

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

*As amended by Senate Amendment H-8372  
(Strike everything after the enacting clause)*

Last Action:

**Senate Floor**

May 23, 2022

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

**Fiscal Services Division  
Legislative Services Agency**

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

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

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**FUNDING SUMMARY**

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**General Fund FY 2023:** Appropriates a total of \$2,068.5 million from the General Fund and 4,555.0 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 \$20.7 million and 157.4 FTE positions compared to estimated FY 2022. Page 1, Line 3

**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 15, Line 7

**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 16, Line 33

**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 26, Line 29

**Medicaid Fraud Fund:** Appropriates \$150,000 for the Medicaid Program. This is no change compared to estimated FY 2022. Page 27, Line 3

**Pharmaceutical Settlement Account:** Appropriates \$234,000 for Health Program Operations. This is no change compared to estimated FY 2022. Page 63, Line 14

**Quality Assurance Trust Fund:** Appropriates \$56.3 million for the Medicaid Program. This is no change compared to estimated FY 2022. Page 63, Line 25

## EXECUTIVE SUMMARY

H8372

### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL - AS AMENDED

**Hospital Health Care Access Trust Fund:** Appropriates \$33.9 million for the Medicaid Program. This is no change compared to estimated FY 2022. Page 64, Line 2

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

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##### *Department of Human Services*

Requires the DHS to submit a Medicaid State Plan amendment to include functional family therapy (FFT) and multisystemic therapy (MST) for youth as covered services under the Medicaid Program. Page 32, Line 16

**More Options for Maternal Supports Program:** Requires the DHS to create a statewide More Options for Maternal Supports (MOMS) Program to promote healthy pregnancies and childbirth through nonprofit organizations that provide pregnancy support services. Page 77, Line 13

##### *University of Iowa*

**Psychiatry Residency Program:** Creates a Psychiatry Residency Program in cooperation with the State mental health institutes, the Woodward Resource Center, 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 90, Line 17

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

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**Department on Aging:** Appropriates a total of \$11.3 million from the General Fund and 27.0 FTE positions. This is no change in funding and an increase of 1.0 FTE position compared to estimated FY 2022. Page 1, Line 7

**Office of Long-Term Care Ombudsman:** Appropriates a total of \$1.1 million from the General Fund and 16.0 FTE positions. This is no change in funding and an increase of 4.5 FTE positions compared to estimated FY 2022. Page 3, Line 19

**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 32

**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 Page 15, Line 21

## EXECUTIVE SUMMARY

H8372

### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL - AS AMENDED

compared to estimated FY 2022.

**Department of Human Services:** Appropriates a total of \$1,989.4 million from the General Fund and 4,296.0 FTE positions. This is a net increase of \$21.5 million and 153.4 FTE positions compared to estimated FY 2022. Significant changes include:

Page 16, Line 33

- An increase of \$6.3 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 \$500,000 for General Administration.
- An increase of \$1.3 million for the DHS facilities.

## STUDIES AND INTENT

### *Department of Human Services*

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**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 67, Line 8

**More Options for Maternal Supports Program Report:** Requires the DHS to submit a report to the General Assembly, beginning October 1, 2023, and annually thereafter, on the MOMS Program. The report is required to provide various information on demographics, expenditures, and outcomes for the Program.

Page 80, Line 17

**Medicaid Postpartum Coverage:** Requires the DHS to review the Medicaid postpartum coverage and report the number of recipients of postpartum services, the services utilized, and the costs of such services for the period beginning January 1, 2020, through June 30, 2022, as well as information regarding the number of states that have expanded Medicaid postpartum coverage beyond 60 days. The DHS is required to submit the report to the General Assembly by December 15, 2022.

Page 80, Line 31

## SIGNIFICANT CODE CHANGES

### *Department of Human Services*

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## EXECUTIVE SUMMARY

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### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL - AS AMENDED

<b>Regional Incentive Fund Transfer:</b> Requires any balance remaining in the Property Tax Relief Fund at the close of FY 2022 to be transferred to the Regional Incentive Fund.	Page 65, Line 9
<b>COVID-19 Federal Regulations:</b> 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 66, Line 31
<b>Nursing Facility Rate Add-On Program:</b> Repeals the Non-State Government-Owned Nursing Facility Quality of Care Rate Add-On Program.	Page 72, Line 25
<b>MHI Admission Requirements:</b> Amends the requirements for admission or transfer to a State MHI.	Page 73, Line 27
<b>Mental Health and Disability Services Regional Criteria:</b> Amends various provisions relating to Mental Health and Disability Services (MHDS) regional criteria and makes conforming changes.	Page 81, Line 12
<b>Nursing Facility Renovation:</b> 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 89, Line 23
<i>Department of Public Health</i>	
<b>Health-Related Data:</b> 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 75, Line 10
<i>Iowa Insurance Division</i>	
<b>Out-of-State Health Care Provider Exclusion:</b> 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 88, Line 22
<b>Medicaid and Hawki Insurance Mandates:</b> Specifies that the managed care organizations administering the Medicaid and Hawki Programs aren't subject to insurance mandates under Iowa Code unless otherwise stated.	Page 76, Line 5

### EFFECTIVE DATE

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## **EXECUTIVE SUMMARY**

### **HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL - AS AMENDED**

**H8372**

#### ***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 63, Line 2

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 65, Line 3

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 65, Line 16

Specifies that the provisions allowing for the carryforward of the Family Investment Program (FIP) Account, Child and Family Services appropriation, Adoption Subsidy appropriation, Field Operations appropriation and General Administration appropriation take effect upon enactment. Page 66, Line 27

#### ***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 to remain available through FY 2023 is effective upon enactment. Page 73, Line 22

#### ***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, contract, or plan in this State on or after the effective date of the Bill. Page 89, Line 15

H8372 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
72	25	52	Strike	249L.2.6,7
72	27	53	Amend	249L.2.8
73	27	58	Strike and Replace	4.1.9A
74	10	59	Amend	226.8
75	10	60	Amend	11.41.3
75	23	61	Amend	135.166.2
75	29	62	Add	139A.3.1A
76	5	63	New	505.34
76	16	64	Add	514B.32.5
76	28	65	Amend	514I.2.9
77	3	66	Amend	514I.5.9
77	13	67	New	217.41C
81	12	69	Amend	331.389
86	24	70	Amend	331.390.1
87	1	71	Amend	331.391.1
87	16	72	Amend	331.392.1
87	29	73	Amend	331.393.1
88	11	74	Strike	331.393.6
88	13	75	Amend	331.910.2.d
88	22	76	Amend	514C.34.3
89	23	79	Amend	249K.2.4
89	29	80	Add	249K.5.2.c
90	17	82	New	135.180

H8372 Senate Amendment to

1 1 Amend House File 2578, as amended, passed, and reprinted by  
1 2 the House, as follows:

1 3 #1. By striking everything after the enacting clause and  
1 4 inserting:

1 5 #1.  
1 6 DEPARTMENT ON AGING — FY 2022-2023

1 7 #1. DEPARTMENT ON AGING. There is appropriated from  
1 8 the general fund of the state to the department on aging for  
1 9 the fiscal year beginning July 1, 2022, and ending June 30,  
1 10 2023, the following amount, or so much thereof as is necessary,  
1 11 to be used for the purposes designated:

1 12 For aging programs for the department on aging and area  
1 13 agencies on aging to provide citizens of Iowa who are 60  
1 14 years of age and older with case management, Iowa's aging and  
1 15 disabilities resource center, and other services which may  
1 16 include but are not limited to adult day, respite care, chore,  
1 17 information and assistance, and material aid, for information  
1 18 and options counseling for persons with disabilities who  
1 19 are 18 years of age or older, and for salaries, support,  
1 20 administration, maintenance, and miscellaneous purposes, and  
1 21 for not more than the following full-time equivalent positions:  
1 22 ..... \$ 11,304,082  
1 23 ..... FTEs 27.00

1 24 1. Funds appropriated in this section may be used to  
1 25 supplement federal funds under federal regulations. To  
1 26 receive funds appropriated in this section, a local area  
1 27 agency on aging shall match the funds with moneys from other  
1 28 sources according to rules adopted by the department. Funds  
1 29 appropriated in this section may be used for elderly services  
1 30 not specifically enumerated in this section only if approved  
1 31 by an area agency on aging for provision of the service within  
1 32 the area.

1 33 2. Of the funds appropriated in this section, \$418,700 is  
1 34 transferred to the economic development authority for the Iowa  
1 35 commission on volunteer services to be used for the retired and

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

DETAIL: This is no change in funding and an increase of 1.00 full-time equivalent (FTE) position compared to estimated FY 2022 to match the FY 2022 authorized amount.

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.

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).



2 1 senior volunteer program.

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.

2 2 3. a. The department on aging shall establish and enforce  
2 3 procedures relating to expenditure of state and federal funds  
2 4 by area agencies on aging that require compliance with both  
2 5 state and federal laws, rules, and regulations, including but  
2 6 not limited to all of the following:

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.

2 7 (1) Requiring that expenditures are incurred only for goods  
2 8 or services received or performed prior to the end of the  
2 9 fiscal period designated for use of the funds.

2 10 (2) Prohibiting prepayment for goods or services not  
2 11 received or performed prior to the end of the fiscal period  
2 12 designated for use of the funds.

2 13 (3) Prohibiting prepayment for goods or services not  
2 14 defined specifically by good or service, time period, or  
2 15 recipient.

2 16 (4) Prohibiting the establishment of accounts from which  
2 17 future goods or services which are not defined specifically by  
2 18 good or service, time period, or recipient, may be purchased.

2 19 b. The procedures shall provide that if any funds are  
2 20 expended in a manner that is not in compliance with the  
2 21 procedures and applicable federal and state laws, rules, and  
2 22 regulations, and are subsequently subject to repayment, the  
2 23 area agency on aging expending such funds in contravention of  
2 24 such procedures, laws, rules and regulations, not the state,  
2 25 shall be liable for such repayment.

2 26 4. Of the funds appropriated in this section, \$812,000 shall  
2 27 be used for the purposes of chapter 231E and to administer  
2 28 the prevention of elder abuse, neglect, and exploitation  
2 29 program pursuant to section 231.56A, in accordance with the  
2 30 requirements of the federal Older Americans Act of 1965, 42  
2 31 U.S.C. §3001 et seq., as amended.

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

DETAIL: This is no change 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.

2 32 5. Of the funds appropriated in this section, \$1,000,000  
 2 33 shall be used to fund continuation of the aging and disability  
 2 34 resource center lifelong links to provide individuals and  
 2 35 caregivers with information and services to plan for and  
 3 1 maintain independence.

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

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

3 2 6. Of the funds appropriated in this section, \$850,000  
 3 3 shall be used by the department on aging, in collaboration with  
 3 4 the department of human services and affected stakeholders,  
 3 5 to continue to expand the pilot initiative to provide  
 3 6 long-term care options counseling utilizing support planning  
 3 7 protocols, to assist non-Medicaid eligible consumers who  
 3 8 indicate a preference to return to the community and are  
 3 9 deemed appropriate for discharge, to return to their community  
 3 10 following a nursing facility stay; and shall be used by the  
 3 11 department on aging to fund home and community-based services  
 3 12 to enable older individuals to avoid more costly utilization  
 3 13 of residential or institutional services and remain in their  
 3 14 homes. The department on aging shall submit a report regarding  
 3 15 the outcomes of the pilot initiative to the governor and the  
 3 16 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 17 #II.  
 3 18 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2022-2023

3 19 #2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is  
 3 20 appropriated from the general fund of the state to the office  
 3 21 of long-term care ombudsman for the fiscal year beginning July  
 3 22 1, 2022, and ending June 30, 2023, the following amount, or  
 3 23 so much thereof as is necessary, to be used for the purposes  
 3 24 designated:  
 3 25 For salaries, support, administration, maintenance, and  
 3 26 miscellaneous purposes, and for not more than the following  
 3 27 full-time equivalent positions:  
 3 28 ..... \$ 1,149,821  
 3 29 ..... FTEs 16.00

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

DETAIL: This is no change in funding and an increase of 4.50 FTE positions compared to estimated FY 2022 to match the FY 2022 authorized amount.

3 30 #III.  
 3 31 DEPARTMENT OF PUBLIC HEALTH — FY 2022-2023

3 32 #3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated  
 3 33 from the general fund of the state to the department of public  
 3 34 health for the fiscal year beginning July 1, 2022, and ending  
 3 35 June 30, 2023, the following amounts, or so much thereof as is  
 4 1 necessary, to be used for the purposes designated:

4 2 1. ADDICTIVE DISORDERS

General Fund appropriation to Addictive Disorders programs.

4 3 For reducing the prevalence of the use of tobacco, alcohol,  
 4 4 and other drugs, and treating individuals affected by addictive  
 4 5 behaviors, including gambling, and for not more than the  
 4 6 following full-time equivalent positions:

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

4 7 ..... \$ 23,659,379  
 4 8 ..... FTEs 12.00

4 9 a. (1) Of the funds appropriated in this subsection,  
 4 10 \$4,020,894 shall be used for the tobacco use prevention  
 4 11 and control initiative, including efforts at the state and  
 4 12 local levels, as provided in chapter 142A. The commission  
 4 13 on tobacco use prevention and control established pursuant  
 4 14 to section 142A.3 shall advise the director of public health  
 4 15 in prioritizing funding needs and the allocation of moneys  
 4 16 appropriated for the programs and initiatives. Activities  
 4 17 of the programs and initiatives shall be in alignment with  
 4 18 the United States centers for disease control and prevention  
 4 19 best practices for comprehensive tobacco control programs  
 4 20 that include the goals of preventing youth initiation of  
 4 21 tobacco usage, reducing exposure to secondhand smoke, and  
 4 22 promotion of tobacco cessation. To maximize resources,  
 4 23 the department shall determine if third-party sources are  
 4 24 available to instead provide nicotine replacement products  
 4 25 to an applicant prior to provision of such products to an  
 4 26 applicant under the initiative. The department shall track and  
 4 27 report to the governor and the general assembly any reduction  
 4 28 in the provision of nicotine replacement products realized  
 4 29 by the initiative through implementation of the prerequisite  
 4 30 screening.

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 31 (2) (a) The department shall collaborate with the  
 4 32 alcoholic beverages division of the department of commerce for  
 4 33 enforcement of tobacco laws, regulations, and ordinances and to  
 4 34 engage in tobacco control activities approved by the division

Requires the Department of Public Health (DPH) to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one

<p>4 35 of tobacco use prevention and control of the department of  5 1 public health as specified in the memorandum of understanding  5 2 entered into between the divisions.  5 3 (b) For the fiscal year beginning July 1, 2022, and ending  5 4 June 30, 2023, the terms of the memorandum of understanding,  5 5 entered into between the division of tobacco use prevention  5 6 and control of the department of public health and the  5 7 alcoholic beverages division of the department of commerce,  5 8 governing compliance checks conducted to ensure licensed retail  5 9 tobacco outlet conformity with tobacco laws, regulations, and  5 10 ordinances relating to persons under 21 years of age, shall  5 11 continue to restrict the number of such checks to one check per  5 12 retail outlet, and one additional check for any retail outlet  5 13 found to be in violation during the first check.</p>	<p>annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.</p>
<p>5 14 b. (1) Of the funds appropriated in this subsection,  5 15 \$19,638,485 shall be used for problem gambling and  5 16 substance-related disorder prevention, treatment, and recovery  5 17 services, including a 24-hour helpline, public information  5 18 resources, professional training, youth prevention, and program  5 19 evaluation.</p>	<p>Allocates \$19,638,485 for problem gambling and substance abuse treatment and prevention.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. The 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.</p>
<p>5 20 (2) Of the amount allocated under this paragraph, \$306,000  5 21 shall be utilized by the department of public health, in  5 22 collaboration with the department of human services, to  5 23 maintain a single statewide 24-hour crisis hotline for the Iowa  5 24 children's behavioral health system that incorporates warmline  5 25 services which may be provided through expansion of existing  5 26 capabilities maintained by the department of public health as  5 27 required pursuant to 2018 Iowa Acts, chapter 1056, section 16.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. Funding will be used for website updates, hotline staffing, and health promotion.</p> <p>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.</p>
<p>5 28 c. The requirement of section 123.17, subsection 5, is met</p>	<p>Specifies that the requirements of Iowa Code section <a href="#">123.17</a> for</p>

5 29 by the appropriations and allocations made in this division of  
 5 30 this Act for purposes of substance-related disorder treatment  
 5 31 and addictive disorders for the fiscal year beginning July 1,  
 5 32 2022.

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 33 2. HEALTHY CHILDREN AND FAMILIES  
 5 34 For promoting the optimum health status for children and  
 5 35 adolescents from birth through 21 years of age, and families,  
 6 1 and for not more than the following full-time equivalent  
 6 2 positions:  
 6 3 ..... \$ 5,816,681  
 6 4 ..... FTEs 14.00

General Fund appropriation to Healthy Children and Families programs.

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

6 5 a. Of the funds appropriated in this subsection, not more  
 6 6 than \$734,000 shall be used for the healthy opportunities for  
 6 7 parents to experience success (HOPES)-healthy families Iowa  
 6 8 (HFI) program established pursuant to section 135.106.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. This Program provides support for families through home visits that begin during pregnancy or at the birth of a child, and can continue through age four.

6 9 b. In order to implement the legislative intent stated  
 6 10 in sections 135.106 and 256I.9, priority for home visitation  
 6 11 program funding shall be given to programs using evidence-based  
 6 12 or promising models for home visitation.

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

6 13 c. Of the funds appropriated in this subsection, \$3,075,000  
 6 14 shall be used for continuation of the department's initiative  
 6 15 to provide for adequate developmental surveillance and  
 6 16 screening during a child's first five years. The funds shall  
 6 17 be used first to fully fund the current sites to ensure that  
 6 18 the sites are fully operational, with the remaining funds  
 6 19 to be used for expansion to additional sites. The full  
 6 20 implementation and expansion shall include enhancing the scope  
 6 21 of the initiative through collaboration with the child health  
 6 22 specialty clinics to promote healthy child development through  
 6 23 early identification and response to both biomedical and social

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children from birth to age five. The Initiative then coordinates referrals, interventions, and follow-ups.

6 24 determinants of healthy development; by monitoring child  
 6 25 health metrics to inform practice, document long-term health  
 6 26 impacts and savings, and provide for continuous improvement  
 6 27 through training, education, and evaluation; and by providing  
 6 28 for practitioner consultation particularly for children with  
 6 29 behavioral conditions and needs. The department of public  
 6 30 health shall also collaborate with the Iowa Medicaid enterprise  
 6 31 and the child health specialty clinics to integrate the  
 6 32 activities of the first five initiative into the establishment  
 6 33 of patient-centered medical homes, community utilities,  
 6 34 accountable care organizations, and other integrated care  
 6 35 models developed to improve health quality and population  
 7 1 health while reducing health care costs. To the maximum extent  
 7 2 possible, funding allocated in this paragraph shall be utilized  
 7 3 as matching funds for medical assistance program reimbursement.

7 4 d. Of the funds appropriated in this subsection, \$64,000  
 7 5 shall be distributed to a statewide dental carrier to provide  
 7 6 funds to continue the donated dental services program patterned  
 7 7 after the projects developed by the dental lifeline network to  
 7 8 provide dental services to indigent individuals who are elderly  
 7 9 or with disabilities.

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

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

7 10 e. Of the funds appropriated in this subsection, \$156,000  
 7 11 shall be used to provide audiological services and hearing aids  
 7 12 for children.

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

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

7 13 f. Of the funds appropriated in this subsection, \$23,000 is  
 7 14 transferred to the university of Iowa college of dentistry for  
 7 15 provision of primary dental services to children. State funds  
 7 16 shall be matched on a dollar-for-dollar basis. The university  
 7 17 of Iowa college of dentistry shall coordinate efforts with the  
 7 18 department of public health, oral and health delivery system  
 7 19 bureau, to provide dental care to underserved populations  
 7 20 throughout the state.

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

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

7 21 g. Of the funds appropriated in this subsection, \$50,000  
 7 22 shall be used to address youth suicide prevention.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. Funds are used to provide the Your Life Iowa resource,

	<p>which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24 hours per day every day, and texting services from 2:00 p.m. to 10:00 p.m. daily.</p>
<p>7 23 h. Of the funds appropriated in this subsection, \$40,000              7 24 shall be used to support the Iowa effort to address the survey              7 25 of children who experience adverse childhood experiences known              7 26 as ACEs.</p>	<p>Allocates \$40,000 to support the Iowa effort to address the survey of children who experience adverse childhood experiences (ACEs).</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. The funding supports the Adverse Childhood Experiences Study being conducted by the Central Iowa ACEs Steering Committee. The original Adverse Childhood Experiences Study revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions in the Behavioral Risk Factor Surveillance System to further track and study this topic.</p>
<p>7 27 i. Of the funds appropriated in this subsection, up to              7 28 \$494,000 shall be used for childhood obesity prevention.</p>	<p>Allocates no more than \$494,000 to be used on childhood obesity prevention.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>7 29 3. CHRONIC CONDITIONS              7 30 For serving individuals identified as having chronic              7 31 conditions or special health care needs, and for not more than              7 32 the following full-time equivalent positions:              7 33 ..... \$ 4,258,373              7 34 ..... FTEs 10.00</p>	<p>General Fund appropriation to Chronic Conditions programs.</p> <p>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.</p>
<p>7 35 a. Of the funds appropriated in this subsection, \$188,000              8 1 shall be used for grants to individual patients who have an              8 2 inherited metabolic disorder to assist with the costs of              8 3 medically necessary foods and formula.</p>	<p>Allocates \$188,000 for grants to individual patients with inherited metabolic disorders to assist with necessary costs for special foods.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. The grants assist with the costs of necessary special foods and supplements for individual patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted.</p>
<p>8 4 b. Of the funds appropriated in this subsection, \$1,055,000</p>	<p>Allocates \$1,055,000 for continuation of the two contracts in the DPH</p>

8 5 shall be used for the brain injury services program pursuant  
 8 6 to section 135.22B, including \$861,000 for contracting with an  
 8 7 existing nationally affiliated and statewide organization whose  
 8 8 purpose is to educate, serve, and support lowans with brain  
 8 9 injury and their families, for resource facilitator services  
 8 10 in accordance with section 135.22B, subsection 9, and for  
 8 11 contracting to enhance brain injury training and recruitment  
 8 12 of service providers on a statewide basis. Of the amount  
 8 13 allocated in this paragraph, \$95,000 shall be used to fund  
 8 14 1.00 full-time equivalent position to serve as the state brain  
 8 15 injury services program manager.

Brain Injury Services Program for facilitator services, training services, and provider recruitment. Of the funds allocated, \$861,000 is to be used for contracting with a statewide organization for resource facilitator services. In addition, \$95,000 is to be used to fund 1.00 FTE position for the State Brain Injury Services Program Manager.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Brain Injury Services Program, established in Iowa Code section [135.22B](#), works to improve the lives of lowans living with brain injuries and the lives of their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa.

8 16 c. Of the funds appropriated in this subsection, \$144,000  
 8 17 shall be used for the public purpose of continuing to contract  
 8 18 with an existing nationally affiliated organization to provide  
 8 19 education, client-centered programs, and client and family  
 8 20 support for people living with epilepsy and their families.  
 8 21 The amount allocated in this paragraph in excess of \$50,000  
 8 22 shall be matched dollar-for-dollar by the organization  
 8 23 specified. Funds allocated under this paragraph shall be  
 8 24 distributed in their entirety for the purpose specified on July  
 8 25 1, 2022.

Allocates \$144,000 for epilepsy education and support. Funds allocated are to be distributed in their entirety by July 1, 2022. The allocation requires a dollar-for-dollar match of the funds above \$50,000.

DETAIL: This is no change compared to the estimated FY 2022 allocation. Funding provides for education, client-centered programs, and client and family support for people and families of people living with epilepsy.

8 26 d. Of the funds appropriated in this subsection, \$809,000  
 8 27 shall be used for child health specialty clinics.

Allocates \$809,000 for the Child Health Specialty Clinics (CHSC).

DETAIL: This is no change compared to the estimated FY 2022 allocation. The CHSC Program is operated by the UI Department of Pediatrics, and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. The CHSC serves children and youth from birth through 21 years of age who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

8 28 e. Of the funds appropriated in this subsection, \$384,000  
 8 29 shall be used by the regional autism assistance program  
 8 30 established pursuant to section 256.35, and administered by  
 8 31 the child health specialty clinic located at the university of

Allocates \$384,000 to be used by the Regional Autism Assistance Program (RAP) to create autism support programs administered by the CHSC located at the University of Iowa Hospitals and Clinics (UIHC).



8 32 Iowa hospitals and clinics. The funds shall be used to enhance  
 8 33 interagency collaboration and coordination of educational,  
 8 34 medical, and other human services for persons with autism,  
 8 35 their families, and providers of services, including delivering  
 9 1 regionalized services of care coordination, family navigation,  
 9 2 and integration of services through the statewide system of  
 9 3 regional child health specialty clinics and fulfilling other  
 9 4 requirements as specified in chapter 225D. The university of  
 9 5 Iowa shall not receive funds allocated under this paragraph for  
 9 6 indirect costs associated with the regional autism assistance  
 9 7 program.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The UI is prohibited from receiving any funds for indirect costs associated with the allocation. The RAP teams provide regional screenings for toddlers and youth and coordinate referrals for assessment and diagnostic services. In addition, the RAP coordinates in-service training and provides technical assistance, consultation, information, and referral.

9 8 f. Of the funds appropriated in this subsection, \$577,000  
 9 9 shall be used for the comprehensive cancer control program to  
 9 10 reduce the burden of cancer in Iowa through prevention, early  
 9 11 detection, effective treatment, and ensuring quality of life.  
 9 12 Of the funds allocated in this paragraph "f", \$150,000 shall  
 9 13 be used to support a melanoma research symposium, a melanoma  
 9 14 biorepository and registry, basic and translational melanoma  
 9 15 research, and clinical trials.

Allocates \$577,000 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

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

9 16 g. Of the funds appropriated in this subsection, \$97,000  
 9 17 shall be used for cervical and colon cancer screening, and  
 9 18 \$177,000 shall be used to enhance the capacity of the cervical  
 9 19 cancer screening program to include provision of recommended  
 9 20 prevention and early detection measures to a broader range of  
 9 21 low-income women.

Allocates \$97,000 for cervical and colon cancer screening and \$177,000 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$274,000.

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

9 22 h. Of the funds appropriated in this subsection, \$506,000  
 9 23 shall be used for the center for congenital and inherited  
 9 24 disorders.

Allocates \$506,000 for the Center for Congenital and Inherited Disorders (CCID) Central Registry.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans.

9 25 4. COMMUNITY CAPACITY

9 26 For strengthening the health care delivery system at the  
 9 27 local level, and for not more than the following full-time  
 9 28 equivalent positions:  
 9 29 ..... \$ 6,519,306

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 SafeNetRx Program.

9 30 ..... FTEs 13.00

- An increase of \$200,000 for the Rural Psychiatry Residency Program.

9 31 a. Of the funds appropriated in this subsection, \$95,000  
 9 32 is allocated for continuation of the child vision screening  
 9 33 program implemented through the university of Iowa hospitals  
 9 34 and clinics in collaboration with early childhood Iowa areas.  
 9 35 The program shall submit a report to the department regarding  
 10 1 the use of funds allocated under this paragraph "a". The  
 10 2 report shall include the objectives and results for the  
 10 3 program year including the target population and how the funds  
 10 4 allocated assisted the program in meeting the objectives; the  
 10 5 number, age, and location within the state of individuals  
 10 6 served; the type of services provided to the individuals  
 10 7 served; the distribution of funds based on service provided;  
 10 8 and the continuing needs of the program.

Allocates \$95,000 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the Program to submit a report to the DPH regarding objectives, results, and the use of funds allocated to the Iowa KidSight Child Vision Screening Program.

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

10 9 b. Of the funds appropriated in this subsection,  
 10 10 \$48,000 shall be used for a grant to a statewide association  
 10 11 of psychologists, that is affiliated with the American  
 10 12 psychological association, to be used for continuation of a  
 10 13 program to rotate intern psychologists in placements that  
 10 14 serve urban and rural mental health professional shortage  
 10 15 areas. Once an intern psychologist begins service, the intern  
 10 16 psychologist may continue serving in the location of the intern  
 10 17 psychologist's placement, notwithstanding any change in the  
 10 18 mental health professional shortage area designation of such  
 10 19 location. The intern psychologist may also provide services  
 10 20 via telehealth, to underserved populations, and to Medicaid  
 10 21 members. For the purposes of this paragraph "b", "mental  
 10 22 health professional shortage area" means a geographic area  
 10 23 in this state that has been designated by the United States  
 10 24 department of health and human services, health resources and  
 10 25 services administration, bureau of health professionals, as  
 10 26 having a shortage of mental health professionals.

Allocates \$48,000 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Program is not a loan repayment program, but increases access through creating new opportunities for doctoral-level psychologists to complete a required rotation in Iowa as opposed to leaving the State. The Program targets health professional shortage areas and rural areas.

10 27 c. Of the funds appropriated in this subsection, the  
 10 28 following amounts are allocated to be used as follows  
 10 29 to support the goals of increased access, health system  
 10 30 integration, and engagement:  
 10 31 (1) Not less than \$600,000 is allocated to the Iowa

Allocates a total of \$1,184,000 to support increased access, health system integration, and engagement. Of that amount, \$600,000 is allocated for the pharmaceutical infrastructure for the SafeNetRx prescription drug donation repository program, \$334,000 for free clinics, \$25,000 for rural health clinics, and \$225,000 for specialty

<p>10 32 prescription drug corporation for continuation of the  10 33 pharmaceutical infrastructure for safety net providers as  10 34 described in 2007 Iowa Acts, chapter 218, section 108, and for  10 35 the prescription drug donation repository program created in  11 1 chapter 135M. Funds allocated under this subparagraph shall  11 2 be distributed in their entirety for the purpose specified on  11 3 July 1, 2022.</p>	<p>health care clinics.</p> <p>DETAIL: This is a decrease of \$1,000,000 compared to the estimated FY 2022 allocation to eliminate one-time funding used to implement automated multi-dose prescription packaging and warehouse expansion for the Iowa Prescription Drug Corporation. Funding was awarded to the Free Clinics of Iowa, Polk County Medical Society, the Iowa Prescription Drug Corporation, and the Iowa Association of Rural Clinics.</p>
<p>11 4 (2) Not less than \$334,000 is allocated to free clinics and  11 5 free clinics of Iowa for necessary infrastructure, statewide  11 6 coordination, provider recruitment, service delivery, and  11 7 provision of assistance to patients in securing a medical home  11 8 inclusive of oral health care. Funds allocated under this  11 9 subparagraph shall be distributed in their entirety for the  11 10 purpose specified on July 1, 2022.</p>	
<p>11 11 (3) Not less than \$25,000 is allocated to the Iowa  11 12 association of rural health clinics for necessary  11 13 infrastructure and service delivery transformation. Funds  11 14 allocated under this subparagraph shall be distributed in their  11 15 entirety for the purpose specified on July 1, 2022.</p>	
<p>11 16 (4) Not less than \$225,000 is allocated to the Polk county  11 17 medical society for continuation of the safety net provider  11 18 patient access to specialty health care initiative as described  11 19 in 2007 Iowa Acts, chapter 218, section 109. Funds allocated  11 20 under this subparagraph shall be distributed in their entirety  11 21 for the purpose specified on July 1, 2022.</p>	
<p>11 22 d. Of the funds appropriated in this subsection, \$191,000  11 23 is allocated for the purposes of health care and public health  11 24 workforce initiatives.</p>	<p>Allocates \$191,000 for health care and public health workforce issues.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>11 25 e. Of the funds appropriated in this subsection, \$96,000  11 26 shall be used for a matching dental education loan repayment  11 27 program to be allocated to a dental nonprofit health service  11 28 corporation to continue to develop the criteria and implement  11 29 the loan repayment program.</p>	<p>Allocates \$96,000 for the Fulfilling Iowa's Need for Dentists (FIND) Dental Education Loan Repayment Program.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation. The FIND Project award recipients agree to practice in a designated dentist shortage area and devote at least 35.00% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period.</p>
<p>11 30 f. Of the funds appropriated in this subsection, \$100,000</p>	<p>Allocates \$100,000 to the Iowa Donor Registry.</p>

11 31 shall be used for the purposes of the Iowa donor registry as  
 11 32 specified in section 142C.18.

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

11 33 g. Of the funds appropriated in this subsection, \$96,000  
 11 34 shall be used for continuation of a grant to a nationally  
 11 35 affiliated volunteer eye organization that has an established  
 12 1 program for children and adults and that is solely dedicated to  
 12 2 preserving sight and preventing blindness through education,  
 12 3 nationally certified vision screening and training, and  
 12 4 community and patient service programs. The contractor shall  
 12 5 submit a report to the general assembly regarding the use  
 12 6 of funds allocated under this paragraph "g". The report  
 12 7 shall include the objectives and results for the program year  
 12 8 including the target population and how the funds allocated  
 12 9 assisted the program in meeting the objectives; the number,  
 12 10 age, grade level if appropriate, and location within the state  
 12 11 of individuals served; the type of services provided to the  
 12 12 individuals served; the distribution of funds based on services  
 12 13 provided; and the continuing needs of the program.

Allocates \$96,000 to Prevent Blindness Iowa for a vision screening and training program. Requires Prevent Blindness Iowa to submit a report to the General Assembly regarding the objectives and results of the program.

DETAIL: This is no change compared to the estimated FY 2022 allocation. The organization is required to submit a report outlining objectives, target population and locations, services provided, and other details. The program seeks to increase statewide vision screening programs provided to children by volunteers and nurses, and it must specifically target children in child care centers and schools.

12 14 h. Of the funds appropriated in this subsection, \$2,100,000  
 12 15 shall be deposited in the medical residency training account  
 12 16 created in section 135.175, subsection 5, paragraph "a", and  
 12 17 is appropriated from the account to the department of public  
 12 18 health to be used for the purposes of the medical residency  
 12 19 training state matching grants program as specified in section  
 12 20 135.176.

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.

12 21 i. Of the funds appropriated in this subsection, \$250,000  
 12 22 shall be used for the public purpose of providing funding to  
 12 23 Des Moines university to continue a provider education project  
 12 24 to provide primary care physicians with the training and skills  
 12 25 necessary to recognize the signs of mental illness in patients.

Allocates \$250,000 to Des Moines University (DMU) to continue a program that trains doctors on identifying and treating patients with mental health needs.

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

12 26 j. Of the funds appropriated in this subsection, \$800,000  
 12 27 shall be used for rural psychiatric residencies to support the  
 12 28 annual creation and training of six psychiatric residents who  
 12 29 will provide mental health services in underserved areas of  
 12 30 the state. Notwithstanding section 8.33, moneys that remain

CODE: Allocates \$800,000 for rural psychiatric residencies 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.

<p>12 31 unencumbered or unobligated at the close of the fiscal year                  12 32 shall not revert but shall remain available for expenditure for                  12 33 the purposes designated for subsequent fiscal years.</p>	<p>DETAIL: This is an increase of \$200,000 compared to the estimated FY 2022 allocation.</p>
<p>12 34 k. Of the funds appropriated in this subsection, \$150,000                  12 35 shall be used for psychiatric training to increase access to                  13 1 mental health care services by expanding the mental health                  13 2 workforce via training of additional physician assistants and                  13 3 nurse practitioners.</p>	<p>Allocates \$150,000 for psychiatric training for physician assistants and nurse practitioners.                   DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>13 4 1. Of the funds appropriated in this subsection, \$425,000                  13 5 shall be used for the creation or continuation of a center of                  13 6 excellence program to encourage innovation and collaboration                  13 7 among regional health care providers in a rural area based                  13 8 upon the results of a regional community needs assessment to                  13 9 transform health care delivery in order to provide quality,                  13 10 sustainable care that meets the needs of the local communities.                  13 11 An applicant for the funds shall specify how the funds will                  13 12 be expended to accomplish the goals of the program and shall                  13 13 provide a detailed five-year sustainability plan prior to                  13 14 being awarded any funding. Following the receipt of funding,                  13 15 a recipient shall submit periodic reports as specified by the                  13 16 department to the governor and the general assembly regarding                  13 17 the recipient's expenditure of the funds and progress in                  13 18 accomplishing the program goals.</p>	<p>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.</p>
<p>13 19 5. ESSENTIAL PUBLIC HEALTH SERVICES                  13 20 To provide public health services that reduce risks and                  13 21 invest in promoting and protecting good health over the                  13 22 course of a lifetime with a priority given to older Iowans and                  13 23 vulnerable populations:                  13 24 ..... \$ 7,662,464</p>	<p>General Fund appropriation to Essential Public Health Services.                   DETAIL: This is no change compared to estimated FY 2022. This funding is part of the Local Public Health Services Program, with the purpose of implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan of Iowans, and enhancing health-promoting and disease-prevention services with a priority given to older Iowans and 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.</p>
<p>13 25 6. INFECTIOUS DISEASES</p>	<p>General Fund appropriation to Infectious Diseases programs for</p>

13 26 For reducing the incidence and prevalence of communicable  
 13 27 diseases, and for not more than the following full-time  
 13 28 equivalent positions:  
 13 29 ..... \$ 1,796,206  
 13 30 ..... FTEs 6.00

activities and programs to reduce the incidence and prevalence of communicable diseases.

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

13 31 7. PUBLIC PROTECTION  
 13 32 For protecting the health and safety of the public through  
 13 33 establishing standards and enforcing regulations, and for not  
 13 34 more than the following full-time equivalent positions:  
 13 35 ..... \$ 4,466,601  
 14 1 ..... 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.

14 2 a. Of the funds appropriated in this subsection, not more  
 14 3 than \$304,000 shall be credited to the emergency medical  
 14 4 services fund created in section 135.25. Moneys in the  
 14 5 emergency medical services fund are appropriated to the  
 14 6 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.

14 7 b. Of the funds appropriated in this subsection, up  
 14 8 to \$243,000 shall be used for sexual violence prevention  
 14 9 programming through a statewide organization representing  
 14 10 programs serving victims of sexual violence through the  
 14 11 department's sexual violence prevention program, and for  
 14 12 continuation of a training program for sexual assault  
 14 13 response team (SART) members, including representatives of  
 14 14 law enforcement, victim advocates, prosecutors, and certified  
 14 15 medical personnel. The amount allocated in this paragraph "b"  
 14 16 shall not be used to supplant funding administered for other  
 14 17 sexual violence prevention or victims assistance programs.

Allocates up to \$243,000 to provide program funding for sexual violence prevention programs.

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

14 18 c. Of the funds appropriated in this subsection, up to  
 14 19 \$500,000 shall be used for the state poison control center.  
 14 20 Pursuant to the directive under 2014 Iowa Acts, chapter  
 14 21 1140, section 102, the federal matching funds available to  
 14 22 the state poison control center from the department of human  
 14 23 services under the federal Children's Health Insurance Program  
 14 24 Reauthorization Act allotment shall be subject to the federal  
 14 25 administrative cap rule of 10 percent applicable to funding

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

14 26 provided under Tit.XXI of the federal Social Security Act and  
14 27 included within the department's calculations of the cap.

14 28 d. Of the funds appropriated in this subsection, up to  
14 29 \$504,000 shall be used for childhood lead poisoning provisions.

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

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

14 30 8. RESOURCE MANAGEMENT

14 31 For establishing and sustaining the overall ability of the  
14 32 department to deliver services to the public, and for not more  
14 33 than the following full-time equivalent positions:

General Fund appropriation for Resource Management activities.

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

14 34 ..... \$ 933,871  
14 35 ..... FTEs 4.00

15 1 9. MISCELLANEOUS PROVISIONS

15 2 The university of Iowa hospitals and clinics under the  
15 3 control of the state board of regents shall not receive  
15 4 indirect costs from the funds appropriated in this section.  
15 5 The university of Iowa hospitals and clinics billings to the  
15 6 department shall be on at least a quarterly basis.

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

15 7 #4. DEPARTMENT OF PUBLIC HEALTH — SPORTS WAGERING

15 8 RECEIPTS FUND. There is appropriated from the sports wagering  
15 9 receipts fund created in section 8.57, subsection 6, to the  
15 10 department of public health for the fiscal year beginning July  
15 11 1, 2022, and ending June 30, 2023, the following amount, or  
15 12 so much thereof as is necessary, to be used for the purposes  
15 13 designated:

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.

15 14 For problem gambling and substance-related disorder  
15 15 prevention, treatment, and recovery services, including a  
15 16 24-hour helpline, public information resources, professional  
15 17 training, youth prevention, and program evaluation:  
15 18 ..... \$ 1,750,000

15 19 #IV.

15 20 DEPARTMENT OF VETERANS AFFAIRS — FY 2022-2023

15 21 #5. DEPARTMENT OF VETERANS AFFAIRS. There is  
15 22 appropriated from the general fund of the state to the  
15 23 department of veterans affairs for the fiscal year beginning  
15 24 July 1, 2022, and ending June 30, 2023, the following amounts,

15 25 or so much thereof as is necessary, to be used for the purposes  
 15 26 designated:

15 27 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 15 28 For salaries, support, maintenance, and miscellaneous  
 15 29 purposes, and for not more than the following full-time  
 15 30 equivalent positions:

15 31 ..... \$ 1,229,763  
 15 32 ..... 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.

15 33 2. IOWA VETERANS HOME

15 34 For salaries, support, maintenance, and miscellaneous  
 15 35 purposes:

16 1 ..... \$ 7,131,552

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

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

16 2 a. The Iowa veterans home billings involving the department  
 16 3 of human services shall be submitted to the department on at  
 16 4 least a monthly basis.

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

16 5 b. The Iowa veterans home expenditure report shall be  
 16 6 submitted monthly to the general assembly.

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

16 7 c. The Iowa veterans home shall continue to include in the  
 16 8 annual discharge report applicant information to provide for  
 16 9 the collection of demographic information including but not  
 16 10 limited to the number of individuals applying for admission and  
 16 11 admitted or denied admittance and the basis for the admission  
 16 12 or denial; the age, gender, and race of such individuals;  
 16 13 and the level of care for which such individuals applied for  
 16 14 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.

16 15 3. HOME OWNERSHIP ASSISTANCE PROGRAM

16 16 For transfer to the Iowa finance authority for the  
 16 17 continuation of the home ownership assistance program for  
 16 18 persons who are or were eligible members of the armed forces of  
 16 19 the United States, pursuant to section 16.54:

16 20 ..... \$ 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.

16 21 #6. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS

CODE: Requires the FY 2022 General Fund standing appropriation to



16 22 FUND STANDING APPROPRIATIONS. Notwithstanding the standing  
 16 23 appropriation in section 35A.16 for the fiscal year beginning  
 16 24 July 1, 2022, and ending June 30, 2023, the amount appropriated  
 16 25 from the general fund of the state pursuant to that section  
 16 26 for the following designated purposes shall not exceed the  
 16 27 following amount:  
 16 28 For the county commissions of veteran affairs fund under  
 16 29 section 35A.16:  
 16 30 ..... \$ 990,000

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.

16 31 #V.  
 16 32 DEPARTMENT OF HUMAN SERVICES — FY 2022-2023

16 33 #7. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
 16 34 GRANT. There is appropriated from the fund created in section  
 16 35 8.41 to the department of human services for the fiscal year  
 17 1 beginning July 1, 2022, and ending June 30, 2023, from moneys  
 17 2 received under the federal temporary assistance for needy  
 17 3 families (TANF) block grant pursuant to the federal Personal  
 17 4 Responsibility and Work Opportunity Reconciliation Act of 1996,  
 17 5 Pub.L.No.104-193, and successor legislation, the following  
 17 6 amounts, or so much thereof as is necessary, to be used for the  
 17 7 purposes designated:

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; 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.

17 8 1. To be credited to the family investment program account  
 17 9 and used for assistance under the family investment program  
 17 10 under chapter 239B:  
 17 11 ..... \$ 5,002,006

Appropriates funds from the TANF Block Grant to the Family Investment Program (FIP) Account.

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.

17 12 2. To be credited to the family investment program account  
 17 13 and used for the job opportunities and basic skills (JOBS)  
 17 14 program and implementing family investment agreements in  
 17 15 accordance with chapter 239B:  
 17 16 ..... \$ 5,412,060

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

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.

17 17 3. To be used for the family development and  
 17 18 self-sufficiency grant program in accordance with section  
 17 19 216A.107:  
 17 20 ..... \$ 2,888,980

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

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.

17 21 Notwithstanding section 8.33, moneys appropriated in this  
 17 22 subsection that remain unencumbered or unobligated at the close  
 17 23 of the fiscal year shall not revert but shall remain available  
 17 24 for expenditure for the purposes designated until the close of  
 17 25 the succeeding fiscal year. However, unless such moneys are  
 17 26 encumbered or obligated on or before September 30, 2023, the  
 17 27 moneys shall revert.

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.

17 28 4. For field operations:  
 17 29 ..... \$ 31,296,232

Appropriates funds from the TANF Block Grant to Field Operations.

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

17 30 5. For general administration:  
 17 31 ..... \$ 3,744,000

Appropriates funds from the TANF Block Grant to General Administration.

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

17 32 6. For state child care assistance:  
 17 33 ..... \$ 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.

17 34 a. Of the funds appropriated in this subsection,  
 17 35 \$26,205,412 is transferred to the child care and development  
 18 1 block grant appropriation made by the Eighty-ninth General  
 18 2 Assembly, 2022 session, for the federal fiscal year beginning  
 18 3 October 1, 2022, and ending September 30, 2023. Of this  
 18 4 amount, \$200,000 shall be used for provision of educational  
 18 5 opportunities to registered child care home providers in order  
 18 6 to improve services and programs offered by this category  
 18 7 of providers and to increase the number of providers. The  
 18 8 department may contract with institutions of higher education

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%.

18 9 or child care resource and referral centers to provide  
 18 10 the educational opportunities. Allowable administrative  
 18 11 costs under the contracts shall not exceed 5 percent. The  
 18 12 application for a grant shall not exceed two pages in length.

18 13 b. Any funds appropriated in this subsection remaining  
 18 14 unallocated shall be used for state child care assistance  
 18 15 payments for families who are employed including but not  
 18 16 limited to individuals enrolled in the family investment  
 18 17 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.

18 18 7. For child and family services:  
 18 19 ..... \$ 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.

18 20 8. For child abuse prevention grants:  
 18 21 ..... \$ 125,000

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

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

18 22 9. For pregnancy prevention grants on the condition that  
 18 23 family planning services are funded:  
 18 24 ..... \$ 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.

18 25 Pregnancy prevention grants shall be awarded to programs  
 18 26 in existence on or before July 1, 2022, if the programs have  
 18 27 demonstrated positive outcomes. Grants shall be awarded to  
 18 28 pregnancy prevention programs which are developed after July  
 18 29 1, 2022, if the programs are based on existing models that  
 18 30 have demonstrated positive outcomes. Grants shall comply with  
 18 31 the requirements provided in 1997 Iowa Acts, chapter 208,  
 18 32 section 14, subsections 1 and 2, including the requirement that  
 18 33 grant programs must emphasize sexual abstinence. Priority in  
 18 34 the awarding of grants shall be given to programs that serve  
 18 35 areas of the state which demonstrate the highest percentage of  
 19 1 unplanned pregnancies of females of childbearing age within the  
 19 2 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.

19 3 10. For technology needs and other resources necessary to  
 19 4 meet federal and state reporting, tracking, and case management  
 19 5 requirements and other departmental needs:  
 19 6 ..... \$ 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.

19 7 11. a. Notwithstanding any provision to the contrary,  
 19 8 including but not limited to requirements in section 8.41 or  
 19 9 provisions in 2021 Iowa Acts or 2022 Iowa Acts regarding the  
 19 10 receipt and appropriation of federal block grants, federal  
 19 11 funds from the temporary assistance for needy families block  
 19 12 grant received by the state and not otherwise appropriated  
 19 13 in this section and remaining available for the fiscal year  
 19 14 beginning July 1, 2022, are appropriated to the department of  
 19 15 human services to the extent as may be necessary to be used in  
 19 16 the following priority order:the family investment program,  
 19 17 for state child care assistance program payments for families  
 19 18 who are employed, and for the family investment program share  
 19 19 of system costs for eligibility determination and related  
 19 20 functions. The federal funds appropriated in this paragraph  
 19 21 "a" shall be expended only after all other funds appropriated  
 19 22 in subsection 1 for assistance under the family investment  
 19 23 program, in subsection 6 for state child care assistance, or  
 19 24 in subsection 10 for technology needs and other resources  
 19 25 necessary to meet departmental needs, as applicable, have been  
 19 26 expended. For the purposes of this subsection, the funds  
 19 27 appropriated in subsection 6, paragraph "a", for transfer  
 19 28 to the child care and development block grant appropriation  
 19 29 are considered fully expended when the full amount has been  
 19 30 transferred.

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.

19 31 b. The department shall, on a quarterly basis, advise the  
 19 32 general assembly and department of management of the amount of  
 19 33 funds appropriated in this subsection that was expended in the  
 19 34 prior quarter.

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

19 35 12. Of the amounts appropriated in this section,  
 20 1 \$12,962,008 for the fiscal year beginning July 1, 2022, is  
 20 2 transferred to the appropriation of the federal social services  
 20 3 block grant made to the department of human services for that  
 20 4 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.

20 5 13. For continuation of the program providing categorical  
 20 6 eligibility for the supplemental nutrition assistance program  
 20 7 (SNAP) as specified for the program in the section of this  
 20 8 division of this Act relating to the family investment program  
 20 9 account:  
 20 10 ..... \$ 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.

20 11 14. The department may transfer funds allocated in this  
 20 12 section to the appropriations made in this division of this Act  
 20 13 for the same fiscal year for general administration and field  
 20 14 operations for resources necessary to implement and operate the  
 20 15 services referred to in this section and those funded in the  
 20 16 appropriation made in this division of this Act for the same  
 20 17 fiscal year for the family investment program from the general  
 20 18 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.

20 19 15. With the exception of moneys allocated under this  
 20 20 section for the family development and self-sufficiency grant  
 20 21 program, to the extent moneys allocated in this section are  
 20 22 deemed by the department not to be necessary to support the  
 20 23 purposes for which they are allocated, such moneys may be used  
 20 24 in the same fiscal year for any other purpose for which funds  
 20 25 are allocated in this section or in section 8 of this division  
 20 26 of this Act for the family investment program account. If  
 20 27 there are conflicting needs, priority shall first be given  
 20 28 to the family investment program account as specified under  
 20 29 subsection 1 of this section and used for the purposes of  
 20 30 assistance under the family investment program in accordance  
 20 31 with chapter 239B, followed by state child care assistance  
 20 32 program payments for families who are employed, followed by  
 20 33 other priorities as specified by the department.

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

20 34 **#8. FAMILY INVESTMENT PROGRAM ACCOUNT.**  
 20 35 **1.** Moneys credited to the family investment program (FIP)  
 21 1 account for the fiscal year beginning July 1, 2022, and  
 21 2 ending June 30, 2023, shall be used to provide assistance in  
 21 3 accordance with chapter 239B.

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

21 4 2. The department may use a portion of the moneys credited

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

21 5 to the FIP account under this section as necessary for  
 21 6 salaries, support, maintenance, and miscellaneous purposes,  
 21 7 including administrative and information technology costs  
 21 8 associated with rent reimbursement and other income assistance  
 21 9 programs administered by the department.

21 10 3. The department may transfer funds allocated in  
 21 11 subsection 4, excluding the allocation under subsection 4,  
 21 12 paragraph "b", to the appropriations made in this division of  
 21 13 this Act for the same fiscal year for general administration  
 21 14 and field operations for resources necessary to implement  
 21 15 and operate the services referred to in this section and  
 21 16 those funded in the appropriations made in section 7 for the  
 21 17 temporary assistance for needy families block grant and in  
 21 18 section 9 for the family investment program from the general  
 21 19 fund of the state in this division of this Act for the same  
 21 20 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.

21 21 4. Moneys appropriated in this division of this Act and  
 21 22 credited to the FIP account for the fiscal year beginning July  
 21 23 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.

21 24 a. To be retained by the department of human services to  
 21 25 be used for coordinating with the department of human rights  
 21 26 to more effectively serve participants in FIP and other shared  
 21 27 clients and to meet federal reporting requirements under the  
 21 28 federal temporary assistance for needy families block grant:  
 21 29 ..... \$ 10,000

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.

21 30 b. To the department of human rights for staffing,  
 21 31 administration, and implementation of the family development  
 21 32 and self-sufficiency grant program in accordance with section  
 21 33 216A.107:  
 21 34 ..... \$ 7,192,834

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.

21 35 (1) Of the funds allocated for the family development  
 22 1 and self-sufficiency grant program in this paragraph "b",  
 22 2 not more than 5 percent of the funds shall be used for the  
 22 3 administration of the grant program.

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

<p>22 4 (2) The department of human rights may continue to implement                  22 5 the family development and self-sufficiency grant program                  22 6 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>22 7 (3) The department of human rights may engage in activities                  22 8 to strengthen and improve family outcomes measures and                  22 9 data collection systems under the family development and                  22 10 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>22 11 c. For the diversion subaccount of the FIP account:                  22 12 ..... \$ 1,293,000                  22 13 A portion of the moneys allocated for the diversion                  22 14 subaccount may be used for field operations, salaries, data                  22 15 management system development, and implementation costs and                  22 16 support deemed necessary by the director of human services                  22 17 in order to administer the FIP diversion program. To the                  22 18 extent moneys allocated in this paragraph "c" are deemed by the                  22 19 department not to be necessary to support diversion activities,                  22 20 such moneys may be used for other efforts intended to increase                  22 21 engagement by family investment program participants in work,                  22 22 education, or training activities, or for the purposes of                  22 23 assistance under the family investment program in accordance                  22 24 with chapter 239B.</p>	<p>Allocates \$1,293,000 in General Funds and TANF funds for the FIP Diversion Subaccount. Permits a portion of the allocation to be used for field operations, salaries, data management system development, and implementation costs and support needed to administer the FIP Diversion Program.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>22 25 d. For the SNAP employment and training program:                  22 26 ..... \$ 66,588</p>	<p>Allocates \$66,588 in General Funds and TANF funds to the Food Assistance Employment and Training Program.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>22 27 (1) The department shall apply the federal SNAP employment                  22 28 and training state plan in order to maximize to the fullest                  22 29 extent permitted by federal law the use of the 50 percent                  22 30 federal reimbursement provisions for the claiming of allowable                  22 31 federal reimbursement funds from the United States department                  22 32 of agriculture pursuant to the federal SNAP employment and                  22 33 training program for providing education, employment, and                  22 34 training services for eligible SNAP participants, including                  22 35 but not limited to related dependent care and transportation                  23 1 expenses.</p>	<p>Requires the DHS to amend the federal Supplemental Nutrition Assistance Program (SNAP) Employment and Training State Plan to maximize federal matching funds received.</p>

23 2 (2) The department shall continue the categorical  
 23 3 federal SNAP eligibility at 160 percent of the federal  
 23 4 poverty level and continue to eliminate the asset test from  
 23 5 eligibility requirements, consistent with federal SNAP program  
 23 6 requirements. The department shall include as many SNAP  
 23 7 households as is allowed by federal law. The eligibility  
 23 8 provisions shall conform to all federal requirements including  
 23 9 requirements addressing individuals who are disqualified for  
 23 10 committing an intentional program violation or are otherwise  
 23 11 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.

23 12 e. For the JOBS program, not more than:  
 23 13 ..... \$ 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.

23 14 5. Of the child support collections assigned under FIP,  
 23 15 an amount equal to the federal share of support collections  
 23 16 shall be credited to the child support recovery appropriation  
 23 17 made in this division of this Act. Of the remainder of the  
 23 18 assigned child support collections received by the child  
 23 19 support recovery unit, a portion shall be credited to the FIP  
 23 20 account, a portion may be used to increase recoveries, and a  
 23 21 portion may be used to sustain cash flow in the child support  
 23 22 payments account. If as a consequence of the appropriations  
 23 23 and allocations made in this section the resulting amounts  
 23 24 are insufficient to sustain cash assistance payments and meet  
 23 25 federal maintenance of effort requirements, the department  
 23 26 shall seek supplemental funding. If child support collections  
 23 27 assigned under FIP are greater than estimated or are otherwise  
 23 28 determined not to be required for maintenance of effort, the  
 23 29 state share of either amount may be transferred to or retained  
 23 30 in the child support payments account.

Requires the federal share of child support collections recovered by the State be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

23 31 #9. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
 23 32 is appropriated from the general fund of the state to the  
 23 33 department of human services for the fiscal year beginning July  
 23 34 1, 2022, and ending June 30, 2023, the following amount, or  
 23 35 so much thereof as is necessary, to be used for the purpose  
 24 1 designated:

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



24 2 To be credited to the family investment program (FIP)  
 24 3 account and used for family investment program assistance  
 24 4 under chapter 239B and other costs associated with providing  
 24 5 needs-based benefits or assistance:  
 24 6 ..... \$ 41,003,978

levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

24 7 1. Of the funds appropriated in this section, \$6,606,198 is  
 24 8 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.

24 9 2. Of the funds appropriated in this section, \$4,313,854 is  
 24 10 allocated for the family development and self-sufficiency grant  
 24 11 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.

24 12 3. a. Notwithstanding section 8.39, for the fiscal  
 24 13 year beginning July 1, 2022, if necessary to meet federal  
 24 14 maintenance of effort requirements or to transfer federal  
 24 15 temporary assistance for needy families block grant funding  
 24 16 to be used for purposes of the federal social services block  
 24 17 grant or to meet cash flow needs resulting from delays in  
 24 18 receiving federal funding or to implement, in accordance with  
 24 19 this division of this Act, activities currently funded with  
 24 20 juvenile court services, county, or community moneys and state  
 24 21 moneys used in combination with such moneys; to comply with  
 24 22 federal requirements; or to maximize the use of federal funds;  
 24 23 the department of human services may transfer funds within or  
 24 24 between any of the appropriations made in this division of this  
 24 25 Act and appropriations in law for the federal social services  
 24 26 block grant to the department for the following purposes,  
 24 27 provided that the combined amount of state and federal  
 24 28 temporary assistance for needy families block grant funding  
 24 29 for each appropriation remains the same before and after the  
 24 30 transfer:

CODE: Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.

- 24 31 (1) For the family investment program.
- 24 32 (2) For state child care assistance.
- 24 33 (3) For child and family services.
- 24 34 (4) For field operations.
- 24 35 (5) For general administration.

25 1 b. This subsection shall not be construed to prohibit the  
 25 2 use of existing state transfer authority for other purposes.  
 25 3 The department shall report any transfers made pursuant to this  
 25 4 subsection to the general assembly.

25 5 4. Of the funds appropriated in this section, \$195,000  
 25 6 shall be used for a contract for tax preparation assistance  
 25 7 to low-income lowans to expand the usage of the earned income  
 25 8 tax credit. The purpose of the contract is to supply this  
 25 9 assistance to underserved areas of the state. The department  
 25 10 shall not retain any portion of the allocation under this  
 25 11 subsection for administrative costs.

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

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

25 12 5. Of the funds appropriated in this section, \$70,000 shall  
 25 13 be used for the continuation of the parenting program, as  
 25 14 specified in 441 IAC ch.100, relating to parental obligations,  
 25 15 in which the child support recovery unit participates, to  
 25 16 support the efforts of a nonprofit organization committed to  
 25 17 strengthening the community through youth development, healthy  
 25 18 living, and social responsibility headquartered in a county  
 25 19 with a population over 450,000 according to the 2020 certified  
 25 20 federal census. The funds allocated in this subsection shall  
 25 21 be used by the recipient organization to develop a larger  
 25 22 community effort, through public and private partnerships, to  
 25 23 support a broad-based multi-county parenthood initiative that  
 25 24 promotes payment of child support obligations, improved family  
 25 25 relationships, and full-time employment.

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

DETAIL: This is no change compared to the estimated FY 2022 allocation. The entity receiving funding for the Parenting Program in FY 2022 was the John R. Grubb YMCA in Des Moines. The Program is designed to strengthen parental skills and involvement of men who are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

25 26 6. The department may transfer funds appropriated in this  
 25 27 section, excluding the allocation in subsection 2 for the  
 25 28 family development and self-sufficiency grant program, to the  
 25 29 appropriations made in this division of this Act for general  
 25 30 administration and field operations as necessary to administer  
 25 31 this section, section 7 for the temporary assistance for needy  
 25 32 families block grant, and section 8 for the family investment  
 25 33 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.

25 34 #10. CHILD SUPPORT RECOVERY. There is appropriated  
 25 35 from the general fund of the state to the department of human  
 26 1 services for the fiscal year beginning July 1, 2022, and ending  
 26 2 June 30, 2023, the following amount, or so much thereof as is  
 26 3 necessary, to be used for the purposes designated:

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

26 4 For child support recovery, including salaries, support,  
 26 5 maintenance, and miscellaneous purposes, and for not more than  
 26 6 the following full-time equivalent positions:  
 26 7 ..... \$ 15,942,885  
 26 8 ..... FTEs 459.00

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 is to match the FY 2022 authorized amount.

26 9 1. The department shall expend up to \$24,000, including  
 26 10 federal financial participation, for the fiscal year beginning  
 26 11 July 1, 2022, for a child support public awareness campaign.  
 26 12 The department and the office of the attorney general shall  
 26 13 cooperate in continuation of the campaign. The public  
 26 14 awareness campaign shall emphasize, through a variety of  
 26 15 media activities, the importance of maximum involvement of  
 26 16 both parents in the lives of their children as well as the  
 26 17 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.

26 18 2. Federal access and visitation grant moneys shall be  
 26 19 issued directly to private not-for-profit agencies that provide  
 26 20 services designed to increase compliance with the child access  
 26 21 provisions of court orders, including but not limited to  
 26 22 neutral visitation sites and mediation services.

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

26 23 3. The appropriation made to the department for child  
 26 24 support recovery may be used throughout the fiscal year in the  
 26 25 manner necessary for purposes of cash flow management, and for  
 26 26 cash flow management purposes the department may temporarily  
 26 27 draw more than the amount appropriated, provided the amount  
 26 28 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.

26 29 #11. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —  
 26 30 FY 2022-2023. Any funds remaining in the health care trust  
 26 31 fund created in section 453A.35A for the fiscal year beginning  
 26 32 July 1, 2022, and ending June 30, 2023, are appropriated to  
 26 33 the department of human services to supplement the medical  
 26 34 assistance program appropriations made in this division of this  
 26 35 Act, for medical assistance reimbursement and associated costs,  
 27 1 including program administration and costs associated with  
 27 2 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.

27 3 #12. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY  
 27 4 2022-2023. Any funds remaining in the Medicaid fraud fund

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

27 5 created in section 249A.50 for the fiscal year beginning  
 27 6 July 1, 2022, and ending June 30, 2023, are appropriated to  
 27 7 the department of human services to supplement the medical  
 27 8 assistance appropriations made in this division of this Act,  
 27 9 for medical assistance reimbursement and associated costs,  
 27 10 including program administration and costs associated with  
 27 11 program implementation.

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.

27 12 #13. MEDICAL ASSISTANCE. There is appropriated from the  
 27 13 general fund of the state to the department of human services  
 27 14 for the fiscal year beginning July 1, 2022, and ending June 30,  
 27 15 2023, the following amount, or so much thereof as is necessary,  
 27 16 to be used for the purpose designated:

General Fund appropriation to the DHS for the Medicaid Program. DETAIL: This is an increase of \$6,279,135 compared to estimated FY 2022. The changes include:

27 17 For medical assistance program reimbursement and associated  
 27 18 costs as specifically provided in the reimbursement  
 27 19 methodologies in effect on June 30, 2022, except as otherwise  
 27 20 expressly authorized by law, consistent with options under  
 27 21 federal law and regulations, and contingent upon receipt of  
 27 22 approval from the office of the governor of reimbursement for  
 27 23 each abortion performed under the program:  
 27 24 ..... \$,510,127,388

- An increase of \$1,777,082 for home health rural incentives.
- An increase of \$1,339,971 for a rate increase for Intermediate Care Facilities for Intellectual Disabilities (ICF/ID).
- An increase of \$1,277,082 for a behavioral health intervention services rate increase.
- An increase of \$1,500,000 for psychiatric tiered rates.
- An increase of \$385,000 for applied behavioral analysis services rates.

27 25 1. Iowans support reducing the number of abortions  
 27 26 performed in our state. Funds appropriated under this section  
 27 27 shall not be used for abortions, unless otherwise authorized  
 27 28 under this section.

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

27 29 2. The provisions of this section relating to abortions  
 27 30 shall also apply to the Iowa health and wellness plan created  
 27 31 pursuant to chapter 249N.

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

27 32 3. The department shall utilize not more than \$60,000 of  
 27 33 the funds appropriated in this section to continue the AIDS/HIV  
 27 34 health insurance premium payment program as established in 1992  
 27 35 Iowa Acts, Second Extraordinary Session, chapter 1001, section  
 28 1 409, subsection 6. Of the funds allocated in this subsection,  
 28 2 not more than \$5,000 may be expended for administrative  
 28 3 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.

28 4 4. Of the funds appropriated in this Act to the department  
 28 5 of public health for addictive disorders, \$950,000 for

Requires that \$950,000 of the Addictive Disorders appropriation to the DPH for Substance Abuse Grants be transferred to the Medicaid

<p>28 6 the fiscal year beginning July 1, 2022, is transferred  28 7 to the department of human services for an integrated  28 8 substance-related disorder managed care system. The  28 9 departments of human services and public health shall  28 10 work together to maintain the level of mental health and  28 11 substance-related disorder treatment services provided by the  28 12 managed care contractors. Each department shall take the steps  28 13 necessary to continue the federal waivers as necessary to  28 14 maintain the level of services.</p>	<p>Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.</p> <p>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.</p>
<p>28 15 5. The department shall aggressively pursue options for  28 16 providing medical assistance or other assistance to individuals  28 17 with special needs who become ineligible to continue receiving  28 18 services under the early and periodic screening, diagnostic,  28 19 and treatment program under the medical assistance program  28 20 due to becoming 21 years of age who have been approved for  28 21 additional assistance through the department's exception to  28 22 policy provisions, but who have health care needs in excess  28 23 of the funding available through the exception to policy  28 24 provisions.</p>	<p>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) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding available funding.</p>
<p>28 25 6. Of the funds appropriated in this section, up to  28 26 \$3,050,082 may be transferred to the field operations or  28 27 general administration appropriations in this division of this  28 28 Act for operational costs associated with Part D of the federal  28 29 Medicare Prescription Drug Improvement and Modernization Act  28 30 of 2003, Pub.L.No.108-173.</p>	<p>Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>28 31 7. Of the funds appropriated in this section, up to \$442,100  28 32 may be transferred to the appropriation in this division of  28 33 this Act for health program operations to be used for clinical  28 34 assessment services and prior authorization of services.</p>	<p>Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services under Health Program Operations.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>28 35 8. A portion of the funds appropriated in this section may  29 1 be transferred to the appropriations in this division of this  29 2 Act for general administration, health program operations, the  29 3 children's health insurance program, or field operations to be  29 4 used for the state match cost to comply with the payment error  29 5 rate measurement (PERM) program for both the medical assistance</p>	<p>Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program and other reviews and quality control activities. This continues the DHS's compliance with the federal Improper Payments Information Act of 2002.</p> <p>DETAIL: The PERM Program measures improper payments in</p>

29 6 and children's health insurance programs as developed by the  
 29 7 centers for Medicare and Medicaid services of the United States  
 29 8 department of health and human services to comply with the  
 29 9 federal Improper Payments Information Act of 2002, Pub.L.  
 29 10 No.107-300, and to support other reviews and quality control  
 29 11 activities to improve the integrity of these programs.

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.

29 12 9. Of the funds appropriated in this section, a sufficient  
 29 13 amount is allocated to supplement the incomes of residents of  
 29 14 nursing facilities, intermediate care facilities for persons  
 29 15 with mental illness, and intermediate care facilities for  
 29 16 persons with an intellectual disability, with incomes of less  
 29 17 than \$50 in the amount necessary for the residents to receive a  
 29 18 personal needs allowance of \$50 per month pursuant to section  
 29 19 249A.30A.

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

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

29 20 10. One hundred percent of the nonfederal share of payments  
 29 21 to area education agencies that are medical assistance  
 29 22 providers for medical assistance-covered services provided to  
 29 23 medical assistance-covered children, shall be made from the  
 29 24 appropriation made in this section.

Allocates 100.00% of the nonfederal share of Medicaid funds to Area Education Agencies for services provided to Medicaid-covered children.

29 25 11. A portion of the funds appropriated in this section may  
 29 26 be transferred to the appropriation in this division of this  
 29 27 Act for health program operations to be used for administrative  
 29 28 activities associated with the money follows the person  
 29 29 demonstration project.

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.

29 30 12. Of the funds appropriated in this section, \$349,011  
 29 31 shall be used for the administration of the health insurance  
 29 32 premium payment program, including salaries, support,  
 29 33 maintenance, and miscellaneous purposes.

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.

29 34 13. a. The department may increase the amounts allocated  
 29 35 for salaries, support, maintenance, and miscellaneous purposes  
 30 1 associated with the medical assistance program, as necessary,  
 30 2 to sustain cost management efforts. The department shall  
 30 3 report any such increase to the general assembly and the  
 30 4 department of management.

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>30 5 b. If the savings to the medical assistance program from  30 6 ongoing cost management efforts exceed the associated cost  30 7 for the fiscal year beginning July 1, 2022, the department  30 8 may transfer any savings generated for the fiscal year due  30 9 to medical assistance program cost management efforts to the  30 10 appropriation made in this division of this Act for health  30 11 program operations or general administration to defray the  30 12 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>30 13 14. For the fiscal year beginning July 1, 2022, and ending  30 14 June 30, 2023, the replacement generation tax revenues required  30 15 to be deposited in the property tax relief fund pursuant to  30 16 section 437A.8, subsection 4, paragraph "d", and section  30 17 437A.15, subsection 3, paragraph "f", shall instead be credited  30 18 to and supplement the appropriation made in this section and  30 19 used for the allocations made in this section.</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>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>30 20 15. a. Of the funds appropriated in this section, up  30 21 to \$50,000 may be transferred by the department to the  30 22 appropriation made in this division of this Act to the  30 23 department for the same fiscal year for general administration  30 24 to be used for associated administrative expenses and for not  30 25 more than 1.00 full-time equivalent position, in addition to  30 26 those authorized for the same fiscal year, to be assigned to  30 27 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>30 28 b. Of the funds appropriated in this section, up to \$400,000  30 29 may be transferred by the department to the appropriation made  30 30 to the department in this division of this Act for the same  30 31 fiscal year for Medicaid program-related general administration  30 32 planning and implementation activities. The funds may be used  30 33 for contracts or for personnel in addition to the amounts  30 34 appropriated for and the positions authorized for general  30 35 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>31 1 c. Of the funds appropriated in this section, up to  31 2 \$3,000,000 may be transferred by the department to the</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</p>

<p>31 3 appropriations made in this division of this Act for the  31 4 same fiscal year for general administration or health  31 5 program operations to be used to support the development  31 6 and implementation of standardized assessment tools for  31 7 persons with mental illness, an intellectual disability, a  31 8 developmental disability, or a brain injury.</p>	<p>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>31 9 16. Of the funds appropriated in this section, \$150,000  31 10 shall be used for lodging expenses associated with care  31 11 provided at the university of Iowa hospitals and clinics for  31 12 patients with cancer whose travel distance is 30 miles or more  31 13 and whose income is at or below 200 percent of the federal  31 14 poverty level as defined by the most recently revised poverty  31 15 income guidelines published by the United States department of  31 16 health and human services. The department of human services  31 17 shall establish the maximum number of overnight stays and the  31 18 maximum rate reimbursed for overnight lodging, which may be  31 19 based on the state employee rate established by the department  31 20 of administrative services. The funds allocated in this  31 21 subsection shall not be used as nonfederal share matching  31 22 funds.</p>	<p>Allocates \$150,000 to the UIHC to be used for lodging expenses for  cancer patients with income below 200.00% of the FPL who travel 30  miles or more to receive treatment.</p> <p>DETAIL: This is no change compared to the estimated FY 2022  allocation.</p>
<p>31 23 17. Of the funds appropriated in this section, up to  31 24 \$3,383,880 shall be used for administration of the state family  31 25 planning services program pursuant to section 217.41B, and  31 26 of this amount, the department may use up to \$200,000 for  31 27 administrative expenses.</p>	<p>Allocates \$3,383,880 to administer the State Family Planning Services  Program. Permits up to \$200,000 to be used for administrative  expenses.</p> <p>DETAIL: This is no change compared to the estimated FY 2022  allocation.</p>
<p>31 28 18. Of the funds appropriated in this section, \$1,545,530  31 29 shall be used and may be transferred to other appropriations  31 30 in this division of this Act as necessary to administer the  31 31 provisions in the division of this Act relating to Medicaid  31 32 program administration.</p>	<p>Allocates \$1,545,530 for activities related to Medicaid Program  administration.</p> <p>DETAIL: This is no change compared to the estimated FY 2022  allocation.</p>
<p>31 33 19. The department shall comply with the centers for  31 34 Medicare and Medicaid services' guidance related to Medicaid  31 35 program and children's health insurance program maintenance  32 1 of effort provisions, including eligibility standards,  32 2 methodologies, procedures, and continuous enrollment, to  32 3 receive the enhanced federal medical assistance percentage</p>	<p>Requires the DHS to comply with the Centers for Medicare and  Medicaid Services (CMS) guidance related receiving the 6.20%  enhanced Federal Medical Assistance Percentage (FMAP) under the  Families First Coronavirus Response Act and return to normal  eligibility and enrollment operations as soon as possible.</p> <p>DETAIL: As a condition of receiving the enhanced FMAP, the State is</p>



32 4 under section 6008(b) of the federal Families First Coronavirus  
 32 5 Response Act, Pub.L. No.116-127. The department shall  
 32 6 utilize and implement all tools, processes, and resources  
 32 7 available to expediently return to normal eligibility and  
 32 8 enrollment operations in compliance with federal guidance and  
 32 9 expectations.

not allowed to disenroll anyone from Medicaid during the national emergency caused by COVID-19, with few exceptions.

32 10 20. A portion of the funds appropriated in this section  
 32 11 may be transferred to the appropriation made in this division  
 32 12 of this Act for the children’s health insurance program,  
 32 13 if the children’s health insurance program appropriation  
 32 14 is insufficient to cover the designated purposes of that  
 32 15 appropriation.

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

32 16 21. The department of human services shall submit a Medicaid  
 32 17 state plan amendment to the centers for Medicare and Medicaid  
 32 18 services to request the addition of functional family therapy  
 32 19 and multisystemic therapy for youth as covered services under  
 32 20 the Medicaid program. The department shall include functional  
 32 21 family therapy and multisystemic therapy under the Medicaid  
 32 22 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](#).

32 23 #14. HEALTH PROGRAM OPERATIONS. There is appropriated  
 32 24 from the general fund of the state to the department of human  
 32 25 services for the fiscal year beginning July 1, 2022, and ending  
 32 26 June 30, 2023, the following amount, or so much thereof as is  
 32 27 necessary, to be used for the purpose designated:

General Fund appropriation to Health Program Operations.

32 28 For health program operations:  
 32 29 ..... \$ 17,446,343

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

32 30 1. The department of inspections and appeals shall  
 32 31 provide all state matching funds for survey and certification  
 32 32 activities performed by the department of inspections  
 32 33 and appeals. The department of human services is solely  
 32 34 responsible for distributing the federal matching funds for  
 32 35 such activities.

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

33 1 2. Of the funds appropriated in this section, \$50,000 shall  
 33 2 be used for continuation of home and community-based services  
 33 3 waiver quality assurance programs, including the review and  
 33 4 streamlining of processes and policies related to oversight and

Allocates \$50,000 for the Home and Community-Based Services (HCBS) Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

33 5	5	quality management to meet state and federal requirements.	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.
33 6	3.	Of the amount appropriated in this section, up to	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.
33 7	\$200,000	may be transferred to the appropriation for general	
33 8	administration	in this division of this Act to be used for	
33 9	additional full-time equivalent positions	in the development	DETAIL: This is no change compared to the estimated FY 2022 allocation.
33 10	of key health initiatives	such as development and oversight	
33 11	of managed care programs	and development of health strategies	
33 12	targeted toward improved quality	and reduced costs in the	
33 13	Medicaid program.		
33 14	4.	Of the funds appropriated in this section, \$1,000,000	Allocates \$1,000,000 to the I-Smile Program.
33 15	shall be used for planning	and development, in cooperation with	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.
33 16	the department of public health,	of a phased-in program to	
33 17	provide a dental home	for children.	
33 18	5. a.	Of the funds appropriated in this section, \$188,000	Allocates \$188,000 to the Autism Support Program.
33 19	shall be credited to the autism support program fund	created	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.
33 20	in section 225D.2	to be used for the autism support program	
33 21	created in chapter 225D,	with the exception of the following	
33 22	amount of this allocation	which shall be used as follows:	
33 23	b.	Of the funds allocated in this subsection, \$25,000 shall	Allocates \$25,000 from the \$573,000 Autism Support Program allocation to Four Oaks for autism spectrum disorder services.
33 24	be used for the public purpose	of continuation of a grant to	
33 25	a nonprofit provider	of child welfare services that has been	
33 26	in existence for more than 115 years,	is located in a county	
33 27	with a population between 220,000	and 250,000 according to the	
33 28	2020 federal decennial census,	is licensed as a psychiatric	
33 29	medical institution for children,	and provides school-based	
33 30	programming, to be used for support services	for children with	
33 31	autism spectrum disorder	and their families.	
33 32	#15.	STATE SUPPLEMENTARY ASSISTANCE.	General Fund appropriation to the DHS for State Supplementary Assistance.
33 33	1.	There is appropriated from the general fund of the	
33 34	state	to the department of human services for the fiscal year	

33 35 beginning July 1, 2022, and ending June 30, 2023, the following  
 34 1 amount, or so much thereof as is necessary, to be used for the  
 34 2 purpose designated:  
 34 3 For the state supplementary assistance program:  
 34 4 ..... \$ 7,349,002

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

34 5 2. The department shall increase the personal needs  
 34 6 allowance for residents of residential care facilities by the  
 34 7 same percentage and at the same time as federal supplemental  
 34 8 security income and federal social security benefits are  
 34 9 increased due to a recognized increase in the cost of living.  
 34 10 The department may adopt emergency rules to implement this  
 34 11 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.

34 12 3. If during the fiscal year beginning July 1, 2022,  
 34 13 the department projects that state supplementary assistance  
 34 14 expenditures for a calendar year will not meet the federal  
 34 15 pass-through requirement specified in Tit.XVI of the federal  
 34 16 Social Security Act, section 1618, as codified in 42 U.S.C.  
 34 17 §1382g, the department may take actions including but not  
 34 18 limited to increasing the personal needs allowance for  
 34 19 residential care facility residents and making programmatic  
 34 20 adjustments or upward adjustments of the residential care  
 34 21 facility or in-home health-related care reimbursement rates  
 34 22 prescribed in this division of this Act to ensure that federal  
 34 23 requirements are met. In addition, the department may make  
 34 24 other programmatic and rate adjustments necessary to remain  
 34 25 within the amount appropriated in this section while ensuring  
 34 26 compliance with federal requirements. The department may adopt  
 34 27 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.

34 28 4. Notwithstanding section 8.33, moneys appropriated  
 34 29 in this section that remain unencumbered or unobligated  
 34 30 at the close of the fiscal year shall not revert but  
 34 31 shall remain available for expenditure for the purposes  
 34 32 designated, including for liability amounts associated with the  
 34 33 supplemental nutrition assistance program payment error rate,  
 34 34 until the close of the succeeding fiscal year.

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

34 35 #16. CHILDREN'S HEALTH INSURANCE PROGRAM.  
 35 1 1. There is appropriated from the general fund of the  
 35 2 state to the department of human services for the fiscal year

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.

35 3 beginning July 1, 2022, and ending June 30, 2023, the following  
 35 4 amount, or so much thereof as is necessary, to be used for the  
 35 5 purpose designated:  
 35 6 For maintenance of the healthy and well kids in Iowa (hawk-i)  
 35 7 program pursuant to chapter 514I, including supplemental dental  
 35 8 services, for receipt of federal financial participation under  
 35 9 Tit.XXI of the federal Social Security Act, which creates the  
 35 10 children's health insurance program:  
 35 11 ..... \$ 38,661,688

DETAIL: This is an increase of \$704,045 compared to estimated FY 2022 to reflect the current forecasted need.

35 12 2. Of the funds appropriated in this section, \$158,850 is  
 35 13 allocated for continuation of the contract for outreach with  
 35 14 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.

35 15 3. A portion of the funds appropriated in this section may  
 35 16 be transferred to the appropriations made in this division of  
 35 17 this Act for field operations or health program operations to  
 35 18 be used for the integration of hawk-i program eligibility,  
 35 19 payment, and administrative functions under the purview of  
 35 20 the department of human services, including for the Medicaid  
 35 21 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.

35 22 #17. CHILD CARE ASSISTANCE. There is appropriated  
 35 23 from the general fund of the state to the department of human  
 35 24 services for the fiscal year beginning July 1, 2022, and ending  
 35 25 June 30, 2023, the following amount, or so much thereof as is  
 35 26 necessary, to be used for the purpose designated:  
 35 27 For child care programs:  
 35 28 ..... \$ 40,816,931

General Fund appropriation to the DHS for CCA.

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

35 29 1. Of the funds appropriated in this section, \$34,966,931  
 35 30 shall be used for state child care assistance in accordance  
 35 31 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.

35 32 2. Nothing in this section shall be construed or is  
 35 33 intended as or shall imply a grant of entitlement for services  
 35 34 to persons who are eligible for assistance due to an income  
 35 35 level consistent with the waiting list requirements of section

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.

36 1 237A.13. Any state obligation to provide services pursuant to  
 36 2 this section is limited to the extent of the funds appropriated  
 36 3 in this section.

36 4 3. A list of the registered and licensed child care  
 36 5 facilities operating in the area served by a child care  
 36 6 resource and referral service shall be made available to the  
 36 7 families receiving state child care assistance in that area.

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.

36 8 4. Of the funds appropriated in this section, \$5,850,000  
 36 9 shall be credited to the early childhood programs grants  
 36 10 account in the early childhood Iowa fund created in section  
 36 11 256I.11. The moneys shall be distributed for funding of  
 36 12 community-based early childhood programs targeted to children  
 36 13 from birth through five years of age developed by early  
 36 14 childhood Iowa areas in accordance with approved community  
 36 15 plans as provided in section 256I.8.

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

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

36 16 5. The department may use any of the funds appropriated  
 36 17 in this section as a match to obtain federal funds for use in  
 36 18 expanding child care assistance and related programs. For  
 36 19 the purpose of expenditures of state and federal child care  
 36 20 funding, funds shall be considered obligated at the time  
 36 21 expenditures are projected or are allocated to the department's  
 36 22 service areas. Projections shall be based on current and  
 36 23 projected caseload growth, current and projected provider  
 36 24 rates, staffing requirements for eligibility determination  
 36 25 and management of program requirements including data systems  
 36 26 management, staffing requirements for administration of the  
 36 27 program, contractual and grant obligations and any transfers  
 36 28 to other state agencies, and obligations for decategorization  
 36 29 or innovation projects.

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.

36 30 6. A portion of the state match for the federal child care  
 36 31 and development block grant shall be provided as necessary to  
 36 32 meet federal matching funds requirements through the state  
 36 33 general fund appropriation made for child development grants  
 36 34 and other programs for at-risk children in section 279.51.

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.

36 35 7. If a uniform reduction ordered by the governor under  
 37 1 section 8.31 or other operation of law, transfer, or federal  
 37 2 funding reduction reduces the appropriation made in this

Specifies the following related to CCA Program operations:

- Any reductions to the CCA appropriation, either State or federal,

37 3 section for the fiscal year, the percentage reduction in the  
 37 4 amount paid out to or on behalf of the families participating  
 37 5 in the state child care assistance program shall be equal to or  
 37 6 less than the percentage reduction made for any other purpose  
 37 7 payable from the appropriation made in this section and the  
 37 8 federal funding relating to it. The percentage reduction to  
 37 9 the other allocations made in this section shall be the same as  
 37 10 the uniform reduction ordered by the governor or the percentage  
 37 11 change of the federal funding reduction, as applicable. If  
 37 12 there is an unanticipated increase in federal funding provided  
 37 13 for state child care services, the entire amount of the  
 37 14 increase, except as necessary to meet federal requirements  
 37 15 including quality set asides, shall be used for state child  
 37 16 care assistance payments. If the appropriations made for  
 37 17 purposes of the state child care assistance program for the  
 37 18 fiscal year are determined to be insufficient, it is the intent  
 37 19 of the general assembly to appropriate sufficient funding for  
 37 20 the fiscal year in order to avoid establishment of waiting list  
 37 21 requirements.

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.

37 22 8. Notwithstanding section 8.33, moneys advanced for  
 37 23 purposes of the programs developed by early childhood lowa  
 37 24 areas, advanced for purposes of wraparound child care, or  
 37 25 received from the federal appropriations made for the purposes  
 37 26 of this section that remain unencumbered or unobligated at the  
 37 27 close of the fiscal year shall not revert to any fund but shall  
 37 28 remain available for expenditure for the purposes designated  
 37 29 until the close of the succeeding fiscal year.

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.

37 30 #18. JUVENILE INSTITUTION. There is appropriated  
 37 31 from the general fund of the state to the department of human  
 37 32 services for the fiscal year beginning July 1, 2022, and ending  
 37 33 June 30, 2023, the following amounts, or so much thereof as is  
 37 34 necessary, to be used for the purposes designated:

General Fund appropriation to the State Training School at Eldora.

37 35 1. a. For operation of the state training school at Eldora  
 38 1 and for salaries, support, maintenance, and miscellaneous  
 38 2 purposes, and for not more than the following full-time  
 38 3 equivalent positions:  
 38 4 ..... \$ 17,606,871  
 38 5 ..... FTEs 207.00

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.

38 6 b. Of the funds appropriated in this subsection, \$91,000

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

38 7 shall be used for distribution to licensed classroom teachers  
 38 8 at this and other institutions under the control of the  
 38 9 department of human services based upon the average student  
 38 10 yearly enrollment at each institution as determined by the  
 38 11 department.

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

38 12 2. A portion of the moneys appropriated in this section  
 38 13 shall be used by the state training school at Eldora for  
 38 14 grants for adolescent pregnancy prevention activities at the  
 38 15 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.

38 16 3. Of the funds appropriated in this subsection, \$212,000  
 38 17 shall be used by the state training school at Eldora for a  
 38 18 substance use disorder treatment program at the institution for  
 38 19 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.

38 20 4. Notwithstanding section 8.33, moneys appropriated in  
 38 21 this section that remain unencumbered or unobligated at the  
 38 22 close of the fiscal year shall not revert but shall remain  
 38 23 available for expenditure for the purposes designated until the  
 38 24 close of the succeeding fiscal year.

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

38 25 #19. CHILD AND FAMILY SERVICES.

General Fund appropriation for Child and Family Services.

38 26 1. There is appropriated from the general fund of the  
 38 27 state to the department of human services for the fiscal year  
 38 28 beginning July 1, 2022, and ending June 30, 2023, the following  
 38 29 amount, or so much thereof as is necessary, to be used for the  
 38 30 purpose designated:  
 38 31 For child and family services:  
 38 32 ..... \$ 93,571,677

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.

38 33 2. The department may transfer funds appropriated in this  
 38 34 section as necessary to pay the nonfederal costs of services  
 38 35 reimbursed under the medical assistance program, state child  
 39 1 care assistance program, or the family investment program which  
 39 2 are provided to children who would otherwise receive services  
 39 3 paid under the appropriation in this section. The department  
 39 4 may transfer funds appropriated in this section to the  
 39 5 appropriations made in this division of this Act for general  
 39 6 administration and for field operations for resources necessary

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.

39 7 to implement and operate the services funded in this section.

39 8 3. Of the funds appropriated in this section, up to  
39 9 \$40,500,000 is allocated for group foster care maintenance and  
39 10 services.

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.

39 11 4. In accordance with the provisions of section 232.188,  
39 12 the department shall continue the child welfare and juvenile  
39 13 justice funding initiative during fiscal year 2022-2023. Of  
39 14 the funds appropriated in this section, \$1,717,000 is allocated  
39 15 specifically for expenditure for fiscal year 2022-2023 through  
39 16 the decategorization services funding pools and governance  
39 17 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.

39 18 5. A portion of the funds appropriated in this section  
39 19 may be used for emergency family assistance to provide other  
39 20 resources required for a family participating in a family  
39 21 preservation or reunification project or successor project to  
39 22 stay together or to be reunified.

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

39 23 6. Of the funds appropriated in this section, a sufficient  
39 24 amount is allocated for shelter care and the child welfare  
39 25 emergency services contracting implemented to provide for or  
39 26 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.

39 27 7. Federal funds received by the state during the fiscal  
39 28 year beginning July 1, 2022, as the result of the expenditure  
39 29 of state funds appropriated during a previous state fiscal  
39 30 year for a service or activity funded under this section are  
39 31 appropriated to the department to be used as additional funding  
39 32 for services and purposes provided for under this section.  
39 33 Notwithstanding section 8.33, moneys received in accordance  
39 34 with this subsection that remain unencumbered or unobligated at  
39 35 the close of the fiscal year shall not revert to any fund but  
40 1 shall remain available for the purposes designated until the  
40 2 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.



40 3 8. a. Of the funds appropriated in this section, up to  
 40 4 \$3,290,000 is allocated for the payment of the expenses of  
 40 5 court-ordered services provided to juveniles who are under the  
 40 6 supervision of juvenile court services, which expenses are a  
 40 7 charge upon the state pursuant to section 232.141, subsection  
 40 8 4. Of the amount allocated in this paragraph "a", up to  
 40 9 \$1,556,000 shall be made available to provide school-based  
 40 10 supervision of children adjudicated under chapter 232, of which  
 40 11 not more than \$15,000 may be used for the purpose of training.  
 40 12 A portion of the cost of each school-based liaison officer  
 40 13 shall be paid by the school district or other funding source as  
 40 14 approved by the chief juvenile court officer.  
 40 15 b. Of the funds appropriated in this section, up to \$748,000  
 40 16 is allocated for the payment of the expenses of court-ordered  
 40 17 services provided to children who are under the supervision  
 40 18 of the department, which expenses are a charge upon the state  
 40 19 pursuant to section 232.141, subsection 4.

40 20 c. Notwithstanding section 232.141 or any other provision  
 40 21 of law to the contrary, the amounts allocated in this  
 40 22 subsection shall be distributed to the judicial districts  
 40 23 as determined by the state court administrator and to the  
 40 24 department's service areas as determined by the administrator  
 40 25 of the department of human services' division of child and  
 40 26 family services. The state court administrator and the  
 40 27 division administrator shall make the determination of the  
 40 28 distribution amounts on or before June 15, 2022.

40 29 d. Notwithstanding chapter 232 or any other provision of  
 40 30 law to the contrary, a district or juvenile court shall not  
 40 31 order any service which is a charge upon the state pursuant  
 40 32 to section 232.141 if there are insufficient court-ordered  
 40 33 services funds available in the district court or departmental  
 40 34 service area distribution amounts to pay for the service. The  
 40 35 chief juvenile court officer and the departmental service area  
 41 1 manager shall encourage use of the funds allocated in this  
 41 2 subsection such that there are sufficient funds to pay for  
 41 3 all court-related services during the entire year. The chief  
 41 4 juvenile court officers and departmental service area managers  
 41 5 shall attempt to anticipate potential surpluses and shortfalls  
 41 6 in the distribution amounts and shall cooperatively request the

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

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

41 7 state court administrator or division administrator to transfer  
 41 8 funds between the judicial districts' or departmental service  
 41 9 areas' distribution amounts as prudent.

41 10 e. Notwithstanding any provision of law to the contrary,  
 41 11 a district or juvenile court shall not order a county to pay  
 41 12 for any service provided to a juvenile pursuant to an order  
 41 13 entered under chapter 232 which is a charge upon the state  
 41 14 under section 232.141, subsection 4.

41 15 f. Of the funds allocated in this subsection, not more than  
 41 16 \$83,000 may be used by the judicial branch for administration  
 41 17 of the requirements under this subsection.

41 18 g. Of the funds allocated in this subsection, \$17,000  
 41 19 shall be used by the department of human services to support  
 41 20 the interstate commission for juveniles in accordance with  
 41 21 the interstate compact for juveniles as provided in section  
 41 22 232.173.

41 23 9. Of the funds appropriated in this section, \$12,253,000 is  
 41 24 allocated for juvenile delinquent graduated sanctions services.  
 41 25 Any state funds saved as a result of efforts by juvenile court  
 41 26 services to earn a federal Tit.IV-E match for juvenile court  
 41 27 services administration may be used for the juvenile delinquent  
 41 28 graduated sanctions services.

41 29 10. Of the funds appropriated in this section, \$1,658,000 is  
 41 30 transferred to the department of public health to be used for  
 41 31 the child protection center grant program for child protection  
 41 32 centers located in Iowa in accordance with section 135.118.  
 41 33 The grant amounts under the program shall be equalized so that  
 41 34 each center receives a uniform base amount of \$245,000, and so  
 41 35 that the remaining funds are awarded through a funding formula  
 42 1 based upon the volume of children served. To increase access

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

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

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

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.

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.

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.

42 2 to child protection center services for children in rural  
42 3 areas, the funding formula for the awarding of the remaining  
42 4 funds shall provide for the awarding of an enhanced amount to  
42 5 eligible grantees to develop and maintain satellite centers in  
42 6 underserved regions of the state.

42 7 11. Of the funds appropriated in this section, \$4,025,000 is  
42 8 allocated for the preparation for adult living program pursuant  
42 9 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.

42 10 12. Of the funds appropriated in this section, \$227,000  
42 11 shall be used for the public purpose of continuing a grant to a  
42 12 nonprofit human services organization, providing services to  
42 13 individuals and families in multiple locations in southwest  
42 14 Iowa and Nebraska for support of a project providing immediate,  
42 15 sensitive support and forensic interviews, medical exams, needs  
42 16 assessments, and referrals for victims of child abuse and their  
42 17 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.

42 18 13. Of the funds appropriated in this section, \$300,000  
42 19 is allocated for the foster care youth council approach of  
42 20 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.

42 21 14. Of the funds appropriated in this section, \$202,000 is  
42 22 allocated for use pursuant to section 235A.1 for continuation  
42 23 of the initiative to address child sexual abuse implemented  
42 24 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection  
42 25 21.

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

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

42 26 15. Of the funds appropriated in this section, \$630,000 is  
42 27 allocated for the community partnership for child protection  
42 28 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.

42 29 16. Of the funds appropriated in this section, \$371,000  
 42 30 is allocated for the department's minority youth and family  
 42 31 projects under the redesign of the child welfare system.

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

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

42 32 17. Of the funds appropriated in this section, \$851,000  
 42 33 is allocated for funding of the community circle of care  
 42 34 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.

42 35 18. Of the funds appropriated in this section, at least  
 43 1 \$147,000 shall be used for the continuation of the child  
 43 2 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.

43 3 19. Of the funds appropriated in this section, \$211,000  
 43 4 shall be used for continuation of the central Iowa system of  
 43 5 care program grant for the purposes of funding community-based  
 43 6 services and other supports with a system of care approach for  
 43 7 children with serious emotional disturbance and their families  
 43 8 through a nonprofit provider that is located in a county  
 43 9 with a population of more than 450,000 according to the 2020  
 43 10 certified federal census, is licensed as a psychiatric medical  
 43 11 institution for children, and was a system of care grantee  
 43 12 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.

43 13 20. Of the funds appropriated in this section, \$235,000  
 43 14 shall be used for the public purpose of the continuation  
 43 15 and expansion of a system of care program grant implemented  
 43 16 in Cerro Gordo and Linn counties to utilize a comprehensive  
 43 17 and long-term approach for helping children and families by  
 43 18 addressing the key areas in a child's life of childhood basic  
 43 19 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.

43 20 21. Of the funds appropriated in this section, \$110,000

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

43 21 shall be used for the public purpose of funding community-based  
 43 22 services and other supports with a system of care approach  
 43 23 for children with a serious emotional disturbance and their  
 43 24 families through a nonprofit provider of child welfare services  
 43 25 that has been in existence for more than 115 years, is located  
 43 26 in a county with a population of more than 230,000 according to  
 43 27 the 2020 certified federal census, is licensed as a psychiatric  
 43 28 medical institution for children, and was a system of care  
 43 29 grantee prior to July 1, 2022.

Cedar Rapids.

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

43 30 22. If a separate funding source is identified that reduces  
 43 31 the need for state funds within an allocation under this  
 43 32 section, the allocated state funds may be redistributed to  
 43 33 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.

43 34 23. Of the funds appropriated in this section, a portion may  
 43 35 be used for family-centered services for purposes of complying  
 44 1 with the federal Family First Prevention Services Act of 2018,  
 44 2 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.

44 3 24. Of the funds appropriated in this section, \$3,850,718  
 44 4 shall be used to support placements in qualified residential  
 44 5 treatment programs.

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

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

44 6 #20. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

44 7 1. There is appropriated from the general fund of the  
 44 8 state to the department of human services for the fiscal year  
 44 9 beginning July 1, 2022, and ending June 30, 2023, the following  
 44 10 amount, or so much thereof as is necessary, to be used for the  
 44 11 purpose designated:

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

44 12 a. For adoption subsidy payments and related costs and for  
 44 13 other operations and services provided for under paragraph "b"  
 44 14 and paragraph "c", subparagraph (2):  
 44 15 ..... \$ 40,596,007

<p>44 16 b. Of the funds appropriated in this section, up to  44 17 \$11,000,000 may be transferred to the appropriation for  44 18 department-wide duties in this division of this Act to be used  44 19 for facility operations.</p>	<p>Allows the DHS to transfer up to \$11,000,000 to the Department-Wide Duties appropriation of this Bill.</p> <p>DETAIL: This is a new transfer for FY 2023.</p>
<p>44 20 c. (1) Of the funds appropriated in this section remaining  44 21 after the transfer of funds under paragraph "b", a sufficient  44 22 amount is allocated for adoption subsidy payments and related  44 23 costs.</p> <p>44 24 (2) Any funds appropriated in this section remaining after  44 25 the allocation under subparagraph (1) are designated and  44 26 allocated as state savings resulting from implementation of  44 27 the federal Fostering Connections to Success and Increasing  44 28 Adoptions Act of 2008, Pub.L. No.110-351, and successor  44 29 legislation, as determined in accordance with 42 U.S.C.  44 30 §673(a)(8), and shall be used for post-adoption services and  44 31 for other purposes allowed under these federal laws, Tit.IV-B  44 32 or Tit.IV-E of the federal Social Security Act.</p> <p>44 33 (a) The department of human services may transfer funds  44 34 allocated in this subparagraph (2) to the appropriation for  44 35 child and family services in this division of this Act for the  45 1 purposes designated in this subparagraph (2).</p> <p>45 2 (b) Notwithstanding section 8.33, moneys allocated  45 3 under this subparagraph (2) shall not revert to any fund but  45 4 shall remain available for the purposes designated in this  45 5 subparagraph (2) until expended.</p>	<p>CODE: Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and postadoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, due to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. Permits the DHS to transfer funds (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>45 6 2. The department may transfer funds appropriated in this  45 7 section remaining after the transfer of funds under subsection  45 8 1, paragraph "b", to the appropriation made in this division  45 9 of this Act for general administration for costs paid from the  45 10 appropriation relating to adoption subsidy.</p>	<p>Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.</p>
<p>45 11 3. Federal funds received by the state during the  45 12 fiscal year beginning July 1, 2022, as the result of the  45 13 expenditure of state funds during a previous state fiscal  45 14 year for a service or activity funded under this section are  45 15 appropriated to the department to be used as additional funding  45 16 for the services and activities funded under this section.  45 17 Notwithstanding section 8.33, moneys received in accordance  45 18 with this subsection that remain unencumbered or unobligated</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>

45 19 at the close of the fiscal year shall not revert to any fund  
45 20 but shall remain available for expenditure for the purposes  
45 21 designated until the close of the succeeding fiscal year.

45 22 4. Notwithstanding section 8.33, moneys appropriated in  
45 23 this section that remain unencumbered or unobligated at the  
45 24 close of the fiscal year shall not revert but shall remain  
45 25 available for the purposes designated until the close of the  
45 26 succeeding fiscal year.

CODE: Allows any unexpended funds allocated for the Adoption Subsidy Program for FY 2023 to remain available for expenditure in FY 2024.

45 27 #21. JUVENILE DETENTION HOME FUND. Moneys deposited  
45 28 in the juvenile detention home fund created in section 232.142  
45 29 during the fiscal year beginning July 1, 2022, and ending June  
45 30 30, 2023, are appropriated to the department of human services  
45 31 for the fiscal year beginning July 1, 2022, and ending June 30,  
45 32 2023, for distribution of an amount equal to a percentage of  
45 33 the costs of the establishment, improvement, operation, and  
45 34 maintenance of county or multicounty juvenile detention homes  
45 35 in the fiscal year beginning July 1, 2021. Moneys appropriated  
46 1 for distribution in accordance with this section shall be  
46 2 allocated among eligible detention homes, prorated on the basis  
46 3 of an eligible detention home's proportion of the costs of all  
46 4 eligible detention homes in the fiscal year beginning July  
46 5 1, 2021. The percentage figure shall be determined by the  
46 6 department based on the amount available for distribution for  
46 7 the fund. Notwithstanding section 232.142, subsection 3, the  
46 8 financial aid payable by the state under that provision for the  
46 9 fiscal year beginning July 1, 2022, shall be limited to the  
46 10 amount appropriated for the purposes of this section.

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.

46 11 #22. FAMILY SUPPORT SUBSIDY PROGRAM.  
46 12 1. There is appropriated from the general fund of the  
46 13 state to the department of human services for the fiscal year  
46 14 beginning July 1, 2022, and ending June 30, 2023, the following  
46 15 amount, or so much thereof as is necessary, to be used for the  
46 16 purpose designated:  
46 17 For the family support subsidy program subject to the  
46 18 enrollment restrictions in section 225C.37, subsection 3:  
46 19 ..... \$ 949,282

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

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

46 20 2. At least \$931,536 of the moneys appropriated in this  
46 21 section is transferred to the department of public health for

Allocates \$931,536 to the DPH to continue the Children at Home Program. The DPH has existing statewide coordinated intake for

46 22 the family support center component of the comprehensive family  
46 23 support program under chapter 225C, subchapter V.

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.

46 24 3. If at any time during the fiscal year, the amount of  
46 25 funding available for the family support subsidy program  
46 26 is reduced from the amount initially used to establish the  
46 27 figure for the number of family members for whom a subsidy  
46 28 is to be provided at any one time during the fiscal year,  
46 29 notwithstanding section 225C.38, subsection 2, the department  
46 30 shall revise the figure as necessary to conform to the amount  
46 31 of funding available.

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

46 32 #23. CONNER DECREE. There is appropriated from the  
46 33 general fund of the state to the department of human services  
46 34 for the fiscal year beginning July 1, 2022, and ending June 30,  
46 35 2023, the following amount, or so much thereof as is necessary,  
47 1 to be used for the purpose designated:  
47 2 For building community capacity through the coordination  
47 3 and provision of training opportunities in accordance with the  
47 4 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
47 5 Iowa, July 14, 1994):  
47 6 ..... \$ 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.

47 7 #24. MENTAL HEALTH INSTITUTES.

47 8 1. There is appropriated from the general fund of the  
47 9 state to the department of human services for the fiscal year  
47 10 beginning July 1, 2022, and ending June 30, 2023, the following  
47 11 amounts, or so much thereof as is necessary, to be used for the  
47 12 purposes designated:

47 13 a. For operation of the state mental health institute at  
47 14 Cherokee as required by chapters 218 and 226 for salaries,  
47 15 support, maintenance, and miscellaneous purposes, and for not  
47 16 more than the following full-time equivalent positions:  
47 17 ..... \$ 15,613,624  
47 18 ..... 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.

47 19 b. For operation of the state mental health institute at  
47 20 Independence as required by chapters 218 and 226 for salaries,  
47 21 support, maintenance, and miscellaneous purposes, and for not  
47 22 more than the following full-time equivalent positions:  
47 23 ..... \$ 19,688,928  
47 24 ..... 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.

47 25 2. a. Notwithstanding sections 218.78 and 249A.11, any  
47 26 revenue received from the state mental health institute at  
47 27 Cherokee or the state mental health institute at Independence  
47 28 pursuant to 42 C.F.R.§438.6(e) may be retained and expended  
47 29 by the mental health institute.

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

47 30 b. Notwithstanding sections 218.78 and 249A.11, any  
47 31 COVID-19 related funding received through federal funding  
47 32 sources by the state mental health institute at Cherokee or the  
47 33 state mental health institute at Independence may be retained  
47 34 and expended by the mental health institute.

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

47 35 3. Notwithstanding any provision of law to the contrary,  
48 1 a Medicaid member residing at the state mental health  
48 2 institute at Cherokee or the state mental health institute  
48 3 at Independence shall retain Medicaid eligibility during  
48 4 the period of the Medicaid member's stay for which federal  
48 5 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.

48 6 4. Notwithstanding section 8.33, moneys appropriated in  
48 7 this section that remain unencumbered or unobligated at the  
48 8 close of the fiscal year shall not revert but shall remain  
48 9 available for expenditure for the purposes designated until the  
48 10 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.

48 11 #25. STATE RESOURCE CENTERS.

48 12 1. There is appropriated from the general fund of the  
48 13 state to the department of human services for the fiscal year  
48 14 beginning July 1, 2022, and ending June 30, 2023, the following  
48 15 amounts, or so much thereof as is necessary, to be used for the

48 16 purposes designated:

48 17 a. For the state resource center at Glenwood for salaries,  
 48 18 support, maintenance, and miscellaneous purposes:  
 48 19 ..... \$ 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.

48 20 b. For the state resource center at Woodward for salaries,  
 48 21 support, maintenance, and miscellaneous purposes:  
 48 22 ..... \$ 13,409,294

General Fund appropriation to the State Resource Center at Woodward.

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

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

48 23 2. The department may continue to bill for state resource  
 48 24 center services utilizing a scope of services approach used for  
 48 25 private providers of intermediate care facilities for persons  
 48 26 with an intellectual disability services, in a manner which  
 48 27 does not shift costs between the medical assistance program,  
 48 28 mental health and disability services regions, or other sources  
 48 29 of funding for the state resource centers.

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

48 30 3. The state resource centers may expand the time-limited  
 48 31 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.

48 32 4. If the department's administration and the department

Specifies that FTE positions may be added at the two State resource

48 33 of management concur with a finding by a state resource  
 48 34 center's superintendent that projected revenues can reasonably  
 48 35 be expected to pay the salary and support costs for a new  
 49 1 employee position, or that such costs for adding a particular  
 49 2 number of new positions for the fiscal year would be less  
 49 3 than the overtime costs if new positions would not be added,  
 49 4 the superintendent may add the new position or positions. If  
 49 5 the vacant positions available to a resource center do not  
 49 6 include the position classification desired to be filled, the  
 49 7 state resource center's superintendent may reclassify any  
 49 8 vacant position as necessary to fill the desired position. The  
 49 9 superintendents of the state resource centers may, by mutual  
 49 10 agreement, pool vacant positions and position classifications  
 49 11 during the course of the fiscal year in order to assist one  
 49 12 another in filling necessary positions.

centers if projected revenues are sufficient to pay the salary and support costs of the additional FTE positions and if approved by the DOM.

49 13 5. If existing capacity limitations are reached in  
 49 14 operating units, a waiting list is in effect for a service or  
 49 15 a special need for which a payment source or other funding  
 49 16 is available for the service or to address the special need,  
 49 17 and facilities for the service or to address the special need  
 49 18 can be provided within the available payment source or other  
 49 19 funding, the superintendent of a state resource center may  
 49 20 authorize opening not more than two units or other facilities  
 49 21 and begin implementing the service or addressing the special  
 49 22 need during fiscal year 2022-2023.

Permits a State resource center to open certain facilities if a service waiting list exists and funding is available.

49 23 6. Notwithstanding section 8.33, and notwithstanding  
 49 24 the amount limitation specified in section 222.92, moneys  
 49 25 appropriated in this section that remain unencumbered or  
 49 26 unobligated at the close of the fiscal year shall not revert  
 49 27 but shall remain available for expenditure for the purposes  
 49 28 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.

49 29 **#26. SEXUALLY VIOLENT PREDATORS.**

49 30 1. There is appropriated from the general fund of the  
 49 31 state to the department of human services for the fiscal year  
 49 32 beginning July 1, 2022, and ending June 30, 2023, the following  
 49 33 amount, or so much thereof as is necessary, to be used for the  
 49 34 purpose designated:

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

49 35 For costs associated with the commitment and treatment of  
 50 1 sexually violent predators in the unit located at the state

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

- An increase of \$60,728 due to increase in per diem cost.
- An increase of \$100,000 and 1.00 FTE position for a new

50 2 mental health institute at Cherokee, including costs of legal  
 50 3 services and other associated costs, including salaries,  
 50 4 support, maintenance, and miscellaneous purposes, and for not  
 50 5 more than the following full-time equivalent positions:  
 50 6 ..... \$ 13,891,276  
 50 7 ..... FTEs 140.00

transition ward.  
 • An increase of \$86,821 for support costs.  
 • An increase of 13.65 FTE positions to match the FY 2022 authorized amount.

50 8 2. Unless specifically prohibited by law, if the amount  
 50 9 charged provides for recoupment of at least the entire amount  
 50 10 of direct and indirect costs, the department of human services  
 50 11 may contract with other states to provide care and treatment  
 50 12 of persons placed by the other states at the unit for sexually  
 50 13 violent predators at Cherokee. The moneys received under  
 50 14 such a contract shall be considered to be repayment receipts  
 50 15 and used for the purposes of the appropriation made in this  
 50 16 section.

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

50 17 3. Notwithstanding section 8.33, moneys appropriated in  
 50 18 this section that remain unencumbered or unobligated at the  
 50 19 close of the fiscal year shall not revert but shall remain  
 50 20 available for expenditure for the purposes designated until the  
 50 21 close of the succeeding fiscal year.

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

50 22 #27. FIELD OPERATIONS.

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

50 23 1. There is appropriated from the general fund of the  
 50 24 state to the department of human services for the fiscal year  
 50 25 beginning July 1, 2022, and ending June 30, 2023, the following  
 50 26 amount, or so much thereof as is necessary, to be used for the  
 50 27 purposes designated:  
 50 28 For field operations, including salaries, support,  
 50 29 maintenance, and miscellaneous purposes, and for not more than  
 50 30 the following full-time equivalent positions:  
 50 31 ..... \$ 65,894,438  
 50 32 ..... FTEs 1,589.00

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

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

50 33 2. Priority in filling full-time equivalent positions  
 50 34 shall be given to those positions related to child protection  
 50 35 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.

51 1 #28. GENERAL ADMINISTRATION. There is appropriated  
 51 2 from the general fund of the state to the department of human  
 51 3 services for the fiscal year beginning July 1, 2022, and ending

General Fund appropriation for General Administration.

DETAIL: This is an increase of \$500,000 and 12.00 FTE positions

<p>51 4 June 30, 2023, the following amount, or so much thereof as is  51 5 necessary, to be used for the purpose designated:  51 6 For general administration, including salaries, support,  51 7 maintenance, and miscellaneous purposes, and for not more than  51 8 the following full-time equivalent positions:  51 9 ..... \$ 15,842,189  51 10 ..... FTEs 296.00</p>	<p>compared to estimated FY 2022. The changes include:</p> <ul style="list-style-type: none"> <li>• An increase of \$500,000 and 2.00 FTE positions to implement the More Options for Maternal Supports (MOMS) Program created in Division XVII of this Bill.</li> <li>• An increase of 10.00 FTE positions to match the FY 2022 authorized amount.</li> </ul>
<p>51 11 1. The department shall report at least monthly to the  51 12 general assembly concerning the department's operational and  51 13 program expenditures.</p>	<p>Requires the DHS to provide a monthly operational and expenditure report to the General Assembly.</p>
<p>51 14 2. Of the funds appropriated in this section, \$150,000 shall  51 15 be used for the provision of a program to provide technical  51 16 assistance, support, and consultation to providers of home and  51 17 community-based services under the medical assistance program.</p>	<p>Allocates \$150,000 for technical assistance for providers of HCBS under the Medicaid Program.</p> <p>DETAIL: This is no change compared to the estimated FY 2022 allocation.</p>
<p>51 18 3. Of the funds appropriated in this section, \$50,000  51 19 is transferred to the Iowa finance authority to be used  51 20 for administrative support of the council on homelessness  51 21 established in section 16.2D and for the council to fulfill its  51 22 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>51 23 4. Of the funds appropriated in this section, \$200,000 shall  51 24 be transferred to and deposited in the administrative fund of  51 25 the Iowa ABLE savings plan trust created in section 12I.4, to  51 26 be used for implementation and administration activities of the  51 27 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>51 28 5. Of the funds appropriated in this section, \$200,000 is  51 29 transferred to the economic development authority for the Iowa  51 30 commission on volunteer services to continue to be used for the  51 31 RefugeeRISE AmeriCorps program established under section 15H.8  51 32 for member recruitment and training to improve the economic  51 33 well-being and health of economically disadvantaged refugees in  51 34 local communities across Iowa. Funds transferred may be used  51 35 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>

52 1 6. Of the funds appropriated in this section, up to \$300,000  
52 2 shall be used as follows:

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

DETAIL: This is no change in funding compared to the estimated FY 2022 allocation. However, this amount is further allocated in the following paragraphs.

52 3 a. To fund not more than 1.00 full-time equivalent position  
52 4 to address the department's responsibility to support the work  
52 5 of the children's behavioral health system state board and  
52 6 implementation of the services required pursuant to section  
52 7 331.397.

Specifies that the funding is for 1.00 FTE position to support the Children's System State Board.

52 8 b. To support the cost of establishing and implementing new  
52 9 or additional services required pursuant to sections 331.397  
52 10 and 331.397A.

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

52 11 c. Of the amount allocated, \$32,000 shall be transferred  
52 12 to the department of public health to support the costs of  
52 13 establishing and implementing new or additional services  
52 14 required pursuant to sections 331.397 and 331.397A.

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

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

52 15 7. Of the funds appropriated in this section, \$800,000 shall  
52 16 be used for the renovation and construction of certain nursing  
52 17 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.

52 18 8. Of the funds appropriated under this section, \$500,000  
52 19 shall be used for the purposes of program administration and  
52 20 provision of pregnancy support services through the more  
52 21 options for maternal support program created in this Act.

Allocates \$500,000 to administer the MOMS Program.

DETAIL: This is a new Program for FY 2023. The Program is created in Division XVII of this Bill.

52 22 #29. DEPARTMENT-WIDE DUTIES. There is appropriated  
52 23 from the general fund of the state to the department of human  
52 24 services for the fiscal year beginning July 1, 2022, and ending

General Fund appropriation to the DHS facilities.

DETAIL: This is an increase of \$1,292,849 compared to estimated

52 25 June 30, 2023, the following amount, or so much thereof as is  
 52 26 necessary, to be used for the purposes designated:  
 52 27 For salaries, support, maintenance, and miscellaneous  
 52 28 purposes at facilities under the purview of the department of  
 52 29 human services:  
 52 30 ..... \$ 4,172,123

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.

52 31 #30. VOLUNTEERS. There is appropriated from the general  
 52 32 fund of the state to the department of human services for the  
 52 33 fiscal year beginning July 1, 2022, and ending June 30, 2023,  
 52 34 the following amount, or so much thereof as is necessary, to be  
 52 35 used for the purpose designated:  
 53 1 For development and coordination of volunteer services:  
 53 2 ..... \$ 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.

53 3 #31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
 53 4 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE  
 53 5 DEPARTMENT OF HUMAN SERVICES.

53 6 1. a. (1) (a) Notwithstanding any provision of law to the  
 53 7 contrary, for the fiscal year beginning July 1, 2022, case-mix  
 53 8 nursing facilities shall be reimbursed in accordance with the  
 53 9 methodology in effect on June 30, 2022.  
 53 10 (b) For the fiscal year beginning July 1, 2022, non-case-mix  
 53 11 and special population nursing facilities shall be reimbursed  
 53 12 in accordance with the methodology in effect on June 30, 2022.

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

53 13 (c) For managed care claims, the department of human  
 53 14 services shall adjust the payment rate floor for nursing  
 53 15 facilities, annually, to maintain a rate floor that is no  
 53 16 lower than the Medicaid fee-for-service case-mix adjusted rate  
 53 17 calculated in accordance with subparagraph division (a) and  
 53 18 441 IAC 81.6. The department shall then calculate adjusted  
 53 19 reimbursement rates, including but not limited to add-on  
 53 20 payments, annually, and shall notify Medicaid managed care  
 53 21 organizations of the adjusted reimbursement rates within 30  
 53 22 days of determining the adjusted reimbursement rates. Any  
 53 23 adjustment of reimbursement rates under this subparagraph  
 53 24 division shall be budget neutral to the state budget.

Requires the DHS to adjust the payment rate floor for nursing facilities that 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.

53 25 (d) For the fiscal year beginning July 1, 2022, Medicaid  
 53 26 managed care long-term services and supports capitation rates

Requires the FY 2023 Medicaid managed care long-term services and supports capitation rates to be adjusted to reflect the case-mix

<p>53 27 shall be adjusted to reflect the case-mix adjusted rates  53 28 specified pursuant to subparagraph division (a) for the patient  53 29 populations residing in Medicaid-certified nursing facilities.</p>	<p>methodology defined above for patients residing in Medicaid-certified nursing facilities.</p>
<p>53 30 (2) Medicaid managed care organizations shall adjust  53 31 facility-specific rates based upon payment rate listings issued  53 32 by the department. The rate adjustments shall be applied  53 33 prospectively from the effective date of the rate letter issued  53 34 by the department.</p>	<p>Requires Managed Care Organizations (MCOs) to adjust facility-specific rates based on payment rate listings issued by the DHS. The rates are to be applied prospectively from the effective date of the rate letter issued by the DHS.</p>
<p>53 35 b. (1) For the fiscal year beginning July 1, 2022, the  54 1 department shall establish the fee-for-service pharmacy  54 2 dispensing fee reimbursement at \$10.38 per prescription,  54 3 until a cost of dispensing survey is completed. The actual  54 4 dispensing fee shall be determined by a cost of dispensing  54 5 survey performed by the department and required to be completed  54 6 by all medical assistance program participating pharmacies  54 7 every two years, adjusted as necessary to maintain expenditures  54 8 within the amount appropriated to the department for this  54 9 purpose for the fiscal year. A change in the dispensing  54 10 fee shall become effective following federal approval of the  54 11 Medicaid state plan.</p>	<p>Requires the FY 2023 pharmacy dispensing fee to be \$10.38 per prescription.   DETAIL: This is no change compared to the FY 2022 dispensing fee.</p>
<p>54 12 (2) The department shall utilize an average acquisition  54 13 cost reimbursement methodology for all drugs covered under the  54 14 medical assistance program in accordance with 2012 Iowa Acts,  54 15 chapter 1133, section 33.</p>	<p>Requires the DHS to continue an average acquisition cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The DHS is to provide a process for pharmacies to address AAC prices that are not reflective of the actual drug cost.</p>
<p>54 16 c. (1) For the fiscal year beginning July 1, 2022,  54 17 reimbursement rates for outpatient hospital services shall  54 18 remain at the rates in effect on June 30, 2022, subject to  54 19 Medicaid program upper payment limit rules, and adjusted  54 20 as necessary to maintain expenditures within the amount  54 21 appropriated to the department for this purpose for the fiscal  54 22 year.</p>	<p>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.</p>
<p>54 23 (2) For the fiscal year beginning July 1, 2022,  54 24 reimbursement rates for inpatient hospital services shall  54 25 remain at the rates in effect on June 30, 2022, subject to  54 26 Medicaid program upper payment limit rules, and adjusted</p>	<p>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.</p>



54 27 as necessary to maintain expenditures within the amount  
 54 28 appropriated to the department for this purpose for the fiscal  
 54 29 year.

54 30 (3) For the fiscal year beginning July 1, 2022, under  
 54 31 both fee-for-service and managed care administration of  
 54 32 the Medicaid program, critical access hospitals shall be  
 54 33 reimbursed for inpatient and outpatient services based on the  
 54 34 hospital-specific critical access hospital cost adjustment  
 54 35 factor methodology utilizing the most recent and complete cost  
 55 1 reporting period as applied prospectively within the funds  
 55 2 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.

55 3 (4) For the fiscal year beginning July 1, 2022, the graduate  
 55 4 medical education and disproportionate share hospital fund  
 55 5 shall remain at the amount in effect on June 30, 2022, except  
 55 6 that the portion of the fund attributable to graduate medical  
 55 7 education shall be reduced in an amount that reflects the  
 55 8 elimination of graduate medical education payments made to  
 55 9 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.

55 10 (5) In order to ensure the efficient use of limited state  
 55 11 funds in procuring health care services for low-income lowans,  
 55 12 funds appropriated in this Act for hospital services shall  
 55 13 not be used for activities which would be excluded from a  
 55 14 determination of reasonable costs under the federal Medicare  
 55 15 program pursuant to 42 U.S.C.§1395x(v)(1)(N).

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

55 16 d. For the fiscal year beginning July 1, 2022, reimbursement  
 55 17 rates for hospices and acute psychiatric hospitals shall be  
 55 18 increased in accordance with increases under the federal  
 55 19 Medicare program or as supported by their Medicare audited  
 55 20 costs.

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

55 21 e. For the fiscal year beginning July 1, 2022, independent  
 55 22 laboratories and rehabilitation agencies shall be reimbursed  
 55 23 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.

55 24 f. (1) For the fiscal year beginning July 1, 2022,  
 55 25 reimbursement rates for home health agencies shall continue to  
 55 26 be based on the Medicare low utilization payment adjustment  
 55 27 (LUPA) methodology with state geographic wage adjustments. The

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

55 28	department shall continue to update the rates every two years	provided. The DHS will continue to update the rates every two years.
55 29	to reflect the most recent Medicare LUPA rates.	
55 30	(2) For the fiscal year beginning July 1, 2022, the	Provides \$1,777,082 for the DHS to create and implement a home
55 31	department shall create a reimbursement rate structure that	health agency reimbursement rate structure that provides incentives
55 32	provides incentives to home health care providers located in	for rural providers and provides a definition for "rural area."
55 33	rural areas and providing home health care to Medicaid members,	
55 34	within the \$1,777,082 appropriated for this purpose. The rate	DETAIL: This is a new requirement for FY 2023.
55 35	structure shall include a telehealth component to incentivize	
56 1	the provision of necessary supervision for skilled care without	
56 2	requiring travel time. For the purposes of this subparagraph	
56 3	(2), "rural area" means an area that is not an Iowa core based	
56 4	statistical area as defined by the federal office of management	
56 5	and budget.	
56 6	(3) For the fiscal year beginning July 1, 2022, rates for	Requires the FY 2023 rates for private duty nursing and personal care
56 7	private duty nursing and personal care services under the early	services under the Early and Periodic Screening, Diagnostic, and
56 8	and periodic screening, diagnostic, and treatment program	Treatment (EPSDT) Program to remain the same as the methodology
56 9	benefit shall be calculated based on the methodology in effect	on June 30, 2022.
56 10	on June 30, 2022.	
56 11	g. For the fiscal year beginning July 1, 2022, federally	Requires the FY 2023 federally qualified health centers and rural
56 12	qualified health centers and rural health clinics shall receive	health clinics rates to be 100.00% of the reasonable costs for provision
56 13	cost-based reimbursement for 100 percent of the reasonable	of services to Medicaid Program recipients.
56 14	costs for the provision of services to recipients of medical	
56 15	assistance.	
56 16	h. For the fiscal year beginning July 1, 2022, the	Requires the FY 2023 reimbursement rates for dental services to
56 17	reimbursement rates for dental services shall remain at the	remain at the rates in effect on June 30, 2022.
56 18	rates in effect on June 30, 2022.	
56 19	i. (1) For the fiscal year beginning July 1, 2022,	Requires the FY 2023 non-State-owned psychiatric medical institution
56 20	reimbursement rates for non-state-owned psychiatric medical	for children (PMIC) rates to remain at the rates in effect on June 30,
56 21	institutions for children shall be based on the reimbursement	2022.
56 22	methodology in effect on June 30, 2022.	
56 23	(2) As a condition of participation in the medical	Requires PMIC providers to accept the Medicaid rate for any covered
56 24	assistance program, enrolled providers shall accept the medical	goods or services for children under the custody of the PMIC.
56 25	assistance reimbursement rate for any covered goods or services	
56 26	provided to recipients of medical assistance who are children	
56 27	under the custody of a psychiatric medical institution for	
56 28	children.	

56 29 j. For the fiscal year beginning July 1, 2022, unless  
56 30 otherwise specified in this Act, all noninstitutional medical  
56 31 assistance provider reimbursement rates shall remain at the  
56 32 rates in effect on June 30, 2022, except for area education  
56 33 agencies, local education agencies, infant and toddler  
56 34 services providers, home and community-based services providers  
56 35 including consumer-directed attendant care providers under a  
57 1 section 1915(c) or 1915(i) waiver, targeted case management  
57 2 providers, and those providers whose rates are required to be  
57 3 determined pursuant to section 249A.20, or to meet federal  
57 4 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.

57 5 k. Notwithstanding any provision to the contrary, for the  
57 6 fiscal year beginning July 1, 2022, the reimbursement rate for  
57 7 anesthesiologists shall remain at the rates in effect on June  
57 8 30, 2022, and updated on January 1, 2023, to align with the  
57 9 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.

57 10 l. Notwithstanding section 249A.20, for the fiscal year  
57 11 beginning July 1, 2022, the average reimbursement rate for  
57 12 health care providers eligible for use of the federal Medicare  
57 13 resource-based relative value scale reimbursement methodology  
57 14 under section 249A.20 shall remain at the rate in effect on  
57 15 June 30, 2022; however, this rate shall not exceed the maximum  
57 16 level authorized by the federal government.

Requires the FY 2023 rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect on June 30, 2022, and not exceed the maximum level authorized by the federal government.

57 17 m. For the fiscal year beginning July 1, 2022, the  
57 18 reimbursement rate for residential care facilities shall not  
57 19 be less than the minimum payment level as established by the  
57 20 federal government to meet the federally mandated maintenance  
57 21 of effort requirement. The flat reimbursement rate for  
57 22 facilities electing not to file annual cost reports shall not  
57 23 be less than the minimum payment level as established by the  
57 24 federal government to meet the federally mandated maintenance  
57 25 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.

57 26 n. (1) For the fiscal year beginning July 1, 2022, the  
57 27 reimbursement rates for inpatient mental health services  
57 28 provided at hospitals shall remain at the rates in effect on  
57 29 June 30, 2022, subject to Medicaid program upper payment limit  
57 30 rules and adjusted as necessary to maintain expenditures within  
57 31 the amount appropriated to the department for this purpose for

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.

57 32 the fiscal year; and psychiatrists shall be reimbursed at the  
 57 33 medical assistance program fee-for-service rate in effect on  
 57 34 June 30, 2022.

57 35 (2) Notwithstanding any conflicting application of  
 58 1 subparagraph (1), if 2022 Iowa Acts, House File 2546, is  
 58 2 enacted, by January 1, 2023, the department of human services  
 58 3 shall implement a tiered rate reimbursement methodology for  
 58 4 psychiatric intensive inpatient care utilizing the tiered rate  
 58 5 reimbursement methodology developed in accordance with that  
 58 6 Act, subject to the limitations of the appropriation made for  
 58 7 this purpose.

58 8 o. For the fiscal year beginning July 1, 2022, community  
 58 9 mental health centers may choose to be reimbursed for the  
 58 10 services provided to recipients of medical assistance through  
 58 11 either of the following options:

58 12 (1) For 100 percent of the reasonable costs of the services.  
 58 13 (2) In accordance with the alternative reimbursement rate  
 58 14 methodology approved by the department of human services in  
 58 15 effect on June 30, 2022.

58 16 p. For the fiscal year beginning July 1, 2022, the  
 58 17 reimbursement rate for providers of family planning services  
 58 18 that are eligible to receive a 90 percent federal match shall  
 58 19 remain at the rates in effect on June 30, 2022.

58 20 q. For the fiscal year beginning July 1, 2022, reimbursement  
 58 21 rates for intermediate care facility for persons with an  
 58 22 intellectual disability providers shall be increased over  
 58 23 the rates in effect on June 30, 2022, within the \$1,339,971  
 58 24 appropriated for this purpose. The entire rate increase  
 58 25 shall be used for wages and associated costs specific to  
 58 26 wages, benefits, and required withholding of direct support  
 58 27 professionals and frontline management.

58 28 r. For the fiscal year beginning July 1, 2022, the  
 58 29 reimbursement rates for emergency medical service providers  
 58 30 shall remain at the rates in effect on June 30, 2022, or as  
 58 31 approved by the centers for Medicare and Medicaid services of  
 58 32 the United States department of health and human services.

Requires the DHS to implement a tiered rate reimbursement methodology for psychiatric intensive care if [HF 2546](#) (FY 2023 Medicaid Psychiatric Intensive Care Unit Rates) is enacted.

DETAIL: This is a new requirement for FY 2023. The Medicaid appropriation provided \$1,500,000 for this purpose beginning January 1, 2023.

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.

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.

Requires the FY 2023 reimbursement rate for ICF/IDs to be increased by \$1,339,971 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.

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

58 33 s. For the fiscal year beginning July 1, 2022, reimbursement  
58 34 rates for substance-related disorder treatment programs  
58 35 licensed under section 125.13 shall remain at the rates in  
59 1 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.

59 2 t. For the fiscal year beginning July 1, 2022, assertive  
59 3 community treatment per diem rates shall remain at the rates in  
59 4 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.

DETAIL: An increase was provided under the Medicaid appropriations for this change.

59 5 u. For the fiscal year beginning July 1, 2022, the  
59 6 reimbursement rate for family-centered services providers shall  
59 7 be established by contract.

Requires the FY 2023 reimbursement rates for family-centered service providers to be established by contract.

59 8 v. For the fiscal year beginning July 1, 2022, the  
59 9 reimbursement rate for air ambulance services shall remain at  
59 10 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.

59 11 w. For the fiscal year beginning July 1, 2022, all applied  
59 12 behavioral analysis services reimbursement rates shall be  
59 13 increased over the rates in effect on June 30, 2022, within the  
59 14 \$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.

59 15 x. For the fiscal year beginning July 1, 2022, all  
59 16 behavioral health intervention services reimbursement rates  
59 17 shall be increased over the rates in effect on June 30, 2022,  
59 18 within the \$1,277,082 appropriated for this purpose. The  
59 19 entire rate increase shall be used for wages and associated  
59 20 costs specific to wages, benefits, and required withholding of  
59 21 direct support professionals and frontline management.

Requires the FY 2023 reimbursement rates for behavioral health intervention services to be increased by \$1,277,082 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.

59 22 2. For the fiscal year beginning July 1, 2022, the  
59 23 reimbursement rate for providers reimbursed under the  
59 24 in-home-related care program shall not be less than the minimum  
59 25 payment level as established by the federal government to meet  
59 26 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.

59 27 3. Unless otherwise directed in this section, when the  
59 28 department's reimbursement methodology for any provider  
59 29 reimbursed in accordance with this section includes an  
59 30 inflation factor, this factor shall not exceed the amount

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.

59 31 by which the consumer price index for all urban consumers  
59 32 increased during the most recently ended calendar year.

59 33 4. Notwithstanding section 234.38, for the fiscal  
59 34 year beginning July 1, 2022, the foster family basic daily  
59 35 maintenance rate and the maximum adoption subsidy rate for  
60 1 children ages 0 through 5 years shall be \$16.78, the rate for  
60 2 children ages 6 through 11 years shall be \$17.45, the rate for  
60 3 children ages 12 through 15 years shall be \$19.10, and the  
60 4 rate for children and young adults ages 16 and older shall  
60 5 be \$19.35. For youth ages 18 to 23 who have exited foster  
60 6 care, the preparation for adult living program maintenance  
60 7 rate shall be up to \$602.70 per month as calculated based on  
60 8 the age of the participant. The maximum payment for adoption  
60 9 subsidy nonrecurring expenses shall be limited to \$500 and the  
60 10 disallowance of additional amounts for court costs and other  
60 11 related legal expenses implemented pursuant to 2010 Iowa Acts,  
60 12 chapter 1031, section 408, shall be continued.

60 13 5. For the fiscal year beginning July 1, 2022, the maximum  
60 14 reimbursement rates for social services providers under  
60 15 contract shall remain at the rates in effect on June 30, 2022,  
60 16 or the provider's actual and allowable cost plus inflation for  
60 17 each service, whichever is less. However, if a new service  
60 18 or service provider is added after June 30, 2022, the initial  
60 19 reimbursement rate for the service or provider shall be based  
60 20 upon a weighted average of provider rates for similar services.

60 21 6. a. For the fiscal year beginning July 1, 2022, the  
60 22 reimbursement rates for resource family recruitment and  
60 23 retention contractors shall be established by contract.

60 24 b. For the fiscal year beginning July 1, 2022, the  
60 25 reimbursement rates for supervised apartment living foster care  
60 26 providers shall be established by contract.

60 27 7. For the fiscal year beginning July 1, 2022, the  
60 28 reimbursement rate for group foster care providers shall be the  
60 29 combined service and maintenance reimbursement rate established  
60 30 by contract.

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

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

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.

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.

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.

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

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

60 31 8. The group foster care reimbursement rates paid for  
60 32 placement of children out of state shall be calculated  
60 33 according to the same rate-setting principles as those used for  
60 34 in-state providers, unless the director of human services or  
60 35 the director's designee determines that appropriate care cannot  
61 1 be provided within the state. The payment of the daily rate  
61 2 shall be based on the number of days in the calendar month in  
61 3 which service is provided.

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

61 4 9. a. For the fiscal year beginning July 1, 2022, the  
61 5 reimbursement rate paid for shelter care and the child welfare  
61 6 emergency services implemented to provide or prevent the need  
61 7 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.

61 8 b. For the fiscal year beginning July 1, 2022, the combined  
61 9 service and maintenance components of the per day reimbursement  
61 10 rate paid for shelter care services shall be based on the  
61 11 financial and statistical report submitted to the department.  
61 12 The maximum per day reimbursement rate shall be the maximum  
61 13 per day reimbursement rate in effect on June 30, 2022, as  
61 14 increased within the \$649,029 appropriated for this purpose.  
61 15 The department shall reimburse a shelter care provider at the  
61 16 provider's actual and allowable unit cost, plus inflation, not  
61 17 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.

61 18 10. For the fiscal year beginning July 1, 2022, the  
61 19 department shall calculate reimbursement rates for intermediate  
61 20 care facilities for persons with an intellectual disability  
61 21 at the 80th percentile. Beginning July 1, 2022, the rate  
61 22 calculation methodology shall utilize the consumer price index  
61 23 inflation factor applicable to the fiscal year beginning July  
61 24 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.

61 25 11. Effective July 1, 2022, child care provider  
61 26 reimbursement rates shall remain at the rates in effect on June  
61 27 30, 2022. The department shall set rates in a manner so as  
61 28 to provide incentives for a nonregistered provider to become  
61 29 registered by applying any increase only to registered and  
61 30 licensed providers.

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

61 31 12. The department may adopt emergency rules to implement  
61 32 this section.

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

61 33 #32. EMERGENCY RULES.

61 34 1. If necessary to comply with federal requirements  
61 35 including time frames, or if specifically authorized by a  
62 1 provision of this division of this Act, the department of  
62 2 human services or the mental health and disability services  
62 3 commission may adopt administrative rules under section 17A.4,  
62 4 subsection 3, and section 17A.5, subsection 2, paragraph "b",  
62 5 to implement the provisions of this division of this Act and  
62 6 the rules shall become effective immediately upon filing or  
62 7 on a later effective date specified in the rules, unless the  
62 8 effective date of the rules is delayed or the applicability  
62 9 of the rules is suspended by the administrative rules review  
62 10 committee. Any rules adopted in accordance with this section  
62 11 shall not take effect before the rules are reviewed by the  
62 12 administrative rules review committee. The delay authority  
62 13 provided to the administrative rules review committee under  
62 14 section 17A.8, subsections 9 and 10, shall be applicable to a  
62 15 delay imposed under this section, notwithstanding a provision  
62 16 in those subsections making them inapplicable to section 17A.5,  
62 17 subsection 2, paragraph "b". Any rules adopted in accordance  
62 18 with the provisions of this section shall also be published as  
62 19 a notice of intended action as provided in section 17A.4.

Allows the DHS or the MHDS 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.

62 20 2. If during a fiscal year, the department of human  
62 21 services is adopting rules in accordance with this section  
62 22 or as otherwise directed or authorized by state law, and  
62 23 the rules will result in an expenditure increase beyond the  
62 24 amount anticipated in the budget process or if the expenditure  
62 25 was not addressed in the budget process for the fiscal  
62 26 year, the department shall notify the general assembly and  
62 27 the department of management concerning the rules and the  
62 28 expenditure increase. The notification shall be provided at  
62 29 least 30 calendar days prior to the date notice of the rules  
62 30 is submitted to the administrative rules coordinator and the  
62 31 administrative code editor.

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

62 32 #33. REPORTS. Unless otherwise provided, any reports or  
62 33 other information required to be compiled and submitted under

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



62 34 this Act during the fiscal year beginning July 1, 2022, shall  
62 35 be submitted on or before the dates specified for submission  
63 1 of the reports or information.

63 2 #34. EFFECTIVE UPON ENACTMENT. The following provision  
63 3 of this division of this Act, being deemed of immediate  
63 4 importance, takes effect upon enactment:  
63 5 The provision relating to section 232.141 and directing the  
63 6 state court administrator and the division administrator of  
63 7 the department of human services division of child and family  
63 8 services to make the determination, by June 15, 2022, of the  
63 9 distribution of funds allocated for the payment of the expenses  
63 10 of court-ordered services provided to juveniles which are a  
63 11 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.

63 12 #VI.  
63 13 HEALTH CARE ACCOUNTS AND FUNDS — FY 2022-2023

63 14 #35. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
63 15 appropriated from the pharmaceutical settlement account created  
63 16 in section 249A.33 to the department of human services for the  
63 17 fiscal year beginning July 1, 2022, and ending June 30, 2023,  
63 18 the following amount, or so much thereof as is necessary, to be  
63 19 used for the purpose designated:  
63 20 Notwithstanding any provision of law to the contrary, to  
63 21 supplement the appropriations made in this Act for health  
63 22 program operations under the medical assistance program for the  
63 23 fiscal year beginning July 1, 2022, and ending June 30, 2023:  
63 24 ..... \$ 234,193

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

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

63 25 #36. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN  
63 26 SERVICES. Notwithstanding any provision to the contrary and  
63 27 subject to the availability of funds, there is appropriated  
63 28 from the quality assurance trust fund created in section  
63 29 249L.4 to the department of human services for the fiscal year  
63 30 beginning July 1, 2022, and ending June 30, 2023, the following  
63 31 amounts, or so much thereof as is necessary, for the purposes  
63 32 designated:  
63 33 To supplement the appropriation made in this Act from the  
63 34 general fund of the state to the department of human services  
63 35 for medical assistance for the same fiscal year:  
64 1 ..... \$ 56,305,139

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.

64 2 #37. HOSPITAL HEALTH CARE ACCESS TRUST FUND ———  
 64 3 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to  
 64 4 the contrary and subject to the availability of funds, there is  
 64 5 appropriated from the hospital health care access trust fund  
 64 6 created in section 249M.4 to the department of human services  
 64 7 for the fiscal year beginning July 1, 2022, and ending June  
 64 8 30, 2023, the following amounts, or so much thereof as is  
 64 9 necessary, for the purposes designated:  
 64 10 To supplement the appropriation made in this Act from the  
 64 11 general fund of the state to the department of human services  
 64 12 for medical assistance for the same fiscal year:  
 64 13 ..... \$ 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.

64 14 #38. MEDICAL ASSISTANCE PROGRAM ——— NONREVERSION  
 64 15 FOR FY 2022-2023. Notwithstanding section 8.33, if moneys  
 64 16 appropriated for purposes of the medical assistance program for  
 64 17 the fiscal year beginning July 1, 2022, and ending June 30,  
 64 18 2023, from the general fund of the state, the quality assurance  
 64 19 trust fund, and the hospital health care access trust fund, are  
 64 20 in excess of actual expenditures for the medical assistance  
 64 21 program and remain unencumbered or unobligated at the close  
 64 22 of the fiscal year, the excess moneys shall not revert but  
 64 23 shall remain available for expenditure for the purposes of the  
 64 24 medical assistance program until the close of the succeeding  
 64 25 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.

64 26 #VII.  
 64 27 DECATEGORIZATION CARRYOVER FUNDING

64 28 #39. DECATEGORIZATION CARRYOVER FUNDING FY 2020 ———  
 64 29 TRANSFER TO MEDICAID PROGRAM. Notwithstanding section 232.188,  
 64 30 subsection 5, paragraph “b”, any state-appropriated moneys in  
 64 31 the funding pool that remained unencumbered or unobligated  
 64 32 at the close of the fiscal year beginning July 1, 2019, and  
 64 33 were deemed carryover funding to remain available for the two  
 64 34 succeeding fiscal years that still remain unencumbered or  
 64 35 unobligated at the close of the fiscal year beginning July 1,  
 65 1 2021, shall not revert but shall be transferred to the medical  
 65 2 assistance program for the fiscal year beginning July 1, 2022.

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

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

65 3 #40. EFFECTIVE DATE. This division of this Act, being

Specifies the provision transferring to Medicaid decategorization carryover funding that would have previously reverted to the General

<p>65 4 deemed of immediate importance, takes effect upon enactment.  65 5 <u>#41</u>. RETROACTIVE APPLICABILITY. This division of this  65 6 Act applies retroactively to July 1, 2021.</p>	<p>Fund is effective upon enactment and retroactive to July 1, 2021.</p>
<p>65 7 <u>#VIII</u>.  65 8 TRANSFER OF PROPERTY TAX RELIEF FUND BALANCE</p>	
<p>65 9 <u>#42</u>. TRANSFER OF PROPERTY TAX RELIEF FUND BALANCE —  65 10 FY 2021-2022. Notwithstanding any provision to the contrary,  65 11 any funds remaining in the property tax relief fund created  65 12 in section 426B.1 at the close of the fiscal year beginning  65 13 July 1, 2021, shall be transferred to the region incentive fund  65 14 created in the mental health and disability services regional  65 15 service fund pursuant to section 225C.7A.</p>	<p>CODE: Requires any balance remaining in the Property Tax Relief Fund at the close of FY 2022 to be transferred to the Regional Incentive Fund.</p>
<p>65 16 <u>#43</u>. EFFECTIVE DATE. This division of this Act, being  65 17 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that the provision requiring any balance remaining in the Property Tax Relief Fund at the close of FY 2022 to be transferred to the Regional Incentive Fund is effective upon enactment.</p>
<p>65 18 <u>#IX</u>.  65 19 PRIOR APPROPRIATIONS AND OTHER PROVISIONS  65 20 FAMILY INVESTMENT PROGRAM GENERAL FUND</p>	
<p>65 21 <u>#44</u>. 2021 Iowa Acts, chapter 182, section 9, is amended  65 22 by adding the following new subsection:  65 23 NEW SUBSECTION 7. Notwithstanding section 8.33, moneys  65 24 appropriated in this section that remain unencumbered or  65 25 unobligated at the close of the fiscal year shall not revert  65 26 but shall remain available for one-time purposes, and may be  65 27 transferred to the appropriation in this division of this Act  65 28 for general administration for technology purposes, until the  65 29 close of the succeeding fiscal year.</p>	<p>CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for the FIP Account for FY 2022 to be carried forward and used for General Administration technology purposes in FY 2023.</p>
<p>65 30 CHILD AND FAMILY SERVICES</p>	
<p>65 31 <u>#45</u>. 2021 Iowa Acts, chapter 182, section 19, is amended  65 32 by adding the following new subsection:  65 33 NEW SUBSECTION 24. Notwithstanding section 8.33, moneys  65 34 appropriated in this section that remain unencumbered or  65 35 unobligated at the close of the fiscal year shall not revert  66 1 but shall remain available for the purposes designated until  66 2 the close of the succeeding fiscal year.</p>	<p>CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for Child and Family Services for FY 2022 to remain available through FY 2023.</p>

66	3	ADOPTION SUBSIDY	
66	4	<u>#46.</u> 2021 Iowa Acts, chapter 182, section 20, is amended	CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for Adoption Subsidy for FY 2022 to remain available through FY 2023.
66	5	by adding the following new subsection:	
66	6	NEW SUBSECTION 4. Notwithstanding section 8.33, moneys	
66	7	appropriated in this section that remain unencumbered or	
66	8	unobligated at the close of the fiscal year shall not revert	
66	9	but shall remain available for the purposes designated until	
66	10	the close of the succeeding fiscal year.	
66	11	FIELD OPERATIONS	
66	12	<u>#47.</u> 2021 Iowa Acts, chapter 182, section 27, is amended	CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for Field Operations for FY 2022 to remain available through FY 2023 for one-time expenditures.
66	13	by adding the following new subsection:	
66	14	NEW SUBSECTION 3. Notwithstanding section 8.33, moneys	
66	15	appropriated in this section that remain unencumbered or	
66	16	unobligated at the close of the fiscal year shall not revert	
66	17	but shall remain available for one-time expenditure purposes	
66	18	until the close of the succeeding fiscal year.	
66	19	GENERAL ADMINISTRATION	
66	20	<u>#48.</u> 2021 Iowa Acts, chapter 182, section 28, is amended	CODE: Amends the <a href="#">FY 2022 Health and Human Services Appropriations Act</a> to allow any unexpended funds appropriated for General Administration for FY 2022 to remain available through FY 2023 for one-time expenditures.
66	21	by adding the following new subsection:	
66	22	NEW SUBSECTION 8. Notwithstanding section 8.33, moneys	
66	23	appropriated in this section that remain unencumbered or	
66	24	unobligated at the close of the fiscal year shall not revert	
66	25	but shall remain available for one-time expenditure purposes	
66	26	until the close of the succeeding fiscal year.	
66	27	<u>#49.</u> EFFECTIVE DATE. This division of this Act, being	Specifies that the provisions allowing for the carryforward of the FIP Account, Child and Family Services appropriation, Adoption Subsidy appropriation, Field Operations appropriation, and General Administration appropriation take effect upon enactment.
66	28	deemed of immediate importance, takes effect upon enactment.	
66	29	<u>#X.</u>	
66	30	PUBLIC HEALTH EMERGENCY PROVISIONS COVID-19 REGULATIONS	
66	31	<u>#50.</u> COVID-19 FEDERAL REGULATIONS. For the time	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.
66	32	period beginning on the effective date of this division of	
66	33	this Act, and ending June 30, 2023, notwithstanding state	

66 34 administrative rules to the contrary, to the extent federal  
 66 35 regulations relating to the COVID-19 pandemic differ from state  
 67 1 administrative rules, including applicable federal waivers,  
 67 2 the federal regulations are controlling during the pendency of  
 67 3 the federally declared state of emergency and for such period  
 67 4 of time following the end of the federally declared state of  
 67 5 emergency applicable to the respective federal regulations.

67 6 #XI.  
 67 7 HEALTH AND HUMAN SERVICES REALIGNMENT

67 8 #51. TRANSITION OF DEPARTMENT OF HUMAN SERVICES AND  
 67 9 DEPARTMENT OF PUBLIC HEALTH INTO DEPARTMENT OF HEALTH AND  
 67 10 HUMAN SERVICES.

67 11 1. DEFINITIONS. For the purposes of this section:  
 67 12 a. "Department of health and human services" or  
 67 13 "department" means the department of health and human services  
 67 14 created under this section.  
 67 15 b. "Transition department" means the department of human  
 67 16 services or the department of public health.  
 67 17 c. "Transition departments" means the department of human  
 67 18 services and the department of public health.  
 67 19 d. "Transition period" means the period beginning July 1,  
 67 20 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.

67 21 2. CREATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 67 22 ——— TRANSITION PERIOD ——— POWERS AND DUTIES. Notwithstanding  
 67 23 any conflicting provision of law to the contrary, there is  
 67 24 created a department of health and human services. During  
 67 25 the transition period, the department of health and human  
 67 26 services shall have and may exercise all of the policymaking  
 67 27 functions, regulatory and enforcement powers, rights, duties,  
 67 28 and responsibilities of the department of human services and  
 67 29 the department of public health as prescribed by law or rule  
 67 30 in effect on July 1, 2022, including but not limited to those  
 67 31 relating to:  
 67 32 a. All obligations and contracts of a transition  
 67 33 department, including obligations and contracts related to a  
 67 34 grant program.  
 67 35 b. All property and records in the custody of a transition  
 68 1 department.

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

68 2 c. All funds appropriated to a transition department by the  
68 3 general assembly and all state, federal, and other funds for  
68 4 which expenditure by a transition department is authorized.

68 5 d. Complaints, investigations, contested cases, causes of  
68 6 action, and statutes of limitations involving a transition  
68 7 department.

68 8 (1) All complaints, investigations, contested cases, or  
68 9 a remand of an action by a reviewing court pending before a  
68 10 transition department or an authorized person of a transition  
68 11 department shall continue without change in status before  
68 12 the department and shall be governed by the laws and rules  
68 13 applicable to the complaint, investigation, contested case, or  
68 14 remand action or proceeding in effect on July 1, 2022.

68 15 (2) Any cause of action or statute of limitation relating  
68 16 to a transition department shall not be affected as a result  
68 17 of the transition and such cause of action or statute of  
68 18 limitation shall apply to the department.

68 19 e. Rules, policies, and forms. All rules, policies, and  
68 20 forms adopted by or on behalf of a transition department shall  
68 21 become rules, policies, and forms of the department and shall  
68 22 remain in effect unless altered by the department.

68 23 f. Licenses, permits, and certifications. All licenses,  
68 24 permits, and certifications issued by a transition department  
68 25 shall continue in effect as a license, permit, or certification  
68 26 of the department in accordance with the law or rule governing  
68 27 the license, permit, or certification in effect on July 1,  
68 28 2022, until the license, permit, or certification expires, is  
68 29 suspended or revoked, or otherwise becomes invalid by the terms  
68 30 of such law or rule.

68 31 g. References to a department or director. All references  
68 32 to the department of public health or the department of human  
68 33 services in law or in rule shall be interpreted to mean the  
68 34 department of health and human services, and all references to  
68 35 the director of public health or the director of human services  
69 1 shall be interpreted to mean the director of the department of  
69 2 health and human services.

69 3 h. Departmental structure.

69 4 (1) Any transition department, transition department  
69 5 subunit, or transition department body created or established  
69 6 by law and in existence on July 1, 2022, shall continue in  
69 7 full force and effect and shall not be permanently abolished,

69 8 merged, or otherwise altered until amended, repealed, or  
 69 9 supplemented by action of the general assembly.  
 69 10 (2) This paragraph shall not prohibit a transition  
 69 11 department, transition department subunit, or transition  
 69 12 department body created or established by law in existence on  
 69 13 July 1, 2022, from sharing or coordinating responsibilities  
 69 14 or functions under their respective purviews nor prohibit  
 69 15 the director from temporarily integrating such departments,  
 69 16 subunits, or bodies or the responsibilities or functions under  
 69 17 their respective purviews in furtherance of the transition plan  
 69 18 during the transition period.

69 19 3. TRANSITION PERIOD LEADERSHIP. During the transition  
 69 20 period, the director of human services shall continue to act  
 69 21 as the director of human services, shall assume the duties  
 69 22 of the director of public health, shall act as the director  
 69 23 of the department of health and human services, and may  
 69 24 thereby exercise any policymaking functions, regulatory and  
 69 25 enforcement powers, rights, duties, and responsibilities of the  
 69 26 director of human services and the director of public health  
 69 27 including those duties prescribed by law for the department  
 69 28 of human services or the department of public health in  
 69 29 effect on July 1, 2022. Notwithstanding any provision to the  
 69 30 contrary, the director of the department of health and human  
 69 31 services shall also be vested with administrative authority  
 69 32 to direct transition department employees with regard to the  
 69 33 implementation of statutory directives for the transition  
 69 34 departments or the boards, commissions, or other bodies  
 69 35 administratively supported by the transition departments,  
 70 1 including boards administering the requirements of chapter  
 70 2 272C.

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

70 3 4. FEDERAL AUTHORIZATION AND EFFECTIVE DATE OF  
 70 4 AUTHORIZATIONS. If a transition department or the department  
 70 5 determines that a waiver or authorization from the federal  
 70 6 government is necessary to administer any provision of  
 70 7 this section, the department shall request the waiver or  
 70 8 authorization, and notwithstanding any other effective date to  
 70 9 the contrary, the provision shall take effect only upon receipt  
 70 10 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.

70 11 5. INITIAL WRITTEN TRANSITION PLAN.

Requires the DHS and DPH to publish a transition plan on or before

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70 12 a. On or before September 30, 2022, the transition  
70 13 departments or department shall publish on their respective  
70 14 internet sites an initial written transition plan for merging  
70 15 the functions of the transition departments into the department  
70 16 of health and human services effective July 1, 2023, in order  
70 17 to do all of the following:

70 18 (1) More efficiently and effectively manage health and  
70 19 human services programs that are the responsibility of the  
70 20 state.

70 21 (2) Establish a health and human services policy for the  
70 22 state.

70 23 (3) Promote health and the quality of life in the health and  
70 24 human services field.

70 25 b. The transition plan shall describe, at a minimum, all of  
70 26 the following:

70 27 (1) The tasks that require completion before July 1, 2023,  
70 28 including a description of how the transition departments shall  
70 29 solicit comment from stakeholders, including employees of the  
70 30 transition departments, clients and partners of the transition  
70 31 departments, members of the public, and members of the general  
70 32 assembly.

70 33 (2) The proposed organizational structure of the  
70 34 department, at a minimum, including the division level of  
70 35 the table of organization. Any personnel in the state merit  
71 1 system of employment who are mandatorily transferred due to the  
71 2 transition shall be so transferred without any loss in salary,  
71 3 benefits, or accrued years of service.

71 4 (3) Proposed changes to any transition department boards,  
71 5 commissions, committees, councils, or other bodies and their  
71 6 functions.

71 7 (4) Office space and infrastructure requirements related  
71 8 to the transition.

71 9 (5) Any work site location changes for transitioning  
71 10 employees.

71 11 (6) The transition of service delivery sites.

71 12 (7) Procedures for the transfer and reconciliation of  
71 13 budgeting and funding between the transition departments and  
71 14 the department.

71 15 (8) The transition of technology services of the transition  
71 16 departments to the department.

71 17 (9) Any additional known tasks that may require completion

September 30, 2022, on their respective websites for merging  
functions by July 1, 2023.



71 18 after the transition on July 1, 2023.

71 19 c. The written transition plan published under paragraph

71 20 "b" shall:

71 21 (1) Include a detailed timeline for the completion of the  
71 22 tasks described.

71 23 (2) Be updated quarterly during the remainder of the  
71 24 transition period.

71 25 (3) Describe how information will be provided to clients  
71 26 of the transition departments and the department regarding any  
71 27 changes in service delivery.

71 28 (4) Describe how the transition to the department will be  
71 29 funded, including how expenses associated with the transition  
71 30 will be managed; how funding for services provided by the  
71 31 transition departments will be managed to ensure provision  
71 32 of services by the transition departments and the department  
71 33 without interruption; and how federal funds will be used by  
71 34 or transferred between the transition departments and the  
71 35 department to ensure provision of services by the transition  
72 1 departments and the department without interruption.

72 2 6. STATUTORY AND ADMINISTRATIVE RULE UPDATES.

72 3 a. Legislative changes required to implement the  
72 4 transition. Additional legislation is necessary to fully  
72 5 implement the transition. The director of the department  
72 6 of health and human services shall, in compliance with  
72 7 section 2.16, prepare draft legislation for submission to the  
72 8 legislative services agency, as necessary, for consideration  
72 9 by the general assembly during the 2023 legislative  
72 10 session, to implement the transition effective July 1, 2023.  
72 11 Notwithstanding any provision to the contrary in section 2.16,  
72 12 the draft legislation shall be submitted to the legislative  
72 13 services agency by October 1, 2022.

72 14 b. Update of administrative code required by the  
72 15 transition. In updating references and the format in the  
72 16 Iowa administrative code, in order to correspond to the  
72 17 transferring of duties of the transition departments, the  
72 18 administrative rules coordinator and the administrative rules  
72 19 review committee, in consultation with the administrative code  
72 20 editor, shall collectively develop a schedule for the necessary  
72 21 updating of the Iowa administrative code.

72 22 #XII.

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 Iowa Administrative Code.

72 23 NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALITY  
72 24 OF CARE RATE ADD-ON PROGRAM

72 25 #52. Section 249L.2, subsections 6 and 7, Code 2022, are  
72 26 amended by striking the subsections.

72 27 #53. Section 249L.2, subsection 8, Code 2022, is amended  
72 28 to read as follows:

72 29 8. "Nursing facility" means a licensed nursing facility as  
72 30 defined in section 135C.1 that is a freestanding facility or  
72 31 a nursing facility operated by a hospital licensed pursuant  
72 32 to chapter 135B, but does not include a distinct-part skilled  
72 33 nursing unit or a swing-bed unit operated by a hospital, or  
72 34 a nursing facility owned by the state or federal government  
72 35 or other governmental unit. ~~"Nursing facility" includes a~~

73 1 ~~non-state government-owned nursing facility if the nursing~~  
73 2 ~~facility participates in the non-state government-owned nursing~~  
73 3 ~~facility quality of care rate add-on program.~~

73 4 #54. REPEAL. 2019 Iowa Acts, chapter 85, sections 103,  
73 5 104, and 108, are repealed.

73 6 #55. REPEAL. 2020 Iowa Acts, chapter 1063, section 390,  
73 7 is repealed.

73 8 #XIII.  
73 9 HEARING AIDS AND AUDIOLOGIC SERVICES FUNDING PROGRAM —  
73 10 FY 2021-2022 NONREVERSION

73 11 #56. 2021 Iowa Acts, chapter 182, section 3, subsection  
73 12 2, paragraph e, is amended to read as follows:

73 13 e. Of the funds appropriated in this subsection, \$156,000  
73 14 shall be used to provide audiological services and hearing  
73 15 aids for children. Notwithstanding section 8.33, moneys

73 16 appropriated in this paragraph that remain unencumbered or  
73 17 unobligated at the close of the fiscal year shall not revert  
73 18 but shall remain available for expenditure for the purposes  
73 19 designated until the close of the succeeding fiscal year. The  
73 20 amount that does not revert shall be reported by the department  
73 21 to the general assembly.

73 22 #57. EFFECTIVE DATE. This division of this Act, being  
73 23 deemed of immediate importance, takes effect upon enactment.

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

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.

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.

73 24 #XIV.  
 73 25 ADMISSION OR TRANSFER OF PERSONS WITH A DIAGNOSIS OF AN  
 73 26 INTELLECTUAL DISABILITY TO A STATE MENTAL HEALTH INSTITUTE

73 27 #58. Section 4.1, subsection 9A, Code 2022, is amended  
 73 28 by striking the subsection and inserting in lieu thereof the  
 73 29 following:  
 73 30 9A. "Intellectual disability" means a diagnosis of  
 73 31 intellectual disability or intellectual developmental disorder,  
 73 32 global developmental delay, or unspecified intellectual  
 73 33 disability or intellectual developmental disorder which  
 73 34 diagnosis shall be made only when the onset of the person's  
 73 35 condition was during the developmental period and based on an  
 74 1 assessment of the person's intellectual functioning and level  
 74 2 of adaptive skills. A diagnosis of intellectual disability  
 74 3 shall be made by a licensed psychologist or psychiatrist who  
 74 4 is professionally trained to administer the tests required to  
 74 5 assess intellectual functioning and to evaluate a person's  
 74 6 adaptive skills and shall be made in accordance with the  
 74 7 criteria provided in the current version of the diagnostic  
 74 8 and statistical manual of mental disorders published by the  
 74 9 American psychiatric association.

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

74 10 #59. Section 226.8, Code 2022, is amended to read as  
 74 11 follows:  
 74 12 226.8 PERSONS WITH A DIAGNOSIS OF AN INTELLECTUAL DISABILITY  
 74 13 ~~NOT RECEIVABLE — EXCEPTION —~~ ADMISSION OR TRANSFER TO  
 74 14 STATE MENTAL HEALTH INSTITUTE .  
 74 15 1. ~~A~~ Admission or transfer pursuant to section 222.7 to  
 74 16 a state mental health institute of a person who has with a  
 74 17 diagnosis of an intellectual disability, as defined in section  
 74 18 4.1, shall not be admitted, or transferred pursuant to section  
 74 19 222.7, to a state mental health institute unless a professional  
 74 20 diagnostic evaluation indicates that such only occur under the  
 74 21 following conditions:  
 74 22 a. If all of the following requirements are met:  
 74 23 (1) The person has been determined by the state mental  
 74 24 health institute to meet admission criteria for inpatient  
 74 25 psychiatric care.  
 74 26 (2) The state mental health institute has determined the  
 74 27 person will benefit from psychiatric treatment or from some

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

74 28 other specific program available at the state mental health  
 74 29 institute to which it is proposed to admit or transfer the  
 74 30 person.  
 74 31 (3) There is sufficient capacity available at the state  
 74 32 mental health institute to support the needs of the person.  
 74 33 b. If determined appropriate for the person at the  
 74 34 sole discretion of the director of human services, the  
 74 35 administrator, or the director's or administrator's designee.  
 75 1 2. Charges for the care of any person with a diagnosis of  
 75 2 an intellectual disability admitted to a state mental health  
 75 3 institute shall be made by the institute in the manner provided  
 75 4 by chapter 230, but the liability of any other person to any  
 75 5 county mental health and disability services region for the  
 75 6 cost of care of such person with a diagnosis of an intellectual  
 75 7 disability shall be as prescribed by section 222.78.

75 8 #XV.

75 9 HEALTH-RELATED DATA

75 10 #60. Section 11.41, subsection 3, Code 2022, is amended  
 75 11 to read as follows:  
 75 12 3. If the information, records, instrumentalities, and  
 75 13 properties sought by the auditor of state are required by law  
 75 14 to be kept confidential, the auditor of state shall have access  
 75 15 to the information, records, instrumentalities, and properties,  
 75 16 but shall maintain the confidentiality of all such information  
 75 17 and is subject to the same penalties as the lawful custodian  
 75 18 of the information for dissemination of the information.  
 75 19 However, the auditor of state shall not have access to the  
 75 20 income tax returns of individuals or to an individual's name  
 75 21 or residential address from a reportable disease report under  
 75 22 section 139A.3.

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

75 23 #61. Section 135.166, subsection 2, Code 2022, is  
 75 24 amended to read as follows:  
 75 25 2. Unless otherwise authorized or required by state or  
 75 26 federal law, data collected under this section shall not  
 75 27 include the social security number or name of the individual  
 75 28 subject of the data.

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

75 29 #62. Section 139A.3, Code 2022, is amended by adding the  
 75 30 following new subsection:

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

75 31 NEW SUBSECTION 1A. A state or local agency employee  
 75 32 or agent shall not have access to personally identifiable  
 75 33 information included in a reportable disease report provided  
 75 34 to or maintained by the department, a local board, or a local  
 75 35 department, unless the employee or agent has completed data  
 76 1 confidentiality training.

has completed data confidentiality training.

76 2 #XVI.  
 76 3 MEDICAID AND HAWK-I PROGRAMS — INSURANCE PROVISIONS  
 76 4 APPLICABILITY

76 5 #63.NEW SECTION 505.34 MEDICAL ASSISTANCE AND HAWK-I  
 76 6 PROGRAMS — APPLICABILITY OF SUBTITLE.

CODE: Specifies that the managed care organizations administering the Medicaid and Hawki Programs aren't subject to insurance mandates under Iowa Code unless otherwise stated.

76 7 1. The medical assistance program under chapter 249A and the  
 76 8 healthy and well kids in Iowa (hawk-i) program under chapter  
 76 9 514I shall not be subject to this subtitle unless otherwise  
 76 10 provided by law.

76 11 2. A managed care organization acting pursuant to a contract  
 76 12 with the department of human services to administer the medical  
 76 13 assistance program under chapter 249A, or the healthy and well  
 76 14 kids in the Iowa (hawk-i) program under chapter 514I, shall not  
 76 15 be subject to this subtitle unless otherwise provided by law.

76 16 #64. Section 514B.32, Code 2022, is amended by adding  
 76 17 the following new subsection:

76 18 NEW SUBSECTION 5. The provisions of this chapter shall be  
 76 19 applicable to a managed care organization acting pursuant to a  
 76 20 contract with the department of human services to administer  
 76 21 the medical assistance program under chapter 249A, or the  
 76 22 healthy and well kids in Iowa (hawk-i) program under chapter  
 76 23 514I, only with respect to licensure and solvency standards  
 76 24 as evidenced by the managed care organization obtaining  
 76 25 and maintaining a certificate of authority, and maintaining  
 76 26 compliance with the solvency standards set forth in this  
 76 27 chapter.

76 28 #65. Section 514I.2, subsection 9, Code 2022, is amended  
 76 29 to read as follows:

76 30 9. "Participating insurer" means any of the following:

76 31 a. An entity licensed by the division of insurance of the  
 76 32 department of commerce to provide health insurance in Iowa that  
 76 33 has contracted with the department to provide health insurance  
 76 34 coverage to eligible children under this chapter.

76 35 b. A managed care organization acting pursuant to a contract

77 1 with the department of human services to administer the hawk-i  
77 2 program.

77 3 ~~#66.~~ Section 5141.5, subsection 9, Code 2022, is amended  
77 4 to read as follows:

77 5 9. The hawk-i board shall monitor the capacity of Medicaid  
77 6 managed care organizations acting pursuant to a contract with  
77 7 the department to administer the hawk-i program to specifically  
77 8 and appropriately address the unique needs of children and  
77 9 children's health delivery.

77 10 ~~#XVII.~~

77 11 MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM — MEDICAID  
77 12 POSTPARTUM COVERAGE REPORT

77 13 ~~#67.~~NEW SECTION 217.41C MORE OPTIONS FOR MATERNAL  
77 14 ~~SUPPORT PROGRAM.~~

77 15 1. a. The department of human services shall create the  
77 16 more options for maternal support program, a statewide program  
77 17 to promote healthy pregnancies and childbirth through nonprofit  
77 18 organizations that provide pregnancy support services.

77 19 b. The more options for maternal support program is designed  
77 20 to do all of the following:

77 21 (1) Provide an approach and personalized support to  
77 22 pregnant women to provide stabilization to families.

77 23 (2) Promote improved pregnancy outcomes, including reducing  
77 24 abortions, by helping women practice sound health-related  
77 25 behaviors and improve prenatal nutrition.

77 26 (3) Improve child health and development by helping parents  
77 27 provide responsible and competent care for their children.

77 28 (4) Improve family economic self-sufficiency by linking  
77 29 parents to services that address individual economic and social  
77 30 needs.

77 31 c. For the purposes of this section, "pregnancy support  
77 32 services" means those nonmedical services that promote  
77 33 childbirth by providing information, counseling, and support  
77 34 services that assist pregnant women or women who believe they  
77 35 may be pregnant to choose childbirth and to make informed  
78 1 decisions regarding the choice of adoption or parenting with  
78 2 respect to their children.

78 3 2. The program may provide and support all of the following

CODE: Requires the DHS to create a MOMS Program and specifies the objectives of the Program.

CODE: Specifies the pregnancy support services that may be provided

78 4 pregnancy support services:  
 78 5 a. Nutritional services and education.  
 78 6 b. Housing, education, and employment assistance during  
 78 7 pregnancy and up to one year following a birth.  
 78 8 c. Adoption education, planning, and services.  
 78 9 d. Child care assistance if necessary for a pregnant woman  
 78 10 to receive pregnancy support services.  
 78 11 e. Parenting education and support services for up to one  
 78 12 year following a child's birth.  
 78 13 f. Material items which are supportive of pregnancy and  
 78 14 childbirth including but not limited to cribs, car seats,  
 78 15 clothing, diapers, formula, or other safety devices.  
 78 16 g. Information regarding health care benefits, including but  
 78 17 not limited to available Medicaid coverage for pregnancy care  
 78 18 and health care coverage for a child following birth.  
 78 19 h. A call center for information or to schedule  
 78 20 appointments.  
 78 21 i. Medical information and referrals for medical care,  
 78 22 including but not limited to pregnancy tests, sexually  
 78 23 transmitted infection tests, other health screenings,  
 78 24 ultrasound services, prenatal care, and birth classes and  
 78 25 planning.  
 78 26 j. Counseling, mentoring, educational information, and  
 78 27 classes relating to pregnancy, parenting, adoption, life  
 78 28 skills, and employment readiness.

78 29 3. The department of human services shall issue a request  
 78 30 for proposals to select a program administrator for the  
 78 31 program. A program administrator shall meet all of the  
 78 32 following requirements:  
 78 33 a. Be a nonprofit entity incorporated in this state with a  
 78 34 tax-exempt status pursuant to section 501(c)(3) of the Internal  
 78 35 Revenue Code.  
 79 1 b. Have systems and processes in place that have been used  
 79 2 for at least three years to successfully manage a statewide  
 79 3 network of subcontractors providing pregnancy support services.  
 79 4 c. Have a commitment to promoting healthy pregnancies and  
 79 5 childbirth instead of abortion as a fundamental part of the  
 79 6 program administrator's mission.  
 79 7 d. Create and maintain a network of subcontractors to  
 79 8 provide pregnancy support services.  
 79 9 e. Maintain records for each subcontractor.

under the MOMS Program.

CODE: Requires the DHS to issue a request for proposal to select a program administrator for the MOMS Program and specifies the requirements a program administrator must meet.

79 10 f. Monitor compliance with the terms and conditions of a  
79 11 subcontractor.

79 12 4. A subcontractor providing pregnancy support services  
79 13 under the program shall meet all of the following requirements:  
79 14 a. Be a nonprofit organization incorporated in this state  
79 15 with a tax-exempt status pursuant to section 501(c)(3) of the  
79 16 Internal Revenue Code.

79 17 b. Have a minimum of one year of operational experience in  
79 18 either providing core pregnancy support services or managing  
79 19 a network of providers of pregnancy support services as a  
79 20 subcontractor.

79 21 c. Have a primary mission of promoting healthy pregnancies  
79 22 and childbirth instead of abortion.

79 23 d. Have a system of financial accountability consistent with  
79 24 generally accepted accounting principles, including an annual  
79 25 budget.

79 26 e. Have a board that hires and supervises a director who  
79 27 manages the organization's operations.

79 28 f. Offer, at a minimum, counseling for women who are or may  
79 29 be experiencing unplanned pregnancies.

79 30 g. Provide confidential and free pregnancy support and other  
79 31 program services.

79 32 h. Provide each pregnant woman with accurate information  
79 33 on the developmental characteristics of unborn children and  
79 34 babies.

79 35 i. Ensure that program funds are not used to provide  
80 1 or refer pregnant women for terminations of pregnancy, or  
80 2 to encourage or affirmatively counsel a pregnant woman to  
80 3 terminate a pregnancy unless the pregnant woman's attending  
80 4 physician confirms the termination of pregnancy is medically  
80 5 necessary to prevent the pregnant woman's death.

80 6 j. Maintain confidentiality of all data, files, and records  
80 7 related to the program services provided to persons accessing  
80 8 program services in compliance with state and federal laws.

80 9 5. The department of human services shall publish the  
80 10 program administrator and subcontractor criteria on the  
80 11 department's internet site.

80 12 6. The department of human services shall adopt rules  
80 13 pursuant to chapter 17A to administer the program, and shall

CODE: Specifies the requirements a subcontractor providing services under the MOMS Program must meet.

CODE: Requires the DHS to publish the program administrator and subcontractor criteria on its website.

CODE: Requires the DHS to adopt rules to administer the MOMS Program, provide technical assistance to the program administrator,



80 14 provide technical assistance to the program administrator,  
 80 15 monitor the program administrator for adherence to state and  
 80 16 federal requirements, and collect and maintain program data.

monitor the program administrator for adherence to State and federal requirements, and collect and maintain program data.

80 17 7. Beginning October 1, 2023, and on or before October  
 80 18 1 annually thereafter, the department of human services  
 80 19 shall submit to the general assembly the following program  
 80 20 information relative to the prior fiscal year:  
 80 21 a. The total number of subcontractors by geographical region  
 80 22 and the total number of unduplicated clients served by each  
 80 23 subcontractor by gender and age.  
 80 24 b. A description of outreach efforts by the administrator,  
 80 25 subcontractors, and the department.  
 80 26 c. Total program expenditures.  
 80 27 d. The amounts attributable to the administrator contract  
 80 28 and to each contract with the subcontractors.  
 80 29 e. The outcomes based on outcome measures included in the  
 80 30 contracts with the administrator and each subcontractor.

CODE: Requires the DHS to submit a report to the General Assembly, beginning October 1, 2023, and annually thereafter, on the MOMS Program. The report is required to provide various information on demographics, expenditures, and outcomes for the Program.

80 31 #68. MEDICAID POSTPARTUM COVERAGE — REPORT. The  
 80 32 department of human services shall review data regarding  
 80 33 the postpartum coverage available to recipients of  
 80 34 pregnancy-related Medicaid coverage and shall submit a report  
 80 35 to the general assembly by December 15, 2022, that includes  
 81 1 the number of recipients of postpartum services, the services  
 81 2 utilized, and the costs of such services for the period  
 81 3 beginning January 1, 2020, through June 30, 2022, as well as  
 81 4 information regarding the number of states that have expanded  
 81 5 Medicaid postpartum coverage beyond sixty days, such states'  
 81 6 postpartum coverage expansion period, the amount of cost  
 81 7 savings realized by the states that expanded coverage to twelve  
 81 8 months postpartum, and whether a state expanded coverage  
 81 9 pursuant to a Medicaid waiver or a state plan amendment.

Requires the DHS to review the Medicaid postpartum coverage and report the number of recipients of postpartum services, the services utilized, and the costs of such services for the period beginning January 1, 2020, through June 30, 2022, as well as information regarding the number of states that have expanded Medicaid postpartum coverage beyond 60 days. The DHS is required to submit the report to the General Assembly by December 15, 2022.

81 10 #XVIII.  
 81 11 MENTAL HEALTH AND DISABILITY SERVICES REGIONS

81 12 #69. Section 331.389, Code 2022, is amended to read as  
 81 13 follows:  
 81 14 331.389 MENTAL HEALTH AND DISABILITY SERVICES REGIONS —  
 81 15 CRITERIA.  
 81 16 1. a. Local access to mental health and disability services

CODE: Amends various provisions relating to MHDS regional criteria including:

- Removing references to the original formation of the regions.
- Specifies regions are approved by the Director of the DHS.

81 17 ~~for adults shall be provided either by counties organized~~  
 81 18 ~~into a regional service system or by individual counties that~~  
 81 19 ~~are exempted as provided by this subsection. The department~~  
 81 20 ~~of human services shall encourage counties to enter into~~  
 81 21 ~~a regional system when the regional approach is likely to~~  
 81 22 ~~increase the availability of services to residents of the state~~  
 81 23 ~~who need the services comprised of mental health and disability~~  
 81 24 ~~services regions approved by the director of the department.~~  
 81 25 It is the intent of the general assembly that the ~~adult~~  
 81 26 residents of this state should have access to needed mental  
 81 27 health and disability services regardless of the location of  
 81 28 their residence.  
 81 29 ~~b. If a county has been exempted prior to July 1, 2014, from~~  
 81 30 ~~the requirement to enter into a regional service system, the~~  
 81 31 ~~county and the county's board of supervisors shall fulfill all~~  
 81 32 ~~requirements and be eligible as a region under this chapter and~~  
 81 33 ~~chapters 222, 225, 225C, 226, 227, 229, and 230 for a regional~~  
 81 34 ~~service system, regional service system management plan,~~  
 81 35 ~~regional governing board, and regional administrator, and any~~  
 82 1 ~~other provisions applicable to a region of counties providing~~  
 82 2 ~~local mental health and disability services. Additionally, a~~  
 82 3 ~~county exempted under this subsection shall be considered a~~  
 82 4 ~~region for purposes of chapter 426B.~~  
 82 5 2. The director of human services shall approve ~~any~~ a region  
 82 6 meeting the requirements of subsection 3.  
 82 7 3. Each county in the state shall participate in an  
 82 8 approved mental health and disability services region; ~~unless~~  
 82 9 ~~exempted pursuant to subsection f. A region exempted from~~  
 82 10 ~~the requirement to form a multicounty region prior to July 1,~~  
 82 11 ~~2014, shall adhere to and fulfill all of the requirements of a~~  
 82 12 ~~multicounty region. A mental health and disability services~~  
 82 13 ~~region shall comply with all of the following requirements, as~~  
 82 14 ~~applicable:~~  
 82 15 a. The counties comprising ~~the~~ a multicounty region are  
 82 16 contiguous.  
 82 17 b. ~~The~~ A multicounty region has at least three counties.  
 82 18 c. The ~~region has the capacity to provide~~ provides  
 82 19 ~~required core services and perform~~ performs all other required  
 82 20 functions.  
 82 21 d. At least one community mental health center or a  
 82 22 federally qualified health center with providers qualified

- Removing references to counties.
- Specifying the procedure if the DHS withdraws the approval of a region.

82 23 to provide psychiatric services, either directly or through  
82 24 contractual arrangements with mental health professionals  
82 25 qualified to provide psychiatric services, is located within  
82 26 the region, has the capacity to provide outpatient services for  
82 27 the region, and is ~~either~~ under contract with the region ~~or has~~  
82 28 ~~provided documentation of intent to contract with the region~~  
82 29 ~~to provide the services.~~

82 30 e. A hospital with an inpatient psychiatric unit or a state  
82 31 mental health institute is located in or within reasonably  
82 32 close proximity to the region, has the capability to provide  
82 33 inpatient services for the region, and is ~~either~~ under contract  
82 34 with the region ~~or has provided documentation of intent to~~  
82 35 ~~contract with the region to provide the services.~~

83 1 f. The regional administrator structure ~~proposed for~~  
83 2 ~~or~~ utilized by the region ~~has~~ demonstrates clear lines of  
83 3 accountability and the regional administrator functions as a  
83 4 lead agency utilizing ~~shared county staff or other~~ appropriate  
83 5 means of limiting administrative costs.

83 6 4. ~~County formation of a~~ A mental health and disability  
83 7 services region is subject to all of the following:

83 8 a. ~~On or before April 1, 2013, counties voluntarily~~  
83 9 ~~participating in a~~ The approved region have complied shall  
83 10 comply with all of the following formation criteria:  
83 11 (1) The Any counties forming comprising the region have  
83 12 been shall be identified and the board of supervisors of the  
83 13 counties have approved a written letter of intent to join  
83 14 together to form the region.

83 15 (2) (a) The proposed region complies with the requirements  
83 16 in subsection 3.

83 17 ~~(3)~~ (b) The department provides shall provide written  
83 18 notice to the boards of supervisors of the counties identified  
83 19 for the region in the letter of intent a region's regional  
83 20 administrator that the counties have complied region is in  
83 21 compliance with the requirements in subsection 3.

83 22 b. Upon the department's determination that a region is in  
83 23 compliance with the provisions of paragraph "a" requirements of  
83 24 subsection 3, the participating counties are region shall be  
83 25 eligible for technical assistance provided by the department.

83 26 c. ~~The department shall work with any county that has not~~  
83 27 ~~agreed to be part of a region in accordance with paragraph~~  
83 28 ~~"a" and with the regions forming around the county to resolve~~

83 29 issues preventing the county from joining a region. In  
83 30 addition to the regional governance agreement requirements  
83 31 in section 331.392, the department may compel the county and  
83 32 region to engage in mediation for resolution of a dispute.  
83 33 The costs incurred for mediation shall be paid by the county  
83 34 and the region in dispute according to their governance  
83 35 agreement. ~~A county that has not agreed to be part of a~~  
84 1 ~~region in accordance with paragraph "a" shall be assigned by~~  
84 2 ~~the department to a region, unless exempted prior to July 1,~~  
84 3 ~~2014. A county assigned by the department to a region shall~~  
84 4 ~~be included in that region's amended governance agreement~~  
84 5 ~~pursuant to this section as of an effective date designated by~~  
84 6 ~~the department. The assigned county and region shall operate~~  
84 7 ~~according to the region's existing governance agreement until~~  
84 8 ~~the regional governance agreement is amended.~~  
84 9 ~~d. (1) On or before December 31, 2013, all counties shall~~  
84 10 ~~be part of a region that is in compliance with the provisions~~  
84 11 ~~of paragraph "a" other than meeting the April 1, 2013, date. If~~  
84 12 ~~the department withdraws approval for a region, or if a county~~  
84 13 ~~is not approved by the department as a single county region and~~  
84 14 ~~otherwise not assigned to a region, the department may assign~~  
84 15 ~~the county or counties no longer assigned to an approved region~~  
84 16 ~~to an approved region.~~  
84 17 ~~(2) An approved region that has a county assigned to the~~  
84 18 ~~region pursuant to subparagraph (1) shall amend the region's~~  
84 19 ~~existing governance agreement to include the assigned county.~~  
84 20 ~~The amended governance agreement shall include an effective~~  
84 21 ~~date designated by the department.~~  
84 22 ~~(3) A county assigned to a region by the department pursuant~~  
84 23 ~~to subparagraph (1) shall operate according to the governance~~  
84 24 ~~agreement in existence at the time the county was assigned to~~  
84 25 ~~the region until the region's amended governance agreement~~  
84 26 ~~created pursuant to subparagraph (2) becomes effective.~~  
84 27 ~~e. On or before June 30, 2014, unless exempted prior to July~~  
84 28 ~~1, 2014, all counties A region shall be in compliance with all~~  
84 29 ~~of the following mental health and disability services region~~  
84 30 ~~implementation criteria:~~  
84 31 (1) The board of supervisors of each county participating  
84 32 in ~~the~~ a multicounty region has voted to approve a chapter 28E  
84 33 agreement.  
84 34 (2) The duly authorized representatives of all the counties

84 35 participating in ~~the~~ a multicounty region have signed the  
85 1 chapter 28E agreement that is in compliance with section  
85 2 331.390.

85 3 (3) ~~The county board of supervisors or supervisors~~  
85 4 ~~designee members and other members~~ of the region's governing  
85 5 board have been appointed in accordance with section 331.390.

85 6 (4) Executive staff for the region's regional administrator  
85 7 have been identified ~~or engaged~~.

85 8 ~~(5) An initial draft of a~~ A regional service management  
85 9 ~~transition plan has been developed which identifies the steps~~  
85 10 ~~to be taken by the region to do~~ all of the following:

85 11 (a) ~~Designate local~~ Local access points for the disability  
85 12 services administered by the region.

85 13 (b) ~~Designate the~~ The region's targeted case manager  
85 14 providers funded by the medical assistance program.

85 15 (c) ~~Identify the~~ The service provider network for the  
85 16 region.

85 17 (d) ~~Define the~~ The service access and service authorization  
85 18 process ~~to be utilized for by~~ the region.

85 19 (e) ~~Identify the~~ The information technology and data  
85 20 management capacity ~~to be~~ employed to support regional  
85 21 functions.

85 22 (f) ~~Establish business~~ Business functions, funds accounting  
85 23 procedures, and other administrative processes.

85 24 (g) ~~Comply with data~~ Data reporting and other information  
85 25 technology requirements identified by the department.

85 26 (6) The department has approved the region's chapter 28E  
85 27 agreement ~~and the initial draft of the regional management~~  
85 28 ~~transition plan unless the county was exempted from the~~  
85 29 ~~requirements of subparagraph (1) prior to July 1, 2014.~~

85 30 (7) The department has approved the region's regional  
85 31 management plan.

85 32 ~~f. If the department, in consultation with the state~~  
85 33 ~~commission, determines that a region is in substantial~~  
85 34 ~~compliance with the implementation criteria in paragraph "e"~~  
85 35 ~~and has sufficient operating capacity to begin operations, the~~  
86 1 ~~region may commence partial or full operations prior to July~~  
86 2 ~~2014.~~

86 3 5. a. If the department determines that a region ~~or an~~  
86 4 ~~exempted county~~ is not adequately fulfilling the requirements  
86 5 under this chapter for a regional service system, the

86 6 department shall address the region ~~or county~~ in the following  
 86 7 order:  
 86 8 (1) Require compliance with a corrective action plan.  
 86 9 (2) Reduce the amount of the annual state funding provided  
 86 10 for the regional service system ~~or exempted county~~, including  
 86 11 amounts received under section 225C.7A, not to exceed fifteen  
 86 12 percent of the amount.  
 86 13 (3) Withdraw approval for the region ~~or for the county~~  
 86 14 ~~exemption, as applicable.~~  
 86 15 b. The department shall rely on all information available,  
 86 16 including annual audits submitted under section 331.391,  
 86 17 regional governance agreements submitted under section 331.392,  
 86 18 and annual service and budget plans submitted under section  
 86 19 331.393 in determining whether a region ~~or an exempted county~~  
 86 20 is adequately fulfilling the requirements for a regional  
 86 21 service system. The department may request and review  
 86 22 financial documents, contracts, and other audits, and may  
 86 23 perform on-site reviews and interviews to gather information.

86 24 #70. Section 331.390, subsection 1, Code 2022, is  
 86 25 amended to read as follows:

86 26 1. a. The counties comprising a mental health and  
 86 27 disability services region shall enter into an agreement under  
 86 28 chapter 28E to form a regional administrator under the control  
 86 29 of a governing board to function on behalf of those counties.  
 86 30 b. A region exempted from the requirement to enter into  
 86 31 a chapter 28E agreement prior to July 1, 2014, shall submit  
 86 32 written documents demonstrating that the region has formed a  
 86 33 regional administrator under the control of a governing board  
 86 34 to function on behalf of that region and otherwise comply with  
 86 35 the requirements of this section.

CODE: Requires a MHDS region exempted from submitting 28E agreements to submit written documents demonstrating that the region has formed a regional administrator under the control of a governing board to function on behalf of that region and otherwise comply with the requirements of the section.

87 1 #71. Section 331.391, subsection 1, Code 2022, is  
 87 2 amended to read as follows:

87 3 1. The funding under the control of the governing board  
 87 4 shall be maintained in a combined account. A county exempted  
 87 5 ~~under section 331.389, subsection 1 from joining a multicounty~~  
 87 6 region prior to July 1, 2014, shall maintain a county mental  
 87 7 health and disability services fund for the deposit of funding  
 87 8 received under section 225C.7A and appropriations specifically  
 87 9 authorized to be made from the county mental health and  
 87 10 disability services fund shall not be made from any other fund

CODE: Removes a reference to regional finance board and instead references counties exempted from joining a multicounty region prior to July 1, 2014.

87 11 of the county. A county mental health and disability services  
87 12 fund established by an exempt county, to the extent feasible,  
87 13 shall be considered to be the same as a region combined account  
87 14 and shall be subject to the same requirements as a region's  
87 15 combined account.

87 16 #72. Section 331.392, subsection 1, Code 2022, is  
87 17 amended to read as follows:  
87 18 1. a. In addition to compliance with the applicable  
87 19 provisions of chapter 28E, the chapter 28E agreement entered  
87 20 into by the counties comprising a mental health and disability  
87 21 services region in forming the regional administrator to  
87 22 function on behalf of the counties shall comply with the  
87 23 requirements of this section.  
87 24 b. Documents submitted by a region exempted from the  
87 25 requirement to enter into a chapter 28E agreement prior to July  
87 26 1, 2014, pursuant to section 331.390, subsection 1, paragraph  
87 27 "b", shall also demonstrate compliance with the requirements of  
87 28 this section.

CODE: Requires a MHDS region exempted from submitting 28E agreements to demonstrate compliance with the requirements of this section.

87 29 #73. Section 331.393, subsection 1, Code 2022, is  
87 30 amended to read as follows:  
87 31 1. a. The mental health and disability services provided  
87 32 by counties operating as a region shall be delivered in  
87 33 accordance with a regional service system management plan  
87 34 approved by the region's governing board and implemented by the  
87 35 regional administrator in accordance with this section. The  
88 1 requirements for a regional service system management plan and  
88 2 plan format shall be specified in rule adopted by the state  
88 3 commission pursuant to a recommendation made by the department.  
88 4 A regional management plan shall include an annual service and  
88 5 budget plan, a policies and procedures manual, and an annual  
88 6 report. ~~Each region's initial plan shall be submitted to the~~  
88 7 ~~department by April 1, 2014.~~  
88 8 b. A region, regardless of whether the region is a  
88 9 single county or multicounty region, shall comply with all  
88 10 requirements of this section.

CODE: Adds language stating that all regions must comply with all requirements of this section.

88 11 #74. Section 331.393, subsection 6, Code 2022, is  
88 12 amended by striking the subsection.

CODE: Removes a section stating that if a county has been exempted from the requirement to enter into a regional service system, the county and the county's board of supervisors shall fulfill all requirements.

88 13 #75. Section 331.910, subsection 2, paragraph d, Code  
 88 14 2022, is amended to read as follows:  
 88 15 d. "Region" means a mental health and disability services  
 88 16 region formed in accordance with section 331.389 or a county  
 88 17 that has been exempted by the director of human services from  
 88 18 being required to be a part of a mental health and disability  
 88 19 services region in accordance with section 331.389.

CODE: Amends the definition of Region.

88 20 #XIX.  
 88 21 HEALTH CARRIERS — TELEHEALTH

88 22 #76. Section 514C.34, subsection 3, Code 2022, is  
 88 23 amended to read as follows:  
 88 24 3. a. Health care services that are delivered by telehealth  
 88 25 must be appropriate and delivered in accordance with applicable  
 88 26 law and generally accepted health care practices and standards  
 88 27 prevailing at the time the health care services are provided,  
 88 28 including all rules adopted by the appropriate professional  
 88 29 licensing board, pursuant to chapter 147, having oversight  
 88 30 of the health care professional providing the health care  
 88 31 services.

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.

88 32 b. A health carrier shall not exclude a health care  
 88 33 professional who provides services for mental health  
 88 34 conditions, illnesses, injuries, or diseases and who is  
 88 35 physically located out-of-state from participating as a  
 89 1 provider, via telehealth, under a policy, plan, or contract  
 89 2 offered by the health carrier in the state if all of the  
 89 3 following requirements are met:  
 89 4 (1) The health care professional is licensed in this state  
 89 5 by the appropriate professional licensing board and is able  
 89 6 to deliver health care services for mental health conditions,  
 89 7 illnesses, injuries, or diseases via telehealth in compliance  
 89 8 with paragraph "a".  
 89 9 (2) The health care professional is able to satisfy the same  
 89 10 criteria that the health carrier uses to qualify a health care  
 89 11 professional who is located in the state, and who holds the  
 89 12 same license as the out-of-state professional, to participate  
 89 13 as a provider, via telehealth, under a policy, plan, or  
 89 14 contract offered by the health carrier in the state.

89 15 #77. EFFECTIVE DATE. This division of this Act, being

Specifies that the provision prohibiting certain health carriers from



89 16 deemed of immediate importance, takes effect upon enactment.  
 89 17 #78. APPLICABILITY. This division of this Act applies  
 89 18 to health carriers that deliver, issue for delivery, continue,  
 89 19 or renew a policy, contract, or plan in this state on or after  
 89 20 the effective date of this Act.

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.

89 21 #XX.  
 89 22 NURSING FACILITY CONSTRUCTION OR EXPANSION RELIEF

89 23 #79. Section 249K.2, subsection 4, Code 2022, is amended  
 89 24 to read as follows:  
 89 25 4. "Major renovations" means construction or facility  
 89 26 improvements to a nursing facility in which the total amount  
 89 27 expended exceeds ~~one million five~~ seven hundred fifty thousand  
 89 28 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.

89 29 #80. Section 249K.5, subsection 2, Code 2022, is amended  
 89 30 by adding the following new paragraph:  
 89 31 NEW PARAGRAPH c. The nursing facility for which relief  
 89 32 or an exception is requested is proposing replacement or  
 89 33 enhancement of an HVAC, as defined in section 105.2, system for  
 89 34 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.

89 35 #81. ADMINISTRATIVE RULES — ADOPTION AND  
 90 1 AMENDMENT. The department of human services shall adopt or  
 90 2 amend rules pursuant to chapter 17A to administer this division  
 90 3 of this Act. Specifically, the department shall amend rules  
 90 4 relating to nursing facility additional requirements for all  
 90 5 requests for the capital cost per diem instant relief add-on  
 90 6 and enhanced nondirect care rate component limit to provide  
 90 7 that with regard to the additional requirements a nursing  
 90 8 facility must meet, the facility has Medicaid utilization at  
 90 9 or above forty percent for the two-month period before the  
 90 10 request for additional reimbursement is submitted. Medicaid  
 90 11 utilization for this purpose is calculated as total nursing  
 90 12 facility Medicaid patient days divided by total in-house  
 90 13 patient days as reported on the facility's most current  
 90 14 financial and statistical report.

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

90 15 #XXI.  
 90 16 PSYCHIATRY RESIDENCY PROGRAM

90 17 #82.NEW SECTION 135.180 STATE-FUNDED PSYCHIATRY  
90 18 RESIDENCY PROGRAM — FUND — APPROPRIATIONS.

90 19 1. The university of Iowa hospitals and clinics shall  
90 20 administer a state-funded psychiatry residency program  
90 21 in cooperation with the state mental health institutes at  
90 22 Independence and Cherokee, the state resource center at  
90 23 Woodward, the state training school at Eldora, and the Iowa  
90 24 medical and classification center at Oakdale. The university  
90 25 of Iowa hospitals and clinics shall expand the psychiatry  
90 26 residency program to provide additional residency positions  
90 27 by providing financial support for residency positions  
90 28 which are in excess of the federal residency cap established  
90 29 by the federal Balanced Budget Act of 1997, Pub.L. No.  
90 30 105-33. Participating residents shall complete a portion of  
90 31 their psychiatry training at one of the state mental health  
90 32 institutes, the state resource center, the state training  
90 33 school, or the Iowa medical and classification center at  
90 34 Oakdale. For accreditation-required clinical experiences not  
90 35 available at the state mental health institutes, the state  
91 1 resource center, the state training school, or the Iowa medical  
91 2 and classification center at Oakdale, the psychiatry residency  
91 3 program and its residents may utilize clinical rotations at the  
91 4 university of Iowa hospitals and clinics and its affiliates  
91 5 across the state.

91 6 2. The university of Iowa hospitals and clinics shall apply  
91 7 to the accreditation council for graduate medical education  
91 8 for approval of twelve additional residency positions for each  
91 9 class of residents and the psychiatry residency program shall  
91 10 award the total number of residency positions approved for each  
91 11 class of residents. Preference in the awarding of residency  
91 12 positions shall be given to candidates who are residents of  
91 13 Iowa, attended and earned an undergraduate degree from an Iowa  
91 14 college or university, or attended and earned a medical degree  
91 15 from a medical school in Iowa.

91 16 3. A psychiatry residency program fund is created in  
91 17 the state treasury consisting of the moneys appropriated or  
91 18 credited to the fund by law. Notwithstanding section 8.33,  
91 19 moneys in the fund at the end of each fiscal year shall not  
91 20 revert to any other fund but shall remain in the psychiatry  
91 21 residency program fund for use in subsequent fiscal years.

CODE: Creates a Psychiatry Residency Program in cooperation with the State mental health institutes, the Woodward Resource Center, the State Training School, and the Iowa Medical and Classification Center. Directs the UIHC 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 UIHC or its affiliates across the State.

CODE: Directs the UIHC to apply to the accreditation council for graduate medical education for approval of 12 additional residency positions, and directs the Psychiatric Residency Program to award residencies for the approved amount. Requires the residency grants to be awarded with preference given to candidates who are residents of Iowa, attended and earned an undergraduate degree from an Iowa college or university, or attended medical school in Iowa.

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 UIHC to be used for the Program beginning in FY 2024 in the amount of \$100,000 for each residency position approved and awarded under the Program.

91 22 Moneys in the fund are appropriated to the university of Iowa  
91 23 hospitals and clinics to be used for the purposes of the  
91 24 program. For the fiscal years beginning on or after July 1,  
91 25 2023, there is appropriated from the general fund of the state  
91 26 to the psychiatry residency program fund one hundred thousand  
91 27 dollars for each residency position approved and awarded under  
91 28 the program.

# Health and Human Services

## General Fund

	Actual FY 2021 (1)	Estimated FY 2022 (2)	House Action FY 2023 (3)	Senate Action FY 2023 (4)	Senate Action vs House Action (5)	Senate Action vs Est FY 2022 (6)	Page and Line # (7)
<b><u>Aging, Iowa Department on</u></b>							
<b><u>Aging, Dept. on</u></b>							
Aging Programs	\$ 11,164,382	\$ 11,304,082	\$ 11,804,082	\$ 11,304,082	\$ -500,000	\$ 0	PG 1 LN 7
Office of LTC Ombudsman	1,149,821	1,149,821	1,449,821	1,149,821	-300,000	0	PG 3 LN 19
<b>Total Aging, Iowa Department on</b>	<b>\$ 12,314,203</b>	<b>\$ 12,453,903</b>	<b>\$ 13,253,903</b>	<b>\$ 12,453,903</b>	<b>\$ -800,000</b>	<b>\$ 0</b>	
<b><u>Public Health, Department of</u></b>							
<b><u>Public Health, Dept. of</u></b>							
Addictive Disorders	\$ 23,659,379	\$ 23,659,379	\$ 23,659,379	\$ 23,659,379	\$ 0	\$ 0	PG 4 LN 2
Healthy Children and Families	5,816,681	5,816,681	5,816,681	5,816,681	0	0	PG 5 LN 33
Chronic Conditions	4,223,373	4,258,373	4,258,373	4,258,373	0	0	PG 7 LN 29
Community Capacity	5,594,306	7,319,306	6,519,306	6,519,306	0	-800,000	PG 9 LN 25
Essential Public Health Services	7,662,464	7,662,464	7,662,464	7,662,464	0	0	PG 13 LN 19
Infectious Diseases	1,796,206	1,796,206	1,796,206	1,796,206	0	0	PG 13 LN 25
Public Protection	4,085,220	4,466,601	4,466,601	4,466,601	0	0	PG 13 LN 31
Resource Management	933,871	933,871	933,871	933,871	0	0	PG 14 LN 30
Congenital & Inherited Disorders Registry	188,528	223,521	223,521	223,521	0	0	Standing
<b>Total Public Health, Department of</b>	<b>\$ 53,960,028</b>	<b>\$ 56,136,402</b>	<b>\$ 55,336,402</b>	<b>\$ 55,336,402</b>	<b>\$ 0</b>	<b>\$ -800,000</b>	
<b><u>Veterans Affairs, Department of</u></b>							
<b><u>Veterans Affairs, Dept. of</u></b>							
General Administration	\$ 1,229,763	\$ 1,229,763	\$ 1,229,763	\$ 1,229,763	\$ 0	\$ 0	PG 15 LN 27
Home Ownership Assistance Program	2,000,000	2,000,000	2,000,000	2,000,000	0	0	PG 16 LN 15
Veterans County Grants	990,000	990,000	990,000	990,000	0	0	PG 16 LN 21
<b>Veterans Affairs, Dept. of</b>	<b>\$ 4,219,763</b>	<b>\$ 4,219,763</b>	<b>\$ 4,219,763</b>	<b>\$ 4,219,763</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b><u>Veterans Affairs, Dept. of</u></b>							
Iowa Veterans Home	\$ 7,131,552	\$ 7,131,552	\$ 7,131,552	\$ 7,131,552	\$ 0	\$ 0	PG 15 LN 33
<b>Total Veterans Affairs, Department of</b>	<b>\$ 11,351,315</b>	<b>\$ 11,351,315</b>	<b>\$ 11,351,315</b>	<b>\$ 11,351,315</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b><u>Human Services, Department of</u></b>							
<b><u>Assistance</u></b>							
Family Investment Program/PROMISE JOBS	\$ 40,003,978	\$ 41,003,978	\$ 41,003,978	\$ 41,003,978	\$ 0	\$ 0	PG 23 LN 31
Medical Assistance	1,459,599,409	1,503,848,253	1,539,659,031	1,510,127,388	-29,531,643	6,279,135	PG 27 LN 12
Health Program Operations	17,831,343	17,831,343	17,446,343	17,446,343	0	-385,000	PG 32 LN 23
State Supplementary Assistance	7,349,002	7,349,002	7,349,002	7,349,002	0	0	PG 33 LN 32
State Children's Health Insurance	37,598,984	37,957,643	38,661,688	38,661,688	0	704,045	PG 34 LN 35
Child Care Assistance	40,816,931	40,816,931	40,816,931	40,816,931	0	0	PG 35 LN 22

# Health and Human Services

## General Fund

	Actual FY 2021 (1)	Estimated FY 2022 (2)	House Action FY 2023 (3)	Senate Action FY 2023 (4)	Senate Action vs House Action (5)	Senate Action vs Est FY 2022 (6)	Page and Line # (7)
Child and Family Services	89,071,930	89,071,930	93,571,677	93,571,677	0	4,499,747	PG 38 LN 25
Adoption Subsidy	40,596,007	40,596,007	40,596,007	40,596,007	0	0	PG 44 LN 6
Family Support Subsidy	949,282	949,282	949,282	949,282	0	0	PG 46 LN 11
Conner Training	33,632	33,632	33,632	33,632	0	0	PG 46 LN 32
Volunteers	84,686	84,686	84,686	84,686	0	0	PG 52 LN 31
Child Abuse Prevention	188,428	232,570	232,570	232,570	0	0	Standing
<b>Assistance</b>	<b>\$ 1,734,123,612</b>	<b>\$ 1,779,775,257</b>	<b>\$ 1,820,404,827</b>	<b>\$ 1,790,873,184</b>	<b>\$ -29,531,643</b>	<b>\$ 11,097,927</b>	
<b>Eldora Training School</b>							
Eldora Training School	\$ 16,029,488	\$ 17,397,068	\$ 17,606,871	\$ 17,606,871	\$ 0	\$ 209,803	PG 37 LN 30
<b>Cherokee</b>							
Cherokee MHI	\$ 14,245,968	\$ 15,457,597	\$ 15,613,624	\$ 15,613,624	\$ 0	\$ 156,027	PG 47 LN 13
<b>Independence</b>							
Independence MHI	\$ 19,201,644	\$ 19,652,379	\$ 19,688,928	\$ 19,688,928	\$ 0	\$ 36,549	PG 47 LN 19
<b>Glenwood</b>							
Glenwood Resource Center	\$ 16,700,867	\$ 14,802,873	\$ 16,288,739	\$ 16,288,739	\$ 0	\$ 1,485,866	PG 48 LN 17
<b>Woodward</b>							
Woodward Resource Center	\$ 10,913,360	\$ 12,237,937	\$ 13,409,294	\$ 13,409,294	\$ 0	\$ 1,171,357	PG 48 LN 20
<b>Cherokee CCUSO</b>							
Civil Commitment Unit for Sexual Offenders	\$ 12,070,565	\$ 13,643,727	\$ 13,891,276	\$ 13,891,276	\$ 0	\$ 247,549	PG 49 LN 29
<b>Field Operations</b>							
Child Support Recovery	\$ 14,867,813	\$ 15,942,885	\$ 15,942,885	\$ 15,942,885	\$ 0	\$ 0	PG 25 LN 34
Field Operations	55,600,398	60,596,667	65,894,438	65,894,438	0	5,297,771	PG 50 LN 22
<b>Field Operations</b>	<b>\$ 70,468,211</b>	<b>\$ 76,539,552</b>	<b>\$ 81,837,323</b>	<b>\$ 81,837,323</b>	<b>\$ 0</b>	<b>\$ 5,297,771</b>	
<b>General Administration</b>							
General Administration	\$ 13,772,533	\$ 15,342,189	\$ 15,342,189	\$ 15,842,189	\$ 500,000	\$ 500,000	PG 51 LN 1
DHS Facilities	2,879,274	2,879,274	4,172,123	4,172,123	0	1,292,849	PG 52 LN 22
Commission of Inquiry	0	1,394	1,394	1,394	0	0	Standing
Nonresident Mental Illness Commitment	15,487	142,802	142,802	142,802	0	0	Standing
<b>General Administration</b>	<b>\$ 16,667,294</b>	<b>\$ 18,365,659</b>	<b>\$ 19,658,508</b>	<b>\$ 20,158,508</b>	<b>\$ 500,000</b>	<b>\$ 1,792,849</b>	
<b>Total Human Services, Department of</b>	<b>\$ 1,910,421,009</b>	<b>\$ 1,967,872,049</b>	<b>\$ 2,018,399,390</b>	<b>\$ 1,989,367,747</b>	<b>\$ -29,031,643</b>	<b>\$ 21,495,698</b>	
<b>Total Health and Human Services</b>	<b>\$ 1,988,046,554</b>	<b>\$ 2,047,813,669</b>	<b>\$ 2,098,341,010</b>	<b>\$ 2,068,509,367</b>	<b>\$ -29,831,643</b>	<b>\$ 20,695,698</b>	

# Health and Human Services

## Other Funds

	Actual FY 2021 (1)	Estimated FY 2022 (2)	House Action FY 2023 (3)	Senate Action FY 2023 (4)	Senate Action vs House Action (5)	Senate Action vs Est FY 2022 (6)	Page and Line # (7)
<b>Public Health, Department of</b>							
<b>Public Health, Dept. of</b>							
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	\$ 0	PG 15 LN 7
<b>Total Public Health, Department of</b>	<b>\$ 1,750,000</b>	<b>\$ 1,750,000</b>	<b>\$ 1,750,000</b>	<b>\$ 1,750,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b>Human Services, Department of</b>							
<b>General Administration</b>							
FIP - TANF	\$ 5,002,006	\$ 5,002,006	\$ 5,002,006	\$ 5,002,006	\$ 0	\$ 0	PG 17 LN 8
PROMISE JOBS - TANF	5,412,060	5,412,060	5,412,060	5,412,060	0	0	PG 17 LN 12
FaDSS - TANF	2,888,980	2,888,980	2,888,980	2,888,980	0	0	PG 17 LN 17
Field Operations - TANF	31,296,232	31,296,232	31,296,232	31,296,232	0	0	PG 17 LN 28
General Administration - TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	0	PG 17 LN 30
Child Care Assistance - TANF	47,166,826	47,166,826	47,166,826	47,166,826	0	0	PG 17 LN 32
Child & Family Services - TANF	32,380,654	32,380,654	32,380,654	32,380,654	0	0	PG 18 LN 18
Child Abuse Prevention - TANF	125,000	125,000	125,000	125,000	0	0	PG 18 LN 20
Training & Technology - TANF	1,037,186	1,037,186	1,037,186	1,037,186	0	0	PG 19 LN 3
<b>General Administration</b>	<b>\$ 129,062,944</b>	<b>\$ 129,052,944</b>	<b>\$ 129,052,944</b>	<b>\$ 129,052,944</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b>Assistance</b>							
Pregnancy Prevention - TANF	\$ 1,913,203	\$ 1,913,203	\$ 1,913,203	\$ 1,913,203	\$ 0	\$ 0	PG 18 LN 22
Categorical Eligibility SNAP - TANF	14,236	14,236	14,236	14,236	0	0	PG 20 LN 5
Medical Assistance - HCTF	208,460,000	201,200,000	200,660,000	200,660,000	0	-540,000	PG 26 LN 29
Medicaid Supplemental - MFF	190,000	150,000	150,000	150,000	0	0	PG 27 LN 3
Health Program Operations - PSA	234,193	234,193	234,193	234,193	0	0	PG 63 LN 14
Medical Assistance - QATF	58,570,397	56,305,139	56,305,139	56,305,139	0	0	PG 63 LN 25
Medical Assistance - HHCAT	33,920,554	33,920,554	33,920,554	33,920,554	0	0	PG 64 LN 2
Polk County MHDS Grant - GIVF	5,000,000	0	0	0	0	0	
<b>Assistance</b>	<b>\$ 308,302,583</b>	<b>\$ 293,737,325</b>	<b>\$ 293,197,325</b>	<b>\$ 293,197,325</b>	<b>\$ 0</b>	<b>\$ -540,000</b>	
<b>Total Human Services, Department of</b>	<b>\$ 437,365,527</b>	<b>\$ 422,790,269</b>	<b>\$ 422,250,269</b>	<b>\$ 422,250,269</b>	<b>\$ 0</b>	<b>\$ -540,000</b>	
<b>Total Health and Human Services</b>	<b>\$ 439,115,527</b>	<b>\$ 424,540,269</b>	<b>\$ 424,000,269</b>	<b>\$ 424,000,269</b>	<b>\$ 0</b>	<b>\$ -540,000</b>	

# Health and Human Services

## FTE Positions

	Actual FY 2021 (1)	Estimated FY 2022 (2)	House Action FY 2023 (3)	Senate Action FY 2023 (4)	Senate Action vs House Action (5)	Senate Action vs Est FY 2022 (6)	Page and Line # (7)
<b><u>Aging, Iowa Department on</u></b>							
<b><u>Aging, Dept. on</u></b>							
Aging Programs	18.85	26.00	28.00	27.00	-1.00	1.00	PG 1 LN 7
Office of LTC Ombudsman	11.22	11.50	16.00	16.00	0.00	4.50	PG 3 LN 19
<b>Total Aging, Iowa Department on</b>	<b>30.07</b>	<b>37.50</b>	<b>44.00</b>	<b>43.00</b>	<b>-1.00</b>	<b>5.50</b>	
<b><u>Public Health, Department of</u></b>							
<b><u>Public Health, Dept. of</u></b>							
Addictive Disorders	9.03	12.00	12.00	12.00	0.00	0.00	PG 4 LN 2
Healthy Children and Families	11.98	14.00	14.00	14.00	0.00	0.00	PG 5 LN 33
Chronic Conditions	8.09	10.50	10.00	10.00	0.00	-0.50	PG 7 LN 29
Community Capacity	9.67	13.00	13.00	13.00	0.00	0.00	PG 9 LN 25
Infectious Diseases	1.86	6.00	6.00	6.00	0.00	0.00	PG 13 LN 25
Public Protection	135.13	146.00	142.00	142.00	0.00	-4.00	PG 13 LN 31
Resource Management	2.14	4.00	4.00	4.00	0.00	0.00	PG 14 LN 30
<b>Total Public Health, Department of</b>	<b>177.91</b>	<b>205.50</b>	<b>201.00</b>	<b>201.00</b>	<b>0.00</b>	<b>-4.50</b>	
<b><u>Veterans Affairs, Department of</u></b>							
<b><u>Veterans Affairs, Dept. of</u></b>							
General Administration	11.60	12.00	15.00	15.00	0.00	3.00	PG 15 LN 27
<b>Total Veterans Affairs, Department of</b>	<b>11.60</b>	<b>12.00</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	<b>3.00</b>	

# Health and Human Services

## FTE Positions

	Actual FY 2021 (1)	Estimated FY 2022 (2)	House Action FY 2023 (3)	Senate Action FY 2023 (4)	Senate Action vs House Action (5)	Senate Action vs Est FY 2022 (6)	Page and Line # (7)
<b>Human Services, Department of</b>							
<b>Assistance</b>							
Family Investment Program/PROMISE JOBS	24.62	27.00	27.00	27.00	0.00	0.00	PG 23 LN 31
Medical Assistance	8.11	14.10	14.10	14.10	0.00	0.00	PG 27 LN 12
Health Program Operations	2.11	4.00	4.00	4.00	0.00	0.00	PG 32 LN 23
State Supplementary Assistance	0.00	1.00	1.00	1.00	0.00	0.00	PG 33 LN 32
Child Care Assistance	2.51	2.50	2.50	2.50	0.00	0.00	PG 35 LN 22
Child and Family Services	3.95	4.02	4.02	4.02	0.00	0.00	PG 38 LN 25
<b>Assistance</b>	<b>41.29</b>	<b>52.62</b>	<b>52.62</b>	<b>52.62</b>	<b>0.00</b>	<b>0.00</b>	
<b>Eldora Training School</b>							
Eldora Training School	178.55	206.50	207.00	207.00	0.00	0.50	PG 37 LN 30
<b>Cherokee</b>							
Cherokee MHI	152.32	151.57	169.00	169.00	0.00	17.43	PG 47 LN 13
<b>Independence</b>							
Independence MHI	184.84	187.20	208.00	208.00	0.00	20.80	PG 47 LN 19
<b>Glenwood</b>							
Glenwood Resource Center	634.85	657.50	657.50	657.50	0.00	0.00	PG 48 LN 17
<b>Woodward</b>							
Woodward Resource Center	508.39	517.90	517.90	517.90	0.00	0.00	PG 48 LN 20
<b>Cherokee CCUSO</b>							
Civil Commitment Unit for Sexual Offenders	129.15	125.35	140.00	140.00	0.00	14.65	PG 49 LN 29
<b>Field Operations</b>							
Child Support Recovery	426.10	421.00	459.00	459.00	0.00	38.00	PG 25 LN 34
Field Operations	1,503.48	1,539.00	1,589.00	1,589.00	0.00	50.00	PG 50 LN 22
<b>Field Operations</b>	<b>1,929.58</b>	<b>1,960.00</b>	<b>2,048.00</b>	<b>2,048.00</b>	<b>0.00</b>	<b>88.00</b>	
<b>General Administration</b>							
General Administration	259.37	284.00	294.00	296.00	2.00	12.00	PG 51 LN 1
<b>Total Human Services, Department of</b>	<b>4,018.34</b>	<b>4,142.64</b>	<b>4,294.02</b>	<b>4,296.02</b>	<b>2.00</b>	<b>153.38</b>	
<b>Total Health and Human Services</b>	<b>4,237.92</b>	<b>4,397.64</b>	<b>4,554.02</b>	<b>4,555.02</b>	<b>1.00</b>	<b>157.38</b>	