



# Iowa Department of Human Services

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

Jerry R. Foxhoven  
Director

SEP 04 2018

The Honorable Kim Reynolds  
Governor  
State Capitol  
LOCAL

Dear Governor Reynolds:

Enclosed please find a copy of a report to the General Assembly relative to the Family Support Subsidy and the Children at Home program for Fiscal Year 2018.

This annual report was prepared pursuant to directive contained in Iowa Code 225C.42.

Sincerely,



Jerry R. Foxhoven  
Director

JRF:HVR

Enclosure

# Iowa Department of Human Services



## *Family Support Subsidy and Children at Home Programs SFY 2018*

October 30, 2018

## **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 DHS to stop accepting new applicants for the Family Support Subsidy effective July 1, 2010. This decision was based on the determination that since the time when the Family Support Subsidy began there has been a significant expansion of the Medicaid Home and Community Based Waiver program. Many of the needs that were intended to be addressed by the Family Support Subsidy could be more adequately met by the Medicaid Waiver program. Medicaid has the additional benefit of a federal match letting the state funds reach more eligible children.

The number of children in the Family Support Subsidy will continue to decline until all the children who are currently in the program turn 18.

The Comprehensive Family Support Council has been eliminated. This council served to help determine funding for the Family Support Subsidy. Beginning in FY12, the Family Support Subsidy began operating off a scripted formula for increasing yearly payment amounts for families. This combined with the elimination of the program when the last, current child reaches 18 served to eliminate the need for a council.

### **Where We Are Today:**

For SFY 19 the program provides a monthly payment to families of \$304. Families with income below \$40,000 (adjusted gross income) can qualify for this program. About half of the families served through the Family Support Subsidy earn less than \$20,000/year.

## Number of Children Served in the FSS Program:

Fiscal Year	2013	2014	2015	2016	2017	2018
Children in FSS	214	170	145	125	88	65

## Family Support Subsidy Survey Results:

Of the families who renewed the Family Support Subsidy for the next year, 99% of those who responded to the survey question expressed satisfaction with the program. None of those responding indicated dissatisfaction with the program. Ways in which the families used the subsidy monies included transportation, parent training, and insurance.

## 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. The 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 cash 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 Visiting Nurse Services of Iowa (VNS), who is the contractor that operates the ISFN, partnered to develop clear parameters and guidance to standardize the program for State-wide implementation.

### **Current status of the CAH program:**

The Children at Home program was expanded for State-wide service in SFY17, reaching all 99 counties.

Prior to SFY17, the Children at Home program operated in only 23 counties. In SFY18, 74 counties were served by the Children At Home Program.

During SFY18, 725 unduplicated children were served during the fiscal year.

### **Number of Children Served in the CAH Program:**

Fiscal Year	2013	2014	2015	2016	2017	2018
Children in CAH	571	624	791	789	504	725

### **Children at Home Survey Results:**

Families participating in the program have expressed satisfaction with the program. 100% of families reported they were satisfied with the Children at Home program. 93% indicated that the program improved or increased the child's interactions within the family or community. 97% of families indicated that the program decreased family stress or financial burden.

### **Program Recommendations**

DHS has contracted with the Iowa Department of Public Health to implement State-wide expansion of the CAH program. The two departments continue to have conversations regarding the efficiency of the program and additional opportunities to streamline the State-wide efforts.