

# **Health and Human Services Appropriations Bill House File 2578**

Last Action:  
**House Appropriations  
Committee**  
March 28, 2022

**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.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available online at [www.legis.iowa.gov/publications/information/appropriationBillAnalysis](http://www.legis.iowa.gov/publications/information/appropriationBillAnalysis)

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**FUNDING SUMMARY**

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**General Fund FY 2023:** Appropriates a total of \$2,101.4 million from the General Fund and 4,554.0 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 an increase of \$53.6 million and 156.4 FTE positions compared to estimated FY 2022.

**Other Funds FY 2023:** Appropriates a total of \$424.0 million from other funds. This is a decrease of \$540,000 compared to estimated FY 2022.

**Standing Appropriations FY 2023:** 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.

**Sports Wagering Receipts Fund:** Appropriates \$1.8 million for gambling treatment. This is no change compared to estimated FY 2022.

Page 7, Line 17

**Temporary Assistance for Needy Families (TANF) Federal Block Grant:** Appropriates \$131.0 million for various DHS programs. This is no change compared to estimated FY 2022.

Page 9, Line 8

**Health Care Trust Fund:** Appropriates \$200.7 million for the Medicaid Program. This is a decrease of \$540,000 compared to estimated FY 2022.

Page 19, Line 4

**Medicaid Fraud Fund:** Appropriates \$150,000 for the Medicaid Program. This is no change compared to estimated FY 2022.

Page 19, Line 13

**Pharmaceutical Settlement Account:** Appropriates \$234,000 for Health Program Operations. This is no change compared to estimated FY 2022.

Page 57, Line 11

**Quality Assurance Trust Fund:** Appropriates \$56.3 million for the Medicaid Program. This is no change compared to estimated FY 2022.

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## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

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**Hospital Health Care Access Trust Fund:** Appropriates \$33.9 million for the Medicaid Program. This is no change compared to estimated FY 2022.

Page 57, Line 34

#### **NEW PROGRAMS, SERVICES, OR ACTIVITIES**

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##### *Department of Human Services*

Requires the DHS to submit a Medicaid State Plan amendment to include functional family therapy (FFT) and multisystemic therapy (MST) for youth as covered services under the Medicaid Program.

Page 24, Line 33

##### *University of Iowa*

**Psychiatry Residency Program:** Creates a Psychiatry Residency Program in cooperation with the State mental health institutes, the State resource centers, the State training school, and the Iowa medical and classification center. Directs the University of Iowa Hospitals and Clinics to expand the Psychiatric Residency Program by providing for up to 12 additional residency positions for each class of residents by providing financial support for residency positions that are in excess of the federal residency cap established by the federal Balanced Budget Act of 1997.

Page 77, Line 27

#### **MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS**

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**Department on Aging:** Appropriates a total of \$11.8 million from the General Fund and 28.0 FTE positions. This is an increase of \$500,000 and 2.0 FTE positions compared to estimated FY 2022.

Page 1, Line 3

**Office of Long-Term Care Ombudsman:** Appropriates a total of \$1.4 million from the General Fund and 16.0 FTE positions. This is an increase of \$300,000 and 4.5 FTE positions compared to estimated FY 2022.

Page 3, Line 15

**Department of Public Health:** Appropriates a total of \$55.3 million from the General Fund and 201.0 FTE positions. This is a decrease of \$800,000 for the Community Capacity appropriation and a decrease of 4.5 FTE positions across various appropriations compared to estimated FY 2022.

Page 3, Line 28

**Department of Veterans Affairs and Iowa Veterans Home:** Appropriates a total of \$11.4 million from the General Fund and 15.0 FTE positions. This is no change in funding and an increase of 3.0 FTE positions compared to estimated FY 2022.

Page 7, Line 31

**Department of Human Services:** Appropriates a total of \$2,021.5 million from the General Fund and 4,294.0 FTE positions. This is a net increase of \$53.6 million and 151.4 FTE positions compared to estimated FY 2022. Significant changes include:

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- An increase of \$35.8 million for the Medicaid appropriation.
- A decrease of \$385,000 for the Health Program Operations appropriation.
- An increase of \$3.8 million for the State Children's Health Insurance Program appropriation.
- An increase of \$4.5 million for the Child and Family Services appropriation.
- An increase of \$210,000 for the State Training School at Eldora.
- An increase of \$193,000 for the two Mental Health Institute (MHI) appropriations.
- An increase of \$2.7 million for the two State Resource Centers appropriations.
- An increase of \$248,000 for the Civil Commitment Unit for Sexual Offenders (CCUSO) appropriation.
- An increase of \$5.3 million for the Field Operations appropriation.
- An increase of \$1.3 million for the DHS facilities.

#### STUDIES AND INTENT

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##### *Department of Human Services*

**DHS and DPH Merger:** Provides guidance for a transition plan for merging the DPH into the DHS, including definitions, leadership, federal authorization, and reporting requirements.

Page 60, Line 32

##### *Department of Public Health*

**Hearing Aids and Audiologic Services Funding Program:** Requires the DPH to discontinue the use of a third-party administrator for the Hearing Aids and Audiologic Services Funding Program and to develop rules for the administration of the Program by the DPH.

Page 66, Line 24

##### *University of Iowa*

**Medical Residency Positions and Audition Clinicals:** Requires the UIHC to offer an interview to any applicant for a residency position who is a resident of Iowa, attended and earned an undergraduate degree from an Iowa college of university, or attended and earned a medical degree from a medical school in Iowa. Also requires the UIHC to offer an opportunity to audition for a residency position to former attendees of an Iowa medical school. The UIHC is also required to submit an annual report to the General Assembly by January 15 providing information on the interviews and auditions held in compliance with this Section.

Page 70, Line 17

#### SIGNIFICANT CODE CHANGES

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##### *Department of Human Services*

**Regional Incentive Fund Transfer:** Requires any balance remaining in the Property Tax Relief Fund at the

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close of FY 2022 to be transferred to the Regional Incentive Fund.

**COVID-19 Federal Regulations:** Specifies the federal regulations during the COVID-19 federally declared state of emergency supersedes State administrative rules. This provision is effective only for FY 2023.

Page 60, Line 20

**Nursing Facility Rate Add-On Program:** Repeals the Non-State Government-Owned Nursing Facility Quality of Care Rate Add-On Program.

Page 66, Line 6

**MHI Admission Requirements:** Amends the requirements for admission or transfer to a State MHI.

Page 67, Line 22

**Nursing Facility Renovation:** Provides that in order to be eligible for rate relief and exceptions under the Iowa Code, a nursing facility's major renovation value threshold is reduced from \$1.5 million to \$750,000. In addition, the replacement of heating, ventilation, air conditioning, and ducted systems (HVAC) is added to the criteria under which a nursing facility may request instant relief or a nondirect care limit exception.

Page 72, Line 14

#### *Department of Public Health*

**Covid-19 and Experimental Treatments:** Expands Iowa's Right to Try law to include patients receiving mechanical ventilation to prolong life in addition to patient's with terminal illnesses, and removes the requirement that the experimental treatment be recommended by the patient's treating physician to allow any physician to recommend the experimental treatment. Expands the Right to Try to include off-label usage of drugs approved by the Food and Drug Administration for other purposes. Also provides protections to health care providers and facilities from civil penalties for harm done to the patient receiving experimental treatment if the medical providers exercised reasonable care.

Page 73, Line 8

**Health-Related Data:** Creates additional protections regarding personally identifiable information of individuals whose information is collected in a disease report maintained by the DPH, local board, or local department.

Page 76, Line 33

#### *Iowa Insurance Division*

**Out-of-State Health Care Provider Exclusion:** Prohibits certain health carriers from excluding certain out-of-state health care professionals who are licensed in Iowa to provide services for mental health conditions, illnesses, injuries, or diseases from participating as providers, via telehealth, under a policy, plan, or contract offered by the health carrier.

Page 71, Line 13

#### *University of Iowa*

**Colleges of Medicine and Dentistry Residency Reports:** Requires the Board of Regents to adopt a policy requiring no less than 75.00% of the students admitted to the University of Iowa College of Medicine in the Doctor of Medicine Program and the University of Iowa College of Dentistry to be either current residents of Iowa or persons who were, prior to applying to the College of Medicine or College of Dentistry, enrolled in an eligible postsecondary institution as defined by Iowa Code section [261E.2](#).

Page 69, Line 5

**EFFECTIVE DATE*****Department of Human Services***

Specifies that 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, 2022, takes effect upon enactment.

Page 56, Line 33

Specifies that 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, 2021.

Page 58, Line 35

Specifies that the provision requiring any balance remaining in the Property Tax Relief Fund at the close of FY 2022 to be transferred to the Regional Incentive Fund is effective upon enactment.

Page 59, Line 13

Specifies that the provisions allowing for the carryforward of the Family Investment Program (FIP) Account, Child and Family Services appropriation, and the General Administration appropriation from FY 2022 through the close of FY 2023 takes effect upon enactment.

Page 60, Line 16

***Department of Public Health***

Specifies that the provision requiring any balance of the moneys allocated in FY 2022 to the Hearing Aids and Audiologic Services Funding Program that remain at the close of FY 2022 will remain available through FY 2023 is effective upon enactment.

Page 67, Line 17

Specifies the provisions expanding Iowa's Right to Try law is effective upon enactment.

Page 76, Line 29

***Iowa Insurance Division***

Specifies that the provision prohibiting certain health carriers from excluding certain out-of-state health care professionals from participating as providers, via telehealth, under a policy, plan, or contract is effective upon enactment and is applicable to carriers that deliver, issue for delivery, continue, or renew a policy,

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**EXECUTIVE SUMMARY**

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contract, or plan in this State on or after the effective date of the Bill.

House File 2578 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
66	6	51	Strike	249L.2.6,7
66	8	52	Amend	249L.2.8
67	22	58	Strike and Replace	4.1.9A
68	5	59	Amend	226.8
69	5	60	Add	262.9.39
69	14	61	Amend	263.2
71	13	63	Amend	514C.34.3
72	14	66	Amend	249K.2.4
72	20	67	Add	249K.5.2.c
73	8	69	Amend	144E.2.1.a,c,e
73	18	70	Amend	144E.2.2
73	29	71	Add	144E.2.2A
74	4	72	Amend	144E.2.4
74	11	73	Amend	144E.2.4.b,d
74	28	74	Add	144E.4.5
74	33	75	Amend	144E.8.1
75	11	76	Amend	144E.9
75	17	77	Amend	686D.6
76	33	79	Amend	11.41.3
77	11	80	Amend	135.166.2
77	17	81	Add	139A.3.1A
77	27	82	New	135.180



1 1 DIVISION I  
 1 2 DEPARTMENT ON AGING — FY 2022-2023

1 3 Section 1. DEPARTMENT ON AGING. There is appropriated from  
 1 4 the general fund of the state to the department on aging for  
 1 5 the fiscal year beginning July 1, 2022, and ending June 30,  
 1 6 2023, the following amount, or so much thereof as is necessary,  
 1 7 to be used for the purposes designated:  
 1 8 For aging programs for the department on aging and area  
 1 9 agencies on aging to provide citizens of Iowa who are 60  
 1 10 years of age and older with case management, Iowa's aging and  
 1 11 disabilities resource center, and other services which may  
 1 12 include but are not limited to adult day, respite care, chore,  
 1 13 information and assistance, and material aid, for information  
 1 14 and options counseling for persons with disabilities who  
 1 15 are 18 years of age or older, and for salaries, support,  
 1 16 administration, maintenance, and miscellaneous purposes, and  
 1 17 for not more than the following full-time equivalent positions:  
 1 18 ..... \$ 11,804,082  
 1 19 ..... FTEs 28.00

General Fund appropriation to the Department on Aging (IDA) for FY 2023.

DETAIL: This is an increase of \$500,000 and 2.00 full-time equivalent (FTE) positions compared to estimated FY 2022. This changes include:

- An increase of \$500,000 and 1.00 FTE for the Office of Public Guardian.
- An increase of 1.00 FTE position to match the FY 2022 authorized amount.

1 20 1. Funds appropriated in this section may be used to  
 1 21 supplement federal funds under federal regulations. To  
 1 22 receive funds appropriated in this section, a local area  
 1 23 agency on aging shall match the funds with moneys from other  
 1 24 sources according to rules adopted by the department. Funds  
 1 25 appropriated in this section may be used for elderly services  
 1 26 not specifically enumerated in this section only if approved  
 1 27 by an area agency on aging for provision of the service within  
 1 28 the area.

Permits the use of funds appropriated in this section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

1 29 2. Of the funds appropriated in this section, \$418,700 is  
 1 30 transferred to the economic development authority for the Iowa  
 1 31 commission on volunteer services to be used for the retired and  
 1 32 senior volunteer program.

Requires a transfer of \$418,700 to the Iowa Commission on Volunteer Service in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the estimated FY 2022 allocation. The RSVP matches volunteers over the age of 55 with volunteer opportunities in the community, providing approximately 350,000 hours of volunteer services annually.

1 33 3. a. The department on aging shall establish and enforce  
 1 34 procedures relating to expenditure of state and federal funds  
 1 35 by area agencies on aging that require compliance with both  
 2 1 state and federal laws, rules, and regulations, including but  
 2 2 not limited to all of the following:

2 3 (1) Requiring that expenditures are incurred only for goods  
 2 4 or services received or performed prior to the end of the  
 2 5 fiscal period designated for use of the funds.

2 6 (2) Prohibiting prepayment for goods or services not  
 2 7 received or performed prior to the end of the fiscal period  
 2 8 designated for use of the funds.

2 9 (3) Prohibiting prepayment for goods or services not  
 2 10 defined specifically by good or service, time period, or  
 2 11 recipient.

2 12 (4) Prohibiting the establishment of accounts from which  
 2 13 future goods or services which are not defined specifically by  
 2 14 good or service, time period, or recipient, may be purchased.

2 15 b. The procedures shall provide that if any funds are  
 2 16 expended in a manner that is not in compliance with the  
 2 17 procedures and applicable federal and state laws, rules, and  
 2 18 regulations, and are subsequently subject to repayment, the  
 2 19 area agency on aging expending such funds in contravention of  
 2 20 such procedures, laws, rules and regulations, not the state,  
 2 21 shall be liable for such repayment.

2 22 4. Of the funds appropriated in this section, \$1,312,000  
 2 23 shall be used for the purposes of chapter 231E and to  
 2 24 administer the prevention of elder abuse, neglect, and  
 2 25 exploitation program pursuant to section 231.56A, in accordance  
 2 26 with the requirements of the federal Older Americans Act of  
 2 27 1965, 42 U.S.C.§3001 et seq., as amended.

2 28 5. Of the funds appropriated in this section, \$1,000,000  
 2 29 shall be used to fund continuation of the aging and disability  
 2 30 resource center lifelong links to provide individuals and

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

Allocates \$1,312,000 for the Office of Public Guardian and for the prevention of elder abuse, neglect, and exploitation.

DETAIL: This is an increase of \$500,000 compared to the estimated FY 2022 allocation. 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 FY 2022

2 31 caregivers with information and services to plan for and  
2 32 maintain independence.

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.

2 33 6. Of the funds appropriated in this section, \$850,000  
2 34 shall be used by the department on aging, in collaboration with  
2 35 the department of human services and affected stakeholders,  
3 1 to continue to expand the pilot initiative to provide  
3 2 long-term care options counseling utilizing support planning  
3 3 protocols, to assist non-Medicaid eligible consumers who  
3 4 indicate a preference to return to the community and are  
3 5 deemed appropriate for discharge, to return to their community  
3 6 following a nursing facility stay; and shall be used by the  
3 7 department on aging to fund home and community-based services  
3 8 to enable older individuals to avoid more costly utilization  
3 9 of residential or institutional services and remain in their  
3 10 homes. The department on aging shall submit a report regarding  
3 11 the outcomes of the pilot initiative to the governor and the  
3 12 general assembly by December 15, 2022.

Allocates \$850,000 to continue and expand the Pre-Medicaid Pilot Project.

DETAIL: This is an increase of \$600,000 compared to the estimated FY 2022 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. Requires the IDA to submit a report regarding the outcomes of the pilot initiative to the Governor and the General Assembly by December 15, 2022.

3 13 DIVISION II  
3 14 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2022-2023

3 15 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is  
3 16 appropriated from the general fund of the state to the office  
3 17 of long-term care ombudsman for the fiscal year beginning July  
3 18 1, 2022, and ending June 30, 2023, the following amount, or  
3 19 so much thereof as is necessary, to be used for the purposes  
3 20 designated:

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2023.

3 21 For salaries, support, administration, maintenance, and  
3 22 miscellaneous purposes, and for not more than the following  
3 23 full-time equivalent positions:  
3 24 ..... \$ 1,449,821  
3 25 ..... FTEs 16.00

DETAIL: This is an increase of \$300,000 and 4.50 FTE positions compared to estimated FY 2022. The increase in FTE positions is to match the FY 2022 authorized amount.

3 26 DIVISION III  
3 27 DEPARTMENT OF PUBLIC HEALTH — FY 2022-2023

3 28 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated  
3 29 from the general fund of the state to the department of public  
3 30 health for the fiscal year beginning July 1, 2022, and ending

3 31 June 30, 2023, the following amounts, or so much thereof as is  
3 32 necessary, to be used for the purposes designated:

3 33 1. ADDICTIVE DISORDERS

General Fund appropriation to Addictive Disorders programs.

3 34 For reducing the prevalence of the use of tobacco, alcohol,  
3 35 and other drugs, and treating individuals affected by addictive  
4 1 behaviors, including gambling, and for not more than the  
4 2 following full-time equivalent positions:

DETAIL: This is no change compared to estimated FY 2022.

4 3 ..... \$ 23,659,379  
4 4 ..... FTEs 12.00

4 5 a. Of the funds appropriated in this subsection, \$4,020,894  
4 6 shall be used for the tobacco use prevention and control  
4 7 initiative, including efforts at the state and local levels,  
4 8 as provided in chapter 142A. The commission on tobacco use  
4 9 prevention and control established pursuant to section 142A.3  
4 10 shall advise the director of public health in prioritizing  
4 11 funding needs and the allocation of moneys appropriated for  
4 12 the programs and initiatives. Activities of the programs  
4 13 and initiatives shall be in alignment with the United States  
4 14 centers for disease control and prevention best practices  
4 15 for comprehensive tobacco control programs that include  
4 16 the goals of preventing youth initiation of tobacco usage,  
4 17 reducing exposure to secondhand smoke, and promotion of tobacco  
4 18 cessation.

Allocates \$4,020,894 for tobacco use prevention and control initiatives, 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.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Commission on Tobacco Use Prevention and Control works to reduce tobacco use and the toll of tobacco-related diseases and death by preventing youth from starting tobacco use, helping adults and youths quit, and preventing exposure to secondhand tobacco smoke.

4 19 b. (1) Of the funds appropriated in this subsection,  
4 20 \$19,638,485 shall be used for problem gambling and  
4 21 substance-related disorder prevention, treatment, and recovery  
4 22 services, including a 24-hour helpline, public information  
4 23 resources, professional training, youth prevention, and program  
4 24 evaluation.

Allocates \$19,638,485 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Department of Public Health (DPH) Division of Behavioral Health's Bureau of Substance Abuse works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs. The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services.

4 25 (2) Of the amount allocated under this paragraph, \$306,000  
4 26 shall be utilized by the department of public health, in  
4 27 collaboration with the department of human services, to  
4 28 maintain a single statewide 24-hour crisis hotline for the Iowa

Requires the DPH to use \$306,000 in collaboration with the Department of Human Services (DHS) to expand the Your Life Iowa information referral service to include information on the Iowa Children's Behavioral Health System.

4 29 children's behavioral health system that incorporates warmline  
 4 30 services which may be provided through expansion of existing  
 4 31 capabilities maintained by the department of public health as  
 4 32 required pursuant to 2018 Iowa Acts, chapter 1056, section 16.

DETAIL: This is no change compared to the estimated FY 2022 allocation. Funding will be used for website updates, hotline staffing, and health promotion.

NOTE: The Bill also transfers \$32,000 from the 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 2023.

4 33 c. The requirement of section 123.17, subsection 5, is met  
 4 34 by the appropriations and allocations made in this division of  
 4 35 this Act for purposes of substance-related disorder treatment  
 5 1 and addictive disorders for the fiscal year beginning July 1,  
 5 2 2022.

Specifies that the requirements of Iowa Code section [123.17](#) for substance-related disorder treatment and addictive disorders 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.

5 3 2. HEALTHY CHILDREN AND FAMILIES  
 5 4 For promoting the optimum health status for children and  
 5 5 adolescents from birth through 21 years of age, and families,  
 5 6 and for not more than the following full-time equivalent  
 5 7 positions:  
 5 8 ..... \$ 5,816,681  
 5 9 ..... FTEs 14.00

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is no change compared to estimated FY 2022.

5 10 3. CHRONIC CONDITIONS  
 5 11 For serving individuals identified as having chronic  
 5 12 conditions or special health care needs, and for not more than  
 5 13 the following full-time equivalent positions:  
 5 14 ..... \$ 4,258,373  
 5 15 ..... FTEs 10.00

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is no change in funding and a decrease of 0.50 FTE position compared to estimated FY 2022. The decrease in FTE positions is to match the FY 2022 authorized amount.

5 16 4. COMMUNITY CAPACITY  
 5 17 For strengthening the health care delivery system at the  
 5 18 local level, and for not more than the following full-time  
 5 19 equivalent positions:  
 5 20 ..... \$ 6,519,306  
 5 21 ..... FTEs 13.00

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net decrease of \$800,000 and no change in FTE positions compared to estimated FY 2022. The changes include:

- A decrease of \$1,000,000 for the SafeNet Rx Program.
- An increase of \$200,000 for the Rural Psychiatry Residency Program.

5 22 a. Of the funds appropriated in this subsection, \$2,100,000  
 5 23 shall be deposited in the medical residency training account  
 5 24 created in section 135.175, subsection 5, paragraph "a", and  
 5 25 is appropriated from the account to the department of public  
 5 26 health to be used for the purposes of the medical residency  
 5 27 training state matching grants program as specified in section  
 5 28 135.176.

Allocates \$2,100,000 for the Medical Residency Training Program.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Program is a matching grants program to provide State funding to sponsors of accredited graduate medical education residency programs in this State to establish, expand, or support medical residency training programs.

5 29 b. Of the funds appropriated in this subsection, \$800,000  
 5 30 shall be used for rural psychiatric residencies to support the  
 5 31 annual creation and training of six psychiatric residents who  
 5 32 will provide mental health services in underserved areas of  
 5 33 the state. Notwithstanding section 8.33, moneys that remain  
 5 34 unencumbered or unobligated at the close of the fiscal year  
 5 35 shall not revert but shall remain available for expenditure for  
 6 1 the purposes designated for subsequent fiscal years.

CODE: Allocates \$800,000 for rural psychiatric residences to support the annual creation and training of four psychiatric residents to provide mental health services in underserved areas of the State. Any funds that remain at the end of the fiscal year are permitted to carry forward into subsequent fiscal years.

DETAIL: This is an increase of \$200,000 compared to the estimated FY 2022 allocation.

6 2 c. Of the funds appropriated in this subsection, \$425,000  
 6 3 shall be used for the creation or continuation of a center of  
 6 4 excellence program to encourage innovation and collaboration  
 6 5 among regional health care providers in a rural area based  
 6 6 upon the results of a regional community needs assessment to  
 6 7 transform health care delivery in order to provide quality,  
 6 8 sustainable care that meets the needs of the local communities.  
 6 9 An applicant for the funds shall specify how the funds will  
 6 10 be expended to accomplish the goals of the program and shall  
 6 11 provide a detailed five-year sustainability plan prior to  
 6 12 being awarded any funding. Following the receipt of funding,  
 6 13 a recipient shall submit periodic reports as specified by the  
 6 14 department to the governor and the general assembly regarding  
 6 15 the recipient's expenditure of the funds and progress in  
 6 16 accomplishing the program goals.

Allocates \$425,000 for the creation of a Center of Excellence Program.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Center of Excellence funds grant proposals to demonstrate regional collaboration in assessing targeted medical needs of local residents. The projects would facilitate collaboration between rural hospitals and health systems to leverage resources and develop a business model for long-term sustainability. Applicants would be required to complete a five-year sustainability plan prior to being awarded any funds and would be required to provide periodic reports as specified by the DHS to the Governor and the General Assembly regarding expenditures and progress in accomplishing the program goals.

6 17 5. ESSENTIAL PUBLIC HEALTH SERVICES

General Fund appropriation to Essential Public Health Services.

6 18 To provide public health services that reduce risks and  
 6 19 invest in promoting and protecting good health over the  
 6 20 course of a lifetime with a priority given to older Iowans and  
 6 21 vulnerable populations:

DETAIL: This is no change compared to estimated FY 2022. This funding is part of the Local Public Health Services Program, with the purpose of implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan of Iowans, and enhancing health-promoting and disease-prevention services with a priority given to older Iowans and

6 22 ..... \$ 7,662,464

vulnerable populations. The grant is considered the funding provider of last resort and is utilized only when no other funding source exists. Funding is distributed to local boards of health through a formula in the Iowa Administrative Code.

6 23 6. INFECTIOUS DISEASES  
 6 24 For reducing the incidence and prevalence of communicable  
 6 25 diseases, and for not more than the following full-time  
 6 26 equivalent positions:  
 6 27 ..... \$ 1,796,206  
 6 28 ..... FTEs 6.00

General Fund appropriation to Infectious Diseases programs for activities and programs to reduce the incidence and prevalence of communicable diseases.

DETAIL: This is no change compared to estimated FY 2022.

6 29 7. PUBLIC PROTECTION  
 6 30 a. For protecting the health and safety of the public  
 6 31 through establishing standards and enforcing regulations, and  
 6 32 for not more than the following full-time equivalent positions:  
 6 33 ..... \$ 4,466,601  
 6 34 ..... FTEs 142.00

General Fund appropriation to Public Protection programs.

DETAIL: This is no change in funding and a decrease of 4.00 FTE positions compared to estimated FY 2022. The decrease in FTE positions is to match the FY 2022 authorized amount.

6 35 b. Of the funds appropriated in this subsection, not more  
 7 1 than \$304,000 shall be credited to the emergency medical  
 7 2 services fund created in section 135.25. Moneys in the  
 7 3 emergency medical services fund are appropriated to the  
 7 4 department to be used for the purposes of the fund.

Allocates up to \$304,000 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.

7 5 8. RESOURCE MANAGEMENT  
 7 6 For establishing and sustaining the overall ability of the  
 7 7 department to deliver services to the public, and for not more  
 7 8 than the following full-time equivalent positions:  
 7 9 ..... \$ 933,871  
 7 10 ..... FTEs 4.00

General Fund appropriation for Resource Management activities.

DETAIL: This is no change compared to estimated FY 2022.

7 11 9. MISCELLANEOUS PROVISIONS  
 7 12 The university of Iowa hospitals and clinics under the  
 7 13 control of the state board of regents shall not receive  
 7 14 indirect costs from the funds appropriated in this section.  
 7 15 The university of Iowa hospitals and clinics billings to the  
 7 16 department shall be on at least a quarterly basis.

Prohibits the University of Iowa Hospitals and Clinics (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.

7 17 Sec. 4. DEPARTMENT OF PUBLIC HEALTH — SPORTS WAGERING  
 7 18 RECEIPTS FUND. There is appropriated from the sports wagering  
 7 19 receipts fund created in section 8.57, subsection 6, to the  
 7 20 department of public health for the fiscal year beginning July  
 7 21 1, 2022, and ending June 30, 2023, the following amount, or  
 7 22 so much thereof as is necessary, to be used for the purposes  
 7 23 designated:  
 7 24 For problem gambling and substance-related disorder  
 7 25 prevention, treatment, and recovery services, including a  
 7 26 24-hour helpline, public information resources, professional  
 7 27 training, youth prevention, and program evaluation:  
 7 28 ..... \$ 1,750,000

Sports Wagering Receipts Fund appropriation for problem gambling and substance-related disorder prevention, treatment, and recovery services, including Your Life Iowa, professional training, youth prevention, and program evaluation.

DETAIL: This is no change compared to estimated FY 2022.

7 29 DIVISION IV  
 7 30 DEPARTMENT OF VETERANS AFFAIRS — FY 2022-2023

7 31 Sec. 5. DEPARTMENT OF VETERANS AFFAIRS. There is  
 7 32 appropriated from the general fund of the state to the  
 7 33 department of veterans affairs for the fiscal year beginning  
 7 34 July 1, 2022, and ending June 30, 2023, the following amounts,  
 7 35 or so much thereof as is necessary, to be used for the purposes  
 8 1 designated:

8 2 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 8 3 For salaries, support, maintenance, and miscellaneous  
 8 4 purposes, and for not more than the following full-time  
 8 5 equivalent positions:  
 8 6 ..... \$ 1,229,763  
 8 7 ..... FTEs 15.00

General Fund appropriation to the Department of Veterans Affairs.

DETAIL: This is no change in funding and an increase of 3.00 FTE positions compared to estimated FY 2022. The increase in FTE positions is to match the FY 2022 authorized amount.

8 8 2. IOWA VETERANS HOME  
 8 9 For salaries, support, maintenance, and miscellaneous  
 8 10 purposes:  
 8 11 ..... \$ 7,131,552

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

DETAIL: This is no change compared to estimated FY 2022.

8 12 a. The Iowa veterans home billings involving the department  
 8 13 of human services shall be submitted to the department on at  
 8 14 least a monthly basis.

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

8 15 b. The Iowa veterans home expenditure report shall be  
 8 16 submitted monthly to the general assembly.

Requires the IVH to submit a monthly expenditure report to the General Assembly.



8 17 c. The Iowa veterans home shall continue to include in the  
 8 18 annual discharge report applicant information to provide for  
 8 19 the collection of demographic information including but not  
 8 20 limited to the number of individuals applying for admission and  
 8 21 admitted or denied admittance and the basis for the admission  
 8 22 or denial; the age, gender, and race of such individuals;  
 8 23 and the level of care for which such individuals applied for  
 8 24 admission including residential or nursing level of care.

Requires the IVH to expand its annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

8 25 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
 8 26 For transfer to the Iowa finance authority for the  
 8 27 continuation of the home ownership assistance program for  
 8 28 persons who are or were eligible members of the armed forces of  
 8 29 the United States, pursuant to section 16.54:  
 8 30 ..... \$ 2,000,000

General Fund appropriation to the Home Ownership Assistance Program for military service members and veterans, to be transferred to the Iowa Finance Authority.

DETAIL: This is no change compared to estimated FY 2022. A \$5,000 grant is available to a service member for down payment and closing costs toward the purchase of a new home in the State of Iowa. The home must be a primary residence, and this is a once-in-a-lifetime grant.

8 31 Sec. 6. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS  
 8 32 FUND STANDING APPROPRIATIONS. Notwithstanding the standing  
 8 33 appropriation in section 35A.16 for the fiscal year beginning  
 8 34 July 1, 2022, and ending June 30, 2023, the amount appropriated  
 8 35 from the general fund of the state pursuant to that section  
 9 1 for the following designated purposes shall not exceed the  
 9 2 following amount:  
 9 3 For the county commissions of veteran affairs fund under  
 9 4 section 35A.16:  
 9 5 ..... \$ 990,000

CODE: Requires the FY 2022 General Fund standing appropriation to the County Commissions of Veteran Affairs Fund to be limited to \$990,000.

DETAIL: This is no change compared to estimated FY 2022 and a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#). Funding is used for the administration and maintenance of county commission of veteran affairs offices. Staff must agree to maintain the current spending levels compared to the previous fiscal year. The grant is \$10,000 per county.

9 6 DIVISION V  
 9 7 DEPARTMENT OF HUMAN SERVICES — FY 2022-2023

9 8 Sec. 7. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
 9 9 GRANT. There is appropriated from the fund created in section  
 9 10 8.41 to the department of human services for the fiscal year  
 9 11 beginning July 1, 2022, and ending June 30, 2023, from moneys  
 9 12 received under the federal temporary assistance for needy  
 9 13 families (TANF) block grant pursuant to the federal Personal  
 9 14 Responsibility and Work Opportunity Reconciliation Act of 1996,  
 9 15 Pub.L.No.104-193, and successor legislation, the following  
 9 16 amounts, or so much thereof as is necessary, to be used for the

Appropriates a total of \$130,980,383 from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2023.

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;

<p>9 17 purposes designated:</p>	<p>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.</p>
<p>9 18 1. To be credited to the family investment program account            9 19 and used for assistance under the family investment program            9 20 under chapter 239B:            9 21 .....</p>	<p>Appropriates funds from the TANF Block Grant to the Family Investment Program (FIP) Account.</p> <p>DETAIL: This is no change compared to estimated FY 2022. 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.</p>
<p>9 22 2. To be credited to the family investment program account            9 23 and used for the job opportunities and basic skills (JOBS)            9 24 program and implementing family investment agreements in            9 25 accordance with chapter 239B:            9 26 .....</p>	<p>Appropriates funds from the TANF Block Grant to the PROMISE JOBS Program.</p> <p>DETAIL: This is no change compared to estimated FY 2022. 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.</p>
<p>9 27 3. To be used for the family development and            9 28 self-sufficiency grant program in accordance with section            9 29 216A.107:            9 30 .....</p>	<p>Appropriates funds from the TANF Block Grant to the Family Development and Self-Sufficiency (FaDSS) Program.</p> <p>DETAIL: This is no change compared to estimated FY 2022. 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.</p>
<p>9 31 Notwithstanding section 8.33, moneys appropriated in this            9 32 subsection that remain unencumbered or unobligated at the close            9 33 of the fiscal year shall not revert but shall remain available            9 34 for expenditure for the purposes designated until the close of            9 35 the succeeding fiscal year. However, unless such moneys are            10 1 encumbered or obligated on or before September 30, 2023, the            10 2 moneys shall revert.</p>	<p>CODE: Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2023 to remain available for expenditure in FY 2024. However, if the moneys are not encumbered or obligated on or before September 30, 2023, the money will revert.</p>
<p>10 3 4. For field operations:            10 4 .....</p>	<p>Appropriates funds from the TANF Block Grant to Field Operations.</p> <p>DETAIL: This is no change compared to estimated FY 2022.</p>

10 5 5. For general administration:  
 10 6 ..... \$ 3,744,000

Appropriates funds from the TANF Block Grant to General Administration.

DETAIL: This is no change compared to estimated FY 2022.

10 7 6. For state child care assistance:  
 10 8 ..... \$ 47,166,826

Appropriates funds from the TANF Block Grant to Child Care Assistance (CCA).

DETAIL: This is no change compared to estimated FY 2022.

10 9 a. Of the funds appropriated in this subsection,  
 10 10 \$26,205,412 is transferred to the child care and development  
 10 11 block grant appropriation made by the Eighty-ninth General  
 10 12 Assembly, 2022 session, for the federal fiscal year beginning  
 10 13 October 1, 2022, and ending September 30, 2023. Of this  
 10 14 amount, \$200,000 shall be used for provision of educational  
 10 15 opportunities to registered child care home providers in order  
 10 16 to improve services and programs offered by this category  
 10 17 of providers and to increase the number of providers. The  
 10 18 department may contract with institutions of higher education  
 10 19 or child care resource and referral centers to provide  
 10 20 the educational opportunities. Allowable administrative  
 10 21 costs under the contracts shall not exceed 5 percent. The  
 10 22 application for a grant shall not exceed two pages in length.

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%.

10 23 b. Any funds appropriated in this subsection remaining  
 10 24 unallocated shall be used for state child care assistance  
 10 25 payments for families who are employed including but not  
 10 26 limited to individuals enrolled in the family investment  
 10 27 program.

Specifies that the unallocated funds, which currently total \$20,961,414, are to be used for CCA for employed individuals enrolled in the FIP.

10 28 7. For child and family services:  
 10 29 ..... \$ 32,380,654

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

DETAIL: This is no change compared to estimated FY 2022.

10 30 8. For child abuse prevention grants:  
 10 31 ..... \$ 125,000

Appropriates funds from the TANF Block Grant for child abuse prevention grants.

DETAIL: This is no change compared to estimated FY 2022.

10 32 9. For pregnancy prevention grants on the condition that  
 10 33 family planning services are funded:  
 10 34 ..... \$ 1,913,203

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

DETAIL: This is no change compared to estimated FY 2022.

10 35 Pregnancy prevention grants shall be awarded to programs  
 11 1 in existence on or before July 1, 2022, if the programs have  
 11 2 demonstrated positive outcomes. Grants shall be awarded to  
 11 3 pregnancy prevention programs which are developed after July  
 11 4 1, 2022, if the programs are based on existing models that  
 11 5 have demonstrated positive outcomes. Grants shall comply with  
 11 6 the requirements provided in 1997 Iowa Acts, chapter 208,  
 11 7 section 14, subsections 1 and 2, including the requirement that  
 11 8 grant programs must emphasize sexual abstinence. Priority in  
 11 9 the awarding of grants shall be given to programs that serve  
 11 10 areas of the state which demonstrate the highest percentage of  
 11 11 unplanned pregnancies of females of childbearing age within the  
 11 12 geographic area to be served by the grant.

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 is to 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.

11 13 10. For technology needs and other resources necessary to  
 11 14 meet federal and state reporting, tracking, and case management  
 11 15 requirements and other departmental needs:  
 11 16 ..... \$ 1,037,186

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

DETAIL: This is no change compared to estimated FY 2022.

11 17 11. a. Notwithstanding any provision to the contrary,  
 11 18 including but not limited to requirements in section 8.41 or  
 11 19 provisions in 2021 Iowa Acts or 2022 Iowa Acts regarding the  
 11 20 receipt and appropriation of federal block grants, federal  
 11 21 funds from the temporary assistance for needy families block  
 11 22 grant received by the state and not otherwise appropriated  
 11 23 in this section and remaining available for the fiscal year  
 11 24 beginning July 1, 2022, are appropriated to the department of  
 11 25 human services to the extent as may be necessary to be used in  
 11 26 the following priority order:the family investment program,  
 11 27 for state child care assistance program payments for families  
 11 28 who are employed, and for the family investment program share  
 11 29 of system costs for eligibility determination and related  
 11 30 functions. The federal funds appropriated in this paragraph  
 11 31 "a" shall be expended only after all other funds appropriated

CODE: Permits the DHS to carry forward unused TANF funds for expenditure in FY 2023.

DETAIL: Funds carried forward may be used for the FIP, technology costs related to the FIP, and the CCA Program.

11 32 in subsection 1 for assistance under the family investment  
 11 33 program, in subsection 6 for state child care assistance, or  
 11 34 in subsection 10 for technology needs and other resources  
 11 35 necessary to meet departmental needs, as applicable, have been  
 12 1 expended. For the purposes of this subsection, the funds  
 12 2 appropriated in subsection 6, paragraph "a", for transfer  
 12 3 to the child care and development block grant appropriation  
 12 4 are considered fully expended when the full amount has been  
 12 5 transferred.

12 6 b. The department shall, on a quarterly basis, advise the  
 12 7 general assembly and department of management of the amount of  
 12 8 funds appropriated in this subsection that was expended in the  
 12 9 prior quarter.

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

12 10 12. Of the amounts appropriated in this section,  
 12 11 \$12,962,008 for the fiscal year beginning July 1, 2022, is  
 12 12 transferred to the appropriation of the federal social services  
 12 13 block grant made to the department of human services for that  
 12 14 fiscal year.

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

DETAIL: This is no change compared to estimated FY 2022.

12 15 13. For continuation of the program providing categorical  
 12 16 eligibility for the supplemental nutrition assistance program  
 12 17 (SNAP) as specified for the program in the section of this  
 12 18 division of this Act relating to the family investment program  
 12 19 account:  
 12 20 ..... \$ 14,236

Appropriates funds from the TANF Block Grant to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2022. This language provides for consistent eligibility determination both for households that are categorically eligible for Food Assistance Program due to eligibility for the Promoting Awareness of the Benefits of a Healthy Marriage Program and for the few households that cannot meet categorical eligibility criteria.

12 21 14. The department may transfer funds allocated in this  
 12 22 section to the appropriations made in this division of this Act  
 12 23 for the same fiscal year for general administration and field  
 12 24 operations for resources necessary to implement and operate the  
 12 25 services referred to in this section and those funded in the  
 12 26 appropriation made in this division of this Act for the same  
 12 27 fiscal year for the family investment program from the general  
 12 28 fund of the state.

Permits the DHS to transfer funds allocated in this Section to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP from the State General Fund.

12 29 15. With the exception of moneys allocated under this  
 12 30 section for the family development and self-sufficiency grant

Permits the DHS to transfer excess funds from the TANF Block Grant appropriation to the FIP Account to be used for assistance through the

12 31 program, to the extent moneys allocated in this section are  
12 32 deemed by the department not to be necessary to support the  
12 33 purposes for which they are allocated, such moneys may be used  
12 34 in the same fiscal year for any other purpose for which funds  
12 35 are allocated in this section or in section 8 of this division  
13 1 of this Act for the family investment program account. If  
13 2 there are conflicting needs, priority shall first be given  
13 3 to the family investment program account as specified under  
13 4 subsection 1 of this section and used for the purposes of  
13 5 assistance under the family investment program in accordance  
13 6 with chapter 239B, followed by state child care assistance  
13 7 program payments for families who are employed, followed by  
13 8 other priorities as specified by the department.

FIP within the same fiscal year and adds the State CCA Program to the list of programs to which the DHS may transfer available TANF funds.

13 9 Sec. 8. FAMILY INVESTMENT PROGRAM ACCOUNT.

13 10 1. Moneys credited to the family investment program (FIP)  
13 11 account for the fiscal year beginning July 1, 2022, and  
13 12 ending June 30, 2023, shall be used to provide assistance in  
13 13 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2023 to be used as specified in the Iowa Code.

13 14 2. The department may use a portion of the moneys credited  
13 15 to the FIP account under this section as necessary for  
13 16 salaries, support, maintenance, and miscellaneous purposes,  
13 17 including administrative and information technology costs  
13 18 associated with rent reimbursement and other income assistance  
13 19 programs administered by the department.

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

13 20 3. The department may transfer funds allocated in  
13 21 subsection 4, excluding the allocation under subsection 4,  
13 22 paragraph "b", to the appropriations made in this division of  
13 23 this Act for the same fiscal year for general administration  
13 24 and field operations for resources necessary to implement  
13 25 and operate the services referred to in this section and  
13 26 those funded in the appropriations made in section 7 for the  
13 27 temporary assistance for needy families block grant and in  
13 28 section 9 for the family investment program from the general  
13 29 fund of the state in this division of this Act for the same  
13 30 fiscal year.

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

13 31 4. Moneys appropriated in this division of this Act and  
13 32 credited to the FIP account for the fiscal year beginning July  
13 33 1, 2022, and ending June 30, 2023, are allocated as follows:

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

<p>13 34 a. To be retained by the department of human services to                  13 35 be used for coordinating with the department of human rights                  14 1 to more effectively serve participants in FIP and other shared                  14 2 clients and to meet federal reporting requirements under the                  14 3 federal temporary assistance for needy families block grant:                  14 4 .....</p>	<p>Allocates \$10,000 in General Funds and TANF funds to the DHS to be used for administrative services.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>14 5 b. To the department of human rights for staffing,                  14 6 administration, and implementation of the family development                  14 7 and self-sufficiency grant program in accordance with section                  14 8 216A.107:                  14 9 .....</p>	<p>Allocates \$7,192,834 in General Funds and TANF funds to the Department of Human Rights for the FaDSS Grant Program.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. FaDSS is a supportive service to assist FIP families with significant or multiple barriers reach self-sufficiency. The DHS contracts with the Department of Human Rights, Division of Community Action Agencies, to administer the FaDSS program.</p>
<p>14 10 (1) Of the funds allocated for the family development                  14 11 and self-sufficiency grant program in this paragraph "b",                  14 12 not more than 5 percent of the funds shall be used for the                  14 13 administration of the grant program.</p>	<p>Requires that a maximum of 5.00% of the allocation be spent on administration of the FaDSS Grant Program.</p>
<p>14 14 (2) The department of human rights may continue to implement                  14 15 the family development and self-sufficiency grant program                  14 16 statewide during fiscal year 2022-2023.</p>	<p>Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2023.</p>
<p>14 17 (3) The department of human rights may engage in activities                  14 18 to strengthen and improve family outcomes measures and                  14 19 data collection systems under the family development and                  14 20 self-sufficiency grant program.</p>	<p>Permits the Department of Human Rights to collect data and measure outcomes of the FaDSS Grant Program.</p>
<p>14 21 c. For the diversion subaccount of the FIP account:                  14 22 ..... \$ 1,293,000                  14 23 A portion of the moneys allocated for the diversion                  14 24 subaccount may be used for field operations, salaries, data                  14 25 management system development, and implementation costs and                  14 26 support deemed necessary by the director of human services                  14 27 in order to administer the FIP diversion program. To the                  14 28 extent moneys allocated in this paragraph "c" are deemed by the                  14 29 department not to be necessary to support diversion activities,                  14 30 such moneys may be used for other efforts intended to increase                  14 31 engagement by family investment program participants in work,</p>	<p>Allocates \$1,293,000 in General Funds and 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.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>

14 32 education, or training activities, or for the purposes of  
 14 33 assistance under the family investment program in accordance  
 14 34 with chapter 239B.

14 35 d. For the SNAP employment and training program:  
 15 1 ..... \$ 66,588

Allocates \$66,588 in General Funds and TANF funds to the Food Assistance Employment and Training Program.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

15 2 (1) The department shall apply the federal SNAP employment  
 15 3 and training state plan in order to maximize to the fullest  
 15 4 extent permitted by federal law the use of the 50 percent  
 15 5 federal reimbursement provisions for the claiming of allowable  
 15 6 federal reimbursement funds from the United States department  
 15 7 of agriculture pursuant to the federal SNAP employment and  
 15 8 training program for providing education, employment, and  
 15 9 training services for eligible SNAP participants, including  
 15 10 but not limited to related dependent care and transportation  
 15 11 expenses.

Requires the DHS to amend the federal Supplemental Nutrition Assistance Program (SNAP) Employment and Training State Plan to maximize federal matching funds received.

15 12 (2) The department shall continue the categorical  
 15 13 federal SNAP eligibility at 160 percent of the federal  
 15 14 poverty level and continue to eliminate the asset test from  
 15 15 eligibility requirements, consistent with federal SNAP program  
 15 16 requirements. The department shall include as many SNAP  
 15 17 households as is allowed by federal law. The eligibility  
 15 18 provisions shall conform to all federal requirements including  
 15 19 requirements addressing individuals who are disqualified for  
 15 20 committing an intentional program violation or are otherwise  
 15 21 ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals who are disqualified for committing an intentional program violation or are otherwise ineligible.

15 22 e. For the JOBS program, not more than:  
 15 23 ..... \$ 12,018,258

Permits the DHS to allocate up to \$12,018,258 of the FY 2023 General Fund and TANF appropriations for the FIP and the PROMISE JOBS Program.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

15 24 5. Of the child support collections assigned under FIP,  
 15 25 an amount equal to the federal share of support collections

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



15 26 shall be credited to the child support recovery appropriation  
 15 27 made in this division of this Act. Of the remainder of the  
 15 28 assigned child support collections received by the child  
 15 29 support recovery unit, a portion shall be credited to the FIP  
 15 30 account, a portion may be used to increase recoveries, and a  
 15 31 portion may be used to sustain cash flow in the child support  
 15 32 payments account. If as a consequence of the appropriations  
 15 33 and allocations made in this section the resulting amounts  
 15 34 are insufficient to sustain cash assistance payments and meet  
 15 35 federal maintenance of effort requirements, the department  
 16 1 shall seek supplemental funding. If child support collections  
 16 2 assigned under FIP are greater than estimated or are otherwise  
 16 3 determined not to be required for maintenance of effort, the  
 16 4 state share of either amount may be transferred to or retained  
 16 5 in the child support payments account.

DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

16 6 Sec. 9. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
 16 7 is appropriated from the general fund of the state to the  
 16 8 department of human services for the fiscal year beginning July  
 16 9 1, 2022, and ending June 30, 2023, the following amount, or  
 16 10 so much thereof as is necessary, to be used for the purpose  
 16 11 designated:  
 16 12 To be credited to the family investment program (FIP)  
 16 13 account and used for family investment program assistance  
 16 14 under chapter 239B and other costs associated with providing  
 16 15 needs-based benefits or assistance:  
 16 16 ..... \$ 41,003,978

General Fund appropriation to the DHS for the FIP to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: This is no change compared to estimated FY 2022 for the FaDSS Program. 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).

16 17 1. Of the funds appropriated in this section, \$6,606,198 is  
 16 18 allocated for the JOBS program.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation.

16 19 2. Of the funds appropriated in this section, \$4,313,854 is  
 16 20 allocated for the family development and self-sufficiency grant  
 16 21 program.

General Fund allocation of \$4,313,854 for the FaDSS Program.

DETAIL: This is an no change compared to the estimated FY 2022 allocation.

16 22 3. a. Notwithstanding section 8.39, for the fiscal  
 16 23 year beginning July 1, 2022, if necessary to meet federal

CODE: Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal

16 24 maintenance of effort requirements or to transfer federal  
 16 25 temporary assistance for needy families block grant funding  
 16 26 to be used for purposes of the federal social services block  
 16 27 grant or to meet cash flow needs resulting from delays in  
 16 28 receiving federal funding or to implement, in accordance with  
 16 29 this division of this Act, activities currently funded with  
 16 30 juvenile court services, county, or community moneys and state  
 16 31 moneys used in combination with such moneys; to comply with  
 16 32 federal requirements; or to maximize the use of federal funds;  
 16 33 the department of human services may transfer funds within or  
 16 34 between any of the appropriations made in this division of this  
 16 35 Act and appropriations in law for the federal social services  
 17 1 block grant to the department for the following purposes,  
 17 2 provided that the combined amount of state and federal  
 17 3 temporary assistance for needy families block grant funding  
 17 4 for each appropriation remains the same before and after the  
 17 5 transfer:  
 17 6 (1) For the family investment program.  
 17 7 (2) For state child care assistance.  
 17 8 (3) For child and family services.  
 17 9 (4) For field operations.  
 17 10 (5) For general administration.  
 17 11 b. This subsection shall not be construed to prohibit the  
 17 12 use of existing state transfer authority for other purposes.  
 17 13 The department shall report any transfers made pursuant to this  
 17 14 subsection to the general assembly.

maintenance-of-effort requirements.

17 15 4. Of the funds appropriated in this section, \$195,000  
 17 16 shall be used for a contract for tax preparation assistance  
 17 17 to low-income lowans to expand the usage of the earned income  
 17 18 tax credit. The purpose of the contract is to supply this  
 17 19 assistance to underserved areas of the state. The department  
 17 20 shall not retain any portion of the allocation under this  
 17 21 subsection for administrative costs.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation.

17 22 5. Of the funds appropriated in this section, \$70,000 shall  
 17 23 be used for the continuation of the parenting program, as  
 17 24 specified in 441 IAC ch.100, relating to parental obligations,  
 17 25 in which the child support recovery unit participates, to  
 17 26 support the efforts of a nonprofit organization committed to  
 17 27 strengthening the community through youth development, healthy  
 17 28 living, and social responsibility headquartered in a county

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 FY 2022 allocation. The entity receiving funding for the Parenting Program in FY 2022 was the John R. Grubb YMCA in Des Moines. The Program is designed to strengthen parental skills and involvement of men who

17 29 with a population over 450,000 according to the 2020 certified  
 17 30 federal census. The funds allocated in this subsection shall  
 17 31 be used by the recipient organization to develop a larger  
 17 32 community effort, through public and private partnerships, to  
 17 33 support a broad-based multi-county parenthood initiative that  
 17 34 promotes payment of child support obligations, improved family  
 17 35 relationships, and full-time employment.

are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

18 1 6. The department may transfer funds appropriated in this  
 18 2 section, excluding the allocation in subsection 2 for the  
 18 3 family development and self-sufficiency grant program, to the  
 18 4 appropriations made in this division of this Act for general  
 18 5 administration and field operations as necessary to administer  
 18 6 this section, section 7 for the temporary assistance for needy  
 18 7 families block grant, and section 8 for the family investment  
 18 8 program account.

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 provisions. The transfer authority excludes the FaDSS subsection.

18 9 Sec. 10. CHILD SUPPORT RECOVERY. There is appropriated  
 18 10 from the general fund of the state to the department of human  
 18 11 services for the fiscal year beginning July 1, 2022, and ending  
 18 12 June 30, 2023, the following amount, or so much thereof as is  
 18 13 necessary, to be used for the purposes designated:  
 18 14 For child support recovery, including salaries, support,  
 18 15 maintenance, and miscellaneous purposes, and for not more than  
 18 16 the following full-time equivalent positions:  
 18 17 ..... \$ 15,942,885  
 18 18 ..... FTEs 459.00

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

DETAIL: This is no change in funding and an increase of 38.00 FTE positions compared to estimated FY 2022. The increase in FTE positions to match the FY 2022 authorized amount.

18 19 1. The department shall expend up to \$24,000, including  
 18 20 federal financial participation, for the fiscal year beginning  
 18 21 July 1, 2022, for a child support public awareness campaign.  
 18 22 The department and the office of the attorney general shall  
 18 23 cooperate in continuation of the campaign. The public  
 18 24 awareness campaign shall emphasize, through a variety of  
 18 25 media activities, the importance of maximum involvement of  
 18 26 both parents in the lives of their children as well as the  
 18 27 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,000 during FY 2023 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

18 28 2. Federal access and visitation grant moneys shall be  
 18 29 issued directly to private not-for-profit agencies that provide  
 18 30 services designed to increase compliance with the child access  
 18 31 provisions of court orders, including but not limited to

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

18 32 neutral visitation sites and mediation services.

18 33 3. The appropriation made to the department for child  
 18 34 support recovery may be used throughout the fiscal year in the  
 18 35 manner necessary for purposes of cash flow management, and for  
 19 1 cash flow management purposes the department may temporarily  
 19 2 draw more than the amount appropriated, provided the amount  
 19 3 appropriated is not exceeded at the close of the fiscal year.

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

19 4 Sec. 11. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —  
 19 5 FY 2022-2023. Any funds remaining in the health care trust  
 19 6 fund created in section 453A.35A for the fiscal year beginning  
 19 7 July 1, 2022, and ending June 30, 2023, are appropriated to  
 19 8 the department of human services to supplement the medical  
 19 9 assistance program appropriations made in this division of this  
 19 10 Act, for medical assistance reimbursement and associated costs,  
 19 11 including program administration and costs associated with  
 19 12 program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2023.

DETAIL: It is estimated that there will be \$200,660,000 available for Medicaid in FY 2023. This is a decrease of \$540,000 compared to the FY 2022 estimate. The Fund consists of the revenues generated from the tax on cigarettes and tobacco products. Both the FY 2022 and FY 2023 estimates were revised based on an estimate from the Department of Revenue prior to the December 13, 2021, Revenue Estimating Conference meeting.

19 13 Sec. 12. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY  
 19 14 2022-2023. Any funds remaining in the Medicaid fraud fund  
 19 15 created in section 249A.50 for the fiscal year beginning  
 19 16 July 1, 2022, and ending June 30, 2023, are appropriated to  
 19 17 the department of human services to supplement the medical  
 19 18 assistance appropriations made in this division of this Act,  
 19 19 for medical assistance reimbursement and associated costs,  
 19 20 including program administration and costs associated with  
 19 21 program implementation.

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2023.

DETAIL: It is estimated that there will be \$150,000 available. This is no change compared to the FY 2022 estimate. 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.

19 22 Sec. 13. MEDICAL ASSISTANCE. There is appropriated from the  
 19 23 general fund of the state to the department of human services  
 19 24 for the fiscal year beginning July 1, 2022, and ending June 30,  
 19 25 2023, the following amount, or so much thereof as is necessary,  
 19 26 to be used for the purpose designated:

General Fund appropriation to the DHS for the Medicaid Program.

19 27 For medical assistance program reimbursement and associated  
 19 28 costs as specifically provided in the reimbursement  
 19 29 methodologies in effect on June 30, 2022, except as otherwise  
 19 30 expressly authorized by law, consistent with options under  
 19 31 federal law and regulations, and contingent upon receipt of  
 19 32 approval from the office of the governor of reimbursement for  
 19 33 each abortion performed under the program:

DETAIL: This is an increase of \$35,810,778 compared to estimated FY 2022. The changes includes:

- An increase of \$14,600,000 for Home and Community-Based Services (HCBS) provider rates.
- An increase of \$7,400,000 to reduce the Intellectual Disabilities HCBS wait list.
- An increase of \$4,000,000 for home health rural incentives.
- An increase of \$3,125,778 for Intermediate Care Facilities for Intellectual Disabilities (ICF/ID) rate increase.
- An increase of \$3,000,000 for behavioral health intervention

19 34 ..... \$,539,659,031

- services rates.
- An increase of \$2,000,000 for psychiatric tiered rates.
  - An increase of \$1,100,000 for residential substance abuse rates.
  - An increase of \$385,000 for applied behavioral analysis services rates.
  - An increase of \$200,000 for functional family and multisystemic therapy.

19 35 1. Iowans support reducing the number of abortions  
 20 1 performed in our state. Funds appropriated under this section  
 20 2 shall not be used for abortions, unless otherwise authorized  
 20 3 under this section.

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

20 4 2. The provisions of this section relating to abortions  
 20 5 shall also apply to the Iowa health and wellness plan created  
 20 6 pursuant to chapter 249N.

Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.

20 7 3. The department shall utilize not more than \$60,000 of  
 20 8 the funds appropriated in this section to continue the AIDS/HIV  
 20 9 health insurance premium payment program as established in 1992  
 20 10 Iowa Acts, Second Extraordinary Session, chapter 1001, section  
 20 11 409, subsection 6. Of the funds allocated in this subsection,  
 20 12 not more than \$5,000 may be expended for administrative  
 20 13 purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medicaid to continue the AIDS/HIV Health Insurance Premium Payment Program as established during the 1992 General Assembly, Second Extraordinary Session. Requires that administrative costs be limited to \$5,000.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

20 14 4. Of the funds appropriated in this Act to the department  
 20 15 of public health for addictive disorders, \$950,000 for  
 20 16 the fiscal year beginning July 1, 2022, is transferred  
 20 17 to the department of human services for an integrated  
 20 18 substance-related disorder managed care system. The  
 20 19 departments of human services and public health shall  
 20 20 work together to maintain the level of mental health and  
 20 21 substance-related disorder treatment services provided by the  
 20 22 managed care contractors. Each department shall take the steps  
 20 23 necessary to continue the federal waivers as necessary to  
 20 24 maintain the level of services.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

20 25 5. The department shall aggressively pursue options for  
 20 26 providing medical assistance or other assistance to individuals

Requires the DHS to aggressively pursue options for assisting special needs individuals who become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

<p>20 27 with special needs who become ineligible to continue receiving  20 28 services under the early and periodic screening, diagnostic,  20 29 and treatment program under the medical assistance program  20 30 due to becoming 21 years of age who have been approved for  20 31 additional assistance through the department's exception to  20 32 policy provisions, but who have health care needs in excess  20 33 of the funding available through the exception to policy  20 34 provisions.</p>	<p>Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding available funding.</p>
<p>20 35 6. Of the funds appropriated in this section, up to  21 1 \$3,050,082 may be transferred to the field operations or  21 2 general administration appropriations in this division of this  21 3 Act for operational costs associated with Part D of the federal  21 4 Medicare Prescription Drug Improvement and Modernization Act  21 5 of 2003, Pub.L.No.108-173.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>21 6 7. Of the funds appropriated in this section, up to \$442,100  21 7 may be transferred to the appropriation in this division of  21 8 this Act for health program operations to be used for clinical  21 9 assessment services and prior authorization of services.</p>	<p>Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services under Health Program Operations.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>21 10 8. A portion of the funds appropriated in this section may  21 11 be transferred to the appropriations in this division of this  21 12 Act for general administration, health program operations, the  21 13 children's health insurance program, or field operations to be  21 14 used for the state match cost to comply with the payment error  21 15 rate measurement (PERM) program for both the medical assistance  21 16 and children's health insurance programs as developed by the  21 17 centers for Medicare and Medicaid services of the United States  21 18 department of health and human services to comply with the  21 19 federal Improper Payments Information Act of 2002, Pub.L.  21 20 No.107-300, and to support other reviews and quality control  21 21 activities to improve the integrity of these programs.</p>	<p>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's compliance with the federal Improper Payments Information Act of 2002.</p> <p>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.</p>
<p>21 22 9. Of the funds appropriated in this section, a sufficient  21 23 amount is allocated to supplement the incomes of residents of  21 24 nursing facilities, intermediate care facilities for persons  21 25 with mental illness, and intermediate care facilities for</p>	<p>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.</p>

<p>21 26 persons with an intellectual disability, with incomes of less  21 27 than \$50 in the amount necessary for the residents to receive a  21 28 personal needs allowance of \$50 per month pursuant to section  21 29 249A.30A.</p>	<p>DETAIL: This is no change compared to the FY 2022 allowance.</p>
<p>21 30 10. One hundred percent of the nonfederal share of payments  21 31 to area education agencies that are medical assistance  21 32 providers for medical assistance-covered services provided to  21 33 medical assistance-covered children, shall be made from the  21 34 appropriation made in this section.</p>	<p>Allocates 100.00% of the nonfederal share of Medicaid funds to Area Education Agencies for services provided to Medicaid-covered children.</p>
<p>21 35 11. A portion of the funds appropriated in this section may  22 1 be transferred to the appropriation in this division of this  22 2 Act for health program operations to be used for administrative  22 3 activities associated with the money follows the person  22 4 demonstration project.</p>	<p>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.</p>
<p>22 5 12. Of the funds appropriated in this section, \$349,011  22 6 shall be used for the administration of the health insurance  22 7 premium payment program, including salaries, support,  22 8 maintenance, and miscellaneous purposes.</p>	<p>General Fund allocation of \$349,011 to the Health Insurance Premium Payment Program.   DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>22 9 13. a. The department may increase the amounts allocated  22 10 for salaries, support, maintenance, and miscellaneous purposes  22 11 associated with the medical assistance program, as necessary,  22 12 to sustain cost management efforts. The department shall  22 13 report any such increase to the general assembly and the  22 14 department of management.</p>	<p>Specifies the DHS may increase the amounts allocated for salaries, support, maintenance, and miscellaneous purposes associated with the Medicaid Program. The DHS is required to report any increase to the General Assembly and the DOM.</p>
<p>22 15 b. If the savings to the medical assistance program from  22 16 ongoing cost management efforts exceed the associated cost  22 17 for the fiscal year beginning July 1, 2022, the department  22 18 may transfer any savings generated for the fiscal year due  22 19 to medical assistance program cost management efforts to the  22 20 appropriation made in this division of this Act for health  22 21 program operations or general administration to defray the  22 22 costs associated with implementing the efforts.</p>	<p>Specifies that if savings to the Medicaid Program for cost management efforts during FY 2023 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.</p>
<p>22 23 14. For the fiscal year beginning July 1, 2022, and ending  22 24 June 30, 2023, the replacement generation tax revenues required  22 25 to be deposited in the property tax relief fund pursuant to</p>	<p>Requires the replacement generation tax revenues to be allocated to the Medicaid appropriation instead of being deposited into the Property Tax Relief Fund.</p>

<p>22 26 section 437A.8, subsection 4, paragraph “d”, and section  22 27 437A.15, subsection 3, paragraph “f”, shall instead be credited  22 28 to and supplement the appropriation made in this section and  22 29 used for the allocations made in this section.</p>	<p>DETAIL: There is no revenue anticipated from this tax. 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. The plant is in the process of shutting down, and FY 2022 will likely be the final year of revenue from this source.</p>
<p>22 30 15. a. Of the funds appropriated in this section, up  22 31 to \$50,000 may be transferred by the department to the  22 32 appropriation made in this division of this Act to the  22 33 department for the same fiscal year for general administration  22 34 to be used for associated administrative expenses and for not  22 35 more than 1.00 full-time equivalent position, in addition to  23 1 those authorized for the same fiscal year, to be assigned to  23 2 implementing the children’s mental health home project.</p>	<p>Allows the DHS to transfer up to \$50,000 to be used for administrative expenses and 1.00 FTE position related to the implementation of children’s mental health homes.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>23 3 b. Of the funds appropriated in this section, up to \$400,000  23 4 may be transferred by the department to the appropriation made  23 5 to the department in this division of this Act for the same  23 6 fiscal year for Medicaid program-related general administration  23 7 planning and implementation activities. The funds may be used  23 8 for contracts or for personnel in addition to the amounts  23 9 appropriated for and the positions authorized for general  23 10 administration for the fiscal year.</p>	<p>Permits the DHS to transfer up to \$400,000 to be used for Medicaid program-related general administration planning and implementation activities, including but not limited to contracts or personnel.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>23 11 c. Of the funds appropriated in this section, up to  23 12 \$3,000,000 may be transferred by the department to the  23 13 appropriations made in this division of this Act for the  23 14 same fiscal year for general administration or health  23 15 program operations to be used to support the development  23 16 and implementation of standardized assessment tools for  23 17 persons with mental illness, an intellectual disability, a  23 18 developmental disability, or a brain injury.</p>	<p>Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, developmental disabilities, or brain injuries.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>23 19 16. Of the funds appropriated in this section, \$150,000  23 20 shall be used for lodging expenses associated with care  23 21 provided at the university of Iowa hospitals and clinics for  23 22 patients with cancer whose travel distance is 30 miles or more  23 23 and whose income is at or below 200 percent of the federal</p>	<p>Allocates \$150,000 to the UIHC to be used for lodging expenses for cancer patients with income below 200.00% of the FPL who travel 30 miles or more to receive treatment.</p>



<p>23 24 poverty level as defined by the most recently revised poverty  23 25 income guidelines published by the United States department of  23 26 health and human services. The department of human services  23 27 shall establish the maximum number of overnight stays and the  23 28 maximum rate reimbursed for overnight lodging, which may be  23 29 based on the state employee rate established by the department  23 30 of administrative services. The funds allocated in this  23 31 subsection shall not be used as nonfederal share matching  23 32 funds.</p>	<p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>23 33 17. Of the funds appropriated in this section, up to  23 34 \$3,383,880 shall be used for administration of the state family  23 35 planning services program pursuant to section 217.41B, and  24 1 of this amount, the department may use up to \$200,000 for  24 2 administrative expenses.</p>	<p>Allocates \$3,383,880 to administer the State Family Planning Services Program. Permits up to \$200,000 to be used for administrative expenses.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>24 3 18. Of the funds appropriated in this section, \$1,545,530  24 4 shall be used and may be transferred to other appropriations  24 5 in this division of this Act as necessary to administer the  24 6 provisions in the division of this Act relating to Medicaid  24 7 program administration.</p>	<p>Allocates \$1,545,530 for activities related to Medicaid Program administration.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>24 8 19. The department shall comply with the centers for  24 9 Medicare and Medicaid services' guidance related to Medicaid  24 10 program and children's health insurance program maintenance  24 11 of effort provisions, including eligibility standards,  24 12 methodologies, procedures, and continuous enrollment, to  24 13 receive the enhanced federal medical assistance percentage  24 14 under section 6008(b) of the federal Families First Coronavirus  24 15 Response Act, Pub.L. No.116-127. The department shall  24 16 utilize and implement all tools, processes, and resources  24 17 available to expediently return to normal eligibility and  24 18 enrollment operations in compliance with federal guidance and  24 19 expectations.</p>	<p>Requires the DHS to comply with the Centers for Medicare and Medicaid Services (CMS) guidance related receiving the 6.20% enhanced Federal Medical Assistance Percentage (FMAP) under the Families First Coronavirus Response Act and return to normal eligibility and enrollment operations as soon as possible.</p> <p>DETAIL: As a condition of receiving the enhanced FMAP, the State is not allowed to disenroll anyone from Medicaid during the national emergency caused by COVID-19, with few exceptions.</p>
<p>24 20 20. A portion of the funds appropriated in this section  24 21 may be transferred to the appropriation made in this division  24 22 of this Act for the children's health insurance program,  24 23 if the children's health insurance program appropriation  24 24 is insufficient to cover the designated purposes of that</p>	<p>Allows the DHS to transfer funds from the Medicaid appropriation to the CHIP appropriation if the CHIP appropriation has insufficient funds.</p>

24 25 appropriation.

24 26 21. No later than January 1, 2023, the department of  
24 27 human services shall implement a tiered rate reimbursement  
24 28 methodology for psychiatric intensive inpatient care under the  
24 29 Medicaid program based on the level of patient acuity and other  
24 30 factors as recommended in the inpatient bed tracking study  
24 31 committee report submitted to the governor and the general  
24 32 assembly on December 1, 2021.

Requires the DHS to implement a tiered rate reimbursement methodology for psychiatric intensive inpatient care under the Medicaid program no later than January 1, 2023. The new tiered methodology is to be based on the level of patient acuity and other factors as recommended in the Inpatient Bed Tracking Study Committee [Report](#) submitted to the Governor and the General Assembly on December 1, 2021.

FISCAL IMPACT: This change is estimated to cost between \$735,337 and \$4,117,889 in FY 2023 and beyond. For more information, please see the [Fiscal Note](#).

24 33 22. The department of human services shall submit a Medicaid  
24 34 state plan amendment to the centers for Medicare and Medicaid  
24 35 services to request the addition of functional family therapy  
25 1 and multisystemic therapy for youth as covered services under  
25 2 the Medicaid program. The department shall include functional  
25 3 family therapy and multisystemic therapy under the Medicaid  
25 4 program as covered services upon receipt of federal approval.

Requires the DHS to submit a Medicaid State Plan amendment to include functional family therapy (FFT) and multisystemic therapy (MST) for youth as covered services under the Medicaid Program.

FISCAL IMPACT: This change is estimated to cost \$118,799 in FY 2023 and \$196,665 in FY 2024, but there is a potential for significant long-term savings as a result of the new services. For more information, please see the [Fiscal Note](#).

25 5 23. Of the funds appropriated in this section, \$7,400,000  
25 6 shall be used to implement reductions in the waiting list for  
25 7 the home and community-based services waiver for persons with  
25 8 an intellectual disability.

Allocates \$7,400,000 to reduce the HCBS waiver waiting list for individuals with an intellectual disability.

DETAIL: This is a new allocation for FY 2023. There were 5,749 individuals on the waiting list as of March 1, 2022.

25 9 Sec. 14. HEALTH PROGRAM OPERATIONS. There is appropriated  
25 10 from the general fund of the state to the department of human  
25 11 services for the fiscal year beginning July 1, 2022, and ending  
25 12 June 30, 2023, the following amount, or so much thereof as is  
25 13 necessary, to be used for the purpose designated:  
25 14 For health program operations:  
25 15 ..... \$ 17,446,343

General Fund appropriation to Health Program Operations.

DETAIL: This is a decrease of \$385,000 compared to estimated FY 2022 to reduce the allocation to the Autism Support Program Fund.

25 16 1. The department of inspections and appeals shall  
25 17 provide all state matching funds for survey and certification  
25 18 activities performed by the department of inspections  
25 19 and appeals. The department of human services is solely  
25 20 responsible for distributing the federal matching funds for

Requires the DIA to provide the State matching funds for survey and certification activities, and requires the DHS to distribute the federal matching funds.

25 21 such activities.

25 22 2. Of the funds appropriated in this section, \$50,000 shall  
 25 23 be used for continuation of home and community-based services  
 25 24 waiver quality assurance programs, including the review and  
 25 25 streamlining of processes and policies related to oversight and  
 25 26 quality management to meet state and federal requirements.

Allocates \$50,000 for the HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Program reviews policies related to oversight and quality management to meet State and federal requirements.

25 27 3. Of the amount appropriated in this section, up to  
 25 28 \$200,000 may be transferred to the appropriation for general  
 25 29 administration in this division of this Act to be used for  
 25 30 additional full-time equivalent positions in the development  
 25 31 of key health initiatives such as development and oversight  
 25 32 of managed care programs and development of health strategies  
 25 33 targeted toward improved quality and reduced costs in the  
 25 34 Medicaid program.

Permits up to \$200,000 to be transferred to the DHS General Administration appropriation to hire additional FTE positions to implement cost containment and managed care oversight initiatives.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

25 35 4. Of the funds appropriated in this section, \$1,000,000  
 26 1 shall be used for planning and development, in cooperation with  
 26 2 the department of public health, of a phased-in program to  
 26 3 provide a dental home for children.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. The I-Smile Dental Home Initiative helps Iowa's children connect with dental services.

26 4 5. a. Of the funds appropriated in this section, \$188,000  
 26 5 shall be credited to the autism support program fund created  
 26 6 in section 225D.2 to be used for the autism support program  
 26 7 created in chapter 225D, with the exception of the following  
 26 8 amount of this allocation which shall be used as follows:

Allocates \$188,000 to the Autism Support Program.

DETAIL: This is a decrease of \$385,000 compared to the estimated FY 2022 allocation due to lower Program expenditures. 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 spectrum disorder coverage under private insurance.

26 9 b. Of the funds allocated in this subsection, \$25,000 shall  
 26 10 be used for the public purpose of continuation of a grant to  
 26 11 a nonprofit provider of child welfare services that has been  
 26 12 in existence for more than 115 years, is located in a county  
 26 13 with a population between 220,000 and 250,000 according to the  
 26 14 2020 federal decennial census, is licensed as a psychiatric  
 26 15 medical institution for children, and provides school-based  
 26 16 programming, to be used for support services for children with

Allocates \$25,000 from the \$573,000 Autism Support Program allocation to Four Oaks for autism spectrum disorder services.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

26 17 autism spectrum disorder and their families.

26 18 Sec. 15. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for State Supplementary Assistance.

26 19 1. There is appropriated from the general fund of the  
26 20 state to the department of human services for the fiscal year  
26 21 beginning July 1, 2022, and ending June 30, 2023, the following  
26 22 amount, or so much thereof as is necessary, to be used for the  
26 23 purpose designated:

DETAIL: This is no change compared to estimated FY 2022.

26 24 For the state supplementary assistance program:  
26 25 ..... \$ 7,349,002

26 26 2. The department shall increase the personal needs  
26 27 allowance for residents of residential care facilities by the  
26 28 same percentage and at the same time as federal supplemental  
26 29 security income and federal social security benefits are  
26 30 increased due to a recognized increase in the cost of living.  
26 31 The department may adopt emergency rules to implement this  
26 32 subsection.

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

26 33 3. If during the fiscal year beginning July 1, 2022,  
26 34 the department projects that state supplementary assistance  
26 35 expenditures for a calendar year will not meet the federal  
27 1 pass-through requirement specified in Tit.XVI of the federal  
27 2 Social Security Act, section 1618, as codified in 42 U.S.C.  
27 3 §1382g, the department may take actions including but not  
27 4 limited to increasing the personal needs allowance for  
27 5 residential care facility residents and making programmatic  
27 6 adjustments or upward adjustments of the residential care  
27 7 facility or in-home health-related care reimbursement rates  
27 8 prescribed in this division of this Act to ensure that federal  
27 9 requirements are met. In addition, the department may make  
27 10 other programmatic and rate adjustments necessary to remain  
27 11 within the amount appropriated in this section while ensuring  
27 12 compliance with federal requirements. The department may adopt  
27 13 emergency rules to implement the provisions of this subsection.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal maintenance-of-effort requirements. Permits the DHS to adopt emergency rules for implementation.

27 14 4. Notwithstanding section 8.33, moneys appropriated  
27 15 in this section that remain unencumbered or unobligated  
27 16 at the close of the fiscal year shall not revert but  
27 17 shall remain available for expenditure for the purposes  
27 18 designated, including for liability amounts associated with the  
27 19 supplemental nutrition assistance program payment error rate,

CODE: Allows any unexpended funds appropriated for the State Supplementary Assistance Program for FY 2023 to remain available for FY 2024.

27 20 until the close of the succeeding fiscal year.

27 21 Sec. 16. CHILDREN'S HEALTH INSURANCE PROGRAM.

27 22 1. There is appropriated from the general fund of the  
27 23 state to the department of human services for the fiscal year  
27 24 beginning July 1, 2022, and ending June 30, 2023, the following  
27 25 amount, or so much thereof as is necessary, to be used for the  
27 26 purpose designated:

27 27 For maintenance of the healthy and well kids in Iowa (hawk-i)  
27 28 program pursuant to chapter 514I, including supplemental dental  
27 29 services, for receipt of federal financial participation under  
27 30 Tit.XXI of the federal Social Security Act, which creates the  
27 31 children's health insurance program:  
27 32 ..... \$ 41,713,403

27 33 2. Of the funds appropriated in this section, \$158,850 is  
27 34 allocated for continuation of the contract for outreach with  
27 35 the department of public health.

28 1 3. A portion of the funds appropriated in this section may  
28 2 be transferred to the appropriations made in this division of  
28 3 this Act for field operations or health program operations to  
28 4 be used for the integration of hawk-i program eligibility,  
28 5 payment, and administrative functions under the purview of  
28 6 the department of human services, including for the Medicaid  
28 7 management information system upgrade.

28 8 Sec. 17. CHILD CARE ASSISTANCE. There is appropriated  
28 9 from the general fund of the state to the department of human  
28 10 services for the fiscal year beginning July 1, 2022, and ending  
28 11 June 30, 2023, the following amount, or so much thereof as is  
28 12 necessary, to be used for the purpose designated:

28 13 For child care programs:  
28 14 ..... \$ 40,816,931

28 15 1. Of the funds appropriated in this section, \$34,966,931  
28 16 shall be used for state child care assistance in accordance  
28 17 with section 237A.13.

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

DETAIL: This is an increase of \$3,755,760 compared to estimated FY 2022 to reflect the current forecasted need.

Allocates \$158,850 for the continuation of an outreach contract with the DPH.

DETAIL: This is an increase of \$9,661 compared to the estimated FY 2022 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 administrative purposes.

General Fund appropriation to the DHS for CCA.

DETAIL: This is no change compared to estimated FY 2022.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation.

<p>28 18 2. Nothing in this section shall be construed or is  28 19 intended as or shall imply a grant of entitlement for services  28 20 to persons who are eligible for assistance due to an income  28 21 level consistent with the waiting list requirements of section  28 22 237A.13. Any state obligation to provide services pursuant to  28 23 this section is limited to the extent of the funds appropriated  28 24 in this section.</p>	<p>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.</p>
<p>28 25 3. A list of the registered and licensed child care  28 26 facilities operating in the area served by a child care  28 27 resource and referral service shall be made available to the  28 28 families receiving state child care assistance in that area.</p>	<p>Requires a list of the registered and licensed child care facilities to be made available by the Child Care Resource and Referral Service for families receiving assistance under the CCA Program.</p>
<p>28 29 4. Of the funds appropriated in this section, \$5,850,000  28 30 shall be credited to the early childhood programs grants  28 31 account in the early childhood Iowa fund created in section  28 32 256I.11. The moneys shall be distributed for funding of  28 33 community-based early childhood programs targeted to children  28 34 from birth through five years of age developed by early  28 35 childhood Iowa areas in accordance with approved community  29 1 plans as provided in section 256I.8.</p>	<p>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 FY 2022 allocation.</p>
<p>29 2 5. The department may use any of the funds appropriated  29 3 in this section as a match to obtain federal funds for use in  29 4 expanding child care assistance and related programs. For  29 5 the purpose of expenditures of state and federal child care  29 6 funding, funds shall be considered obligated at the time  29 7 expenditures are projected or are allocated to the department's  29 8 service areas. Projections shall be based on current and  29 9 projected caseload growth, current and projected provider  29 10 rates, staffing requirements for eligibility determination  29 11 and management of program requirements including data systems  29 12 management, staffing requirements for administration of the  29 13 program, contractual and grant obligations and any transfers  29 14 to other state agencies, and obligations for decategorization  29 15 or innovation projects.</p>	<p>Permits funds appropriated for CCA to be used as matching funds for federal grants for the expansion of related programs. Specifies that funds are obligated when expenditures are projected or allocated to the DHS service areas.</p>
<p>29 16 6. A portion of the state match for the federal child care  29 17 and development block grant shall be provided as necessary to  29 18 meet federal matching funds requirements through the state  29 19 general fund appropriation made for child development grants  29 20 and other programs for at-risk children in section 279.51.</p>	<p>Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.</p>

29 21 7. If a uniform reduction ordered by the governor under  
 29 22 section 8.31 or other operation of law, transfer, or federal  
 29 23 funding reduction reduces the appropriation made in this  
 29 24 section for the fiscal year, the percentage reduction in the  
 29 25 amount paid out to or on behalf of the families participating  
 29 26 in the state child care assistance program shall be equal to or  
 29 27 less than the percentage reduction made for any other purpose  
 29 28 payable from the appropriation made in this section and the  
 29 29 federal funding relating to it. The percentage reduction to  
 29 30 the other allocations made in this section shall be the same as  
 29 31 the uniform reduction ordered by the governor or the percentage  
 29 32 change of the federal funding reduction, as applicable. If  
 29 33 there is an unanticipated increase in federal funding provided  
 29 34 for state child care services, the entire amount of the  
 29 35 increase, except as necessary to meet federal requirements  
 30 1 including quality set asides, shall be used for state child  
 30 2 care assistance payments. If the appropriations made for  
 30 3 purposes of the state child care assistance program for the  
 30 4 fiscal year are determined to be insufficient, it is the intent  
 30 5 of the general assembly to appropriate sufficient funding for  
 30 6 the fiscal year in order to avoid establishment of waiting list  
 30 7 requirements.

30 8 8. Notwithstanding section 8.33, moneys advanced for  
 30 9 purposes of the programs developed by early childhood Iowa  
 30 10 areas, advanced for purposes of wraparound child care, or  
 30 11 received from the federal appropriations made for the purposes  
 30 12 of this section that remain unencumbered or unobligated at the  
 30 13 close of the fiscal year shall not revert to any fund but shall  
 30 14 remain available for expenditure for the purposes designated  
 30 15 until the close of the succeeding fiscal year.

30 16 Sec. 18. JUVENILE INSTITUTION. There is appropriated  
 30 17 from the general fund of the state to the department of human  
 30 18 services for the fiscal year beginning July 1, 2022, and ending  
 30 19 June 30, 2023, the following amounts, or so much thereof as is  
 30 20 necessary, to be used for the purposes designated:

30 21 1. a. For operation of the state training school at Eldora  
 30 22 and for salaries, support, maintenance, and miscellaneous  
 30 23 purposes, and for not more than the following full-time  
 30 24 equivalent positions:

Specifies the following related to CCA 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 2023 to avoid the establishment of a waiting list.

CODE: Allows any unexpended funds advanced for the programs developed by Early Childhood Iowa areas, advanced for wraparound child care, or received from federal appropriations for CCA to carry forward for expenditure in FY 2024.

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$209,803 and 0.50 FTE position compared to estimated FY 2022. The funding increase is for additional support costs and the increase in FTE positions is to match the FY 2022 authorized amount.

30 25 ..... \$ 17,606,871  
 30 26 ..... FTEs 207.00

30 27 b. Of the funds appropriated in this subsection, \$91,000  
 30 28 shall be used for distribution to licensed classroom teachers  
 30 29 at this and other institutions under the control of the  
 30 30 department of human services based upon the average student  
 30 31 yearly enrollment at each institution as determined by the  
 30 32 department.

Allocates \$91,000 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

30 33 2. A portion of the moneys appropriated in this section  
 30 34 shall be used by the state training school at Eldora for  
 30 35 grants for adolescent pregnancy prevention activities at the  
 31 1 institution in the fiscal year beginning July 1, 2022.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2023.

31 2 3. Of the funds appropriated in this subsection, \$212,000  
 31 3 shall be used by the state training school at Eldora for a  
 31 4 substance use disorder treatment program at the institution for  
 31 5 the fiscal year beginning July 1, 2022.

Allocates \$212,000 to be used for a substance use disorder treatment program.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

31 6 4. Notwithstanding section 8.33, moneys appropriated in  
 31 7 this section that remain unencumbered or unobligated at the  
 31 8 close of the fiscal year shall not revert but shall remain  
 31 9 available for expenditure for the purposes designated until the  
 31 10 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for FY 2023 to remain available for FY 2024.

31 11 Sec. 19. CHILD AND FAMILY SERVICES.

General Fund appropriation for Child and Family Services.

31 12 1. There is appropriated from the general fund of the  
 31 13 state to the department of human services for the fiscal year  
 31 14 beginning July 1, 2022, and ending June 30, 2023, the following  
 31 15 amount, or so much thereof as is necessary, to be used for the  
 31 16 purpose designated:

DETAIL: This is an increase of \$4,499,747 compared to estimated FY 2022. The changes include:

- An increase of \$649,029 for the Shelter Care program.
- An increase of \$3,850,718 for the Qualified Residential Treatment Programs.

31 17 For child and family services:  
 31 18 ..... \$ 93,571,677

31 19 2. The department may transfer funds appropriated in this  
 31 20 section as necessary to pay the nonfederal costs of services  
 31 21 reimbursed under the medical assistance program, state child  
 31 22 care assistance program, or the family investment program which  
 31 23 are provided to children who would otherwise receive services

Permits the DHS 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.



31 24 paid under the appropriation in this section. The department  
 31 25 may transfer funds appropriated in this section to the  
 31 26 appropriations made in this division of this Act for general  
 31 27 administration and for field operations for resources necessary  
 31 28 to implement and operate the services funded in this section.

31 29 3. a. (1) Of the funds appropriated in this section, up to  
 31 30 \$40,500,000 is allocated as the statewide expenditure target  
 31 31 under section 232.143 for group foster care maintenance and  
 31 32 services. If the department projects that such expenditures  
 31 33 for the fiscal year will be less than the target amount  
 31 34 allocated in this paragraph "a", the department may reallocate  
 31 35 the excess to provide additional funding for family foster  
 32 1 care, supervised apartment living, family-centered services,  
 32 2 shelter care, or the child welfare emergency services addressed  
 32 3 with the allocation for shelter care.

32 4 (2) If 2022 Iowa Acts, House File 2507, amending section  
 32 5 232.143, is enacted, notwithstanding subparagraph (1), of  
 32 6 the funds appropriated in this section, up to \$40,500,000 is  
 32 7 allocated for group foster care maintenance and services. If  
 32 8 the department projects that such expenditures for the fiscal  
 32 9 year will be less than the target amount in this paragraph "a",  
 32 10 the department may reallocate the excess to provide additional  
 32 11 funding for family foster care, supervised apartment living,  
 32 12 family-centered services, shelter care, or the child welfare  
 32 13 emergency services addresses with the allocation for shelter  
 32 14 care.

32 15 b. Unless 2022 Iowa Acts, House File 2507, is enacted,  
 32 16 if at any time after September 30, 2022, annualization of a  
 32 17 service area's current expenditures indicates a service area  
 32 18 is at risk of exceeding its group foster care expenditure  
 32 19 target under section 232.143 by more than 5 percent, the  
 32 20 department and juvenile court services shall examine all  
 32 21 group foster care placements in that service area in order to  
 32 22 identify those which might be appropriate for termination.  
 32 23 In addition, any aftercare services believed to be needed  
 32 24 for the children whose placements may be terminated shall be  
 32 25 identified. The department and juvenile court services shall  
 32 26 initiate action to set dispositional review hearings for the  
 32 27 placements identified. In such a dispositional review hearing,

Allocates up to \$40,500,000 for group foster care services and maintenance costs and permits reallocation of excess funds.

DETAIL: This is an increase of \$9,000,000 compared to the estimated FY 2022 allocation. The increase reflects an increase provided effective January 1, 2022, and an increase of \$3,850,718 provided under the Child and Family Services appropriation in this Bill.

Allocates up to \$40,500,000 for group foster care maintenance and services if 2022 Iowa Acts, [House File 2507](#) (Juvenile Justice Bill) is enacted. Gives the DHS authority to reallocate excess funds to provide additional funding for family foster care or shelter care.

Requires a service area's group foster care expenditure target to 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 after September 30, 2022, unless 2022 Iowa Acts, [House File 2507](#) (Juvenile Justice Bill) is enacted.

32 28 the juvenile court shall determine whether needed aftercare  
 32 29 services are available and whether termination of the placement  
 32 30 is in the best interest of the child and the community. If  
 32 31 2022 Iowa Acts, House File 2507, is enacted, the applicable  
 32 32 provisions of House File 2507 shall supersede the provisions  
 32 33 of this paragraph "b".

32 34 4. In accordance with the provisions of section 232.188,  
 32 35 the department shall continue the child welfare and juvenile  
 33 1 justice funding initiative during fiscal year 2022-2023. Of  
 33 2 the funds appropriated in this section, \$1,717,000 is allocated  
 33 3 specifically for expenditure for fiscal year 2022-2023 through  
 33 4 the decategorization services funding pools and governance  
 33 5 boards established pursuant to section 232.188.

33 6 5. A portion of the funds appropriated in this section  
 33 7 may be used for emergency family assistance to provide other  
 33 8 resources required for a family participating in a family  
 33 9 preservation or reunification project or successor project to  
 33 10 stay together or to be reunified.

33 11 6. Of the funds appropriated in this section, a sufficient  
 33 12 amount is allocated for shelter care and the child welfare  
 33 13 emergency services contracting implemented to provide for or  
 33 14 prevent the need for shelter care.

33 15 7. Federal funds received by the state during the fiscal  
 33 16 year beginning July 1, 2022, as the result of the expenditure  
 33 17 of state funds appropriated during a previous state fiscal  
 33 18 year for a service or activity funded under this section are  
 33 19 appropriated to the department to be used as additional funding  
 33 20 for services and purposes provided for under this section.  
 33 21 Notwithstanding section 8.33, moneys received in accordance  
 33 22 with this subsection that remain unencumbered or unobligated at  
 33 23 the close of the fiscal year shall not revert to any fund but  
 33 24 shall remain available for the purposes designated until the  
 33 25 close of the succeeding fiscal year.

33 26 8. a. Of the funds appropriated in this section, up to  
 33 27 \$3,290,000 is allocated for the payment of the expenses of

Allocates \$1,717,000 for decategorization services funding pools and governance boards.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

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

Permits a sufficient amount of funds to be used for shelter care and child welfare emergency services.

DETAIL: This is no change compared to FY 2022 as the language that capped the amount to be used for these services was removed in FY 2020.

CODE: Requires federal funds received in FY 2023 as a result of the expenditure of State funds in a previous year to be used for child welfare services. Allows any unexpended funds to remain available for expenditure through FY 2024.

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

33 28 court-ordered services provided to juveniles who are under the  
 33 29 supervision of juvenile court services, which expenses are a  
 33 30 charge upon the state pursuant to section 232.141, subsection  
 33 31 4. Of the amount allocated in this paragraph "a", up to  
 33 32 \$1,556,000 shall be made available to provide school-based  
 33 33 supervision of children adjudicated under chapter 232, of which  
 33 34 not more than \$15,000 may be used for the purpose of training.  
 33 35 A portion of the cost of each school-based liaison officer  
 34 1 shall be paid by the school district or other funding source as  
 34 2 approved by the chief juvenile court officer.  
 34 3 b. Of the funds appropriated in this section, up to \$748,000  
 34 4 is allocated for the payment of the expenses of court-ordered  
 34 5 services provided to children who are under the supervision  
 34 6 of the department, which expenses are a charge upon the state  
 34 7 pursuant to section 232.141, subsection 4.

34 8 c. Notwithstanding section 232.141 or any other provision  
 34 9 of law to the contrary, the amounts allocated in this  
 34 10 subsection shall be distributed to the judicial districts  
 34 11 as determined by the state court administrator and to the  
 34 12 department's service areas as determined by the administrator  
 34 13 of the department of human services' division of child and  
 34 14 family services. The state court administrator and the  
 34 15 division administrator shall make the determination of the  
 34 16 distribution amounts on or before June 15, 2022.

34 17 d. Notwithstanding chapter 232 or any other provision of  
 34 18 law to the contrary, a district or juvenile court shall not  
 34 19 order any service which is a charge upon the state pursuant  
 34 20 to section 232.141 if there are insufficient court-ordered  
 34 21 services funds available in the district court or departmental  
 34 22 service area distribution amounts to pay for the service. The  
 34 23 chief juvenile court officer and the departmental service area  
 34 24 manager shall encourage use of the funds allocated in this  
 34 25 subsection such that there are sufficient funds to pay for  
 34 26 all court-related services during the entire year. The chief  
 34 27 juvenile court officers and departmental service area managers  
 34 28 shall attempt to anticipate potential surpluses and shortfalls  
 34 29 in the distribution amounts and shall cooperatively request the  
 34 30 state court administrator or division administrator to transfer  
 34 31 funds between the judicial districts' or departmental service  
 34 32 areas' distribution amounts as prudent.

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

DETAIL: This is no change compared to the estimated FY 2022 allocations.

CODE: Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS service areas, as determined by the Division of Child and Family Services Administrator, by June 15, 2022.

CODE: Prohibits a district or juvenile court from ordering any service that is a charge to the State if there are insufficient funds to pay for 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.

<p>34 33 e. Notwithstanding any provision of law to the contrary,  34 34 a district or juvenile court shall not order a county to pay  34 35 for any service provided to a juvenile pursuant to an order  35 1 entered under chapter 232 which is a charge upon the state  35 2 under section 232.141, subsection 4.</p>	<p>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.</p>
<p>35 3 f. Of the funds allocated in this subsection, not more than  35 4 \$83,000 may be used by the judicial branch for administration  35 5 of the requirements under this subsection.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>35 6 g. Of the funds allocated in this subsection, \$17,000  35 7 shall be used by the department of human services to support  35 8 the interstate commission for juveniles in accordance with  35 9 the interstate compact for juveniles as provided in section  35 10 232.173.</p>	<p>Requires that \$17,000 of the funds allocated to the DHS be used to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>35 11 9. Of the funds appropriated in this section, \$12,253,000 is  35 12 allocated for juvenile delinquent graduated sanctions services.  35 13 Any state funds saved as a result of efforts by juvenile court  35 14 services to earn a federal Tit.IV-E match for juvenile court  35 15 services administration may be used for the juvenile delinquent  35 16 graduated sanctions services.</p>	<p>Allocates \$12,253,000 to juvenile delinquent graduated sanctions services.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for juvenile delinquent graduated sanctions services.</p>
<p>35 17 10. Of the funds appropriated in this section, \$1,658,000 is  35 18 transferred to the department of public health to be used for  35 19 the child protection center grant program for child protection  35 20 centers located in Iowa in accordance with section 135.118.  35 21 The grant amounts under the program shall be equalized so that  35 22 each center receives a uniform base amount of \$245,000, and so  35 23 that the remaining funds are awarded through a funding formula  35 24 based upon the volume of children served. To increase access  35 25 to child protection center services for children in rural  35 26 areas, the funding formula for the awarding of the remaining  35 27 funds shall provide for the awarding of an enhanced amount to  35 28 eligible grantees to develop and maintain satellite centers in</p>	<p>Requires \$1,658,000 to 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 through a funding formula based on the volume of children served.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>

35 29 underserved regions of the state.

35 30 11. Of the funds appropriated in this section, \$4,025,000 is  
35 31 allocated for the preparation for adult living program pursuant  
35 32 to section 234.46.

Allocates \$4,025,000 to the Preparation for Adult Living (PAL) Program.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

35 33 12. Of the funds appropriated in this section, \$227,000  
35 34 shall be used for the public purpose of continuing a grant to a  
35 35 nonprofit human services organization, providing services to  
36 1 individuals and families in multiple locations in southwest  
36 2 Iowa and Nebraska for support of a project providing immediate,  
36 3 sensitive support and forensic interviews, medical exams, needs  
36 4 assessments, and referrals for victims of child abuse and their  
36 5 nonoffending family members.

Allocates \$227,000 to Project Harmony for support of victims of child abuse and their nonoffending family members.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

36 6 13. Of the funds appropriated in this section, \$300,000  
36 7 is allocated for the foster care youth council approach of  
36 8 providing a support network to children placed in foster care.

Allocates \$300,000 to provide support for foster care youth councils.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

36 9 14. Of the funds appropriated in this section, \$202,000 is  
36 10 allocated for use pursuant to section 235A.1 for continuation  
36 11 of the initiative to address child sexual abuse implemented  
36 12 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection  
36 13 21.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation.

36 14 15. Of the funds appropriated in this section, \$630,000 is  
36 15 allocated for the community partnership for child protection  
36 16 sites.

Allocates \$630,000 to the Child Welfare Community Partnership for Child Protection sites. Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The CPPC work to prevent child abuse and neglect, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care.

36 17 16. Of the funds appropriated in this section, \$371,000  
36 18 is allocated for the department's minority youth and family  
36 19 projects under the redesign of the child welfare system.

Allocates \$371,000 to minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the estimated FY 2022 allocation.

<p>36 20 17. Of the funds appropriated in this section, \$851,000  36 21 is allocated for funding of the community circle of care  36 22 collaboration for children and youth in northeast Iowa.</p>	<p>Allocates \$851,000 to the Community Circle of Care Grant Program in northeast Iowa.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. The Community Circle of Care Program is a regional System of Care program that coordinates community-based services and support to address the needs of children and youth with severe behavioral or mental health conditions.</p>
<p>36 23 18. Of the funds appropriated in this section, at least  36 24 \$147,000 shall be used for the continuation of the child  36 25 welfare provider training program.</p>	<p>Allocates \$147,000 to the Online Child Welfare Provider Training Academy.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>36 26 19. Of the funds appropriated in this section, \$211,000  36 27 shall be used for continuation of the central Iowa system of  36 28 care program grant for the purposes of funding community-based  36 29 services and other supports with a system of care approach for  36 30 children with serious emotional disturbance and their families  36 31 through a nonprofit provider that is located in a county with a  36 32 population of over 420,000 but less than 450,000 according to  36 33 the 2010 certified federal census, is licensed as a psychiatric  36 34 medical institution for children, and was a system of care  36 35 grantee prior to July 1, 2022.</p>	<p>Allocates \$211,000 for the continuation of a System of Care Program Grant in Polk County through June 30, 2023.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>37 1 20. Of the funds appropriated in this section, \$235,000  37 2 shall be used for the public purpose of the continuation  37 3 and expansion of a system of care program grant implemented  37 4 in Cerro Gordo and Linn counties to utilize a comprehensive  37 5 and long-term approach for helping children and families by  37 6 addressing the key areas in a child's life of childhood basic  37 7 needs, education and work, family, and community.</p>	<p>Allocates \$235,000 for the continuation and expansion of a System of Care program in Cerro Gordo and Linn counties at Four Oaks.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>37 8 21. Of the funds appropriated in this section, \$110,000  37 9 shall be used for the public purpose of funding community-based  37 10 services and other supports with a system of care approach  37 11 for children with a serious emotional disturbance and their  37 12 families through a nonprofit provider of child welfare services  37 13 that has been in existence for more than 115 years, is located</p>	<p>Allocates \$110,000 to Tanager Place Behavioral Health Clinic in Cedar Rapids.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>

37 14 in a county with a population of more than 230,000 according to  
 37 15 the 2020 certified federal census, is licensed as a psychiatric  
 37 16 medical institution for children, and was a system of care  
 37 17 grantee prior to July 1, 2022.

37 18 22. If a separate funding source is identified that reduces  
 37 19 the need for state funds within an allocation under this  
 37 20 section, the allocated state funds may be redistributed to  
 37 21 other allocations under this section for the same fiscal year.

Specifies that if other funding is available, the allocations of State funds in this Section may be redistributed to other allocations for FY 2023.

DETAIL: Other funding sources for Child and Family Services include Title IV-B and IV-E of the Social Security Act, TANF, and the Social Services Block Grant.

37 22 23. Of the funds appropriated in this section, a portion may  
 37 23 be used for family-centered services for purposes of complying  
 37 24 with the federal Family First Prevention Services Act of 2018,  
 37 25 Pub.L. No.115-123, and successor legislation.

Allows the DHS to use a portion of the funds allocated in this Section for family-centered services to comply with the Family First Prevention Services Act.

37 26 24. Of the funds appropriated in this section, \$3,850,718  
 37 27 shall be used to support placements in qualified residential  
 37 28 treatment programs.

Allocates \$3,850,718 to support Qualified Residential Treatment Programs (QRTP).

DETAIL: This is a new allocation for FY 2023. Qualified Residential Treatment Programs provide placements for youth struggling with psychological, behavioral, or addiction disorders that require longer term residential care than is available through other programs.

37 29 Sec. 20. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

37 30 1. There is appropriated from the general fund of the  
 37 31 state to the department of human services for the fiscal year  
 37 32 beginning July 1, 2022, and ending June 30, 2023, the following  
 37 33 amount, or so much thereof as is necessary, to be used for the  
 37 34 purpose designated:

DETAIL: This is no change compared to estimated FY 2022.

37 35 a. For adoption subsidy payments and related costs and for  
 38 1 other services provided for under paragraph "b", subparagraph  
 38 2 (2):  
 38 3 ..... \$ 40,596,007

38 4 b. (1) Of the funds appropriated in this section, a  
 38 5 sufficient amount is allocated for adoption subsidy payments  
 38 6 and related costs.

CODE: Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and postadoption 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. Permits the DHS to transfer funds

38 7 (2) Any funds appropriated in this section remaining after  
 38 8 the allocation under subparagraph (1) are designated and

<p>38 9 allocated as state savings resulting from implementation of  38 10 the federal Fostering Connections to Success and Increasing  38 11 Adoptions Act of 2008, Pub.L. No.110-351, and successor  38 12 legislation, as determined in accordance with 42 U.S.C.  38 13 §673(a)(8), and shall be used for post-adoption services and  38 14 for other purposes allowed under these federal laws, Tit.IV-B  38 15 or Tit.IV-E of the federal Social Security Act.  38 16 (a) The department of human services may transfer funds  38 17 allocated in this subparagraph (2) to the appropriation for  38 18 child and family services in this division of this Act for the  38 19 purposes designated in this subparagraph (2).  38 20 (b) Notwithstanding section 8.33, moneys allocated  38 21 under this subparagraph (2) shall not revert to any fund but  38 22 shall remain available for the purposes designated in this  38 23 subparagraph (2) until expended.</p>	<p>(specifically those funds from federal Title IV-E savings) to the Child and Family Services General Fund appropriation for postadoption 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. Allows any unexpended funds to not revert but remain available until expended.</p>
<p>38 24 2. The department may transfer funds appropriated in  38 25 this section to the appropriation made in this division of  38 26 this Act for general administration for costs paid from the  38 27 appropriation relating to adoption subsidy.</p>	<p>Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.</p>
<p>38 28 3. Federal funds received by the state during the  38 29 fiscal year beginning July 1, 2022, as the result of the  38 30 expenditure of state funds during a previous state fiscal  38 31 year for a service or activity funded under this section are  38 32 appropriated to the department to be used as additional funding  38 33 for the services and activities funded under this section.  38 34 Notwithstanding section 8.33, moneys received in accordance  38 35 with this subsection that remain unencumbered or unobligated  39 1 at the close of the fiscal year shall not revert to any fund  39 2 but shall remain available for expenditure for the purposes  39 3 designated until the close of the succeeding fiscal year.</p>	<p>CODE: Requires federal funds received in FY 2023 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 2024.</p>
<p>39 4 Sec. 21. JUVENILE DETENTION HOME FUND. Moneys deposited  39 5 in the juvenile detention home fund created in section 232.142  39 6 during the fiscal year beginning July 1, 2022, and ending June  39 7 30, 2023, are appropriated to the department of human services  39 8 for the fiscal year beginning July 1, 2022, and ending June 30,  39 9 2023, for distribution of an amount equal to a percentage of  39 10 the costs of the establishment, improvement, operation, and  39 11 maintenance of county or multicounty juvenile detention homes  39 12 in the fiscal year beginning July 1, 2021. Moneys appropriated</p>	<p>Requires funds deposited in the Juvenile Detention Home Fund to be distributed to eligible juvenile detention centers for FY 2023. Funds are to be allocated to the eligible county detention centers based on an amount equal to the FY 2022 juvenile detention home establishment, operation, maintenance, and improvement costs.</p>



39 13 for distribution in accordance with this section shall be  
 39 14 allocated among eligible detention homes, prorated on the basis  
 39 15 of an eligible detention home's proportion of the costs of all  
 39 16 eligible detention homes in the fiscal year beginning July  
 39 17 1, 2021. The percentage figure shall be determined by the  
 39 18 department based on the amount available for distribution for  
 39 19 the fund. Notwithstanding section 232.142, subsection 3, the  
 39 20 financial aid payable by the state under that provision for the  
 39 21 fiscal year beginning July 1, 2022, shall be limited to the  
 39 22 amount appropriated for the purposes of this section.

39 23 Sec. 22. FAMILY SUPPORT SUBSIDY PROGRAM.  
 39 24 1. There is appropriated from the general fund of the  
 39 25 state to the department of human services for the fiscal year  
 39 26 beginning July 1, 2022, and ending June 30, 2023, the following  
 39 27 amount, or so much thereof as is necessary, to be used for the  
 39 28 purpose designated:  
 39 29 For the family support subsidy program subject to the  
 39 30 enrollment restrictions in section 225C.37, subsection 3:  
 39 31 ..... \$ 949,282

39 32 2. At least \$931,536 of the moneys appropriated in this  
 39 33 section is transferred to the department of public health for  
 39 34 the family support center component of the comprehensive family  
 39 35 support program under chapter 225C, subchapter V.

40 1 3. If at any time during the fiscal year, the amount of  
 40 2 funding available for the family support subsidy program  
 40 3 is reduced from the amount initially used to establish the  
 40 4 figure for the number of family members for whom a subsidy  
 40 5 is to be provided at any one time during the fiscal year,  
 40 6 notwithstanding section 225C.38, subsection 2, the department  
 40 7 shall revise the figure as necessary to conform to the amount  
 40 8 of funding available.

40 9 Sec. 23. CONNER DECREE. There is appropriated from the  
 40 10 general fund of the state to the department of human services

General Fund appropriation to the DHS for the Family Support Subsidy Program.

DETAIL: This is no change compared to estimated FY 2022.

Allocates \$931,536 to the DPH to continue the Children at Home Program. The DPH has existing statewide coordinated intake for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This is an increase of \$32,245 compared to the estimated FY 2022 allocation due to children aging out of the Family Support Subsidy Program. The Family Support Subsidy program is projected to end in FY 2024.

CODE: Requires the DPH to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

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

40 11 for the fiscal year beginning July 1, 2022, and ending June 30,  
 40 12 2023, the following amount, or so much thereof as is necessary,  
 40 13 to be used for the purpose designated:  
 40 14 For building community capacity through the coordination  
 40 15 and provision of training opportunities in accordance with the  
 40 16 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
 40 17 Iowa, July 14, 1994):  
 40 18 ..... \$ 33,632

DETAIL: This is no change compared to estimated FY 2022. The 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.

40 19 Sec. 24. MENTAL HEALTH INSTITUTES.

40 20 1. There is appropriated from the general fund of the  
 40 21 state to the department of human services for the fiscal year  
 40 22 beginning July 1, 2022, and ending June 30, 2023, the following  
 40 23 amounts, or so much thereof as is necessary, to be used for the  
 40 24 purposes designated:

40 25 a. For operation of the state mental health institute at  
 40 26 Cherokee as required by chapters 218 and 226 for salaries,  
 40 27 support, maintenance, and miscellaneous purposes, and for not  
 40 28 more than the following full-time equivalent positions:  
 40 29 ..... \$ 15,613,624  
 40 30 ..... FTEs 169.00

General Fund appropriation to the DHS for the mental health institute (MHI) at Cherokee.  
  
 DETAIL: This is an increase of \$156,027 and 17.43 FTE positions compared to estimated FY 2022. The funding increase is for additional support costs and the increase in FTE positions is to match the FY 2022 authorized amount.

40 31 b. For operation of the state mental health institute at  
 40 32 Independence as required by chapters 218 and 226 for salaries,  
 40 33 support, maintenance, and miscellaneous purposes, and for not  
 40 34 more than the following full-time equivalent positions:  
 40 35 ..... \$ 19,688,928  
 41 1 ..... FTEs 208.00

General Fund appropriation to the DHS for the MHI at Independence.  
  
 DETAIL: This is an increase of \$36,549 and 20.80 FTE positions compared to estimated FY 2022. The funding increase is for additional support costs and the increase in FTE positions is to match the FY 2022 authorized amount.

41 2 2. a. Notwithstanding sections 218.78 and 249A.11, any  
 41 3 revenue received from the state mental health institute at  
 41 4 Cherokee or the state mental health institute at Independence  
 41 5 pursuant to 42 C.F.R§438.6(e) may be retained and expended by  
 41 6 the mental health institute.

CODE: Allows the DHS to retain Medicaid revenues received by the MHIs.

41 7 b. Notwithstanding sections 218.78 and 249A.11, any  
 41 8 COVID-19 related funding received through federal funding  
 41 9 sources by the state mental health institute at Cherokee or the  
 41 10 state mental health institute at Independence may be retained

CODE: Allows the DHS to retain revenues received by the MHIs related to COVID-19.

41 11 and expended by the mental health institute.

41 12 3. Notwithstanding any provision of law to the contrary,  
 41 13 a Medicaid member residing at the state mental health  
 41 14 institute at Cherokee or the state mental health institute  
 41 15 at Independence shall retain Medicaid eligibility during  
 41 16 the period of the Medicaid member's stay for which federal  
 41 17 financial participation is available.

Specifies that Medicaid members residing at either of the two MHIs are required to retain Medicaid eligibility for the first 14 days of their residence.

41 18 4. Notwithstanding section 8.33, moneys appropriated in  
 41 19 this section that remain unencumbered or unobligated at the  
 41 20 close of the fiscal year shall not revert but shall remain  
 41 21 available for expenditure for the purposes designated until the  
 41 22 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the Cherokee and Independence MHIs for FY 2023 to remain available for FY 2024.

41 23 Sec. 25. STATE RESOURCE CENTERS.

41 24 1. There is appropriated from the general fund of the  
 41 25 state to the department of human services for the fiscal year  
 41 26 beginning July 1, 2022, and ending June 30, 2023, the following  
 41 27 amounts, or so much thereof as is necessary, to be used for the  
 41 28 purposes designated:

41 29 a. For the state resource center at Glenwood for salaries,  
 41 30 support, maintenance, and miscellaneous purposes:  
 41 31 ..... \$ 16,288,739

General Fund appropriation to the DHS for the State Resource Center at Glenwood.

DETAIL: This is an increase of \$1,485,866 compared to estimated FY 2022. The changes include:

- An increase of \$1,338,499 to replace COVID-19 enhanced FMAP.
- An increase of \$147,367 for support costs.

41 32 b. For the state resource center at Woodward for salaries,  
 41 33 support, maintenance, and miscellaneous purposes:  
 41 34 ..... \$ 13,409,294

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$1,171,357 compared to estimated FY 2022. The changes include:

- An increase of \$1,087,219 to replace COVID-19 enhanced FMAP.
- An increase of \$84,138 for support costs.

<p>41 35 2. The department may continue to bill for state resource  42 1 center services utilizing a scope of services approach used for  42 2 private providers of intermediate care facilities for persons  42 3 with an intellectual disability services, in a manner which  42 4 does not shift costs between the medical assistance program,  42 5 mental health and disability services regions, or other sources  42 6 of funding for the state resource centers.</p>	<p>Permits the DHS to continue billing practices that do not include cost shifting.</p>
<p>42 7 3. The state resource centers may expand the time-limited  42 8 assessment and respite services during the fiscal year.</p>	<p>Permits the State resource centers to expand time-limited assessment and respite services.</p> <p>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.</p>
<p>42 9 4. If the department's administration and the department  42 10 of management concur with a finding by a state resource  42 11 center's superintendent that projected revenues can reasonably  42 12 be expected to pay the salary and support costs for a new  42 13 employee position, or that such costs for adding a particular  42 14 number of new positions for the fiscal year would be less  42 15 than the overtime costs if new positions would not be added,  42 16 the superintendent may add the new position or positions. If  42 17 the vacant positions available to a resource center do not  42 18 include the position classification desired to be filled, the  42 19 state resource center's superintendent may reclassify any  42 20 vacant position as necessary to fill the desired position. The  42 21 superintendents of the state resource centers may, by mutual  42 22 agreement, pool vacant positions and position classifications  42 23 during the course of the fiscal year in order to assist one  42 24 another in filling necessary positions.</p>	<p>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.</p>
<p>42 25 5. If existing capacity limitations are reached in  42 26 operating units, a waiting list is in effect for a service or  42 27 a special need for which a payment source or other funding  42 28 is available for the service or to address the special need,  42 29 and facilities for the service or to address the special need  42 30 can be provided within the available payment source or other</p>	<p>Permits a State resource center to open certain facilities if a service waiting list exists and funding is available.</p>

42 31 funding, the superintendent of a state resource center may  
 42 32 authorize opening not more than two units or other facilities  
 42 33 and begin implementing the service or addressing the special  
 42 34 need during fiscal year 2022-2023.

42 35 6. Notwithstanding section 8.33, and notwithstanding  
 43 1 the amount limitation specified in section 222.92, moneys  
 43 2 appropriated in this section that remain unencumbered or  
 43 3 unobligated at the close of the fiscal year shall not revert  
 43 4 but shall remain available for expenditure for the purposes  
 43 5 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State resource centers at Glenwood and Woodward for FY 2023 to remain available for FY 2024.

43 6 Sec. 26. SEXUALLY VIOLENT PREDATORS.  
 43 7 1. There is appropriated from the general fund of the  
 43 8 state to the department of human services for the fiscal year  
 43 9 beginning July 1, 2022, and ending June 30, 2023, the following  
 43 10 amount, or so much thereof as is necessary, to be used for the  
 43 11 purpose designated:

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

43 12 For costs associated with the commitment and treatment of  
 43 13 sexually violent predators in the unit located at the state  
 43 14 mental health institute at Cherokee, including costs of legal  
 43 15 services and other associated costs, including salaries,  
 43 16 support, maintenance, and miscellaneous purposes, and for not  
 43 17 more than the following full-time equivalent positions:  
 43 18 ..... \$ 13,891,276  
 43 19 ..... FTEs 140.00

DETAIL: This is an increase of \$247,549 and 14.65 FTE positions compared to estimated FY 2022. The changes include:

- An increase of \$60,728 due to increase in per diem cost.
- An increase of \$100,000 and 1.00 FTE position for a new transition ward.
- An increase of \$86,821 for support costs.
- An increase of 13.65 FTE positions to match the FY 2022 authorized amount.

43 20 2. Unless specifically prohibited by law, if the amount  
 43 21 charged provides for recoupment of at least the entire amount  
 43 22 of direct and indirect costs, the department of human services  
 43 23 may contract with other states to provide care and treatment  
 43 24 of persons placed by the other states at the unit for sexually  
 43 25 violent predators at Cherokee. The moneys received under  
 43 26 such a contract shall be considered to be repayment receipts  
 43 27 and used for the purposes of the appropriation made in this  
 43 28 section.

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

43 29 3. Notwithstanding section 8.33, moneys appropriated in  
 43 30 this section that remain unencumbered or unobligated at the  
 43 31 close of the fiscal year shall not revert but shall remain  
 43 32 available for expenditure for the purposes designated until the  
 43 33 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the CCUSO for FY 2023 to remain available for FY 2024.

<p>43 34 Sec. 27. FIELD OPERATIONS.</p> <p>43 35 1. There is appropriated from the general fund of the</p> <p>44 1 state to the department of human services for the fiscal year</p> <p>44 2 beginning July 1, 2022, and ending June 30, 2023, the following</p> <p>44 3 amount, or so much thereof as is necessary, to be used for the</p> <p>44 4 purposes designated:</p> <p>44 5 For field operations, including salaries, support,</p> <p>44 6 maintenance, and miscellaneous purposes, and for not more than</p> <p>44 7 the following full-time equivalent positions:</p> <p>44 8 ..... \$ 65,894,438</p> <p>44 9 ..... FTEs 1,589.00</p> <p>44 10 2. Priority in filling full-time equivalent positions</p> <p>44 11 shall be given to those positions related to child protection</p> <p>44 12 services and eligibility determination for low-income families.</p> <p>44 13 Sec. 28. GENERAL ADMINISTRATION. There is appropriated</p> <p>44 14 from the general fund of the state to the department of human</p> <p>44 15 services for the fiscal year beginning July 1, 2022, and ending</p> <p>44 16 June 30, 2023, the following amount, or so much thereof as is</p> <p>44 17 necessary, to be used for the purpose designated:</p> <p>44 18 For general administration, including salaries, support,</p> <p>44 19 maintenance, and miscellaneous purposes, and for not more than</p> <p>44 20 the following full-time equivalent positions:</p> <p>44 21 ..... \$ 15,342,189</p> <p>44 22 ..... FTEs 294.00</p> <p>44 23 1. The department shall report at least monthly to the</p> <p>44 24 general assembly concerning the department's operational and</p> <p>44 25 program expenditures.</p> <p>44 26 2. Of the funds appropriated in this section, \$150,000 shall</p> <p>44 27 be used for the provision of a program to provide technical</p> <p>44 28 assistance, support, and consultation to providers of home and</p> <p>44 29 community-based services under the medical assistance program.</p> <p>44 30 3. Of the funds appropriated in this section, \$50,000</p> <p>44 31 is transferred to the Iowa finance authority to be used</p> <p>44 32 for administrative support of the council on homelessness</p> <p>44 33 established in section 16.2D and for the council to fulfill its</p>	<p>General Fund appropriation to the DHS for Field Operations staff and support.</p> <p>DETAIL: This is an increase of \$5,297,771 and 50.00 FTE positions compared to estimated FY 2022. The changes include:</p> <ul style="list-style-type: none"> <li>• An increase of \$1,365,653 to hire additional 50.00 FTE positions to relieve caseloads.</li> <li>• An increase of \$3,932,118 to annualize salary and benefits costs from FY 2022.</li> </ul> <p>Requires priority to be given to filling FTE positions related to child protection services and eligibility determination for low-income families.</p> <p>General Fund appropriation for General Administration.</p> <p>DETAIL: This is no change in funding and an increase of 10.00 FTE positions compared to estimated FY 2022. The increase of 10.00 FTE positions to match the FY 2022 authorized amount.</p> <p>Requires the DHS to provide a monthly operational and expenditure report to the General Assembly.</p> <p>Allocates \$150,000 for technical assistance for providers of HCBS under the Medicaid Program.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p> <p>Transfers \$50,000 to the Iowa Finance Authority to be used for support of the Council on Homelessness.</p>
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44 34 duties in addressing and reducing homelessness in the state.	DETAIL: This is no change compared to the estimated FY 2022 transfer.
44 35 4. Of the funds appropriated in this section, \$200,000 shall 45 1 be transferred to and deposited in the administrative fund of 45 2 the Iowa ABLE savings plan trust created in section 121.4, to 45 3 be used for implementation and administration activities of the 45 4 Iowa ABLE savings plan trust.	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 FY 2022 transfer. The ABLE Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.
45 5 5. Of the funds appropriated in this section, \$200,000 is 45 6 transferred to the economic development authority for the Iowa 45 7 commission on volunteer services to continue to be used for the 45 8 RefugeeRISE AmeriCorps program established under section 15H.8 45 9 for member recruitment and training to improve the economic 45 10 well-being and health of economically disadvantaged refugees in 45 11 local communities across Iowa. Funds transferred may be used 45 12 to supplement federal funds under federal regulations.	Transfers \$200,000 to the Iowa 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 FY 2022 transfer. This transfer was authorized for the first time in FY 2017. The transfer requires funds to be used to supplement federal funds.
45 13 6. Of the funds appropriated in this section, up to \$300,000 45 14 shall be used as follows:	Allocates \$300,000 for children's mental health initiatives.
45 15 a. To fund not more than 1.00 full-time equivalent position 45 16 to address the department's responsibility to support the work 45 17 of the children's behavioral health system state board and 45 18 implementation of the services required pursuant to section 45 19 331.397.	DETAIL: This is no change in funding compared to the estimated FY 2022 allocation. However, this amount is further allocated in the following paragraphs.  Specifies that the funding is for 1.00 FTE position to support the Children's System State Board.
45 20 b. To support the cost of establishing and implementing new 45 21 or additional services required pursuant to sections 331.397 45 22 and 331.397A.	Specifies that the funding is to support the establishment and implementation of new or additional children's behavioral health services.
45 23 c. Of the amount allocated, \$32,000 shall be transferred 45 24 to the department of public health to support the costs of 45 25 establishing and implementing new or additional services 45 26 required pursuant to sections 331.397 and 331.397A.	Transfers \$32,000 to the DPH for the Your Life Iowa Program to include information on the Iowa Children's Behavioral Health System.  DETAIL: This is no change compared to the FY 2022 transfer.

45 27 7. Of the funds appropriated in this section, \$800,000 shall  
 45 28 be used for the renovation and construction of certain nursing  
 45 29 facilities, consistent with the provisions of chapter 249K.

Allocates \$800,000 to provide assistance to nursing homes for facility improvements.

DETAIL: This is no change compared to the estimated FY 2022 allocation. Prior to FY 2022, the program was funded through the Rebuild Iowa Infrastructure Fund. The Nursing Home Financial Assistance Program in Iowa Code chapter 249K was established in 2007 Iowa Acts, chapter 219 (FY 2008 Infrastructure Appropriations Act), to support an appropriate number of nursing facility beds for the State's citizens and financially assist nursing facilities to remain compliant with applicable health and safety regulations.

45 30 Sec. 29. DEPARTMENT-WIDE DUTIES. There is appropriated  
 45 31 from the general fund of the state to the department of human  
 45 32 services for the fiscal year beginning July 1, 2022, and ending  
 45 33 June 30, 2023, the following amount, or so much thereof as is  
 45 34 necessary, to be used for the purposes designated:  
 45 35 For salaries, support, maintenance, and miscellaneous  
 46 1 purposes at facilities under the purview of the department of  
 46 2 human services:  
 46 3 ..... \$ 4,172,123

General Fund appropriation to the DHS facilities.

DETAIL: This is an increase of \$1,292,849 compared to estimated FY 2022 for salary adjustment at the DHS facilities. This appropriation is to ensure adequate staffing within the DHS facilities and to transfer staff as needed, while remaining within the set number of authorized positions.

46 4 Sec. 30. VOLUNTEERS. There is appropriated from the general  
 46 5 fund of the state to the department of human services for the  
 46 6 fiscal year beginning July 1, 2022, and ending June 30, 2023,  
 46 7 the following amount, or so much thereof as is necessary, to be  
 46 8 used for the purpose designated:  
 46 9 For development and coordination of volunteer services:  
 46 10 ..... \$ 84,686

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

DETAIL: This is no change compared to estimated FY 2022.

46 11 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
 46 12 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE  
 46 13 DEPARTMENT OF HUMAN SERVICES.

46 14 1. a. (1) (a) Notwithstanding any provision of law to the  
 46 15 contrary, for the fiscal year beginning July 1, 2022, case-mix  
 46 16 nursing facilities shall be reimbursed in accordance with the  
 46 17 methodology in effect on June 30, 2022.  
 46 18 (b) For the fiscal year beginning July 1, 2022, non-case-mix  
 46 19 and special population nursing facilities shall be reimbursed  
 46 20 in accordance with the methodology in effect on June 30, 2022.

Requires the DHS reimburse case-mix nursing facility, non-case-mix, and special population nursing facilities reimbursement in accordance with the methodology effective June 30, 2022.



<p>46 21 (c) For managed care claims, the department of human  46 22 services shall adjust the payment rate floor for nursing  46 23 facilities, annually, to maintain a rate floor that is no  46 24 lower than the Medicaid fee-for-service case-mix adjusted rate  46 25 calculated in accordance with subparagraph division (a) and  46 26 441 IAC 81.6. The department shall then calculate adjusted  46 27 reimbursement rates, including but not limited to add-on  46 28 payments, annually, and shall notify Medicaid managed care  46 29 organizations of the adjusted reimbursement rates within 30  46 30 days of determining the adjusted reimbursement rates. Any  46 31 adjustment of reimbursement rates under this subparagraph  46 32 division shall be budget neutral to the state budget.</p>	<p>Requires the DHS to adjust the payment rate floor for nursing facilities who are reimbursed under managed care to maintain a floor no lower than Medicaid fee-for-service. Any adjustment is required to be budget neutral to the State.</p>
<p>46 33 (d) For the fiscal year beginning July 1, 2022, Medicaid  46 34 managed care long-term services and supports capitation rates  46 35 shall be adjusted to reflect the case-mix adjusted rates  47 1 specified pursuant to subparagraph division (a) for the patient  47 2 populations residing in Medicaid-certified nursing facilities.</p>	<p>Requires the FY 2023 Medicaid managed care long-term services and supports capitation rates to be adjusted to reflect the case-mix methodology defined above for patients residing in Medicaid-certified nursing facilities.</p>
<p>47 3 (2) Medicaid managed care organizations shall adjust  47 4 facility-specific rates based upon payment rate listings issued  47 5 by the department. The rate adjustments shall be applied  47 6 prospectively from the effective date of the rate letter issued  47 7 by the department.</p>	<p>Requires MCOs to adjust facility-specific rates based on payment rate listings issued by the DHS. The rates are to be applied prospectively from the effective date of the rate letter issued by the DHS.</p>
<p>47 8 b. (1) For the fiscal year beginning July 1, 2022, the  47 9 department shall establish the fee-for-service pharmacy  47 10 dispensing fee reimbursement at \$10.38 per prescription,  47 11 until a cost of dispensing survey is completed. The actual  47 12 dispensing fee shall be determined by a cost of dispensing  47 13 survey performed by the department and required to be completed  47 14 by all medical assistance program participating pharmacies  47 15 every two years, adjusted as necessary to maintain expenditures  47 16 within the amount appropriated to the department for this  47 17 purpose for the fiscal year. A change in the dispensing  47 18 fee shall become effective following federal approval of the  47 19 Medicaid state plan.</p>	<p>Requires the FY 2023 pharmacy dispensing fee to be \$10.38 per prescription.   DETAIL: This is no change compared to the FY 2022 dispensing fee.</p>
<p>47 20 (2) The department shall utilize an average acquisition  47 21 cost reimbursement methodology for all drugs covered under the  47 22 medical assistance program in accordance with 2012 Iowa Acts,</p>	<p>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 DHS is to provide a process for</p>

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47 23 chapter 1133, section 33.	pharmacies to address AAC prices that are not reflective of the actual drug cost.
47 24 c. (1) For the fiscal year beginning July 1, 2022, 47 25 reimbursement rates for outpatient hospital services shall 47 26 remain at the rates in effect on June 30, 2022, subject to 47 27 Medicaid program upper payment limit rules, and adjusted 47 28 as necessary to maintain expenditures within the amount 47 29 appropriated to the department for this purpose for the fiscal 47 30 year.	Requires the FY 2023 outpatient hospital services rates to remain at the rates in effect June 30, 2022, subject to the Medicaid upper payment limit (UPL) rules.
47 31 (2) For the fiscal year beginning July 1, 2022, 47 32 reimbursement rates for inpatient hospital services shall 47 33 remain at the rates in effect on June 30, 2022, subject to 47 34 Medicaid program upper payment limit rules, and adjusted 47 35 as necessary to maintain expenditures within the amount 48 1 appropriated to the department for this purpose for the fiscal 48 2 year.	Requires the FY 2023 rate of reimbursement for inpatient hospital services to remain at the rates in effect June 30, 2022, subject to the Medicaid UPL rules.
48 3 (3) For the fiscal year beginning July 1, 2022, under 48 4 both fee-for-service and managed care administration of 48 5 the Medicaid program, critical access hospitals shall be 48 6 reimbursed for inpatient and outpatient services based on the 48 7 hospital-specific critical access hospital cost adjustment 48 8 factor methodology utilizing the most recent and complete cost 48 9 reporting period as applied prospectively within the funds 48 10 appropriated for such purpose for the fiscal year.	Requires the FY 2023 critical access hospital rates to be a cost-based reimbursement using a cost adjustment factor methodology within the funds appropriated.
48 11 (4) For the fiscal year beginning July 1, 2022, the graduate 48 12 medical education and disproportionate share hospital fund 48 13 shall remain at the amount in effect on June 30, 2022, except 48 14 that the portion of the fund attributable to graduate medical 48 15 education shall be reduced in an amount that reflects the 48 16 elimination of graduate medical education payments made to 48 17 out-of-state hospitals.	Requires the FY 2023 Graduate Medical Education and Disproportionate Share Hospital Fund to remain at the amount in effect June 30, 2022, except for the portion that eliminates graduate medical education payments made to out-of-state hospitals.
48 18 (5) In order to ensure the efficient use of limited state 48 19 funds in procuring health care services for low-income Iowans, 48 20 funds appropriated in this Act for hospital services shall 48 21 not be used for activities which would be excluded from a 48 22 determination of reasonable costs under the federal Medicare 48 23 program pursuant to 42 U.S.C. §1395x(v)(1)(N).	Requires funds appropriated to hospital activities to be used for activities pursuant to the federal Medicare Program.

48 24 d. For the fiscal year beginning July 1, 2022, reimbursement  
48 25 rates for hospices and acute psychiatric hospitals shall be  
48 26 increased in accordance with increases under the federal  
48 27 Medicare program or as supported by their Medicare audited  
48 28 costs.

Requires FY 2023 hospice services and acute psychiatric hospitals rates to be increased in accordance with the federal Medicare Program.

48 29 e. For the fiscal year beginning July 1, 2022, independent  
48 30 laboratories and rehabilitation agencies shall be reimbursed  
48 31 using the same methodology in effect on June 30, 2022.

Requires the FY 2023 reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology used on June 30, 2022.

48 32 f. (1) For the fiscal year beginning July 1, 2022,  
48 33 reimbursement rates for home health agencies shall continue to  
48 34 be based on the Medicare low utilization payment adjustment  
48 35 (LUPA) methodology with state geographic wage adjustments. The  
49 1 department shall continue to update the rates every two years  
49 2 to reflect the most recent Medicare LUPA rates.

Requires the FY 2023 home health agency rates to be based on the Medicare low utilization payment adjustment (LUPA).

DETAIL: The rebase will be budget neutral as no additional funds were provided. The DHS will continue to update the rates every two years.

49 3 (2) For the fiscal year beginning July 1, 2022, the  
49 4 department shall create a reimbursement rate structure that  
49 5 provides incentives to home health care providers located in  
49 6 rural areas and providing home health care to Medicaid members,  
49 7 within the \$4,000,000 appropriated for this purpose. The rate  
49 8 structure shall include a telehealth component to incentivize  
49 9 the provision of necessary supervision for skilled care without  
49 10 requiring travel time. For the purposes of this subparagraph  
49 11 (2), "rural area" means an area that is not an Iowa core based  
49 12 statistical area as defined by the federal office of management  
49 13 and budget.

Provides \$4,000,000 for the DHS to create and implement a home health agency reimbursement rate structure that provides incentives for rural providers and provides a definition for rural area.

DETAIL: This is a new requirement for FY 2023.

49 14 (3) For the fiscal year beginning July 1, 2022, rates for  
49 15 private duty nursing and personal care services under the early  
49 16 and periodic screening, diagnostic, and treatment program  
49 17 benefit shall be calculated based on the methodology in effect  
49 18 on June 30, 2022.

Requires the FY 2023 rates for private duty nursing and personal care services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain the same as the methodology on June 30, 2022.

49 19 g. For the fiscal year beginning July 1, 2022, federally  
49 20 qualified health centers and rural health clinics shall receive  
49 21 cost-based reimbursement for 100 percent of the reasonable  
49 22 costs for the provision of services to recipients of medical  
49 23 assistance.

Requires the FY 2023 federally qualified health centers and rural health clinics rates to be 100.00% of the reasonable costs for provision of services to Medicaid Program recipients.

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49 24 h. For the fiscal year beginning July 1, 2022, the 49 25 reimbursement rates for dental services shall remain at the 49 26 rates in effect on June 30, 2022.	Requires the FY 2023 reimbursement rates for dental services to remain at the rates in effect on June 30, 2022.
49 27 i. (1) For the fiscal year beginning July 1, 2022, 49 28 reimbursement rates for non-state-owned psychiatric medical 49 29 institutions for children shall be based on the reimbursement 49 30 methodology in effect on June 30, 2022.	Requires the FY 2023 non-State-owned psychiatric medical institution for children (PMIC) rates to remain at the rates in effect on June 30, 2022.
49 31 (2) As a condition of participation in the medical 49 32 assistance program, enrolled providers shall accept the medical 49 33 assistance reimbursement rate for any covered goods or services 49 34 provided to recipients of medical assistance who are children 49 35 under the custody of a psychiatric medical institution for 50 1 children.	Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.
50 2 j. For the fiscal year beginning July 1, 2022, unless 50 3 otherwise specified in this Act, all noninstitutional medical 50 4 assistance provider reimbursement rates shall remain at the 50 5 rates in effect on June 30, 2022, except for area education 50 6 agencies, local education agencies, infant and toddler 50 7 services providers, home and community-based services providers 50 8 including consumer-directed attendant care providers under a 50 9 section 1915(c) or 1915(i) waiver, targeted case management 50 10 providers, and those providers whose rates are required to be 50 11 determined pursuant to section 249A.20, or to meet federal 50 12 mental health parity requirements.	Requires the FY 2023 reimbursement rates for all noninstitutional Medicaid providers, with the exception of Area Education Agencies, local education agencies, infant and toddler services providers, HCBS providers, and those providers requested to meet federal mental health parity requirements, to remain at the rates in effect on June 30, 2022.
50 13 k. Notwithstanding any provision to the contrary, for the 50 14 fiscal year beginning July 1, 2022, the reimbursement rate for 50 15 anesthesiologists shall remain at the rates in effect on June 50 16 30, 2022, and updated on January 1, 2023, to align with the 50 17 most current Iowa Medicare anesthesia rate.	Requires the FY 2023 reimbursement rates for anesthesiologists to remain at the rates in effect on June 30, 2022, and updated on January 1, 2023, to align with the most current Iowa Medicare anesthesia rate.
50 18 l. Notwithstanding section 249A.20, for the fiscal year 50 19 beginning July 1, 2022, the average reimbursement rate for 50 20 health care providers eligible for use of the federal Medicare 50 21 resource-based relative value scale reimbursement methodology 50 22 under section 249A.20 shall remain at the rate in effect on 50 23 June 30, 2022; however, this rate shall not exceed the maximum 50 24 level authorized by the federal government.	Requires the FY 2023 rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect on June 30, 2022, and not exceed the maximum level authorized by the federal government.

50 25 m. For the fiscal year beginning July 1, 2022, the  
 50 26 reimbursement rate for residential care facilities shall not  
 50 27 be less than the minimum payment level as established by the  
 50 28 federal government to meet the federally mandated maintenance  
 50 29 of effort requirement. The flat reimbursement rate for  
 50 30 facilities electing not to file annual cost reports shall not  
 50 31 be less than the minimum payment level as established by the  
 50 32 federal government to meet the federally mandated maintenance  
 50 33 of effort requirement.

Requires the FY 2023 reimbursement rates for residential care facilities to be no less than the minimum payment level to meet the federal requirement.

50 34 n. For the fiscal year beginning July 1, 2022, the  
 50 35 reimbursement rates for inpatient mental health services  
 51 1 provided at hospitals shall remain at the rates in effect on  
 51 2 June 30, 2022, subject to Medicaid program upper payment limit  
 51 3 rules and adjusted as necessary to maintain expenditures within  
 51 4 the amount appropriated to the department for this purpose for  
 51 5 the fiscal year; and psychiatrists shall be reimbursed at the  
 51 6 medical assistance program fee-for-service rate in effect on  
 51 7 June 30, 2022.

Requires the FY 2023 reimbursement rates for inpatient psychiatric hospital services remain at the rates in effect on June 30, 2022, subject to Medicaid UPL rules and psychiatrist reimbursement rates remain at the rate in effect on June 30, 2022.

51 8 o. For the fiscal year beginning July 1, 2022, community  
 51 9 mental health centers may choose to be reimbursed for the  
 51 10 services provided to recipients of medical assistance through  
 51 11 either of the following options:  
 51 12 (1) For 100 percent of the reasonable costs of the services.  
 51 13 (2) In accordance with the alternative reimbursement rate  
 51 14 methodology approved by the department of human services in  
 51 15 effect on June 30, 2022.

Allows Community Mental Health Centers (CMHCs) to choose between two different methodologies for reimbursement for FY 2023. 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, 2022.

51 16 p. For the fiscal year beginning July 1, 2022, the  
 51 17 reimbursement rate for providers of family planning services  
 51 18 that are eligible to receive a 90 percent federal match shall  
 51 19 remain at the rates in effect on June 30, 2022.

Requires the FY 2023 reimbursement rates for family planning services eligible to receive a 90.00% federal match to remain at the rates in effect on June 30, 2022.

51 20 q. (1) For the fiscal year beginning July 1, 2022,  
 51 21 reimbursement rates for providers of home and community-based  
 51 22 services waiver and habilitation services shall be increased  
 51 23 to the extent possible within the \$14,600,000 appropriated for  
 51 24 this purpose. The entire rate increase shall be used for wages  
 51 25 and associated costs specific to wages, benefits, and required  
 51 26 withholding of direct support professionals and frontline  
 51 27 management, including consumer choices option employees.

Requires the FY 2023 reimbursement rates for HCBS waiver service and habilitation services providers to be increased by \$14,600,000 compared to the FY 2022 rate. Specifies the increase is to be used for wages and associated costs specific to wages, benefits, and required withholding of direct support professionals and frontline management, including consumer choice option employees.

<p>51 28 (2) For the fiscal year beginning July 1, 2022,  51 29 reimbursement rates for intermediate care facility for  51 30 persons with an intellectual disability providers shall be  51 31 increased over the rates in effect on June 30, 2022, within  51 32 the \$3,125,778 appropriated for this purpose. The entire rate  51 33 increase shall be used for wages and associated costs specific  51 34 to wages, benefits, and required withholding of direct support  51 35 professionals and frontline management.</p>	<p>Requires the FY 2023 reimbursement rate for ICF/IDs to be increased by \$3,125,778 compared to the FY 2022 rate. Specifies the increase is to be used for wages and associated costs specific to wages, benefits, and required withholding of direct support professionals and frontline management.</p>
<p>52 1 (3) For the fiscal year beginning July 1, 2022,  52 2 reimbursement rates for providers of state plan home and  52 3 community-based services home-based habilitation services  52 4 shall remain at the rates in effect on June 30, 2022. The  52 5 reimbursement rates for home-based habilitation services shall  52 6 be based on a fee schedule that incorporates the acuity-based  52 7 tiers.</p>	<p>Requires the FY 2023 reimbursement rates for HCBS waiver service home-based habilitation services providers to remain at the rates in effect on June 30, 2022.</p>
<p>52 8 r. For the fiscal year beginning July 1, 2022, the  52 9 reimbursement rates for emergency medical service providers  52 10 shall remain at the rates in effect on June 30, 2022, or as  52 11 approved by the centers for Medicare and Medicaid services of  52 12 the United States department of health and human services.</p>	<p>Requires the FY 2023 reimbursement rates for emergency medical service providers to remain at the rates in effect on June 30, 2022.</p>
<p>52 13 s. (1) For the fiscal year beginning July 1, 2022,  52 14 reimbursement rates for substance-related disorder treatment  52 15 programs licensed under section 125.13 shall remain at the  52 16 rates in effect on June 30, 2022.</p>	<p>Requires the FY 2023 reimbursement rates for substance-related disorder treatment providers to remain at the rates in effect on June 30, 2022.</p>
<p>52 17 (2) For the fiscal year beginning July 1, 2022, the  52 18 department shall establish a fee schedule or provider-specific  52 19 rate structure to increase reimbursement rates for residential  52 20 substance use treatment providers within the \$1,100,000  52 21 appropriated for this purpose.</p>	<p>Requires the DHS to establish a fee schedule or rate structure to increase reimbursement rates for residential substance use treatment providers by \$1,100,000 in FY 2023.</p>
<p>52 22 t. For the fiscal year beginning July 1, 2022, assertive  52 23 community treatment per diem rates shall remain at the rates in  52 24 effect on June 30, 2022.</p>	<p>Requires the FY 2023 assertive community treatment providers per diem to remain at the rates in effect June 30, 2022.</p>
	<p>DETAIL: An increase was provided under the Medicaid appropriations for this change.</p>
<p>52 25 u. For the fiscal year beginning July 1, 2022, the</p>	<p>Requires the FY 2023 reimbursement rates for family-centered service</p>

52 26 reimbursement rate for family-centered services providers shall  
52 27 be established by contract.

providers to be established by contract.

52 28 v. For the fiscal year beginning July 1, 2022, the  
52 29 reimbursement rate for air ambulance services shall remain at  
52 30 the rate in effect on June 30, 2022.

Requires the FY 2023 reimbursement rates for air ambulance to remain at the rates in effect on June 30, 2022.

52 31 w. For the fiscal year beginning July 1, 2022, all  
52 32 behavioral health intervention services reimbursement rates  
52 33 shall be increased over the rates in effect on June 30, 2022,  
52 34 within the \$3,000,000 appropriated for this purpose. The  
52 35 entire rate increase shall be used for wages and associated  
53 1 costs specific to wages, benefits, and required withholding of  
53 2 direct support professionals and frontline management.

Requires the FY 2023 reimbursement rates for behavioral health intervention services to be increased by \$3,000,000 compared to the rates in FY 2022. Specifies the increase is to be used for wages and associated costs specific to wages, benefits, and required withholding of direct support professionals and frontline management.

53 3 x. For the fiscal year beginning July 1, 2022, all applied  
53 4 behavioral analysis services reimbursement rates shall be  
53 5 increased over the rates in effect on June 30, 2022, within the  
53 6 \$385,000 appropriated for this purpose.

Requires the FY 2023 reimbursement rate for applied behavioral analysis services to be increased by \$385,000 compared to the FY 2022 rate.

53 7 2. For the fiscal year beginning July 1, 2022, the  
53 8 reimbursement rate for providers reimbursed under the  
53 9 in-home-related care program shall not be less than the minimum  
53 10 payment level as established by the federal government to meet  
53 11 the federally mandated maintenance of effort requirement.

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.

53 12 3. Unless otherwise directed in this section, when the  
53 13 department's reimbursement methodology for any provider  
53 14 reimbursed in accordance with this section includes an  
53 15 inflation factor, this factor shall not exceed the amount  
53 16 by which the consumer price index for all urban consumers  
53 17 increased during the most recently ended calendar year.

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 for All Urban Consumers for the most recently ended calendar year.

53 18 4. Notwithstanding section 234.38, for the fiscal  
53 19 year beginning July 1, 2022, the foster family basic daily  
53 20 maintenance rate and the maximum adoption subsidy rate for  
53 21 children ages 0 through 5 years shall be \$16.78, the rate for  
53 22 children ages 6 through 11 years shall be \$17.45, the rate for  
53 23 children ages 12 through 15 years shall be \$19.10, and the  
53 24 rate for children and young adults ages 16 and older shall  
53 25 be \$19.35. For youth ages 18 to 23 who have exited foster  
53 26 care, the preparation for adult living program maintenance

CODE: Sets the FY 2023 reimbursement rates for the Foster Family Basic Daily Maintenance Rate and the Maximum Adoption Subsidy Rate for youth from birth through age 23 to remain at the rates in effect on June 30, 2021. The rates for each age range are as follows:

- \$16.78 for children 0-5 years of age.
- \$17.45 for children 6-12 years of age.
- \$19.10 for children 13-15 years of age.
- \$19.35 for children 16-18 years of age.

53 27 rate shall be up to \$602.70 per month as calculated based on  
 53 28 the age of the participant. The maximum payment for adoption  
 53 29 subsidy nonrecurring expenses shall be limited to \$500 and the  
 53 30 disallowance of additional amounts for court costs and other  
 53 31 related legal expenses implemented pursuant to 2010 Iowa Acts,  
 53 32 chapter 1031, section 408, shall be continued.

For adults under the age of 23 who have exited foster care, the PAL Program maintenance rate is \$602.70 per month. The maximum payment for adoption nonrecurring expenses is limited to \$500 and continues to disallow additional amounts for court costs and legal expenses.

53 33 5. For the fiscal year beginning July 1, 2022, the maximum  
 53 34 reimbursement rates for social services providers under  
 53 35 contract shall remain at the rates in effect on June 30, 2022,  
 54 1 or the provider's actual and allowable cost plus inflation for  
 54 2 each service, whichever is less. However, if a new service  
 54 3 or service provider is added after June 30, 2022, the initial  
 54 4 reimbursement rate for the service or provider shall be based  
 54 5 upon a weighted average of provider rates for similar services.

Requires the FY 2023 reimbursement rates for social services providers under contract to remain at the rates in effect on June 30, 2022, 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, 2022.

54 6 6. a. For the fiscal year beginning July 1, 2022, the  
 54 7 reimbursement rates for resource family recruitment and  
 54 8 retention contractors shall be established by contract.

Requires the FY 2023 reimbursement rates for resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to be established by contract.

54 9 b. For the fiscal year beginning July 1, 2022, the  
 54 10 reimbursement rates for supervised apartment living foster care  
 54 11 providers shall be established by contract.

Requires the FY 2023 reimbursement rates for supervised apartment living foster care providers to be established by contract.

54 12 7. For the fiscal year beginning July 1, 2022, the  
 54 13 reimbursement rate for group foster care providers shall be the  
 54 14 combined service and maintenance reimbursement rate established  
 54 15 by contract.

Requires the FY 2023 combined reimbursement rates for group foster care to be set by contract.

54 16 8. The group foster care reimbursement rates paid for  
 54 17 placement of children out of state shall be calculated  
 54 18 according to the same rate-setting principles as those used for  
 54 19 in-state providers, unless the director of human services or  
 54 20 the director's designee determines that appropriate care cannot  
 54 21 be provided within the state. The payment of the daily rate  
 54 22 shall be based on the number of days in the calendar month in  
 54 23 which service is provided.

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

54 24 9. a. For the fiscal year beginning July 1, 2022, the  
 54 25 reimbursement rate paid for shelter care and the child welfare  
 54 26 emergency services implemented to provide or prevent the need

Requires the FY 2023 reimbursement rates for shelter care and child welfare emergency services to be established by contract.



54 27 for shelter care shall be established by contract.

54 28 b. For the fiscal year beginning July 1, 2022, the combined  
 54 29 service and maintenance components of the per day reimbursement  
 54 30 rate paid for shelter care services shall be based on the  
 54 31 financial and statistical report submitted to the department.  
 54 32 The maximum per day reimbursement rate shall be the maximum  
 54 33 per day reimbursement rate in effect on June 30, 2022, as  
 54 34 increased within the \$649,029 appropriated for this purpose.  
 54 35 The department shall reimburse a shelter care provider at the  
 55 1 provider's actual and allowable unit cost, plus inflation, not  
 55 2 to exceed the maximum reimbursement rate.

Requires the FY 2023 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day, the rate in effect on June 30, 2022, as increased within the \$649,029 appropriated for this purpose, and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

55 3 c. Unless 2022 Iowa Acts, House File 2507, is enacted,  
 55 4 notwithstanding section 232.141, subsection 8, for the fiscal  
 55 5 year beginning July 1, 2022, the amount of the statewide  
 55 6 average of the actual and allowable rates for reimbursement of  
 55 7 juvenile shelter care homes that is utilized for the limitation  
 55 8 on recovery of unpaid costs shall remain at the amount in  
 55 9 effect for this purpose in the fiscal year beginning July 1,  
 55 10 2021. If 2022 Iowa Acts, House File 2507, is enacted, the  
 55 11 applicable provisions of House File 2507 shall supersede the  
 55 12 provisions of this paragraph "c".

CODE: Requires the FY 2023 statewide average reimbursement rates paid to juvenile shelter care providers to remain at the rates in effect on July 1, 2021, unless 2022 Iowa Acts, [House File 2507](#) (Juvenile Justice Bill) is enacted, in which the reimbursement rates are limited to the lesser of either the home's actual and allowable costs or the statewide average of the actual and allowable rates as determined by the DHS in effect on the date the costs were paid.

55 13 10. For the fiscal year beginning July 1, 2022, the  
 55 14 department shall calculate reimbursement rates for intermediate  
 55 15 care facilities for persons with an intellectual disability  
 55 16 at the 80th percentile. Beginning July 1, 2022, the rate  
 55 17 calculation methodology shall utilize the consumer price index  
 55 18 inflation factor applicable to the fiscal year beginning July  
 55 19 1, 2022.

Requires the DHS to calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities at the 80th percentile for FY 2023. The rate calculation methodology is required to use the consumer price index inflation factor applicable for FY 2023.

55 20 11. Effective July 1, 2022, child care provider  
 55 21 reimbursement rates shall remain at the rates in effect on June  
 55 22 30, 2022. The department shall set rates in a manner so as  
 55 23 to provide incentives for a nonregistered provider to become  
 55 24 registered by applying any increase only to registered and  
 55 25 licensed providers.

Requires the DHS to adjust the child care provider reimbursement rates that are below the 50th percentile of the most recent market rate survey to the 50th percentile of the most recent market rate survey, and requires child care provider rates for providers whose reimbursement rates are above the 50th percentile of the most recent market rate survey to remain at the rates in effect on June 30, 2022. Directs the Department to adjust quality rating system bonuses to reflect increased reimbursement rates as appropriate.

55 26 12. The department may adopt emergency rules to implement

Allows the DHS to adopt emergency rules to implement the Section of

55 27 this section.

this Bill related to reimbursement rates.

55 28 Sec. 32. EMERGENCY RULES.

55 29 1. If necessary to comply with federal requirements  
55 30 including time frames, or if specifically authorized by a  
55 31 provision of this division of this Act, the department of  
55 32 human services or the mental health and disability services  
55 33 commission may adopt administrative rules under section 17A.4,  
55 34 subsection 3, and section 17A.5, subsection 2, paragraph "b",  
55 35 to implement the provisions of this division of this Act and  
56 1 the rules shall become effective immediately upon filing or  
56 2 on a later effective date specified in the rules, unless the  
56 3 effective date of the rules is delayed or the applicability  
56 4 of the rules is suspended by the administrative rules review  
56 5 committee. Any rules adopted in accordance with this section  
56 6 shall not take effect before the rules are reviewed by the  
56 7 administrative rules review committee. The delay authority  
56 8 provided to the administrative rules review committee under  
56 9 section 17A.4, subsection 7, and section 17A.8, subsections  
56 10 9 and 10, shall be applicable to a delay imposed under this  
56 11 section, notwithstanding a provision in those subsections  
56 12 making them inapplicable to section 17A.5, subsection 2,  
56 13 paragraph "b". Any rules adopted in accordance with the  
56 14 provisions of this section shall also be published as a notice  
56 15 of intended action as provided in section 17A.4.

Allows the DHS or the Mental Health and Disability Services Commission to adopt emergency rules to comply with federal requirements or to implement this division of this Bill. The rules shall become effective immediately upon filing or on a later effective date specified in the rules unless delayed or suspended by the Administrative Rules Review Committee (ARRC), but shall not take effect before being reviewed by the ARRC.

56 16 2. If during a fiscal year, the department of human  
56 17 services is adopting rules in accordance with this section  
56 18 or as otherwise directed or authorized by state law, and  
56 19 the rules will result in an expenditure increase beyond the  
56 20 amount anticipated in the budget process or if the expenditure  
56 21 was not addressed in the budget process for the fiscal  
56 22 year, the department shall notify the general assembly and  
56 23 the department of management concerning the rules and the  
56 24 expenditure increase. The notification shall be provided at  
56 25 least 30 calendar days prior to the date notice of the rules  
56 26 is submitted to the administrative rules coordinator and the  
56 27 administrative code editor.

Requires the DHS to report to the General Assembly and the DOM at least 30 days prior to submitting administrative rules that have a fiscal impact that was not addressed in the budget process.

56 28 Sec. 33. REPORTS. Unless otherwise provided, any reports or  
56 29 other information required to be compiled and submitted under

Requires any reports required by this Bill to be submitted to the General Assembly.

56 30 this Act during the fiscal year beginning July 1, 2022, shall  
56 31 be submitted on or before the dates specified for submission  
56 32 of the reports or information.

56 33 Sec. 34. EFFECTIVE UPON ENACTMENT. Unless 2022 Iowa Acts,  
56 34 House File 2507, is enacted, the following provision of this  
56 35 division of this Act, being deemed of immediate importance,  
57 1 takes effect upon enactment:  
57 2 The provision relating to section 232.141 and directing the  
57 3 state court administrator and the division administrator of  
57 4 the department of human services division of child and family  
57 5 services to make the determination, by June 15, 2022, of the  
57 6 distribution of funds allocated for the payment of the expenses  
57 7 of court-ordered services provided to juveniles which are a  
57 8 charge upon the state.

Specifies that unless 2022 Iowa Acts, [House File 2507](#) (Juvenile Justice Bill) is enacted, 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, 2022, takes effect upon enactment.

57 9 DIVISION VI  
57 10 HEALTH CARE ACCOUNTS AND FUNDS — FY 2022-2023

57 11 Sec. 35. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
57 12 appropriated from the pharmaceutical settlement account created  
57 13 in section 249A.33 to the department of human services for the  
57 14 fiscal year beginning July 1, 2022, and ending June 30, 2023,  
57 15 the following amount, or so much thereof as is necessary, to be  
57 16 used for the purpose designated:

Pharmaceutical Settlement Account appropriation to the DHS for Health Program Operations appropriation.

DETAIL: This is no change compared to estimated FY 2022.

57 17 Notwithstanding any provision of law to the contrary, to  
57 18 supplement the appropriations made in this Act for health  
57 19 program operations under the medical assistance program for the  
57 20 fiscal year beginning July 1, 2022, and ending June 30, 2023:  
57 21 ..... \$ 234,193

57 22 Sec. 36. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN  
57 23 SERVICES. Notwithstanding any provision to the contrary and  
57 24 subject to the availability of funds, there is appropriated  
57 25 from the quality assurance trust fund created in section  
57 26 249L.4 to the department of human services for the fiscal year  
57 27 beginning July 1, 2022, and ending June 30, 2023, the following  
57 28 amounts, or so much thereof as is necessary, for the purposes  
57 29 designated:

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

DETAIL: This is no change compared to estimated FY 2022.

57 30 To supplement the appropriation made in this Act from the  
57 31 general fund of the state to the department of human services  
57 32 for medical assistance for the same fiscal year:

57 33 ..... \$ 56,305,139

57 34 Sec. 37. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
 57 35 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to  
 58 1 the contrary and subject to the availability of funds, there is  
 58 2 appropriated from the hospital health care access trust fund  
 58 3 created in section 249M.4 to the department of human services  
 58 4 for the fiscal year beginning July 1, 2022, and ending June  
 58 5 30, 2023, the following amounts, or so much thereof as is  
 58 6 necessary, for the purposes designated:  
 58 7 To supplement the appropriation made in this Act from the  
 58 8 general fund of the state to the department of human services  
 58 9 for medical assistance for the same fiscal year:  
 58 10 ..... \$ 33,920,554

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

DETAIL: This is no change compared to estimated FY 2022.

58 11 Sec. 38. MEDICAL ASSISTANCE PROGRAM — NONREVERSION  
 58 12 FOR FY 2022-2023. Notwithstanding section 8.33, if moneys  
 58 13 appropriated for purposes of the medical assistance program for  
 58 14 the fiscal year beginning July 1, 2022, and ending June 30,  
 58 15 2023, from the general fund of the state, the quality assurance  
 58 16 trust fund, and the hospital health care access trust fund, are  
 58 17 in excess of actual expenditures for the medical assistance  
 58 18 program and remain unencumbered or unobligated at the close  
 58 19 of the fiscal year, the excess moneys shall not revert but  
 58 20 shall remain available for expenditure for the purposes of the  
 58 21 medical assistance program until the close of the succeeding  
 58 22 fiscal year.

CODE: Requires nonreversion of funds from the Medicaid Program for FY 2023. The funds will carry forward and remain available for use and expenditure in FY 2024.

58 23 DIVISION VII  
 58 24 DECATEGORIZATION CARRYOVER FUNDING

58 25 Sec. 39. DECATEGORIZATION CARRYOVER FUNDING FY 2020 —  
 58 26 TRANSFER TO MEDICAID PROGRAM. Notwithstanding section 232.188,  
 58 27 subsection 5, paragraph “b”, any state-appropriated moneys in  
 58 28 the funding pool that remained unencumbered or unobligated  
 58 29 at the close of the fiscal year beginning July 1, 2019, and  
 58 30 were deemed carryover funding to remain available for the two  
 58 31 succeeding fiscal years that still remain unencumbered or  
 58 32 unobligated at the close of the fiscal year beginning July 1,  
 58 33 2021, shall not revert but shall be transferred to the medical  
 58 34 assistance program for the fiscal year beginning July 1, 2022.

CODE: Transfers decategorization carryover funding to Medicaid that would have previously reverted to the General Fund.

DETAIL: As of the March 2021 Medicaid forecasting meeting, the Medicaid Forecasting Group is not anticipating any decategorization carryover funding to revert.

<p>58 35 Sec. 40. EFFECTIVE DATE. This division of this Act, being  59 1 deemed of immediate importance, takes effect upon enactment.  59 2 Sec. 41. RETROACTIVE APPLICABILITY. This division of this  59 3 Act applies retroactively to July 1, 2021.</p>	<p>Specifies the provision transferring to Medicaid decategorization carryover funding that would have previously reverted to the General Fund is effective upon enactment and retroactive to July 1, 2021.</p>
<p>59 4 DIVISION VIII  59 5 TRANSFER OF PROPERTY TAX RELIEF FUND BALANCE</p>	
<p>59 6 Sec. 42. TRANSFER OF PROPERTY TAX RELIEF FUND BALANCE —  59 7 FY 2021-2022. Notwithstanding any provision to the contrary,  59 8 any funds remaining in the property tax relief fund created  59 9 in section 426B.1 at the close of the fiscal year beginning  59 10 July 1, 2021, shall be transferred to the region incentive fund  59 11 created in the mental health and disability services regional  59 12 service fund pursuant to section 225C.7A.</p>	<p>CODE: Requires any balance remaining in the Property Tax Relief Fund at the close of FY 2022 to be transferred to the Regional Incentive Fund.</p>
<p>59 13 Sec. 43. EFFECTIVE DATE. This division of this Act, being  59 14 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that the provision requiring any balance remaining in the Property Tax Relief Fund at the close of FY 2022 to be transferred to the Regional Incentive Fund is effective upon enactment.</p>
<p>59 15 DIVISION IX  59 16 PRIOR APPROPRIATIONS AND OTHER PROVISIONS  59 17 FAMILY INVESTMENT PROGRAM GENERAL FUND</p>	
<p>59 18 Sec. 44. 2021 Iowa Acts, chapter 182, section 9, is amended  59 19 by adding the following new subsection:  59 20 NEW SUBSECTION 7. Notwithstanding section 8.33, moneys  59 21 appropriated in this section that remain unencumbered or  59 22 unobligated at the close of the fiscal year shall not revert  59 23 but shall remain available for one-time purposes, and may be  59 24 transferred to the appropriation in this division of this Act  59 25 for general administration for technology purposes, until the  59 26 close of the succeeding fiscal year.</p>	<p>CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for the FIP Account for FY 2022 to be carried forward and used for General Administration technology purposes in FY 2023.</p>
<p>59 27 CHILD AND FAMILY SERVICES</p>	
<p>59 28 Sec. 45. 2021 Iowa Acts, chapter 182, section 19, is amended  59 29 by adding the following new subsection:  59 30 NEW SUBSECTION 24. Notwithstanding section 8.33, moneys  59 31 appropriated in this section that remain unencumbered or  59 32 unobligated at the close of the fiscal year shall not revert  59 33 but shall remain available for the purposes designated until</p>	<p>CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for Child and Family Services for FY 2022 to remain available through FY 2023.</p>

59 34	the close of the succeeding fiscal year.	
59 35	FIELD OPERATIONS	
60 1	Sec. 46. 2021 Iowa Acts, chapter 182, section 27, is amended	
60 2	by adding the following new subsection:	
60 3	NEW SUBSECTION 3. Notwithstanding section 8.33, moneys	
60 4	appropriated in this section that remain unencumbered or	
60 5	unobligated at the close of the fiscal year shall not revert	
60 6	but shall remain available for one-time expenditure purposes	
60 7	until the close of the succeeding fiscal year.	
60 8	GENERAL ADMINISTRATION	
60 9	Sec. 47. 2021 Iowa Acts, chapter 182, section 28, is amended	
60 10	by adding the following new subsection:	
60 11	NEW SUBSECTION 8. Notwithstanding section 8.33, moneys	
60 12	appropriated in this section that remain unencumbered or	
60 13	unobligated at the close of the fiscal year shall not revert	
60 14	but shall remain available for one-time expenditure purposes	
60 15	until the close of the succeeding fiscal year.	
60 16	Sec. 48. EFFECTIVE DATE. This division of this Act, being	
60 17	deemed of immediate importance, takes effect upon enactment.	
60 18	DIVISION X	
60 19	PUBLIC HEALTH EMERGENCY PROVISIONS COVID-19 REGULATIONS	
60 20	Sec. 49. COVID-19 FEDERAL REGULATIONS. For the time	
60 21	period beginning on the effective date of this division of	
60 22	this Act, and ending June 30, 2023, notwithstanding state	
60 23	administrative rules to the contrary, to the extent federal	
60 24	regulations relating to the COVID-19 pandemic differ from state	
60 25	administrative rules, including applicable federal waivers,	
60 26	the federal regulations are controlling during the pendency of	
60 27	the federally declared state of emergency and for such period	
60 28	of time following the end of the federally declared state of	
60 29	emergency applicable to the respective federal regulations.	
60 30	DIVISION XI	
60 31	HEALTH AND HUMAN SERVICES REALIGNMENT	
		CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for Field Operations for FY 2022 to remain available through FY 2023 for one-time expenditures.
		CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for General Administration for FY 2022 to remain available through FY 2023 for one-time expenditures.
		Specifies that the provisions allowing for the carryforward of the FIP Account, Child and Family Services appropriation, and General Administration appropriation take effect upon enactment.
		Specifies that the federal regulations during the COVID-19 federally declared state of emergency supersedes State administrative rules. This provision is effective only for FY 2023.

60 32 Sec. 50. TRANSITION OF DEPARTMENT OF HUMAN SERVICES AND  
 60 33 DEPARTMENT OF PUBLIC HEALTH INTO DEPARTMENT OF HEALTH AND  
 60 34 HUMAN SERVICES.

60 35 1. DEFINITIONS. For the purposes of this section:

- 61 1 a. "Department of health and human services" or  
 61 2 "department" means the department of health and human services  
 61 3 created under this section.  
 61 4 b. "Transition department" means the department of human  
 61 5 services or the department of public health.  
 61 6 c. "Transition departments" means the department of human  
 61 7 services and the department of public health.  
 61 8 d. "Transition period" means the period beginning July 1,  
 61 9 2022, and ending June 30, 2023.

Provides definitions for the merger of the DPH into the DHS for the creation of a new Department of Health and Human Services.

61 10 2. CREATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 61 11 ——— TRANSITION PERIOD ——— POWERS AND DUTIES. Notwithstanding

- 61 12 any conflicting provision of law to the contrary, there is  
 61 13 created a department of health and human services. During  
 61 14 the transition period, the department of health and human  
 61 15 services shall have and may exercise all of the policymaking  
 61 16 functions, regulatory and enforcement powers, rights, duties,  
 61 17 and responsibilities of the department of human services and  
 61 18 the department of public health as prescribed by law or rule  
 61 19 in effect on July 1, 2022, including but not limited to those  
 61 20 relating to:  
 61 21 a. All obligations and contracts of a transition  
 61 22 department, including obligations and contracts related to a  
 61 23 grant program.  
 61 24 b. All property and records in the custody of a transition  
 61 25 department.  
 61 26 c. All funds appropriated to a transition department by the  
 61 27 general assembly and all state, federal, and other funds for  
 61 28 which expenditure by a transition department is authorized.  
 61 29 d. Complaints, investigations, contested cases, causes of  
 61 30 action, and statutes of limitations involving a transition  
 61 31 department.  
 61 32 (1) All complaints, investigations, contested cases, or  
 61 33 a remand of an action by a reviewing court pending before a  
 61 34 transition department or an authorized person of a transition  
 61 35 department shall continue without change in status before  
 62 1 the department and shall be governed by the laws and rules

Creates a Department of Health and Human Services and specifies transition period powers and duties.

62 2 applicable to the complaint, investigation, contested case, or  
62 3 remand action or proceeding in effect on July 1, 2022.

62 4 (2) Any cause of action or statute of limitation relating  
62 5 to a transition department shall not be affected as a result  
62 6 of the transition and such cause of action or statute of  
62 7 limitation shall apply to the department.

62 8 e. Rules, policies, and forms. All rules, policies, and  
62 9 forms adopted by or on behalf of a transition department shall  
62 10 become rules, policies, and forms of the department and shall  
62 11 remain in effect unless altered by the department.

62 12 f. Licenses, permits, and certifications. All licenses,  
62 13 permits, and certifications issued by a transition department  
62 14 shall continue in effect as a license, permit, or certification  
62 15 of the department in accordance with the law or rule governing  
62 16 the license, permit, or certification in effect on July 1,  
62 17 2022, until the license, permit, or certification expires, is  
62 18 suspended or revoked, or otherwise becomes invalid by the terms  
62 19 of such law or rule.

62 20 g. References to a department or director. All references  
62 21 to the department of public health or the department of human  
62 22 services in law or in rule shall be interpreted to mean the  
62 23 department of health and human services, and all references to  
62 24 the director of public health or the director of human services  
62 25 shall be interpreted to mean the director of the department of  
62 26 health and human services.

62 27 h. Departmental structure.

62 28 (1) Any transition department, transition department  
62 29 subunit, or transition department body created or established  
62 30 by law and in existence on July 1, 2022, shall continue in  
62 31 full force and effect and shall not be permanently abolished,  
62 32 merged, or otherwise altered until amended, repealed, or  
62 33 supplemented by action of the general assembly.

62 34 (2) This paragraph shall not prohibit a transition  
63 1 department, transition department subunit, or transition  
63 2 department body created or established by law in existence on  
63 3 July 1, 2022, from sharing or coordinating responsibilities  
63 4 or functions under their respective purviews nor prohibit  
63 5 the director from temporarily integrating such departments,  
63 6 subunits, or bodies or the responsibilities or functions under  
63 7 their respective purviews in furtherance of the transition plan  
63 8 during the transition period.



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63 8	3. TRANSITION PERIOD LEADERSHIP. During the transition	Specifies leadership of the new Department of Health and Human Services.	
63 9	period, the director of human services shall continue to act		
63 10	as the director of human services, shall assume the duties of		
63 11	the director of public health, shall act as the director of		
63 12	the department of health and human services, and may thereby		
63 13	exercise any policymaking functions, regulatory and enforcement		
63 14	powers, rights, duties, and responsibilities of the director		
63 15	of human services and the director of public health including		
63 16	those duties prescribed by law for the department of human		
63 17	services or the department of public health in effect on July		
63 18	1, 2022.		
63 19	4. FEDERAL AUTHORIZATION AND EFFECTIVE DATE OF		Requires the new Department to seek federal authorization when necessary and specifies that any provision for which authorization is necessary is to take effect only upon receipt of federal approval.
63 20	AUTHORIZATIONS. If a transition department or the department		
63 21	determines that a waiver or authorization from the federal		
63 22	government is necessary to administer any provision of		
63 23	this section, the department shall request the waiver or		
63 24	authorization, and notwithstanding any other effective date to		
63 25	the contrary, the provision shall take effect only upon receipt		
63 26	of federal approval.		
63 27	5. INITIAL WRITTEN TRANSITION PLAN.	Requires the DHS and DPH to publish a transition plan on or before September 30, 2022, on their respective websites for merging functions by July 1, 2023.	
63 28	a. On or before September 30, 2022, the transition		
63 29	departments or department shall publish on their respective		
63 30	internet sites an initial written transition plan for merging		
63 31	the functions of the transition departments into the department		
63 32	of health and human services effective July 1, 2023, in order		
63 33	to do all of the following:		
63 34	(1) More efficiently and effectively manage health and		
63 35	human services programs that are the responsibility of the		
64 1	state.		
64 2	(2) Establish a health and human services policy for the		
64 3	state.		
64 4	(3) Promote health and the quality of life in the health and		
64 5	human services field.		
64 6	b. The transition plan shall describe, at a minimum, all of		
64 7	the following:		
64 8	(1) The tasks that require completion before July 1, 2023,		
64 9	including a description of how the transition departments shall		
64 10	solicit comment from stakeholders, including employees of the		
64 11	transition departments, clients and partners of the transition		
64 12	departments, members of the public, and members of the general		

64 13 assembly.  
64 14 (2) The proposed organizational structure of the  
64 15 department, at a minimum, including the division level of  
64 16 the table of organization. Any personnel in the state merit  
64 17 system of employment who are mandatorily transferred due to the  
64 18 transition shall be so transferred without any loss in salary,  
64 19 benefits, or accrued years of service.  
64 20 (3) Proposed changes to any transition department boards,  
64 21 commissions, committees, councils, or other bodies and their  
64 22 functions.  
64 23 (4) Office space and infrastructure requirements related  
64 24 to the transition.  
64 25 (5) Any work site location changes for transitioning  
64 26 employees.  
64 27 (6) The transition of service delivery sites.  
64 28 (7) Procedures for the transfer and reconciliation of  
64 29 budgeting and funding between the transition departments and  
64 30 the department.  
64 31 (8) The transition of technology services of the transition  
64 32 departments to the department.  
64 33 (9) Any additional known tasks that may require completion  
64 34 after the transition on July 1, 2023.  
64 35 c. The written transition plan published under paragraph  
65 1 "b" shall:  
65 2 (1) Include a detailed timeline for the completion of the  
65 3 tasks described.  
65 4 (2) Be updated quarterly during the remainder of the  
65 5 transition period.  
65 6 (3) Describe how information will be provided to clients  
65 7 of the transition departments and the department regarding any  
65 8 changes in service delivery.  
65 9 (4) Describe how the transition to the department will be  
65 10 funded, including how expenses associated with the transition  
65 11 will be managed; how funding for services provided by the  
65 12 transition departments will be managed to ensure provision  
65 13 of services by the transition departments and the department  
65 14 without interruption; and how federal funds will be used by  
65 15 or transferred between the transition departments and the  
65 16 department to ensure provision of services by the transition  
65 17 departments and the department without interruption.

65 18 6. STATUTORY AND ADMINISTRATIVE RULE UPDATES.

Requires the Director of the new Department of Health and Human

65 19 a. Legislative changes required to implement the  
 65 20 transition. Additional legislation is necessary to fully  
 65 21 implement the transition. The director of the department  
 65 22 of health and human services shall, in compliance with  
 65 23 section 2.16, prepare draft legislation for submission to the  
 65 24 legislative services agency, as necessary, for consideration  
 65 25 by the general assembly during the 2023 legislative  
 65 26 session, to implement the transition effective July 1, 2023.  
 65 27 Notwithstanding any provision to the contrary in section 2.16,  
 65 28 the draft legislation shall be submitted to the legislative  
 65 29 services agency by October 1, 2022.

65 30 b. Update of administrative code required by the  
 65 31 transition. In updating references and the format in the  
 65 32 Iowa administrative code, in order to correspond to the  
 65 33 transferring of duties of the transition departments, the  
 65 34 administrative rules coordinator and the administrative rules  
 65 35 review committee, in consultation with the administrative code  
 66 1 editor, shall collectively develop a schedule for the necessary  
 66 2 updating of the Iowa administrative code.

66 3 DIVISION XII  
 66 4 NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALITY  
 66 5 OF CARE RATE ADD-ON PROGRAM

66 6 Sec. 51. Section 249L.2, subsections 6 and 7, Code 2022, are  
 66 7 amended by striking the subsections.

66 8 Sec. 52. Section 249L.2, subsection 8, Code 2022, is amended  
 66 9 to read as follows:

66 10 8. "Nursing facility" means a licensed nursing facility as  
 66 11 defined in section 135C.1 that is a freestanding facility or  
 66 12 a nursing facility operated by a hospital licensed pursuant  
 66 13 to chapter 135B, but does not include a distinct-part skilled  
 66 14 nursing unit or a swing-bed unit operated by a hospital, or  
 66 15 a nursing facility owned by the state or federal government  
 66 16 or other governmental unit. ~~"Nursing facility" includes a~~  
 66 17 ~~non-state government-owned nursing facility if the nursing~~  
 66 18 ~~facility participates in the non-state government-owned nursing~~  
 66 19 ~~facility quality of care rate add-on program.~~

66 20 Sec. 53. REPEAL. 2019 Iowa Acts, chapter 85, sections 103,  
 66 21 104, and 108, are repealed.

66 22 Sec. 54. REPEAL. 2020 Iowa Acts, chapter 1063, section 390,  
 66 23 is repealed.

Services to prepare draft legislation for submission by October 1, 2022, to the Legislative Services Agency (LSA) for any changes necessary to merge the DHS and the DPH and for consideration by the 2023 General Assembly, to implement the transition effective July 1, 2023. Also requires updates to the administrative code.

CODE: Repeals the Non-State Government-Owned Nursing Facility Quality of Care Rate Add-On Program.

66 24 DIVISION XIII  
 66 25 HEARING AIDS AND AUDIOLOGIC SERVICES FUNDING PROGRAM —  
 66 26 ADMINISTRATION

66 27 Sec. 55. HEARING AID AND AUDIOLOGIC SERVICES FUNDING  
 66 28 PROGRAM ADMINISTRATION. The Iowa department of public  
 66 29 health shall not enter into a contract with a third party to  
 66 30 administer the hearing aids and audiologic services funding  
 66 31 program and shall adopt rules pursuant to chapter 17A to  
 66 32 administer the program within the department, including but not  
 66 33 limited to the administration of the application process, the  
 66 34 determination of applicants' eligibility, the enrollment of  
 66 35 eligible applicants into the program, the maintenance of the  
 67 1 hearing aids and audiologic services funding waitlist, and the  
 67 2 reimbursement of providers.

Requires the DPH to discontinue the use of a third-party administrator for the Hearing Aids and Audiologic Services Funding Program and to develop rules for the administration of the Program by the DPH.

67 3 DIVISION XIV  
 67 4 HEARING AIDS AND AUDIOLOGIC SERVICES FUNDING PROGRAM —  
 67 5 FY 2021-2022 NONREVERSION

67 6 Sec. 56. 2021 Iowa Acts, chapter 182, section 3, subsection  
 67 7 2, paragraph e, is amended to read as follows:  
 67 8 e. Of the funds appropriated in this subsection, \$156,000  
 67 9 shall be used to provide audiological services and hearing  
 67 10 aids for children. Notwithstanding section 8.33, moneys  
 67 11 appropriated in this paragraph that remain unencumbered or  
 67 12 unobligated at the close of the fiscal year shall not revert  
 67 13 but shall remain available for expenditure for the purposes  
 67 14 designated until the close of the succeeding fiscal year. The  
 67 15 amount that does not revert shall be reported by the department  
 67 16 to the general assembly.

CODE: Amends the [FY 2022 Health and Human Services Appropriations Act](#) to specify that the balance of the moneys allocated in FY 2022 to the Hearing Aids and Audiologic Services Funding Program that remain at the close of FY 2022 will not revert but remain available for use by the Program until the close of FY 2023, and directs the DPH to report the amount carried over to the General Assembly.

67 17 Sec. 57. EFFECTIVE DATE. This division of this Act, being  
 67 18 deemed of immediate importance, takes effect upon enactment.

Specifies that the provision requiring any balance of the moneys allocated to the Hearing Aids and Audiologic Services Funding Program that remain at the close of FY 2022 will remain available for expenditure in FY 2023 is effective upon enactment.

67 19 DIVISION XV  
 67 20 ADMISSION OR TRANSFER OF PERSONS WITH A DIAGNOSIS OF AN  
 67 21 INTELLECTUAL DISABILITY TO A STATE MENTAL HEALTH INSTITUTE

67 22 Sec. 58. Section 4.1, subsection 9A, Code 2022, is amended  
 67 23 by striking the subsection and inserting in lieu thereof the  
 67 24 following:

67 25 9A. "Intellectual disability" means a diagnosis of  
 67 26 intellectual disability or intellectual developmental disorder,  
 67 27 global developmental delay, or unspecified intellectual  
 67 28 disability or intellectual developmental disorder which  
 67 29 diagnosis shall be made only when the onset of the person's  
 67 30 condition was during the developmental period and based on an  
 67 31 assessment of the person's intellectual functioning and level  
 67 32 of adaptive skills. A diagnosis of intellectual disability  
 67 33 shall be made by a licensed psychologist or psychiatrist who  
 67 34 is professionally trained to administer the tests required to  
 67 35 assess intellectual functioning and to evaluate a person's  
 68 1 adaptive skills and shall be made in accordance with the  
 68 2 criteria provided in the current version of the diagnostic  
 68 3 and statistical manual of mental disorders published by the  
 68 4 American psychiatric association.

CODE: Amends the definition of "Intellectual disability" in Iowa Code section [4.1](#).

68 5 Sec. 59. Section 226.8, Code 2022, is amended to read as  
 68 6 follows:

68 7 226.8 PERSONS WITH A DIAGNOSIS OF AN INTELLECTUAL DISABILITY  
 68 8 ~~NOT RECEIVABLE — EXCEPTION —~~ ADMISSION OR TRANSFER TO  
 68 9 STATE MENTAL HEALTH INSTITUTE .

68 10 1. — A Admission or transfer pursuant to section 222.7 to  
 68 11 a state mental health institute of a person who has with a  
 68 12 diagnosis of an intellectual disability, as defined in section  
 68 13 4.1, shall not be admitted, or transferred pursuant to section  
 68 14 222.7, to a state mental health institute unless a professional  
 68 15 diagnostic evaluation indicates that such only occur under the  
 68 16 following conditions:

68 17 a. If all of the following requirements are met:

68 18 (1) The person has been determined by the state mental  
 68 19 health institute to meet admission criteria for inpatient  
 68 20 psychiatric care.

68 21 (2) The state mental health institute has determined the  
 68 22 person will benefit from psychiatric treatment or from some  
 68 23 other specific program available at the state mental health  
 68 24 institute to which it is proposed to admit or transfer the  
 68 25 person.

68 26 (3) There is sufficient capacity available at the state  
 68 27 mental health institute to support the needs of the person.

CODE: Amends the requirements for admission or transfer to a State MHI.

68 28 b. If determined appropriate for the person at the  
 68 29 sole discretion of the director of human services, the  
 68 30 administrator, or the director's or administrator's designee.  
 68 31 2. Charges for the care of any person with a diagnosis of  
 68 32 an intellectual disability admitted to a state mental health  
 68 33 institute shall be made by the institute in the manner provided  
 68 34 by chapter 230, but the liability of any other person to any  
 68 35 county mental health and disability services region for the  
 69 1 cost of care of such person with a diagnosis of an intellectual  
 69 2 disability shall be as prescribed by section 222.78.

69 3 DIVISION XVI  
 69 4 COLLEGES OF MEDICINE AND DENTISTRY — RESIDENCY — REPORTS

69 5 Sec. 60. Section 262.9, Code 2022, is amended by adding the  
 69 6 following new subsection:  
 69 7 NEW SUBSECTION 39. Adopt a policy requiring that not less  
 69 8 than seventy-five percent of the students who are accepted  
 69 9 at the college of medicine in the doctor of medicine program  
 69 10 and who are accepted at the college of dentistry at the state  
 69 11 university of Iowa be residents of Iowa or persons who were,  
 69 12 prior to applying to such college, enrolled in an eligible  
 69 13 postsecondary institution as defined in section 261E.2.

CODE: Requires the Board of Regents to adopt a policy requiring no less than 75.00% of the students admitted to the University of Iowa College of Medicine in the Doctor of Medicine Program and the University of Iowa College of Dentistry to be either current residents of Iowa or persons who were, prior to applying to the College of Medicine or College of Dentistry, enrolled in an eligible postsecondary institution as defined by Iowa Code section [261E.2](#).

69 14 Sec. 61. Section 263.2, Code 2022, is amended to read as  
 69 15 follows:  
 69 16 263.2 DEGREES — REPORTS .  
 69 17 1. A person shall not be admitted to courses of instruction  
 69 18 in the university if the person has not completed the  
 69 19 elementary instruction in such branches as are taught in the  
 69 20 public or accredited nonpublic schools throughout the state.  
 69 21 2. Graduates of the university shall receive degrees or  
 69 22 diplomas, or other evidences of distinction such as are usually  
 69 23 conferred and granted by universities and are authorized by the  
 69 24 state board of regents.  
 69 25 3. The state university of Iowa, in collaboration with the  
 69 26 university hospitals and clinics, shall submit an annual report  
 69 27 to the general assembly providing the following information:  
 69 28 a. The states in which members of each graduating class  
 69 29 from the college of dentistry and the college of medicine's  
 69 30 doctor of medicine program reside during the year immediately  
 69 31 following graduation. The information shall be categorized

CODE: Requires the University of Iowa to submit an annual report to the General Assembly listing the states in which members of the graduating classes of the University of Iowa's College of Dentistry and College of Medicine's Doctor of Medicine Program reside during the year immediately following graduation; the states in which primary and specialty care residents, having completed residency programs at the UIHC, reside in the year following completion of their residency program; and, if any residents accepted fellowships following residency, in which states the fellowships were offered. The information is to be categorized by Iowa residency status at the time of application to the college, and in the case of residents, by primary or various areas of specialty care.

69 32 by either residents of Iowa at the time of application to the  
 69 33 college or nonresidents at the time of application to the  
 69 34 college.  
 69 35 b. The states in which the university of Iowa hospitals and  
 70 1 clinics primary care and specialty residents reside in the year  
 70 2 following completion of medical residency and whether following  
 70 3 residency such residents accepted fellowships. The information  
 70 4 shall be categorized by primary care and the various areas of  
 70 5 specialty, and shall specify whether the medical residents  
 70 6 were residents of Iowa prior to applying for admission at an  
 70 7 undergraduate college or university, received a baccalaureate  
 70 8 degree from a postsecondary institution in Iowa, or graduated  
 70 9 from a medical school in Iowa, whether or not the medical  
 70 10 residents were residents of the state at the time of acceptance  
 70 11 into the university of Iowa hospitals and clinics' residency  
 70 12 programs and, if any residents accepted fellowships following  
 70 13 residency, the states in which the fellowships are offered and  
 70 14 the areas of specialty under the fellowships.

70 15 DIVISION XVII

70 16 MEDICAL RESIDENCY POSITIONS AND AUDITION CLINICALS

70 17 Sec. 62. MEDICAL RESIDENCY POSITIONS AND AUDITION CLINICALS  
 70 18 — MEDICAL STUDENTS AND APPLICANTS MEETING CERTAIN CRITERIA —  
 70 19 ANNUAL REPORT.

Requires the UIHC to offer an interview to any applicant for a residency position who is a resident of Iowa, attended and earned an undergraduate degree from an Iowa college of university, or attended and earned a medical degree from a medical school in Iowa. Also requires the UIHC to offer an opportunity to audition for a residency position to former attendees of an Iowa medical school.

70 20 1. The university of Iowa hospitals and clinics shall offer  
 70 21 an interview for an available medical residency position to  
 70 22 any applicant who has a residency specialty in obstetrics and  
 70 23 gynecology, psychiatry, general surgery, emergency medicine,  
 70 24 cardiology, neurology, or primary care and who also is a  
 70 25 resident of Iowa, attended and earned an undergraduate degree  
 70 26 from an Iowa college or university, or attended and earned a  
 70 27 medical degree from a medical school in Iowa.

FISCAL IMPACT: The Board of Regents anticipates an annual cost of \$34,919 to implement the requirements of this subsection.

70 28 2. The university of Iowa hospitals and clinics shall  
 70 29 provide the opportunity to a medical student attending a  
 70 30 medical school in Iowa to participate in an audition clinical  
 70 31 in the medical residency specialty for which the medical

FISCAL IMPACT: The Board of Regents anticipates an estimated annual cost of approximately \$318,000 to implement the requirements of this subsection.

70 32 student applies to allow the university to constructively  
70 33 review the student in a clinical setting.

70 34 3. The university of Iowa hospitals and clinics shall submit  
70 35 a report to the governor and the general assembly by January  
71 1 15, annually, regarding the interviews and audition clinicals  
71 2 as specified in this section during the prior fiscal year.  
71 3 Specifically, the report shall include for each interview or  
71 4 audition clinical the name of the student's or applicant's  
71 5 medical school, whether an applicant was offered and  
71 6 participated in an interview, whether the student was offered  
71 7 and participated in an audition clinical, whether the applicant  
71 8 was accepted for one of the residency program positions, and  
71 9 the total number of available residency positions filled by an  
71 10 applicant meeting the criteria under this section.

71 11 DIVISION XVIII  
71 12 HEALTH CARRIERS — TELEHEALTH

71 13 Sec. 63. Section 514C.34, subsection 3, Code 2022, is  
71 14 amended to read as follows:  
71 15 3. a. Health care services that are delivered by telehealth  
71 16 must be appropriate and delivered in accordance with applicable  
71 17 law and generally accepted health care practices and standards  
71 18 prevailing at the time the health care services are provided,  
71 19 including all rules adopted by the appropriate professional  
71 20 licensing board, pursuant to chapter 147, having oversight  
71 21 of the health care professional providing the health care  
71 22 services.  
71 23 b. A health carrier shall not exclude a health care  
71 24 professional who provides services for mental health  
71 25 conditions, illnesses, injuries, or diseases and who is  
71 26 physically located out-of-state from participating as a  
71 27 provider, via telehealth, under a policy, plan, or contract  
71 28 offered by the health carrier in the state if all of the  
71 29 following requirements are met:  
71 30 (1) The health care professional is licensed in this state  
71 31 by the appropriate professional licensing board and is able  
71 32 to deliver health care services for mental health conditions,  
71 33 illnesses, injuries, or diseases via telehealth in compliance  
71 34 with paragraph "a".  
71 35 (2) The health care professional is able to satisfy the same

The UIHC is required to submit an annual report to the Governor and General Assembly by January 15 providing information on the interviews and auditions held in compliance with this Section.

CODE: Prohibits certain health carriers from excluding certain out-of-state health care professionals who are licensed in Iowa to provide services for mental health conditions, illnesses, injuries, or diseases from participating as providers, via telehealth, under a policy, plan, or contract offered by the health carrier.



72 1 criteria that the health carrier uses to qualify a health care  
 72 2 professional who is located in the state, and who holds the  
 72 3 same license as the out-of-state professional, to participate  
 72 4 as a provider, via telehealth, under a policy, plan, or  
 72 5 contract offered by the health carrier in the state.

72 6 Sec. 64. EFFECTIVE DATE. This division of this Act, being  
 72 7 deemed of immediate importance, takes effect upon enactment.  
 72 8 Sec. 65. APPLICABILITY. This division of this Act applies  
 72 9 to health carriers that deliver, issue for delivery, continue,  
 72 10 or renew a policy, contract, or plan in this state on or after  
 72 11 the effective date of this Act.

Specifies that the provision prohibiting certain health carriers from excluding certain out-of-state health care professionals from participating as providers, via telehealth, under a policy, plan, or contract is effective upon enactment and is applicable to carriers that deliver, issue for delivery, continue, or renew a policy, contract, or plan in this State on or after the effective date of the Bill.

72 12 DIVISION XIX  
 72 13 NURSING FACILITY CONSTRUCTION OR EXPANSION RELIEF

72 14 Sec. 66. Section 249K.2, subsection 4, Code 2022, is amended  
 72 15 to read as follows:  
 72 16 4. "Major renovations" means construction or facility  
 72 17 improvements to a nursing facility in which the total amount  
 72 18 expended exceeds ~~one million five~~ seven hundred fifty thousand  
 72 19 dollars.

CODE: Provides that in order to be eligible for rate relief and exceptions under the Iowa Code, a nursing facility's major renovation value threshold is reduced from \$1,500,000 to \$750,000.

72 20 Sec. 67. Section 249K.5, subsection 2, Code 2022, is amended  
 72 21 by adding the following new paragraph:  
 72 22 NEW PARAGRAPH c. The nursing facility for which relief  
 72 23 or an exception is requested is proposing replacement or  
 72 24 enhancement of an HVAC, as defined in section 105.2, system for  
 72 25 improved infection control.

CODE: Adds the replacement of heating, ventilation, air conditioning, and ducted systems (HVAC) to the criteria under which a nursing facility may request instant relief or a nondirect care limit exception.

72 26 Sec. 68. ADMINISTRATIVE RULES — ADOPTION AND  
 72 27 AMENDMENT. The department of human services shall adopt or  
 72 28 amend rules pursuant to chapter 17A to administer this division  
 72 29 of this Act. Specifically, the department shall amend rules  
 72 30 relating to nursing facility additional requirements for all  
 72 31 requests for the capital cost per diem instant relief add-on  
 72 32 and enhanced nondirect care rate component limit to provide  
 72 33 that with regard to the additional requirements a nursing  
 72 34 facility must meet, the facility has Medicaid utilization at  
 72 35 or above forty percent for the two-month period before the  
 73 1 request for additional reimbursement is submitted. Medicaid  
 73 2 utilization for this purpose is calculated as total nursing

Directs the DHS to adopt or amend administrative rules to implement the nursing facility construction or expansion requirements.

73 3 facility Medicaid patient days divided by total in-house  
 73 4 patient days as reported on the facility's most current  
 73 5 financial and statistical report.

73 6 DIVISION XX  
 73 7 HEALTH CARE PROVIDERS — COVID-19 AND EXPERIMENTAL TREATMENTS

73 8 Sec. 69. Section 144E.2, subsection 1, paragraphs a, c, and  
 73 9 e, Code 2022, are amended to read as follows:

73 10 a. Has a terminal illness, attested to by ~~the patient's a~~  
 73 11 treating physician, or is receiving mechanical ventilation to  
 73 12 prolong life.

73 13 c. Has received a recommendation from ~~the individual's a~~  
 73 14 physician for an investigational drug, biological product, or  
 73 15 device.

73 16 e. Has documentation from ~~the individual's a~~ physician that  
 73 17 the individual meets the requirements of this subsection.

CODE: Expands Iowa's Right to Try law to include patients receiving mechanical ventilation to prolong life in addition to patient's with terminal illnesses, and removes the requirement that the experimental treatment be recommended by the patient's treating physician to allow any physician to recommend the experimental treatment.

73 18 Sec. 70. Section 144E.2, subsection 2, Code 2022, is amended  
 73 19 to read as follows:

73 20 2. "Investigational drug, biological product, or device"  
 73 21 means ~~a~~ any of the following:

73 22 a. A drug, biological product, or device that has  
 73 23 successfully completed phase 1 of a United States food and drug  
 73 24 administration-approved clinical trial but has not yet been  
 73 25 approved for general use by the United States food and drug  
 73 26 administration and remains under investigation in a United  
 73 27 States food and drug administration-approved clinical trial.

73 28 b. An off-label use of a drug.

73 29 Sec. 71. Section 144E.2, Code 2022, is amended by adding the  
 73 30 following new subsection:

73 31 NEW SUBSECTION 2A. "Off-label use of a drug" means  
 73 32 the legal, prescribed use of a drug in a manner different  
 73 33 from that described on the United States food and drug  
 73 34 administration-approved drug label, including the use of a  
 73 35 drug for a different disease or medical condition or giving  
 74 1 a drug at a different dose or through a different route of  
 74 2 administration other than that approved by the United States  
 74 3 food and drug administration.

74 4 Sec. 72. Section 144E.2, subsection 4, unnumbered paragraph  
 74 5 1, Code 2022, is amended to read as follows:

74 6 "Written informed consent" means a written document that

CODE: Expands the Right to Try to include off-label usage of drugs approved by the Food and Drug Administration for other purposes.

74 7 is signed by the patient, a parent of a minor patient, or a  
 74 8 legal guardian or other legal representative of the patient and  
 74 9 attested to by ~~the patient's~~ a treating physician and a witness  
 74 10 and that includes all of the following:  
 74 11 Sec. 73. Section 144E.2, subsection 4, paragraphs b and d,  
 74 12 Code 2022, are amended to read as follows:  
 74 13 b. An attestation that the patient concurs with ~~the~~  
 74 14 ~~patient's~~ a treating physician in believing that all products  
 74 15 and treatments approved by the United States food and drug  
 74 16 administration are unlikely to prolong the patient's life.  
 74 17 d. A description of the best and worst potential outcomes  
 74 18 of using the investigational drug, biological product, or  
 74 19 device and a realistic description of the most likely outcome.  
 74 20 The description shall include the possibility that new,  
 74 21 unanticipated, different, or worse symptoms might result  
 74 22 and that death could be hastened by use of the proposed  
 74 23 investigational drug, biological product, or device. The  
 74 24 description shall be based on ~~the~~ a treating physician's  
 74 25 knowledge of the proposed investigational drug, biological  
 74 26 product, or device in conjunction with an awareness of the  
 74 27 patient's condition.

74 28 Sec. 74. Section 144E.4, Code 2022, is amended by adding the  
 74 29 following new subsection:  
 74 30 NEW SUBSECTION 5. This chapter does not create a duty  
 74 31 for a hospital licensed under chapter 135B to credential any  
 74 32 physician.

74 33 Sec. 75. Section 144E.8, subsection 1, Code 2022, is amended  
 74 34 to read as follows:  
 74 35 1. This chapter shall not create a private cause of  
 75 1 action against a manufacturer of an investigational drug,  
 75 2 biological product, or device, against a physician, health care  
 75 3 practitioner, or facility that provides necessary follow-up  
 75 4 care, or against any other person or entity involved in the  
 75 5 care of an eligible patient using the investigational drug,  
 75 6 biological product, or device for any harm done to the eligible  
 75 7 patient resulting from the investigational drug, biological  
 75 8 product, or device, if the manufacturer or other person or  
 75 9 entity is complying in good faith with the terms of this  
 75 10 chapter and has exercised reasonable care.

CODE: Specifies that this division does not create a requirement for a hospital to credential any physician in order to comply with the provisions herein.

CODE: Provides protections to health care providers and facilities that provide necessary follow-up care from civil penalties for harm done to the patient receiving experimental treatment if the medical providers exercised reasonable care.

75 11 Sec. 76. Section 144E.9, Code 2022, is amended to read as  
 75 12 follows:  
 75 13 144E.9 ASSISTING SUICIDE.  
 75 14 This chapter shall not be construed to allow a ~~patient's~~  
 75 15 ~~treating~~ physician to assist ~~the a~~ patient in committing or  
 75 16 attempting to commit suicide as prohibited in section 707A.2.

CODE: Specifies that nothing in this division is intended to allow physicians to assist a patient in committing or attempting to commit suicide.

75 17 Sec. 77. Section 686D.6, Code 2022, is amended to read as  
 75 18 follows:  
 75 19 686D.6 LIABILITY OF AND DISCIPLINARY ACTIONS AGAINST HEALTH  
 75 20 CARE PROVIDERS.  
 75 21 1. A health care provider shall not be liable for civil  
 75 22 damages or subject to disciplinary action by the health  
 75 23 care provider's licensing board for causing or contributing,  
 75 24 directly or indirectly, to the death or injury of an individual  
 75 25 as a result of the health care provider's acts or omissions  
 75 26 while providing or arranging health care in support of the  
 75 27 state's response to COVID-19. This subsection shall apply to  
 75 28 all of the following:  
 75 29 a. Injury or death resulting from screening, assessing,  
 75 30 diagnosing, caring for, or treating individuals with a  
 75 31 suspected or confirmed case of COVID-19.  
 75 32 b. Prescribing, administering, or dispensing a  
 75 33 pharmaceutical for off-label use to treat a patient with a  
 75 34 suspected or confirmed case of COVID-19.  
 75 35 c. Acts or omissions while providing health care to  
 76 1 individuals unrelated to COVID-19 when those acts or omissions  
 76 2 support the state's response to COVID-19, including any of the  
 76 3 following:  
 76 4 (1) Delaying or canceling nonurgent or elective dental,  
 76 5 medical, or surgical procedures, or altering the diagnosis or  
 76 6 treatment of an individual in response to any federal or state  
 76 7 statute, regulation, order, or public health guidance.  
 76 8 (2) Diagnosing or treating patients outside the normal  
 76 9 scope of the health care provider's license or practice.  
 76 10 (3) Using medical devices, equipment, or supplies outside  
 76 11 of their normal use for the provision of health care, including  
 76 12 using or modifying medical devices, equipment, or supplies for  
 76 13 an unapproved use.  
 76 14 (4) Conducting tests or providing treatment to any  
 76 15 individual outside the premises of a health care facility.  
 76 16 (5) Acts or omissions undertaken by a health care provider

CODE: Expands liability protections established to protect health care providers from civil damages for causing or contributing the death or injury of an individual in support of the State's response to Covid-19 to also protect health care providers from disciplinary actions from the provider's licensing board.

76 17 because of a lack of staffing, facilities, medical devices,  
 76 18 equipment, supplies, or other resources attributable to  
 76 19 COVID-19 that renders the health care provider unable to  
 76 20 provide the level or manner of care to any person that  
 76 21 otherwise would have been required in the absence of COVID-19.  
 76 22 (6) Acts or omissions undertaken by a health care provider  
 76 23 relating to use or nonuse of personal protective equipment.  
 76 24 2. This section shall not relieve any person of liability  
 76 25 for civil damages or a health care provider from disciplinary  
 76 26 action by the health care provider's licensing board for any  
 76 27 act or omission which constitutes recklessness or willful  
 76 28 misconduct.

76 29 Sec. 78. EFFECTIVE DATE. This division of this Act, being  
 76 30 deemed of immediate importance, takes effect upon enactment.

Specifies the provisions expanding Iowa's Right to Try law is effective upon enactment.

76 31 DIVISION XXI  
 76 32 HEALTH-RELATED DATA

76 33 Sec. 79. Section 11.41, subsection 3, Code 2022, is amended  
 76 34 to read as follows:

CODE: Restricts the Auditor of State from accessing an individual's name or residential address from a reportable disease report.

76 35 3. If the information, records, instrumentalities, and  
 77 1 properties sought by the auditor of state are required by law  
 77 2 to be kept confidential, the auditor of state shall have access  
 77 3 to the information, records, instrumentalities, and properties,  
 77 4 but shall maintain the confidentiality of all such information  
 77 5 and is subject to the same penalties as the lawful custodian  
 77 6 of the information for dissemination of the information.  
 77 7 However, the auditor of state shall not have access to the  
 77 8 income tax returns of individuals or to an individual's name  
 77 9 or residential address from a reportable disease report under  
 77 10 section 139A.3.

77 11 Sec. 80. Section 135.166, subsection 2, Code 2022, is  
 77 12 amended to read as follows:

CODE: Restricts the DPH from collecting an individual's name when compiling information for a reportable disease report.

77 13 2. Unless otherwise authorized or required by state or  
 77 14 federal law, data collected under this section shall not  
 77 15 include the social security number or name of the individual  
 77 16 subject of the data.

77 17 Sec. 81. Section 139A.3, Code 2022, is amended by adding the  
 77 18 following new subsection:

CODE: Restricts access to personally identifiable information by state or local agency employees or agents unless the employee or agent

77 19 NEW SUBSECTION 1A. A state or local agency employee  
 77 20 or agent shall not have access to personally identifiable  
 77 21 information included in a reportable disease report provided  
 77 22 to or maintained by the department, a local board, or a local  
 77 23 department, unless the employee or agent has completed data  
 77 24 confidentiality training.

has completed data confidentiality training.

77 25  
 77 26 DIVISION XXII  
 PSYCHIATRY RESIDENCY PROGRAM

77 27 Sec. 82.NEW SECTION 135.180 STATE-FUNDED PSYCHIATRY  
 77 28 RESIDENCY PROGRAM — FUND — APPROPRIATIONS.

77 29 1. The university of Iowa hospitals and clinics shall  
 77 30 administer a state-funded psychiatry residency program  
 77 31 in cooperation with the state mental health institutes at  
 77 32 Independence and Cherokee, the state resource centers at  
 77 33 Glenwood and Woodward, the state training school at Eldora,  
 77 34 and the Iowa medical and classification center at Oakdale.  
 77 35 The university of Iowa hospitals and clinics shall expand the  
 78 1 psychiatry residency program to provide additional residency  
 78 2 positions by providing financial support for residency  
 78 3 positions which are in excess of the federal residency cap  
 78 4 established by the federal Balanced Budget Act of 1997, Pub.L.  
 78 5 No.105-33. Participating residents shall complete a portion  
 78 6 of their psychiatry training at one of the state mental health  
 78 7 institutes, the state resource centers, the state training  
 78 8 school, or the Iowa medical and classification center at  
 78 9 Oakdale. For accreditation-required clinical experiences not  
 78 10 available at the state mental health institutes, the state  
 78 11 resource centers, the state training school, or the Iowa  
 78 12 medical and classification center at Oakdale, the psychiatry  
 78 13 residency program and its residents may utilize clinical  
 78 14 rotations at the university of Iowa hospitals and clinics and  
 78 15 its affiliates across the state.

CODE: Creates a Psychiatry Residency Program in cooperation with the State mental health institutes, the State resource centers, the State training school, and the Iowa medical and classification center. Directs the University of Iowa Hospitals and Clinics to expand the Psychiatric Residency Program by providing for up to 12 additional residency positions for each class of residents. Residents are required to complete a portion of their psychiatric training at one of the State institutions, but may complete additional accreditation-required clinical experiences not available at the State institutions through clinical rotations at the University of Iowa Hospitals and Clinics or its affiliates across the State.

78 16 2. The residency program shall provide for the awarding  
 78 17 of twelve residency positions for each class of residents.  
 78 18 Preference in the awarding of residency positions shall  
 78 19 be given to candidates who are residents of Iowa, attended  
 78 20 and earned an undergraduate degree from an Iowa college or  
 78 21 university, or attended and earned a medical degree from a  
 78 22 medical school in Iowa.

CODE: Requires the residency grants to be awarded with preference given to candidates who are residents of Iowa, attended and earned an undergraduate degree from an Iowa college or university, or attended medical school in Iowa.

78 23 3. A psychiatry residency program fund is created in  
78 24 the state treasury consisting of the moneys appropriated or  
78 25 credited to the fund by law. Notwithstanding section 8.33,  
78 26 moneys in the fund at the end of each fiscal year shall not  
78 27 revert to any other fund but shall remain in the psychiatry  
78 28 residency program fund for use in subsequent fiscal years.  
78 29 Moneys in the fund are appropriated to the university of Iowa  
78 30 hospitals and clinics to be used for the purposes of the  
78 31 program. For fiscal years beginning on or after July 1, 2023,  
78 32 there is appropriated from the general fund of the state to the  
78 33 psychiatry residency program fund the following amounts to be  
78 34 used for the purposes of the program:  
78 35 a. For the fiscal year beginning July 1, 2023, one million  
79 1 two hundred thousand dollars.  
79 2 b. For the fiscal year beginning July 1, 2024, two million  
79 3 four hundred thousand dollars.  
79 4 c. For the fiscal year beginning July 1, 2025, three million  
79 5 six hundred thousand dollars.  
79 6 d. For the fiscal year beginning July 1, 2026, and each  
79 7 fiscal year thereafter, four million eight hundred thousand  
79 8 dollars.

CODE: Creates the Psychiatry Residency Program Fund in the State treasury. The monies in the Fund shall not revert to any other fund, but shall remain in the Fund for use in subsequent fiscal years. Moneys in the Fund are appropriated to the University of Iowa hospitals and clinics to be used for the Program beginning in FY 2024 in the amount of \$1,200,000, and then increasing each year by \$1,200,000 until the Program is fully funded at \$4,800,000 in FY 2027.

# Health and Human Services

## General Fund

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	House Approp FY 2023 (4)	Hse Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
<b><u>Aging, Iowa Department on</u></b>						
<b>Aging, Dept. on</b>						
Aging Programs	\$ 11,164,382	\$ 11,304,082	\$ 11,804,082	\$ 11,804,082	\$ 500,000	PG 1 LN 3
Office of LTC Ombudsman	1,149,821	1,149,821	1,149,821	1,449,821	300,000	PG 3 LN 15
<b>Total Aging, Iowa Department on</b>	<b>\$ 12,314,203</b>	<b>\$ 12,453,903</b>	<b>\$ 12,953,903</b>	<b>\$ 13,253,903</b>	<b>\$ 800,000</b>	
<b><u>Public Health, Department of</u></b>						
<b>Public Health, Dept. of</b>						
Addictive Disorders	\$ 23,659,379	\$ 23,659,379	\$ 23,659,379	\$ 23,659,379	\$ 0	PG 3 LN 33
Healthy Children and Families	5,816,681	5,816,681	5,816,681	5,816,681	0	PG 5 LN 3
Chronic Conditions	4,223,373	4,258,373	4,258,373	4,258,373	0	PG 5 LN 10
Community Capacity	5,594,306	7,319,306	6,519,306	6,519,306	-800,000	PG 5 LN 16
Essential Public Health Services	7,662,464	7,662,464	7,662,464	7,662,464	0	PG 6 LN 17
Infectious Diseases	1,796,206	1,796,206	1,796,206	1,796,206	0	PG 6 LN 23
Public Protection	4,085,220	4,466,601	4,706,601	4,466,601	0	PG 6 LN 29
Resource Management	933,871	933,871	933,871	933,871	0	PG 7 LN 5
Congenital & Inherited Disorders Registry	188,528	223,521	223,521	223,521	0	
<b>Total Public Health, Department of</b>	<b>\$ 53,960,028</b>	<b>\$ 56,136,402</b>	<b>\$ 55,576,402</b>	<b>\$ 55,336,402</b>	<b>\$ -800,000</b>	
<b><u>Veterans Affairs, Department of</u></b>						
<b>Veterans Affairs, Dept. of</b>						
General Administration	\$ 1,229,763	\$ 1,229,763	\$ 1,415,288	\$ 1,229,763	\$ 0	PG 8 LN 2
Home Ownership Assistance Program	2,000,000	2,000,000	2,000,000	2,000,000	0	PG 8 LN 25
Veterans County Grants	990,000	990,000	990,000	990,000	0	PG 8 LN 31
<b>Veterans Affairs, Dept. of</b>	<b>\$ 4,219,763</b>	<b>\$ 4,219,763</b>	<b>\$ 4,405,288</b>	<b>\$ 4,219,763</b>	<b>\$ 0</b>	
<b>Veterans Affairs, Dept. of</b>						
Iowa Veterans Home	\$ 7,131,552	\$ 7,131,552	\$ 7,131,552	\$ 7,131,552	\$ 0	PG 8 LN 8
<b>Total Veterans Affairs, Department of</b>	<b>\$ 11,351,315</b>	<b>\$ 11,351,315</b>	<b>\$ 11,536,840</b>	<b>\$ 11,351,315</b>	<b>\$ 0</b>	
<b><u>Human Services, Department of</u></b>						
<b>Assistance</b>						
Family Investment Program/PROMISE JOBS	\$ 40,003,978	\$ 41,003,978	\$ 41,003,978	\$ 41,003,978	\$ 0	PG 16 LN 6
Medical Assistance	1,459,599,409	1,503,848,253	1,503,848,253	1,539,659,031	35,810,778	PG 19 LN 22
Health Program Operations	17,831,343	17,831,343	17,831,343	17,446,343	-385,000	PG 25 LN 9
State Supplementary Assistance	7,349,002	7,349,002	7,349,002	7,349,002	0	PG 26 LN 18
State Children's Health Insurance	37,598,984	37,957,643	41,713,403	41,713,403	3,755,760	PG 27 LN 21
Child Care Assistance	40,816,931	40,816,931	40,816,931	40,816,931	0	PG 28 LN 8



# Health and Human Services

## General Fund

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	House Approp FY 2023 (4)	Hse Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
Child and Family Services	89,071,930	89,071,930	89,371,930	93,571,677	4,499,747	PG 31 LN 11
Adoption Subsidy	40,596,007	40,596,007	40,596,007	40,596,007	0	PG 37 LN 29
Family Support Subsidy	949,282	949,282	949,282	949,282	0	PG 39 LN 23
Conner Training	33,632	33,632	33,632	33,632	0	PG 40 LN 9
Volunteers	84,686	84,686	84,686	84,686	0	PG 46 LN 4
Child Abuse Prevention	188,428	232,570	232,570	232,570	0	
<b>Assistance</b>	<b>\$ 1,734,123,612</b>	<b>\$ 1,779,775,257</b>	<b>\$ 1,783,831,017</b>	<b>\$ 1,823,456,542</b>	<b>\$ 43,681,285</b>	
<b>Eldora Training School</b>						
Eldora Training School	\$ 16,029,488	\$ 17,397,068	\$ 17,606,871	\$ 17,606,871	\$ 209,803	PG 30 LN 16
<b>Cherokee</b>						
Cherokee MHI	\$ 14,245,968	\$ 15,457,597	\$ 15,613,624	\$ 15,613,624	\$ 156,027	PG 40 LN 25
<b>Independence</b>						
Independence MHI	\$ 19,201,644	\$ 19,652,379	\$ 19,688,928	\$ 19,688,928	\$ 36,549	PG 40 LN 31
<b>Glenwood</b>						
Glenwood Resource Center	\$ 16,700,867	\$ 14,802,873	\$ 16,288,739	\$ 16,288,739	\$ 1,485,866	PG 41 LN 29
<b>Woodward</b>						
Woodward Resource Center	\$ 10,913,360	\$ 12,237,937	\$ 13,409,294	\$ 13,409,294	\$ 1,171,357	PG 41 LN 32
<b>Cherokee CCUSO</b>						
Civil Commitment Unit for Sexual Offenders	\$ 12,070,565	\$ 13,643,727	\$ 13,891,276	\$ 13,891,276	\$ 247,549	PG 43 LN 6
<b>Field Operations</b>						
Child Support Recovery	\$ 14,867,813	\$ 15,942,885	\$ 15,942,885	\$ 15,942,885	\$ 0	PG 18 LN 9
Field Operations	55,600,398	60,596,667	65,894,438	65,894,438	5,297,771	PG 43 LN 34
<b>Field Operations</b>	<b>\$ 70,468,211</b>	<b>\$ 76,539,552</b>	<b>\$ 81,837,323</b>	<b>\$ 81,837,323</b>	<b>\$ 5,297,771</b>	
<b>General Administration</b>						
General Administration	\$ 13,772,533	\$ 15,342,189	\$ 15,342,189	\$ 15,342,189	\$ 0	PG 44 LN 13
DHS Facilities	2,879,274	2,879,274	4,172,123	4,172,123	1,292,849	PG 45 LN 30
Commission of Inquiry	0	1,394	1,394	1,394	0	
Nonresident Mental Illness Commitment	15,487	142,802	142,802	142,802	0	
<b>General Administration</b>	<b>\$ 16,667,294</b>	<b>\$ 18,365,659</b>	<b>\$ 19,658,508</b>	<b>\$ 19,658,508</b>	<b>\$ 1,292,849</b>	
<b>Total Human Services, Department of</b>	<b>\$ 1,910,421,009</b>	<b>\$ 1,967,872,049</b>	<b>\$ 1,981,825,580</b>	<b>\$ 2,021,451,105</b>	<b>\$ 53,579,056</b>	
<b>Total Health and Human Services</b>	<b>\$ 1,988,046,554</b>	<b>\$ 2,047,813,669</b>	<b>\$ 2,061,892,725</b>	<b>\$ 2,101,392,725</b>	<b>\$ 53,579,056</b>	

# Health and Human Services

## Other Funds

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	House Approp FY 2023 (4)	Hse Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
<b>Public Health, Department of</b>						
<b>Public Health, Dept. of</b>						
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	PG 7 LN 17
<b>Total Public Health, Department of</b>	<b>\$ 1,750,000</b>	<b>\$ 1,750,000</b>	<b>\$ 1,750,000</b>	<b>\$ 1,750,000</b>	<b>\$ 0</b>	
<b>Human Services, Department of</b>						
<b>General Administration</b>						
FIP - TANF	\$ 5,002,006	\$ 5,002,006	\$ 5,002,006	\$ 5,002,006	\$ 0	PG 9 LN 18
PROMISE JOBS - TANF	5,412,060	5,412,060	5,412,060	5,412,060	0	PG 9 LN 22
FaDSS - TANF	2,898,980	2,888,980	2,888,980	2,888,980	0	PG 9 LN 27
Field Operations - TANF	31,296,232	31,296,232	31,296,232	31,296,232	0	PG 10 LN 3
General Administration - TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	PG 10 LN 5
Child Care Assistance - TANF	47,166,826	47,166,826	47,166,826	47,166,826	0	PG 10 LN 7
Child & Family Services - TANF	32,380,654	32,380,654	32,380,654	32,380,654	0	PG 10 LN 28
Child Abuse Prevention - TANF	125,000	125,000	125,000	125,000	0	PG 10 LN 30
Training & Technology - TANF	1,037,186	1,037,186	1,037,186	1,037,186	0	PG 11 LN 13
<b>General Administration</b>	<b>\$ 129,062,944</b>	<b>\$ 129,052,944</b>	<b>\$ 129,052,944</b>	<b>\$ 129,052,944</b>	<b>\$ 0</b>	
<b>Assistance</b>						
Pregnancy Prevention - TANF	\$ 1,913,203	\$ 1,913,203	\$ 1,913,203	\$ 1,913,203	\$ 0	PG 10 LN 32
Categorical Eligibility SNAP - TANF	14,236	14,236	14,236	14,236	0	PG 12 LN 15
Medical Assistance - HCTF	208,460,000	201,200,000	200,660,000	200,660,000	-540,000	PG 19 LN 4
Medicaid Supplemental - MFF	190,000	150,000	150,000	150,000	0	PG 19 LN 13
Health Program Operations - PSA	234,193	234,193	234,193	234,193	0	PG 57 LN 11
Medical Assistance - QATF	58,570,397	56,305,139	56,305,139	56,305,139	0	PG 57 LN 22
Medical Assistance - HHCAF	33,920,554	33,920,554	33,920,554	33,920,554	0	PG 57 LN 34
Polk County MHDS Grant - GIVF	5,000,000	0	0	0	0	
<b>Assistance</b>	<b>\$ 308,302,583</b>	<b>\$ 293,737,325</b>	<b>\$ 293,197,325</b>	<b>\$ 293,197,325</b>	<b>\$ -540,000</b>	
<b>Total Human Services, Department of</b>	<b>\$ 437,365,527</b>	<b>\$ 422,790,269</b>	<b>\$ 422,250,269</b>	<b>\$ 422,250,269</b>	<b>\$ -540,000</b>	
<b>Total Health and Human Services</b>	<b>\$ 439,115,527</b>	<b>\$ 424,540,269</b>	<b>\$ 424,000,269</b>	<b>\$ 424,000,269</b>	<b>\$ -540,000</b>	

# Health and Human Services

## FTE Positions

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	House Approp FY 2023 (4)	Hse Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
<b><u>Aging, Iowa Department on</u></b>						
<b><u>Aging, Dept. on</u></b>						
Aging Programs	18.85	26.00	34.00	28.00	2.00	PG 1 LN 3
Office of LTC Ombudsman	11.22	11.50	11.50	16.00	4.50	PG 3 LN 15
<b>Total Aging, Iowa Department on</b>	<b>30.07</b>	<b>37.50</b>	<b>45.50</b>	<b>44.00</b>	<b>6.50</b>	
<b><u>Public Health, Department of</u></b>						
<b><u>Public Health, Dept. of</u></b>						
Addictive Disorders	9.03	12.00	12.00	12.00	0.00	PG 3 LN 33
Healthy Children and Families	11.98	14.00	14.00	14.00	0.00	PG 5 LN 3
Chronic Conditions	8.09	10.50	10.00	10.00	-0.50	PG 5 LN 10
Community Capacity	9.67	13.00	13.00	13.00	0.00	PG 5 LN 16
Infectious Diseases	1.86	6.00	6.00	6.00	0.00	PG 6 LN 23
Public Protection	135.13	146.00	144.00	142.00	-4.00	PG 6 LN 29
Resource Management	2.14	4.00	4.00	4.00	0.00	PG 7 LN 5
<b>Total Public Health, Department of</b>	<b>177.91</b>	<b>205.50</b>	<b>203.00</b>	<b>201.00</b>	<b>-4.50</b>	
<b><u>Veterans Affairs, Department of</u></b>						
<b><u>Veterans Affairs, Dept. of</u></b>						
General Administration	11.60	12.00	16.00	15.00	3.00	PG 8 LN 2
<b>Total Veterans Affairs, Department of</b>	<b>11.60</b>	<b>12.00</b>	<b>16.00</b>	<b>15.00</b>	<b>3.00</b>	

# Health and Human Services

## FTE Positions

	Actual FY 2021 <u>(1)</u>	Estimated FY 2022 <u>(2)</u>	Gov Rec FY 2023 <u>(3)</u>	House Approp FY 2023 <u>(4)</u>	Hse Appr FY23 vs Est FY 2022 <u>(5)</u>	Page and Line # <u>(6)</u>
<b>Human Services, Department of</b>						
<b>Assistance</b>						
Family Investment Program/PROMISE JOBS	24.62	27.00	26.00	27.00	0.00	PG 16 LN 6
Medical Assistance	8.11	14.10	13.10	14.10	0.00	PG 19 LN 22
Health Program Operations	2.11	4.00	4.00	4.00	0.00	PG 25 LN 9
State Supplementary Assistance	0.00	1.00	0.00	1.00	0.00	PG 26 LN 18
Child Care Assistance	2.51	2.50	2.50	2.50	0.00	PG 28 LN 8
Child and Family Services	3.95	4.02	4.00	4.02	0.00	PG 31 LN 11
<b>Assistance</b>	<u>41.29</u>	<u>52.62</u>	<u>49.60</u>	<u>52.62</u>	<u>0.00</u>	
<b>Eldora Training School</b>						
Eldora Training School	178.55	206.50	205.50	207.00	0.50	PG 30 LN 16
<b>Cherokee</b>						
Cherokee MHI	152.32	151.57	151.47	169.00	17.43	PG 40 LN 25
<b>Independence</b>						
Independence MHI	184.84	187.20	187.20	208.00	20.80	PG 40 LN 31
<b>Glenwood</b>						
Glenwood Resource Center	634.85	657.50	657.50	657.50	0.00	PG 41 LN 29
<b>Woodward</b>						
Woodward Resource Center	508.39	517.90	517.90	517.90	0.00	PG 41 LN 32
<b>Cherokee CCUSO</b>						
Civil Commitment Unit for Sexual Offenders	129.15	125.35	126.35	140.00	14.65	PG 43 LN 6
<b>Field Operations</b>						
Child Support Recovery	426.10	421.00	421.00	459.00	38.00	PG 18 LN 9
Field Operations	1,503.48	1,539.00	1,589.00	1,589.00	50.00	PG 43 LN 34
<b>Field Operations</b>	<u>1,929.58</u>	<u>1,960.00</u>	<u>2,010.00</u>	<u>2,048.00</u>	<u>88.00</u>	
<b>General Administration</b>						
General Administration	259.37	284.00	279.00	294.00	10.00	PG 44 LN 13
<b>Total Human Services, Department of</b>	<u>4,018.34</u>	<u>4,142.64</u>	<u>4,184.52</u>	<u>4,294.02</u>	<u>151.38</u>	
<b>Total Health and Human Services</b>	<u>4,237.92</u>	<u>4,397.64</u>	<u>4,449.02</u>	<u>4,554.02</u>	<u>156.38</u>	