous purposes, and
 174 33 for not more than the following full-time equivalent positions:
 174 34 \$ 906,450
 174 35 FTEs 86.10
 175 1 3. For the state mental health institute at Independence for
 175 2 salaries, support, maintenance, and miscellaneous purposes, and
 175 3 for not more than the following full-time equivalent positions:
 175 4 \$ 5,195,387
 175 5 FTEs 233.00
 175 6 Sec. 136. STATE RESOURCE CENTERS.
 175 7 1. There is appropriated from the general fund of the
 175 8 state to the department of human services for the fiscal year
 175 9 beginning July 1, 2016, and ending June 30, 2017, the following
 175 10 amounts, or so much thereof as is necessary, to be used for the
 175 11 purposes designated:
 175 12 a. For the state resource center at Glenwood for salaries,
 175 13 support, maintenance, and miscellaneous purposes:
 175 14 \$ 11,012,241
 175 15 b. For the state resource center at Woodward for salaries,
 175 16 support, maintenance, and miscellaneous purposes:
 175 17 \$ 7,466,903
 175 18 2. The department may continue to bill for state resource
 175 19 center services utilizing a scope of services approach used for
 175 20 private providers of intermediate care facilities for persons
 175 21 with an intellectual disability services, in a manner which
 175 22 does not shift costs between the medical assistance program,
 175 23 counties, or other sources of funding for the state resource
 175 24 centers.
 175 25 3. The state resource centers may expand the time-limited
 175 26 assessment and respite services during the fiscal year.
 175 27 4. If the department's administration and the department
 175 28 of management concur with a finding by a state resource
 175 29 center's superintendent that projected revenues can reasonably
 175 30 be expected to pay the salary and support costs for a new

175 31 employee position, or that such costs for adding a particular
 175 32 number of new positions for the fiscal year would be less
 175 33 than the overtime costs if new positions would not be added,
 175 34 the superintendent may add the new position or positions. If
 175 35 the vacant positions available to a resource center do not
 176 1 include the position classification desired to be filled, the
 176 2 state resource center's superintendent may reclassify any
 176 3 vacant position as necessary to fill the desired position. The
 176 4 superintendents of the state resource centers may, by mutual
 176 5 agreement, pool vacant positions and position classifications
 176 6 during the course of the fiscal year in order to assist one
 176 7 another in filling necessary positions.

176 8 5. If existing capacity limitations are reached in
 176 9 operating units, a waiting list is in effect for a service or
 176 10 a special need for which a payment source or other funding
 176 11 is available for the service or to address the special need,
 176 12 and facilities for the service or to address the special need
 176 13 can be provided within the available payment source or other
 176 14 funding, the superintendent of a state resource center may
 176 15 authorize opening not more than two units or other facilities
 176 16 and begin implementing the service or addressing the special
 176 17 need during fiscal year 2016-2017.

176 18 Sec. 137. SEXUALLY VIOLENT PREDATORS.

176 19 1. There is appropriated from the general fund of the
 176 20 state to the department of human services for the fiscal year
 176 21 beginning July 1, 2016, and ending June 30, 2017, the following
 176 22 amount, or so much thereof as is necessary, to be used for the
 176 23 purpose designated:

176 24 For costs associated with the commitment and treatment of
 176 25 sexually violent predators in the unit located at the state
 176 26 mental health institute at Cherokee, including costs of legal
 176 27 services and other associated costs, including salaries,
 176 28 support, maintenance, and miscellaneous purposes, and for not
 176 29 more than the following full-time equivalent positions:

| | | |
|--------------|------|-----------|
| 176 30 | \$ | 4,946,540 |
| 176 31 | FTEs | 132.50 |

176 32 2. Unless specifically prohibited by law, if the amount
 176 33 charged provides for recoupment of at least the entire amount
 176 34 of direct and indirect costs, the department of human services
 176 35 may contract with other states to provide care and treatment
 177 1 of persons placed by the other states at the unit for sexually
 177 2 violent predators at Cherokee. The moneys received under
 177 3 such a contract shall be considered to be repayment receipts
 177 4 and used for the purposes of the appropriation made in this
 177 5 section.

177 6 Sec. 138. FIELD OPERATIONS. There is appropriated from the
 177 7 general fund of the state to the department of human services
 177 8 for the fiscal year beginning July 1, 2016, and ending June 30,

177 9 2017, the following amount, or so much thereof as is necessary,
 177 10 to be used for the purposes designated:
 177 11 For field operations, including salaries, support,
 177 12 maintenance, and miscellaneous purposes, and for not more than
 177 13 the following full-time equivalent positions:

| | | | |
|--------|-------|------|------------|
| 177 14 | ..... | \$ | 29,460,488 |
| 177 15 | ..... | FTEs | 1,837.00 |

177 16 1. As a condition of this appropriation, the department
 177 17 shall make every possible effort to fill the entire number of
 177 18 positions authorized by this section and, unless specifically
 177 19 provided otherwise by an applicable collective bargaining
 177 20 agreement, the department is not subject to any approval
 177 21 requirement external to the department to fill a field
 177 22 operations vacancy within the number of full-time equivalent
 177 23 positions authorized by this section. The department shall
 177 24 report on the first of each month to the chairpersons and
 177 25 ranking members of the appropriations committees of the senate
 177 26 and house of representatives, and the persons designated by
 177 27 this Act for submission of reports concerning the status of
 177 28 filling the positions.

177 29 2. Priority in filling full-time equivalent positions
 177 30 shall be given to those positions related to child protection
 177 31 services and eligibility determination for low-income families.

177 32 Sec. 139. GENERAL ADMINISTRATION. There is appropriated
 177 33 from the general fund of the state to the department of human
 177 34 services for the fiscal year beginning July 1, 2016, and ending
 177 35 June 30, 2017, the following amount, or so much thereof as is
 178 1 necessary, to be used for the purpose designated:

| | | | |
|-------|--|------|-----------|
| 178 2 | For general administration, including salaries, support, | | |
| 178 3 | 178 4 maintenance, and miscellaneous purposes, and for not more than | | |
| 178 5 | 178 6 the following full-time equivalent positions: | | |
| 178 5 | ..... | \$ | 7,580,871 |
| 178 6 | ..... | FTEs | 309.00 |

178 7 1. Of the funds appropriated in this section, \$19,272 is
 178 8 allocated for the prevention of disabilities policy council
 178 9 created in section 225B.103, if enacted in this or any other
 178 10 Act.

178 11 2. The department shall report at least monthly to the
 178 12 legislative services agency concerning the department's
 178 13 operational and program expenditures.

178 14 3. Of the funds appropriated in this section, \$75,000 shall
 178 15 be used to continue the contract for the provision of a program
 178 16 to provide technical assistance, support, and consultation to
 178 17 providers of habilitation services and home and community-based
 178 18 services waiver services for adults with disabilities under the
 178 19 medical assistance program.

178 20 4. Of the funds appropriated in this section, \$25,000
 178 21 is transferred to the Iowa finance authority to be used

178 22 for administrative support of the council on homelessness
 178 23 established in section 16.2D and for the council to fulfill its
 178 24 duties in addressing and reducing homelessness in the state.
 178 25 5. Of the funds appropriated in this section, \$125,000
 178 26 is allocated to an Iowa food bank association selected by
 178 27 the department for the purchase of food on behalf of an Iowa
 178 28 emergency feeding organization or for the distribution of
 178 29 moneys to the Iowa emergency feeding organization for the
 178 30 purchase of food. The moneys allocated in this subsection
 178 31 shall be allocated only to the extent that the allocated moneys
 178 32 are matched on a dollar-for-dollar basis. Notwithstanding
 178 33 section 8.33, moneys allocated in this subsection that remain
 178 34 unencumbered or unobligated at the close of the fiscal year
 178 35 shall not revert but shall remain available for expenditure for
 179 1 the purposes designated until the close of the following fiscal
 179 2 year.

179 3 6. Of the funds appropriated in this section, \$125,000 shall
 179 4 be transferred to and deposited in the administrative fund of
 179 5 the Iowa ABLE savings plan trust created in section 121.4, if
 179 6 enacted in this or any other Act, to be used for implementation
 179 7 and administration activities of the Iowa ABLE savings plan
 179 8 trust.

179 9 Sec. 140. VOLUNTEERS. There is appropriated from the
 179 10 general fund of the state to the department of human services
 179 11 for the fiscal year beginning July 1, 2016, and ending June 30,
 179 12 2017, the following amount, or so much thereof as is necessary,
 179 13 to be used for the purpose designated:

179 14 For development and coordination of volunteer services:
 179 15 \$ 42,343

179 16 Sec. 141. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 179 17 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 179 18 DEPARTMENT OF HUMAN SERVICES.

179 19 1. a. (1) For the fiscal year beginning July 1, 2016,
 179 20 the total state funding amount for the nursing facility budget
 179 21 shall not exceed \$160,950,003.

179 22 (2) The department, in cooperation with nursing facility
 179 23 representatives, shall review projections for state funding
 179 24 expenditures for reimbursement of nursing facilities on a
 179 25 quarterly basis and the department shall determine if an
 179 26 adjustment to the medical assistance reimbursement rate is
 179 27 necessary in order to provide reimbursement within the state
 179 28 funding amount for the fiscal year. Notwithstanding 2001
 179 29 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
 179 30 "c", and subsection 3, paragraph "a", subparagraph (2),
 179 31 if the state funding expenditures for the nursing facility
 179 32 budget for the fiscal year are projected to exceed the amount
 179 33 specified in subparagraph (1), the department shall adjust
 179 34 the reimbursement for nursing facilities reimbursed under the

179 35 case-mix reimbursement system to maintain expenditures of the
180 1 nursing facility budget within the specified amount for the
180 2 fiscal year.

180 3 (3) For the fiscal year beginning July 1, 2016, special
180 4 population nursing facilities shall be reimbursed in accordance
180 5 with the methodology in effect on June 30, 2016.

180 6 (4) For any open or unsettled nursing facility cost report
180 7 for a fiscal year prior to and including the fiscal year
180 8 beginning July 1, 2015, including any cost report remanded on
180 9 judicial review for inclusion of prescription drug, laboratory,
180 10 or x-ray costs, the department shall offset all reported
180 11 prescription drug, laboratory, and x-ray costs with any revenue
180 12 received from Medicare or other revenue source for any purpose.
180 13 For purposes of this subparagraph, a nursing facility cost
180 14 report is not considered open or unsettled if the facility did
180 15 not initiate an administrative appeal under chapter 17A or if
180 16 any appeal rights initiated have been exhausted.

180 17 b. (1) For the fiscal year beginning July 1, 2016,
180 18 the department shall establish the pharmacy dispensing fee
180 19 reimbursement at \$11.73 per prescription, until a cost of
180 20 dispensing survey is completed. The actual dispensing fee
180 21 shall be determined by a cost of dispensing survey performed
180 22 by the department and required to be completed by all medical
180 23 assistance program participating pharmacies every two years,
180 24 adjusted as necessary to maintain expenditures within the
180 25 amount appropriated to the department for this purpose for the
180 26 fiscal year.

180 27 (2) The department shall utilize an average acquisition
180 28 cost reimbursement methodology for all drugs covered under the
180 29 medical assistance program in accordance with 2012 Iowa Acts,
180 30 chapter 1133, section 33.

180 31 (3) Notwithstanding subparagraph (2), if the centers for
180 32 Medicare and Medicaid services of the United States department
180 33 of health and human services (CMS) requires, as a condition
180 34 of federal Medicaid funding, that the department implement an
180 35 aggregate federal upper limit (FUL) for drug reimbursement
181 1 based on the average manufacturer's price (AMP), the department
181 2 may utilize a reimbursement methodology for all drugs covered
181 3 under the Medicaid program based on the national average drug
181 4 acquisition cost (NADAC) methodology published by CMS, in order
181 5 to assure compliance with the aggregate FUL, minimize outcomes
181 6 of drug reimbursements below pharmacy acquisition costs, limit
181 7 administrative costs, and minimize any change in the aggregate
181 8 reimbursement for drugs. The department may adopt emergency
181 9 rules to implement this subparagraph.

181 10 c. (1) For the fiscal year beginning July 1, 2016,
181 11 reimbursement rates for outpatient hospital services shall
181 12 remain at the rates in effect on June 30, 2016, subject

181 13 to Medicaid program upper payment limit rules and adjusted
181 14 as necessary to maintain expenditures within the amount
181 15 appropriated to the department for this purpose for the fiscal
181 16 year.

181 17 (2) For the fiscal year beginning July 1, 2016,
181 18 reimbursement rates for inpatient hospital services shall
181 19 remain at the rates in effect on June 30, 2016, subject
181 20 to Medicaid program upper payment limit rules and adjusted
181 21 as necessary to maintain expenditures within the amount
181 22 appropriated to the department for this purpose for the fiscal
181 23 year.

181 24 (3) For the fiscal year beginning July 1, 2016, the graduate
181 25 medical education and disproportionate share hospital fund
181 26 shall remain at the amount in effect on June 30, 2016, except
181 27 that the portion of the fund attributable to graduate medical
181 28 education shall be reduced in an amount that reflects the
181 29 elimination of graduate medical education payments made to
181 30 out-of-state hospitals.

181 31 (4) In order to ensure the efficient use of limited state
181 32 funds in procuring health care services for low-income lowans,
181 33 funds appropriated in this Act for hospital services shall
181 34 not be used for activities which would be excluded from a
181 35 determination of reasonable costs under the federal Medicare
182 1 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

182 2 d. For the fiscal year beginning July 1, 2016, reimbursement
182 3 rates for rural health clinics, hospices, and acute mental
182 4 hospitals shall be increased in accordance with increases under
182 5 the federal Medicare program or as supported by their Medicare
182 6 audited costs.

182 7 e. For the fiscal year beginning July 1, 2016, independent
182 8 laboratories and rehabilitation agencies shall be reimbursed
182 9 using the same methodology in effect on June 30, 2016.

182 10 f. (1) For the fiscal year beginning July 1, 2016,
182 11 reimbursement rates for home health agencies shall continue to
182 12 be based on the Medicare low utilization payment adjustment
182 13 (LUPA) methodology with state geographic wage adjustments, and
182 14 updated to reflect the most recent Medicare LUPA rates.

182 15 (2) For the fiscal year beginning July 1, 2016, rates for
182 16 private duty nursing and personal care services under the early
182 17 and periodic screening, diagnostic, and treatment program
182 18 benefit shall be calculated based on the methodology in effect
182 19 on June 30, 2016.

182 20 g. For the fiscal year beginning July 1, 2016, federally
182 21 qualified health centers shall receive cost-based reimbursement
182 22 for 100 percent of the reasonable costs for the provision of
182 23 services to recipients of medical assistance.

182 24 h. For the fiscal year beginning July 1, 2016, the
182 25 reimbursement rates for dental services shall remain at the

182 26 rates in effect on June 30, 2016.

182 27 i. (1) For the fiscal year beginning July 1, 2016,
182 28 state-owned psychiatric medical institutions for children shall
182 29 receive cost-based reimbursement for 100 percent of the actual
182 30 and allowable costs for the provision of services to recipients
182 31 of medical assistance.

182 32 (2) For the nonstate-owned psychiatric medical institutions
182 33 for children, reimbursement rates shall be based on the
182 34 reimbursement methodology developed by the department as
182 35 required for federal compliance.

183 1 (3) As a condition of participation in the medical
183 2 assistance program, enrolled providers shall accept the medical
183 3 assistance reimbursement rate for any covered goods or services
183 4 provided to recipients of medical assistance who are children
183 5 under the custody of a psychiatric medical institution for
183 6 children.

183 7 j. For the fiscal year beginning July 1, 2016, unless
183 8 otherwise specified in this Act, all noninstitutional medical
183 9 assistance provider reimbursement rates shall remain at the
183 10 rates in effect on June 30, 2016, except for area education
183 11 agencies, local education agencies, infant and toddler
183 12 services providers, home and community-based services providers
183 13 including consumer-directed attendant care providers under a
183 14 section 1915(c) or 1915(i) waiver, targeted case management
183 15 providers, and those providers whose rates are required to be
183 16 determined pursuant to section 249A.20.

183 17 k. Notwithstanding any provision to the contrary, for the
183 18 fiscal year beginning July 1, 2016, the reimbursement rate for
183 19 anesthesiologists shall remain at the rate in effect on June
183 20 30, 2016.

183 21 l. For the fiscal year beginning July 1, 2016, the average
183 22 reimbursement rate for health care providers eligible for use
183 23 of the federal Medicare resource-based relative value scale
183 24 reimbursement methodology under section 249A.20 shall remain
183 25 at the rate in effect on June 30, 2016; however, this rate
183 26 shall not exceed the maximum level authorized by the federal
183 27 government.

183 28 m. For the fiscal year beginning July 1, 2016, the
183 29 reimbursement rate for residential care facilities shall not
183 30 be less than the minimum payment level as established by the
183 31 federal government to meet the federally mandated maintenance
183 32 of effort requirement. The flat reimbursement rate for
183 33 facilities electing not to file annual cost reports shall not
183 34 be less than the minimum payment level as established by the
183 35 federal government to meet the federally mandated maintenance
184 1 of effort requirement.

184 2 n. For the fiscal year beginning July 1, 2016, the
184 3 reimbursement rates for inpatient mental health services

184 4 provided at hospitals shall remain at the rates in effect on
184 5 June 30, 2016, subject to Medicaid program upper payment limit
184 6 rules; and psychiatrists shall be reimbursed at the medical
184 7 assistance program fee-for-service rate in effect on June 30,
184 8 2016.

184 9 o. For the fiscal year beginning July 1, 2016, community
184 10 mental health centers may choose to be reimbursed for the
184 11 services provided to recipients of medical assistance through
184 12 either of the following options:

184 13 (1) For 100 percent of the reasonable costs of the services.

184 14 (2) In accordance with the alternative reimbursement rate
184 15 methodology established by the medical assistance program's
184 16 managed care contractor for mental health services and approved
184 17 by the department of human services.

184 18 p. For the fiscal year beginning July 1, 2016, the
184 19 reimbursement rate for providers of family planning services
184 20 that are eligible to receive a 90 percent federal match shall
184 21 remain at the rates in effect on June 30, 2016.

184 22 q. For the fiscal year beginning July 1, 2016, the upper
184 23 limits on reimbursement rates for providers of home and
184 24 community-based services waiver services shall remain at the
184 25 limits in effect on June 30, 2016.

184 26 r. For the fiscal year beginning July 1, 2016, the
184 27 reimbursement rates for emergency medical service providers
184 28 shall remain at the rates in effect on June 30, 2016.

184 29 s. For the fiscal year beginning July 1, 2016, reimbursement
184 30 rates for substance-related disorder treatment programs
184 31 licensed under section 125.13 shall remain at the rates in
184 32 effect on June 30, 2016.

184 33 2. For the fiscal year beginning July 1, 2016, the
184 34 reimbursement rate for providers reimbursed under the
184 35 in-home-related care program shall not be less than the minimum
185 1 payment level as established by the federal government to meet
185 2 the federally mandated maintenance of effort requirement.

185 3 3. Unless otherwise directed in this section, when the
185 4 department's reimbursement methodology for any provider
185 5 reimbursed in accordance with this section includes an
185 6 inflation factor, this factor shall not exceed the amount
185 7 by which the consumer price index for all urban consumers
185 8 increased during the calendar year ending December 31, 2002.

185 9 4. For the fiscal year beginning July 1, 2016, the foster
185 10 family basic daily maintenance rate and the maximum adoption
185 11 subsidy rate for children ages 0 through 5 years shall be
185 12 \$16.78, the rate for children ages 6 through 11 years shall be
185 13 \$17.45, the rate for children ages 12 through 15 years shall
185 14 be \$19.10, and the rate for children and young adults ages 16
185 15 and older shall be \$19.35. For youth ages 18 to 21 who have
185 16 exited foster care, the preparation for adult living program

185 17 maintenance rate shall be \$602.70 per month. The maximum
185 18 payment for adoption subsidy nonrecurring expenses shall be
185 19 limited to \$500 and the disallowance of additional amounts
185 20 for court costs and other related legal expenses implemented
185 21 pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall
185 22 be continued.

185 23 5. For the fiscal year beginning July 1, 2016, the maximum
185 24 reimbursement rates for social services providers under
185 25 contract shall remain at the rates in effect on June 30, 2016,
185 26 or the provider's actual and allowable cost plus inflation for
185 27 each service, whichever is less. However, if a new service
185 28 or service provider is added after June 30, 2016, the initial
185 29 reimbursement rate for the service or provider shall be based
185 30 upon a weighted average of provider rates for similar services.

185 31 6. For the fiscal year beginning July 1, 2016, the
185 32 reimbursement rates for resource family recruitment and
185 33 retention contractors, child welfare emergency services
185 34 contractors, and supervised apartment living foster care
185 35 providers shall remain at the rates in effect on June 30, 2016.

186 1 7. For the fiscal year beginning July 1, 2016, the
186 2 reimbursement rate for safety plan services and family safety,
186 3 risk, and permanency services (family-centered) shall be as
186 4 follows:

186 5 a. The statewide base monthly payment amount for all
186 6 family safety, risk, and permanency services (family-centered)
186 7 contractors shall be the rate in effect on June 30, 2016.

186 8 (1) Family safety, risk, and permanency services
186 9 Performance Measure 1 payments shall be the rate in effect on
186 10 June 30, 2016.

186 11 (2) Family safety, risk, and permanency services
186 12 Performance Measure 2 payments shall be the rate in effect on
186 13 June 30, 2016.

186 14 (3) Family safety, risk, and permanency services
186 15 Performance Measure 3 payments shall be the rate in effect on
186 16 June 30, 2016.

186 17 (4) Family safety, risk, and permanency services
186 18 Performance Measure 4 payments shall be the rate in effect on
186 19 June 30, 2016.

186 20 b. The maximum reimbursement unit rate for safety plan
186 21 services shall be the rate in effect on June 30, 2016.

186 22 (1) Safety plan services Performance Measure 1 payments
186 23 shall be the rate in effect on June 30, 2016.

186 24 (2) Safety plan services Performance Measure 2 payments
186 25 shall be the rate in effect on June 30, 2016.

186 26 8. a. For the purposes of this subsection, "combined
186 27 reimbursement rate" means the combined service and maintenance
186 28 reimbursement rate for a service level under the department's
186 29 reimbursement methodology. Effective July 1, 2016, the

186 30 combined reimbursement rate for a group foster care service
186 31 level shall be the amount designated in this subsection.
186 32 However, if a group foster care provider's reimbursement rate
186 33 for a service level as of June 30, 2016, is more than the rate
186 34 designated in this subsection, the provider's reimbursement
186 35 shall remain at the higher rate.

187 1 b. Unless a group foster care provider is subject to the
187 2 exception provided in paragraph "a", effective July 1, 2016,
187 3 the combined reimbursement rates for the service levels under
187 4 the department's reimbursement methodology shall be as follows:

187 5 (1) For service level, community - D1, the daily rate shall
187 6 be at least \$84.17.

187 7 (2) For service level, comprehensive - D2, the daily rate
187 8 shall be at least \$119.09.

187 9 (3) For service level, enhanced - D3, the daily rate shall
187 10 be at least \$131.09.

187 11 9. The group foster care reimbursement rates paid for
187 12 placement of children out of state shall be calculated
187 13 according to the same rate-setting principles as those used for
187 14 in-state providers, unless the director of human services or
187 15 the director's designee determines that appropriate care cannot
187 16 be provided within the state. The payment of the daily rate
187 17 shall be based on the number of days in the calendar month in
187 18 which service is provided.

187 19 10. a. For the fiscal year beginning July 1, 2016, the
187 20 reimbursement rate paid for shelter care and the child welfare
187 21 emergency services implemented to provide or prevent the need
187 22 for shelter care shall be established by contract.

187 23 b. For the fiscal year beginning July 1, 2016, the combined
187 24 service and maintenance components of the reimbursement rate
187 25 paid for shelter care services shall be based on the financial
187 26 and statistical report submitted to the department. The
187 27 maximum reimbursement rate shall be \$101.83 per day. The
187 28 department shall reimburse a shelter care provider at the
187 29 provider's actual and allowable unit cost, plus inflation, not
187 30 to exceed the maximum reimbursement rate.

187 31 c. Notwithstanding section 232.141, subsection 8, for the
187 32 fiscal year beginning July 1, 2016, the amount of the statewide
187 33 average of the actual and allowable rates for reimbursement of
187 34 juvenile shelter care homes that is utilized for the limitation
187 35 on recovery of unpaid costs shall remain at the amount in
188 1 effect for this purpose in the fiscal year beginning July 1,
188 2 2015.

188 3 11. For the fiscal year beginning July 1, 2016, the
188 4 department shall calculate reimbursement rates for intermediate
188 5 care facilities for persons with an intellectual disability
188 6 at the 80th percentile. Beginning July 1, 2016, the rate
188 7 calculation methodology shall utilize the consumer price index

188 8 inflation factor applicable to the fiscal year beginning July
188 9 1, 2016.

188 10 12. For the fiscal year beginning July 1, 2016, for child
188 11 care providers reimbursed under the state child care assistance
188 12 program, the department shall set provider reimbursement
188 13 rates based on the rate reimbursement survey completed in
188 14 December 2004. Effective July 1, 2016, the child care provider
188 15 reimbursement rates shall remain at the rates in effect on June
188 16 30, 2016. The department shall set rates in a manner so as
188 17 to provide incentives for a nonregistered provider to become
188 18 registered by applying the increase only to registered and
188 19 licensed providers.

188 20 13. For the fiscal year beginning July 1, 2016, if the
188 21 centers for Medicare and Medicaid services of the United
188 22 States department of health and human services approves the
188 23 waivers necessary to implement medical assistance program
188 24 managed care applicable to any providers or services subject to
188 25 reimbursement under this section, notwithstanding any provision
188 26 to the contrary under this section, affected providers or
188 27 services shall instead be reimbursed as follows:

188 28 a. For fee-for-service claims, reimbursement rates shall
188 29 be calculated based on the methodology otherwise specified in
188 30 this section for the fiscal year beginning July 1, 2016, for
188 31 the respective provider or service.

188 32 b. For claims subject to a managed care contract,
188 33 reimbursement shall be based on the actuarially sound
188 34 capitation rates established under the contract. However,
188 35 any reimbursement established under such contract shall not
189 1 be lower than the reimbursement otherwise specified in this
189 2 section for the fiscal year beginning July 1, 2016, for the
189 3 respective provider or service.

189 4 14. The department may adopt emergency rules to implement
189 5 this section.

189 6 Sec. 142. EMERGENCY RULES.

189 7 1. If specifically authorized by a provision of this
189 8 division of this Act, the department of human services or
189 9 the mental health and disability services commission may
189 10 adopt administrative rules under section 17A.4, subsection
189 11 3, and section 17A.5, subsection 2, paragraph "b", to
189 12 implement the provisions of this division of this Act and
189 13 the rules shall become effective immediately upon filing or
189 14 on a later effective date specified in the rules, unless the
189 15 effective date of the rules is delayed or the applicability
189 16 of the rules is suspended by the administrative rules review
189 17 committee. Any rules adopted in accordance with this section
189 18 shall not take effect before the rules are reviewed by the
189 19 administrative rules review committee. The delay authority
189 20 provided to the administrative rules review committee under

189 21 section 17A.4, subsection 7, and section 17A.8, subsection 9,
189 22 shall be applicable to a delay imposed under this section,
189 23 notwithstanding a provision in those sections making them
189 24 inapplicable to section 17A.5, subsection 2, paragraph “b”.
189 25 Any rules adopted in accordance with the provisions of this
189 26 section shall also be published as a notice of intended action
189 27 as provided in section 17A.4.

189 28 2. If during a fiscal year, the department of human
189 29 services is adopting rules in accordance with this section
189 30 or as otherwise directed or authorized by state law, and the
189 31 rules will result in an expenditure increase beyond the amount
189 32 anticipated in the budget process or if the expenditure was
189 33 not addressed in the budget process for the fiscal year, the
189 34 department shall notify the persons designated by this division
189 35 of this Act for submission of reports, the chairpersons and
190 1 ranking members of the committees on appropriations, and
190 2 the department of management concerning the rules and the
190 3 expenditure increase. The notification shall be provided at
190 4 least 30 calendar days prior to the date notice of the rules
190 5 is submitted to the administrative rules coordinator and the
190 6 administrative code editor.

190 7 Sec. 143. REPORTS. Any reports or other information
190 8 required to be compiled and submitted under this Act during the
190 9 fiscal year beginning July 1, 2016, shall be submitted to the
190 10 chairpersons and ranking members of the joint appropriations
190 11 subcommittee on health and human services, the legislative
190 12 services agency, and the legislative caucus staffs on or
190 13 before the dates specified for submission of the reports or
190 14 information.

190 15 Sec. 144. EFFECTIVE UPON ENACTMENT. The following
190 16 provisions of this division of this Act, being deemed of
190 17 immediate importance, take effect upon enactment:

190 18 1. The provision relating to section 232.141 and directing
190 19 the state court administrator and the division administrator of
190 20 the department of human services division of child and family
190 21 services to make the determination, by June 15, 2016, of the
190 22 distribution of funds allocated for the payment of the expenses
190 23 of court-ordered services provided to juveniles which are a
190 24 charge upon the state.

190 25 DIVISION XXXV

190 26 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017

190 27 Sec. 145. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
190 28 appropriated from the pharmaceutical settlement account created
190 29 in section 249A.33 to the department of human services for the
190 30 fiscal year beginning July 1, 2016, and ending June 30, 2017,
190 31 the following amount, or so much thereof as is necessary, to be
190 32 used for the purpose designated:

190 33 Notwithstanding any provision of law to the contrary, to

190 34 supplement the appropriations made in this Act for medical
 190 35 contracts under the medical assistance program for the fiscal
 191 1 year beginning July 1, 2016, and ending June 30, 2017:
 191 2 \$ 250,000
 191 3 Sec. 146. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 191 4 HUMAN SERVICES. Notwithstanding any provision to the contrary
 191 5 and subject to the availability of funds, there is appropriated
 191 6 from the quality assurance trust fund created in section
 191 7 249L.4 to the department of human services for the fiscal year
 191 8 beginning July 1, 2016, and ending June 30, 2017, the following
 191 9 amounts, or so much thereof as is necessary, for the purposes
 191 10 designated:

191 11 To supplement the appropriation made in this Act from the
 191 12 general fund of the state to the department of human services
 191 13 for medical assistance for the same fiscal year:

191 14 \$ 18,352,604

191 15 Sec. 147. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 191 16 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 191 17 the contrary and subject to the availability of funds, there is
 191 18 appropriated from the hospital health care access trust fund
 191 19 created in section 249M.4 to the department of human services
 191 20 for the fiscal year beginning July 1, 2016, and ending June
 191 21 30, 2017, the following amounts, or so much thereof as is
 191 22 necessary, for the purposes designated:

191 23 To supplement the appropriation made in this Act from the
 191 24 general fund of the state to the department of human services
 191 25 for medical assistance for the same fiscal year:

191 26 \$ 17,350,000

191 27 Sec. 148. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 191 28 FOR FY 2016-2017. Notwithstanding section 8.33, if moneys
 191 29 appropriated for purposes of the medical assistance program for
 191 30 the fiscal year beginning July 1, 2016, and ending June 30,
 191 31 2017, from the general fund of the state, the quality assurance
 191 32 trust fund and the hospital health care access trust fund, are
 191 33 in excess of actual expenditures for the medical assistance
 191 34 program and remain unencumbered or unobligated at the close
 191 35 of the fiscal year, the excess moneys shall not revert but
 192 1 shall remain available for expenditure for the purposes of the
 192 2 medical assistance program until the close of the succeeding
 192 3 fiscal year.

192 4 DIVISION XXXVI

192 5 PROPERTY TAX RELIEF FUND — BLOCK GRANT MONEYS — MENTAL
 192 6 INSULTUES

192 7 Sec. 149. MENTAL HEALTH INSTITUTES. The moneys transferred
 192 8 to the property tax relief fund for the fiscal year beginning
 192 9 July 1, 2016, from the federal social services block grant
 192 10 pursuant to 2015 Iowa Acts, House File 630, if enacted, and
 192 11 from the federal temporary assistance for needy families block

192 12 grant, totaling at least \$11,774,275, are appropriated to the
 192 13 department of human services for the fiscal year beginning July
 192 14 1, 2016, and ending June 30, 2017, to be used for the purposes
 192 15 designated:

192 16 1. For the state mental health institute at Clarinda for
 192 17 salaries, support, maintenance, and miscellaneous purposes:
 192 18 \$ 2,418,254

192 19 2. For the state mental health institute at Mount Pleasant
 192 20 for salaries, support, maintenance, and miscellaneous purposes,
 192 21 and for not more than the following full-time equivalent
 192 22 positions:

192 23 \$ 3,468,884
 192 24 FTEs 97.68

DIVISION XXXVII

PERSONNEL SETTLEMENT AGREEMENT PAYMENTS

192 27 Sec. 150. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a
 192 28 condition of the appropriations in this 2016 Act, the moneys
 192 29 appropriated and any other moneys available shall not be used
 192 30 for payment of a personnel settlement agreement that contains a
 192 31 confidentiality provision intended to prevent public disclosure
 192 32 of the agreement or any terms of the agreement.

Summary Data

General Fund

| | <u>Actual FY 2014 (1)</u> | <u>Estimated FY 2015 (2)</u> | <u>Senate Subcom FY 2016 (3)</u> | <u>Senate Sub vs. Est 2015 (4)</u> | <u>Senate Sub YR2 FY 2017 (5)</u> | <u>Sen Sub FY 17 vs Sen Sub FY 16 (6)</u> |
|---------------------------|-----------------------------------|--------------------------------------|--|--|---|---|
| Health and Human Services | \$ 1,750,974,923 | \$ 1,858,603,019 | \$ 1,904,413,758 | \$ 45,810,739 | \$ 952,206,885 | \$ -952,206,873 |
| Grand Total | <u>\$ 1,750,974,923</u> | <u>\$ 1,858,603,019</u> | <u>\$ 1,904,413,758</u> | <u>\$ 45,810,739</u> | <u>\$ 952,206,885</u> | <u>\$ -952,206,873</u> |

Health and Human Services General Fund

| | Actual FY 2014 (1) | Estimated FY 2015 (2) | Senate Subcom FY 2016 (3) | Senate Sub vs. Est 2015 (4) | Senate Sub YR2 FY 2017 (5) | Sen Sub FY 17 vs Sen Sub FY 16 (6) |
|---|--------------------------|-----------------------------|---------------------------------|-----------------------------------|----------------------------------|--|
| <u>Aging, Dept. on</u> | | | | | | |
| Aging, Dept. on | | | | | | |
| Aging Programs | \$ 10,606,066 | \$ 11,419,732 | \$ 11,436,066 | \$ 16,334 | \$ 5,718,033 | \$ -5,718,033 |
| Office of LTC Resident's Advocate | 1,021,707 | 929,315 | 1,506,783 | 577,468 | 753,392 | -753,391 |
| Food Security for Older Individuals | 0 | 250,000 | 0 | -250,000 | 0 | 0 |
| Total Aging, Dept. on | \$ 11,627,773 | \$ 12,599,047 | \$ 12,942,849 | \$ 343,802 | \$ 6,471,425 | \$ -6,471,424 |
| <u>Public Health, Dept. of</u> | | | | | | |
| Public Health, Dept. of | | | | | | |
| Addictive Disorders | \$ 27,163,690 | \$ 27,263,690 | \$ 27,263,690 | \$ 0 | \$ 13,631,845 | \$ -13,631,845 |
| Healthy Children and Families | 3,653,559 | 4,046,602 | 7,331,602 | 3,285,000 | 3,665,801 | -3,665,801 |
| Chronic Conditions | 5,080,692 | 5,155,692 | 5,105,861 | -49,831 | 2,552,931 | -2,552,930 |
| Community Capacity | 8,562,617 | 8,737,910 | 8,719,716 | -18,194 | 4,359,858 | -4,359,858 |
| Healthy Aging | 7,297,142 | 7,297,142 | 7,297,142 | 0 | 3,648,571 | -3,648,571 |
| Environmental Hazards | 803,870 | 803,870 | 0 | -803,870 | 0 | 0 |
| Infectious Diseases | 1,335,155 | 1,335,155 | 1,335,155 | 0 | 667,578 | -667,577 |
| Public Protection | 3,278,771 | 3,287,127 | 4,339,191 | 1,052,064 | 2,169,596 | -2,169,595 |
| Resource Management | 855,072 | 855,072 | 855,072 | 0 | 427,536 | -427,536 |
| Total Public Health, Dept. of | \$ 58,030,568 | \$ 58,782,260 | \$ 62,247,429 | \$ 3,465,169 | \$ 31,123,716 | \$ -31,123,713 |
| <u>Human Services, Dept. of</u> | | | | | | |
| Assistance | | | | | | |
| Family Investment Program/JOBS | \$ 48,503,875 | \$ 48,693,875 | \$ 49,093,875 | \$ 400,000 | \$ 24,546,938 | \$ -24,546,937 |
| Medical Assistance | 1,144,208,805 | 1,250,658,393 | 1,346,353,640 | 95,695,247 | 673,176,820 | -673,176,820 |
| Medical Contracts | 12,320,048 | 17,148,576 | 22,153,584 | 5,005,008 | 11,076,792 | -11,076,792 |
| State Supplementary Assistance | 16,516,858 | 14,121,154 | 12,997,187 | -1,123,967 | 6,498,594 | -6,498,593 |
| State Children's Health Insurance | 36,817,261 | 45,877,998 | 21,163,844 | -24,714,154 | 10,581,922 | -10,581,922 |
| Child Care Assistance | 62,735,563 | 47,132,080 | 56,638,030 | 9,505,950 | 28,319,015 | -28,319,015 |
| Child and Family Services | 91,329,427 | 94,857,554 | 98,182,179 | 3,324,625 | 49,091,090 | -49,091,089 |
| Adoption Subsidy | 40,729,282 | 42,580,749 | 42,998,286 | 417,537 | 21,499,143 | -21,499,143 |
| Family Support Subsidy | 1,093,288 | 1,079,739 | 1,073,932 | -5,807 | 536,966 | -536,966 |
| Connors Training | 33,632 | 33,632 | 33,632 | 0 | 16,816 | -16,816 |
| Volunteers | 84,686 | 84,686 | 84,686 | 0 | 42,343 | -42,343 |
| MHDS Equalization | 29,820,478 | 30,555,823 | 0 | -30,555,823 | 0 | 0 |
| Juv CINA/Female Adjud Delinquent Placements | 0 | 2,000,000 | 0 | -2,000,000 | 0 | 0 |
| Total Assistance | \$ 1,484,193,203 | \$ 1,594,824,259 | \$ 1,650,772,875 | \$ 55,948,616 | \$ 825,386,439 | \$ -825,386,436 |

Health and Human Services General Fund

| | Actual FY 2014 (1) | Estimated FY 2015 (2) | Senate Subcom FY 2016 (3) | Senate Sub vs. Est 2015 (4) | Senate Sub YR2 FY 2017 (5) | Sen Sub FY 17 vs Sen Sub FY 16 (6) |
|--|--------------------------|-----------------------------|---------------------------------|-----------------------------------|----------------------------------|--|
| Toledo Juvenile Home | | | | | | |
| Toledo Juvenile Home | \$ 8,867,121 | \$ 507,766 | \$ 372,766 | \$ -135,000 | \$ 186,383 | \$ -186,383 |
| Eldora Training School | | | | | | |
| Eldora Training School | \$ 11,268,202 | \$ 12,358,285 | \$ 12,445,552 | \$ 87,267 | \$ 6,222,776 | \$ -6,222,776 |
| Cherokee | | | | | | |
| Cherokee MHI | \$ 5,964,737 | \$ 6,031,934 | \$ 5,545,616 | \$ -486,318 | \$ 2,772,808 | \$ -2,772,808 |
| Clarinda | | | | | | |
| Clarinda MHI | \$ 6,757,689 | \$ 6,787,309 | \$ 1,812,899 | \$ -4,974,410 | \$ 906,450 | \$ -906,449 |
| Independence | | | | | | |
| Independence MHI | \$ 10,334,082 | \$ 10,484,386 | \$ 10,390,773 | \$ -93,613 | \$ 5,195,387 | \$ -5,195,386 |
| Mt Pleasant | | | | | | |
| Mt Pleasant MHI | \$ 1,374,061 | \$ 1,417,796 | \$ 0 | \$ -1,417,796 | \$ 0 | \$ 0 |
| Glenwood | | | | | | |
| Glenwood Resource Center | \$ 20,349,122 | \$ 21,695,266 | \$ 22,024,482 | \$ 329,216 | \$ 11,012,241 | \$ -11,012,241 |
| Woodward | | | | | | |
| Woodward Resource Center | \$ 14,286,191 | \$ 14,855,693 | \$ 14,933,806 | \$ 78,113 | \$ 7,466,903 | \$ -7,466,903 |
| Cherokee CCUSO | | | | | | |
| Civil Commitment Unit for Sexual Offenders | \$ 9,425,568 | \$ 9,923,563 | \$ 9,893,079 | \$ -30,484 | \$ 4,946,540 | \$ -4,946,539 |
| Field Operations | | | | | | |
| Child Support Recoveries | \$ 14,215,081 | \$ 14,911,230 | \$ 14,663,373 | \$ -247,857 | \$ 7,331,687 | \$ -7,331,686 |
| Field Operations | 66,670,976 | 65,170,976 | 58,920,976 | -6,250,000 | 29,460,488 | -29,460,488 |
| Total Field Operations | <u>\$ 80,886,057</u> | <u>\$ 80,082,206</u> | <u>\$ 73,584,349</u> | <u>\$ -6,497,857</u> | <u>\$ 36,792,175</u> | <u>\$ -36,792,174</u> |
| General Administration | | | | | | |
| General Administration | \$ 16,329,602 | \$ 16,072,302 | \$ 15,161,741 | \$ -910,561 | \$ 7,580,871 | \$ -7,580,870 |
| Total Human Services, Dept. of | <u>\$ 1,670,035,635</u> | <u>\$ 1,775,040,765</u> | <u>\$ 1,816,937,938</u> | <u>\$ 41,897,173</u> | <u>\$ 908,468,973</u> | <u>\$ -908,468,965</u> |
| Veterans Affairs, Dept. of | | | | | | |
| Veterans Affairs, Department of | | | | | | |
| General Administration | \$ 1,095,951 | \$ 1,095,951 | \$ 1,200,546 | \$ 104,595 | \$ 600,273 | \$ -600,273 |
| Vets Home Ownership Program | 1,600,000 | 2,500,000 | 2,500,000 | 0 | 1,250,000 | -1,250,000 |
| Veterans County Grants | 990,000 | 990,000 | 990,000 | 0 | 495,000 | -495,000 |
| Total Veterans Affairs, Department of | <u>\$ 3,685,951</u> | <u>\$ 4,585,951</u> | <u>\$ 4,690,546</u> | <u>\$ 104,595</u> | <u>\$ 2,345,273</u> | <u>\$ -2,345,273</u> |

Health and Human Services General Fund

| | <u>Actual FY 2014 (1)</u> | <u>Estimated FY 2015 (2)</u> | <u>Senate Subcom FY 2016 (3)</u> | <u>Senate Sub vs. Est 2015 (4)</u> | <u>Senate Sub YR2 FY 2017 (5)</u> | <u>Sen Sub FY 17 vs Sen Sub FY 16 (6)</u> |
|---|-----------------------------------|--------------------------------------|--|--|---|---|
| Veterans Affairs, Dept. of | | | | | | |
| Iowa Veterans Home | \$ 7,594,996 | \$ 7,594,996 | \$ 7,594,996 | \$ 0 | \$ 3,797,498 | \$ -3,797,498 |
| Total Veterans Affairs, Dept. of | <u>\$ 11,280,947</u> | <u>\$ 12,180,947</u> | <u>\$ 12,285,542</u> | <u>\$ 104,595</u> | <u>\$ 6,142,771</u> | <u>\$ -6,142,771</u> |
| Total Health and Human Services | <u>\$ 1,750,974,923</u> | <u>\$ 1,858,603,019</u> | <u>\$ 1,904,413,758</u> | <u>\$ 45,810,739</u> | <u>\$ 952,206,885</u> | <u>\$ -952,206,873</u> |

Summary Data

Other Funds

| | <u>Actual FY 2014 (1)</u> | <u>Estimated FY 2015 (2)</u> | <u>Senate Subcom FY 2016 (3)</u> | <u>Senate Sub vs. Est 2015 (4)</u> | <u>Senate Sub YR2 FY 2017 (5)</u> | <u>Sen Sub FY 17 vs Sen Sub FY 16 (6)</u> |
|---------------------------|-----------------------------------|--------------------------------------|--|--|---|---|
| Health and Human Services | \$ 534,443,666 | \$ 433,526,222 | \$ 450,968,244 | \$ 17,442,022 | \$ 331,635,798 | \$ -119,332,446 |
| Grand Total | <u>\$ 534,443,666</u> | <u>\$ 433,526,222</u> | <u>\$ 450,968,244</u> | <u>\$ 17,442,022</u> | <u>\$ 331,635,798</u> | <u>\$ -119,332,446</u> |

Health and Human Services

Other Funds

| | Actual FY 2014 (1) | Estimated FY 2015 (2) | Senate Subcom FY 2016 (3) | Senate Sub vs. Est 2015 (4) | Senate Sub YR2 FY 2017 (5) | Sen Sub FY 17 vs Sen Sub FY 16 (6) |
|--|--------------------------|-----------------------------|---------------------------------|-----------------------------------|----------------------------------|--|
| <u>Aging, Dept. on</u> | | | | | | |
| Aging, Dept. on | | | | | | |
| Alzheimer's Education Program - PTRF | \$ 0 | \$ 0 | \$ 100,000 | \$ 100,000 | \$ 0 | \$ -100,000 |
| Total Aging, Dept. on | \$ 0 | \$ 0 | \$ 100,000 | \$ 100,000 | \$ 0 | \$ -100,000 |
| <u>Human Services, Dept. of</u> | | | | | | |
| General Administration | | | | | | |
| FIP-TANF | \$ 18,116,948 | \$ 9,879,488 | \$ 5,136,995 | \$ -4,742,493 | \$ 2,568,498 | \$ -2,568,497 |
| Promise Jobs-TANF | 11,866,439 | 11,091,911 | 10,138,178 | -953,733 | 5,069,089 | -5,069,089 |
| FaDDS-TANF | 2,898,980 | 2,898,980 | 2,898,980 | 0 | 1,449,490 | -1,449,490 |
| Field Operations-TANF | 31,296,232 | 31,296,232 | 31,296,232 | 0 | 15,648,116 | -15,648,116 |
| General Administration-TANF | 3,744,000 | 3,744,000 | 3,744,000 | 0 | 1,872,000 | -1,872,000 |
| Child Care Assistance -TANF | 25,732,687 | 35,047,110 | 35,047,110 | 0 | 17,523,555 | -17,523,555 |
| MH/DD Comm. Services-TANF | 4,894,052 | 4,894,052 | 4,894,052 | 0 | 2,447,026 | -2,447,026 |
| Child & Family Services-TANF | 32,084,430 | 32,084,430 | 32,084,430 | 0 | 16,042,215 | -16,042,215 |
| Child Abuse Prevention-TANF | 125,000 | 125,000 | 125,000 | 0 | 62,500 | -62,500 |
| Training & Technology-TANF | 1,037,186 | 1,037,186 | 1,037,186 | 0 | 518,593 | -518,593 |
| FIP Eligibility System-TANF | 5,050,451 | 6,549,549 | 6,654,880 | 105,331 | 3,327,440 | -3,327,440 |
| Total General Administration | \$ 136,846,405 | \$ 138,647,938 | \$ 133,057,043 | \$ -5,590,895 | \$ 66,528,522 | \$ -66,528,521 |
| Clarinda | | | | | | |
| Clarinda MHI - SSBG | \$ 0 | \$ 0 | \$ 4,836,507 | \$ 4,836,507 | \$ 2,418,254 | \$ -2,418,253 |
| Mt Pleasant | | | | | | |
| Mt Pleasant MHI - SSBG | \$ 0 | \$ 0 | \$ 6,937,768 | \$ 6,937,768 | \$ 3,468,884 | \$ -3,468,884 |

Health and Human Services Other Funds

| | Actual FY 2014 <u>(1)</u> | Estimated FY 2015 <u>(2)</u> | Senate Subcom FY 2016 <u>(3)</u> | Senate Sub vs. Est 2015 <u>(4)</u> | Senate Sub YR2 FY 2017 <u>(5)</u> | Sen Sub FY 17 vs Sen Sub FY 16 <u>(6)</u> |
|--|---------------------------------|------------------------------------|--|--|---|---|
| Assistance | | | | | | |
| Pregnancy Prevention-TANF | \$ 1,930,067 | \$ 1,930,067 | \$ 1,930,067 | \$ 0 | \$ 965,034 | \$ -965,033 |
| Promoting Healthy Marriage - TANF | 25,000 | 25,000 | 25,000 | 0 | 12,500 | -12,500 |
| Medical Assistance - HCTF | 225,591,447 | 223,060,000 | 221,790,000 | -1,270,000 | 221,790,000 | 0 |
| Medical Contracts-Pharm Settlement - PhSA | 6,650,000 | 5,467,564 | 500,000 | -4,967,564 | 250,000 | -250,000 |
| Broadlawns Hospital - ICA | 35,500,000 | 0 | 0 | 0 | 0 | 0 |
| Regional Provider Network - ICA | 2,993,183 | 0 | 0 | 0 | 0 | 0 |
| Nonparticipating Providers - NPPR | 1,000,000 | 0 | 0 | 0 | 0 | 0 |
| Medical Assistance - QATF | 28,788,917 | 29,195,653 | 36,705,208 | 7,509,555 | 18,352,604 | -18,352,604 |
| Medical Assistance-HHCAT | 34,288,000 | 34,700,000 | 34,700,000 | 0 | 17,350,000 | -17,350,000 |
| Nonparticipating Provider Reimb Fund-HHCAT | 412,000 | 0 | 0 | 0 | 0 | 0 |
| IowaCare Fund - Admin | 371,552 | 0 | 0 | 0 | 0 | 0 |
| Lab Test & Radiology Pool - ICA | 1,500,000 | 0 | 0 | 0 | 0 | 0 |
| Medicaid Supplemental - MFF | 8,717,020 | 500,000 | 500,000 | 0 | 500,000 | 0 |
| Medicaid HCBS Waiting List - PTRF | 0 | 0 | 5,092,000 | 5,092,000 | 0 | -5,092,000 |
| MHDS Regional allocation - PTRF | 0 | 0 | 4,554,651 | 4,554,651 | 0 | -4,554,651 |
| Certified Behavioral Health Clinics -PTRF | 0 | 0 | 240,000 | 240,000 | 0 | -240,000 |
| Total Assistance | \$ 347,767,186 | \$ 294,878,284 | \$ 306,036,926 | \$ 11,158,642 | \$ 259,220,138 | \$ -46,816,788 |
| Total Human Services, Dept. of | \$ 484,613,591 | \$ 433,526,222 | \$ 450,868,244 | \$ 17,342,022 | \$ 331,635,798 | \$ -119,232,446 |
| Regents, Board of | | | | | | |
| Regents, Board of | | | | | | |
| UI - UIHC IowaCares Program - ICA | \$ 13,642,292 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| UI - UIHC IowaCares Expansion Pop - ICA | 26,284,600 | 0 | 0 | 0 | 0 | 0 |
| UI - UIHC IowaCares Physicians - ICA | 9,903,183 | 0 | 0 | 0 | 0 | 0 |
| Total Regents, Board of | \$ 49,830,075 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Total Health and Human Services | \$ 534,443,666 | \$ 433,526,222 | \$ 450,968,244 | \$ 17,442,022 | \$ 331,635,798 | \$ -119,332,446 |

Summary Data

FTE Positions

| | <u>Actual FY 2014 (1)</u> | <u>Estimated FY 2015 (2)</u> | <u>Senate Subcom FY 2016 (3)</u> | <u>Senate Sub vs. Est 2015 (4)</u> | <u>Senate Sub YR2 FY 2017 (5)</u> | <u>Sen Sub FY 17 vs Sen Sub FY 16 (6)</u> |
|---------------------------|-----------------------------------|--------------------------------------|--|--|---|---|
| Health and Human Services | <u>4,735.42</u> | <u>5,119.14</u> | <u>5,238.87</u> | <u>119.73</u> | <u>5,236.87</u> | <u>-2.00</u> |
| Grand Total | <u><u>4,735.42</u></u> | <u><u>5,119.14</u></u> | <u><u>5,238.87</u></u> | <u><u>119.73</u></u> | <u><u>5,236.87</u></u> | <u><u>-2.00</u></u> |

Health and Human Services

FTE Positions

| | Actual FY 2014 (1) | Estimated FY 2015 (2) | Senate Subcom FY 2016 (3) | Senate Sub vs. Est 2015 (4) | Senate Sub YR2 FY 2017 (5) | Sen Sub FY 17 vs Sen Sub FY 16 (6) |
|--|--------------------------|-----------------------------|---------------------------------|-----------------------------------|----------------------------------|--|
| <u>Aging, Dept. on</u> | | | | | | |
| Aging, Dept. on | | | | | | |
| Aging Programs | 22.42 | 28.10 | 31.00 | 2.90 | 31.00 | 0.00 |
| Office of LTC Resident's Advocate | 10.44 | 11.90 | 21.00 | 9.10 | 20.00 | -1.00 |
| Total Aging, Dept. on | 32.87 | 40.00 | 52.00 | 12.00 | 51.00 | -1.00 |
| <u>Public Health, Dept. of</u> | | | | | | |
| Public Health, Dept. of | | | | | | |
| Addictive Disorders | 6.62 | 10.00 | 10.00 | 0.00 | 10.00 | 0.00 |
| Healthy Children and Families | 10.64 | 12.00 | 13.00 | 1.00 | 12.00 | -1.00 |
| Chronic Conditions | 3.95 | 5.00 | 5.00 | 0.00 | 5.00 | 0.00 |
| Community Capacity | 7.58 | 11.00 | 11.00 | 0.00 | 11.00 | 0.00 |
| Environmental Hazards | 3.12 | 4.00 | 0.00 | -4.00 | 0.00 | 0.00 |
| Infectious Diseases | 2.04 | 4.00 | 4.00 | 0.00 | 4.00 | 0.00 |
| Public Protection | 125.08 | 131.50 | 135.50 | 4.00 | 135.50 | 0.00 |
| Resource Management | 3.45 | 4.00 | 4.00 | 0.00 | 4.00 | 0.00 |
| Total Public Health, Dept. of | 162.47 | 181.50 | 182.50 | 1.00 | 181.50 | -1.00 |
| <u>Human Services, Dept. of</u> | | | | | | |
| Assistance | | | | | | |
| Medical Contracts | 3.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Toledo Juvenile Home | | | | | | |
| Toledo Juvenile Home | 55.46 | 0.10 | 2.00 | 1.90 | 2.00 | 0.00 |
| Eldora Training School | | | | | | |
| Eldora Training School | 159.28 | 164.30 | 169.30 | 5.00 | 169.30 | 0.00 |
| Cherokee | | | | | | |
| Cherokee MHI | 168.42 | 169.20 | 169.20 | 0.00 | 169.20 | 0.00 |
| Clarinda | | | | | | |
| Clarinda MHI | 77.96 | 87.25 | 86.10 | -1.15 | 86.10 | 0.00 |
| Independence | | | | | | |
| Independence MHI | 222.76 | 233.00 | 233.00 | 0.00 | 233.00 | 0.00 |

Health and Human Services

FTE Positions

| | Actual FY 2014 <u>(1)</u> | Estimated FY 2015 <u>(2)</u> | Senate Subcom FY 2016 <u>(3)</u> | Senate Sub vs. Est 2015 <u>(4)</u> | Senate Sub YR2 FY 2017 <u>(5)</u> | Sen Sub FY 17 vs Sen Sub FY 16 <u>(6)</u> |
|--|---------------------------------|------------------------------------|--|--|---|---|
| Mt Pleasant | | | | | | |
| Mt Pleasant MHI | 90.19 | 97.68 | 97.68 | 0.00 | 97.68 | 0.00 |
| Glenwood | | | | | | |
| Glenwood Resource Center | 803.47 | 846.12 | 846.12 | 0.00 | 846.12 | 0.00 |
| Woodward | | | | | | |
| Woodward Resource Center | 609.85 | 643.47 | 643.47 | 0.00 | 643.47 | 0.00 |
| Cherokee CCUSO | | | | | | |
| Civil Commitment Unit for Sexual Offenders | 89.83 | 132.50 | 132.50 | 0.00 | 132.50 | 0.00 |
| Field Operations | | | | | | |
| Child Support Recoveries | 438.55 | 459.00 | 464.00 | 5.00 | 464.00 | 0.00 |
| Field Operations | 1,559.35 | 1,759.00 | 1,837.00 | 78.00 | 1,837.00 | 0.00 |
| Total Field Operations | <u>1,997.91</u> | <u>2,218.00</u> | <u>2,301.00</u> | <u>83.00</u> | <u>2,301.00</u> | <u>0.00</u> |
| General Administration | | | | | | |
| General Administration | 249.14 | 293.02 | 309.00 | 15.98 | 309.00 | 0.00 |
| Total Human Services, Dept. of | <u>4,527.27</u> | <u>4,884.64</u> | <u>4,989.37</u> | <u>104.73</u> | <u>4,989.37</u> | <u>0.00</u> |
| <u>Veterans Affairs, Dept. of</u> | | | | | | |
| Veterans Affairs, Department of | | | | | | |
| General Administration | 12.82 | 13.00 | 15.00 | 2.00 | 15.00 | 0.00 |
| Total Veterans Affairs, Dept. of | <u>12.82</u> | <u>13.00</u> | <u>15.00</u> | <u>2.00</u> | <u>15.00</u> | <u>0.00</u> |
| Total Health and Human Services | <u><u>4,735.42</u></u> | <u><u>5,119.14</u></u> | <u><u>5,238.87</u></u> | <u><u>119.73</u></u> | <u><u>5,236.87</u></u> | <u><u>-2.00</u></u> |

Summary Data

General Fund

| | <u>Estimated FY 2015 (1)</u> | <u>Supp-Senate Subcom FY 2015 (2)</u> | <u>Estimated Net FY 2015 (3)</u> |
|---------------------------|--------------------------------------|---|--|
| Health and Human Services | \$ 1,858,603,019 | \$ 32,053,729 | \$ 1,890,656,748 |
| Grand Total | <u>\$ 1,858,603,019</u> | <u>\$ 32,053,729</u> | <u>\$ 1,890,656,748</u> |

Health and Human Services

General Fund

| | Estimated FY 2015 <u>(1)</u> | Supp-Senate Subcom FY 2015 <u>(2)</u> | Estimated Net FY 2015 <u>(3)</u> |
|---|------------------------------------|---|--|
| <u>Aging, Dept. on</u> | | | |
| Aging, Dept. on | | | |
| Aging Programs | \$ 11,419,732 | \$ 0 | \$ 11,419,732 |
| Office of LTC Resident's Advocate | 929,315 | 0 | 929,315 |
| Food Security for Older Individuals | 250,000 | 0 | 250,000 |
| Total Aging, Dept. on | \$ 12,599,047 | \$ 0 | \$ 12,599,047 |
| <u>Public Health, Dept. of</u> | | | |
| Public Health, Dept. of | | | |
| Addictive Disorders | \$ 27,263,690 | \$ 0 | \$ 27,263,690 |
| Healthy Children and Families | 4,046,602 | 0 | 4,046,602 |
| Chronic Conditions | 5,155,692 | 0 | 5,155,692 |
| Community Capacity | 8,737,910 | 0 | 8,737,910 |
| Healthy Aging | 7,297,142 | 0 | 7,297,142 |
| Environmental Hazards | 803,870 | 0 | 803,870 |
| Infectious Diseases | 1,335,155 | 0 | 1,335,155 |
| Public Protection | 3,287,127 | 0 | 3,287,127 |
| Resource Management | 855,072 | 0 | 855,072 |
| Total Public Health, Dept. of | \$ 58,782,260 | \$ 0 | \$ 58,782,260 |
| <u>Human Services, Dept. of</u> | | | |
| Assistance | | | |
| Family Investment Program/JOBS | \$ 48,693,875 | \$ 0 | \$ 48,693,875 |
| Medical Assistance | 1,250,658,393 | 59,640,857 | 1,310,299,250 |
| Medical Contracts | 17,148,576 | -4,252,176 | 12,896,400 |
| State Supplementary Assistance | 14,121,154 | -1,155,836 | 12,965,318 |
| State Children's Health Insurance | 45,877,998 | -780,913 | 45,097,085 |
| Child Care Assistance | 47,132,080 | -10,828,136 | 36,303,944 |
| Child and Family Services | 94,857,554 | -3,493,467 | 91,364,087 |
| Adoption Subsidy | 42,580,749 | -836,600 | 41,744,149 |
| Family Support Subsidy | 1,079,739 | -500,000 | 579,739 |
| Connors Training | 33,632 | 0 | 33,632 |
| Volunteers | 84,686 | 0 | 84,686 |
| MHDS Equalization | 30,555,823 | 0 | 30,555,823 |
| Juv CINA/Female Adjud Delinquent Placements | 2,000,000 | -600,000 | 1,400,000 |
| Total Assistance | \$ 1,594,824,259 | \$ 37,193,729 | \$ 1,632,017,988 |

Health and Human Services General Fund

| | Estimated FY 2015 <u>(1)</u> | Supp-Senate Subcom FY 2015 <u>(2)</u> | Estimated Net FY 2015 <u>(3)</u> |
|--|------------------------------------|---|--|
| Toledo Juvenile Home | | | |
| Toledo Juvenile Home | \$ 507,766 | \$ 0 | \$ 507,766 |
| Eldora Training School | | | |
| Eldora Training School | \$ 12,358,285 | \$ 0 | \$ 12,358,285 |
| Cherokee | | | |
| Cherokee MHI | \$ 6,031,934 | \$ 0 | \$ 6,031,934 |
| Clarinda | | | |
| Clarinda MHI | \$ 6,787,309 | \$ 0 | \$ 6,787,309 |
| Independence | | | |
| Independence MHI | \$ 10,484,386 | \$ 0 | \$ 10,484,386 |
| Mt Pleasant | | | |
| Mt Pleasant MHI | \$ 1,417,796 | \$ 0 | \$ 1,417,796 |
| Glenwood | | | |
| Glenwood Resource Center | \$ 21,695,266 | \$ 0 | \$ 21,695,266 |
| Woodward | | | |
| Woodward Resource Center | \$ 14,855,693 | \$ 0 | \$ 14,855,693 |
| Cherokee CCUSO | | | |
| Civil Commitment Unit for Sexual Offenders | \$ 9,923,563 | \$ 0 | \$ 9,923,563 |
| Field Operations | | | |
| Child Support Recoveries | \$ 14,911,230 | \$ -140,000 | \$ 14,771,230 |
| Field Operations | 65,170,976 | -4,000,000 | 61,170,976 |
| Total Field Operations | <u>\$ 80,082,206</u> | <u>\$ -4,140,000</u> | <u>\$ 75,942,206</u> |
| General Administration | | | |
| General Administration | \$ 16,072,302 | \$ -1,000,000 | \$ 15,072,302 |
| Total Human Services, Dept. of | <u>\$ 1,775,040,765</u> | <u>\$ 32,053,729</u> | <u>\$ 1,807,094,494</u> |
| <u>Veterans Affairs, Dept. of</u> | | | |
| Veterans Affairs, Department of | | | |
| General Administration | \$ 1,095,951 | \$ 0 | \$ 1,095,951 |
| Vets Home Ownership Program | 2,500,000 | 0 | 2,500,000 |
| Veterans County Grants | 990,000 | 0 | 990,000 |
| Total Veterans Affairs, Department of | <u>\$ 4,585,951</u> | <u>\$ 0</u> | <u>\$ 4,585,951</u> |

Health and Human Services

General Fund

| | Estimated FY 2015 <u>(1)</u> | Supp-Senate Subcom FY 2015 <u>(2)</u> | Estimated Net FY 2015 <u>(3)</u> |
|---|------------------------------------|---|--|
| Veterans Affairs, Dept. of | | | |
| Iowa Veterans Home | \$ 7,594,996 | \$ 0 | \$ 7,594,996 |
| Total Veterans Affairs, Dept. of | <u>\$ 12,180,947</u> | <u>\$ 0</u> | <u>\$ 12,180,947</u> |
| Total Health and Human Services | <u>\$ 1,858,603,019</u> | <u>\$ 32,053,729</u> | <u>\$ 1,890,656,748</u> |

Summary Data

Other Funds

| | <u>Estimated FY 2015 (1)</u> | <u>Supp-Senate Subcom FY 2015 (2)</u> | <u>Estimated Net FY 2015 (3)</u> |
|---------------------------|--------------------------------------|---|--|
| Health and Human Services | \$ 433,526,222 | \$ 3,707,468 | \$ 437,233,690 |
| Grand Total | <u>\$ 433,526,222</u> | <u>\$ 3,707,468</u> | <u>\$ 437,233,690</u> |

Health and Human Services

Other Funds

| | Estimated FY 2015 <u>(1)</u> | Supp-Senate Subcom FY 2015 <u>(2)</u> | Estimated Net FY 2015 <u>(3)</u> |
|---|------------------------------------|---|--|
| Human Services, Dept. of | | | |
| General Administration | | | |
| FIP-TANF | \$ 9,879,488 | \$ -3,598,266 | \$ 6,281,222 |
| Promise Jobs-TANF | 11,091,911 | -859,571 | 10,232,340 |
| FaDDS-TANF | 2,898,980 | 0 | 2,898,980 |
| Field Operations-TANF | 31,296,232 | 0 | 31,296,232 |
| General Administration-TANF | 3,744,000 | 0 | 3,744,000 |
| Child Care Assistance -TANF | 35,047,110 | 6,163,129 | 41,210,239 |
| MH/DD Comm. Services-TANF | 4,894,052 | 0 | 4,894,052 |
| Child & Family Services-TANF | 32,084,430 | 0 | 32,084,430 |
| Child Abuse Prevention-TANF | 125,000 | 0 | 125,000 |
| Training & Technology-TANF | 1,037,186 | 0 | 1,037,186 |
| FIP Eligibility System-TANF | 6,549,549 | 0 | 6,549,549 |
| Total General Administration | \$ 138,647,938 | \$ 1,705,292 | \$ 140,353,230 |
| Assistance | | | |
| Pregnancy Prevention-TANF | \$ 1,930,067 | \$ 0 | \$ 1,930,067 |
| Promoting Healthy Marriage - TANF | 25,000 | 0 | 25,000 |
| Medical Assistance - HCTF | 223,060,000 | 0 | 223,060,000 |
| Medical Contracts-Pharm Settlement - PhSA | 5,467,564 | 1,502,176 | 6,969,740 |
| Medical Assistance - QATF | 29,195,653 | 500,000 | 29,695,653 |
| Medical Assistance-HHCAT | 34,700,000 | 0 | 34,700,000 |
| Medicaid Supplemental - MFF | 500,000 | 0 | 500,000 |
| Total Assistance | \$ 294,878,284 | \$ 2,002,176 | \$ 296,880,460 |
| Total Human Services, Dept. of | \$ 433,526,222 | \$ 3,707,468 | \$ 437,233,690 |
| Total Health and Human Services | \$ 433,526,222 | \$ 3,707,468 | \$ 437,233,690 |