Health and Human Services Appropriations Bill
House File 766

An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.
FUNDING SUMMARY

**General Fund FY 2020:** Appropriates a total of $1,937.2 million from the General Fund and 4,606.5 full-time equivalent (FTE) positions to the Department on Aging (IDA); the Department of Public Health (DPH); the Department of Human Services (DHS); the Department of Veterans Affairs (IVA); and the Iowa Veterans Home (IVH). This is a decrease of $34.9 million and an increase of 255.9 FTE positions compared to estimated net FY 2019.

**General Fund Supplemental Appropriation for FY 2019:** Provides a supplemental appropriation of $150.3 million for the Medicaid Program in FY 2019.

**Other Funds FY 2020:** Appropriates a total of $431.8 million from other funds. This is an increase of $18.7 million compared to estimated net FY 2019.

**Other Funds Supplemental Appropriations for FY 2019:** Provides a net increase of $251,000 in other fund appropriations for FY 2019. The changes include various adjustments to the Temporary Assistance for Needy Families (TANF) appropriations.

**Standing Appropriations FY 2020:** In addition to the appropriations in this Bill, the attached tracking includes the following standing appropriations that are automatically appropriated in statute:

- $224,000 to the DPH for the Center for Congenital and Inherited Disorders Central Registry.
- $233,000 to the DHS for Child Abuse Prevention.
- $1,400 to the DHS for the Commission of Inquiry.
- $143,000 to the DHS for Nonresident Mental Illness Commitment.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

**Department of Public Health**

**Children's Behavioral Health Hotline:** Allocates a total of $338,000, which includes a transfer of $32,000 from the DHS, and directs the DPH, in collaboration with the DHS, to expand the Your Life Iowa information referral service to include information on the Iowa Children's Behavioral Health System.

**Psychiatric Residencies:** Allocates $400,000 to create and train four psychiatric residents per year to provide mental health services in underserved areas of the State.

**Psychiatric Training:** Allocates $150,000 for psychiatric training for physician assistants and nurse
practitioners.

Department on Aging

Pre-Medicaid Pilot Project: Allocates $250,000 to continue and expand a Pre-Medicaid Pilot Project that aims to keep individuals in the community and out of long-term care facilities following a nursing facility stay.

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates a total of $11.2 million from the General Fund and 27.0 FTE positions. This is a net increase of $149,000 and 9.0 FTE positions compared to estimated net FY 2019.

Office of Long-Term Care Ombudsman: Appropriates a total of $1.1 million from the General Fund and 16.0 FTE positions. This is no change in funding and an increase of 5.0 FTE positions compared to estimated net FY 2019.

Department of Public Health: Appropriates a total of $55.5 million from the General Fund and 198.0 FTE positions. This is a net increase of $620,000 and 2.5 FTE positions compared to estimated net FY 2019. The significant changes include:

- An increase of $306,000 for the Addictive Disorders appropriation.
- A decrease of $4,000 for the Healthy Children and Families appropriation.
- A decrease of $305,000 for the Chronic Conditions appropriation.
- An increase of $625,000 for the Community Capacity appropriation.
- A decrease of $2,000 for the Public Protection appropriation.

Department of Veterans Affairs: Appropriates a total of $11.4 million from the General Fund and 15.0 FTE positions. This is an increase of $75,000 and 1.5 FTE positions compared to estimated net FY 2019.

Department of Human Services: Appropriates a total of $1,858.0 million from the General Fund and 4,350.5 FTE positions. This is a net decrease of $35.7 million and an increase of 237.9 FTE positions compared to estimated net FY 2019. Significant changes include:

- A decrease of $1,000 for the Family Investment Program (FIP)/PROMISE JOBS appropriation.
- An increase of $163,000 for the Child Support Recovery Unit appropriation.
- A decrease of $60.8 million for the Medicaid appropriation. This comparison is after the $150.3 million FY 2019 supplemental appropriation.
• An increase of $1.4 million for the Medical Contracts appropriation.
• A decrease of $2.4 million for the State Supplementary Assistance appropriation.
• An increase of $12.3 million for the State Children's Health Insurance Program appropriation.
• An increase of $1.2 million for the State Training School at Eldora.
• An increase of $4.1 million for the Child and Family Services appropriation.
• An increase of $151,000 for the Adoption Subsidy appropriation.
• A combined increase of $2.0 million for the two Mental Health Institute (MHI) appropriations.
• A combined decrease of $1.3 million for the two State Resource Center appropriations.
• An increase of $1.2 million for the Civil Commitment Unit for Sexual Offenders (CCUSO) appropriation.
• An increase of $6.3 million for the Field Operations appropriation.

Temporary Assistance for Needy Families (TANF) Federal Block Grant: Appropriates $130.5 million for various DHS programs. This is no change compared to estimated net FY 2019. Page 18, Line 12

Health Care Trust Fund: Appropriates $208.5 million for the Medicaid Program. This is a decrease of $1.3 million compared to estimated net FY 2019. Page 28, Line 9

Medicaid Fraud Fund: Appropriates $75,000 for the Medicaid Program. This is a decrease of $425,000 compared to estimated net FY 2019. Page 28, Line 18

Pharmaceutical Settlement Account: Appropriates $234,000 for Medical Contracts. This is a decrease of $1.2 million compared to estimated net FY 2019. Page 66, Line 17

Quality Assurance Trust Fund: Appropriates $58.6 million for the Medicaid Program. This is an increase of $21.9 million compared to estimated net FY 2019. Page 66, Line 28

Hospital Health Care Access Trust Fund: Appropriates $33.9 million for the Medicaid Program. This is no change compared to estimated net FY 2019. Page 67, Line 5

CHANGES TO PRIOR APPROPRIATIONS

Department of Human Services

Group Foster Care Reallocation: Amends the allocation from the FY 2019 General Fund appropriation for Child and Family Services for Group Foster Care to expand the list of other permissible services to include family foster care, independent living, and family safety, risk, and permanency services. Page 79, Line 30
Shelter Care Allocation: Amends the allocation from the FY 2019 General Fund appropriation for Child and Family Services for shelter care and child welfare emergency services by removing the financial limitation.

Other Funding for Child and Family Services: Amends the FY 2019 General Fund appropriation for Child and Family Services to specify that if other funding is available, the allocations of State funds in this Section may be substituted with the other funding source.

FY 2019 Non-Reversion: Provides non-reversion language for the appropriations to the Family Investment Program, State Resource Centers, Field Operations, General Administration, and State Supplementary Assistance to be used for technology needs and transfers to DHS facilities.

STUDIES AND INTENT

Department of Human Rights

Transfer of Juvenile Justice Programs: Requires the Division of Criminal and Juvenile Justice Planning (CJJP) of the Department of Human Rights to convene a work group to review and develop a plan to transfer graduated sanctions and court-ordered services funding, and oversight of group foster care placements, from DHS to the Office of the State Court Administrator or other appropriate State entity by July 1, 2021. A report is due to the Governor and the General Assembly by December 15, 2019.

Department of Human Services

Request for Proposal (RFP) Outcomes: Requires the DHS to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the Legislative Services Agency (LSA), and the Department of Management (DOM) by December 15, 2019, regarding the outcomes of any program or activity awarded through the RFP process.

Contracted Services Prohibited Use of Funding: Requires the DHS to prohibit General Fund appropriations or allocations awarded be used for lobbying activities. Lobbyist does not include Executive Branch liaisons.

Managed Care Contracts Notification: Requires the DHS to notify the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and caucus staff within 30 days of execution or amendment of an MCO contract, and within 30 days of determining the incentive payment withhold amount.
**EXECUTIVE SUMMARY**

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**Medicaid Claiming:** Requires the DHS and the IDA to continue to collaborate to develop a cost allocation plan requesting federal financial participation for the Aging and Disability Resource Center (ADRC) activities.

**Page 72, Line 9**

**Uniform Medicaid Prior Authorization Process:** Requires the DHS to adopt rules requiring both managed care and fee-for-service systems to utilize a uniform process for prior authorization requests under Medicaid beginning October 1, 2019.

**Page 83, Line 9**

**Medicaid Prior Authorization Portal:** Requires the DHS to review costs associated with expanding the Medicaid Management Information System to integrate a single statewide system to serve as a central portal for the submission of all prior authorization requests under Medicaid. The results of the study are to be submitted to the Governor and the General Assembly by March 31, 2020.

**Page 83, Line 19**

**Medicaid for Lawfully Admitted Pregnant Women:** Adds language requesting a waiver from the Center for Medicare and Medicaid Services (CMS) to provide Medicaid coverage for pregnant women lawfully admitted for permanent residence in the United States without waiting the five-year waiting period.

**Page 97, Line 24**

**Medicaid MCO Contracts – Liquidated Damages:** Requires the DHS to amend the Medicaid MCO contracts to include the assessment of liquidated damages for prior authorization and claims payment system issues that were reported by the MCO to the DHS as corrected but reoccurred within 60 days and assessment of liquidated damages for the failure of an MCO to complete provider credentialing or to accurately load provider rosters as required in the contract.

**Page 98, Line 20**

**Community Adolescent Pregnancy Program:** Prohibits funds for the Program from being awarded to an entity that facilitate abortions.

**Page 103, Line 17**

**Department of Public Health**

**Review of Allocations and Grants:** Requires the DPH to work with stakeholders to develop a proposal for distributing funds in a manner more closely aligned with the DPH’s stated priorities and goals. A report is due to the Governor and General Assembly by December 15, 2019.

**Page 15, Line 32**

**RFP Outcomes:** Requires the DPH to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by January 1, 2020, regarding the outcomes of any program or activity awarded through the RFP process.

**Page 16, Line 10**

**Contracted Services Prohibited Use of Funding:** Requires the DPH to prohibit General Fund
appropriations or allocations awarded to be used for lobbying activities. "Lobbyist" does not include Executive Branch liaisons.

**Enhanced Delivery of Services for Co-Occurring Conditions:** Requires the DPH and the DHS to develop recommendations for the enhanced delivery of co-occurring conditions services. The Departments are required to submit a report including findings, a five-year plan, and other recommendations to the Governor and General Assembly by December 15, 2019.

**Distribution of Title X Federal Funds:** Directs the DPH to distribute all grant funding received through Title X of the federal Public Health Services Act based on a prioritized schedule of applicants and specifies that funds cannot be distributed to an entity that facilitate abortions.

**Personal Responsibility Education Program:** Prohibits the DPH from contracting for this Program with an entity that facilitate abortions.

**SIGNIFICANT CODE CHANGES**

**Department of Human Rights**

**Exemption from Required Accommodations or Services:** Adds language to specify the Iowa Civil Rights Act of 1965 does not require any State or local government unit or tax-supported district to provide for sex reassignment surgery or any other cosmetic, reconstructive, or plastic surgery procedure related to transsexualism, hermaphroditism, gender identity disorder, or body dysmorphic disorder.

**Department of Human Services**

**Hospital Health Care Access Assessment:** Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2021.

**Polk County MHDS Funding:** Allows Polk County to transfer funds from any other fund of the County to the County Mental Health and Disability Services (MHDS) Fund in FY 2020. Polk County is required to submit a report to the Governor and the General Assembly by September 1, 2020, detailing the transfer of funds.

**Hospital Health Care Access Trust Fund:** Eliminates the Hospital Health Care Access Trust Fund Board.

**Council on Human Services:** Eliminates the Child Support Advisory Committee and the Child Welfare Advisory Committee of the Council on Human Services.
Mental Health and Disability Services Commission: Eliminates the Property Tax Relief Fund Risk Pool. Page 92, Line 3

Children’s Mental Health Waiver Implementation Committee: Eliminates the Committee. Page 92, Line 5

Medical Assistance Advisory Council (MAAC): Eliminates the Executive Committee of the MAAC Council and limits the voting membership of the Council to ten members. Page 92, Line 7

Nursing Facility Quality of Care Rate Add-On Program: Creates a Nursing Facility Quality of Care Rate Add-On Program for Non-State Government-Owned Nursing Facilities to provide an add-on payment to nursing facilities for various activities. This Program is intended to be budget neutral to the State. Page 105, Line 4

Preparation for Adult Living Program: Extends the eligibility for the Program to ages 21 and 22. Page 114, Line 12

Department of Public Health

Executive Directors of Licensing Boards: Modifies the appointment of the executive directors for the Board of Medicine, Board of Nursing, Dental Board, and Board of Pharmacy by establishing that the DPH Director will appoint and supervise these positions. Requires the four boards to advise the DPH Director on matters related to the executive directors. Page 81, Line 19

Iowa Collaborative Safety Net Provider Network: Eliminates the network and makes conforming changes. Page 85, Line 1

Advisory Committee to the Center for Rural Health and Primary Care: Eliminates the Advisory Committee and makes conforming changes. Page 88, Line 13

Governmental Public Health Advisory Council: Eliminates the Council and makes conforming changes. Page 88, Line 29


Office of State Medical Examiner: Combines the State Medical Examiner Advisory Council with the Interagency Coordinating Council. Page 89, Line 2

Trauma System Advisory Council: Limits membership to seven members selected from a listing of organizations and provides transition provisions. Page 90, Line 3
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Teleconference Meetings: Requires the DPH to provide for teleconference options for any board, commission, committee, or council member to participate in official meetings. Page 90, Line 21

Payment of Compensation or Expenses: Eliminates the payment of compensation or expenses for public members of the following:
- Plumbing and Mechanical Systems Board.
- Child Death Review Team.
- Health Facilities Council.
- Early Childhood Iowa State Board.
Page 90, Line 29

Health Data Collection and Use: Removes the Iowa Hospital Association (IHA) as the specified intermediary operating the Inpatient Outpatient Data System and permits the DPH to select a contractor through an RFP to act as the DPH’s intermediary. The Memorandum of Understanding (MOU) with the IHA is continued until the contractor selected through an RFP process assumes the duties. Page 99, Line 1

EFFECTIVE DATE

Department of Human Rights
Specifies the provision related to exemptions from required accommodations or services is effective upon enactment. Page 98, Line 18

Department of Human Services
Specifies the provision directing the State Court Administrator and the Division Administrator of the Child and Family Services Division of the DHS to determine the distribution of funds for the State expenses of court-ordered services for juveniles by June 15, 2019, takes effect upon enactment. Page 66, Line 5

Specifies the provision transferring decategorization funds to Medicaid that would have previously reverted to the General Fund is effective upon enactment and retroactive to July 1, 2018. Page 73, Line 1

Specifies the provision amending FY 2019 appropriations is effective upon enactment and retroactive to July 1, 2018. Page 80, Line 28

Specifies the provision relating to the repeal of the Hospital Health Care Access Provider Assessment is effective upon enactment. Page 81, Line 3
Specifies the provisions relating to Medicaid prior authorization takes effect upon enactment. Page 83, Line 32

Specifies the provisions relating to the NSGO Nursing Facility Quality of Care Rate Add-on Program are effective upon enactment. Page 113, Line 32

Specifies the changes to nonreversion of FY 2019 appropriations are effective upon enactment and retroactive to July 1, 2017. Page 120, Line 29

**Department of Public Health**

Specifies the provision related to sexual education programs and family planning services is effective upon enactment. Page 105, Line 2

Specifies the delay of the repeal for Vaccine and Immunization Administration is effective upon enactment. Page 121, Line 4
House File 766 provides for the following changes to the Code of Iowa.

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Section 1. DEPARTMENT ON AGING. There is appropriated from the general fund of the state to the department on aging for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

- For aging programs for the department on aging and area agencies on aging to provide citizens of Iowa who are 60 years of age and older with case management for frail elders, Iowa's aging and disabilities resource center, and other services which may include but are not limited to adult day services, respite care, chore services, information and assistance, and material aid, and for information and options counseling for persons with disabilities who are 18 years of age or older, and for salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:
  - $11,191,441
  - FTEs 27.00

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

2. Of the funds appropriated in this section, $279,000 is transferred to the economic development authority for the Iowa commission on volunteer services to be used for the retired and senior volunteer program.

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

(2) Prohibiting prepayment for goods or services not received or performed prior to the end of the fiscal period designated for use of the funds.

(3) Prohibiting prepayment for goods or services not defined specifically by good or service, time period, or recipient.

(4) Prohibiting the establishment of accounts from which future goods or services which are not defined specifically by good or service, time period, or recipient, may be purchased.

b. The procedures shall provide that if any funds are expended in a manner that is not in compliance with the procedures and applicable federal and state laws, rules, and regulations, and are subsequently subject to repayment, the area agency on aging expending such funds in contravention of such procedures, laws, rules and regulations, not the state, shall be liable for such repayment.

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

5. Of the funds appropriated in this section, $812,000 shall be used for the purposes of chapter 231E and to administer the prevention of elder abuse, neglect, and exploitation program pursuant to section 231.56A, in accordance with the requirements of the federal Older Americans Act of 1965, 42 U.S.C.§3001 et seq., as amended.

6. Of the funds appropriated in this section, $1,000,000 shall be used to fund continuation of the aging and disability resource center lifelong links to provide individuals and caregivers with information and services to plan for and maintain independence.

Allocates at least $600,000 to be used for Home and Community-Based Services (HCBS) provided through AAAs.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Allocates $812,000 for the Office of Public Guardian and for the prevention of elder abuse, neglect, and exploitation.

DETAIL: This is a decrease of $537 compared to the estimated net FY 2019 allocation due to a general reduction.

The Office of Public Guardian works with individuals who are not capable of making their own decisions about legal, financial, or health care matters. Depending on the situation, the Office may act as an individual's guardian, conservator, attorney-in-fact under a health care power of attorney document, agent under a financial power of attorney document, personal representative, or representative payee.

Allocates $1,000,000 to continue the LifeLong Links Resource Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. LifeLong Links helps to connect older adults, adults with disabilities, veterans, and their caregivers to local service providers who can help these individuals maintain their independence at home or in the community of their choice.
Of the funds appropriated in this section, $250,000 shall be used by the department on aging, in collaboration with the department of human services and affected stakeholders, to expand the pilot initiative to provide long-term care options counseling utilizing support planning protocols, to assist non-Medicaid eligible consumers who indicate a preference to return to the community and are deemed appropriate for discharge, to return to their community following a nursing facility stay. The department on aging shall submit a report regarding the outcomes of the pilot initiative to the governor and the general assembly by December 15, 2019.

DIVISION II

OFFICE OF LONG-TERM CARE OMBUDSMAN —— FY 2019-2020

Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is appropriated from the general fund of the state to the office of long-term care ombudsman for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

$1,149,821  FTEs 16.00

DIVISION III

DEPARTMENT OF PUBLIC HEALTH —— FY 2019-2020

Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated from the general fund of the state to the department of public health for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. ADDICTIVE DISORDERS

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

$25,110,000  FTEs 12.00

Allocates $250,000 to continue and expand a Pre-Medicaid Pilot Project.

DETAIL: This an increase of $150,000 compared to the estimated net FY 2019 allocation. The Project works to keep individuals in the community and out of long-term care facilities following a nursing facility stay. The goal of the Project is to gather data on potential savings to Medicaid and apply for a Section 1115 Medicaid waiver to draw down federal matching funds to expand the Project statewide. The Department is required to submit a report with the outcomes of the Project to the Governor and General Assembly by December 15, 2019.

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2020.

DETAIL: This is no change in funding and an increase of 5.00 FTE positions compared to estimated net FY 2019. The increase in FTE positions is to match the FY 2019 authorized amount.

General Fund appropriation to Addictive Disorders programs.

DETAIL: This is an increase of $305,656 and 1.00 FTE position compared to estimated net FY 2019. Changes include:

- An increase of $306,000 and 1.00 FTE position to expand the Your Life Iowa treatment information service to include information on the Iowa Children’s Behavioral Health System.
- A decrease of $344 due to a general reduction.

Allocates $4,021,000 for tobacco use prevention and control initiatives,
$4,021,000 shall be used for the tobacco use prevention and control initiative, including efforts at the state and local levels, as provided in chapter 142A. The commission on tobacco use prevention and control established pursuant to section 142A.3 shall advise the director of public health in prioritizing funding needs and the allocation of moneys appropriated for the programs and initiatives. Activities of the programs and initiatives shall be in alignment with the United States centers for disease control and prevention best practices for comprehensive tobacco control programs that include the goals of preventing youth initiation of tobacco usage, reducing exposure to secondhand smoke, and promotion of tobacco cessation. To maximize resources, the department shall determine if third-party sources are available to instead provide nicotine replacement products to an applicant prior to provision of such products to an applicant under the initiative. The department shall track and report to the individuals specified in this Act, any reduction in the provision of nicotine replacement products realized by screening for third-party sources of funding for the nicotine replacement products.

December of the funds appropriated in this subsection, $21,089,000 shall be used for problem gambling and substance-related disorder prevention, treatment, and recovery services, including Community Partnerships. Requires activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention (CDC) best practices. Requires a report on any reduction in providing nicotine replacement products realized by screening for third-party sources of funding for the nicotine replacement products.

Allocates $21,089,000 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is an increase of $305,881 compared to the estimated net FY 2019 allocation.

- An increase of $306,000 for the Your Life Iowa information
Of the amount allocated under this paragraph, $306,000 shall be utilized by the department of public health, in collaboration with the department of human services, to support establishment and maintenance of a single statewide 24-hour crisis hotline for the Iowa children’s behavioral health system that incorporates warmline services which may be provided through expansion of existing capabilities maintained by the department of public health as required pursuant to 2018 Iowa Acts, chapter 1056, section 16.

c. The requirement of section 123.17, subsection 5, is met by the appropriations and allocations made in this division of this Act for purposes of substance-related disorder treatment and addictive disorders for the fiscal year beginning July 1, 2019.

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

<table>
<thead>
<tr>
<th>Positions</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,817,057</td>
</tr>
<tr>
<td></td>
<td>FTEs 14.00</td>
</tr>
</tbody>
</table>

Of the funds appropriated in this subsection, not more than $734,000 shall be used for the healthy opportunities for parents to experience success (HOPES)-healthy families Iowa (HFI) program established pursuant to section 135.106. The funding shall be distributed to renew the grants that were provided to the grantees that operated the program during the referral service.

A decrease of $119 due to a general reduction.

Requires the DPH to use $306,000 to expand the Your Life Iowa information referral service to include information on the Iowa Children’s Behavioral Health System.

DETAIL: This is a new allocation. Funding will be used for website updates, hotline staffing, and health promotion.

NOTE: The Bill also transfers $32,000 from the Department of Human Services (DHS) General Administration appropriation to the DPH for the Your Life Iowa expansion. This brings the total funding for the expansion to $338,000 for FY 2020.

Specifies that the requirements of Iowa Code section 123.17 are met by the appropriations made in this Bill.

DETAIL: This Iowa Code section requires the Department of Commerce to transfer $2,000,000, plus an amount determined by the General Assembly, from the Beer and Liquor Control Fund to the General Fund for the Comprehensive Substance Abuse Program.

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is a decrease of $3,568 and an increase of 1.00 FTE position compared to estimated net FY 2019. The decrease in funding is due to a general reduction, and the increased FTE position is for the First Five Program.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to $734,000.

DETAIL: This is a decrease of $841 compared to the estimated net FY 2019 allocation due to a general reduction. This Program provides...
fiscal year ending June 30, 2018. However, the department shall issue a request for proposals and distribute grants to the grantees selected to operate the program no later than January 1, 2020. The department shall not retain any portion of the allocation under this paragraph for administrative costs.

b. In order to implement the legislative intent stated in sections 135.106 and 256I.9, priority for home visitation program funding shall be given to programs using evidence-based or promising models for home visitation.

c. Of the funds appropriated in this subsection, $3,075,000 shall be used for continuation of the department’s initiative to provide for adequate developmental surveillance and screening during a child’s first five years. The funds shall be used first to fully fund the current sites to ensure that the sites are fully operational, with the remaining funds to be used for expansion to additional sites. The full implementation and expansion shall include enhancing the scope of the initiative through collaboration with the child health specialty clinics to promote healthy child development through early identification and response to both biomedical and social determinants of healthy development; by monitoring child health metrics to inform practice, document long-term health impacts and savings, and provide for continuous improvement through training, education, and evaluation; and by providing practitioner consultation particularly for children with behavioral conditions and needs. The department of public health shall also collaborate with the Iowa Medicaid enterprise and the child health specialty clinics to integrate the activities of the first five initiative into the establishment of patient-centered medical homes, community utilities, accountable care organizations, and other integrated care models developed to improve health quality and population health while reducing health care costs. To the maximum extent possible, funding allocated in this paragraph shall be utilized as matching funds for medical assistance program reimbursement.

d. Of the funds appropriated in this subsection, $64,000 shall be distributed to a statewide dental carrier to provide funds to continue the donated dental services program patterned after the projects developed by the dental lifeline network to provide dental services to indigent individuals who are elderly support for families through home visits that begin during pregnancy or at the birth of a child, and can continue through age four.

Although the language continues the contract with the current contractor, the DPH is required to issue a request for proposals (RFP) for the funds allocated and to execute a contract with the contractor selected to administer the program no later than January 1, 2020. The DPH cannot retain any portion of the allocation under this paragraph for administrative costs.

Specifies legislative intent for Iowa Code section 135.106 (HOPES-HFI) and Iowa Code section 256I.9 (Early Childhood Iowa). Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

Allocates $3,075,000 for the Iowa 1st Five Healthy Mental Development Initiative programs.

DETAIL: This is a decrease of $101 compared to the estimated net FY 2019 allocation due to a general reduction. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children from birth to age five. The Initiative then coordinates referrals, interventions, and follow-up.

Allocates $64,000 for a Donated Dental Services Program for indigent elderly and disabled individuals.

DETAIL: This is a decrease of $640 compared to the estimated net FY 2019 allocation due to a general reduction.
or with disabilities.

Of the funds appropriated in this subsection, $156,000 shall be used to provide audiological services and hearing aids for children.

Of the funds appropriated in this subsection, $23,000 is transferred to the University of Iowa College of Dentistry for provision of primary dental services to children. State funds shall be matched on a dollar-for-dollar basis. The University of Iowa college of dentistry shall coordinate efforts with the department of public health, oral and health delivery system bureau, to provide dental care to underserved populations throughout the state.

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

Of the funds appropriated in this subsection, $40,000 shall be used to support the Iowa effort to address the survey of children who experience adverse childhood experiences known as ACEs.

Of the funds appropriated in this subsection, up to $494,000 shall be used for childhood obesity prevention.

Allocates $156,000 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is a decrease of $482 compared to the estimated net FY 2019 allocation due to a general reduction.

Transfers $23,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral and Health Delivery System to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Allocates $50,000 for a Youth Suicide Prevention Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. Funds are used to provide the Your Life Iowa resource, which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24 hours per day every day, and texting services from 2:00 p.m. to 10:00 p.m. daily.

Allocates $40,000 to support the Iowa effort to address the survey of children who experience adverse childhood experiences (ACEs).

DETAIL: This is a decrease of $511 compared to the estimated net FY 2019 allocation due to a general reduction. The funding supports the Adverse Childhood Experiences Study being conducted by the Central Iowa ACEs Steering Committee. The original Adverse Childhood Experiences Study revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions in the Behavioral Risk Factor Surveillance System to further track and study this topic.

Allocates no more than $494,000 to be used on childhood obesity prevention.

DETAIL: This is a decrease of $993 compared to the estimated net FY 2019 allocation due to a general reduction.
3. CHRONIC CONDITIONS

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>.................................................................................................</td>
<td>$ 4,223,519</td>
</tr>
<tr>
<td>.................................................................................................</td>
<td>FTEs 9.00</td>
</tr>
</tbody>
</table>

a. Of the funds appropriated in this subsection, $153,000 shall be used for grants to individual patients who have an inherited metabolic disorder to assist with the costs of medically necessary foods and formula.

b. Of the funds appropriated in this subsection, $1,055,000 shall be used for the brain injury services program pursuant to section 135.22B, including $861,000 for contracting with an existing nationally affiliated and statewide organization whose purpose is to educate, serve, and support Iowans with brain injury and their families, for resource facilitator services in accordance with section 135.22B, subsection 9, and for contracting to enhance brain injury training and recruitment of service providers on a statewide basis. Of the amount allocated in this paragraph, $95,000 shall be used to fund 1.00 full-time equivalent position to serve as the state brain injury services program manager.

c. Of the funds appropriated in this subsection, $144,000 shall be used for the public purpose of continuing to contract with an existing nationally affiliated organization to provide education, client-centered programs, and client and family support for people living with epilepsy and their families. The amount allocated in this paragraph in excess of $50,000 shall be matched dollar-for-dollar by the organization specified. Funds allocated under this paragraph shall be distributed in their entirety for the purpose specified on July 1, 2019.

d. Of the funds appropriated in this subsection, $809,000 shall be used for child health specialty clinics.

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is a decrease of $304,590 and no change in FTE positions compared to estimated net FY 2019. Changes include:

- A decrease of $300,000 to the Office of Medical Cannabidiol.
- A decrease of $4,590 due to a general reduction.

Allocates $153,000 for grants to individual patients with inherited metabolic disorders to assist with necessary costs for special foods.

DETAIL: This is a decrease of $755 compared to the estimated net FY 2019 allocation due to a general reduction. The grants assist with the costs of necessary special foods and supplements for individual patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted.

Allocates $1,055,000 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is a decrease of $291 compared to the estimated net FY 2019 allocation due to a general reduction. The Brain Injury Services Program, established in Iowa Code section 135.22B, works to improve the lives of Iowans living with brain injuries and the lives of their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa.

Allocates $144,000 for epilepsy education and support. The allocation requires a dollar-for-dollar match of the funds above $50,000.

DETAIL: This is a decrease of $97 compared to the estimated net FY 2019 allocation due to a general reduction. The dollar-for-dollar match for all funds is a change from FY 2019, which only required a dollar-for-dollar match for funds above $100,000. Funding provides for education, client-centered programs, and client and family support for people and families of people living with epilepsy.

Allocates $809,000 for the Child Health Specialty Clinics (CHSC).
e. Of the funds appropriated in this subsection, $384,000 shall be used by the regional autism assistance program established pursuant to section 256.35, and administered by the child health specialty clinic located at the University of Iowa hospitals and clinics. The funds shall be used to enhance interagency collaboration and coordination of educational, medical, and other human services for persons with autism, their families, and providers of services, including delivering regionalized services of care coordination, family navigation, and integration of services through the statewide system of regional child health specialty clinics and fulfilling other requirements as specified in chapter 225D. The University of Iowa shall not receive funds allocated under this paragraph for indirect costs associated with the regional autism assistance program.

f. Of the funds appropriated in this subsection, $577,000 shall be used for the comprehensive cancer control program to reduce the burden of cancer in Iowa through prevention, early detection, effective treatment, and ensuring quality of life. Of the funds allocated in this paragraph “f”, $150,000 shall be used to support a melanoma research symposium, a melanoma biorepository and registry, basic and translational melanoma research, and clinical trials.

g. Of the funds appropriated in this subsection, $97,000 shall be used for cervical and colon cancer screening, and $177,000 shall be used to enhance the capacity of the cervical cancer screening program to include provision of recommended prevention and early detection measures to a broader range of low-income women.

h. Of the funds appropriated in this subsection, $506,000 shall be used for the center for congenital and inherited disorders.
4. COMMUNITY CAPACITY

For strengthening the health care delivery system at the local level, and for not more than the following full-time equivalent positions:

1. .................................................................................................. $ 5,594,677
2. .................................................................................................. FTEs 13.00

a. Of the funds appropriated in this subsection, $95,000 is allocated for continuation of the child vision screening program implemented through the University of Iowa Hospitals and Clinics in collaboration with Early Childhood Iowa areas. The program shall submit a report to the department regarding the use of funds allocated under this paragraph “a”. The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on service provided; and the continuing needs of the program.

b. Of the funds appropriated in this subsection, $48,000 shall be used for a grant to a statewide association of psychologists, that is affiliated with the American Psychological Association, to be used for continuation of a program to rotate intern psychologists in placements in urban and rural mental health professional shortage areas. For the purposes of this paragraph “b”, “mental health professional shortage area” means a geographic area in this state that has been designated by the United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professionals, as having a shortage of mental health professionals.

c. Of the funds appropriated in this subsection, the following amounts are allocated to be used as follows:
to support the goals of increased access, health system
integration, and engagement:

(1) Not less than $600,000 is allocated to the Iowa
prescription drug corporation for continuation of the
pharmaceutical infrastructure for safety net providers as
described in 2007 Iowa Acts, chapter 218, section 108, and for
the prescription drug donation repository program created in
chapter 135M. Funds allocated under this subparagraph shall
be distributed in their entirety for the purpose specified on
July 1, 2019.

(2) Not less than $334,000 is allocated to free clinics and
free clinics of Iowa for necessary infrastructure, statewide
coordination, provider recruitment, service delivery, and
provision of assistance to patients in securing a medical home
inclusion of oral health care. Funds allocated under this
subparagraph shall be distributed in their entirety for the
purpose specified on July 1, 2019.

(3) Not less than $25,000 is allocated to the Iowa
association of rural health clinics for necessary
infrastructure and service delivery transformation. Funds
allocated under this subparagraph shall be distributed in their
entirety for the purpose specified on July 1, 2019.

(4) Not less than $225,000 is allocated to the Polk county
medical society for continuation of the safety net provider
patient access to specialty health care initiative as described
in 2007 Iowa Acts, chapter 218, section 109. Funds allocated
under this subparagraph shall be distributed in their entirety
for the purpose specified on July 1, 2019.

d. Of the funds appropriated in this subsection, $191,000
is allocated for the purposes of health care and public health
workforce initiatives.

e. Of the funds appropriated in this subsection, $96,000
shall be used for a matching dental education loan repayment
program to be allocated to a dental nonprofit health service
corporation to continue to develop the criteria and implement
the loan repayment program.

f. Of the funds appropriated in this subsection, $100,000
shall be used for the purposes of the Iowa donor registry as
allocated for the pharmaceutical infrastructure for safety net providers
and the prescription drug donation repository program, $334,000 for
free clinics, $25,000 for rural health clinics, and $225,000 for specialty
health care clinics.

DETAIL: This is a net increase of $75,808 compared to the estimated
net FY 2019 allocation due to the following:

- A general reduction of $2,192.
- An increase of $58,000 for the Prescription Drug Donation
  Repository Program.
- An increase of $20,000 to Specialty Health Care.

In FY 2019, funding was awarded to the Free Clinics of Iowa, Polk
County Medical Society, the Iowa Prescription Drug Association, and
the Iowa Association of Rural Clinics.

Allocates $191,000 for health care and public health workforce issues.

DETAIL: This is a net increase of $14,812 compared to the estimated
net FY 2019 allocation due to combining a related $15,000 allocation
and a general reduction of $188. Language is broadened beyond direct
care workers.

Allocates $96,000 for the Fulfilling Iowa's Need for Dentists (FIND)
Dental Education Loan Repayment Program.

DETAIL: This is a decrease of $138 compared to the estimated net
FY 2019 allocation due to a general reduction. The FIND Project award
recipients agree to practice in a designated dentist shortage area and
devote at least 35.00% of their practice to Medicaid-eligible, elderly,
disabled, and other underserved patients over a three-year period.

Allocates $100,000 to the Iowa Donor Registry.
specified in section 142C.18.

g. Of the funds appropriated in this subsection, $96,000 shall be used for continuation of a grant to a nationally affiliated volunteer eye organization that has an established program for children and adults and that is solely dedicated to preserving sight and preventing blindness through education, nationally certified vision screening and training, and community and patient service programs. The contractor shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph “g”. The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, grade level if appropriate, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on services provided; and the continuing needs of the program.

h. Of the funds appropriated in this subsection, $2,000,000 shall be deposited in the medical residency training account created in section 135.175, subsection 5, paragraph “a”, and is appropriated from the account to the department of public health to be used for the purposes of the medical residency training state matching grants program as specified in section 135.176.

i. Of the funds appropriated in this subsection, $250,000 shall be used for the public purpose of providing funding to Des Moines university to continue a provider education project to provide primary care physicians with the training and skills necessary to recognize the signs of mental illness in patients.

j. Of the funds appropriated in this subsection, $400,000 shall be used for rural psychiatric residencies to support the annual creation and training of four psychiatric residents who will provide mental health services in underserved areas of the state.

k. Of the funds appropriated in this subsection, $150,000 shall be used for psychiatric training to increase access to mental health care services by expanding the mental health capacity of health care providers to identify and treat mental health conditions.
workforce via training of additional physician assistants and nurse practitioners.

5. ESSENTIAL PUBLIC HEALTH SERVICES
To provide public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime with a priority given to older Iowans and vulnerable populations:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund appropriation to Essential Public Health Services.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a new allocation for FY 2020.</td>
<td></td>
</tr>
<tr>
<td>General Fund appropriation to Infectious Diseases programs for activities and programs to reduce the incidence and prevalence of communicable diseases.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2019.</td>
<td></td>
</tr>
<tr>
<td>General Fund appropriation to Public Protection programs.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $1,756 and an increase of 0.50 FTE position compared to estimated net FY 2019.</td>
<td></td>
</tr>
<tr>
<td>Allocates up to $304,000 for the Emergency Medical Services (EMS) Fund.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $700 compared to the estimated net FY 2019 allocation due to a general reduction. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.</td>
<td></td>
</tr>
<tr>
<td>Allocates up to $243,000 to provide program funding for sexual violence prevention programs.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $260 compared to the estimated net FY 2019 allocation due to a general reduction.</td>
<td></td>
</tr>
</tbody>
</table>

6. INFECTIOUS DISEASES
For reducing the incidence and prevalence of communicable diseases, and for not more than the following full-time equivalent positions:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund appropriation to Infectious Diseases programs for activities and programs to reduce the incidence and prevalence of communicable diseases.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2019.</td>
<td></td>
</tr>
<tr>
<td>General Fund appropriation to Public Protection programs.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $1,756 and an increase of 0.50 FTE position compared to estimated net FY 2019.</td>
<td></td>
</tr>
<tr>
<td>Allocates up to $304,000 for the Emergency Medical Services (EMS) Fund.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $700 compared to the estimated net FY 2019 allocation due to a general reduction. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.</td>
<td></td>
</tr>
<tr>
<td>Allocates up to $243,000 to provide program funding for sexual violence prevention programs.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $260 compared to the estimated net FY 2019 allocation due to a general reduction.</td>
<td></td>
</tr>
</tbody>
</table>

7. PUBLIC PROTECTION
For protecting the health and safety of the public through establishing standards and enforcing regulations, and for not more than the following full-time equivalent positions:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund appropriation to Public Protection programs.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $1,756 and an increase of 0.50 FTE position compared to estimated net FY 2019.</td>
<td></td>
</tr>
<tr>
<td>Allocates up to $304,000 for the Emergency Medical Services (EMS) Fund.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $700 compared to the estimated net FY 2019 allocation due to a general reduction. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.</td>
<td></td>
</tr>
<tr>
<td>Allocates up to $243,000 to provide program funding for sexual violence prevention programs.</td>
<td></td>
</tr>
<tr>
<td>DETAIL: This is a decrease of $260 compared to the estimated net FY 2019 allocation due to a general reduction.</td>
<td></td>
</tr>
</tbody>
</table>

a. Of the funds appropriated in this subsection, not more than $304,000 shall be credited to the emergency medical services fund created in section 135.25. Moneys in the emergency medical services fund are appropriated to the department to be used for the purposes of the fund.

b. Of the funds appropriated in this subsection, up to $243,000 shall be used for sexual violence prevention programming through a statewide organization representing programs serving victims of sexual violence through the department's sexual violence prevention program, and for continuation of a training program for sexual assault response team (SART) members, including representatives of...
law enforcement, victim advocates, prosecutors, and certified medical personnel. However, the department shall issue a request for proposals and execute a contract with the contractor selected to provide the programming and training as specified in this paragraph no later than January 1, 2020. The amount allocated in this paragraph “b” shall not be used to supplant funding administered for other sexual violence prevention or victims assistance programs. The department shall not retain any portion of the allocation under this paragraph for administrative costs.

8. RESOURCE MANAGEMENT

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

<table>
<thead>
<tr>
<th>Positions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$971,215</td>
<td>4.00 FTEs</td>
</tr>
</tbody>
</table>

9. MISCELLANEOUS PROVISIONS

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

b. The department of public health shall collaborate with applicable stakeholders to review the allocations, grants, and other distributions of funds appropriated under this division of this Act and shall submit a report to the individuals identified in this Act for submission of reports by December 15, 2019, regarding a proposal for the distribution of the funds.

Allocates up to $500,000 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

Allocates up to $504,000 for childhood lead poisoning testing.

DETAIL: This is a decrease of $796 compared to the estimated net FY 2019 allocation due to a general reduction.

General Fund appropriation for Resource Management activities.

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2019.

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

Requires the DPH to collaborate with stakeholders to review funds distributed in this Bill to develop a proposal for distribution that:

- More clearly reflects the DPH's stated properties and goals.
- Provides increased flexibility in the distribution of funds to meet those priorities and goals.
of funds that more clearly reflects the department’s stated priorities and goals, provides increased flexibility in the distribution of funds to meet these priorities and goals, and ensures stakeholder accountability and a discernable return on investment.

Sec. 4. CONTRACTED SERVICES —— PROHIBITED USE OF GENERAL FUND MONEYS FOR LOBBYING.

1. The department shall submit a report to the individuals identified in this Act for submission of reports by January 1, 2020, regarding the outcomes of any program or activity for which funding is appropriated or allocated from the general fund of the state to the department under this division of this Act, and for which a request for proposals process is specifically required.

2. The department shall incorporate into the general conditions applicable to all award documents involving funding appropriated or allocated from the general fund of the state to the department under this division of this Act, a prohibition against the use of such funding for the compensation of a lobbyist. For the purposes of this section, “lobbyist” means the same as defined in section 68B.2; however, “lobbyist” does not include a person employed by a state agency of the executive branch of state government who represents the agency relative to the passage, defeat, approval, or modification of legislation that is being considered by the general assembly.

DIVISION IV

DEPARTMENT OF VETERANS AFFAIRS —— FY 2019-2020

Sec. 5. DEPARTMENT OF VETERANS AFFAIRS. There is appropriated from the general fund of the state to the department of veterans affairs for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

For salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION</td>
<td>$1,225,500</td>
</tr>
<tr>
<td>2. For salaries, support, maintenance, and miscellaneous purposes</td>
<td>15.00</td>
</tr>
</tbody>
</table>

- Ensures stakeholder accountability and discernible return on investment.

A report is due to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by December 15, 2019.

Requires the DHS to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by January 1, 2020, regarding the outcomes of any program or activity awarded through the RFP process.

Requires the DPH to prohibit General Fund appropriations or allocations awarded to be used for lobbying activities. “Lobbyist” does not include Executive Branch liaisons.

General Fund appropriation to the Department of Veterans Affairs.

DETAIL: This is an increase of $75,000 and 1.50 FTE positions compared to estimated net FY 2019. The increase in funding is for general departmental operations. The increase in FTE positions matches the FY 2019 authorized amount.
2. IOWA VETERANS HOME
For salaries, support, maintenance, and miscellaneous purposes:

$ 7,162,976

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

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

c. The Iowa veterans home expenditure report shall be submitted monthly to the legislative services agency.

d. The Iowa veterans home shall continue to include in the annual discharge report applicant information to provide for the collection of demographic information including but not limited to the number of individuals applying for admission and denied admission; the age, gender, and race of such individuals; and the level of care for which such individuals applied for admission including residential or nursing level of care.

3. HOME OWNERSHIP ASSISTANCE PROGRAM
For transfer to the Iowa finance authority for the continuation of the home ownership assistance program for persons who are or were eligible members of the armed forces of the United States, pursuant to section 16.54:

$ 2,000,000

Sec. 6. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the standing appropriation in section 35A.16 for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the amount appropriated from the general fund of the state pursuant to that section for the following designated purposes shall not exceed the following amount:

For the county commissions of veteran affairs fund under section 35A.16:

$ 990,000
Sec. 7. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is appropriated from the fund created in section 8.41 to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, from moneys received under the federal temporary assistance for needy families (TANF) block grant pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub.L.No.104-193, and successor legislation, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. To be credited to the family investment program account and used for assistance under the family investment program under chapter 239B:

   $ 4,524,006

2. To be credited to the family investment program account and used for the job opportunities and basic skills (JOBS) program and implementing family investment agreements in accordance with chapter 239B:

   $ 5,412,060

3. To be used for the family development and self-sufficiency grant program in accordance with section 216A.107:

   $ 2,898,980

Notwithstanding section 8.33, moneys appropriated in this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of

Appropriates moneys from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2019.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Reform eliminated Aid to Families with Dependent Children (AFDC), ending federal entitlement and creating a flexible funding source for states to use in helping needy families achieve self-sufficiency. Iowa's annual TANF award is $131,524,959; however, federal law reduces the annual award by $434,032 and reserves those funds for research and evaluation projects. In addition, $582,859 is allocated to Native American tribes.

Appropriates funds from the TANF FY 2020 Block Grant appropriation to the FIP Account.

DETAIL: This is an increase of $498,898 compared to estimated net FY 2019. Iowa's FIP is a cash assistance program to support low-income families with children and to provide services to help them to become self-sufficient.

Appropriates funds from the TANF FY 2020 Block Grant appropriation to the PROMISE JOBS Program.

DETAIL: This is an increase of $220,000 compared to estimated net FY 2019. The PROMISE JOBS Program provides training, education, and employment services to FIP recipients. In addition, the Program pays allowances for specified costs, such as transportation, related to participating in Program activities.

Appropriates funds from the TANF FY 2020 Block Grant appropriation to the Family Development and Self-Sufficiency (FaDSS) Program.

DETAIL: This is no change compared to estimated net FY 2019. FaDSS is a home-based supportive service to assist families with significant or multiple barriers to reach self-sufficiency. The Program was created during the 1988 General Assembly to assist families participating in the FIP.

CODE: Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2020 to remain available for expenditure in FY 2021.
the succeeding fiscal year. However, unless such moneys are
encumbered or obligated on or before September 30, 2020, the
moneys shall revert.

4. For field operations:
   $31,296,232

5. For general administration:
   $3,744,000

6. For state child care assistance:
   $47,166,826

   a. Of the funds appropriated in this subsection,
   $26,205,412 is transferred to the child care and development
   block grant appropriation made by the Eighty-eighth General
   Assembly, 2019 session, for the federal fiscal year beginning
   October 1, 2019, and ending September 30, 2020. 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.

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

7. For child and family services:
   $32,380,654

Appropriates funds from the TANF FY 2020 Block Grant appropriation
to Field Operations.

DETAIL: This is a decrease of $1,169,449 compared to estimated net
FY 2019.

Appropriates funds from the TANF FY 2020 Block Grant appropriation
to General Administration.

DETAIL: This is no change compared to estimated net FY 2019.

Appropriates funds from the TANF FY 2020 Block Grant appropriation
to Child Care Assistance.

DETAIL: This is no change compared to estimated net FY 2019.

Requires the DHS to transfer $26,205,412 to the Child Care and
Development Block Grant appropriation and to use $200,000 for
training of registered child care home providers. Permits the DHS to
contract with colleges and universities or child care resource and
referral centers to provide training, and specifies requirements for grant
funding and applications. Requires that contractor administrative costs
do not exceed 5.00%.

Specifies that the unallocated funds totaling $20,961,414 will be used
for child care assistance for employed individuals enrolled in the FIP.

Appropriates funds from the TANF FY 2020 Block Grant appropriation
to Child and Family Services.

DETAIL: This is no change compared to estimated net FY 2019.
Appropriates funds from the TANF FY 2020 Block Grant appropriation for child abuse prevention grants.

DETAIL: This is no change compared to estimated net FY 2019.

Appropriates funds from the TANF FY 2020 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is an increase of $23,000 compared to estimated net FY 2019.

Requires the DHS to award pregnancy prevention grants only to programs that are based on existing models and 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.

Appropriates funds from the TANF FY 2020 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is an increase of $175,000 compared to estimated net FY 2019.

CODE: Permits the DHS to carry forward unused TANF funds.

DETAIL: Funds carried forward may be used for the FIP, technology costs related to the FIP, and the Child Care Assistance Program.
functions. The federal funds appropriated in this paragraph "a" shall be expended only after all other funds appropriated in subsection 1 for assistance under the family investment program, in subsection 6 for state child care assistance, or in subsection 10 for technology costs related to the family investment program, as applicable, have been expended. For the purposes of this subsection, the funds appropriated in subsection 6, paragraph "a", for transfer to the child care and development block grant appropriation are considered fully expended when the full amount has been transferred.

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

Of the amounts appropriated in this section, $12,962,008 for the fiscal year beginning July 1, 2019, is transferred to the appropriation of the federal social services block grant made to the department of human services for that fiscal year.

For continuation of the program providing categorical eligibility for the food assistance program as specified for the program in the section of this division of this Act relating to the family investment program account:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14,236</td>
<td>For the program in the section of this division of this Act relating to the family investment program account.</td>
</tr>
</tbody>
</table>

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

With the exception of moneys allocated under this section for the family development and self-sufficiency grant program, to the extent moneys allocated in this section are deemed by the department not to be necessary to support the purposes for which they are allocated, such moneys may be used in the same fiscal year for any other purpose for which they are available.
funds are allocated in this section or in section 8 of this division for the family investment program account. If there are conflicting needs, priority shall first be given to the family investment program account as specified under subsection 1 of this section and used for the purposes of assistance under the family investment program in accordance with chapter 239B, followed by state child care assistance program payments for families who are employed, followed by other priorities as specified by the department.

Sec. 8. FAMILY INVESTMENT PROGRAM ACCOUNT.

1. Moneys credited to the family investment program (FIP) account for the fiscal year beginning July 1, 2019, and ending June 30, 2020, shall be used to provide assistance in accordance with chapter 239B.

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

3. The department may transfer funds allocated in subsection 4, excluding the allocation under subsection 4, paragraph “b”, to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the appropriations made in section 7 for the temporary assistance for needy families block grant and in section 9 for the family investment program from the general fund of the state in this division of this Act for the same fiscal year.

4. Moneys appropriated in this division of this Act and credited to the FIP account for the fiscal year beginning July 1, 2019, and ending June 30, 2020, are allocated as follows:

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

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

Requires funds credited to the FIP Account for FY 2020 to be used as specified in the Iowa Code.

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

Allows the DHS to transfer funds appropriated in this Section to General Administration and Field Operations to administer the TANF Block Grant, FIP Account, and the FIP General Fund Section. The transfer authority excludes the FaDSS subsection.

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

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

Allocates $6,192,834 of the FY 2020 General Fund appropriation for the FIP and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is an increase of $15,000 compared to the estimated net FY 2019 allocation to restore funding to the FY 2018 level.
DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Requires that a maximum of 5.00% of the allocation be spent on administration of the FaDSS Grant Program.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2020.

Permits the Department of Human Rights to collect data and measure outcomes of the FaDSS Grant Program.

Allocates $815,000 of FY 2020 TANF funds for the FIP Diversion subaccount. Permits a portion of the allocation to be used for field operations, salaries, data management system development, and implementation costs and support needed to administer the FIP Diversion Program.

DETAIL: This is an increase of $65,306 compared to the estimated net FY 2019 allocation to restore the allocation to the FY 2018 level.

Allocates $66,588 of FY 2020 FIP funds to the Food Assistance Employment and Training Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Requires the DHS to amend the federal Supplemental Nutrition Assistance Program (SNAP) Employment and Training State Plan to maximize federal matching funds received.
but not limited to related dependent care and transportation expenses.

The department shall continue the categorical federal food assistance program eligibility at 160 percent of the federal poverty level and continue to eliminate the asset test from eligibility requirements, consistent with federal food assistance program requirements. The department shall include as many food assistance households as is allowed by federal law. The eligibility provisions shall conform to all federal requirements including requirements addressing individuals who are incarcerated or otherwise ineligible.

e. For the JOBS program:

\$12,018,258

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

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

Sec. 9. FAMILY INVESTMENT PROGRAM GENERAL FUND. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

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 who are incarcerated.

Permits the DHS to allocate $12,018,258 of the FY 2020 General Fund appropriation for the FIP and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of $121,563 compared to the estimated net FY 2019 allocation due to lower caseloads.

Requires the federal share of child support collections recovered by the State 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.

Permits the DHS to adopt emergency administrative rules for the FIP, the Food Stamp Program, and the Medicaid Program.
To be credited to the family investment program (FIP) account and used for family investment program assistance under chapter 239B:

$40,365,037

1. Of the funds appropriated in this section, $6,606,198 is allocated for the JOBS program.

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

3. a. Notwithstanding section 8.39, for the fiscal year beginning July 1, 2019, if necessary to meet federal maintenance of effort requirements or to transfer federal temporary assistance for needy families block grant funding to be used for purposes of the federal social services block grant or to meet cash flow needs resulting from delays in receiving federal funding or to implement, in accordance with this division of this Act, activities currently funded with juvenile court services, county, or community moneys and state moneys used in combination with such moneys; to comply with federal requirements; or to maximize the use of federal funds; the department of human services may transfer funds within or between any of the appropriations made in this division of this Act and appropriations in law for the federal social services block grant 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 Program and FaDSS Program.

DETAIL: This is a net decrease of $678 compared to estimated net FY 2019. The changes include:

- An increase of $2,463,316 to support integration of SNAP and FIP eligibility in the Eligibility Integrated Application Solution (ELIAS) system.
- An increase of $515,672 to replace child support collections revenue.
- A decrease of $678 due to a general reduction.
- A decrease of $2,978,988 due to declining caseloads in the FIP and PROMISE JOBS programs.

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

General Fund allocation of $6,606,198 for the PROMISE JOBS Program.

DETAIL: This is a decrease of $121,563 compared to the estimated net FY 2019 allocation, due to decreased referrals to the Program.

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

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

CODE: Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.
block grant to the department for the following purposes,
provided that the combined amount of state and federal
temporary assistance for needy families block grant funding
for each appropriation remains the same before and after the
transfer:
(1) For the family investment program.
(2) For state child care assistance.
(3) For child and family services.
(4) For field operations.
(5) For general administration.

b. This subsection shall not be construed to prohibit the
use of existing state transfer authority for other purposes.
The department shall report any transfers made pursuant to this
subsection to the legislative services agency.

4. Of the funds appropriated in this section, $195,000 shall
be used for continuation of a grant to an Iowa-based nonprofit
organization with a history of providing tax preparation
assistance to low-income Iowans in order to expand the usage
of the earned income tax credit. The purpose of the grant is
to supply this assistance to underserved areas of the state.
However, the department shall issue a request for proposals and
execute a contract with the contractor selected to administer
the program no later than January 1, 2020. The department
shall not retain any portion of the allocation under this
subsection for administrative costs.

5. Of the funds appropriated in this section, $70,000 shall
be used for the continuation of the parenting program, as
specified in 441 IAC ch.100, relating to parental obligations,
in which the child support recovery unit participates, to
support the efforts of a nonprofit organization committed
to strengthening the community through youth development,
healthy living, and social responsibility headquartered in
a county with a population over 350,000 according to the
latest certified federal census. The funds allocated in this
subsection shall be used by the recipient organization to
develop a larger community effort, through public and private
partnerships, to support a broad-based multi-county parenthood
initiative that promotes payment of child support obligations,
and improved family relationships, and full-time employment.

6. The department may transfer funds appropriated in this
section, excluding the allocation in subsection 2 for the
family development and self-sufficiency grant program, to the
appropriations made in this division of this Act for general
administration and field operations as necessary to administer

General Fund allocation of $195,000 to provide tax preparation
assistance to low-income Iowans.

DETAIL: This is a decrease of $678 compared to the estimated net
FY 2019 allocation due to a general reduction.

Although the language continues the contract with the current
contractor, the DHS is required to issue an RFP for the funds allocated
and to execute a contract with the contractor selected to administer the
program no later than January 1, 2020. The DHS cannot retain any
portion of the allocation under this subsection for administrative costs.

General Fund allocation of $70,000 for the Parenting Program (formerly
the Fatherhood Initiative Pilot Project).

DETAIL: This is no change compared to the estimated net FY 2019
allocation. The entity receiving funding for the Parenting Program in FY
2019 was the John R. Grubb YMCA in Des Moines. The Program is
designed to strengthen parental skills and involvement of men who are
living apart from their children. The Program offers classes in health
and nutrition, effective communication, co-parenting, financial
education, and community resources.

Allows the DHS to transfer funds appropriated in this Section to
General Administration and Field Operations to administer the TANF
Block Grant, FIP Account, and the FIP General Fund Section. The
transfer authority excludes the FaDSS subsection.
Sec. 10. CHILD SUPPORT RECOVERY. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

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

<table>
<thead>
<tr>
<th>Position Description</th>
<th>Amount</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14,749,368</td>
<td>459.00</td>
<td></td>
</tr>
</tbody>
</table>

1. The department shall expend up to $24,000, including federal financial participation, for the fiscal year beginning July 1, 2019, for a child support public awareness campaign. The department and the office of the attorney general shall cooperate in continuation of the campaign. The public awareness campaign shall emphasize, through a variety of media activities, the importance of maximum involvement of both parents in the lives of their children as well as the importance of payment of child support obligations.

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

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

Sec. 11. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE — FY 2019-2020. Any funds remaining in the health care trust fund created in section 453A.35A for the fiscal year beginning July 1, 2019, and ending June 30, 2020, may be used for the Medicaid Program for FY 2020.
12 July 1, 2019, and ending June 30, 2020, are appropriated to
13 the department of human services to supplement the medical
14 assistance program appropriations made in this division of this
15 Act, for medical assistance reimbursement and associated costs,
16 including program administration and costs associated with
17 program implementation.

18 Sec. 12. MEDICAID FRAUD FUND —— MEDICAL ASSISTANCE —— FY
19 2019-2020. Any funds remaining in the Medicaid fraud fund
20 created in section 249A.50 for the fiscal year beginning
21 July 1, 2019, and ending June 30, 2020, are appropriated to
22 the department of human services to supplement the medical
23 assistance appropriations made in this division of this Act,
24 for medical assistance reimbursement and associated costs,
25 including program administration and costs associated with
26 program implementation.

27 Sec. 13. MEDICAL ASSISTANCE. There is appropriated from the
28 general fund of the state to the department of human services
29 for the fiscal year beginning July 1, 2019, and ending June 30,
30 2020, the following amount, or so much thereof as is necessary,
31 to be used for the purpose designated:
32 For medical assistance program reimbursement and associated
33 costs as specifically provided in the reimbursement
34 methodologies in effect on June 30, 2019, except as otherwise
35 expressly authorized by law, consistent with options under
36 1 federal law and regulations, and contingent upon receipt of
37 2 approval from the office of the governor of reimbursement for
38 3 each abortion performed under the program:
39 4..............................................................................................$1,427,379,707

5 1. Iowans support reducing the number of abortions
6 performed in our state. Funds appropriated under this section
7 shall not be used for abortions, unless otherwise authorized
8 under this section.

DETAIL: It is estimated that there will be $208,460,000 available for
Medicaid in FY 2020. This is a decrease of $1,270,000 compared to
the FY 2019 estimate. The Fund consists of the revenues generated
from the tax on cigarettes and tobacco products. Both the FY 2019 and
FY 2020 estimates were revised based on the March 15, 2019,
Revenue Estimating Conference estimate.

DETAIL: Appropriates the balance of the Medicaid Fraud Fund (MFF) to the
Medicaid Program for FY 2020.

DETAIL: It is estimated that there will be $75,000 available. This is a
decrease of $425,000 compared to the FY 2019 estimate due to
decreased revenues. The Fund consists of the revenues generated
from penalties received as a result of prosecutions involving the
Department of Inspections and Appeals (DIA) and audits to ensure
compliance with the Medicaid Program.

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net decrease of $60,761,668 compared to estimated
net FY 2019. The changes include:
- An increase of $62,420,058 to fund the Program $183,520
  below the Governor’s recommendation.
- An increase of $23,401,942 to rebase nursing facility
  reimbursement rates.
- An increase of $1,500,000 to increase reimbursement rates for
  critical access hospitals.
- An increase of $1,200,000 to eliminate the waiting list for the
  Children’s Mental Health HCBS waiver.
- An increase of $1,000,000 for tiered rate reimbursement for
  supported community living.
- An increase of $211,332 to increase reimbursement rates for
  Assertive Community Treatment (ACT).
- A decrease of $195,000 to account for the Governor’s veto of
  funds allocated for a partnership between the University of Iowa
  Hospitals and Clinics (UIHC) and a nonprofit entity to refurbish
  durable medical equipment (DME).
- A decrease of $150,300,000 to adjust for the FY 2019
  supplemental appropriation.

Specifies conditions that permit the Medicaid Program to reimburse
providers for abortion services.
The provisions of this section relating to abortions shall also apply to the Iowa health and wellness plan created pursuant to chapter 249N.

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

4. Of the funds appropriated in this Act to the department of public health for addictive disorders, $950,000 for the fiscal year beginning July 1, 2019, is transferred to the department of human services for an integrated substance-related disorder managed care system. The departments of human services and public health shall work together to maintain the level of mental health and substance-related disorder treatment services provided by the managed care contractors. Each department shall take the steps necessary to continue the federal waivers as necessary to maintain the level of services.

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

b. Of the funds appropriated in this section, $100,000 shall be used for participation in one or more pilot projects operated by a private provider to allow the individual or individuals to receive service in the community in accordance with principles established in Olmstead v.L.C., 527 U.S.581 (1999), for the purpose of providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department's exception to policy provisions, but who have health care needs in excess of the funding available through the exception to policy provisions.
30 17 health care needs in excess of the funding available through
30 18 the exception to the policy provisions.

30 19 6. Of the funds appropriated in this section, up to
30 20 $3,050,082 may be transferred to the field operations or
30 21 general administration appropriations in this division of this
30 22 Act for operational costs associated with Part D of the federal
30 23 Medicare Prescription Drug Improvement and Modernization Act

30 25 7. Of the funds appropriated in this section, up to $442,100
30 26 may be transferred to the appropriation in this division
30 27 of this Act for medical contracts to be used for clinical
30 28 assessment services and prior authorization of services.

30 29 8. A portion of the funds appropriated in this section
30 30 may be transferred to the appropriations in this division of
30 31 this Act for general administration, medical contracts, the
30 32 children’s health insurance program, or field operations to be
30 33 used for the state match cost to comply with the payment error
30 34 rate measurement (PERM) program for both the medical assistance
30 35 and children’s health insurance programs as developed by the
31 1 centers for Medicare and Medicaid services of the United States
31 2 department of health and human services to comply with the
31 3 federal Improper Payments Information Act of 2002, Pub.L.
31 4 No.107-300, and to support other reviews and quality control
31 5 activities to improve the integrity of these programs.

31 6 9. The department shall continue to implement the
31 7 recommendations of the assuring better child health and
31 8 development initiative II (ABCDII) clinical panel to the
31 9 Iowa early and periodic screening, diagnostic, and treatment
31 10 services healthy mental development collaborative board
31 11 regarding changes to billing procedures, codes, and eligible
31 12 service providers.

31 13 10. Of the funds appropriated in this section, a sufficient
31 14 amount is allocated to supplement the incomes of residents of
31 15 nursing facilities, intermediate care facilities for persons
31 16 with mental illness, and intermediate care facilities for
31 17 persons with an intellectual disability, with incomes of less
31 18 than $50 in the amount necessary for the residents to receive a

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 estimated net FY 2019
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 estimated net FY 2019
allocation.

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

DETAIL: The PERM Program measures improper payments in
Medicaid and the Children’s Health Insurance Program (CHIP), and
produces error rates for each program. Error rates are based on
reviews of the fee-for-service (FFS), managed care, and eligibility
components of Medicaid and CHIP in the fiscal year under review. It is
important to note the error rate is not a “fraud rate” but simply a
measurement of payments made that did not meet statutory,
regulatory, or administrative requirements.

Requires the DHS to continue to implement the recommendations of
the Assuring Better Child Health and Development Initiative II (ABCDII)
Clinical Panel for changes to billing procedures, codes, and eligible
service providers.

Requires the DHS to provide residents of nursing facilities, intermediate
care facilities for persons with mental illness, and intermediate care
facilities for persons with an intellectual disability with a personal needs
allowance of $50 per month.

DETAIL: This is no change compared to the FY 2019 allowance.
personal needs allowance of $50 per month pursuant to section 249A.30A.

11. a. Hospitals that meet the conditions specified in subparagraphs (1) and (2) shall either certify public expenditures or transfer to the medical assistance program an amount equal to provide the nonfederal share for a disproportionate share hospital payment in an amount up to the hospital-specific limit as approved in the Medicaid state plan. The hospitals that meet the conditions specified shall receive and retain 100 percent of the total disproportionate share hospital payment in an amount up to the hospital-specific limit as approved in the Medicaid state plan.

(1) The hospital qualifies for disproportionate share and graduate medical education payments.

(2) The hospital is an Iowa state-owned hospital with more than 500 beds and eight or more distinct residency specialty or subspecialty programs recognized by the American college of graduate medical education.

b. Distribution of the disproportionate share payments shall be made on a monthly basis. The total amount of disproportionate share payments including graduate medical education, enhanced disproportionate share, and Iowa state-owned teaching hospital payments shall not exceed the amount of the state’s allotment under Pub.L.No.102-234. In addition, the total amount of all disproportionate share payments shall not exceed the hospital-specific disproportionate share limits under Pub.L.No.103-66.

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

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

14. Of the funds appropriated in this section, $349,011 shall be used for the administration of the health insurance premium payment program, including salaries, support, maintenance, and miscellaneous purposes.

15. a. The department may increase the amounts allocated

Specifies that the UIHC is to either use Certified Public Expenditures or transfer the amount necessary within the disproportionate share hospital (DSH) limit to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment.

Allocates Medicaid funds to Area Education Agencies.

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.

General Fund allocation of $349,011 to the Health Insurance Premium Payment Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Specifies the DHS may increase the amounts allocated for salaries,
for salaries, support, maintenance, and miscellaneous purposes associated with the medical assistance program, as necessary, to sustain cost management efforts. The department shall report any such increase to the legislative services agency and the department of management.

b. If the savings to the medical assistance program from ongoing cost management efforts exceed the associated cost for the fiscal year beginning July 1, 2019, the department may transfer any savings generated for the fiscal year due to medical assistance program cost management efforts to the appropriation made in this division of this Act for medical contracts or general administration to defray the costs associated with implementing the efforts.

16. For the fiscal year beginning July 1, 2019, and ending June 30, 2020, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph "d", and section 437A.15, subsection 3, paragraph “f”, shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this section.

17. a. Of the funds appropriated in this section, up to $50,000 may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than 1.00 full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the children’s mental health homes.

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

c. Of the funds appropriated in this section, up to $3,000,000 may be transferred by the department to the appropriation made in this division of this Act for the implementation of standardized assessment tools for persons with support, maintenance, and miscellaneous purposes associated with the Medicaid Program. The DHS is required to report any increase to the LSA and the DOM.

Specifies if savings to the Medicaid Program for cost management efforts exceed costs, the DHS may transfer any savings to the Medical Contracts or General Administration appropriations to defray the costs associated with implementation of cost management efforts.

Requires the replacement generation tax revenues be allocated to the Medicaid appropriation instead of being deposited into the Property Tax Relief Fund.

DETAIL: It is estimated there will be approximately $1,220,387 allocated to Medicaid. This is a decrease of $188,281 compared to the estimated net FY 2019 allocation. Under current law, a company that acquires a new electric power generating plant and has no operating property in Iowa is required to pay the replacement generation tax, which is credited to the Property Tax Relief Fund. The Dwayne Arnold Energy Center (near Cedar Rapids) was purchased by a Florida company with no other facilities in Iowa in 2006.

Allows the DHS to transfer up to $50,000 to be used for administrative expenses related to the implementation of children’s mental health homes.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

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

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Permits the DHS to transfer up to $3,000,000 to be used for the implementation of standardized assessment tools for persons with...
appropriations made in this division of this Act for the same fiscal year for general administration or medical contracts to be used to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.

18. Of the funds appropriated in this section, $150,000 shall be used for lodging expenses associated with care provided at the university of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services. The department of human services shall establish the maximum number of overnight stays and the maximum rate reimbursed for overnight lodging, which may be based on the state employee rate established by the department of administrative services. The funds allocated in this subsection shall not be used as nonfederal share matching funds.

19. Of the funds appropriated in this section, up to $3,383,880 shall be used for administration of the state family planning services program pursuant to section 217.41B, and of this amount, the department may use up to $200,000 for administrative expenses.

20. Of the funds appropriated in this section, $1,545,530 shall be used and may be transferred to other appropriations in this division of this Act as necessary to administer the provisions in the division of this Act relating to Medicaid program administration.

21. The department shall continue to implement and administer the provisions of 2018 Iowa Acts, chapter 1056. Of the funds appropriated in this section, up to $39,069 may be transferred to the department of inspections and appeals for inspection costs related to such implementation and administration.

22. Of the funds appropriated in this section, up to $1,200,000 shall be used to implement reductions in the waiting list for the children’s mental health home and community-based services waiver.

Valid allocations for FY 2020.

Impact:

- Allocated $150,000 to the UIHC to be used for lodging expenses for cancer patients with income below 200.00% of the federal poverty level who travel 30 miles or more to receive treatment.
- Allocated $3,383,880 to administer the State Family Planning Services Program. Permits up to $200,000 to be used for administrative expenses.
- Allocated $1,545,530 for activities related to Medicaid Oversight.
- Requires the DHS to continue to implement and administer the requirements of HF 2456 (Mental Health Complex Needs Workgroup Report Act) and transfer up to $39,069 for costs related to inspections for subacute facilities.
- Allocated $1,200,000 to eliminate the Children’s Mental HCBS waiver waiting list.

Allocations for FY 2020: $1,200,000 for Medicaid Oversight, $200,000 for administrative expenses, $39,069 for inspections of subacute facilities. New for FY 2020: $1,200,000 for elimination of the Mental Health Children’s HCBS waiver waiting list.
23. Of the funds appropriated in this section, $1,500,000 shall be used to provide reimbursement to critical access hospitals for inpatient and outpatient services based on a critical access hospital adjustment factor methodology developed by the department as provided in this division of this Act.

24. The department of human services shall utilize $1,000,000 of the funds appropriated under this section to increase the current supported community living provider daily rates for all tiers under the tiered rate reimbursement methodology effective with dates of service beginning July 1, 2019. The funding amount shall be divided equally among all tiers and applied within each tier in accordance with the recommendations of the actuary. However, no resulting rates shall be lower than the rates in effect on June 30, 2019.

Sec. 14. MEDICAL CONTRACTS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical contracts: .........................................................  $ 17,992,530

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

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

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

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

5. a. Of the funds appropriated in this section, $573,000 shall be credited to the autism support program fund created in section 225D.2 to be used for the autism support program created in chapter 225D, with the exception of the following amount of this allocation which shall be used as follows:

b. Of the funds allocated in this subsection, $25,000 shall be used for the public purpose of continuation of a grant to a nonprofit provider of child welfare services that has been in existence for more than 115 years, is located in a county with a population between 200,000 and 220,000 according to the most recent federal decennial census, is licensed as a psychiatric medical institution for children, and provides school-based programming, to be used for support services for children with autism spectrum disorder and their families.

Sec. 15. STATE SUPPLEMENTARY ASSISTANCE.
1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

   For the state supplementary assistance program: $7,812,909

2. The department shall increase the personal needs allowance for residents of residential care facilities by the same percentage and at the same time as federal supplemental security income and federal social security benefits are increased due to a recognized increase in the cost of living.

1 The department may adopt emergency rules to implement this subsection.

3. If during the fiscal year beginning July 1, 2019, the department projects that state supplementary assistance allocation.

Allocates $1,000,000 to the I-Smile Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The I-Smile Dental Home Initiative is a program that helps Iowa's children connect with dental services.

Allocates $573,000 to the Autism Support Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. This Program was created in FY 2014, and the funds are to be used to provide applied behavioral analysis and other treatment for children who do not qualify for Medicaid or autism coverage under private insurance.

Allocates $25,000 from the $573,000 Autism Support Program allocation to Tanager Place for various autism spectrum disorder services.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is a decrease of $2,437,964 compared to estimated net FY 2019 due to declining caseloads.

Requires the DHS to increase the personal needs allowance of residential care facility residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal maintenance-of-effort requirements. Permits the DHS to
37 5 expenditures for a calendar year will not meet the federal
37 6 pass-through requirement specified in Tit.XVI of the federal
37 7 Social Security Act, section 1618, as codified in 42 U.S.C.
37 8 §1382g, the department may take actions including but not
37 9 limited to increasing the personal needs allowance for
37 10 residential care facility residents and making programmatic
37 11 adjustments or upward adjustments of the residential care
37 12 facility or in-home health-related care reimbursement rates
37 13 prescribed in this division of this Act to ensure that federal
37 14 requirements are met. In addition, the department may make
37 15 other programmatic and rate adjustments necessary to remain
37 16 within the amount appropriated in this section while ensuring
37 17 compliance with federal requirements. The department may adopt
37 18 emergency rules to implement the provisions of this subsection.

37 19 4. Notwithstanding section 8.33, moneys appropriated in
37 20 this section that remain unencumbered or unobligated at the
37 21 close of the fiscal year shall not revert but shall remain
37 22 available for expenditure for the purposes designated until the
37 23 close of the succeeding fiscal year.

37 24 Sec. 16. CHILDREN’S HEALTH INSURANCE PROGRAM.
37 25 1. There is appropriated from the general fund of the
37 26 state to the department of human services for the fiscal year
37 27 beginning July 1, 2019, and ending June 30, 2020, the following
37 28 amount, or so much thereof as is necessary, to be used for the
37 29 purpose designated:
37 30  For maintenance of the healthy and well kids in Iowa (hawk-i)
37 31 program pursuant to chapter 514I, including supplemental dental
37 32 services, for receipt of federal financial participation under
37 33 Tit.XXI of the federal Social Security Act, which creates the
37 34 children’s health insurance program:
37 35 ........................................................................................................ $ 19,361,112

38 1 2. Of the funds appropriated in this section, $79,486 is
38 2 allocated for continuation of the contract for outreach with
38 3 the department of public health.

38 4 3. A portion of the funds appropriated in this section may
38 5 be transferred to the appropriations made in this division of

adopt emergency rules for implementation.

CODE: Allows any unexpended funds appropriated for the State
Supplementary Assistance Program for FY 2020 to remain available for
FY 2021.

General Fund appropriation to the DHS for the Children’s Health
Insurance Program, also known as the Healthy and Well Kids in Iowa
(hawk-i) Program.

DETAIL: This is a net increase of $12,297,055 compared to estimated net FY 2019. The changes include:
- An increase of $11,431,782 due to adjustments to the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of $528,778 to replace carryforward available from FY 2018 to FY 2019.
- An increase of $306,685 to reflect the current Program forecasted need.
- An increase of $171,540 for 2.50% growth in enrollment.
- An increase of $8,620 due to increased administrative costs.
- A decrease of $150,350 due to the elimination of the health insurer fee implemented as part of the Affordable Care Act.

Allocates $79,486 for the continuation of an outreach contract with the DPH.

DETAIL: This is an increase of $36,686 compared to the estimated net FY 2019 allocation due to an adjustment to the FMAP rate.

Allows a portion of the funds in this Section to be transferred to the Field Operations or Medical Contracts appropriations to be used for
Sec. 17. CHILD CARE ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child care programs:

$40,816,931

1. Of the funds appropriated in this section, $34,966,931 shall be used for state child care assistance in accordance with section 237A.13.

2. Nothing in this section shall be construed or is intended as or shall imply a grant of entitlement for services to persons who are eligible for assistance due to an income level consistent with the waiting list requirements of section 237A.13. Any state obligation to provide services pursuant to this section is limited to the extent of the funds appropriated in this section.

3. A list of the registered and licensed child care facilities operating in the area served by a child care resource and referral service shall be made available to the families receiving state child care assistance in that area.

4. Of the funds appropriated in this section, $5,850,000 shall be credited to the early childhood programs grants account in the early childhood Iowa fund created in section 256I.11. The moneys shall be distributed for funding of community-based early childhood programs targeted to children from birth through five years of age developed by early childhood Iowa areas in accordance with approved community administrative purposes.

General Fund appropriation to the DHS for Child Care Assistance (CCA).

DETAIL: This is no net change compared to estimated net FY 2019. The changes include:

- An increase of $3,000,000 to annualize the increased provider rates in 2018 Iowa Acts, chapter 1165 (FY 2019 Health and Human Services Appropriations Act).
- An increase of $4,045,763 to reflect the December 2018 CCA Program forecasted need.
- A decrease of $8,054,835 to use additional Child Care Development Fund dollars.
- An increase of $1,009,072 to meet the federal Child Care Development Block Grant quality set-aside requirements.

Allocates $34,966,931 to the State CCA Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Specifies that assistance from the CCA Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

Requires a list of the registered and licensed child care facilities be made available by the Child Care Resource and Referral Service for families receiving assistance under the CCA Program.

Allocates $5,850,000 to be transferred to the Early Childhood Programs Grants Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.
plans as provided in section 256I.8.

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

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

If a uniform reduction ordered by the governor under section 8.31 or other operation of law, transfer, or federal funding reduction reduces the appropriation made in this section for the fiscal year, the percentage reduction in the amount paid out to or on behalf of the families participating in the state child care assistance program shall be equal to or less than the percentage reduction made for any other purpose payable from the appropriation made in this section and the federal funding relating to it. The percentage reduction to the other allocations made in this section shall be the same as the uniform reduction ordered by the governor or the percentage change of the federal funding reduction, as applicable. If there is an unanticipated increase in federal funding provided for state child care services, the entire amount of the increase, except as necessary to meet federal requirements including quality set asides, shall be used for state child care assistance payments. If the appropriations made for purposes of the state child care assistance program for the fiscal year are determined to be insufficient, it is the intent of the general assembly to appropriate sufficient funding for the fiscal year in order to avoid establishment of waiting list requirements.

Notwithstanding section 8.33, moneys advanced for purposes of the programs developed by early childhood Iowa

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.

Requires a portion of the State match for the federal Child Care and Development Block Grant 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 following related to program operations:

- Any reductions to the CCA appropriation, either State or federal, must be applied in an equal percentage across all operating areas of the CCA Program before a reduction to service payments is made. The reduction for payable services must be equal to or less than the reduction for other items.
- Any unanticipated increase in federal funding must be used only for the CCA Program.
- It is the intent of the General Assembly to provide sufficient funding for the Program in FY 2020 to avoid the establishment of a waiting list.

Permits nonreversion of FY 2020 funds to carry forward for expenditure in FY 2021 for the programs developed by Early Childhood Iowa areas.
areas, advanced for purposes of wraparound child care, or received from the federal appropriations made for the purposes of this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 18. JUVENILE INSTITUTION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. a. For operation of the state training school at Eldora and for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>youth services technician</td>
<td>1.00</td>
</tr>
<tr>
<td>clinical supervisor</td>
<td>1.00</td>
</tr>
<tr>
<td>registered nurse</td>
<td>1.00</td>
</tr>
<tr>
<td>Total FTEs</td>
<td>207.00</td>
</tr>
</tbody>
</table>

b. Of the funds appropriated in this subsection, $91,000 shall be used for distribution to licensed classroom teachers at this and other institutions under the control of the department of human services based upon the average student yearly enrollment at each institution as determined by the department.

c. The additional full-time equivalent positions authorized in paragraph “a” shall include 1.00 youth services technician, 1.00 clinical supervisor, and 1.00 registered nurse, or comparable additional, full-time equivalent positions.

2. A portion of the moneys appropriated in this section shall be used by the state training school at Eldora for grants for adolescent pregnancy prevention activities at the institution in the fiscal year beginning July 1, 2019.

3. Of the funds appropriated in this subsection, $212,000 shall be used by the state training school at Eldora for a substance use disorder treatment program at the institution for the fiscal year beginning July 1, 2019.
Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 19. CHILD AND FAMILY SERVICES.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child and family services: ....................................................................................... $ 89,071,761

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

3. a. Of the funds appropriated in this section, up to $34,536,000 is allocated as the statewide expenditure target under section 232.143 for group foster care maintenance and services. If the department projects that such expenditures for the fiscal year will be less than the target amount allocated in this paragraph “a”, the department may reallocate the excess to provide additional funding for family foster care, independent living, family safety, risk, and permanency services, shelter care, or the child welfare emergency services addressed with the allocation for shelter care.

b. If at any time after September 30, 2019, annualization of a service area’s current expenditures indicates a service area is at risk of exceeding its group foster care expenditure target under section 232.143 by more than 5 percent, the department and juvenile court services shall examine all group foster care placements in that service area in order to identify those which might be appropriate for termination. In addition, any aftercare services believed to be needed for the children whose placements may be terminated shall be

CODE: Allows any unexpended funds appropriated for FY 2020 to remain available for FY 2021.

General Fund appropriation for Child and Family Services.

DETAIL: This is a net increase of $4,131,987 compared to estimated net FY 2019. The changes include:

- An increase of $4,292,221 for core services and program growth.
- A decrease of $6,424 due to a general reduction.
- A decrease of $153,810 due to the FMAP rate adjustment.

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 under these appropriations.

Allocates up to $34,536,000 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This is a decrease of $648 compared to the estimated net FY 2019 allocation. Expands the permissible services to include family foster care, independent living, and family safety, risk, and permanency services.

Requires a service area’s group foster care expenditure target be reviewed if the service area is at risk of exceeding its group foster care spending target by more than 5.00%, and requires review hearings when appropriate, but not until after September 30, 2019.
identified. The department and juvenile court services shall initiate action to set dispositional review hearings for the placements identified. In such a dispositional review hearing, the juvenile court shall determine whether needed aftercare services are available and whether termination of the placement is in the best interest of the child and the community.

4. In accordance with the provisions of section 232.188, the department shall continue the child welfare and juvenile justice funding initiative during fiscal year 2019-2020. Of the funds appropriated in this section, $1,717,000 is allocated specifically for expenditure for fiscal year 2019-2020 through the decategorization services funding pools and governance boards established pursuant to section 232.188.

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

6. Of the funds appropriated in this section, a sufficient amount is allocated for shelter care and child welfare emergency services. Of the amount allocated in this paragraph "a", up to $1,556,000 shall be made available to provide school-based supervision of children adjudicated under chapter 232, of which not more than $15,000 may be used for the purpose of training.

7. Federal funds received by the state during the fiscal year beginning July 1, 2019, as the result of the expenditure of state funds appropriated during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for services and purposes provided for under this section. Notwithstanding section 8.33, moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for the purposes designated until the close of the succeeding fiscal year.

8. a. Of the funds appropriated in this section, up to $3,290,000 is allocated for the payment of the expenses of court-ordered services provided to juveniles who are under the supervision of juvenile court services, which expenses are a charge upon the state pursuant to section 232.141, subsection 4. Of the amount allocated in this paragraph "a", up to $1,556,000 shall be made available to provide school-based supervision of children adjudicated under chapter 232, of which not more than $15,000 may be used for the purpose of training.

Allocates $1,717,000 for decategorization services.

DETAIL: This is a decrease of $753 compared to the estimated net FY 2019 allocation.

Permits funds to be used for emergency family assistance under specified conditions.

Permits funds to be used for shelter care and child welfare emergency services.

DETAIL: This is a change compared to the FY 2019 language that capped the amount to be used for these services.

CODE: Requires federal funds received in FY 2020 as a result of the expenditure of State funds in a previous year be used for child welfare services. Allows nonreversion of funds through FY 2021.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to $3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, $1,556,000 is allocated to school-based supervision of delinquent children, of which $15,000 may be used for training. A portion of the cost for school-based liaisons is required to be paid by school districts.
A portion of the cost of each school-based liaison officer shall be paid by the school district or other funding source as approved by the chief juvenile court officer.

b. Of the funds appropriated in this section, up to $748,000 is allocated for the payment of the expenses of court-ordered services provided to children who are under the supervision of the department, which expenses are a charge upon the state pursuant to section 232.141, subsection 4.

c. Notwithstanding section 232.141 or any other provision of law to the contrary, the amounts allocated in this subsection shall be distributed to the judicial districts as determined by the state court administrator and to the department's service areas as determined by the administrator of the department of human services' division of child and family services. The state court administrator and the division administrator shall make the determination of the distribution amounts on or before June 15, 2019.

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

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

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

- Allocates up to $748,000 to court-ordered services provided to children who are under the supervision of the DHS.

DETAIL: This is a total decrease of $1,272 compared to the estimated FY 2019 allocations due to a general reduction.

CODE: Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2019.

CODE: Prohibits a district or juvenile 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.

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

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

DETAIL: This is no change compared to the estimated net FY 2019 allocation.
Of the funds allocated in this subsection, $17,000 shall be used by the department of human services to support the interstate commission for juveniles in accordance with the interstate compact for juveniles as provided in section 232.173.

Of the funds appropriated in this section, $12,253,000 is allocated for juvenile delinquent graduated sanctions services. Any state funds saved as a result of efforts by juvenile court services administration may be used for the juvenile delinquent graduated sanctions services.

Requires $1,658,000 be transferred to the DPH for the Child Protection Center (CPC) Grant Program. Each CPC will receive $245,000 and the remaining funds will be distributed based on the number of children served. The funding formula for awarding the remaining funds is required to enhance the amount eligible to grantees that develop and maintain satellite centers in underserved regions of the State.

Requires $4,025,000 be transferred to the Preparation for Adult Living (PAL) Program.

Allocates $227,000 to Project Harmony for support of victims of child abuse and their nonoffending family members.
Of the funds appropriated in this section, $300,000 is allocated for the foster care youth council approach of providing a support network to children placed in foster care.

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

Of the funds appropriated in this section, $630,000 is allocated for the community partnership for child protection sites. Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection. This is a decrease of $240 compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates $371,000 to minority youth and family projects included in the child welfare redesign. This is a decrease of $250 compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates $851,000 to the Community Circle of Care Grant in northeast Iowa. This is decrease of $595 compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates $147,000 to the Online Child Welfare Provider Training Academy. This is a decrease of $158 compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates $211,000 to the continuation of a System of Care program in Polk County.
46 22. Of the funds appropriated in this section, $235,000 shall be used for the public purpose of the continuation and expansion of a system of care program grant implemented in Cerro Gordo and Linn counties to utilize a comprehensive and long-term approach for helping children and families by addressing the key areas in a child’s life of childhood basic needs, education and work, family, and community.

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

47 22. Of the funds appropriated in this section, $110,000 shall be used for the public purpose of funding community-based services and other supports with a system of care approach for children with a serious emotional disturbance and their families through a nonprofit provider of child welfare services that has been in existence for more than 115 years, is located in a county with a population of more than 200,000 but less than 220,000 according to the latest certified federal census, is licensed as a psychiatric medical institution for children, and was a system of care grantee prior to July 1, 2019.

47 23. If a separate funding source is identified that reduces the need for state funds within an allocation under this section, the allocated state funds may be redistributed to other allocations under this section for the same fiscal year.

47 15. Sec. 20. ADOPTION SUBSIDY.
47 16. 1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:
47 17. a. For adoption subsidy payments and services:
47 18. ........................................................................................................... $40,596,007

DETAIL: This is a decrease of $872 compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates $235,000 to the continuation and expansion of a System of Care program in Cerro Gordo and Linn counties at Four Oaks.

DETAIL: This is no change compared to the estimated FY 2019 allocation.

Allocates at least $25,000 to the Foster Care Respite Pilot Program at Wartburg College, for students in social work and other human services-related programs, to allow for Program expansion to additional counties.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Allocates $110,000 to Tanager Place Behavioral Health Clinic in Cedar Rapids.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Specifies that if other funding is available, the allocations of State funds in this Section may be substituted with the other funding source.

DETAIL: Child and Family Services other funding sources include Title IV-B and IV-E of the Social Security Act, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant.

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is a net increase of $150,870 compared to estimated net FY 2019. Changes included:

- A decrease of $823,199 due to a change in the FMAP rate.
- An increase of $974,888 to meet reinvestment savings requirements.
- A decrease of $819 to match the forecasted need.
b. (1) The funds appropriated in this section shall be used as authorized or allowed by federal law or regulation for any of the following purposes:

   (a) For adoption subsidy payments and related costs.
   (b) For post-adoption services and for other purposes under Tit.IV-B or Tit.IV-E of the federal Social Security Act.

(2) The department of human services may transfer funds appropriated in this subsection to the appropriation for child and family services in this Act for the purposes of post-adoption services as specified in this paragraph “b”.

c. Notwithstanding section 8.33, moneys corresponding to the state savings resulting from implementation of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub.L. No.110-351, and successor legislation, as determined in accordance with 42 U.S.C.§673(a)(8), that remain unencumbered or unobligated at the close of the fiscal year, shall not revert to any fund but shall remain available for the purposes designated in this subsection until expended. The amount of such savings and any corresponding funds remaining at the close of the fiscal year shall be determined separately and any changes in either amount between fiscal years shall not result in an unfunded need.

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

3. Federal funds received by the state during the fiscal year beginning July 1, 2019, as the result of the expenditure of state funds during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for the services and activities funded under this section.

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

Sec. 21. JUVENILE DETENTION HOME FUND. Moneys deposited in the juvenile detention home fund created in section 232.142 during the fiscal year beginning July 1, 2019, and ending June 30, 2020, are appropriated to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, for distribution of an amount equal to a percentage of

Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, due to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. The DHS may also transfer funds (specifically those funds from federal Title IV-E savings) to the Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be reinvested and used for child welfare services instead of reverting to the General Fund.

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

Requires federal funds received in FY 2020 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 2021.

Requires funds deposited in the Juvenile Detention Home Fund to be distributed to eligible juvenile detention centers for FY 2020. Funds are to be allocated to the eligible county detention centers based on an amount equal to the FY 2019 juvenile detention home establishment, operation, maintenance, and improvement costs.
the costs of the establishment, improvement, operation, and
maintenance of county or multicounty juvenile detention homes
in the fiscal year beginning July 1, 2018. Moneys appropriated
for distribution in accordance with this section shall be
allocated among eligible detention homes, prorated on the basis
of an eligible detention home’s proportion of the costs of all
eligible detention homes in the fiscal year beginning July
1, 2018. The percentage figure shall be determined by the
department based on the amount available for distribution for
the fund. Notwithstanding section 232.142, subsection 3, the
financial aid payable by the state under that provision for the
fiscal year beginning July 1, 2019, shall be limited to the
amount appropriated for the purposes of this section.

Sec. 22. FAMILY SUPPORT SUBSIDY PROGRAM.
1. There is appropriated from the general fund of the
state to the department of human services for the fiscal year
beginning July 1, 2019, and ending June 30, 2020, the following
amount, or so much thereof as is necessary, to be used for the
purpose designated:
For the family support subsidy program subject to the
enrollment restrictions in section 225C.37, subsection 3:
............................................................ $ 949,282

2. At least $819,275 of the moneys appropriated in this
section is transferred to the department of public health for
the family support center component of the comprehensive family
support program under chapter 225C, subchapter V.

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

Sec. 23. CONNER DECREE. There is appropriated from the
general fund of the state to the department of human services
for the fiscal year beginning July 1, 2019, and ending June 30,
2020, the following amount, or so much thereof as is necessary,
For building community capacity through the coordination and provision of training opportunities in accordance with the consent decree of Conner v. Branstad, No.4-86-CV-30871(S.D. Iowa, July 14, 1994):

\[
\begin{array}{ll}
\text{Sec. 24. MENTAL HEALTH INSTITUTES.} & \\
\text{a. (1) For operation of the state mental health institute at Cherokee as required by chapters 218 and 226 for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:} & \\
\text{FTEs} & \text{\$} \\
\end{array}
\]

funds are used for training purposes to comply with the Conner v. Branstad consent decree mandating placement of persons with developmental disabilities in the least restrictive setting possible.

General Fund appropriation to the mental health institute (MHI) at Cherokee.

DETAIL: This is an increase of $345,895 and 20.00 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of $74,270 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of $148,456 and 3.50 FTE positions for security staff.
- An increase of $123,169 and 3.00 FTE positions for support staff.
- An increase of 13.50 FTE positions to match the FY 2019 authorized amount.

Specifies that of the positions authorized, the DHS must include 3.50 security staff FTE positions and 3.00 support staff FTE positions.

General Fund appropriation to the MHI at Independence.

DETAIL: This is an increase of $1,651,489 and 28.15 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of $1,409,375 to replace one-time funding.
- An increase of $93,658 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of $148,456 and 3.50 FTE positions for security staff.
- An increase of 24.65 FTE positions to match the FY 2019 authorized amount.
(2) The additional full-time equivalent positions authorized in this paragraph “b” shall include 3.50 security staff, or comparable additional, full-time equivalent positions.

2. Notwithstanding sections 218.78 and 249A.11, any revenue received from the state mental health institute at Cherokee or the state mental health institute at Independence pursuant to 42 C.F.R§438.6(e) may be retained and expended by the mental health institute.

3. Notwithstanding any provision of law to the contrary, a Medicaid member residing at the state mental health institute at Cherokee or the state mental health institute at Independence shall retain Medicaid eligibility during the period of the Medicaid member’s stay for which federal financial participation is available.

4. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 25. STATE RESOURCE CENTERS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

   a. For the state resource center at Glenwood for salaries, support, maintenance, and miscellaneous purposes: $16,048,348

   b. For the state resource center at Woodward for salaries, support, maintenance, and miscellaneous purposes: $10,872,356

   General Fund appropriation to the State Resource Center at Glenwood.

   DETAIL: This is a net decrease of $810,175 compared to estimated net FY 2019. The changes include:
   - An increase of $54,351 due to increased costs of pharmaceuticals, food, transportation, and utilities.
   - A decrease of $864,526 due to an adjustment in the FMAP rate.

   General Fund appropriation to the State Resource Center at Woodward.

   DETAIL: This is a net decrease of $514,323 compared to estimated net FY 2019. The changes include:
2. The department may continue to bill for state resource center services utilizing a scope of services approach used for private providers of intermediate care facilities for persons with an intellectual disability services, in a manner which does not shift costs between the medical assistance program, counties, or other sources of funding for the state resource centers.

3. The state resource centers may expand the time-limited assessment and respite services during the fiscal year.

4. If the department’s administration and the department of management concur with a finding by a state resource center’s superintendent that projected revenues can reasonably be expected to pay the salary and support costs for a new employee position, or that such costs for adding a particular number of new positions for the fiscal year would be less than the overtime costs if new positions would not be added, the superintendent may add the new position or positions. If the vacant positions available to a resource center do not include the position classification desired to be filled, the state resource center’s superintendent may reclassify any vacant position as necessary to fill the desired position. The superintendents of the state resource centers may, by mutual agreement, pool vacant positions and position classifications during the course of the fiscal year in order to assist one another in filling necessary positions.

5. If existing capacity limitations are reached in operating units, a waiting list is in effect for a service or a special need for which a payment source or other funding is available for the service or to address the special need, and facilities for the service or to address the special need can be provided within the available payment source or other funding, the superintendent of a state resource center may authorize opening not more than two units or other facilities.

- An increase of $37,479 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- A decrease of $551,802 due to an adjustment in the FMAP rate.

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

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 or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve of caretaking responsibilities.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional FTE positions and if approved by the DOM.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.
and begin implementing the service or addressing the special need during fiscal year 2019-2020.

6. Notwithstanding section 8.33, and notwithstanding the amount limitation specified in section 222.92, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 26. SEXUALLY VIOLENT PREDATORS.

1. a. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

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

   ................................................................. $ 12,053,093
   ................................................................. FTEs  139.00

   b. The additional full-time equivalent positions authorized in paragraph “a” shall include 7.00 clinical and support staff, or comparable additional, full-time equivalent positions.

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

3. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 27. FIELD OPERATIONS.

CODE: Allows any unexpended funds appropriated for the State Resource Centers at Glenwood and Woodward for FY 2020 to remain available for FY 2021.

General Fund appropriation to the DHS for the Civil Commitment Unit for Sexual Offenders (CCUSO).

DETAIL: This is an increase of $1,188,346 and 15.00 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of $549,205 to replace one-time funding.
- An increase of $31,415 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of $473,956 and 7.00 FTE positions for new clinical and support staff.
- An increase of $44,688 for the Release with Supervision Program.
- An increase of $89,082 due to patient per diem growth.
- An increase of 8.00 FTE positions to match the FY 2019 authorized amount.

Specifies that of the FTE positions authorized, the DHS must include 7.00 FTE positions for clinical and support staff.

Allows the DHS to contract with other states to provide treatment services at the CCUSO.

CODE: Allows any unexpended funds appropriated for the CCUSO for FY 2020 to remain available for FY 2021.

General Fund appropriation to the DHS for Field Operations staff and
1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

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

   $55,396,906

   FTEs 1,539.00

2. The additional full-time equivalent positions authorized in subsection 1 shall include 29.00 full-time equivalent staff positions to relieve caseloads and 6.00 full-time equivalent positions related to the eligibility integrated application solution (ELIAS) system.

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

Sec. 28. GENERAL ADMINISTRATION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

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

$13,833,040

FTEs 294.00

1. The department shall report at least monthly to the legislative services agency concerning the department's operational and program expenditures.

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

DETAIL: This is an increase of $6,322,389 and 101.00 FTE positions compared to estimated net FY 2019. Changes include:

- An increase of $4,386,877 to maintain the current FTE position level of 1,438.00.
- An increase of $1,526,289 to increase staffing by 29.00 FTE positions to relieve caseloads.
- An increase of $409,223 to replace funding for 6.00 FTE positions that was previously paid for by work on the ELIAS System.
- An increase of 66.00 FTE positions to match the FY 2019 authorized amount.

Requires DHS to hire 29.00 FTE positions to relieve caseload counts and 6.00 FTE positions related to ELIAS.

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

GENERAL Fund appropriation for General Administration.

DETAIL: This is no change in funding and an increase of 14.10 FTE positions compared to estimated net FY 2019. The increase in FTE positions is to match the FY 2019 authorized amount.

Requires the DHS to provide a monthly operational and expenditure report to the LSA.

Allocates $150,000 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.
Of the funds appropriated in this section, $50,000 is transferred to the Iowa Finance Authority to be used for administrative support of the Council on Homelessness established in section 16.2D and for the council to fulfill its duties in addressing and reducing homelessness in the state.

Of the funds appropriated in this section, $200,000 shall be transferred to and deposited in the administrative fund of the Iowa ABLE savings plan trust created in section 12I.4, to be used for implementation and administration activities of the Iowa ABLE savings plan trust.

Of the funds appropriated in this section, $200,000 is transferred to the Economic Development Authority for the RefugeeRISE AmeriCorps program established under section 15H.8 for member recruitment and training to improve the economic well-being and health of economically disadvantaged refugees in local communities across Iowa. Funds transferred may be used to supplement federal funds under federal regulations.

Of the funds appropriated in this section, up to $300,000 shall be used as follows:

a. To fund not more than one full-time equivalent position to address the department's responsibility to support the work of the children's system state board and implementation of the services required pursuant to 2018 Iowa Acts, chapter 1056, section 13.

b. To support the cost of establishing and implementing new or additional services required pursuant to 2018 Iowa Acts, chapter 1056, and any legislation enacted by the 2019 general assembly establishing a children's behavioral health system.

c. Of the amount allocated, $32,000 shall be transferred to the Department of Public Health to support the Your Life Iowa Program to include information on the Iowa Children's Behavioral Health System.

Transfers $50,000 to the Iowa Finance Authority to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the estimated net FY 2019 transfer.

Transfers $200,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.

DETAIL: This is no change compared to the estimated net FY 2019 transfer. The ABLE Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

Transfers $200,000 to the Economic Development Authority through the DHS for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is no change compared to the estimated net FY 2019 transfer. This transfer was authorized for the first time in FY 2017. The transfer requires funds to be used to supplement federal funds.

Allocates $300,000 for children's mental health initiatives.

DETAIL: This is no change in funding compared to the estimated net FY 2019 allocation. However, this allocation is further allocated in the following paragraphs.

Allocates funding for 1.00 FTE position to support the Children's System State Board.

DETAIL: This is a new allocation for FY 2020.

Allocates funding to support the establishment and implementation of new or additional children's behavioral health services.

DETAIL: This is a new allocation for FY 2020.

Transfers $32,000 to the Department of Public Health for the Your Life Iowa Program to include information on the Iowa Children's Behavioral Health System.

DETAIL: This is a new transfer for FY 2020.
Sec. 29. DEPARTMENT-WIDE DUTIES. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, maintenance, and miscellaneous purposes at facilities under the purview of the department of human services:

$2,879,274

Sec. 30. VOLUNTEERS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For development and coordination of volunteer services:

$84,686

Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE DEPARTMENT OF HUMAN SERVICES.

1. a. (1) (a) For the fiscal year beginning July 1, 2019, the department shall rebase case-mix nursing facility rates effective July 1, 2019, to the extent possible within the state funding, including the $23,401,942, appropriated for this purpose.

(b) For the fiscal year beginning July 1, 2019, non-case-mix and special population nursing facilities shall be reimbursed in accordance with the methodology in effect on June 30 of the prior fiscal year.

(c) For managed care claims, the department of human services shall adjust the payment rate floor for nursing facilities, annually, to maintain a rate floor that is no lower than the Medicaid fee-for-service case-mix adjusted rate calculated in accordance with subparagraph division (a) and 441 IAC 81.6. The department shall then calculate adjusted reimbursement rates, including but not limited to add-on-payments, annually, and shall notify Medicaid managed care organizations of the adjusted reimbursement rates within 30 days of determining the adjusted reimbursement rates. Any adjustment of reimbursement rates under this subparagraph division shall be budget neutral to the state budget.

(d) For the fiscal year beginning July 1, 2019, Medicaid managed care long-term services and supports capitation rates shall be adjusted to reflect the rebasing pursuant to subparagraph division (a) for the patient populations residing...

FISCAL IMPACT: The General Assembly increased the Medicaid Program appropriation by $23,401,942 to be included in the case-mix nursing facility rebase.
(2) Medicaid managed care organizations shall adjust facility-specific rates based upon payment rate listings issued by the department. The rate adjustments shall be applied prospectively from the effective date of the rate letter issued by the department.

b. (1) For the fiscal year beginning July 1, 2019, the department shall establish the pharmacy dispensing fee reimbursement at $10.07 per prescription, until a cost of dispensing survey is completed. The actual dispensing fee shall be determined by a cost of dispensing survey performed by the department and required to be completed by all medical assistance program participating pharmacies every two years, adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

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

c. (1) For the fiscal year beginning July 1, 2019, reimbursement rates for outpatient hospital services shall remain at the rates in effect on June 30, 2019, subject to Medicaid program upper payment limit rules, and adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

(2) For the fiscal year beginning July 1, 2019, reimbursement rates for inpatient hospital services shall remain at the rates in effect on June 30, 2019, subject to Medicaid program upper payment limit rules, and adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

(3) For the fiscal year beginning July 1, 2019, under both fee-for-service and managed care administration of the Medicaid program, critical access hospitals shall be reimbursed for inpatient and outpatient services based on an adjustment factor methodology developed by the department. The adjustment factor methodology shall be hospital-specific, shall be based on the most recent requires a pharmacy dispensing fee reimbursement rate of $10.07 per prescription.

DETAIL: This is an increase of $0.05 compared to the FY 2019 fee.

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 AAC prices that are not reflective of the actual drug cost.

Requires the FY 2020 rate of reimbursement for outpatient hospital services remain at the rates in effect June 30, 2019, subject to the Medicaid upper payment limit (UPL) rules.

Requires the FY 2020 rate of reimbursement for inpatient hospital services remain at the rates in effect June 30, 2019, subject to the Medicaid UPL rules.

Requires critical access hospitals to be reimbursed for inpatient and outpatient services based on an adjustment factor methodology developed by the DHS.

FISCAL IMPACT: This change is estimated to increase General Fund Medicaid expenditures by $1,500,000 for the new adjustment factor.
and complete cost reporting period, and shall be applied prospectively within the funds appropriated for such purpose for the fiscal year. Implementation of the critical access hospital adjustment factor methodology shall be contingent on the department’s receipt of approval from the centers for Medicare and Medicaid services of the United States department of health and human services.

(4) For the fiscal year beginning July 1, 2019, the graduate medical education and disproportionate share hospital fund shall remain at the amount in effect on June 30, 2019, except that the portion of the fund attributable to graduate medical education shall be reduced in an amount that reflects the elimination of graduate medical education payments made to out-of-state hospitals.

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

d. For the fiscal year beginning July 1, 2019, reimbursement rates for hospices and acute psychiatric hospitals shall be increased in accordance with increases under the federal Medicare program or as supported by their Medicare audited costs.

e. For the fiscal year beginning July 1, 2019, independent laboratories and rehabilitation agencies shall be reimbursed using the same methodology in effect on June 30, 2019.

(1) For the fiscal year beginning July 1, 2019, reimbursement rates for home health agencies shall continue to be based on the Medicare low utilization payment adjustment (LUPA) methodology with state geographic wage adjustments. The department shall continue to update the rates every two years to reflect the most recent Medicare LUPA rates to the extent possible within the state funding appropriated for this purpose.

(2) For the fiscal year beginning July 1, 2019, rates for private duty nursing and personal care services under the early and periodic screening, diagnostic, and treatment program benefit shall be calculated based on the methodology in effect on June 30, 2019.
59 15 g. For the fiscal year beginning July 1, 2019, federally qualified health centers and rural health clinics shall receive cost-based reimbursement for 100 percent of the reasonable costs for the provision of services to recipients of medical assistance.

59 20 h. For the fiscal year beginning July 1, 2019, the reimbursement rates for dental services shall remain at the rates in effect on June 30, 2019.

59 23 i. (1) For the fiscal year beginning July 1, 2019, reimbursement rates for non-state-owned psychiatric medical institutions for children shall be based on the reimbursement methodology in effect on June 30, 2019.

(2) As a condition of participation in the medical assistance program, enrolled providers shall accept the medical assistance reimbursement rate for any covered goods or services provided to recipients of medical assistance who are children under the custody of a psychiatric medical institution for children.

59 33 j. For the fiscal year beginning July 1, 2019, unless otherwise specified in this Act, all noninstitutional medical assistance provider reimbursement rates shall remain at the rates in effect on June 30, 2019, except for area education agencies, local education agencies, infant and toddler services providers, home and community-based services providers including consumer-directed attendant care providers under a section 1915(c) or 1915(i) waiver, targeted case management providers, and those providers whose rates are required to be determined pursuant to section 249A.20, or to meet federal mental health parity requirements.

59 9 k. Notwithstanding any provision to the contrary, for the fiscal year beginning July 1, 2019, the reimbursement rate for anesthesiologists shall remain at the rates in effect on June 30, 2019, and updated on January 1, 2020, to align with the most current Iowa Medicare anesthesia rate.

59 14 l. Notwithstanding section 249A.20, for the fiscal year beginning July 1, 2019, the average reimbursement rate for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology under section 249A.20 shall remain at the rate in effect on June 30, 2019; however, this rate shall not exceed the maximum level authorized by the federal government.
For the fiscal year beginning July 1, 2019, the reimbursement rate for residential care facilities shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement. The flat reimbursement rate for facilities electing not to file annual cost reports shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

For the fiscal year beginning July 1, 2019, the reimbursement rates for inpatient mental health services provided at hospitals shall remain at the rates in effect on June 30, 2019, subject to Medicaid program upper payment limit rules; and psychiatrists shall be reimbursed at the medical assistance program fee-for-service rate in effect on June 30, 2019.

For the fiscal year beginning July 1, 2019, community mental health centers may choose to be reimbursed for the services provided to recipients of medical assistance through either of the following options:

1. For 100 percent of the reasonable costs of the services.
2. In accordance with the alternative reimbursement rate methodology approved by the department of human services in effect on June 30, 2019.

For the fiscal year beginning July 1, 2019, the reimbursement rate for providers of family planning services that are eligible to receive a 90 percent federal match shall remain at the rates in effect on June 30, 2019.

For the fiscal year beginning July 1, 2019, the limits and reimbursement rates for providers of home and community-based services waiver services shall be reimbursed using the reimbursement methodology in effect on June 30, 2019.

For the fiscal year beginning July 1, 2019, the reimbursement rates for emergency medical service providers shall remain at the rates in effect on June 30, 2019, or as approved by the centers for Medicare and Medicaid services of the United States department of health and human services.

For the fiscal year beginning July 1, 2019, reimbursement rates for substance-related disorder treatment programs licensed under section 125.13 shall remain at the rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for residential care facilities be no less than the minimum payment level required to meet the federal requirement.

Requires the FY 2020 reimbursement rates for inpatient psychiatric hospital services remain at the rates in effect on June 30, 2019, subject to Medicaid UPL rules and psychiatrist reimbursement rates remain at the rate in effect on June 30, 2019.

Allows Community Mental Health Centers (CMHCs) 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 rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for family planning services eligible to receive a 90.00% federal match remain at the rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for HCBS waiver service providers remain at the rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for emergency medical service providers remain at the rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for substance-related disorder treatment providers remain at the rates in effect on June 30, 2019.
For the fiscal year beginning July 1, 2019, assertive community treatment per diem rates shall be adjusted to reflect an actual average per diem cost within the additional $211,332 appropriated for this purpose.

For the fiscal year beginning July 1, 2019, the reimbursement rate for providers reimbursed under the in-home-related care program shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

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

Notwithstanding section 234.38, for the fiscal year beginning July 1, 2019, the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages 0 through 5 years shall be $16.78, the rate for children ages 6 through 11 years shall be $17.45, the rate for children ages 12 through 15 years shall be $19.10, and the rate for children and young adults ages 16 and older shall be $19.35. For youth ages 18 to 21 who have exited foster care, the preparation for adult living program maintenance rate shall be $602.70 per month. The maximum payment for adoption subsidy nonrecurring expenses shall be limited to $500 and the disallowance of additional amounts for court costs and other related legal expenses implemented pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall be continued.

For the fiscal year beginning July 1, 2019, the maximum reimbursement rates for social services providers under contract shall remain at the rates in effect on June 30, 2019, or the provider's actual and allowable cost plus inflation for each service, whichever is less. However, if a new service or service provider is added after June 30, 2019, the initial reimbursement rate for the service or provider shall be based upon a weighted average of provider rates for similar services.

For the fiscal year beginning July 1, 2019, the reimbursement rates for resource family recruitment and retention contractors shall be established by contract. Requires the FY 2020 reimbursement rates for assertive community treatment providers be increased by $211,332 over the rates in effect June 30, 2019.

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

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

Requires the FY 2020 reimbursement rates for the Foster Family Basic Daily Maintenance Rate and the Maximum Adoption Subsidy Rate for children from birth through age 21 remain at the rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for social services providers under contract remain at the rates in effect on June 30, 2019, or the provider's actual and allowable cost plus inflation for each service, whichever is less. This subsection also addresses reimbursement rates if a new service or service provider is added after June 30, 2019.

Requires the FY 2020 reimbursement rates for resource family recruitment and retention contractors and supervised apartment living foster care providers remain at the rates in effect on June 30, 2019.
For the fiscal year beginning July 1, 2019, the reimbursement rates for supervised apartment living foster care providers shall be established by contract.

For the fiscal year beginning July 1, 2019, the reimbursement rate for group foster care providers shall be the combined service and maintenance reimbursement rate established by contract.

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

For the fiscal year beginning July 1, 2019, the reimbursement rate paid for shelter care and the child welfare emergency services implemented to provide or prevent the need for shelter care shall be established by contract.

b. For the fiscal year beginning July 1, 2019, the combined service and maintenance components of the reimbursement rate paid for shelter care services shall be based on the financial and statistical report submitted to the department. The maximum reimbursement rate shall be $101.83 per day. The department shall reimburse a shelter care provider at the provider’s actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

c. Notwithstanding section 232.141, subsection 8, for the fiscal year beginning July 1, 2019, the amount of the statewide average of the actual and allowable rates for reimbursement of juvenile shelter care homes that is utilized for the limitation on recovery of unpaid costs shall remain at the amount in effect for this purpose in the fiscal year beginning July 1, 2018.

For the fiscal year beginning July 1, 2019, the department shall calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities (ICF/IDs) at the 80th percentile. Beginning July 1, 2019, the rate calculation methodology shall utilize the consumer price index inflation factor applicable to the fiscal year beginning July 1, 2019.
Effective July 1, 2019, the child care provider reimbursement rates shall remain at the rates in effect on June 30, 2019. The department shall set rates in a manner so as to provide incentives for a nonregistered provider to become registered by applying any increase only to registered and licensed providers.

The department may adopt emergency rules to implement this section.

Sec. 32. CONTRACTED SERVICES — PROHIBITED USE OF STATE FUNDING FOR LOBBYING.

1. The department shall submit a report to the individuals identified in this Act for submission of reports by December 15, 2019, regarding the outcomes of any program or activity for which funding is appropriated or allocated from the general fund of the state to the department under this division of this Act, and for which a request for proposals process is required.

2. The department shall incorporate into the general conditions applicable to all award documents involving funding appropriated or allocated from the general fund of the state to the department under this division of this Act, a prohibition against the use of such funding for the compensation of a lobbyist. For the purposes of this section, “lobbyist” means the same as defined in section 68B.2; however, “lobbyist” does not include a person employed by a state agency of the executive branch of state government who represents the agency relative to the passage, defeat, approval, or modification of legislation that is being considered by the general assembly.

Sec. 33. EMERGENCY RULES.

1. If specifically authorized by a provision of this division of this Act, the department of human services or the mental health and disability services commission may adopt administrative rules under section 17A.4, subsection 1, and section 17A.5, subsection 2, paragraph “b”, to implement the provisions of this division of this Act and the rules shall become effective immediately upon filing or on a later effective date specified in the rules, unless the effective date of the rules is delayed or the applicability of the rules is suspended by the administrative rules review committee. Any rules adopted in accordance with this section shall not take effect before the rules are reviewed by the administrative rules review committee. The delay authority provided to the administrative rules review committee under

Requires child care provider reimbursement rates remain at the rates in effect on June 30, 2019.

Allows the DHS to adopt emergency rules to implement reimbursement rates.

Requires the DHS to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by December 15, 2019, regarding the outcomes of any program or activity awarded through the request for proposals process.

Requires the DHS to prohibit General Fund appropriations or allocations awarded to be used for lobbying activities. “Lobbyist” does not include Executive Branch liaisons.

Allows the DHS to adopt emergency rules to implement the Section dealing with reimbursement rates.
section 17A.4, subsection 7, and section 17A.8, subsection 9, shall be applicable to a delay imposed under this section, notwithstanding a provision in those sections making them inapplicable to section 17A.5, subsection 2, paragraph “b”.

Any rules adopted in accordance with the provisions of this section shall also be published as a notice of intended action as provided in section 17A.4.

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

Sec. 34. REPORTS. Any reports or other information required to be compiled and submitted under this Act during the fiscal year beginning July 1, 2019, shall be submitted to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, the legislative services agency, and the legislative caucus staffs on or before the dates specified for submission of the reports or information.

Sec. 35. EFFECTIVE UPON ENACTMENT. The following provisions of this division of this Act, being deemed of immediate importance, take effect upon enactment:

1. The provision relating to section 232.141 and directing the state court administrator and the division administrator of the department of human services division of child and family services to make the determination, by June 15, 2019, of the distribution of funds allocated for the payment of the expenses of court-ordered services provided to juveniles which are a charge upon the state.

DIVISION VI
HEALTH CARE ACCOUNTS AND FUNDS —— FY 2019-2020

Sec. 36. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is appropriated from the pharmaceutical settlement account created...
in section 249A.33 to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

- Notwithstanding any provision of law to the contrary, to supplement the appropriations made in this Act for medical contracts under the medical assistance program for the fiscal year beginning July 1, 2019, and ending June 30, 2020:
  - $234,193

Sec. 37. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the quality assurance trust fund created in section 249L.4 to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amounts, or so much thereof as is necessary, for the purposes designated:

- To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year: $58,570,397

Sec. 38. HOSPITAL HEALTH CARE ACCESS TRUST FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the hospital health care access trust fund created in section 249M.4 to the department of human services for the fiscal year beginning July 1, 2019, and ending June 30, 2020, the following amounts, or so much thereof as is necessary, for the purposes designated:

- To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year: $33,920,554

Sec. 39. MEDICAL ASSISTANCE PROGRAM — NONREVERSION FOR FY 2019-2020. Notwithstanding section 8.33, if moneys appropriated for purposes of the medical assistance program for the fiscal year beginning July 1, 2019, and ending June 30, 2020, from the general fund of the state, the quality assurance trust fund, and the hospital health care access trust fund, are in excess of actual expenditures for the medical assistance program and remain unencumbered or unobligated at the close of the fiscal year, the excess moneys shall not revert but shall remain available for expenditure for the purposes of the medical assistance program until the close of the succeeding fiscal year.

DETAIL: This is a decrease of $1,212,073 compared to estimated net FY 2019 due to lower revenues available in the Account.

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

DETAIL: This is an increase of $21,865,189 compared to estimated net FY 2019 due to increasing the provider assessment for nursing facilities from 2.18% to 3.95%.

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

DETAIL: This is no change compared to estimated net FY 2019.

CODE: Requires nonreversion of funds from the Medicaid Program. The funds will carry forward and remain available for use and expenditure in FY 2021.
DIVISION VII

Sec. 40. GRADUATED SANCTION, COURT-ORDERED, AND GROUP FOSTER CARE SERVICES AND FUNDING WORK GROUP.

1. As used in this section, unless the context otherwise requires:
   a. “Court-ordered services” means the defined or specific care and treatment that is ordered by the court for an eligible child and for which no other payment source is available to cover the cost.
   b. “Department” means the department of human services.
   c. “Eligible child” means a child who has been adjudicated delinquent, is at risk, or has been certified by the chief juvenile court officer as eligible for court-ordered services.
   d. “Graduated sanction services” includes community-based interventions, school-based supervision, and supportive enhancements provided in community-based settings to an eligible child who is adjudicated delinquent or who is at risk of adjudication.

2. The division of criminal and juvenile justice planning of the department of human rights shall convene and provide administrative support to a work group to review and develop a plan to transfer the administration of graduated sanctions and court-ordered services funding, and oversight of group foster care placements, from the department to the office of the state court administrator. The plan shall ensure that the office of the state court administrator has the capacity, resources, and expertise to manage the funding and services effectively.

3. a. In addition to a representative of the division of criminal and juvenile justice planning of the department of human rights, the membership of the work group shall include:
   (1) The judicial branch, including the state court administrator or the state court administrator’s designee, a juvenile court judge, at least one chief juvenile court officer, and a representative with fiscal and contract experience.
   (2) The department of human services, including representatives with experience managing graduated sanctions and group foster care placements.
   (3) The department of justice.
   (4) The juvenile justice advisory committee.

Establishes definitions for the work group specified in subsection 2.

Directs the Division of Criminal and Juvenile Justice Planning (CJJP) of the Department of Human Rights to convene a work group to review and develop a plan to transfer graduated sanctions and court-ordered services funding, and oversight of group foster care placements, from DHS to the Office of the State Court Administrator or other appropriate State entity.

Specifies the membership of the work group and that any expenses incurred by a member of the work group shall be the responsibility of the individual member or the respective entity represented by the member.
(5) Member and nonmember agencies of the coalition for
family and children’s services in Iowa.
(6) Providers of community-based services for eligible
children.
(7) Providers of group foster care.
(8) Attorneys who represent children in juvenile justice
proceedings.
(9) County attorneys.
(10) Federal Title IV-E funding and services subject matter
experts.
(11) Individuals who formerly received services as eligible
children or their parents.

b. In addition, the work group membership shall include
four members of the general assembly. The legislative members
shall serve as ex officio, nonvoting members of the work group,
with one member to be appointed by each of the following: the
majority leader of the senate, the minority leader of the
senate, the speaker of the house of representatives, and the
minority leader of the house of representatives.

c. In addition to the members specified, the division
of criminal and juvenile justice planning may include other
stakeholders with interest or expertise on the work group.

d. Any expenses incurred by a member of the work group
shall be the responsibility of the individual member or the
respective entity represented by the member.

The work group shall do all of the following:

a. Develop an action plan to transfer the administration
of juvenile court graduated sanction services, court-ordered
services, and associated funding from the department to the
office of the state court administrator or other appropriate
state entity.

b. Develop an action plan to transfer the oversight of
group foster care services for eligible children from the
department to the office of the state court administrator or
other appropriate state entity with the necessary expertise to
provide such services.

c. Develop an action plan to transfer administration of the
juvenile detention home fund created in section 232.142 from
the department to the office of the state court administrator
or other appropriate state entity.

d. Evaluate current resources to determine the most
efficient means of suitably equipping the office of the state
court administrator or other appropriate state entity with
the policies and legal authority; staffing; contracting,
procurement, data, and quality assurance capabilities;
and other resources necessary to manage such funds and
associated services effectively. The evaluation shall

Requires the work group to do the following:

- Create a plan to transfer the administration of funding for
  graduated sanctions and court-ordered services from DHS to the
  Office of the State Court Administrator.
- Create a plan to transfer oversight of group foster care services
  from DHS to the Office of the State Court Administrator, or
  another appropriate State entity.
- Create a plan to transfer oversight of the Juvenile Detention
  Home Fund from DHS to the Office of the State Court
  Administrator, or another appropriate State entity.
- Create a plan for the process of the transfers.
- Recommend the necessary Iowa Code, Administrative Rules, or
  Court Rules changes to promote collaborative case planning
  and quality assurance for the youth in the system.
- Consult with other state juvenile court systems and experts to
  review administration of similar programs.
70 15 require collaboration with the department to manage transition
70 16 activities.
70 17 e. Recommend statutory and administrative policies and
70 18 court rules to promote collaborative case planning and quality
70 19 assurance between the department and juvenile court services
70 20 for youth who may be involved in both the child welfare and
70 21 juvenile justice systems or who may utilize the same providers
70 22 or services.
70 23 f. Determine the impact and role of the federal Family
70 24 First Prevention Services Act relative to the various funding
70 25 streams and services under the purview of the work group, and
70 26 recommend statutory and administrative policies and rules to
70 27 coordinate the duties of the work group with implementation and
70 28 administration of the federal Act.
70 29 g. Determine the role of the decategorization of child
70 30 welfare and juvenile justice funding initiative pursuant
70 31 to section 232.188 relative to the other funding streams
70 32 and services under the purview of the work group, and make
70 33 recommendations regarding the future of the initiative
70 34 including the potential transfer of administration of the
70 35 initiative from the department to the office of the state court
71 1 administrator or other appropriate state entity.
71 2 h. Consult with other state juvenile court systems and
71 3 subject matter experts to review administration of similar
71 4 programs, to glean information on lessons learned and best
71 5 practices, and to determine the types of community and
71 6 residential services that have demonstrated effectiveness for
71 7 eligible children.

71 8 5. The division of criminal and juvenile justice planning
71 9 of the department of human rights shall submit a report of the
71 10 findings and recommendations of the work group, including a
71 11 plan to implement the recommendations by July 1, 2021, to the
71 12 governor and the general assembly by December 15, 2019.

DIVISION VIII
71 14 CO-OCCURRING CONDITIONS ——— ENHANCED DELIVERY OF SERVICES REVIEW

71 15 Sec. 41. REVIEW TO PROVIDE ENHANCED DELIVERY OF SERVICES
71 16 FOR CO-OCCURRING CONDITIONS. The director of the department
71 17 of public health and the director of the department of human
71 18 services shall develop recommendations for the enhanced
71 19 delivery of co-occurring conditions services. The directors
71 20 shall examine the current service delivery system to identify
71 21 opportunities for reducing the administrative burden on the
71 22 departments and providers, evaluate the use of an integrated
71 23 helpline and website and improvements in data collection
71 24 and sharing of outcomes, and create a structure for ongoing

Requires the CJJP to submit a report on the work group's findings, including a plan to implement the recommendations by July 1, 2021, to the Governor and the General Assembly by December 15, 2019.

Requires the DPH and the DHS to develop recommendations for the enhanced delivery of co-occurring conditions. The departments are required to submit a report including findings, a five-year plan, and other recommendations to the Governor and General Assembly by December 15, 2019.
The directors shall submit a report including findings, a five-year plan to address co-occurring conditions across provider types and payors, and other recommendations to the governor and general assembly by December 15, 2019.

DIVISION IX
MEDICAID MANAGED CARE CONTRACTS

Sec. 42. MEDICAID MANAGED CARE CONTRACTS —— NOTIFICATION TO GENERAL ASSEMBLY. The department of human services shall notify the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, the legislative services agency, and the legislative caucus staffs as follows:

1. Within thirty days of the execution of a Medicaid managed care contract or amendment to a Medicaid managed care contract.
2. Within thirty days of the determination by the department during each measurement year whether to return the incentive payment withheld amount to the Medicaid managed care organization based upon performance and the criteria used in making the determination.

DIVISION X
IOWA DEPARTMENT ON AGING —— MEDICAID CLAIMING

Sec. 43. IOWA DEPARTMENT ON AGING —— MEDICAID CLAIMING. The department on aging and the department of human services shall continue to collaborate to develop a cost allocation plan requesting Medicaid administrative funding to provide for the claiming of federal financial participation for the Aging and Disability Resource Center (ADRC) activities. By January 1, 2021, the department of human services shall submit to the centers for Medicare and Medicaid services of the United States department of health and human services any Medicaid state plan amendment as necessary and shall enter into any interagency agreement with the department on aging to implement this section.

DIVISION XI
DECATEGORIZATION FY 2017 CARRYOVER FUNDING

Sec. 44. DECATEGORIZATION CARRYOVER FUNDING FY 2017 —— TRANSFER TO MEDICAID PROGRAM. Notwithstanding section 232.188, subsection 5, paragraph “b”, any state-appropriated moneys in the funding pool that remained unencumbered or unobligated at the close of the fiscal year beginning July 1, 2016, and were deemed carryover funding to remain available for the two fiscal years ending June 30, 2017, and June 30, 2018, are transferred to the Medicaid program. It is estimated that $500,000 will be transferred to Medicaid to be used in FY 2020.
succeeding fiscal years that still remain unencumbered or unobligated at the close of the fiscal year beginning July 1, 2018, shall not revert but shall be transferred to the medical assistance program for the fiscal year beginning July 1, 2019.

Sec. 45. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 46. RETROACTIVE APPLICABILITY. This division of this Act applies retroactively to July 1, 2018.

DIVISION XII
PRIOR APPROPRIATIONS AND OTHER PROVISIONS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Sec. 47. 2017 Iowa Acts, chapter 174, section 45, as amended by 2018 Iowa Acts, chapter 1165, section 10, is amended to read as follows:

SEC. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is appropriated from the fund created in section 8.41 to the department of human services for the fiscal year beginning July 1, 2018, and ending June 30, 2019, from moneys received under the federal temporary assistance for needy families (TANF) block grant pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub.L.No.104-193, and successor legislation, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. To be credited to the family investment program account and used for assistance under the family investment program under chapter 239B:

   $ 4,539,006
   $ 4,025,108

2. To be credited to the family investment program account and used for the job opportunities and basic skills (JOBS) program and implementing family investment agreements in accordance with chapter 239B:

   $ 5,412,060
   $ 5,192,060

3. To be used for the family development and self-sufficiency grant program in accordance with section 216A.107:

   $ 2,883,980
   $ 2,898,980

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

Specifies the provision transferring decategorization funds to Medicaid that would have previously reverted to the General Fund is effective upon enactment and retroactive to July 1, 2018.

CODE: Amends the FY 2019 Health and Human Services Appropriations Act. See the underlined subsections below for changes.

Deappropriates $513,898 from the estimated net FY 2019 TANF appropriation for the FIP.

DETAIL: The deappropriation is due to funds not being expended during FY 2019 due to lower than expected enrollment.

Deappropriates $220,000 from the estimated net FY 2019 TANF appropriation for the PROMISE JOBS Program.

DETAIL: The deappropriation is due to funds not being expended during FY 2019 due to fewer referrals to the Program.

Increases the FY 2019 TANF appropriation for the FaDSS Program by $15,000.

DETAIL: The increase is to restore the DHS administrative costs to the FY 2018 funding level.
of the fiscal year shall not revert but shall remain available
for expenditure for the purposes designated until the close of
the succeeding fiscal year. However, unless such moneys are
cumbersome or obligated on or before September 30, 2019, the
moneys shall revert.

4. For field operations:
   $31,296,232

5. For general administration:
   $3,744,000

6. For state child care assistance:
   $47,166,826
   a. Of the funds appropriated in this subsection,
      $26,205,412 is transferred to the child care and development
      block grant appropriation made by the Eighty-seventh General
      Assembly, 2018 session, for the federal fiscal year beginning
      October 1, 2018, and ending September 30, 2019. 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
      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.
   b. Any funds appropriated in this subsection remaining
      unallocated shall be used for state child care assistance
      payments for families who are employed including but not
      limited to individuals enrolled in the family investment
      program.

7. For child and family services:
   $32,380,654

8. For child abuse prevention grants:
   $125,000

9. For pregnancy prevention grants on the condition that
   family planning services are funded:
   $4,943,203

Pregnancy prevention grants shall be awarded to programs
in existence on or before July 1, 2018, if the programs have
demonstrated positive outcomes. Grants shall be awarded to
pregnancy prevention programs which are developed after July
1, 2018, if the programs are based on existing models that
have demonstrated positive outcomes. Grants shall comply with
the requirements provided in 1997 Iowa Acts, chapter 208,

Increases the FY 2019 TANF appropriation for DHS Field Operations
by $1,169,449.

DETAIL: The increase in funding is to help the DHS maintain its
current staffing level.

Deappropriates $23,000 from the estimated net FY 2019 TANF
appropriation for the Pregnancy Prevention Program.

DETAIL: The deappropriation is due to funds not being expended
during FY 2019.
section 14, subsections 1 and 2, including the requirement that grant programs must emphasize sexual abstinence. Priority in the awarding of grants shall be given to programs that serve areas of the state which demonstrate the highest percentage of unplanned pregnancies of females of childbearing age within the geographic area to be served by the grant.

10. For technology needs and other resources necessary to meet federal welfare reform reporting, tracking, and case management requirements:

\[ \text{Management Requirements:} \]
\[
\begin{align*}
\text{\$1,037,186} \\
\text{\$862,186}
\end{align*}
\]

11. a. Notwithstanding any provision to the contrary, including but not limited to requirements in section 8.41 or provisions in 2017 or 2018 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 and not otherwise appropriated in this section and remaining available for the fiscal year beginning July 1, 2018, 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 families who are employed, and for the family investment program share of system costs for eligibility determination and related functions. The federal funds appropriated in this paragraph “a” shall be expended only after all other funds appropriated in subsection 1 for assistance under the family investment program, in subsection 6 for child care assistance, or in subsection 10 for technology costs related to the family investment program, as applicable, have been expended. For the purposes of this subsection, the funds appropriated in subsection 6, paragraph “a”, for transfer to the child care and development block grant appropriation are considered fully expended when the full amount has been transferred.

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

12. Of the amounts appropriated in this section, $12,962,008 for the fiscal year beginning July 1, 2018, is transferred to the appropriation of the federal social services block grant made to the department of human services for that fiscal year.

13. For continuation of the program providing categorical eligibility for the food assistance program as specified for the program in the section of this division of this Act

Deappropriates $175,000 from the estimated net FY 2019 TANF appropriation for Training and Technology.

DETAIL: The deappropriation is due to funds not being expended during FY 2019.

Deappropriates $1,236 from the estimated net FY 2019 TANF appropriation for Expanded Categorical Eligibility for the SNAP Program.
14. The department may transfer funds allocated in this section to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

15. With the exception of moneys allocated under this section for the family development and self-sufficiency grant program, to the extent moneys allocated in this section are deemed by the department not to be necessary to support the purposes for which they are allocated, such moneys may be used in the same fiscal year for any other purpose for which funds are allocated in this section or in section 7 of this division for the family investment program account. If there are conflicting needs, priority shall first be given to the family investment program account as specified under subsection 1 of this section and used for the purposes of assistance under the family investment program under chapter 239B, followed by state child care assistance program payments for families who are employed, followed by other priorities as specified by the department.

FAMILY INVESTMENT PROGRAM ADJUSTMENTS

Sec. 48. 2017 Iowa Acts, chapter 174, section 46, subsection 4, as amended by 2018 Iowa Acts, chapter 1165, section 11, is amended to read as follows:

4. Moneys appropriated in this division of this Act and credited to the FIP account for the fiscal year beginning July 1, 2018, and ending June 30, 2019, are allocated as follows:

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

   $5,000

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

   $6,192,834

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

(2) The department of human rights may continue to implement
the family development and self-sufficiency grant program

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

c. For the diversion subaccount of the FIP account:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$749,694</td>
</tr>
</tbody>
</table>

A portion of the moneys allocated for the subaccount may
be used for field operations, salaries, data management
system development, and implementation costs and support
deemed necessary by the director of human services in order to
administer the FIP diversion program. To the extent moneys
allocated in this paragraph “c” are deemed by the department
not to be necessary to support diversion activities, such
moneys may be used for other efforts intended to increase
engagement by family investment program participants in work,
education, or training activities, or for the purposes of
assistance under the family investment program in accordance
with chapter 239B.

d. For the food assistance employment and training program:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$66,588</td>
</tr>
</tbody>
</table>

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

(2) The department shall continue the categorical federal
food assistance program eligibility at 160 percent of the
federal poverty level and continue to eliminate the asset test
from eligibility requirements, consistent with federal food
assistance program requirements. The department shall include
as many food assistance households as are allowed by federal
law. The eligibility provisions shall conform to all federal
requirements including requirements addressing individuals who
are incarcerated or otherwise ineligible.
e. For the JOBS program:

\[ \text{JOBS Program:}\]

\[ \text{Reimbursement: } \$12,139,821\]

\[ \text{Costs: } \$11,919,821\]

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**MEDICAL ASSISTANCE PROGRAM ADJUSTMENT**

Sec. 49. 2017 Iowa Acts, chapter 174, section 51, unnumbered paragraph 2, as amended by 2018 Iowa Acts, chapter 1165, section 18, is amended to read as follows:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2018, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor for each abortion performed under the program:

\[ \text{Reimbursement: } \$1,337,841,375\]

\[ \text{Costs: } \$1,488,141,375\]

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**GROUP FOSTER CARE REALLOCATION**

Sec. 50. 2017 Iowa Acts, chapter 174, section 57, subsection 3, paragraph a, as amended by 2018 Iowa Acts, chapter 1165, section 28, is amended to read as follows:

a. Of the funds appropriated in this section, up to $34,536,648 is allocated as the statewide expenditure target under section 232.143 for group foster care maintenance and services. If the department projects that such expenditures for the fiscal year will be less than the target amount allocated in this paragraph “a”, the department may reallocate the excess to provide additional funding for family foster care, independent living, family safety, risk, and permanency services, shelter care, or the child welfare emergency services addressed with the allocation for shelter care.

---

**SHELTER CARE ALLOCATION**

Sec. 51. 2017 Iowa Acts, chapter 174, section 57, subsection 6, as amended by 2018 Iowa Acts, chapter 1165, section 28, is amended to read as follows:

Notwithstanding section 234.35 or any other provision of law to the contrary, state funding of the funds appropriated in this section, a sufficient amount is allocated for shelter care and the child welfare emergency services contracting implemented to provide for or prevent the need for shelter care.

---

Decreases the FY 2019 FIP Account appropriation for the PROMISE JOBS Program by $220,000.

DETAIL: The decrease is due to funds not being expended during FY 2019 due to fewer referrals to the Program.

General Fund supplemental appropriation of $150,300,000 for the Medicaid Program in FY 2019.

CODE: Amends the FY 2019 allocation from the General Fund appropriation for Child and Family Services, allocation for Group Foster Care, to expand the list of other permissible services to include family foster care, independent living, and family safety, risk, and permanency services.

DETAIL: This will allow for spending on more core services if group care expenditures come in under the target. This language is included in the FY 2020 allocations.

CODE: Amends the allocation from the FY 2019 General Fund appropriation for Child and Family Services, allocation for shelter care and child welfare emergency services, by removing the financial limitation.

DETAIL: The prior allocation for group foster care permitted extra funds to be spent on these services. This language is included in the FY 2020 allocations.
shall be limited to $8,096,158.

OTHER FUNDING FOR CHILD WELFARE SERVICES

Sec. 52. 2017 Iowa Acts, chapter 174, section 57, as amended by 2018 Iowa Acts, chapter 1165, section 28, is amended by adding the following new subsection:

NEW SUBSECTION 24. If a separate funding source is identified that reduces the need for state funds within an allocation under this section, the allocated state funds may be redistributed to other allocations under this section for the same fiscal year.

Sec. 53. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

RETROACTIVE APPLICABILITY. This division of this Act applies retroactively to July 1, 2018.

DIVISION XIII
HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM FUTURE REPEAL

Sec. 55. Section 249M.5, Code 2019, is amended to read as follows:

249M.5 FUTURE REPEAL.

This chapter is repealed July 1, 2019.

Sec. 56. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION XIV
MENTAL HEALTH AND DISABILITY SERVICES —— TRANSFER OF FUNDS

Sec. 57. MENTAL HEALTH AND DISABILITY SERVICES —— TRANSFER OF FUNDS. Notwithstanding section 331.432, a county with a population of over 300,000 based on the most recent federal decennial census, may transfer funds from any other fund of the county to the mental health and disability regional services fund for the purposes of providing mental health and disability services for the fiscal year beginning July 1, 2019, and ending June 30, 2020. The county shall submit a report to the governor and the general assembly by September 1, 2020, including the source of any funds transferred, the amount of the funds transferred, and the mental health and disability services provided with the transferred funds.
Sec. 58. Section 135.11A, subsection 1, Code 2019, is amended to read as follows:

1. There shall be a professional licensure division within the department of public health. Each board under chapter 147 or under the administrative authority of the department, except the board of nursing, board of medicine, dental board, and board of pharmacy, shall receive administrative and clerical support from the division and may not employ its own support staff for administrative and clerical duties. The executive director of the board of nursing, board of medicine, dental board, and board of pharmacy shall be appointed pursuant to section 135.11B.

Sec. 59. NEW SECTION 135.11B APPOINTMENT OF CERTAIN EXECUTIVE DIRECTORS.

1. The director shall appoint and supervise a full-time executive director for each of the following boards:
   a. The board of medicine.
   b. The board of nursing.
   c. The dental board.
   d. The board of pharmacy.

2. Each board listed in subsection 1 shall advise the director in evaluating potential candidates for the position of executive director, consult with the director in the hiring of the executive director, and review and advise the director on the performance of the executive director in the discharge of the executive director’s duties.

3. Each board listed in subsection 1 shall retain sole discretion and authority to execute the core functions of the board including but not limited to policymaking, advocating for and against legislation, rulemaking, licensing, licensee investigations, licensee disciplinary proceedings, and oversight of professional health programs. The director’s supervision of the executive director shall not interfere with the board’s discretion and authority in executing the core functions of the board.

Sec. 60. Section 147.80, subsection 3, Code 2019, is amended to read as follows:

3. The board of medicine, the board of pharmacy, the dental board, and the board of nursing shall retain individual executive officers pursuant to section 135.11B, but shall...
make every effort to share administrative, clerical, and investigative staff to the greatest extent possible.

Sec. 61. Section 152.2, Code 2019, is amended to read as follows:

152.2  EXECUTIVE DIRECTOR.
The board shall appoint a full-time executive director, who shall be appointed pursuant to section 135B.11.
The executive director shall be a registered nurse and shall not be a member of the board. The governor, with the approval of the executive council pursuant to section 8A.413, subsection 3, under the pay plan for exempt positions in the executive branch of government, shall set the salary of the executive director.

Sec. 62. Section 153.33, subsection 2, Code 2019, is amended to read as follows:

2. All employees needed to administer this chapter except the executive director shall be appointed pursuant to the merit system. The executive director shall serve at the pleasure of the board be appointed pursuant to section 135.11B and shall be exempt from the merit system provisions of chapter 8A, subchapter IV.

DIVISION XVI
MEDICAID MEDICAL PRIOR AUTHORIZATION —— UNIFORM PROCESS —— CENTRAL PORTAL

Sec. 63. MEDICAID —— MEDICAL PRIOR AUTHORIZATION UNIFORM PROCESS. The department of human services shall adopt rules pursuant to chapter 17A by October 1, 2019, to require that both managed care and fee-for-service payment and delivery systems utilize a uniform process, including but not limited to uniform forms, information requirements, and time frames, to request medical prior authorization under the Medicaid program. The rules shall require the managed care organizations, by contract, to implement the uniform process by a date as determined by the department.

Sec. 64. MEDICAID MANAGEMENT INFORMATION SYSTEM —— CENTRAL PORTAL —— REVIEW. The department shall review the costs associated with expanding the Medicaid Management Information System to integrate a single statewide system to serve as a central portal for the submission of all prior authorization requests under Medicaid. The results of the study are to be submitted to the Governor and the General Assembly by March 31, 2020.
prior authorization requests to the appropriate managed care organization. The results of the study shall be submitted to the governor and the general assembly no later than March 31, 2020.

Specifies the provisions relating to Medicaid prior authorization take effect upon enactment.

IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK

Sec. 66. Section 135.24, subsection 7, paragraph e, Code 2019, is amended to read as follows:
e. “Specialty health care provider office” means the private office or clinic of an individual specialty health care provider or group of specialty health care providers as referred by the Iowa collaborative safety net provider network established in section 135.153, but does not include a field dental clinic, a free clinic, or a hospital.

CODE: Technical conforming change.

REPEAL. Section 135.153, Code 2019, is repealed.

CODE: Eliminates the Safety Net Provider Network.

HOSPITAL HEALTH CARE ACCESS TRUST FUND BOARD

Sec. 69. Section 249M.4, Code 2019, is amended to read as follows:
249M.4 HOSPITAL HEALTH CARE ACCESS TRUST FUND —— BOARD.
1. A hospital health care access trust fund is created in the state treasury under the authority of the department.
2. Moneys received through the collection of the hospital health care access assessment imposed under this chapter and any other moneys specified for deposit in the trust fund shall be deposited in the trust fund.
3. Moneys in the trust fund shall be used, subject to their appropriation by the general assembly, by the department to reimburse participating hospitals the medical assistance program upper payment limit for inpatient and outpatient hospital services as calculated in this section. Following payment of such upper payment limit to participating hospitals, any remaining funds in the trust fund on an annual basis may be used for any of the following purposes:

CODE: Eliminates the Hospital Health Care Access Trust Fund Board.
a. To support medical assistance program utilization
shortfalls.
b. To maintain the state's capacity to provide access to and
delivery of services for vulnerable Iowans.
c. To fund the health care workforce support initiative
created pursuant to section 135.175.
d. To support access to health care services for uninsured
Iowans.
e. To support Iowa hospital programs and services which
expand access to health care services for Iowans.

3. The trust fund shall be separate from the general fund
of the state and shall not be considered part of the general
fund. The moneys in the trust fund shall not be considered
revenue of the state, but rather shall be funds of the hospital
health care access assessment program. The moneys deposited
in the trust fund are not subject to section 8.33 and shall not
be transferred, used, obligated, appropriated, or otherwise
encumbered, except to provide for the purposes of this chapter.
Notwithstanding section 12C.7, subsection 2, interest or
earnings on moneys deposited in the trust fund shall be
credited to the trust fund.

4. The department shall adopt rules pursuant to chapter
17A to administer the trust fund and reimbursements and
expenditures as specified in this chapter made from the trust
fund.

5. a. Beginning July 1, 2010, or the implementation date
of the hospital health care access assessment program as
determined by receipt of approval from the centers for Medicare
and Medicaid services of the United States department of health
and human services, whichever is later, the department shall
increase the diagnostic related groups and ambulatory patient
classifications base rates to provide payments to participating
hospitals at the Medicare upper payment limit for the fiscal
year beginning July 1, 2010, calculated as of July 31, 2010.
Each participating hospital shall receive the same percentage
increase, but the percentage may differ depending on whether
the basis for the base rate increase is the diagnostic related
groups or ambulatory patient classifications.
b. The percentage increase shall be calculated by dividing
the amount calculated under subparagraph (1) by the amount
calculated under subparagraph (2) as follows:
(1) The amount under the Medicare upper payment limit for
the fiscal year beginning July 1, 2010, for participating
hospitals.
(2) The projected expenditures for participating hospitals
for the fiscal year beginning July 1, 2010, as determined by
the fiscal management division of the department, plus the
amount calculated under subparagraph (1).
6. For the fiscal year beginning July 1, 2011, and for each fiscal year beginning July 1, thereafter, the payments to participating hospitals shall continue to be calculated based on the upper payment limit as calculated for the fiscal year beginning July 1, 2010.

7. Reimbursement of participating hospitals shall incorporate the rebasing process for inpatient and outpatient services for state fiscal year 2012. However, the total amount of increased funding available for reimbursement attributable to rebasing shall not exceed four million five hundred thousand dollars for state fiscal year 2012 and six million dollars for state fiscal year 2013.

8. Any payments to participating hospitals under this section shall result in budget neutrality to the general fund of the state.

9. a. A hospital health care access trust fund board is established consisting of the following members:
   (1) The co-chairpersons and the ranking members of the joint appropriations subcommittee on health and human services.
   (2) The Iowa medical assistance program director.
   (3) Two hospital executives representing the two largest private health care systems in the state.
   (4) The president of the Iowa hospital association.
   (5) A representative of a consumer advocacy group, involved in both state and national initiatives, that provides data on key indicators of well-being for children and families in order to inform policymakers to help children and families succeed.

   b. The board shall do all of the following:
   (1) Provide oversight of the trust fund.
   (2) Make recommendations regarding the hospital health care access assessment program, including recommendations regarding the assessment calculation, assessment amounts, payments to participating hospitals, and use of the moneys in the trust fund.
   (3) Submit an annual report to the governor and the general assembly regarding the use and expenditure of moneys deposited in the trust fund.

   c. The department shall provide administrative assistance to the board.

ADVISORY COMMITTEE TO THE CENTER FOR RURAL HEALTH AND PRIMARY CARE

Sec. 70. Section 135.107, subsection 5, Code 2019, is amended by striking the subsection.

Sec. 71. Section 262.78, subsection 3, Code 2019, is amended

CODE: Eliminates the Advisory Committee to the Center for Rural Health and Primary Care.

CODE: Technical conforming change.
The president of the university of Iowa, in consultation with the president of Iowa state university of science and technology, shall employ a full-time director of the center. The center may employ staff to carry out the center's purpose. The director shall coordinate the agricultural health and safety programs of the center. The director shall regularly meet and consult with the advisory committee to the center for rural health and primary care. The director shall provide the board of regents with relevant information regarding the center.

GOVERNMENTAL PUBLIC HEALTH ADVISORY COUNCIL

Sec. 72. Section 135A.2, subsection 2, Code 2019, is amended by striking the subsection.

Sec. 73. Section 135A.9, subsection 1, Code 2019, is amended by striking the subsection.

Sec. 74. REPEAL. Section 135A.4, Code 2019, is repealed.

PATIENT-CENTERED HEALTH ADVISORY COUNCIL

Sec. 75. REPEAL. Section 135.159, Code 2019, is repealed.

COMBINING STATE MEDICAL EXAMINER ADVISORY COUNCIL WITH THE INTERAGENCY COORDINATING COUNCIL

Sec. 76. Section 691.6B, Code 2019, is amended to read as follows:

691.6B INTERAGENCY COORDINATING COUNCIL.

1. An interagency coordinating council is created to advise and consult with the state medical examiner on a range of issues affecting the organization and functions of the office of the state medical examiner and the effectiveness of the medical examiner system in the state.

2. Members of the interagency coordinating council shall include all of the following:

a. The state medical examiner, or when the state medical examiner is unavailable, a designee of the state medical examiner, or another qualified individual who is knowledgeable about the operations of the state medical examiner.

b. The medical examiner of each county in the state, or when the medical examiner of a county is unavailable, a designee of the medical examiner of the county, or another qualified individual who is knowledgeable about the operations of the county medical examiner.

c. A representative of a regional medical examiner system, if the state has one.

d. A representative of a hospital, medical center, or public health agency that performs medical examiner functions.

3. The council shall be composed of at least fifteen members, and shall include representatives from at least each of the sections described in subdivision 2.

4. The council shall meet at least once every three months.

5. The council shall submit an annual report to the governor, the legislative council, and the board of regents.
The examiner is not available, the deputy state medical examiner;

b. The commissioner of public safety or the commissioner’s
designee;

c. The director of public health or the director’s designee;

d. The governor or the governor’s designee.
e. Representatives from the office of the attorney
general, the Iowa county attorneys association, the Iowa
medical society, the Iowa association of pathologists, the
Iowa association of county medical examiners, the statewide
emergency medical system, and the Iowa funeral directors
association.

The interagency coordinating council shall meet on
a regular basis, and shall be organized and function as
established by the state medical examiner by rule.

Sec. 77. REPEAL. Section 691.6C, Code 2019, is repealed.

Sec. 78. Section 147A.24, subsection 2, Code 2019, is
amended to read as follows:

2. The council shall consist of seven members to be
appointed by the director from the recommendations of
the organizations in subsection 1 for terms of two years.
Vacancies on the council shall be filled for the remainder of
the term of the original appointment. Members whose terms
expire may be reappointed.

Sec. 79. TRANSITION PROVISIONS. Notwithstanding any
 provision of section 147A.24, subsection 2, to the contrary, a
member of the trauma system advisory council on July 1, 2019,
shall continue serving until the expiration of that member’s
term or until a vacancy occurs prior to the expiration of the
applicable term, and such vacancy shall only be filled to the
extent consistent with and necessary to maintain the total
number of members of the council specified in section 147A.24,
subsection 2, as amended in this Act.

Sec. 80. NEW SECTION 135.11B STATUTORY BOARD, COMMISSION,
COMMITTEE, OR COUNCIL OF COMMITTEE —— TELECONFERENCE OPTION.

Any statutorily established board, commission, committee, or
council established under the purview of the department shall
provide for a teleconference option for board, commission,
committee, or council members to participate in official meetings.

ELIMINATION OF PAYMENT OF EXPENSES FOR PUBLIC MEMBERS OF CERTAIN STATE ENTITIES

Sec. 81. Section 105.3, subsection 6, Code 2019, is amended by striking the subsection.

Sec. 82. Section 135.43, subsection 2, unnumbered paragraph 1, Code 2019, is amended to read as follows:

The membership of the review team is subject to the provisions of sections 69.16 and 69.16A, relating to political affiliation and gender balance. Review team members who are not designated by another appointing authority shall be appointed by the state medical examiner. Membership terms shall be for three years. A membership vacancy shall be filled in the same manner as the original appointment. The review team shall elect a chairperson and other officers as deemed necessary by the review team. The review team shall meet upon the call of the state medical examiner or as determined by the review team. The members of the team are eligible for reimbursement of actual and necessary expenses incurred in the performance of their official duties. The review team shall include the following:

Sec. 83. Section 135.62, subsection 2, paragraph e, Code 2019, is amended by striking the paragraph.

Sec. 84. Section 147A.3, Code 2019, is amended to read as follows:

147A.3 MEETINGS OF THE COUNCIL —— QUORUM —— EXPENSES.

Membership, terms of office, and quorum, and expenses shall be determined by the director pursuant to chapter 135.

Sec. 85. Section 256I.3, subsection 3, Code 2019, is amended by striking the subsection.

ELIMINATION OF CHILD WELFARE ADVISORY COMMITTEE, CHILD SUPPORT ADVISORY COMMITTEE, CHILDREN’S MENTAL HEALTH WAIVER IMPLEMENTATION COMMITTEE, AND PROPERTY TAX RELIEF FUND RISK POOL

Sec. 86. Section 217.3A, subsection 1, Code 2019, is amended to read as follows:

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Plumbing and Mechanical Systems Board.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Child Death Review Team.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Health Facilities Council.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Emergency Management Services Advisory Council.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Early Childhood Iowa State Board.

CODE: Technical conforming change.
1. GENERAL. The council on human services shall establish and utilize the advisory committee identified in this section and may establish and utilize other advisory committees. The council shall establish appointment provisions, membership terms, operating guidelines, and other operational requirements for committees established pursuant to this section.

Sec. 87. Section 217.3A, subsections 3 and 4, Code 2019, are amended by striking the subsections.

Sec. 88. Section 426B.5, subsection 1, Code 2019, is amended by striking the subsection.

Sec. 89. 2005 Iowa Acts, chapter 117, section 4, subsection 3, is amended by striking the subsection.

DIVISION XVIII

MEDICAL ASSISTANCE ADVISORY COUNCIL

Sec. 90. Section 217.3, subsection 4, Code 2019, is amended to read as follows:

4. Approve the budget of the department of human services prior to submission to the governor. Prior to approval of the budget, the council shall publicize and hold a public hearing to provide explanations and hear questions, opinions, and suggestions regarding the budget. Invitations to the hearing shall be extended to the governor, the governor-elect, the director of the department of management, and other persons deemed by the council as integral to the budget process. The budget materials submitted to the governor shall include a review of options for revising the medical assistance program made available by federal action or by actions implemented by other states as identified by the department, the medical assistance advisory council and the executive committee of the medical assistance advisory council created in section 249A.4B, and by county representatives. The review shall address what potential revisions could be made in this state and how the changes would be beneficial to Iowans.

Sec. 91. Section 249A.4B, Code 2019, is amended to read as follows:

1. A medical assistance advisory council is created to comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of the federal Social Security Act and to advise the director


CODE: Eliminates the Mental Health and Disability Services Commission's Property Tax Relief Fund Risk Pool.

CODE: Eliminates the Children's Mental Health Waiver Implementation Committee.

CODE: Conforming change due to the elimination of the Medical Assistance Advisory Council (MAAC) Executive Committee.

CODE: Eliminates the Executive Committee of the MAAC and limits the voting membership of the Council to ten members.
about health and medical care services under the medical
assistance program. The council shall meet no more than
quarterly. The director of public health and a public member
of the council selected by the public members of the council
specified in subsection 2, paragraph "b", shall serve as
co-chairpersons of the council.

2. a. The council shall consist of the following voting
members:
   (1) Five professional or business entity members selected
by the entities specified pursuant to subsection 3, paragraph
"a".
   (2) Five public members appointed pursuant to subsection 3,
paragraph "b". Of the five public members, at least one member
shall be a recipient of medical assistance.

b. The council shall include all of the following nonvoting
members:
   (1) The director of public health, or the director’s
designee.
   (2) The director of the department on aging, or the
director’s designee.
   (3) The long-term care ombudsman, or the long-term care
ombudsman’s designee.
   (4) The dean of Des Moines university — osteopathic medical
center, or the dean’s designee.
   (5) The dean of the university of Iowa college of medicine,
or the dean’s designee.
   (6) A member of the hawk-i board created in section 514I.5,
selected by the members of the hawk-i board.
   (7) The following members of the general assembly, each for
a term of two years as provided in section 69.16B:
      (a) Two members of the house of representatives, one
      appointed by the speaker of the house of representatives
      and one appointed by the minority leader of the house of
      representatives from their respective parties.
      (b) Two members of the senate, one appointed by the
president of the senate after consultation with the majority
leader of the senate and one appointed by the minority leader
of the senate.

3. The voting membership of the council shall include
all of the following voting members be selected or appointed
as follows:
   a. The five professional or business entity members shall
be selected by the entities specified under this paragraph "a".
   b. The five professional or business entity members selected shall
be the president, or the president’s representative, of each
of the following professional or business entities, entity, or
a member of each of the following professional or business
entities, selected entity, designated by the entity.
The Iowa medical society.
The Iowa osteopathic medical association.
The Iowa academy of family physicians.
The Iowa chapter of the American academy of pediatrics.
The Iowa physical therapy association.
The Iowa dental association.
The Iowa nurses association.
The Iowa pharmacy association.
The Iowa podiatric medical society.
The Iowa optometric association.
The Iowa association of community providers.
The Iowa psychological association.
The Iowa psychiatric society.
The Iowa chapter of the national association of social workers.
The coalition for family and children’s services in Iowa.
The Iowa hospital association.
The Iowa association of rural health clinics.
The Iowa primary care association.
Free clinics of Iowa.
The opticians’ association of Iowa, inc.
The Iowa association of hearing health professionals.
The Iowa speech and hearing association.
The Iowa health care association.
The Iowa association of area agencies on aging.
AARP.
The Iowa caregivers association.
Leading age Iowa.
The Iowa association for home care.
The Iowa council of health care centers.
The Iowa physician assistant society.
The Iowa association of nurse practitioners.
The Iowa nurse practitioner society.
The Iowa occupational therapy association.
The ARC of Iowa, formerly known as the association for retarded citizens of Iowa.
The national alliance on mental illness.
The Iowa state association of counties.
The Iowa developmental disabilities council.
The Iowa chiropractic society.
The Iowa academy of nutrition and dietetics.
The Iowa behavioral health association.
The midwest association for medical equipment services or an affiliated Iowa organization.
Ten public members shall be public representatives which may include members of consumer groups, including recipients of medical assistance or their families,
consumer organizations, and others, appointed by the governor for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph “a”, and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.

c. A member of the hawk-i board created in section 514I.5, selected by the members of the hawk-i board.

d. The council shall include all of the following nonvoting members:

- a. The director of public health, or the director’s designee.
- b. The director of the department on aging, or the director’s designee.
- c. The long-term care ombudsman, or the long-term care ombudsman’s designee.
- d. The dean of Des Moines university osteopathic medical center, or the dean’s designee.
- e. The dean of the university of Iowa college of medicine, or the dean’s designee.
- f. The following members of the general assembly, each for a term of two years as provided in section 69.16B:
  - (1) Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.
  - (2) Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

4. An executive committee of the council is created and shall consist of the following members of the council:

- a. Five of the professional or business entity members designated pursuant to subsection 2, paragraph “a”, and selected by the members specified under that paragraph, as voting members.
- b. Five of the public members appointed pursuant to subsection 2, paragraph “b”, and selected by the members specified under that paragraph, as voting members. Of the five public members, at least one member shall be a recipient of medical assistance.
- (3) The director of public health, or the director’s designee, as a nonvoting member.
- b. The executive committee shall meet on a monthly basis.
  The director of public health and the public member serving as co-chairperson of the council shall serve as co-chairpersons of the executive committee.
Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program.

5. For each council meeting, other than those held during the time the general assembly is in session, each legislative member of the council shall be reimbursed for actual travel and other necessary expenses and shall receive a per diem as specified in section 7E.6 for each day in attendance, as shall the members of the council or the executive committee who are recipients or the family members of recipients of medical assistance, regardless of whether the general assembly is in session.

6. The department shall provide staff support and independent technical assistance to the council and the executive committee.

7. The director shall consider the recommendations offered by the council and the executive committee in the director’s preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies.

DIVISION XIX
MEDICAID COVERAGE —— PREGNANT WOMEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE

Sec. 92. MEDICAID COVERAGE —— PREGNANT WOMEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE UNITED STATES WITHOUT APPLICATION OF FIVE-YEAR WAITING PERIOD.

1. The department of human services shall seek a waiver from the centers for Medicare and Medicaid services of the United States department of health and human services to provide coverage under the Medicaid program for pregnant women lawfully admitted for permanent residence in the United States, without application of the five-year waiting period.

2. If federal approval is received by the department, the department shall provide Medicaid coverage for pregnant women lawfully admitted for permanent residence in the United States, without application of the five-year waiting period, effective the first day of the month following the department’s receipt of federal approval.

DIVISION XX
PROVISION OF CERTAIN SURGERIES OR PROCEDURES —— EXEMPTION FROM REQUIRED ACCOMMODATIONS OR SERVICES

Sec. 93. Section 216.7, Code 2019, is amended by adding the

CODE: Specifies the Section does not require any State or local
following new subsection:

NEW SUBSECTION 3. This section shall not require any state or local government unit or tax-supported district to provide for sex reassignment surgery or any other cosmetic, reconstructive, or plastic surgery procedure related to transsexualism, hermaphroditism, gender identity disorder, or body dysmorphic disorder.

Sec. 94. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION XXI

REVISION OF MEDICAID MANAGED CARE CONTRACTS —— LIQUIDATED DAMAGES

Sec. 95. REVISION OF MEDICAID MANAGED CARE CONTRACTS —— LIQUIDATED DAMAGES. The department shall revise the Medicaid managed care contracts to include all of the following provisions:

1. The assessment of liquidated damages for prior authorization and claims payment system issues that were reported by the managed care organization to the department as corrected, but reoccurred within 60 days of the reported correction.

2. The assessment of liquidated damages for the failure of a managed care organization to complete provider credentialing or to accurately load provider rosters as required in the contract.

DIVISION XXII

HEALTH DATA COLLECTION AND USE

Sec. 96. Section 135.166, subsection 1, Code 2019, is amended to read as follows:

a. The department of public health shall enter into a memorandum of understanding to utilize the Iowa hospital association with the contractor selected through a request for proposals process to act as the department's intermediary in collecting, maintaining, and disseminating hospital inpatient, outpatient, and ambulatory data, as initially authorized in 1996 Iowa Acts, ch.1212, §5, subsection 1, paragraph "a", subparagraph (4), and 641 IAC 177.3.

b. The memorandum of understanding shall include but is not limited to provisions that address the duties of the Iowa hospital association contractor regarding the collection, reporting, disclosure, storage, and confidentiality of the data.

CODE: Removes the Iowa Hospital Association (IHA) as the specified intermediary operating the Inpatient Outpatient Data System and permits the DPH to select a contractor through an RFP to act as the DPH’s intermediary.
Sec. 97. REQUEST FOR PROPOSALS PROCESS — TRANSITION. The department of public health shall continue the memorandum of understanding with the entity acting as intermediary on June 30, 2019, pursuant to section 135.166, until the contractor selected through a request for proposals process assumes the duties of intermediary on January 1, 2021, as specified under this division of this Act.

DIVISION XXIII
DISTRIBUTION OF FEDERAL FUNDS — RESTRICTIONS — ABORTION

Sec. 98. DISTRIBUTION OF FEDERAL PUBLIC HEALTH SERVICES ACT FUNDS FOR FAMILY PLANNING.

1. The department of public health shall annually apply to the United States department of health and human services for grant funding under Tit.X of the federal Public Health Services Act, 42 U.S.C.§300 et seq. The department shall distribute all grant funding received to applicants in the following order of priority:
   a. Public entities that provide family planning services including state, county, or local community health clinics, federally qualified health centers, and community action organizations.
   b. Nonpublic entities that, in addition to family planning services, provide required primary health services as described in 42 U.S.C.§254b(b)(1)(A).
   c. Nonpublic entities that provide family planning services but do not provide required primary health services as described in 42 U.S.C.§254b(b)(1)(A).

2. Distribution of funds under this section shall be made in a manner that continues access to family planning services.

3. a. (1) Distribution of funds under this section shall not be made to any entity that performs abortions, promotes abortions, maintains or operates a facility where abortions are performed or promoted, contracts or subcontracts with an entity that performs or promotes abortions, becomes or continues to be an affiliate of any entity that performs or promotes abortions, or regularly makes referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed. However, the prohibition specified in this subparagraph (1) shall not be interpreted to include a nonpublic entity that is a distinct location of a nonprofit health care delivery system, if the distinct location provides family planning services but does not perform abortions or maintain or operate as a facility where abortions are performed.
(2) The department of public health shall adopt rules pursuant to chapter 17A to require that as a condition of eligibility as an applicant under this section, each distinct location of a nonprofit health care delivery system shall be assigned a distinct provider identification number and complete an attestation that abortions are not performed at the distinct location.

b. For the purposes of this section, "nonprofit health care delivery system" means an Iowa nonprofit corporation that controls, directly or indirectly, a regional health care network consisting of hospital facilities and various ambulatory and clinic locations that provide a range of primary, secondary, and tertiary inpatient, outpatient, and physician services.

c. For the purposes of this section, "abortion" does not include any of the following:

(1) The treatment of a woman for a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death.

(2) The treatment of a woman for a spontaneous abortion, commonly known as a miscarriage, when not all of the products of human conception are expelled.

4. Funds distributed in accordance with this section shall not be used for direct or indirect costs, including but not limited to administrative costs or expenses, overhead, employee salaries, rent, and telephone and other utility costs, related to providing or promoting abortions as specified in this section.

5. The department of public health shall submit a report to the governor and the general assembly, annually by January 1, listing any entities that received funds pursuant to subsection 1, paragraph "c", and the amount and type of funds received by such entities during the preceding calendar year. The report shall provide a detailed explanation of how the department determined that distribution of funds to such an entity, instead of to an entity described in subsection 1, paragraph "a" or "b", was necessary to prevent severe limitation or elimination of access to family planning services in the region of the state where the entity is located.
Sec. 99. ADMINISTRATION OF PERSONAL RESPONSIBILITY EDUCATION PROGRAM AND SEXUAL RISK AVOIDANCE EDUCATION GRANT FUND PROGRAMS.

1. Any contract entered into on or after July 1, 2019, by the department of public health to administer the personal responsibility education program as specified in 42 U.S.C. §713 or to administer the sexual risk avoidance education grant program authorized pursuant to section 510 of Tit. V of the federal Social Security Act, 42 U.S.C. §710, as amended by section 50502 of the federal Bipartisan Budget Act of 2018, Pub.L. No. 115-123, and as further amended by division S, Title VII, section 701 of the federal Consolidated Appropriations Act of 2018, Pub.L. No. 115-141, shall exclude as an eligible applicant, any applicant entity that performs abortions, promotes abortions, maintains or operates a facility where abortions are performed or promoted, contracts or subcontracts with an entity that performs or promotes abortions, becomes or continues to be an affiliate of any entity that performs or promotes abortions, or regularly makes referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed. However, the prohibition specified in this section shall not be interpreted to include a nonpublic entity that is a distinct location of a nonprofit health care delivery system, if the distinct location provides personal responsibility education program or sexual risk avoidance education grant program services but does not perform abortions or maintain or operate as a facility where abortions are performed.

2. The department of public health shall adopt rules pursuant to chapter 17A to require that as a condition of eligibility as an applicant, grantee, grantee contractor, or grantee subcontractor under the personal responsibility education program or sexual risk avoidance education grant program, each distinct location of a nonprofit health care delivery system shall be assigned a distinct identification number and complete an attestation that abortions are not performed at the distinct location.

3. For the purposes of this section, “nonprofit health care delivery system” means an Iowa nonprofit corporation that controls, directly or indirectly, a regional health care network consisting of hospital facilities and various ambulatory and clinic locations that provide a range of primary, secondary, and tertiary inpatient, outpatient, and physician services.

4. For the purposes of this section, “abortion” does not specify what does not constitute an abortion.
include any of the following:

a. The treatment of a woman for a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death.

b. The treatment of a woman for a spontaneous abortion, commonly known as a miscarriage, when not all of the products of human conception are expelled.

Sec. 100. AWARD OF COMMUNITY ADOLESCENT PREGNANCY PREVENTION AND SERVICES PROGRAM GRANT FUNDS.

1. Any contract entered into on or after July 1, 2019, by the department of human services to award a community adolescent pregnancy prevention and services program grant using federal temporary assistance for needy families block grant funds appropriated to the department shall exclude from eligibility any applicant, grantee, grantee contractor, or grantee subcontractor that performs abortions, promotes abortions, maintains or operates a facility where abortions are performed or promoted, contracts or subcontracts with an entity that performs or promotes abortions, becomes or continues to be an affiliate of any entity that performs or promotes abortions, or regularly makes referrals to an entity that provides or promotes abortions or maintains or operates a facility where abortions are performed.

2. The eligibility exclusion specified in subsection 1 shall not be interpreted to include a nonpublic entity that is a distinct location of a nonprofit health care delivery system, if the distinct location provides community adolescent pregnancy prevention program services but does not perform abortions or maintain a facility where abortions are performed.

3. The department of human services shall adopt rules pursuant to chapter 17A to require that as a condition of eligibility as an applicant, grantee, grantee contractor, or grantee subcontractor under the adolescent pregnancy prevention and services program, each distinct location of a nonprofit health care delivery system shall be assigned a distinct identification number and complete an attestation that abortions are not performed at the distinct location.

4. For the purposes of this section, “nonprofit health care delivery system” means an Iowa nonprofit corporation that controls, directly or indirectly, a regional health care network consisting of hospital facilities and various facilities for the provision of health care services, and any entity that holds at least 20 percent of the voting interest in such corporation.
ambulatory and clinic locations that provide a range of
primary, secondary, and tertiary inpatient, outpatient, and
physician services.

For the purposes of this section, "abortion" does not
include any of the following:

- The treatment of a woman for a physical disorder,
- physical injury, or physical illness, including a
- life-endangering physical condition caused by or arising from
- the pregnancy itself, that would, as certified by a physician,
- place the woman in danger of death.

b. The treatment of a woman for a spontaneous abortion,
commonly known as a miscarriage, when not all of the products
of human conception are expelled.

Sec. 101. SEVERABILITY. If any provision of this division
of this Act or the application of this division of this Act to
any person or circumstances is held invalid, the invalidity
shall not affect other provisions or applications of this
division of this Act which can be given effect without the
invalid provisions or application and, to this end, the
provisions of this division of this Act are severable.

Sec. 102. EFFECTIVE DATE. This division of this Act, being
deemed of immediate importance, takes effect upon enactment.

DIVISION XXIV
NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALITY OF CARE
RATE ADD-ON PROGRAM

Section 249L.2, subsections 7 and 8, Code 2019,
are amended to read as follows:

- "Non-state government-owned nursing facility" means a
nursing facility that is owned or operated by a non-state
governmental entity and for which a non-state governmental
entity holds the nursing facility's license and is party to the
nursing facility's Medicaid contract.

- "Nursing facility" means a licensed nursing facility as
defined in section 135C.1 that is a freestanding facility or
a nursing facility operated by a hospital licensed pursuant
to chapter 135B, but does not include a distinct-part skilled
nursing unit or a swing-bed unit operated by a hospital, or
a nursing facility owned by the state or federal government
or other governmental unit. "Nursing facility" includes a
non-state government-owned nursing facility if the nursing
facility participates in the non-state government-owned nursing
facility upper payment limit alternative payment quality of
care rate add-on program.

CODE: Amends the definitions of "non-State government-owned
(NSGO) nursing facility" and "nursing facility" under the Iowa Code
chapter relating to the Nursing Facility Quality Assessment Program.
Sec. 104. NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALITY OF CARE RATE ADD-ON PROGRAM.

1. As used in this section, unless the context otherwise requires:
   a. “Department” means the department of human services.
   b. “Intergovernmental transfer” means a transfer of state share funds from a non-state governmental entity to the department of human services.
   c. “Non-state governmental entity” or “NSGE” means a hospital authority, hospital district, health care district, city, or county.
   d. “Non-state government-owned nursing facility” or “NSGO nursing facility” means a nursing facility that is owned or operated by a non-state governmental entity and for which a non-state governmental entity holds the nursing facility’s license and is party to the nursing facility’s Medicaid contract.
   e. “Program” means the non-state government-owned nursing facility quality of care rate add-on program described in this section.
   f. “Quality of care rate add-on calculation period” means the fiscal year for which quality of care rate add-on amounts are calculated based on adjudicated claims for days of service provided.
   g. “Upper payment limit” means a reasonable estimate of the amount that would be paid for the services furnished by a facility under Medicare payment principles.

2. The department of human services shall submit to the centers for Medicare and Medicaid services of the United States department of health and human services (CMS), a Medicaid state plan amendment to allow a qualifying NSGE to receive a quality of care rate add-on in accordance with the upper payment limit requirements pursuant to 42 C.F.R.§447.272 and managed care requirements pursuant to 42 C.F.R.§438.6.

3. The Medicaid state plan amendment submitted shall provide for all of the following:
   a. PURPOSE. The NSGO nursing facility quality of care rate add-on shall be made to a qualified NSGE to promote, maintain, and improve resident quality of care and health outcomes.
   b. NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALIFICATIONS. An NSGO nursing facility shall qualify for participation in the program if all of the following conditions are met:
      (1) The NSGE for the NSGO nursing facility has executed a participation agreement with the department.

Provides definitions for a NSGO Nursing Facility Quality of Care Rate Add-on Program.
Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow qualifying non-state owned nursing facilities to receive a quality of care rate add-on in accordance with upper payment limit requirements and managed care requirements.

Specifies the following:

- The purpose of the NSGO nursing facility quality of care rate add-on is to promote, maintain, and improve resident quality of care and health outcomes.
- The qualifications for participation in the NSGO Nursing Facility Quality of Care Rate Add-on Program.
- The conditions that must be met for participation in the NSGO Nursing Facility Quality of Care Rate Add-on Program.
- The care criteria requirements for a NSGO nursing facility.
- That the nursing facility quality of care rate add-on provided
The NSGE for the NSGO nursing facility has provided proof that the entity holds the NSGO nursing facility’s license and has complete operational responsibility for the NSGO nursing facility.

The NSGE for the NSGO nursing facility has filed a certification of eligibility application for the quality of care rate add-on program with the department and has received approval from the department for participation in the program.

The NSGO nursing facility is an active participant in established Medicaid managed care value-based purchasing programs and initiatives in the state.

The NSGO nursing facility and the NSGE for the NSGO nursing facility are in compliance with care criteria requirements.

c. NSGE PARTICIPATION REQUIREMENTS. An NSGE shall qualify for participation in the program if all of the following conditions are met:

1. The NSGE has executed a nursing facility provider contract with an NSGO nursing facility.

2. The NSGE has provided, and identified the source of, state share dollars for the intergovernmental transfer.

3. The NSGE has provided proof of ownership, if applicable, as the licensed operator of the NSGO nursing facility.

4. The NSGE has provided, to the department, an executed management agreement between the NSGE and the NSGO nursing facility manager.

d. CARE CRITERIA REQUIREMENTS. A participating NSGO nursing facility shall comply with all of the following care criteria quality metrics, shall adhere to all of the following performance measures to improve the quality of care delivered to residents and to improve efficiency and care avoidance costs for the overall Medicaid program, and shall do all of the following:

1. Develop a written action plan that includes satisfaction survey results, an analysis of the satisfaction survey results with identification of areas in need of improvement, and a process for addressing areas in need of improvement.

2. Develop and implement, within six months of commencement of participation in the program, a written plan for the mitigation of unnecessary inpatient admissions within 30 days of a nursing facility discharge. The written plan shall include or address all of the following:

   a. The inpatient admission management tool which identifies those residents at high risk for the potential return to acute care.

   b. The tools to support effective communications.

under the Program is not to exceed Medicare payment principles and is to be calculated based on federal law.

• Requirements regarding change of ownership of a nursing facility participating in the NSGO Nursing Facility Quality of Care Rate Add-on Program.

• NSGO nursing facilities participating in the Program secure allowable intergovernmental transfer funds from a participating Non-State governmental entity to provide the State share amount.

• The process for compliance with intergovernmental transfers.
Advance directive planning and implementation.

Application of a quality assurance and program integrity methodology to provide a root cause analysis and identify teaching needs.

Develop and implement a written plan providing for a proactive pneumonia and influenza vaccination program which shall improve vaccination scores above the national average, as measured using CMS quality metrics. The written plan shall include all of the following:

(a) The latest available three-quarter average of both the CMS measure for the percent of long-stay residents assessed and appropriately given the seasonal influenza vaccine and of the CMS measure for the percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine, to establish a baseline.

(b) The current measure code score for the CMS measures described in subparagraph division (a).

(c) A written plan for an influenza and pneumonia vaccination program to address new admissions and current residents.

(4) Elevate healthy aging in the state by implementing a plan that accomplishes at least one of the following strategies:

(a) Prevention and reduction of falls.

(b) Improved nutrition.

(c) Increased physical activity.

(d) Reduction in the incidence of depression.

(5) Demonstrate improvement above the facility-specific baseline in the CMS five-star quality measures composite scoring. Metrics shall be determined based upon the CMS nursing home compare composite score over the preceding twelve-month period.

(a) A participating NSGO nursing facility shall provide the most recent three-quarter average of the CMS quality measure star rating to establish a baseline.

(b) A participating NSGO nursing facility shall have a star rating of three or better or must demonstrate improvement over the previous quarter with no two quarters below three stars to participate in the program.

(c) A participating NSGO nursing facility with a quality measure star rating of three or better for the most recent quarter or that demonstrates improvement in composite scoring with no two quarters consistently below a three-star rating, shall be deemed to have met the care criteria.

(e) Quality of care rate add-on.

(1) The nursing facility quality of care rate add-on provided to a participating NSGE under the program shall not exceed Medicare payment principles pursuant to 42 C.F.R.
§447.272 and shall be calculated pursuant to 42 C.F.R.§438.6.

The quality of care rate add-on shall be calculated and paid as follows:

(a) The methodology utilized to calculate the upper payment limit shall be based on the data available during the calculation period.

(b) The eligible amount used in determining the quality of care rate add-on shall be the difference between the state Medicaid payment and the Medicare upper payment limit as determined, based on compliance with the care criteria metrics, on an annual basis.

(c) The difference calculated under subparagraph (b) shall be divided by total patient days as determined under subparagraph (b).

(d) The quality of care rate add-on shall be paid prospectively.

(2) The amount of the quality of care rate add-on shall be associated with improvement in care of Medicaid nursing facility residents in the state as demonstrated through the specified care criteria. A participating NSGO shall receive payment under the program based on earned percentages related to the care criteria. A participating NSGO shall meet or exceed at least two of the five established care criteria metrics to be eligible for the rate add-on payment for each quarter. After at least two of the five metrics have been met, the participating NSGO shall be eligible for seventy percent of the total eligible quality of care rate add-on amount for a participating NSGO nursing facility. The participating NSGO may qualify for the remaining thirty percent of the total eligible quality of care rate add-on amount, by attribution in ten percent increments, for each additional care criterion that is met up to the full one hundred percent of the eligible quality of care rate add-on amount.

f. Change of ownership.

(1) A participating NSGO nursing facility shall notify the department of any change of ownership that may affect the participating NSGO nursing facility’s continued eligibility for the program, within thirty days after such change.

(2) If a participating NSGO nursing facility changes ownership on or after the first day of the quality of care rate add-on calculation period, the data used for calculations shall include data from the participating NSGO nursing facility for the entire quality of care rate add-on calculation period relating to payments for days of service provided under the prior owner, prorated to reflect only the number of calendar days during the calculation period that the participating NSGO nursing facility is owned by the new owner.

g. Payment to participating NSGO nursing facilities. A
participating NSGO nursing facility shall secure allowable intergovernmental transfer funds from a participating NSGE to provide the state share amount. The process for the intergovernmental transfer shall comply with the following:

(1) The department, or the department’s designee, shall notify the participating NSGE of the state share amount to be transferred in the form of an intergovernmental transfer for purposes of seeking federal financial participation for the rate add-on payment, within twenty-five business days after the end of a quarter. The amount shall reflect the percentage of metrics achieved under the care criteria requirement. The participating NSGE shall have five business days from the date of receipt of the departmental notification to sign the participation agreement and remit payment of the state share amount in the form of an intergovernmental transfer to the department or the department’s designee.

(2) If the total intergovernmental transfer amount is received by the department or the department’s designee within the five business days as specified, the quality of care rate add-on shall be included in the current quarter per diem rate calculation for the participating NSGO nursing facility.

h. Penalties and adjustments. Failure by a participating NSGE to remit the full intergovernmental transfer amount or the correct amount as indicated by the department or the department’s designee within the following defined time frames indicates the participating NSGE has voluntarily elected to withdraw from program participation for that current quarter and must reapply for participation in the program in any subsequent quarter. All of the following shall apply when determining the application of penalties and adjustments:

(1) The total amount of the intergovernmental transfer must be received from the participating NSGE by the department or the department’s designee within five business days from receipt by the participating NSGE of notification from the department or the department’s designee of the state share amount.

(a) Receipt of the total intergovernmental transfer amount by the department or the department’s designee within five business days is not subject to penalty.

(b) The date of receipt of notification of the state share amount by the participating NSGE from the department or the department’s designee is the official reference date in measuring the commencement of the five business days.

(2) Any intergovernmental transfer amount received by the department or the department’s designee after the fifth business day as specified, but with a date stamp or mailing postal mark indicating a date on or prior to five business days from the date of notification by the department or the
department's designee of the state share amount, shall not be
subject to penalty.

(3) (a) Any intergovernmental transfer amount received by
the department or the department’s designee after the fifth
business day as specified, but with a date stamp or postal mark
indicating a date after five business days but not exceeding
eight business days from the date of notification by the
department or the department's designee of the state share
amount, shall be deemed late and the participating NSGE shall
receive the quality of care rate add-on, including an assessed
penalty of five percent, based on the total intergovernmental
transfer payments received during the late period. The five
percent penalty shall be applied to the quality of care rate
add-on for the quarter in which the intergovernmental transfer
amount is late.

(b) The department shall notify the participating NSGE of
the assessed penalty in writing. If the participating NSGE
fails to pay the department or the department’s designee the
assessed penalty within the time frame noted on the written
notice to the participating NSGE, the assessed penalty shall be
deducted in accordance with the state Medicaid fee-for-service
recoupment process. The penalty shall be paid regardless
of any appeal requested by the participating NSGE. If an
appeal results in a decision to disallow a portion of or the
entire assessed penalty, reimbursement to the participating
NSGE shall be made as part of future Medicaid payments to the
participating NSGO nursing facility.

(4) If a participating NSGO nursing facility fails to
achieve, at a minimum, two of the required care criteria
metrics for two consecutive quarters, the participating NSGO
nursing facility shall be suspended from participation in the
program for two subsequent quarters. An NSGO nursing facility
that has been suspended for a total of four quarters within a
two-year period due to noncompliance with the required care
criteria shall be terminated from the program, and shall be
required to reapply for approval to participate at a subsequent
time. Readmittance into the program is at the sole discretion
of the department, taking into consideration input from
stakeholders. If the NSGO nursing facility is subsequently
readmitted to the program, terms of participation may include a
probationary period with defined requirements related to care.

4. The quality of care rate add-on shall only be implemented
upon receipt by the department of approval of the Medicaid
state plan amendment by CMS, and if such approval is received,
the rate add-on is applicable no earlier than the first day
of the calendar quarter following the date of receipt of such
approval.
Sec. 105. REPEAL. 2016 Iowa Acts, chapter 1139, sections 80, 81, 82, 83, and 84, are repealed.

Sec. 106. REPEAL. 2017 Iowa Acts, chapter 174, sections 113, 114, 115, and 116, are repealed.

Sec. 107. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 108. IMPLEMENTATION PROVISIONS.
1. The section of this division of this Act directing the Department of Human Services to submit a Medicaid state plan amendment to CMS shall be implemented as soon as possible following enactment, consistent with all applicable federal requirements.
2. The section of this division of this Act amending section 249L.2, shall only be implemented upon receipt by the Department of Human Services of approval of the Medicaid state plan amendment by CMS, and if such approval is received, is applicable no earlier than the first day of the calendar quarter following the date of receipt of such approval.

DIVISION XXV
PREPARATION FOR ADULT LIVING PROGRAM

Sec. 109. Section 234.46, subsection 1, paragraph b, Code of 2019, is amended to read as follows:

b. The person is age eighteen, nineteen, or twenty, twenty-one, or twenty-two.

DIVISION XXVI
CHILDREN’S BEHAVIORAL HEALTH SYSTEM STATE BOARD

Sec. 110. Section 225C.51, if enacted by 2019 Iowa Acts, House File 690, section 8, is amended to read as follows:

SECT 8. NEW SECTION 225C.51 CHILDREN’S BEHAVIORAL HEALTH SYSTEM STATE BOARD.

1. A children’s behavioral health system state board is created as the state body to provide guidance on the implementation and management of a children’s behavioral health system for the provision of services to children with a serious emotional disturbance. The state board’s public voting members shall be appointed to four-year staggered terms by the governor and are subject to confirmation by the senate. All other state board voting members shall be appointed to four-year staggered terms and are not subject to confirmation by the senate. State board members shall be appointed on the basis of interest and experience in the fields of children’s behavioral health.

CODE: Extends the eligibility for the PAL Program to ages 21 and 22.

CODE: Technical correction to the Children’s Behavioral Health System State Board created in HF 690 (Children’s Behavioral Health System Act).
health to ensure adequate representation from persons with life 
experiences and from persons knowledgeable about children’s 
behavioral health services. The department shall provide 
support to the state board, and the board may utilize staff 
support and other assistance provided to the state board by 
other persons. The state board shall meet at least four times 
per year. The membership of the state board shall consist of 
the following persons who, at the time of appointment to the 
state board, are active members of the indicated groups: 
a. The director of the department of human services or the 
director’s designee.
b. The director of the department of education or the 
director’s designee.
c. The director of the department of public health or the 
director’s designee.
d. The director of workforce development or the director’s 
designee.
e. A member of the mental health and disability services 
commission.
f. Members appointed by the governor who are active 
members of each of the indicated groups:
(1) One member shall be selected from nominees submitted by 
the state court administrator.
(2) One member shall be selected from nominees submitted 
by the early childhood Iowa office in the department of 
management.
g. One member shall be a member of the mental health and 
disability services commission.
(3) One member shall be a board member or an employee of 
a provider of mental health services to children.
(4) One member shall be a board member or an employee of 
a provider of child welfare services.
(5) One member shall be an administrator of an area 
education agency.
(6) One member shall be an educator, counselor, or 
administrator of a school district.
(7) One member shall be a representative of an 
established advocacy organization whose mission or purpose it 
is, in part, to further goals related to children’s mental 
health.
(8) One member shall be a parent or guardian of a child 
currently utilizing or who has utilized behavioral health 
services.
(9) One member shall be a sheriff.
(10) One member shall be a pediatrician.
(11) One member shall be a representative from a health 
care system.
(12) One member shall be a chief executive officer of a
mental health and disability services region.

In addition to the voting members, the membership shall include four members of the general assembly with one member designated by each of the following: the majority leader of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives. A legislative member serves for a term as provided in section 69.16B in a nonvoting, ex officio capacity and is not eligible for per diem and expenses as provided in section 2.10.

Members appointed by the governor shall serve four-year staggered terms and are subject to confirmation by the senate. The four-year terms shall begin and end as provided in section 69.19. Vacancies on the state board shall be filled as provided in section 2.32. A member shall not be appointed for more than two consecutive four-year terms.

The director of the department of human services and the director of the department of education, or their designees, shall serve as co-chairpersons of the state board. Board members shall not be entitled to a per diem as specified in section 7E.6 and shall not be entitled to actual and necessary expenses incurred while engaged in their official duties.

**DIVISION XXVII**

**PRIOR YEAR CARRYFORWARD PROVISIONS**

**FAMILY INVESTMENT PROGRAM GENERAL FUND ACCOUNT**

Sec. 111. 2017 Iowa Acts, chapter 174, section 47, is amended by adding the following new subsection:

NEW SUBSECTION 7. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated, and may be transferred to the appropriations made in this division of this Act for general administration and field operations for technology needs including the eligibility integrated applications solutions (ELIAS) project, or may be transferred to the appropriations made in this division of this Act for the juvenile institution, the mental health institutes, or the state resource centers, to be used for the purposes of those appropriations, until the close of the succeeding fiscal year.

**STATE RESOURCE CENTERS**

Sec. 112. 2017 Iowa Acts, chapter 174, section 63, is amended by adding the following new subsection:

NEW SUBSECTION 6. Notwithstanding section 8.33, and notwithstanding the amount limitation specified in section 8.33, and

CODE: Permits nonreversion of funds appropriated in FY 2019 for the Family Investment Program, to be spent in any of the following ways:

- Transferred to the General Administration and Field Operations appropriations for technology needs.
- Transferred to the juvenile institution, MHIs, or State resource centers.
- Retained and used for the purposes of the original appropriation.

CODE: Permits nonreversion of funds appropriated in FY 2019 for the State resource centers, to be spent in any of the following ways:

- Used for year-end purchases and technology needs.
- Transferred to the juvenile institution or MHIs.
moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated, including year-end purchases and technology needs, and may be transferred to the appropriations made in this division of this Act for the juvenile institution or the mental health institutes, to be used for the purposes of those appropriations, until the close of the succeeding fiscal year.

FIELD OPERATIONS

Sec. 113. 2017 Iowa Acts, chapter 174, section 65, as amended by 2018 Iowa Acts, chapter 1165, section 35, is amended to read as follows:

SEC. 65. FIELD OPERATIONS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2018, and ending June 30, 2019, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

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

$49,074,517 1,539.00

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

Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated, including technology needs, personal computer replacements, and accelerated hiring, and may be transferred to the appropriations made in this division of this Act for the juvenile institution, MHIs, or State resource centers, to be used for the purposes of those appropriations, until the close of the succeeding fiscal year.

GENERAL ADMINISTRATION

Sec. 114. 2017 Iowa Acts, chapter 174, section 66, as amended by 2018 Iowa Acts, chapter 1165, section 36, is amended to read as follows:

SEC. 66. GENERAL ADMINISTRATION.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2018, and ending June 30, 2019, the following amount, or so much thereof as is necessary, to be used for the

$49,074,517 1,539.00

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

Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated, including technology needs, personal computer replacements, and accelerated hiring, and may be transferred to the appropriations made in this division of this Act for the juvenile institution, MHIs, or State resource centers, to be used for the purposes of those appropriations, until the close of the succeeding fiscal year.

CODE: Amends the FY 2019 Health and Human Services Appropriations Act. See the underlined subsections below for changes.

CODE: Permits nonreversion of funds appropriated in FY 2019 for Field Operations, to be spent in any of the following ways:

- Used for technology needs, personal computer replacements, or accelerated hiring.
- Transferred to the juvenile institution, MHIs, or State resource centers.
- Retained and used for the purposes of the original appropriation.
purpose designated:

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

2. Of the funds appropriated in this section, $13,833,040 shall be used to continue the contract for the provision of a program to provide technical assistance, support, and consultation to providers of habilitation services and home and community-based services waiver services for adults with disabilities under the medical assistance program.

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

4. Of the funds appropriated in this section, $50,000 is transferred to the Iowa finance authority to be used for administrative support of the council on homelessness established in section 16.2D and for the council to fulfill its duties in addressing and reducing homelessness in the state.

5. Of the funds appropriated in this section, $200,000 shall be transferred to and deposited in the administrative fund of the Iowa ABLE savings plan trust created in section 12I.4, to be used for implementation and administration activities of the Iowa ABLE savings plan trust.

6. Of the funds appropriated in this section, $200,000 is transferred to the economic development authority for the Iowa commission on volunteer services to continue to be used for the RefugeeRISE AmeriCorps program established under section 15H.8 for member recruitment and training to improve the economic well-being and health of economically disadvantaged refugees in local communities across Iowa. Funds transferred may be used to supplement federal funds under federal regulations.

7. Of the funds appropriated in this section, $300,000 shall be used to contract for children’s well-being collaboratives grants for the development and implementation of children’s well-being collaboratives to establish and coordinate prevention and early intervention services to promote improved mental health and well-being for children and families, as enacted in 2017 Iowa Acts, chapter 174, section 88.

8. The department of human services shall submit the strategic plan to create and implement a children’s mental health system submitted to the governor by the children’s system state board established by Executive Order Number Two issued April 23, 2018, to the general assembly by November 15, 2018.

9. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated.

CODE: Permits nonreversion of funds appropriated in FY 2019 for General Administration, to be spent in any of the following ways:

- Used for technology needs and relocating IME.
including for technology needs and the relocation of the
Iowa Medicaid enterprise, and may be transferred to the
appropriations made in this division of this Act for the
juvenile institution, the mental health institutes, or the
state resource centers, to be used for the purposes of those
appropriations, until the close of the succeeding fiscal year.

STATE SUPPLEMENTARY ASSISTANCE

Sec. 115. 2018 Iowa Acts, chapter 1165, section 53,
subsection 4, is amended to read as follows:
4. Notwithstanding section 8.33, moneys appropriated in
this section that remain unencumbered or unobligated at the
close of the fiscal year shall not revert but shall remain
available for expenditure for the purposes designated,
including for technology needs, and may be transferred to the
appropriations made in this division of this Act for general
administration, field operations, the juvenile institution, the
mental health institutes, or the state resource centers, to be
used for the purposes of those appropriations, until the close
of the succeeding fiscal year.

Sec. 116. EFFECTIVE DATE. This division of this Act, being
deemed of immediate importance, takes effect upon enactment.

Sec. 117. RETROACTIVE APPLICABILITY. This division of this
Act applies retroactively to July 1, 2017.

DIVISION XXVIII
VACCINE AND IMMUNIZATION ADMINISTRATION —— FUTURE REPEAL

Sec. 118. 2018 Iowa Acts, chapter 1142, section 8, is
amended to read as follows:
SEC. 8. FUTURE REPEAL. Section 155A.44, Code 2018, is
repealed effective July 1, 2019.

Sec. 119. EFFECTIVE DATE. This division of this Act, being
deemed of immediate importance, takes effect upon enactment.

CODE: Delays the repeal of Vaccine and Immunization Administration
authority in Iowa Code section 155A.44 until July 1, 2020.

CODE: Permits nonreversion of funds appropriated in FY 2019 for
State Supplementary Assistance, to be spent in any of the following
ways:
- Transferred to the General Administration or Field Operations
  appropriations for technology needs.
- Transferred to the juvenile institution, MHIs, or State resource
  centers.
- Retained and used for the purposes of the original
  appropriation.

Specifications the changes to nonreversion are effective upon enactment
and retroactive to July 1, 2017.
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<td>$1,821,769,375</td>
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<td>$1,972,069,375</td>
<td>$1,920,888,698</td>
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## Health and Human Services

### General Fund

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<th>Aging, Iowa Department on</th>
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<td><strong>Addictive Disorders</strong></td>
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<td><strong>Healthy Children and Families</strong></td>
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<td><strong>Chronic Conditions</strong></td>
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<td><strong>Community Capacity</strong></td>
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<td><strong>Essential Public Health Services</strong></td>
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<td><strong>Home Ownership Assistance Program</strong></td>
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<td><strong>Veterns County Grants</strong></td>
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## Health and Human Services
### General Fund

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### Health and Human Services

#### General Fund

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#### General Administration

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#### Total Health and Human Services

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## Health and Human Services

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### Health and Human Services

#### FTE Positions

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<th>Line #</th>
<th>Regents, Board of</th>
<th>UIHC - Rural Psychiatry Residencies</th>
<th>UIHC - Psychiatric Training</th>
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<th>Total Health and Human Services</th>
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