

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

***Family Support Subsidy and
Children at Home Programs
SFY 2022***

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Family Support Subsidy Program and Children At Home Program

LEGISLATIVE BACKGROUND

Iowa Code 225C, Subsections III and V outline the Family Support Subsidy (FSS) program and family support services, named the Children At Home (CAH) program. Both of these programs are outlined in Iowa Administrative Rules 441.184 serving both individuals and family direct support. State appropriations to these programs fall under the Family Support Subsidy program in which a specific amount is appropriated to the CAH program. When the decision to end the FSS program occurred in 2010, there was also a decision that funds saved from sun setting the program would be transferred to the CAH program to expand services in additional counties, as communities were previously served under smaller community contracts.

FAMILY SUPPORT SUBSIDY PROGRAM

Background

The Family Support Subsidy (FSS) program provides a monthly payment to help families with the cost of raising a child with a developmental disability. Parents of children with disabilities were very active in getting state and federal policy makers to look at how they could divert some of the funds going to institutional care. Families with severely disabled children wanted to raise their children at home but were met with a lot of resistance and policy barriers when they tried to get home-based support.

These families actively encouraged state policy makers to divert some of the funds going to institutional care toward a program that would let them care for their children at home. Implemented in 1988, and using 100% state funds, the FSS program provides a monthly payment to help families with the cost of raising a child with a developmental disability.

Later legislation established a comprehensive family support council to work in conjunction with the Department in determining the subsidy amount each year, making improvements to the program and completing this annual evaluation.

Ending the Family Support Subsidy:

The legislature directed the Department of Human Services (DHS) to stop accepting new applicants for the FSS effective July 1, 2010. This decision was based on the determination that since the time when the FSS began there has been a significant expansion of the Medicaid Home and Community-Based (HCBS) waiver program. Many of the needs that were intended to be addressed by the FSS are more adequately met by the Medicaid HCBS waiver program. Medicaid has the additional benefit of a federal match allowing the Department to serve more children.

Due to the legislation mentioned above efforts to encourage new participants to participate have ceased. However, children who had been approved for the FSS program before the July 2010 cutoff date are allowed to continue receiving benefits as long as they continued to meet eligibility requirements. Parents of children in the FSS program must annually submit documentation for the Department to determine continued eligibility for the program. The number of children receiving FSS

will continue to decline until all the children who are currently in the program turn 18. If current enrollees continue to be eligible until their 18th birthday the last FSS payment will be issued in July of 2024. As the number of children receiving FSS declines the funds have historically been transferred to the Children At Home(CAH) program described below.

The Comprehensive Family Support Council has been eliminated. This council served to help determine funding for the FSS. Beginning in State Fiscal Year 2012 (SFY12), the FSS began using a scripted formula for increasing yearly payment amounts for families. This combined with the wind down of the program made the council no longer necessary.

Current Status of FSS:

In SFY22 the program provided a monthly payment to families of \$332.79. Families with income below \$40,000 (adjusted gross income) continue to qualify for this program. Two thirds of the families served through the FSS earned less than \$20,000 per year. The families still being served by the program are located throughout the state, with the majority of families located in rural areas. In SFY22 all parents that reapplied for SFY22 reported that their child remained in the family home. No children returned to the home in SFY22, due to the fact that this program is no longer taking applications so if the child left the home they would no longer be eligible to return to the FSS program. Of the families on FSS in SFY22, one family did not return reapplication paperwork for SFY 23 and was terminated from the program.

Number of Children Served in the FSS Program:

Fiscal Year	2016	2017	2018	2019	2020	2021	2022
Children in FSS	125	88	65	47	33	22	15

*There are no longer any children on the waitlist due to the legislative direction to stop accepting applications effective July 1, 2010.

Family Support Subsidy Survey Results:

Of the parents who renewed the FSS for SFY23, 100% of those who responded to the survey question expressed satisfaction with the program. None of those responding indicated dissatisfaction with the program. Parents are highly appreciative of this program and the only problem expressed by parents is that the subsidy payments end when a child turns 18 and this is usually before the child is finished with high school. Ways in which the families used the subsidy monies included transportation, adaptive equipment, home modification and respite care. Due to the program winding down and the implementation of a scripted formula to annually increase payments family surveys did not include information on payment adequacy.

Children at Home Program

Background

The Children at Home (CAH) program began in 1996 as a pilot program. Three urban and three rural Decategorization clusters were chosen as the pilot sites for the program. Like the FSS program, the CAH program is designed to help families with the cost of raising a child with a developmental disability. However, this program does not provide a direct payment to the family. The CAH program serves as a payer of last resort designed to assist families in securing the services and supports they identify as necessary in helping their children remain at home.

The program provides financial assistance to families of children with developmental disabilities. The funds help families with expenses not covered by other programs or during emergencies when it would take too long to apply for assistance through other means. These funds are provided on an as needed basis. Prior to July 1, 2016, these funds were distributed through agencies awarded CAH contracts.

On July 1, 2016, funding was transferred to the Iowa Department of Public Health (IDPH) who oversees the Iowa Family Support Network (IFSN). The IFSN provides consumer-friendly and effective coordinated intake and referral services along with education. The CAH Program has been integrated into this existing coordinated intake and referral system is for families, child health care providers, and other professionals seeking information, support and referral.

Families use CAH funds to pay for respite, summer camps, adaptive equipment, educational software, home modifications, special diets and special training. While eligibility criteria has not changed, IDPH and Every Step, formerly Visiting Nurse Services of Iowa (VNS), who is the contractor that operates the IFSN, partnered to develop clear parameters and guidance to standardize the program for State-wide implementation. Having a single administrator provides greater consistency in delivering services.

Current status of the CAH program:

The CAH program was expanded for State-wide service in SFY17 to all 99 counties.

Prior to SFY17, the CAH program operated in only 23 counties. In SFY22, 81 counties were served by the CAH program and 2 of those counties were served for the first time.

496 children were served during SFY22. The majority of applications that were denied was due to incomplete applications.

It is noted that \$67,314.97 was secured from other funding sources, such as HCBS waiver funds, was used to meet children's' needs, making CAH the payor of last resort, as intended.

Number of Children Served in the CAH Program:

Fiscal Year	2016	2017	2018	2019	2020	2021	2022
Children in CAH	789	504	725	551	638	529	496

Children at Home Survey Results:

Families participating in the program have expressed satisfaction with the program.

100% of families reported that the program made a positive impact on the family.

Program Recommendations

DHS has contracted with the Iowa Department of Public Health to implement state-wide expansion of the CAH program. It is recommended that the newly created Department of Health and Human Services continues operation of this program.