

Health and Human Services Appropriations Bill House File 2578

Last Action:
**Senate Appropriations
Committee**
May 18, 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

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FUNDING SUMMARY

General Fund FY 2023: Appropriates a total of \$2,098.3 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 \$50.5 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 10

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

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NEW PROGRAMS, SERVICES, OR ACTIVITIES

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 26

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

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 \$2,018.4 million from the General Fund and 4,294.0 FTE positions. This is a net increase of \$50.5 million and 151.4 FTE positions compared to estimated FY 2022. Significant changes include:

Page 9, Line 8

- An increase of \$35.8 million for the Medicaid appropriation.
- A decrease of \$385,000 for the Health Program Operations appropriation.
- An increase of \$704,000 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*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 31

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 23

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 16

SIGNIFICANT CODE CHANGES

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 19

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

Page 66, Line 5

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

Page 67, Line 21

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 13

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 7

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 32

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 12

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 4

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 34

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 12

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 15

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 16

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

Page 76, Line 28

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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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	5	51	Strike	249L.2.6,7
66	7	52	Amend	249L.2.8
67	21	58	Strike and Replace	4.1.9A
68	4	59	Amend	226.8
69	4	60	Add	262.9.39
69	13	61	Amend	263.2
71	12	63	Amend	514C.34.3
72	13	66	Amend	249K.2.4
72	19	67	Add	249K.5.2.c
73	7	69	Amend	144E.2.1.a,c,e
73	17	70	Amend	144E.2.2
73	28	71	Add	144E.2.2A
74	3	72	Amend	144E.2.4
74	10	73	Amend	144E.2.4.b,d
74	27	74	Add	144E.4.5
74	32	75	Amend	144E.8.1
75	10	76	Amend	144E.9
75	16	77	Amend	686D.6
76	32	79	Amend	11.41.3
77	10	80	Amend	135.166.2
77	16	81	Add	139A.3.1A
77	26	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 lowans 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 lowans, and enhancing health-promoting and disease-prevention services with a priority given to older lowans 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. 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. 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. 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

<p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>maintenance-of-effort requirements.</p> <p>General Fund allocation of \$195,000 to provide tax preparation assistance to low-income lowans.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p> <p>General Fund allocation of \$70,000 for the Parenting Program (formerly the Fatherhood Initiative Pilot Project).</p> <p>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</p>
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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)

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.

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.

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.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

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

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.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services under Health Program Operations.

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

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.

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.

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.

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

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>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>

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.

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

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.

Allocates \$3,383,880 to administer the State Family Planning Services Program. Permits up to \$200,000 to be used for administrative expenses.

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

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.

Allocates \$1,545,530 for activities related to Medicaid Program administration.

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

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.

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.

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.

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

Allows the DHS to transfer funds from the Medicaid appropriation to the CHIP appropriation if the CHIP appropriation has insufficient funds.

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 \$ 38,661,688

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 \$704,045 compared to estimated FY 2022 to reflect the current forecasted need.

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.

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.

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.

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.

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

General Fund appropriation to the DHS for CCA.

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

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.

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

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

28 18	2. Nothing in this section shall be construed or is	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.
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.	
28 25	3. A list of the registered and licensed child care	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.
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.	
28 29	4. Of the funds appropriated in this section, \$5,850,000	Allocates \$5,850,000 to be transferred to the Early Childhood Programs Grants Account in the Early Childhood Iowa Fund.
28 30	shall be credited to the early childhood programs grants	
28 31	account in the early childhood Iowa fund created in section	DETAIL: This is no change compared to the estimated FY 2022 allocation.
28 32	2561.11. 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 2561.8.	
29 2	5. The department may use any of the funds appropriated	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.
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.	
29 16	6. A portion of the state match for the federal child care	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.
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.	

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 to
 32 8 be expended in accordance with the applicable provisions of
 32 9 2022 Iowa Acts, House File 2507. If the department projects
 32 10 that such expenditures for the fiscal year will be less than
 32 11 the target amount in this paragraph "a", the department may
 32 12 reallocate the excess to provide additional funding for family
 32 13 foster care, supervised apartment living, family-centered
 32 14 services, shelter care, or the child welfare emergency services
 32 15 addresses with the allocation for shelter care.

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

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 in accordance with 2022 Iowa Acts, [House File 2507](#) (Juvenile Justice Bill) if House File 2507 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 placements identified. In such a dispositional review hearing,
 32 29 the juvenile court shall determine whether needed aftercare
 32 30 services are available and whether termination of the placement
 32 31 is in the best interest of the child and the community. If
 32 32 2022 Iowa Acts, House File 2507, is enacted, the applicable
 32 33 provisions of House File 2507 shall supersede the provisions
 32 34 of this paragraph "b".

32 35 4. In accordance with the provisions of section 232.188,
 33 1 the department shall continue the child welfare and juvenile
 33 2 justice funding initiative during fiscal year 2022-2023. Of
 33 3 the funds appropriated in this section, \$1,717,000 is allocated
 33 4 specifically for expenditure for fiscal year 2022-2023 through
 33 5 the decategorization services funding pools and governance
 33 6 boards established pursuant to section 232.188.

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

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

33 7 5. A portion of the funds appropriated in this section
 33 8 may be used for emergency family assistance to provide other
 33 9 resources required for a family participating in a family
 33 10 preservation or reunification project or successor project to
 33 11 stay together or to be reunified.

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

33 12 6. Of the funds appropriated in this section, a sufficient
 33 13 amount is allocated for shelter care and the child welfare
 33 14 emergency services contracting implemented to provide for or
 33 15 prevent the need for shelter care.

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.

33 16 7. Federal funds received by the state during the fiscal
 33 17 year beginning July 1, 2022, as the result of the expenditure
 33 18 of state funds appropriated during a previous state fiscal
 33 19 year for a service or activity funded under this section are
 33 20 appropriated to the department to be used as additional funding
 33 21 for services and purposes provided for under this section.
 33 22 Notwithstanding section 8.33, moneys received in accordance
 33 23 with this subsection that remain unencumbered or unobligated at
 33 24 the close of the fiscal year shall not revert to any fund but
 33 25 shall remain available for the purposes designated until the
 33 26 close of the succeeding fiscal year.

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.

33 27 8. a. Of the funds appropriated in this section, up to

Provides the following allocations related to court-ordered services for

33 28 \$3,290,000 is allocated for the payment of the expenses of
 33 29 court-ordered services provided to juveniles who are under the
 33 30 supervision of juvenile court services, which expenses are a
 33 31 charge upon the state pursuant to section 232.141, subsection
 33 32 4. Of the amount allocated in this paragraph "a", up to
 33 33 \$1,556,000 shall be made available to provide school-based
 33 34 supervision of children adjudicated under chapter 232, of which
 33 35 not more than \$15,000 may be used for the purpose of training.
 34 1 A portion of the cost of each school-based liaison officer
 34 2 shall be paid by the school district or other funding source as
 34 3 approved by the chief juvenile court officer.
 34 4 b. Of the funds appropriated in this section, up to \$748,000
 34 5 is allocated for the payment of the expenses of court-ordered
 34 6 services provided to children who are under the supervision
 34 7 of the department, which expenses are a charge upon the state
 34 8 pursuant to section 232.141, subsection 4.

34 9 c. Notwithstanding section 232.141 or any other provision
 34 10 of law to the contrary, the amounts allocated in this
 34 11 subsection shall be distributed to the judicial districts
 34 12 as determined by the state court administrator and to the
 34 13 department's service areas as determined by the administrator
 34 14 of the department of human services' division of child and
 34 15 family services. The state court administrator and the
 34 16 division administrator shall make the determination of the
 34 17 distribution amounts on or before June 15, 2022.

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

juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, \$1,556,000 is allocated to school-based supervision of delinquent children, of which \$15,000 may be used for training. A portion of the cost for school-based liaisons is required to be paid by school districts.
- 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.

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

35 28 funds shall provide for the awarding of an enhanced amount to
35 29 eligible grantees to develop and maintain satellite centers in
35 30 underserved regions of the state.

35 31 11. Of the funds appropriated in this section, \$4,025,000 is
35 32 allocated for the preparation for adult living program pursuant
35 33 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 34 12. Of the funds appropriated in this section, \$227,000
35 35 shall be used for the public purpose of continuing a grant to a
36 1 nonprofit human services organization, providing services to
36 2 individuals and families in multiple locations in southwest
36 3 Iowa and Nebraska for support of a project providing immediate,
36 4 sensitive support and forensic interviews, medical exams, needs
36 5 assessments, and referrals for victims of child abuse and their
36 6 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 7 13. Of the funds appropriated in this section, \$300,000
36 8 is allocated for the foster care youth council approach of
36 9 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 10 14. Of the funds appropriated in this section, \$202,000 is
36 11 allocated for use pursuant to section 235A.1 for continuation
36 12 of the initiative to address child sexual abuse implemented
36 13 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
36 14 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 15 15. Of the funds appropriated in this section, \$630,000 is
36 16 allocated for the community partnership for child protection
36 17 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 18 16. Of the funds appropriated in this section, \$371,000
36 19 is allocated for the department's minority youth and family

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

36 20 projects under the redesign of the child welfare system.

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

36 21 17. Of the funds appropriated in this section, \$851,000
36 22 is allocated for funding of the community circle of care
36 23 collaboration for children and youth in northeast Iowa.

Allocates \$851,000 to the Community Circle of Care Grant Program in northeast Iowa.

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.

36 24 18. Of the funds appropriated in this section, at least
36 25 \$147,000 shall be used for the continuation of the child
36 26 welfare provider training program.

Allocates \$147,000 to the Online Child Welfare Provider Training Academy.

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

36 27 19. Of the funds appropriated in this section, \$211,000
36 28 shall be used for continuation of the central Iowa system of
36 29 care program grant for the purposes of funding community-based
36 30 services and other supports with a system of care approach for
36 31 children with serious emotional disturbance and their families
36 32 through a nonprofit provider that is located in a county with a
36 33 population of over 420,000 but less than 450,000 according to
36 34 the 2010 certified federal census, is licensed as a psychiatric
36 35 medical institution for children, and was a system of care
37 1 grantee prior to July 1, 2022.

Allocates \$211,000 for the continuation of a System of Care Program Grant in Polk County through June 30, 2023.

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

37 2 20. Of the funds appropriated in this section, \$235,000
37 3 shall be used for the public purpose of the continuation
37 4 and expansion of a system of care program grant implemented
37 5 in Cerro Gordo and Linn counties to utilize a comprehensive
37 6 and long-term approach for helping children and families by
37 7 addressing the key areas in a child's life of childhood basic
37 8 needs, education and work, family, and community.

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

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

37 9 21. Of the funds appropriated in this section, \$110,000
37 10 shall be used for the public purpose of funding community-based
37 11 services and other supports with a system of care approach

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

37 12 for children with a serious emotional disturbance and their
 37 13 families through a nonprofit provider of child welfare services
 37 14 that has been in existence for more than 115 years, is located
 37 15 in a county with a population of more than 230,000 according to
 37 16 the 2020 certified federal census, is licensed as a psychiatric
 37 17 medical institution for children, and was a system of care
 37 18 grantee prior to July 1, 2022.

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

37 19 22. If a separate funding source is identified that reduces
 37 20 the need for state funds within an allocation under this
 37 21 section, the allocated state funds may be redistributed to
 37 22 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 23 23. Of the funds appropriated in this section, a portion may
 37 24 be used for family-centered services for purposes of complying
 37 25 with the federal Family First Prevention Services Act of 2018,
 37 26 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 27 24. Of the funds appropriated in this section, \$3,850,718
 37 28 shall be used to support placements in qualified residential
 37 29 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 30 Sec. 20. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

37 31 1. There is appropriated from the general fund of the
 37 32 state to the department of human services for the fiscal year
 37 33 beginning July 1, 2022, and ending June 30, 2023, the following
 37 34 amount, or so much thereof as is necessary, to be used for the
 37 35 purpose designated:

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

38 1 a. For adoption subsidy payments and related costs and for
 38 2 other services provided for under paragraph "b", subparagraph
 38 3 (2):
 38 4 \$ 40,596,007

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

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

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

39 24 Sec. 22. FAMILY SUPPORT SUBSIDY PROGRAM.
 39 25 1. There is appropriated from the general fund of the
 39 26 state to the department of human services for the fiscal year
 39 27 beginning July 1, 2022, and ending June 30, 2023, the following
 39 28 amount, or so much thereof as is necessary, to be used for the
 39 29 purpose designated:
 39 30 For the family support subsidy program subject to the
 39 31 enrollment restrictions in section 225C.37, subsection 3:
 39 32 \$ 949,282

39 33 2. At least \$931,536 of the moneys appropriated in this
 39 34 section is transferred to the department of public health for
 39 35 the family support center component of the comprehensive family
 40 1 support program under chapter 225C, subchapter V.

40 2 3. If at any time during the fiscal year, the amount of
 40 3 funding available for the family support subsidy program
 40 4 is reduced from the amount initially used to establish the
 40 5 figure for the number of family members for whom a subsidy
 40 6 is to be provided at any one time during the fiscal year,
 40 7 notwithstanding section 225C.38, subsection 2, the department
 40 8 shall revise the figure as necessary to conform to the amount
 40 9 of funding available.

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.

40 10 Sec. 23. CONNER DECREE. There is appropriated from the
 40 11 general fund of the state to the department of human services
 40 12 for the fiscal year beginning July 1, 2022, and ending June 30,
 40 13 2023, the following amount, or so much thereof as is necessary,
 40 14 to be used for the purpose designated:
 40 15 For building community capacity through the coordination
 40 16 and provision of training opportunities in accordance with the
 40 17 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 40 18 Iowa, July 14, 1994):
 40 19 \$ 33,632

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

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 20 Sec. 24. MENTAL HEALTH INSTITUTES.

40 21 1. There is appropriated from the general fund of the
 40 22 state to the department of human services for the fiscal year
 40 23 beginning July 1, 2022, and ending June 30, 2023, the following
 40 24 amounts, or so much thereof as is necessary, to be used for the
 40 25 purposes designated:

40 26 a. For operation of the state mental health institute at
 40 27 Cherokee as required by chapters 218 and 226 for salaries,
 40 28 support, maintenance, and miscellaneous purposes, and for not
 40 29 more than the following full-time equivalent positions:
 40 30 \$ 15,613,624
 40 31 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 32 b. For operation of the state mental health institute at
 40 33 Independence as required by chapters 218 and 226 for salaries,
 40 34 support, maintenance, and miscellaneous purposes, and for not
 40 35 more than the following full-time equivalent positions:
 41 1 \$ 19,688,928
 41 2 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 3 2. a. Notwithstanding sections 218.78 and 249A.11, any
 41 4 revenue received from the state mental health institute at
 41 5 Cherokee or the state mental health institute at Independence
 41 6 pursuant to 42 C.F.R.438.6(e) may be retained and expended by
 41 7 the mental health institute.

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

41 8 b. Notwithstanding sections 218.78 and 249A.11, any

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

41 9 COVID-19 related funding received through federal funding
 41 10 sources by the state mental health institute at Cherokee or the
 41 11 state mental health institute at Independence may be retained
 41 12 and expended by the mental health institute.

related to COVID-19.

41 13 3. Notwithstanding any provision of law to the contrary,
 41 14 a Medicaid member residing at the state mental health
 41 15 institute at Cherokee or the state mental health institute
 41 16 at Independence shall retain Medicaid eligibility during
 41 17 the period of the Medicaid member's stay for which federal
 41 18 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 19 4. Notwithstanding section 8.33, moneys appropriated in
 41 20 this section that remain unencumbered or unobligated at the
 41 21 close of the fiscal year shall not revert but shall remain
 41 22 available for expenditure for the purposes designated until the
 41 23 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 24 Sec. 25. STATE RESOURCE CENTERS.

41 25 1. There is appropriated from the general fund of the
 41 26 state to the department of human services for the fiscal year
 41 27 beginning July 1, 2022, and ending June 30, 2023, the following
 41 28 amounts, or so much thereof as is necessary, to be used for the
 41 29 purposes designated:

41 30 a. For the state resource center at Glenwood for salaries,
 41 31 support, maintenance, and miscellaneous purposes:
 41 32 \$ 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 33 b. For the state resource center at Woodward for salaries,
 41 34 support, maintenance, and miscellaneous purposes:
 41 35 \$ 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:

PG LN	GA:89 HF2578	Explanation
		<ul style="list-style-type: none"> • An increase of \$1,087,219 to replace COVID-19 enhanced FMAP. • An increase of \$84,138 for support costs.
42 1 42 2 42 3 42 4 42 5 42 6 42 7	2. The department may continue to bill for state resource center services utilizing a scope of services approach used for private providers of intermediate care facilities for persons with an intellectual disability services, in a manner which does not shift costs between the medical assistance program, mental health and disability services regions, or other sources of funding for the state resource centers.	Permits the DHS to continue billing practices that do not include cost shifting.
42 8 42 9	3. The state resource centers may expand the time-limited assessment and respite services during the fiscal year.	Permits the State resource centers to expand time-limited assessment and respite services.
		DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual 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.
42 10 42 11 42 12 42 13 42 14 42 15 42 16 42 17 42 18 42 19 42 20 42 21 42 22 42 23 42 24 42 25	4. If the department's administration and the department of management concur with a finding by a state resource center's superintendent that projected revenues can reasonably be expected to pay the salary and support costs for a new employee position, or that such costs for adding a particular number of new positions for the fiscal year would be less than the overtime costs if new positions would not be added, the superintendent may add the new position or positions. If the vacant positions available to a resource center do not include the position classification desired to be filled, the state resource center's superintendent may reclassify any vacant position as necessary to fill the desired position. The superintendents of the state resource centers may, by mutual agreement, pool vacant positions and position classifications during the course of the fiscal year in order to assist one another in filling necessary positions.	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.
42 26 42 27	5. If existing capacity limitations are reached in operating units, a waiting list is in effect for a service or	Permits a State resource center to open certain facilities if a service waiting list exists and funding is available.

42 28 a special need for which a payment source or other funding
 42 29 is available for the service or to address the special need,
 42 30 and facilities for the service or to address the special need
 42 31 can be provided within the available payment source or other
 42 32 funding, the superintendent of a state resource center may
 42 33 authorize opening not more than two units or other facilities
 42 34 and begin implementing the service or addressing the special
 42 35 need during fiscal year 2022-2023.

43 1 6. Notwithstanding section 8.33, and notwithstanding
 43 2 the amount limitation specified in section 222.92, moneys
 43 3 appropriated in this section that remain unencumbered or
 43 4 unobligated at the close of the fiscal year shall not revert
 43 5 but shall remain available for expenditure for the purposes
 43 6 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 7 Sec. 26. SEXUALLY VIOLENT PREDATORS.

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

43 8 1. There is appropriated from the general fund of the
 43 9 state to the department of human services for the fiscal year
 43 10 beginning July 1, 2022, and ending June 30, 2023, the following
 43 11 amount, or so much thereof as is necessary, to be used for the
 43 12 purpose designated:

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

43 13 For costs associated with the commitment and treatment of
 43 14 sexually violent predators in the unit located at the state
 43 15 mental health institute at Cherokee, including costs of legal
 43 16 services and other associated costs, including salaries,
 43 17 support, maintenance, and miscellaneous purposes, and for not
 43 18 more than the following full-time equivalent positions:
 43 19 \$ 13,891,276
 43 20 FTEs 140.00

- 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 21 2. Unless specifically prohibited by law, if the amount
 43 22 charged provides for recoupment of at least the entire amount
 43 23 of direct and indirect costs, the department of human services
 43 24 may contract with other states to provide care and treatment
 43 25 of persons placed by the other states at the unit for sexually
 43 26 violent predators at Cherokee. The moneys received under
 43 27 such a contract shall be considered to be repayment receipts
 43 28 and used for the purposes of the appropriation made in this
 43 29 section.

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

43 30 3. Notwithstanding section 8.33, moneys appropriated in

CODE: Allows any unexpended funds appropriated for the CCUSO for

43 31 this section that remain unencumbered or unobligated at the
 43 32 close of the fiscal year shall not revert but shall remain
 43 33 available for expenditure for the purposes designated until the
 43 34 close of the succeeding fiscal year.

FY 2023 to remain available for FY 2024.

43 35 Sec. 27. FIELD OPERATIONS.

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

44 1 1. There is appropriated from the general fund of the
 44 2 state to the department of human services for the fiscal year
 44 3 beginning July 1, 2022, and ending June 30, 2023, the following
 44 4 amount, or so much thereof as is necessary, to be used for the
 44 5 purposes designated:

DETAIL: This is an increase of \$5,297,771 and 50.00 FTE positions compared to estimated FY 2022. The changes include:

44 6 For field operations, including salaries, support,
 44 7 maintenance, and miscellaneous purposes, and for not more than
 44 8 the following full-time equivalent positions:
 44 9 \$ 65,894,438
 44 10 FTEs 1,589.00

- An increase of \$1,365,653 to hire additional 50.00 FTE positions to relieve caseloads.
- An increase of \$3,932,118 to annualize salary and benefits costs from FY 2022.

44 11 2. Priority in filling full-time equivalent positions
 44 12 shall be given to those positions related to child protection
 44 13 services and eligibility determination for low-income families.

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

44 14 Sec. 28. GENERAL ADMINISTRATION. There is appropriated
 44 15 from the general fund of the state to the department of human
 44 16 services for the fiscal year beginning July 1, 2022, and ending
 44 17 June 30, 2023, the following amount, or so much thereof as is
 44 18 necessary, to be used for the purpose designated:

General Fund appropriation for General Administration.

44 19 For general administration, including salaries, support,
 44 20 maintenance, and miscellaneous purposes, and for not more than
 44 21 the following full-time equivalent positions:
 44 22 \$ 15,342,189
 44 23 FTEs 294.00

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.

44 24 1. The department shall report at least monthly to the
 44 25 general assembly concerning the department's operational and
 44 26 program expenditures.

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

44 27 2. Of the funds appropriated in this section, \$150,000 shall
 44 28 be used for the provision of a program to provide technical
 44 29 assistance, support, and consultation to providers of home and
 44 30 community-based services under the medical assistance program.

Allocates \$150,000 for technical assistance for providers of HCBS under the Medicaid Program.

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

<p>44 31 3. Of the funds appropriated in this section, \$50,000 44 32 is transferred to the Iowa finance authority to be used 44 33 for administrative support of the council on homelessness 44 34 established in section 16.2D and for the council to fulfill its 44 35 duties in addressing and reducing homelessness in the state.</p>	<p>Transfers \$50,000 to the Iowa Finance Authority to be used for support of the Council on Homelessness.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 transfer.</p>
<p>45 1 4. Of the funds appropriated in this section, \$200,000 shall 45 2 be transferred to and deposited in the administrative fund of 45 3 the Iowa ABLE savings plan trust created in section 12I.4, to 45 4 be used for implementation and administration activities of the 45 5 Iowa ABLE savings plan trust.</p>	<p>Transfers \$200,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.</p> <p>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.</p>
<p>45 6 5. Of the funds appropriated in this section, \$200,000 is 45 7 transferred to the economic development authority for the Iowa 45 8 commission on volunteer services to continue to be used for the 45 9 RefugeeRISE AmeriCorps program established under section 15H.8 45 10 for member recruitment and training to improve the economic 45 11 well-being and health of economically disadvantaged refugees in 45 12 local communities across Iowa. Funds transferred may be used 45 13 to supplement federal funds under federal regulations.</p>	<p>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.</p> <p>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.</p>
<p>45 14 6. Of the funds appropriated in this section, up to \$300,000 45 15 shall be used as follows:</p>	<p>Allocates \$300,000 for children's mental health initiatives.</p> <p>DETAIL: This is no change in funding compared to the estimated FY 2022 allocation. However, this amount is further allocated in the following paragraphs.</p>
<p>45 16 a. To fund not more than 1.00 full-time equivalent position 45 17 to address the department's responsibility to support the work 45 18 of the children's behavioral health system state board and 45 19 implementation of the services required pursuant to section 45 20 331.397.</p>	<p>Specifies that the funding is for 1.00 FTE position to support the Children's System State Board.</p>
<p>45 21 b. To support the cost of establishing and implementing new 45 22 or additional services required pursuant to sections 331.397 45 23 and 331.397A.</p>	<p>Specifies that the funding is to support the establishment and implementation of new or additional children's behavioral health services.</p>
<p>45 24 c. Of the amount allocated, \$32,000 shall be transferred 45 25 to the department of public health to support the costs of</p>	<p>Transfers \$32,000 to the DPH for the Your Life Iowa Program to include information on the Iowa Children's Behavioral Health System.</p>

45 26 establishing and implementing new or additional services
 45 27 required pursuant to sections 331.397 and 331.397A.

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

45 28 7. Of the funds appropriated in this section, \$800,000 shall
 45 29 be used for the renovation and construction of certain nursing
 45 30 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 31 Sec. 29. DEPARTMENT-WIDE DUTIES. There is appropriated
 45 32 from the general fund of the state to the department of human
 45 33 services for the fiscal year beginning July 1, 2022, and ending
 45 34 June 30, 2023, the following amount, or so much thereof as is
 45 35 necessary, to be used for the purposes designated:
 46 1 For salaries, support, maintenance, and miscellaneous
 46 2 purposes at facilities under the purview of the department of
 46 3 human services:
 46 4 \$ 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 5 Sec. 30. VOLUNTEERS. There is appropriated from the general
 46 6 fund of the state to the department of human services for the
 46 7 fiscal year beginning July 1, 2022, and ending June 30, 2023,
 46 8 the following amount, or so much thereof as is necessary, to be
 46 9 used for the purpose designated:
 46 10 For development and coordination of volunteer services:
 46 11 \$ 84,686

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

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

46 12 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 46 13 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 46 14 DEPARTMENT OF HUMAN SERVICES.

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

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.

46 20 and special population nursing facilities shall be reimbursed
46 21 in accordance with the methodology in effect on June 30, 2022.

46 22 (c) For managed care claims, the department of human
46 23 services shall adjust the payment rate floor for nursing
46 24 facilities, annually, to maintain a rate floor that is no
46 25 lower than the Medicaid fee-for-service case-mix adjusted rate
46 26 calculated in accordance with subparagraph division (a) and
46 27 441 IAC 81.6. The department shall then calculate adjusted
46 28 reimbursement rates, including but not limited to add-on
46 29 payments, annually, and shall notify Medicaid managed care
46 30 organizations of the adjusted reimbursement rates within 30
46 31 days of determining the adjusted reimbursement rates. Any
46 32 adjustment of reimbursement rates under this subparagraph
46 33 division shall be budget neutral to the state budget.

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.

46 34 (d) For the fiscal year beginning July 1, 2022, Medicaid
46 35 managed care long-term services and supports capitation rates
47 1 shall be adjusted to reflect the case-mix adjusted rates
47 2 specified pursuant to subparagraph division (a) for the patient
47 3 populations residing in Medicaid-certified nursing facilities.

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.

47 4 (2) Medicaid managed care organizations shall adjust
47 5 facility-specific rates based upon payment rate listings issued
47 6 by the department. The rate adjustments shall be applied
47 7 prospectively from the effective date of the rate letter issued
47 8 by the department.

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.

47 9 b. (1) For the fiscal year beginning July 1, 2022, the
47 10 department shall establish the fee-for-service pharmacy
47 11 dispensing fee reimbursement at \$10.38 per prescription,
47 12 until a cost of dispensing survey is completed. The actual
47 13 dispensing fee shall be determined by a cost of dispensing
47 14 survey performed by the department and required to be completed
47 15 by all medical assistance program participating pharmacies
47 16 every two years, adjusted as necessary to maintain expenditures
47 17 within the amount appropriated to the department for this
47 18 purpose for the fiscal year. A change in the dispensing
47 19 fee shall become effective following federal approval of the
47 20 Medicaid state plan.

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.

47 21 (2) The department shall utilize an average acquisition

Requires the DHS to continue an average acquisition cost (AAC)

47 22 cost reimbursement methodology for all drugs covered under the
47 23 medical assistance program in accordance with 2012 Iowa Acts,
47 24 chapter 1133, section 33.

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

47 25 c. (1) For the fiscal year beginning July 1, 2022,
47 26 reimbursement rates for outpatient hospital services shall
47 27 remain at the rates in effect on June 30, 2022, subject to
47 28 Medicaid program upper payment limit rules, and adjusted
47 29 as necessary to maintain expenditures within the amount
47 30 appropriated to the department for this purpose for the fiscal
47 31 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 32 (2) For the fiscal year beginning July 1, 2022,
47 33 reimbursement rates for inpatient hospital services shall
47 34 remain at the rates in effect on June 30, 2022, subject to
47 35 Medicaid program upper payment limit rules, and adjusted
48 1 as necessary to maintain expenditures within the amount
48 2 appropriated to the department for this purpose for the fiscal
48 3 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 4 (3) For the fiscal year beginning July 1, 2022, under
48 5 both fee-for-service and managed care administration of
48 6 the Medicaid program, critical access hospitals shall be
48 7 reimbursed for inpatient and outpatient services based on the
48 8 hospital-specific critical access hospital cost adjustment
48 9 factor methodology utilizing the most recent and complete cost
48 10 reporting period as applied prospectively within the funds
48 11 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 12 (4) For the fiscal year beginning July 1, 2022, the graduate
48 13 medical education and disproportionate share hospital fund
48 14 shall remain at the amount in effect on June 30, 2022, except
48 15 that the portion of the fund attributable to graduate medical
48 16 education shall be reduced in an amount that reflects the
48 17 elimination of graduate medical education payments made to
48 18 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 19 (5) In order to ensure the efficient use of limited state
48 20 funds in procuring health care services for low-income lowans,
48 21 funds appropriated in this Act for hospital services shall

Requires funds appropriated to hospital activities to be used for activities pursuant to the federal Medicare Program.

48 22 not be used for activities which would be excluded from a
48 23 determination of reasonable costs under the federal Medicare
48 24 program pursuant to 42 U.S.C.§1395x(v)(1)(N).

48 25 d. For the fiscal year beginning July 1, 2022, reimbursement
48 26 rates for hospices and acute psychiatric hospitals shall be
48 27 increased in accordance with increases under the federal
48 28 Medicare program or as supported by their Medicare audited
48 29 costs.

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

48 30 e. For the fiscal year beginning July 1, 2022, independent
48 31 laboratories and rehabilitation agencies shall be reimbursed
48 32 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 33 f. (1) For the fiscal year beginning July 1, 2022,
48 34 reimbursement rates for home health agencies shall continue to
48 35 be based on the Medicare low utilization payment adjustment
49 1 (LUPA) methodology with state geographic wage adjustments. The
49 2 department shall continue to update the rates every two years
49 3 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 4 (2) For the fiscal year beginning July 1, 2022, the
49 5 department shall create a reimbursement rate structure that
49 6 provides incentives to home health care providers located in
49 7 rural areas and providing home health care to Medicaid members,
49 8 within the \$4,000,000 appropriated for this purpose. The rate
49 9 structure shall include a telehealth component to incentivize
49 10 the provision of necessary supervision for skilled care without
49 11 requiring travel time. For the purposes of this subparagraph
49 12 (2), "rural area" means an area that is not an Iowa core based
49 13 statistical area as defined by the federal office of management
49 14 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 15 (3) For the fiscal year beginning July 1, 2022, rates for
49 16 private duty nursing and personal care services under the early
49 17 and periodic screening, diagnostic, and treatment program
49 18 benefit shall be calculated based on the methodology in effect
49 19 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 20 g. For the fiscal year beginning July 1, 2022, federally
49 21 qualified health centers and rural health clinics shall receive
49 22 cost-based reimbursement for 100 percent of the reasonable

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.

49 23 costs for the provision of services to recipients of medical
49 24 assistance.

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

49 25 h. For the fiscal year beginning July 1, 2022, the
49 26 reimbursement rates for dental services shall remain at the
49 27 rates in effect on June 30, 2022.

49 28 i. (1) For the fiscal year beginning July 1, 2022,
49 29 reimbursement rates for non-state-owned psychiatric medical
49 30 institutions for children shall be based on the reimbursement
49 31 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 32 (2) As a condition of participation in the medical
49 33 assistance program, enrolled providers shall accept the medical
49 34 assistance reimbursement rate for any covered goods or services
49 35 provided to recipients of medical assistance who are children
50 1 under the custody of a psychiatric medical institution for
50 2 children.

Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.

50 3 j. For the fiscal year beginning July 1, 2022, unless
50 4 otherwise specified in this Act, all noninstitutional medical
50 5 assistance provider reimbursement rates shall remain at the
50 6 rates in effect on June 30, 2022, except for area education
50 7 agencies, local education agencies, infant and toddler
50 8 services providers, home and community-based services providers
50 9 including consumer-directed attendant care providers under a
50 10 section 1915(c) or 1915(i) waiver, targeted case management
50 11 providers, and those providers whose rates are required to be
50 12 determined pursuant to section 249A.20, or to meet federal
50 13 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 14 k. Notwithstanding any provision to the contrary, for the
50 15 fiscal year beginning July 1, 2022, the reimbursement rate for
50 16 anesthesiologists shall remain at the rates in effect on June
50 17 30, 2022, and updated on January 1, 2023, to align with the
50 18 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 19 l. Notwithstanding section 249A.20, for the fiscal year
50 20 beginning July 1, 2022, the average reimbursement rate for
50 21 health care providers eligible for use of the federal Medicare
50 22 resource-based relative value scale reimbursement methodology
50 23 under section 249A.20 shall remain at the rate in effect on

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 24 June 30, 2022; however, this rate shall not exceed the maximum
50 25 level authorized by the federal government.

50 26 m. For the fiscal year beginning July 1, 2022, the
50 27 reimbursement rate for residential care facilities shall not
50 28 be less than the minimum payment level as established by the
50 29 federal government to meet the federally mandated maintenance
50 30 of effort requirement. The flat reimbursement rate for
50 31 facilities electing not to file annual cost reports shall not
50 32 be less than the minimum payment level as established by the
50 33 federal government to meet the federally mandated maintenance
50 34 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 35 n. For the fiscal year beginning July 1, 2022, the
51 1 reimbursement rates for inpatient mental health services
51 2 provided at hospitals shall remain at the rates in effect on
51 3 June 30, 2022, subject to Medicaid program upper payment limit
51 4 rules and adjusted as necessary to maintain expenditures within
51 5 the amount appropriated to the department for this purpose for
51 6 the fiscal year; and psychiatrists shall be reimbursed at the
51 7 medical assistance program fee-for-service rate in effect on
51 8 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 9 o. For the fiscal year beginning July 1, 2022, community
51 10 mental health centers may choose to be reimbursed for the
51 11 services provided to recipients of medical assistance through
51 12 either of the following options:
51 13 (1) For 100 percent of the reasonable costs of the services.
51 14 (2) In accordance with the alternative reimbursement rate
51 15 methodology approved by the department of human services in
51 16 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 17 p. For the fiscal year beginning July 1, 2022, the
51 18 reimbursement rate for providers of family planning services
51 19 that are eligible to receive a 90 percent federal match shall
51 20 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 21 q. (1) For the fiscal year beginning July 1, 2022,
51 22 reimbursement rates for providers of home and community-based
51 23 services waiver and habilitation services shall be increased
51 24 to the extent possible within the \$14,600,000 appropriated for
51 25 this purpose. The entire rate increase shall be used for wages

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,

51 26 and associated costs specific to wages, benefits, and required
 51 27 withholding of direct support professionals and frontline
 51 28 management, including consumer choices option employees.

including consumer choice option employees.

51 29 (2) For the fiscal year beginning July 1, 2022,
 51 30 reimbursement rates for intermediate care facility for
 51 31 persons with an intellectual disability providers shall be
 51 32 increased over the rates in effect on June 30, 2022, within
 51 33 the \$3,125,778 appropriated for this purpose. The entire rate
 51 34 increase shall be used for wages and associated costs specific
 51 35 to wages, benefits, and required withholding of direct support
 52 1 professionals and frontline management.

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.

52 2 (3) For the fiscal year beginning July 1, 2022,
 52 3 reimbursement rates for providers of state plan home and
 52 4 community-based services home-based habilitation services
 52 5 shall remain at the rates in effect on June 30, 2022. The
 52 6 reimbursement rates for home-based habilitation services shall
 52 7 be based on a fee schedule that incorporates the acuity-based
 52 8 tiers.

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.

52 9 r. For the fiscal year beginning July 1, 2022, the
 52 10 reimbursement rates for emergency medical service providers
 52 11 shall remain at the rates in effect on June 30, 2022, or as
 52 12 approved by the centers for Medicare and Medicaid services of
 52 13 the United States department of health and human services.

Requires the FY 2023 reimbursement rates for emergency medical service providers to remain at the rates in effect on June 30, 2022.

52 14 s. (1) For the fiscal year beginning July 1, 2022,
 52 15 reimbursement rates for substance-related disorder treatment
 52 16 programs licensed under section 125.13 shall remain at the
 52 17 rates in effect on June 30, 2022.

Requires the FY 2023 reimbursement rates for substance-related disorder treatment providers to remain at the rates in effect on June 30, 2022.

52 18 (2) For the fiscal year beginning July 1, 2022, the
 52 19 department shall establish a fee schedule or provider-specific
 52 20 rate structure to increase reimbursement rates for residential
 52 21 substance use treatment providers within the \$1,100,000
 52 22 appropriated for this purpose.

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.

52 23 t. For the fiscal year beginning July 1, 2022, assertive
 52 24 community treatment per diem rates shall remain at the rates in
 52 25 effect on June 30, 2022.

Requires the FY 2023 assertive community treatment providers per diem to remain at the rates in effect June 30, 2022.

PG LN	GA:89 HF2578	Explanation
		DETAIL: An increase was provided under the Medicaid appropriations for this change.
52 26 u. For the fiscal year beginning July 1, 2022, the 52 27 reimbursement rate for family-centered services providers shall 52 28 be established by contract.		Requires the FY 2023 reimbursement rates for family-centered service providers to be established by contract.
52 29 v. For the fiscal year beginning July 1, 2022, the 52 30 reimbursement rate for air ambulance services shall remain at 52 31 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 32 w. For the fiscal year beginning July 1, 2022, all 52 33 behavioral health intervention services reimbursement rates 52 34 shall be increased over the rates in effect on June 30, 2022, 52 35 within the \$3,000,000 appropriated for this purpose. The 53 1 entire rate increase shall be used for wages and associated 53 2 costs specific to wages, benefits, and required withholding of 53 3 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 4 x. For the fiscal year beginning July 1, 2022, all applied 53 5 behavioral analysis services reimbursement rates shall be 53 6 increased over the rates in effect on June 30, 2022, within the 53 7 \$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 8 2. For the fiscal year beginning July 1, 2022, the 53 9 reimbursement rate for providers reimbursed under the 53 10 in-home-related care program shall not be less than the minimum 53 11 payment level as established by the federal government to meet 53 12 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 13 3. Unless otherwise directed in this section, when the 53 14 department's reimbursement methodology for any provider 53 15 reimbursed in accordance with this section includes an 53 16 inflation factor, this factor shall not exceed the amount 53 17 by which the consumer price index for all urban consumers 53 18 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 19 4. Notwithstanding section 234.38, for the fiscal 53 20 year beginning July 1, 2022, the foster family basic daily 53 21 maintenance rate and the maximum adoption subsidy rate for 53 22 children ages 0 through 5 years shall be \$16.78, the rate for		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:

<p>53 23 children ages 6 through 11 years shall be \$17.45, the rate for 53 24 children ages 12 through 15 years shall be \$19.10, and the 53 25 rate for children and young adults ages 16 and older shall 53 26 be \$19.35. For youth ages 18 to 23 who have exited foster 53 27 care, the preparation for adult living program maintenance 53 28 rate shall be up to \$602.70 per month as calculated based on 53 29 the age of the participant. The maximum payment for adoption 53 30 subsidy nonrecurring expenses shall be limited to \$500 and the 53 31 disallowance of additional amounts for court costs and other 53 32 related legal expenses implemented pursuant to 2010 Iowa Acts, 53 33 chapter 1031, section 408, shall be continued.</p>	<ul style="list-style-type: none"> • \$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. <p>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.</p>
<p>53 34 5. For the fiscal year beginning July 1, 2022, the maximum 53 35 reimbursement rates for social services providers under 54 1 contract shall remain at the rates in effect on June 30, 2022, 54 2 or the provider's actual and allowable cost plus inflation for 54 3 each service, whichever is less. However, if a new service 54 4 or service provider is added after June 30, 2022, the initial 54 5 reimbursement rate for the service or provider shall be based 54 6 upon a weighted average of provider rates for similar services.</p>	<p>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.</p>
<p>54 7 6. a. For the fiscal year beginning July 1, 2022, the 54 8 reimbursement rates for resource family recruitment and 54 9 retention contractors shall be established by contract.</p>	<p>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.</p>
<p>54 10 b. For the fiscal year beginning July 1, 2022, the 54 11 reimbursement rates for supervised apartment living foster care 54 12 providers shall be established by contract.</p>	<p>Requires the FY 2023 reimbursement rates for supervised apartment living foster care providers to be established by contract.</p>
<p>54 13 7. For the fiscal year beginning July 1, 2022, the 54 14 reimbursement rate for group foster care providers shall be the 54 15 combined service and maintenance reimbursement rate established 54 16 by contract.</p>	<p>Requires the FY 2023 combined reimbursement rates for group foster care to be set by contract.</p>
<p>54 17 8. The group foster care reimbursement rates paid for 54 18 placement of children out of state shall be calculated 54 19 according to the same rate-setting principles as those used for 54 20 in-state providers, unless the director of human services or 54 21 the director's designee determines that appropriate care cannot 54 22 be provided within the state. The payment of the daily rate 54 23 shall be based on the number of days in the calendar month in</p>	<p>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.</p>

54 24 which service is provided.

54 25 9. a. For the fiscal year beginning July 1, 2022, the
54 26 reimbursement rate paid for shelter care and the child welfare
54 27 emergency services implemented to provide or prevent the need
54 28 for shelter care shall be established by contract.

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

54 29 b. For the fiscal year beginning July 1, 2022, the combined
54 30 service and maintenance components of the per day reimbursement
54 31 rate paid for shelter care services shall be based on the
54 32 financial and statistical report submitted to the department.
54 33 The maximum per day reimbursement rate shall be the maximum
54 34 per day reimbursement rate in effect on June 30, 2022, as
54 35 increased within the \$649,029 appropriated for this purpose.
55 1 The department shall reimburse a shelter care provider at the
55 2 provider's actual and allowable unit cost, plus inflation, not
55 3 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 4 c. Unless 2022 Iowa Acts, House File 2507, is enacted,
55 5 notwithstanding section 232.141, subsection 8, for the fiscal
55 6 year beginning July 1, 2022, the amount of the statewide
55 7 average of the actual and allowable rates for reimbursement of
55 8 juvenile shelter care homes that is utilized for the limitation
55 9 on recovery of unpaid costs shall remain at the amount in
55 10 effect for this purpose in the fiscal year beginning July 1,
55 11 2021. If 2022 Iowa Acts, House File 2507, is enacted, the
55 12 applicable provisions of House File 2507 shall supersede the
55 13 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 14 10. For the fiscal year beginning July 1, 2022, the
55 15 department shall calculate reimbursement rates for intermediate
55 16 care facilities for persons with an intellectual disability
55 17 at the 80th percentile. Beginning July 1, 2022, the rate
55 18 calculation methodology shall utilize the consumer price index
55 19 inflation factor applicable to the fiscal year beginning July
55 20 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 21 11. Effective July 1, 2022, child care provider
55 22 reimbursement rates shall remain at the rates in effect on June
55 23 30, 2022. The department shall set rates in a manner so as
55 24 to provide incentives for a nonregistered provider to become
55 25 registered by applying any increase only to registered and

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

55 26 licensed providers.

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 27 12. The department may adopt emergency rules to implement
55 28 this section.

Allows the DHS to adopt emergency rules to implement the Section of this Bill related to reimbursement rates.

55 29 Sec. 32. EMERGENCY RULES.

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

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 27 administrative code editor.

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

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

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

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.

57 8 DIVISION VI
 57 9 HEALTH CARE ACCOUNTS AND FUNDS — FY 2022-2023

57 10 Sec. 35. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 57 11 appropriated from the pharmaceutical settlement account created
 57 12 in section 249A.33 to the department of human services for the
 57 13 fiscal year beginning July 1, 2022, and ending June 30, 2023,
 57 14 the following amount, or so much thereof as is necessary, to be
 57 15 used for the purpose designated:
 57 16 Notwithstanding any provision of law to the contrary, to
 57 17 supplement the appropriations made in this Act for health
 57 18 program operations under the medical assistance program for the
 57 19 fiscal year beginning July 1, 2022, and ending June 30, 2023:
 57 20 \$ 234,193

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

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

57 21 Sec. 36. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 57 22 SERVICES. Notwithstanding any provision to the contrary and
 57 23 subject to the availability of funds, there is appropriated
 57 24 from the quality assurance trust fund created in section
 57 25 249L.4 to the department of human services for the fiscal year
 57 26 beginning July 1, 2022, and ending June 30, 2023, the following
 57 27 amounts, or so much thereof as is necessary, for the purposes
 57 28 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 29 To supplement the appropriation made in this Act from the
 57 30 general fund of the state to the department of human services
 57 31 for medical assistance for the same fiscal year:
 57 32 \$ 56,305,139

57 33 Sec. 37. HOSPITAL HEALTH CARE ACCESS TRUST FUND ———
 57 34 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 57 35 the contrary and subject to the availability of funds, there is
 58 1 appropriated from the hospital health care access trust fund
 58 2 created in section 249M.4 to the department of human services
 58 3 for the fiscal year beginning July 1, 2022, and ending June
 58 4 30, 2023, the following amounts, or so much thereof as is
 58 5 necessary, for the purposes designated:
 58 6 To supplement the appropriation made in this Act from the
 58 7 general fund of the state to the department of human services
 58 8 for medical assistance for the same fiscal year:
 58 9 \$ 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 10 Sec. 38. MEDICAL ASSISTANCE PROGRAM ——— NONREVERSION
 58 11 FOR FY 2022-2023. Notwithstanding section 8.33, if moneys
 58 12 appropriated for purposes of the medical assistance program for
 58 13 the fiscal year beginning July 1, 2022, and ending June 30,
 58 14 2023, from the general fund of the state, the quality assurance
 58 15 trust fund, and the hospital health care access trust fund, are
 58 16 in excess of actual expenditures for the medical assistance
 58 17 program and remain unencumbered or unobligated at the close
 58 18 of the fiscal year, the excess moneys shall not revert but
 58 19 shall remain available for expenditure for the purposes of the
 58 20 medical assistance program until the close of the succeeding
 58 21 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 22 DIVISION VII
 58 23 DECATEGORIZATION CARRYOVER FUNDING

58 24 Sec. 39. DECATEGORIZATION CARRYOVER FUNDING FY 2020 ———
 58 25 TRANSFER TO MEDICAID PROGRAM. Notwithstanding section 232.188,
 58 26 subsection 5, paragraph “b”, any state-appropriated moneys in
 58 27 the funding pool that remained unencumbered or unobligated
 58 28 at the close of the fiscal year beginning July 1, 2019, and
 58 29 were deemed carryover funding to remain available for the two
 58 30 succeeding fiscal years that still remain unencumbered or
 58 31 unobligated at the close of the fiscal year beginning July 1,

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.

58 32 2021, shall not revert but shall be transferred to the medical
58 33 assistance program for the fiscal year beginning July 1, 2022.

58 34 Sec. 40. EFFECTIVE DATE. This division of this Act, being
58 35 deemed of immediate importance, takes effect upon enactment.
59 1 Sec. 41. RETROACTIVE APPLICABILITY. This division of this
59 2 Act applies retroactively to July 1, 2021.

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.

59 3 DIVISION VIII
59 4 TRANSFER OF PROPERTY TAX RELIEF FUND BALANCE

59 5 Sec. 42. TRANSFER OF PROPERTY TAX RELIEF FUND BALANCE —
59 6 FY 2021-2022. Notwithstanding any provision to the contrary,
59 7 any funds remaining in the property tax relief fund created
59 8 in section 426B.1 at the close of the fiscal year beginning
59 9 July 1, 2021, shall be transferred to the region incentive fund
59 10 created in the mental health and disability services regional
59 11 service fund pursuant to section 225C.7A.

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.

59 12 Sec. 43. EFFECTIVE DATE. This division of this Act, being
59 13 deemed of immediate importance, takes effect upon enactment.

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.

59 14 DIVISION IX
59 15 PRIOR APPROPRIATIONS AND OTHER PROVISIONS
59 16 FAMILY INVESTMENT PROGRAM GENERAL FUND

59 17 Sec. 44. 2021 Iowa Acts, chapter 182, section 9, is amended
59 18 by adding the following new subsection:
59 19 NEW SUBSECTION 7. Notwithstanding section 8.33, moneys
59 20 appropriated in this section that remain unencumbered or
59 21 unobligated at the close of the fiscal year shall not revert
59 22 but shall remain available for one-time purposes, and may be
59 23 transferred to the appropriation in this division of this Act
59 24 for general administration for technology purposes, until the
59 25 close of the succeeding fiscal year.

CODE: Amends the [FY 2022 Health and Human Services Appropriations Act](#) 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.

59 26 CHILD AND FAMILY SERVICES

59 27 Sec. 45. 2021 Iowa Acts, chapter 182, section 19, is amended
59 28 by adding the following new subsection:
59 29 NEW SUBSECTION 24. Notwithstanding section 8.33, moneys

CODE: Amends the [FY 2022 Health and Human Services Appropriations Act](#) to allow any unexpended funds appropriated for Child and Family Services for FY 2022 to remain available through

59 30 appropriated in this section that remain unencumbered or
 59 31 unobligated at the close of the fiscal year shall not revert
 59 32 but shall remain available for the purposes designated until
 59 33 the close of the succeeding fiscal year.

FY 2023.

59 34 FIELD OPERATIONS

59 35 Sec. 46. 2021 Iowa Acts, chapter 182, section 27, is amended
 60 1 by adding the following new subsection:
 60 2 NEW SUBSECTION 3. Notwithstanding section 8.33, moneys
 60 3 appropriated in this section that remain unencumbered or
 60 4 unobligated at the close of the fiscal year shall not revert
 60 5 but shall remain available for one-time expenditure purposes
 60 6 until the close of the succeeding fiscal year.

CODE: Amends the [FY 2022 Health and Human Services Appropriations Act](#) to allow any unexpended funds appropriated for Field Operations for FY 2022 to remain available through FY 2023 for one-time expenditures.

60 7 GENERAL ADMINISTRATION

60 8 Sec. 47. 2021 Iowa Acts, chapter 182, section 28, is amended
 60 9 by adding the following new subsection:
 60 10 NEW SUBSECTION 8. Notwithstanding section 8.33, moneys
 60 11 appropriated in this section that remain unencumbered or
 60 12 unobligated at the close of the fiscal year shall not revert
 60 13 but shall remain available for one-time expenditure purposes
 60 14 until the close of the succeeding fiscal year.

CODE: Amends the [FY 2022 Health and Human Services Appropriations Act](#) to allow any unexpended funds appropriated for General Administration for FY 2022 to remain available through FY 2023 for one-time expenditures.

60 15 Sec. 48. EFFECTIVE DATE. This division of this Act, being
 60 16 deemed of immediate importance, takes effect upon enactment.

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.

60 17 DIVISION X
 60 18 PUBLIC HEALTH EMERGENCY PROVISIONS COVID-19 REGULATIONS

60 19 Sec. 49. COVID-19 FEDERAL REGULATIONS. For the time
 60 20 period beginning on the effective date of this division of
 60 21 this Act, and ending June 30, 2023, notwithstanding state
 60 22 administrative rules to the contrary, to the extent federal
 60 23 regulations relating to the COVID-19 pandemic differ from state
 60 24 administrative rules, including applicable federal waivers,
 60 25 the federal regulations are controlling during the pendency of
 60 26 the federally declared state of emergency and for such period
 60 27 of time following the end of the federally declared state of
 60 28 emergency applicable to the respective federal regulations.

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 29 DIVISION XI
 60 30 HEALTH AND HUMAN SERVICES REALIGNMENT

60 31 Sec. 50. TRANSITION OF DEPARTMENT OF HUMAN SERVICES AND
 60 32 DEPARTMENT OF PUBLIC HEALTH INTO DEPARTMENT OF HEALTH AND
 60 33 SERVICES.

60 34 1. DEFINITIONS. For the purposes of this section:
 60 35 a. "Department of health and human services" or
 61 1 "department" means the department of health and human services
 61 2 created under this section.
 61 3 b. "Transition department" means the department of human
 61 4 services or the department of public health.
 61 5 c. "Transition departments" means the department of human
 61 6 services and the department of public health.
 61 7 d. "Transition period" means the period beginning July 1,
 61 8 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 9 2. CREATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES
 61 10 ——— TRANSITION PERIOD ——— POWERS AND DUTIES. Notwithstanding
 61 11 any conflicting provision of law to the contrary, there is
 61 12 created a department of health and human services. During
 61 13 the transition period, the department of health and human
 61 14 services shall have and may exercise all of the policymaking
 61 15 functions, regulatory and enforcement powers, rights, duties,
 61 16 and responsibilities of the department of human services and
 61 17 the department of public health as prescribed by law or rule
 61 18 in effect on July 1, 2022, including but not limited to those
 61 19 relating to:
 61 20 a. All obligations and contracts of a transition
 61 21 department, including obligations and contracts related to a
 61 22 grant program.
 61 23 b. All property and records in the custody of a transition
 61 24 department.
 61 25 c. All funds appropriated to a transition department by the
 61 26 general assembly and all state, federal, and other funds for
 61 27 which expenditure by a transition department is authorized.
 61 28 d. Complaints, investigations, contested cases, causes of
 61 29 action, and statutes of limitations involving a transition
 61 30 department.
 61 31 (1) All complaints, investigations, contested cases, or
 61 32 a remand of an action by a reviewing court pending before a

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

61 33 transition department or an authorized person of a transition
61 34 department shall continue without change in status before
61 35 the department and shall be governed by the laws and rules
62 1 applicable to the complaint, investigation, contested case, or
62 2 remand action or proceeding in effect on July 1, 2022.
62 3 (2) Any cause of action or statute of limitation relating
62 4 to a transition department shall not be affected as a result
62 5 of the transition and such cause of action or statute of
62 6 limitation shall apply to the department.
62 7 e. Rules, policies, and forms. All rules, policies, and
62 8 forms adopted by or on behalf of a transition department shall
62 9 become rules, policies, and forms of the department and shall
62 10 remain in effect unless altered by the department.
62 11 f. Licenses, permits, and certifications. All licenses,
62 12 permits, and certifications issued by a transition department
62 13 shall continue in effect as a license, permit, or certification
62 14 of the department in accordance with the law or rule governing
62 15 the license, permit, or certification in effect on July 1,
62 16 2022, until the license, permit, or certification expires, is
62 17 suspended or revoked, or otherwise becomes invalid by the terms
62 18 of such law or rule.
62 19 g. References to a department or director. All references
62 20 to the department of public health or the department of human
62 21 services in law or in rule shall be interpreted to mean the
62 22 department of health and human services, and all references to
62 23 the director of public health or the director of human services
62 24 shall be interpreted to mean the director of the department of
62 25 health and human services.
62 26 h. Departmental structure.
62 27 (1) Any transition department, transition department
62 28 subunit, or transition department body created or established
62 29 by law and in existence on July 1, 2022, shall continue in
62 30 full force and effect and shall not be permanently abolished,
62 31 merged, or otherwise altered until amended, repealed, or
62 32 supplemented by action of the general assembly.
62 33 (2) This paragraph shall not prohibit a transition
62 34 department, transition department subunit, or transition
62 35 department body created or established by law in existence on
63 1 July 1, 2022, from sharing or coordinating responsibilities
63 2 or functions under their respective purviews nor prohibit
63 3 the director from temporarily integrating such departments,

63 4 subunits, or bodies or the responsibilities or functions under
63 5 their respective purviews in furtherance of the transition plan
63 6 during the transition period.

63 7 3. TRANSITION PERIOD LEADERSHIP. During the transition
63 8 period, the director of human services shall continue to act
63 9 as the director of human services, shall assume the duties of
63 10 the director of public health, shall act as the director of
63 11 the department of health and human services, and may thereby
63 12 exercise any policymaking functions, regulatory and enforcement
63 13 powers, rights, duties, and responsibilities of the director
63 14 of human services and the director of public health including
63 15 those duties prescribed by law for the department of human
63 16 services or the department of public health in effect on July
63 17 1, 2022.

Specifies leadership of the new Department of Health and Human Services.

63 18 4. FEDERAL AUTHORIZATION AND EFFECTIVE DATE OF
63 19 AUTHORIZATIONS. If a transition department or the department
63 20 determines that a waiver or authorization from the federal
63 21 government is necessary to administer any provision of
63 22 this section, the department shall request the waiver or
63 23 authorization, and notwithstanding any other effective date to
63 24 the contrary, the provision shall take effect only upon receipt
63 25 of federal approval.

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 26 5. INITIAL WRITTEN TRANSITION PLAN.
63 27 a. On or before September 30, 2022, the transition
63 28 departments or department shall publish on their respective
63 29 internet sites an initial written transition plan for merging
63 30 the functions of the transition departments into the department
63 31 of health and human services effective July 1, 2023, in order
63 32 to do all of the following:
63 33 (1) More efficiently and effectively manage health and
63 34 human services programs that are the responsibility of the
63 35 state.
64 1 (2) Establish a health and human services policy for the
64 2 state.
64 3 (3) Promote health and the quality of life in the health and
64 4 human services field.
64 5 b. The transition plan shall describe, at a minimum, all of
64 6 the following:
64 7 (1) The tasks that require completion before July 1, 2023,

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.

64 8 including a description of how the transition departments shall
64 9 solicit comment from stakeholders, including employees of the
64 10 transition departments, clients and partners of the transition
64 11 departments, members of the public, and members of the general
64 12 assembly.

64 13 (2) The proposed organizational structure of the
64 14 department, at a minimum, including the division level of
64 15 the table of organization. Any personnel in the state merit
64 16 system of employment who are mandatorily transferred due to the
64 17 transition shall be so transferred without any loss in salary,
64 18 benefits, or accrued years of service.

64 19 (3) Proposed changes to any transition department boards,
64 20 commissions, committees, councils, or other bodies and their
64 21 functions.

64 22 (4) Office space and infrastructure requirements related
64 23 to the transition.

64 24 (5) Any work site location changes for transitioning
64 25 employees.

64 26 (6) The transition of service delivery sites.

64 27 (7) Procedures for the transfer and reconciliation of
64 28 budgeting and funding between the transition departments and
64 29 the department.

64 30 (8) The transition of technology services of the transition
64 31 departments to the department.

64 32 (9) Any additional known tasks that may require completion
64 33 after the transition on July 1, 2023.

64 34 c. The written transition plan published under paragraph
64 35 "b" shall:

65 1 (1) Include a detailed timeline for the completion of the
65 2 tasks described.

65 3 (2) Be updated quarterly during the remainder of the
65 4 transition period.

65 5 (3) Describe how information will be provided to clients
65 6 of the transition departments and the department regarding any
65 7 changes in service delivery.

65 8 (4) Describe how the transition to the department will be
65 9 funded, including how expenses associated with the transition
65 10 will be managed; how funding for services provided by the
65 11 transition departments will be managed to ensure provision
65 12 of services by the transition departments and the department
65 13 without interruption; and how federal funds will be used by

65 14 or transferred between the transition departments and the
 65 15 department to ensure provision of services by the transition
 65 16 departments and the department without interruption.

65 17 6. STATUTORY AND ADMINISTRATIVE RULE UPDATES.

65 18 a. Legislative changes required to implement the
 65 19 transition. Additional legislation is necessary to fully
 65 20 implement the transition. The director of the department
 65 21 of health and human services shall, in compliance with
 65 22 section 2.16, prepare draft legislation for submission to the
 65 23 legislative services agency, as necessary, for consideration
 65 24 by the general assembly during the 2023 legislative
 65 25 session, to implement the transition effective July 1, 2023.
 65 26 Notwithstanding any provision to the contrary in section 2.16,
 65 27 the draft legislation shall be submitted to the legislative
 65 28 services agency by October 1, 2022.

65 29 b. Update of administrative code required by the
 65 30 transition. In updating references and the format in the
 65 31 Iowa administrative code, in order to correspond to the
 65 32 transferring of duties of the transition departments, the
 65 33 administrative rules coordinator and the administrative rules
 65 34 review committee, in consultation with the administrative code
 65 35 editor, shall collectively develop a schedule for the necessary
 66 1 updating of the Iowa administrative code.

66 2 DIVISION XII
 66 3 NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALITY
 66 4 OF CARE RATE ADD-ON PROGRAM

66 5 Sec. 51. Section 249L.2, subsections 6 and 7, Code 2022, are
 66 6 amended by striking the subsections.
 66 7 Sec. 52. Section 249L.2, subsection 8, Code 2022, is amended
 66 8 to read as follows:

66 9 8. "Nursing facility" means a licensed nursing facility as
 66 10 defined in section 135C.1 that is a freestanding facility or
 66 11 a nursing facility operated by a hospital licensed pursuant
 66 12 to chapter 135B, but does not include a distinct-part skilled
 66 13 nursing unit or a swing-bed unit operated by a hospital, or
 66 14 a nursing facility owned by the state or federal government
 66 15 or other governmental unit. ~~"Nursing facility" includes a~~
 66 16 ~~non-state government-owned nursing facility if the nursing~~
 66 17 ~~facility participates in the non-state government-owned nursing~~

Requires the Director of the new Department of Health and Human 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 18 ~~facility quality of care rate add-on program.~~
 66 19 Sec. 53. REPEAL. 2019 Iowa Acts, chapter 85, sections 103,
 66 20 104, and 108, are repealed.
 66 21 Sec. 54. REPEAL. 2020 Iowa Acts, chapter 1063, section 390,
 66 22 is repealed.

66 23 DIVISION XIII
 66 24 HEARING AIDS AND AUDIOLOGIC SERVICES FUNDING PROGRAM —
 66 25 ADMINISTRATION

66 26 Sec. 55. HEARING AID AND AUDIOLOGIC SERVICES FUNDING
 66 27 PROGRAM ADMINISTRATION. The Iowa department of public
 66 28 health shall not enter into a contract with a third party to
 66 29 administer the hearing aids and audiologic services funding
 66 30 program and shall adopt rules pursuant to chapter 17A to
 66 31 administer the program within the department, including but not
 66 32 limited to the administration of the application process, the
 66 33 determination of applicants' eligibility, the enrollment of
 66 34 eligible applicants into the program, the maintenance of the
 66 35 hearing aids and audiologic services funding waitlist, and the
 67 1 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 2 DIVISION XIV
 67 3 HEARING AIDS AND AUDIOLOGIC SERVICES FUNDING PROGRAM —
 67 4 FY 2021-2022 NONREVERSION

67 5 Sec. 56. 2021 Iowa Acts, chapter 182, section 3, subsection
 67 6 2, paragraph e, is amended to read as follows:
 67 7 e. Of the funds appropriated in this subsection, \$156,000
 67 8 shall be used to provide audiological services and hearing
 67 9 aids for children. Notwithstanding section 8.33, moneys
 67 10 appropriated in this paragraph that remain unencumbered or
 67 11 unobligated at the close of the fiscal year shall not revert
 67 12 but shall remain available for expenditure for the purposes
 67 13 designated until the close of the succeeding fiscal year. The
 67 14 amount that does not revert shall be reported by the department
 67 15 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 16 Sec. 57. EFFECTIVE DATE. This division of this Act, being
 67 17 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 18 DIVISION XV
 67 19 ADMISSION OR TRANSFER OF PERSONS WITH A DIAGNOSIS OF AN
 67 20 INTELLECTUAL DISABILITY TO A STATE MENTAL HEALTH INSTITUTE

67 21 Sec. 58. Section 4.1, subsection 9A, Code 2022, is amended
 67 22 by striking the subsection and inserting in lieu thereof the
 67 23 following:

67 24 9A. "Intellectual disability" means a diagnosis of
 67 25 intellectual disability or intellectual developmental disorder,
 67 26 global developmental delay, or unspecified intellectual
 67 27 disability or intellectual developmental disorder which
 67 28 diagnosis shall be made only when the onset of the person's
 67 29 condition was during the developmental period and based on an
 67 30 assessment of the person's intellectual functioning and level
 67 31 of adaptive skills. A diagnosis of intellectual disability
 67 32 shall be made by a licensed psychologist or psychiatrist who
 67 33 is professionally trained to administer the tests required to
 67 34 assess intellectual functioning and to evaluate a person's
 67 35 adaptive skills and shall be made in accordance with the
 68 1 criteria provided in the current version of the diagnostic
 68 2 and statistical manual of mental disorders published by the
 68 3 American psychiatric association.

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

68 4 Sec. 59. Section 226.8, Code 2022, is amended to read as
 68 5 follows:

68 6 226.8 PERSONS WITH A DIAGNOSIS OF AN INTELLECTUAL DISABILITY
 68 7 ~~NOT RECEIVABLE — EXCEPTION —~~ ADMISSION OR TRANSFER TO
 68 8 ~~STATE MENTAL HEALTH INSTITUTE .~~

68 9 1. ~~A~~ Admission or transfer pursuant to section 222.7 to
 68 10 a state mental health institute of a person who has with a
 68 11 diagnosis of an intellectual disability, as defined in section
 68 12 4.1, shall not be admitted, or transferred pursuant to section
 68 13 222.7, to a state mental health institute unless a professional
 68 14 diagnostic evaluation indicates that such only occur under the
 68 15 following conditions:

68 16 a. If all of the following requirements are met:

68 17 (1) The person has been determined by the state mental
 68 18 health institute to meet admission criteria for inpatient
 68 19 psychiatric care.

68 20 (2) The state mental health institute has determined the
 68 21 person will benefit from psychiatric treatment or from some

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

68 22 other specific program available at the state mental health
 68 23 institute to which it is proposed to admit or transfer the
 68 24 person.
 68 25 (3) There is sufficient capacity available at the state
 68 26 mental health institute to support the needs of the person.
 68 27 b. If determined appropriate for the person at the
 68 28 sole discretion of the director of human services, the
 68 29 administrator, or the director's or administrator's designee.
 68 30 2. Charges for the care of any person with a diagnosis of
 68 31 an intellectual disability admitted to a state mental health
 68 32 institute shall be made by the institute in the manner provided
 68 33 by chapter 230, but the liability of any other person to any
 68 34 county mental health and disability services region for the
 68 35 cost of care of such person with a diagnosis of an intellectual
 69 1 disability shall be as prescribed by section 222.78.

69 2 DIVISION XVI
 69 3 COLLEGES OF MEDICINE AND DENTISTRY — RESIDENCY — REPORTS

69 4 Sec. 60. Section 262.9, Code 2022, is amended by adding the
 69 5 following new subsection:
 69 6 NEW SUBSECTION 39. Adopt a policy requiring that not less
 69 7 than seventy-five percent of the students who are accepted
 69 8 at the college of medicine in the doctor of medicine program
 69 9 and who are accepted at the college of dentistry at the state
 69 10 university of Iowa be residents of Iowa or persons who were,
 69 11 prior to applying to such college, enrolled in an eligible
 69 12 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 13 Sec. 61. Section 263.2, Code 2022, is amended to read as
 69 14 follows:
 69 15 263.2 DEGREES — REPORTS .
 69 16 1. A person shall not be admitted to courses of instruction
 69 17 in the university if the person has not completed the
 69 18 elementary instruction in such branches as are taught in the
 69 19 public or accredited nonpublic schools throughout the state.
 69 20 2. Graduates of the university shall receive degrees or
 69 21 diplomas, or other evidences of distinction such as are usually
 69 22 conferred and granted by universities and are authorized by the
 69 23 state board of regents.
 69 24 3. The state university of Iowa, in collaboration with the
 69 25 university hospitals and clinics, shall submit an annual report

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 26 to the general assembly providing the following information:
 69 27 a. The states in which members of each graduating class
 69 28 from the college of dentistry and the college of medicine's
 69 29 doctor of medicine program reside during the year immediately
 69 30 following graduation. The information shall be categorized
 69 31 by either residents of Iowa at the time of application to the
 69 32 college or nonresidents at the time of application to the
 69 33 college.
 69 34 b. The states in which the university of Iowa hospitals and
 69 35 clinics primary care and specialty residents reside in the year
 70 1 following completion of medical residency and whether following
 70 2 residency such residents accepted fellowships. The information
 70 3 shall be categorized by primary care and the various areas of
 70 4 specialty, and shall specify whether the medical residents
 70 5 were residents of Iowa prior to applying for admission at an
 70 6 undergraduate college or university, received a baccalaureate
 70 7 degree from a postsecondary institution in Iowa, or graduated
 70 8 from a medical school in Iowa, whether or not the medical
 70 9 residents were residents of the state at the time of acceptance
 70 10 into the university of Iowa hospitals and clinics' residency
 70 11 programs and, if any residents accepted fellowships following
 70 12 residency, the states in which the fellowships are offered and
 70 13 the areas of specialty under the fellowships.

70 14 DIVISION XVII
 70 15 MEDICAL RESIDENCY POSITIONS AND AUDITION CLINICALS

70 16 Sec. 62. MEDICAL RESIDENCY POSITIONS AND AUDITION CLINICALS
 70 17 ——— MEDICAL STUDENTS AND APPLICANTS MEETING CERTAIN CRITERIA ———
 70 18 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 19 1. The university of Iowa hospitals and clinics shall offer
 70 20 an interview for an available medical residency position to
 70 21 any applicant who has a residency specialty in obstetrics and
 70 22 gynecology, psychiatry, general surgery, emergency medicine,
 70 23 cardiology, neurology, or primary care and who also is a
 70 24 resident of Iowa, attended and earned an undergraduate degree
 70 25 from an Iowa college or university, or attended and earned a
 70 26 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 27 2. The university of Iowa hospitals and clinics shall
 70 28 provide the opportunity to a medical student attending a
 70 29 medical school in Iowa to participate in an audition clinical
 70 30 in the medical residency specialty for which the medical
 70 31 student applies to allow the university to constructively
 70 32 review the student in a clinical setting.

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

70 33 3. The university of Iowa hospitals and clinics shall submit
 70 34 a report to the governor and the general assembly by January
 70 35 15, annually, regarding the interviews and audition clinicals
 71 1 as specified in this section during the prior fiscal year.
 71 2 Specifically, the report shall include for each interview or
 71 3 audition clinical the name of the student's or applicant's
 71 4 medical school, whether an applicant was offered and
 71 5 participated in an interview, whether the student was offered
 71 6 and participated in an audition clinical, whether the applicant
 71 7 was accepted for one of the residency program positions, and
 71 8 the total number of available residency positions filled by an
 71 9 applicant meeting the criteria under this section.

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.

71 10 DIVISION XVIII
 71 11 HEALTH CARRIERS — TELEHEALTH

71 12 Sec. 63. Section 514C.34, subsection 3, Code 2022, is
 71 13 amended to read as follows:

71 14 3. a. Health care services that are delivered by telehealth
 71 15 must be appropriate and delivered in accordance with applicable
 71 16 law and generally accepted health care practices and standards
 71 17 prevailing at the time the health care services are provided,
 71 18 including all rules adopted by the appropriate professional
 71 19 licensing board, pursuant to chapter 147, having oversight
 71 20 of the health care professional providing the health care
 71 21 services.

71 22 b. A health carrier shall not exclude a health care
 71 23 professional who provides services for mental health
 71 24 conditions, illnesses, injuries, or diseases and who is
 71 25 physically located out-of-state from participating as a
 71 26 provider, via telehealth, under a policy, plan, or contract
 71 27 offered by the health carrier in the state if all of the
 71 28 following requirements are met:

71 29 (1) The health care professional is licensed in this state

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.

71 30 by the appropriate professional licensing board and is able
 71 31 to deliver health care services for mental health conditions,
 71 32 illnesses, injuries, or diseases via telehealth in compliance
 71 33 with paragraph "a".
 71 34 (2) The health care professional is able to satisfy the same
 71 35 criteria that the health carrier uses to qualify a health care
 72 1 professional who is located in the state, and who holds the
 72 2 same license as the out-of-state professional, to participate
 72 3 as a provider, via telehealth, under a policy, plan, or
 72 4 contract offered by the health carrier in the state.

72 5 Sec. 64. EFFECTIVE DATE. This division of this Act, being
 72 6 deemed of immediate importance, takes effect upon enactment.
 72 7 Sec. 65. APPLICABILITY. This division of this Act applies
 72 8 to health carriers that deliver, issue for delivery, continue,
 72 9 or renew a policy, contract, or plan in this state on or after
 72 10 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 11 DIVISION XIX
 72 12 NURSING FACILITY CONSTRUCTION OR EXPANSION RELIEF

72 13 Sec. 66. Section 249K.2, subsection 4, Code 2022, is amended
 72 14 to read as follows:
 72 15 4. "Major renovations" means construction or facility
 72 16 improvements to a nursing facility in which the total amount
 72 17 expended exceeds ~~one million five~~ seven hundred fifty thousand
 72 18 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 19 Sec. 67. Section 249K.5, subsection 2, Code 2022, is amended
 72 20 by adding the following new paragraph:
 72 21 NEW PARAGRAPH c. The nursing facility for which relief
 72 22 or an exception is requested is proposing replacement or
 72 23 enhancement of an HVAC, as defined in section 105.2, system for
 72 24 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 25 Sec. 68. ADMINISTRATIVE RULES — ADOPTION AND
 72 26 AMENDMENT. The department of human services shall adopt or
 72 27 amend rules pursuant to chapter 17A to administer this division
 72 28 of this Act. Specifically, the department shall amend rules
 72 29 relating to nursing facility additional requirements for all
 72 30 requests for the capital cost per diem instant relief add-on
 72 31 and enhanced nondirect care rate component limit to provide

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

72 32 that with regard to the additional requirements a nursing
 72 33 facility must meet, the facility has Medicaid utilization at
 72 34 or above forty percent for the two-month period before the
 72 35 request for additional reimbursement is submitted. Medicaid
 73 1 utilization for this purpose is calculated as total nursing
 73 2 facility Medicaid patient days divided by total in-house
 73 3 patient days as reported on the facility's most current
 73 4 financial and statistical report.

73 5 DIVISION XX
 73 6 HEALTH CARE PROVIDERS — COVID-19 AND EXPERIMENTAL TREATMENTS

73 7 Sec. 69. Section 144E.2, subsection 1, paragraphs a, c, and
 73 8 e, Code 2022, are amended to read as follows:

73 9 a. Has a terminal illness, attested to by ~~the patient's a~~
 73 10 treating physician, or is receiving mechanical ventilation to
 73 11 prolong life.

73 12 c. Has received a recommendation from ~~the individual's a~~
 73 13 physician for an investigational drug, biological product, or
 73 14 device.

73 15 e. Has documentation from ~~the individual's a~~ physician that
 73 16 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 17 Sec. 70. Section 144E.2, subsection 2, Code 2022, is amended
 73 18 to read as follows:

73 19 2. "Investigational drug, biological product, or device"
 73 20 means ~~a~~ any of the following:

73 21 a. A drug, biological product, or device that has
 73 22 successfully completed phase 1 of a United States food and drug
 73 23 administration-approved clinical trial but has not yet been
 73 24 approved for general use by the United States food and drug
 73 25 administration and remains under investigation in a United
 73 26 States food and drug administration-approved clinical trial.

73 27 b. An off-label use of a drug.

73 28 Sec. 71. Section 144E.2, Code 2022, is amended by adding the
 73 29 following new subsection:

73 30 NEW SUBSECTION 2A. "Off-label use of a drug" means
 73 31 the legal, prescribed use of a drug in a manner different
 73 32 from that described on the United States food and drug
 73 33 administration-approved drug label, including the use of a
 73 34 drug for a different disease or medical condition or giving
 73 35 a drug at a different dose or through a different route of

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

74 1 administration other than that approved by the United States
 74 2 food and drug administration.

74 3 Sec. 72. Section 144E.2, subsection 4, unnumbered paragraph
 74 4 1, Code 2022, is amended to read as follows:
 74 5 “Written informed consent” means a written document that
 74 6 is signed by the patient, a parent of a minor patient, or a
 74 7 legal guardian or other legal representative of the patient and
 74 8 attested to by ~~the patient’s~~ a treating physician and a witness
 74 9 and that includes all of the following:

74 10 Sec. 73. Section 144E.2, subsection 4, paragraphs b and d,
 74 11 Code 2022, are amended to read as follows:

74 12 b. An attestation that the patient concurs with ~~the~~
 74 13 ~~patient’s~~ a treating physician in believing that all products
 74 14 and treatments approved by the United States food and drug
 74 15 administration are unlikely to prolong the patient’s life.

74 16 d. A description of the best and worst potential outcomes
 74 17 of using the investigational drug, biological product, or
 74 18 device and a realistic description of the most likely outcome.
 74 19 The description shall include the possibility that new,
 74 20 unanticipated, different, or worse symptoms might result
 74 21 and that death could be hastened by use of the proposed
 74 22 investigational drug, biological product, or device. The
 74 23 description shall be based on ~~the~~ a treating physician’s
 74 24 knowledge of the proposed investigational drug, biological
 74 25 product, or device in conjunction with an awareness of the
 74 26 patient’s condition.

74 27 Sec. 74. Section 144E.4, Code 2022, is amended by adding the
 74 28 following new subsection:
 74 29 NEW SUBSECTION 5. This chapter does not create a duty
 74 30 for a hospital licensed under chapter 135B to credential any
 74 31 physician.

74 32 Sec. 75. Section 144E.8, subsection 1, Code 2022, is amended
 74 33 to read as follows:
 74 34 1. This chapter shall not create a private cause of
 74 35 action against a manufacturer of an investigational drug,
 75 1 biological product, or device, against a physician, health care
 75 2 practitioner, or facility that provides necessary follow-up
 75 3 care, or against any other person or entity involved in the
 75 4 care of an eligible patient using the investigational drug,
 75 5 biological product, or device for any harm done to the eligible

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 6 patient resulting from the investigational drug, biological
 75 7 product, or device, if the manufacturer or other person or
 75 8 entity is complying in good faith with the terms of this
 75 9 chapter and has exercised reasonable care.

75 10 Sec. 76. Section 144E.9, Code 2022, is amended to read as
 75 11 follows:

75 12 144E.9 ASSISTING SUICIDE.

75 13 This chapter shall not be construed to allow a ~~patient's~~
 75 14 ~~treating~~ physician to assist ~~the~~ a patient in committing or
 75 15 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 16 Sec. 77. Section 686D.6, Code 2022, is amended to read as
 75 17 follows:

75 18 686D.6 LIABILITY OF AND DISCIPLINARY ACTIONS AGAINST HEALTH
 75 19 CARE PROVIDERS.

75 20 1. A health care provider shall not be liable for civil
 75 21 damages or subject to disciplinary action by the health
 75 22 care provider's licensing board for causing or contributing,
 75 23 directly or indirectly, to the death or injury of an individual
 75 24 as a result of the health care provider's acts or omissions
 75 25 while providing or arranging health care in support of the
 75 26 state's response to COVID-19. This subsection shall apply to
 75 27 all of the following:

75 28 a. Injury or death resulting from screening, assessing,
 75 29 diagnosing, caring for, or treating individuals with a
 75 30 suspected or confirmed case of COVID-19.

75 31 b. Prescribing, administering, or dispensing a
 75 32 pharmaceutical for off-label use to treat a patient with a
 75 33 suspected or confirmed case of COVID-19.

75 34 c. Acts or omissions while providing health care to
 75 35 individuals unrelated to COVID-19 when those acts or omissions
 76 1 support the state's response to COVID-19, including any of the
 76 2 following:

76 3 (1) Delaying or canceling nonurgent or elective dental,
 76 4 medical, or surgical procedures, or altering the diagnosis or
 76 5 treatment of an individual in response to any federal or state
 76 6 statute, regulation, order, or public health guidance.

76 7 (2) Diagnosing or treating patients outside the normal
 76 8 scope of the health care provider's license or practice.

76 9 (3) Using medical devices, equipment, or supplies outside
 76 10 of their normal use for the provision of health care, including

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 11 using or modifying medical devices, equipment, or supplies for
 76 12 an unapproved use.
 76 13 (4) Conducting tests or providing treatment to any
 76 14 individual outside the premises of a health care facility.
 76 15 (5) Acts or omissions undertaken by a health care provider
 76 16 because of a lack of staffing, facilities, medical devices,
 76 17 equipment, supplies, or other resources attributable to
 76 18 COVID-19 that renders the health care provider unable to
 76 19 provide the level or manner of care to any person that
 76 20 otherwise would have been required in the absence of COVID-19.
 76 21 (6) Acts or omissions undertaken by a health care provider
 76 22 relating to use or nonuse of personal protective equipment.
 76 23 2. This section shall not relieve any person of liability
 76 24 for civil damages or a health care provider from disciplinary
 76 25 action by the health care provider's licensing board for any
 76 26 act or omission which constitutes recklessness or willful
 76 27 misconduct.

76 28 Sec. 78. EFFECTIVE DATE. This division of this Act, being
 76 29 deemed of immediate importance, takes effect upon enactment.

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

76 30 DIVISION XXI
 76 31 HEALTH-RELATED DATA

76 32 Sec. 79. Section 11.41, subsection 3, Code 2022, is amended
 76 33 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 34 3. If the information, records, instrumentalities, and
 76 35 properties sought by the auditor of state are required by law
 77 1 to be kept confidential, the auditor of state shall have access
 77 2 to the information, records, instrumentalities, and properties,
 77 3 but shall maintain the confidentiality of all such information
 77 4 and is subject to the same penalties as the lawful custodian
 77 5 of the information for dissemination of the information.
 77 6 However, the auditor of state shall not have access to the
 77 7 income tax returns of individuals or to an individual's name
 77 8 or residential address from a reportable disease report under
 77 9 section 139A.3.

77 10 Sec. 80. Section 135.166, subsection 2, Code 2022, is
 77 11 amended to read as follows:

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

77 12 2. Unless otherwise authorized or required by state or

77 13 federal law, data collected under this section shall not
 77 14 include the social security number or name of the individual
 77 15 subject of the data.

77 16 Sec. 81. Section 139A.3, Code 2022, is amended by adding the
 77 17 following new subsection:
 77 18 NEW SUBSECTION 1A. A state or local agency employee
 77 19 or agent shall not have access to personally identifiable
 77 20 information included in a reportable disease report provided
 77 21 to or maintained by the department, a local board, or a local
 77 22 department, unless the employee or agent has completed data
 77 23 confidentiality training.

CODE: Restricts access to personally identifiable information by state or local agency employees or agents unless the employee or agent has completed data confidentiality training.

77 24 DIVISION XXII
 77 25 PSYCHIATRY RESIDENCY PROGRAM

77 26 Sec. 82. NEW SECTION 135.180 STATE-FUNDED PSYCHIATRY
 77 27 RESIDENCY PROGRAM — FUND — APPROPRIATIONS.

77 28 1. The university of Iowa hospitals and clinics shall
 77 29 administer a state-funded psychiatry residency program
 77 30 in cooperation with the state mental health institutes at
 77 31 Independence and Cherokee, the state resource centers at
 77 32 Glenwood and Woodward, the state training school at Eldora,
 77 33 and the Iowa medical and classification center at Oakdale.
 77 34 The university of Iowa hospitals and clinics shall expand the
 77 35 psychiatry residency program to provide additional residency
 78 1 positions by providing financial support for residency
 78 2 positions which are in excess of the federal residency cap
 78 3 established by the federal Balanced Budget Act of 1997, Pub.L.
 78 4 No.105-33. Participating residents shall complete a portion
 78 5 of their psychiatry training at one of the state mental health
 78 6 institutes, the state resource centers, the state training
 78 7 school, or the Iowa medical and classification center at
 78 8 Oakdale. For accreditation-required clinical experiences not
 78 9 available at the state mental health institutes, the state
 78 10 resource centers, the state training school, or the Iowa
 78 11 medical and classification center at Oakdale, the psychiatry
 78 12 residency program and its residents may utilize clinical
 78 13 rotations at the university of Iowa hospitals and clinics and
 78 14 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 15 2. The residency program shall provide for the awarding

CODE: Requires the residency grants to be awarded with preference

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

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 22 3. A psychiatry residency program fund is created in
78 23 the state treasury consisting of the moneys appropriated or
78 24 credited to the fund by law. Notwithstanding section 8.33,
78 25 moneys in the fund at the end of each fiscal year shall not
78 26 revert to any other fund but shall remain in the psychiatry
78 27 residency program fund for use in subsequent fiscal years.
78 28 Moneys in the fund are appropriated to the university of Iowa
78 29 hospitals and clinics to be used for the purposes of the
78 30 program. For fiscal years beginning on or after July 1, 2023,
78 31 there is appropriated from the general fund of the state to the
78 32 psychiatry residency program fund the following amounts to be
78 33 used for the purposes of the program:
78 34 a. For the fiscal year beginning July 1, 2023, one million
78 35 two hundred thousand dollars.
79 1 b. For the fiscal year beginning July 1, 2024, two million
79 2 four hundred thousand dollars.
79 3 c. For the fiscal year beginning July 1, 2025, three million
79 4 six hundred thousand dollars.
79 5 d. For the fiscal year beginning July 1, 2026, and each
79 6 fiscal year thereafter, four million eight hundred thousand
79 7 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)	Senate Approp FY 2023 (4)	Sen Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
<u>Aging, Iowa Department on</u>						
Aging, Dept. on						
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
Total Aging, Iowa Department on	\$ 12,314,203	\$ 12,453,903	\$ 12,953,903	\$ 13,253,903	\$ 800,000	
<u>Public Health, Department of</u>						
Public Health, Dept. of						
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	
Total Public Health, Department of	\$ 53,960,028	\$ 56,136,402	\$ 55,576,402	\$ 55,336,402	\$ -800,000	
<u>Veterans Affairs, Department of</u>						
Veterans Affairs, Dept. of						
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
Veterans Affairs, Dept. of	\$ 4,219,763	\$ 4,219,763	\$ 4,405,288	\$ 4,219,763	\$ 0	
Veterans Affairs, Dept. of						
Iowa Veterans Home	\$ 7,131,552	\$ 7,131,552	\$ 7,131,552	\$ 7,131,552	\$ 0	PG 8 LN 8
Total Veterans Affairs, Department of	\$ 11,351,315	\$ 11,351,315	\$ 11,536,840	\$ 11,351,315	\$ 0	
<u>Human Services, Department of</u>						
Assistance						
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 Children's Health Insurance	37,598,984	37,957,643	41,713,403	38,661,688	704,045	PG 27 LN 21
State Supplementary Assistance	7,349,002	7,349,002	7,349,002	7,349,002	0	PG 26 LN 18
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)	Senate Approp FY 2023 (4)	Sen 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 30
Family Support Subsidy	949,282	949,282	949,282	949,282	0	PG 39 LN 24
Conner Training	33,632	33,632	33,632	33,632	0	PG 40 LN 10
Volunteers	84,686	84,686	84,686	84,686	0	PG 46 LN 5
Child Abuse Prevention	188,428	232,570	232,570	232,570	0	
Assistance	\$ 1,734,123,612	\$ 1,779,775,257	\$ 1,783,831,017	\$ 1,820,404,827	\$ 40,629,570	
Eldora Training School						
Eldora Training School	\$ 16,029,488	\$ 17,397,068	\$ 17,606,871	\$ 17,606,871	\$ 209,803	PG 30 LN 16
Cherokee						
Cherokee MHI	\$ 14,245,968	\$ 15,457,597	\$ 15,613,624	\$ 15,613,624	\$ 156,027	PG 40 LN 26
Independence						
Independence MHI	\$ 19,201,644	\$ 19,652,379	\$ 19,688,928	\$ 19,688,928	\$ 36,549	PG 40 LN 32
Glenwood						
Glenwood Resource Center	\$ 16,700,867	\$ 14,802,873	\$ 16,288,739	\$ 16,288,739	\$ 1,485,866	PG 41 LN 30
Woodward						
Woodward Resource Center	\$ 10,913,360	\$ 12,237,937	\$ 13,409,294	\$ 13,409,294	\$ 1,171,357	PG 41 LN 33
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	\$ 12,070,565	\$ 13,643,727	\$ 13,891,276	\$ 13,891,276	\$ 247,549	PG 43 LN 7
Field Operations						
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 35
Field Operations	\$ 70,468,211	\$ 76,539,552	\$ 81,837,323	\$ 81,837,323	\$ 5,297,771	
General Administration						
General Administration	\$ 13,772,533	\$ 15,342,189	\$ 15,342,189	\$ 15,342,189	\$ 0	PG 44 LN 14
DHS Facilities	2,879,274	2,879,274	4,172,123	4,172,123	1,292,849	PG 45 LN 31
Commission of Inquiry	0	1,394	1,394	1,394	0	
Nonresident Mental Illness Commitment	15,487	142,802	142,802	142,802	0	
General Administration	\$ 16,667,294	\$ 18,365,659	\$ 19,658,508	\$ 19,658,508	\$ 1,292,849	
Total Human Services, Department of	\$ 1,910,421,009	\$ 1,967,872,049	\$ 1,981,825,580	\$ 2,018,399,390	\$ 50,527,341	
Total Health and Human Services	\$ 1,988,046,554	\$ 2,047,813,669	\$ 2,061,892,725	\$ 2,098,341,010	\$ 50,527,341	

Health and Human Services

Other Funds

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	Senate Approp FY 2023 (4)	Sen Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
Public Health, Department of						
Public Health, Dept. of						
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	PG 7 LN 17
Total Public Health, Department of	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	
Human Services, Department of						
General Administration						
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
General Administration	\$ 129,062,944	\$ 129,052,944	\$ 129,052,944	\$ 129,052,944	\$ 0	
Assistance						
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 10
Medical Assistance - QATF	58,570,397	56,305,139	56,305,139	56,305,139	0	PG 57 LN 21
Medical Assistance - HHCAF	33,920,554	33,920,554	33,920,554	33,920,554	0	PG 57 LN 33
Polk County MHDS Grant - GIVF	5,000,000	0	0	0	0	
Assistance	\$ 308,302,583	\$ 293,737,325	\$ 293,197,325	\$ 293,197,325	\$ -540,000	
Total Human Services, Department of	\$ 437,365,527	\$ 422,790,269	\$ 422,250,269	\$ 422,250,269	\$ -540,000	
Total Health and Human Services	\$ 439,115,527	\$ 424,540,269	\$ 424,000,269	\$ 424,000,269	\$ -540,000	

Health and Human Services

FTE Positions

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	Senate Approp FY 2023 (4)	Sen Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
<u>Aging, Iowa Department on</u>						
<u>Aging, Dept. on</u>						
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
Total Aging, Iowa Department on	30.07	37.50	45.50	44.00	6.50	
<u>Public Health, Department of</u>						
<u>Public Health, Dept. of</u>						
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
Total Public Health, Department of	177.91	205.50	203.00	201.00	-4.50	
<u>Veterans Affairs, Department of</u>						
<u>Veterans Affairs, Dept. of</u>						
General Administration	11.60	12.00	16.00	15.00	3.00	PG 8 LN 2
Total Veterans Affairs, Department of	11.60	12.00	16.00	15.00	3.00	

Health and Human Services

FTE Positions

	Actual FY 2021 (1)	Estimated FY 2022 (2)	Gov Rec FY 2023 (3)	Senate Approp FY 2023 (4)	Sen Appr FY23 vs Est FY 2022 (5)	Page and Line # (6)
Human Services, Department of						
Assistance						
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
Assistance	<u>41.29</u>	<u>52.62</u>	<u>49.60</u>	<u>52.62</u>	<u>0.00</u>	
Eldora Training School						
Eldora Training School	178.55	206.50	205.50	207.00	0.50	PG 30 LN 16
Cherokee						
Cherokee MHI	152.32	151.57	151.47	169.00	17.43	PG 40 LN 26
Independence						
Independence MHI	184.84	187.20	187.20	208.00	20.80	PG 40 LN 32
Glenwood						
Glenwood Resource Center	634.85	657.50	657.50	657.50	0.00	PG 41 LN 30
Woodward						
Woodward Resource Center	508.39	517.90	517.90	517.90	0.00	PG 41 LN 33
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	129.15	125.35	126.35	140.00	14.65	PG 43 LN 7
Field Operations						
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 35
Field Operations	<u>1,929.58</u>	<u>1,960.00</u>	<u>2,010.00</u>	<u>2,048.00</u>	<u>88.00</u>	
General Administration						
General Administration	259.37	284.00	279.00	294.00	10.00	PG 44 LN 14
Total Human Services, Department of	<u>4,018.34</u>	<u>4,142.64</u>	<u>4,184.52</u>	<u>4,294.02</u>	<u>151.38</u>	
Total Health and Human Services	<u>4,237.92</u>	<u>4,397.64</u>	<u>4,449.02</u>	<u>4,554.02</u>	<u>156.38</u>	