

# Health and Human Services Appropriations Bill House File 2698

Last Action:

Final Action

April 19, 2024

**An Act relating to and making appropriations for veterans and health and human services, including other related provisions and appropriations including but not limited to the Personal Needs Allowance for certain persons under Medicaid and the State Supplementary Assistance programs, replacement generation tax revenues, the Medicaid Fraud and Health Care Trust Funds, the retention of certain revenues by the mental health institutes, the retention of Medicaid eligibility by residents of mental health institutes, the scope of services of the State resource centers, the appropriation of moneys in the Juvenile Detention Home Fund, the Family Investment Program Account and Diversion Program, the Child Support Collection Services Center Refund Account, the quality assurance assessment payment period, the Centers of Excellence Grant Program, an assisted living program revised payment model study, funding for county commissions of veteran affairs, foster care provisions including those relating to a relative or fictive kin, health care employment agencies and health care technology platforms, medical cannabidiol practitioner requirements, nursing facility oversight, and State-funded psychiatry residency and fellowship positions, providing penalties, and including effective date and retroactive applicability 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 2025:** Appropriates a total of \$2,213.6 million from the General Fund and 4,171.0 full-time equivalent (FTE) positions to the Department of Health and Human Services (HHS), containing the Department of Veterans Affairs (IVA). This is an increase of \$88.6 million and an increase of 6.0 FTE positions compared to estimated FY 2024.

**Other Funds FY 2024:** Appropriates a total of \$3.0 million from other funds. This is a supplemental appropriation for FY 2024 for Child and Family Services from the federal TANF Block Grant. The appropriation will be used for the kinship caregiver stipend program.

**Other Funds FY 2025:** Appropriates a total of \$468.5 million from other funds. This is a decrease of \$2.6 million compared to estimated net FY 2024.

**Standing Appropriations FY 2025:** In addition to the appropriations in the Bill, the attached tracking includes the following standing appropriations that are automatically appropriated in statute:

- \$990,000 for the County Commissions of Veteran Affairs Fund.
- \$233,000 to the HHS for Child Abuse Prevention.
- \$1,400 to the HHS for the Commission of Inquiry.
- \$143,000 to the HHS for Nonresident Mental Illness Commitment.
- \$1 to the HHS for the Low-Income Home Energy Assistance Program (LiHEAP) Weatherization Assistance Program.
- \$224,000 to the HHS for the Center for Congenital and Inherited Disorders Central Registry.
- \$1.2 million for the Psychiatry Residency and Fellowship Program.

**NEW PROGRAMS, SERVICES, OR ACTIVITIES**

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Requires the HHS to administer a Centers of Excellence Grant Program to encourage collaboration among regional health care providers in rural areas to transform health care delivery to provide quality and sustainable care.

Page 43, Line 14

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

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**Department of Veterans Affairs:** Appropriates a total of \$12.7 million from the General Fund and 15.0 FTE positions. This is an increase of \$1.4 million in funding and an increase of 6.0 FTE positions compared to estimated FY 2024 including the following:

- An increase of \$336,000 for unfunded need in General Administration.

Page 1, Line 3

# EXECUTIVE SUMMARY

## HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- An increase of \$1.0 million to support administering care at the Iowa Veterans Home.

**Department of Health and Human Services — Aging and Disability Services:** Appropriates a total of \$19.1 million from the General Fund. This is a net increase of \$155,000 compared to estimated FY 2024.

Page 1, Line 32

**Department of Health and Human Services — Public Health:** Appropriates a total of \$22.5 million from the General Fund. This is a net decrease of \$385,000 compared to estimated FY 2024.

Page 4, Line 20

**Department of Health and Human Services — Community Access and Eligibility:** Appropriates a total of \$68.0 million from the General Fund. This is a net decrease of \$2.1 million compared to estimated FY 2024 including the following:

Page 6, Line 28

- An increase of \$784,000 for operational needs.
- A decrease of \$2.9 million due to decreased enrollment in the Family Investment Program (FIP) and PROMISE JOBS.

**Temporary Assistance for Needy Families (TANF) Block Grant:** Appropriates \$144.0 million for various HHS programs funded through the TANF Block Grant. This is an increase of \$10.0 million compared to estimated net FY 2024.

Page 9, Line 7

**Department of Health and Human Services — Medical Assistance, State Supplementary Assistance (SSA), and Healthy and Well Kids in Iowa (Hawki) Program:** Appropriates a total of \$1,650.9 million from the General Fund. This is a net increase of \$107.2 million compared to estimated FY 2024 including the following:

Page 11, Line 8

- An increase of \$41.3 million to include the Children's Health Insurance Program (CHIP) in the Medicaid appropriation beginning in FY 2025. The CHIP amount is an increase of \$2.7 million compared to estimated FY 2024 due to higher enrollment in the Hawki Program and is offset by appropriation transfers to Community Access and Eligibility and Health Program Operations beginning in FY 2025.
- An increase of \$40.9 million to fund Medicaid at the Medicaid Forecasting Group's March 2024 estimate, which does not include an FY 2025 increase for Medicaid capitation rates.
- An increase of \$16.5 million to the Home and Community-Based Services (HCBS) program to offset federal American Rescue Plan Act of 2021 (ARPA) funding that expired.
- An increase of \$14.6 million to increase access to community-based providers.
- An increase of \$5.0 million for enhanced case management to coordinate care for vulnerable populations.
- An increase of \$4.5 million to include SSA in the Medicaid appropriation beginning in FY 2025. The SSA amount is a decrease of \$2.9 million compared to estimated FY 2024 due to lower enrollment and

# EXECUTIVE SUMMARY

## HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- an appropriation transfer to Aging and Disability Services beginning in FY 2025.
- An increase of \$3.0 million for a home health provider rate adjustment.
- An increase of \$2.1 million for a mental health provider rate adjustment.
- An increase of \$1.7 million for an increase in HCBS intellectual disability waiver slots.
- An increase of \$1.4 million for increased supported community living rates.
- An increase of \$500,000 for pharmacy dispensing fees.
- An increase of \$418,000 for a physical therapist provider rate adjustment.
- An increase of \$369,000 for Psychiatric Medical Institutions for Children (PMICs) tiered provider rates beginning January 1, 2025. An estimated annualization of \$571,000 is necessary in FY 2026 for a full year of tiered provider rates.
- An increase of \$277,000 for a community mental health centers provider rate adjustment.
- An increase of \$250,000 for an air medical services provider rate adjustment.
- An increase of \$144,000 for a medical supplies provider rate adjustment.
- An increase of \$65,000 for an occupational therapist provider rate adjustment.
- An increase of \$30,000 for a physician assistant provider rate adjustment.
- An increase of \$3,000 for a certified nurse midwife provider rate adjustment.
- A decrease of \$2.9 million for an appropriation transfer to Community Access and Eligibility beginning in FY 2025.
- A decrease of \$6.0 million to reflect revenue enhancements from the Hospital Directed Payment Program that allows the Legislature to reduce the Medicaid General Fund appropriation.
- A decrease of \$16.9 million for an appropriation transfer to Health Program Operations beginning in FY 2025.

**Department of Health and Human Services — Health Program Operations:** Appropriates a total of \$39.6 million from the General Fund. This is a net increase of \$1.2 million compared to estimated FY 2024.

Page 12, Line 26

**Department of Health and Human Services — Child Protective Services:** Appropriates a total of \$166.1 million. This is a net increase of \$4.1 million compared to estimated FY 2024.

Page 18, Line 15

**Department of Health and Human Services — State Specialty Care:** Appropriates a total of \$100.0 million from the General Fund. This is a net increase of \$35,000 compared to estimated FY 2024.

Page 21, Line 14

**Department of Health and Human Services — Accountability, Compliance, and Program Integrity:** Appropriates a total of \$22.4 million from the General Fund. This is an increase of \$1.3 million compared to estimated FY 2024.

Page 22, Line 8

Allows the HHS to utilize General Fund moneys for up to 4,156.0 FTE positions. Requires the HHS to

Page 22, Line 31

# EXECUTIVE SUMMARY

## HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

report to the General Assembly by December 15, 2024, the distribution of FTE positions across the organizational divisions of the HHS.

### CHANGES TO PRIOR APPROPRIATIONS

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Amends 2022 Iowa Acts, [House File 2578](#) (FY 2023 Health and Human Services Appropriations Act), to increase the number of rural psychiatric residencies from six to eight. Page 26, Line 25

Allows any unexpended funds appropriated in 2022 Iowa Acts, [House File 2578](#) (FY 2023 Health and Human Services Appropriations Act), for FY 2023 from the General Fund for the FIP to be transferred to other appropriations in the FIP or to enhance agency accountability, program integrity, compliance, and efficiency until the close of FY 2024. Page 27, Line 1

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#) (FY 2024 Health and Human Services Appropriations Act), for FY 2024 from the General Fund for the State Office of Public Guardian to remain available for expenditure in FY 2025. Page 27, Line 20

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for audiological services and hearing aids for children to remain available for expenditure until the close of FY 2025. Page 27, Line 29

Amends 2023 Iowa Acts, [Senate File 561](#), to increase the number of rural psychiatric residencies from six to eight. Page 28, Line 4

Provides a \$3.0 million FY 2024 supplemental appropriation for Child and Family Services from the federal TANF Block Grant. The Bill also renames the appropriation Child Protective Services and requires up to \$3.0 million of the appropriation to be used for the kinship caregiver stipend program. Page 28, Line 15

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for the FIP to remain available or to be transferred to other appropriations in the Division or to enhance agency accountability, program integrity, compliance, and efficiency until the close of FY 2025. Page 28, Line 24

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for Child Care Assistance (CCA) to remain available for expenditure until the close of FY 2025. Page 28, Line 35

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the Page 29, Line 12

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General Fund for Child and Family Services to remain available for expenditure until the close of FY 2025.

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for Adoption Subsidy to remain available for expenditure until the close of FY 2025 and specifies the moneys may be used for child protective services qualified residential treatment provider rates and security enhancements. Specifies that up to \$3.0 million may be used by the HHS to provide a comprehensive behavioral health network of clinical, therapeutic, education, and employment programs and services and for renovation or purchase of a facility for use as a PMIC.

Page 29, Line 21

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for Field Operations to remain available for expenditure until the close of FY 2025.

Page 30, Line 4

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for the More Options for Maternal Support (MOMS) Program to remain available for expenditure until the close of FY 2025.

Page 30, Line 13

Amends 2023 Iowa Acts, [HF 709](#) (Federal Block Grant Appropriations Act), to specify that no less than 8.4% of remaining moneys for each fiscal year will be allocated for administrative expenses of LiHEAP contractors and no more than 1.6% will be allocated to the HHS for administrative expenses related to LiHEAP.

Page 30, Line 26

## STUDIES AND INTENT

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### *Intent*

It is the intent of the General Assembly to provide sufficient funding for the State CCA Program in FY 2025 to avoid the establishment of a waiting list.

Page 17, Line 11

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.

Page 19, Line 17

Permits the HHS to transfer funds allocated in this Bill for purposes of continuing alignment efforts, maximizing federal support, and the implementation and administration of services. Requires the HHS to report any transfers made pursuant to this subsection to the General Assembly.

Page 23, Line 21

Requires the HHS or the Mental Health and Disability Services (MHDS) Commission to adopt emergency administrative rules to comply with federal requirements or to implement the Bill. The rules are required to be effective immediately upon filing or on a later effective date specified in the rules unless delayed or

Page 31, Line 23

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### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

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suspended by the Administrative Rules Review Committee (ARRC). The rules shall not take effect before being reviewed by the ARRC.

#### *Nonreversion*

Requires federal funds received in FY 2025 because of the expenditure of State funds in a previous year to be used for child protective services. Allows any unexpended funds to remain available for expenditure through FY 2026.

Page 19, Line 1

Allows any unexpended funds appropriated for the Family Development and Self-Sufficiency (FaDSS) Program for FY 2025 to remain available for FY 2026.

Page 24, Line 34

Allows any unexpended funds appropriated from the General Fund, the Quality Assurance Trust Fund, and the Hospital Health Care Access Trust Fund to the HHS in FY 2025 for the Medicaid Program to remain available for FY 2026.

Page 25, Line 8

Allows any unexpended funds appropriated from the General Fund to the HHS for State Specialty Care for FY 2025 to remain available for subsequent fiscal years.

Page 25, Line 19

Allows any unexpended funds appropriated from the General Fund to the HHS for the Iowa State Commission Grant Program to remain available for subsequent fiscal years.

Page 25, Line 28

Allows any funds appropriated from the General Fund to the HHS in FY 2025 for rural psychiatric residencies that remain at the end of FY 2025 are permitted to carry forward into FY 2026.

Page 26, Line 2

Allows any funds appropriated from the General Fund to the HHS in FY 2025 for adoption subsidy payments or post-adoption services that remain at the end of FY 2025 are permitted to carry forward into FY 2026.

Page 26, Line 12

Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for Adoption Subsidy to remain available for expenditure until the close of FY 2025 and specifies the moneys may be used for child protective services qualified residential treatment provider rates and security enhancements. Specifies that up to \$3.0 million may be used by the HHS to provide a comprehensive behavioral health network of clinical, therapeutic, education, and employment programs and services and for renovation or purchase of a facility for use as a PMIC.

Page 29, Line 21

#### *Required Report*

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### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Requires the IVH to submit a monthly expenditure report to the General Assembly.	Page 1, Line 22
Allows the HHS to utilize General Fund moneys for up to 4,156.0 FTE positions. Requires the HHS to report to the General Assembly by December 15, 2024, the distribution of FTE positions across the organizational divisions of the HHS.	Page 22, Line 31
Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2024 to the General Assembly on a quarterly basis beginning October 1, 2024.	Page 31, Line 15
Requires the HHS, in consultation with Medicaid provider associations and stakeholders, to conduct a study to explore options for a revised payment model for reimbursement of assisted living programs for Medicaid recipients. Requires the study to include consideration of all sources of funding utilized by residents of assisted living programs. The HHS is required to report all options identified to the General Assembly by December 1, 2024.	Page 43, Line 33
Requires the DIAL to submit an annual report to the General Assembly that includes information on health care employment agency registrations, registration fees collected, violations of Iowa Code chapter <a href="#">135Q</a> , monetary penalties collected, registration revocations and denials, and recommendations for changes to the Iowa Code chapter.	Page 55, Line 7

### SIGNIFICANT CODE CHANGES

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Requires the General Assembly to annually appropriate to the HHS an amount sufficient to ensure that recipients of Medicaid living in care facilities in Iowa have access to the full amount of their Personal Needs Allowance.	Page 32, Line 20
Appropriates money to the HHS from Replacement Generation Tax revenues to supplement Medicaid appropriations.	Page 33, Line 4
Appropriates remaining revenues from Replacement Generation Tax to the HHS to supplement Medicaid appropriations.	Page 34, Line 2
Requires the HHS to increase the Personal Needs Allowance for SSA by the same percentage and at the same time as federal Supplemental Security Income and Social Security Benefits.	Page 34, Line 34
Appropriates any remaining funds in the Medicaid Fraud Fund at the close of a fiscal year to the HHS to supplement the Medicaid Program.	Page 35, Line 27



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Appropriates any remaining funds in the Health Care Trust Fund at the close of a fiscal year to the HHS to supplement the Medicaid Program to be used for Medicaid reimbursement and associated costs.	Page 36, Line 24
Allows any revenue received by a State mental health institute to be retained and expended by the mental health institute.	Page 37, Line 23
Permits Medicaid recipients residing in a State mental health institute to retain their Medicaid eligibility during their stay at the mental health institute.	Page 37, Line 32
Permits the HHS to bill for State Resource Center services utilizing a scope of services approach in a manner that does not shift costs between the Medicaid program, the MHDS regions, or other State Resource Center funding sources.	Page 38, Line 6
Appropriates to the HHS moneys deposited in the Juvenile Detention Home Fund for distribution.	Page 38, Line 19
Creates a diversion program under the FIP to provide incentives to divert a family's participation in or transition from the FIP by helping a participant obtain or retain employment. The HHS is required to adopt income eligibility requirements and additional eligibility criteria. Removes mention of the FIP Account and Diversion Program Subaccount under the FIP.	Page 40, Line 11
Removes mention of the FIP Account from Iowa Code section <a href="#">239B.14</a> and instead credits funds to the HHS for Community Access and Eligibility for purposes of the FIP.	Page 41, Line 20
Allows the Director of the HHS to establish new positions for Child Support Services within the limitations of the amount appropriated for Child Support Services or moneys transferred for this purpose from the Community Access and Eligibility appropriation.	Page 41, Line 34
Directs any unexpended funds in the FIP Account on June 30, 2024, to be appropriated to the HHS for Community Access and Eligibility.	Page 42, Line 11
Directs support payments received by the Collection Services Center to be deposited in the Collection Services Center Refund Account, which is separate from the General Fund. Specifies that moneys in the Account are not subject to reversion and are required to be used according to Iowa Code section <a href="#">252B.13A</a> . Permits moneys earned in the Account to be credited to the Account.	Page 42, Line 17
Requires that quality assurance assessments be paid by nursing facilities on a monthly basis instead of a	Page 42, Line 31

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quarterly basis, or other schedule as determined by the HHS. Requires that quality assurance assessment forms be submitted within 30 days of the end of each month rather than each calendar quarter.

Decreases the standing limited appropriation from the General Fund to the Department of Veterans Affairs to be credited to the County Commissions of Veteran Affairs Fund from \$1.0 million to \$990,000.

Page 44, Line 9

States that Iowa Code section [234.39\(2\)](#) shall not apply when a child is placed with a relative or fictive kin who is not licensed under Iowa Code chapter [237](#) to provide child foster care.

Page 44, Line 17

Prohibits a health care employment agency from contracting with a health care entity if the health care employment agency has not registered with the DIAL.

Page 47, Line 29

Removes penalties associated with violation of Iowa Code chapter [135Q](#) by health care employment agencies.

Page 49, Line 30

Requires health care technology platforms to register annually with the DIAL and pay an annual registration fee of \$500, which is retained by the DIAL. Prohibits a platform from contracting with any health care entity in the State if the platform fails to register with the DIAL. Specifies that a platform is an authorized agency for purposes of access to the single contact repository if the platform allows independent nursing services professionals to utilize the platform to bid on shifts. Requires platforms to rerun background checks for an independent nursing services professional following two consecutive years of inactivity on the platform.

Page 50, Line 23

Modifies the current civil penalty structure and adds new civil penalties for health care employment agencies that fail to comply with the Iowa Code. Modifies rules for registration by managing entities. Specifies that any monetary penalties under the section be retained by the DIAL as repayment receipts as defined in Iowa Code section [8.2](#). Requires the Attorney General to enforce Iowa Code chapter [135Q](#).

Page 52, Line 12

Extends the duties of a health care practitioner under the Medical Cannabidiol Act to include the establishment of a physician-patient relationship through the use of telemedicine to comply with the requirements in 653 IAC [13.11\(7\)](#).

Page 55, Line 22

Requires the Department of Inspections, Appeals, and Licensing (DIAL) to semiannually provide joint training sessions for inspectors and nursing facilities to review at least 3 of the 10 most frequently issued federal citations in the State during the immediately preceding calendar year. Requires the DIAL to develop a protocol to identify regional citation patterns relating to complaints, standards, and outcomes in the nursing

Page 55, Line 30

## **EXECUTIVE SUMMARY**

### **HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL**

facility inspection process. Requires the DIAL to include the State Long-Term Care Ombudsman, or designee, and representatives of each nursing facility provider association in the State in the planning process for the joint training sessions.

Requires the DIAL to establish and maintain a process to review each citation for immediate jeopardy or substandard quality of care prior to issuance of final findings of an investigation or inspection. Allows representatives of nursing facilities that have been issued a citation to participate in the review.

Page 56, Line 9

Reduces the number of residents at the UIHC's State-funded psychiatry residency and fellowship program from nine to seven and specifies one resident each for medical center meeting specified criteria. Directs the specified medical centers to apply to the Accreditation Council for Graduate Medical Education for approval of one additional residency position for each class of residents and specifies that the UIHC will apply for approval of seven residency positions. Allocates \$100,000 of the amount appropriated annually to the UIHC to each of the specified medical centers for the residency positions approved and awarded.

Page 56, Line 35

### **EFFECTIVE DATE**

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Specifies that Division XII of the Bill related to prior appropriations for FY 2023 takes effect upon enactment and applies retroactively to July 1, 2022.

Page 27, Line 12

Specifies that Division XIII of the Bill related to prior appropriations for FY 2024 takes effect upon enactment and applies retroactively to July 1, 2023.

Page 31, Line 9

Specifies that Division XVII of the Bill related to health care employment agencies and health care technology platforms takes effect upon enactment.

Page 55, Line 17

House File 2698 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
32	20	43	Amend	249A.30A
33	4	44	Amend	437A.8.4.d
34	2	45	Amend	437A.15.3.f
34	34	46	New	249.9A
35	27	47	Amend	249A.50.3
36	24	48	Amend	453A.35A
37	23	49	New	218.97
37	32	50	New	249A.38A
38	6	51	New	218.97A
38	19	52	Amend	232.142
40	11	53	Amend	239B.11
41	20	54	Amend	239B.14.2
41	34	55	Amend	252B.27.1
42	17	57	Add	252B.13A.3
42	31	58	Amend	249L.3.2
43	12	59	New	135.194
44	9	61	Amend	35A.16.1.b
44	17	62	Amend	234.39.2
45	20	63	Amend	135Q.1
47	29	64	Amend	135Q.2
50	23	65	New	135Q.3
52	12	66	New	135Q.4
55	7	67	New	135Q.5
55	22	69	Add	124E.3.4
55	30	70	New	135C.35C
56	9	71	Add	135C.40.1.d
56	35	72	Amend	135.180

1 1 DIVISION I  
 1 2 DEPARTMENT OF VETERANS AFFAIRS — FY 2024-2025

1 3 Section 1. DEPARTMENT OF VETERANS AFFAIRS. There is  
 1 4 appropriated from the general fund of the state to the  
 1 5 department of veterans affairs for the fiscal year beginning  
 1 6 July 1, 2024, and ending June 30, 2025, the following amounts,  
 1 7 or so much thereof as is necessary, to be used for the purposes  
 1 8 designated:

1 9 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 1 10 For salaries, support, maintenance, and miscellaneous  
 1 11 purposes, and for not more than the following full-time  
 1 12 equivalent positions:  
 1 13 ..... \$ 1,369,205  
 1 14 ..... FTEs 15.00

General Fund appropriation to the Department of Veterans Affairs.  
 DETAIL: This is an increase of \$335,916 and an increase of 6.00 full-time equivalent (FTE) positions compared to estimated FY 2024.

1 15 2. IOWA VETERANS HOME  
 1 16 For salaries, support, maintenance, and miscellaneous  
 1 17 purposes:  
 1 18 ..... \$ 8,145,736

General Fund appropriation to the Iowa Veterans Home (IVH).  
 DETAIL: This is an increase of \$1,030,401 compared to estimated FY 2024 to be used at the discretion of the IVH to support administering care for Iowa Veterans.

1 19 a. The Iowa veterans home billings involving the department  
 1 20 of health and human services shall be submitted to the  
 1 21 department on at least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the Department of Health and Human Services (HHS).

1 22 b. The Iowa veterans home expenditure report shall be  
 1 23 submitted monthly to the general assembly.

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

1 24 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
 1 25 For transfer to the Iowa finance authority for the  
 1 26 continuation of the home ownership assistance program for  
 1 27 persons who are or were eligible members of the armed forces of  
 1 28 the United States, pursuant to section 16.54:  
 1 29 ..... \$ 2,200,000

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 2024. Under the Program, 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.

1 30 DIVISION II  
 1 31 AGING AND DISABILITY SERVICES — FY 2024-2025

1 32 Sec. 2. DEPARTMENT OF HEALTH AND HUMAN SERVICES — AGING  
 1 33 AND DISABILITY SERVICES. There is appropriated from the  
 1 34 general fund of the state to the department of health and human  
 1 35 services for the fiscal year beginning July 1, 2024, and ending  
 2 1 June 30, 2025, the following amount, or so much thereof as is  
 2 2 necessary, to be used for the purposes designated:  
 2 3 For aging programs for the department of health and human  
 2 4 services and area agencies on aging to provide citizens of  
 2 5 Iowa who are 60 years of age and older with case management;  
 2 6 Iowa’s aging and disabilities resource centers; for the  
 2 7 return to community program; for the purposes of chapter 231E,  
 2 8 to administer the prevention of elder abuse, neglect, and  
 2 9 exploitation program pursuant to section 231.56A, in accordance  
 2 10 with the requirements of the federal Older Americans Act of  
 2 11 1965, 42 U.S.C. §3001 et seq., as amended; for the reporting  
 2 12 and evaluation of cases of dependant adult abuse pursuant to  
 2 13 chapter 235B; and for other services which may include but are  
 2 14 not limited to adult day, respite care, chore, information  
 2 15 and assistance, and material aid, for information and options  
 2 16 counseling for persons with disabilities, and for salaries,  
 2 17 support, administration, maintenance, and miscellaneous  
 2 18 purposes:  
 2 19 ..... \$ 19,088,714

2 20 1. Funds appropriated in this section may be used to  
 2 21 supplement federal funds under federal regulations. To  
 2 22 receive funds appropriated in this section, a local area  
 2 23 agency on aging shall match the funds with moneys from other  
 2 24 sources according to rules adopted by the department. Funds  
 2 25 appropriated in this section may be used for services not  
 2 26 specifically enumerated in this section only if approved by the  
 2 27 department as part of an area agency on aging’s area plan.

2 28 2. Of the funds appropriated in this section, \$949,282  
 2 29 shall be used for the family support center component of the  
 2 30 comprehensive family support program under chapter 225C,  
 2 31 subchapter V.

General Fund appropriation to the HHS — Aging and Disability Services for FY 2025.

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Aging and Disability Services is comprised of moneys formerly appropriated to the following areas:

- Aging Programs
- General Administration
- Field Operations
- State Supplementary Assistance (SSA)
- Health Program Operations
- Family Support Subsidy
- Conner Decree Training

This restructured appropriation represents a net increase of \$155,157 compared to estimated FY 2024 due to increased operational needs.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by the HHS as part of an Area Agency on Aging's (AAA's) area plan. Requires local AAAs to match the funds for aging programs and services.

Allocates \$949,282 to the HHS to continue the Children at Home Program. The HHS has existing statewide coordinated intake for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This is an increase of \$17,746 compared to the estimated

FY 2024 allocation. The allocation was previously located under the Family Support Subsidy appropriation.

2 32 3. Of the funds appropriated in this section, \$33,632 shall  
2 33 be used to build community capacity through the coordination  
2 34 and provision of training opportunities in accordance with the  
2 35 consent decree of Conner v.Branstad, No.4-86-CV-30871 (S.D.  
3 1 Iowa, July 14, 1994).

Allocates \$33,632 to the HHS for the Conner Decree training requirements.

DETAIL: This is no change compared to estimated FY 2024. The allocation was previously located under the Conner Decree appropriation. 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.

3 2 DIVISION III  
3 3 BEHAVIORAL HEALTH — FY 2024-2025

3 4 Sec. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES —  
3 5 BEHAVIORAL HEALTH. There is appropriated from the general fund  
3 6 of the state to the department of health and human services for  
3 7 the fiscal year beginning July 1, 2024, and ending June 30,  
3 8 2025, the following amount, or so much thereof as is necessary,  
3 9 to be used for the purposes designated:

General Fund appropriation to the HHS — Behavioral Health for FY 2025.

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Behavioral Health is comprised of moneys formerly appropriated to the following areas:

3 10 For behavioral health prevention, treatment, and recovery  
3 11 efforts to reduce the prevalence of the use of, provide  
3 12 treatment for, and support recovery from tobacco and substance  
3 13 use and misuse pursuant to the applicable policy, purpose,  
3 14 and intent described in sections 125.1 and 142A.1, alcohol,  
3 15 problem gambling, and other addictive behaviors. Activities  
3 16 shall align with accepted best practice guidance standards for  
3 17 behavioral health including those published by the centers for  
3 18 disease control and prevention and the substance abuse and  
3 19 mental health services administration of the United States  
3 20 department of health and human services for health promotion;  
3 21 universal, selective, and indicated prevention; treatment; and  
3 22 recovery services and supports; and shall include a 24-hour  
3 23 helpline, public information resources, professional training,  
3 24 youth prevention, program evaluation, and efforts at the state  
3 25 and local levels:

- General Administration
- Addictive Disorders
- Healthy Children and Families

This restructured appropriation represents no change in funding compared to estimated FY 2024. The HHS 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.

3 26 ..... \$ 24,400,114

3 27 1. Of the funds appropriated in this section, \$300,000 shall

Allocates \$300,000 for the Children's Behavioral Health System.

3 28 be used to support the work of the children’s behavioral health  
 3 29 system including evidence-based behavioral health prevention,  
 3 30 treatment, and recovery services and supports for children and  
 3 31 their families pursuant to the intent specified in section  
 3 32 225C.6B, subsection 1.

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the General Administration appropriation.

3 33 2. Of the funds appropriated in this section, \$950,000  
 3 34 shall be used for an integrated substance use disorder managed  
 3 35 care system. The department shall maintain the level of mental  
 4 1 health and substance use disorder treatment services provided  
 4 2 by the managed care contractors. The department shall take the  
 4 3 steps necessary to continue the federal waivers as needed to  
 4 4 maintain the level of services.

Allocates \$950,000 for continuation of the Managed Substance Abuse Treatment Program.

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the Medicaid appropriation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

4 5 Sec. 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES — SPORTS  
 4 6 WAGERING RECEIPTS FUND. There is appropriated from the sports  
 4 7 wagering receipts fund created in section 8.57, subsection 6,  
 4 8 to the department of health and human services for the fiscal  
 4 9 year beginning July 1, 2024, and ending June 30, 2025, the  
 4 10 following amount, or so much thereof as is necessary, to be  
 4 11 used for behavioral health prevention, treatment, and recovery  
 4 12 efforts to reduce the prevalence of the use of, provide  
 4 13 treatment for, and support recovery from tobacco and substance  
 4 14 use and misuse pursuant to the applicable policy, purpose, and  
 4 15 intent described in sections 125.1 and 142A.1, alcohol, problem  
 4 16 gambling, and other addictive behaviors:  
 4 17 ..... \$ 1,750,000

Sports Wagering Receipts Fund (SWRF) 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 net FY 2024.

4 18 DIVISION IV  
 4 19 PUBLIC HEALTH — FY 2024-2025

4 20 Sec. 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC  
 4 21 HEALTH. There is appropriated from the general fund of the  
 4 22 state to the department of health and human services for the  
 4 23 fiscal year beginning July 1, 2024, and ending June 30, 2025,  
 4 24 the following amount, or so much thereof as is necessary, to be  
 4 25 used for the purposes designated:

General Fund appropriation to the HHS — Public Health for FY 2025.

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Public Health is comprised of moneys formerly appropriated to the following areas:

4 26 For programs that support health promotion, protect the  
 4 27 health and safety of the public, conduct disease surveillance  
 4 28 and investigation to reduce the incidence of morbidity and  
 4 29 mortality, serve individuals with chronic conditions including  
 4 30 but not limited to cancer, support the Iowa donor registry as

- Healthy Children and Families
- Chronic Conditions
- Community Capacity
- Essential Public Health Services



4 31 specified in section 142C.18, and strengthen the health care  
 4 32 delivery system and workforce to improve health outcomes for  
 4 33 all lowans:  
 4 34 ..... \$ 22,531,821

- Infectious Diseases
- Public Protection
- Iowa Registry for Congenital and Inherited Disorders
- Psychiatry Residency and Fellowship Program

This restructured appropriation represents a net decrease of \$385,000 in funding compared to estimated FY 2024. This decrease represents a \$40,000 increase for free clinics for e-prescribing system fees and a \$425,000 decrease due to transitioning the Centers of Excellence Grant Program allocation to a standing appropriation. The Division of Public Health's responsibilities include promoting the health and safety of the public, conducting disease surveillance and investigation to reduce the incidence of morbidity and mortality, serving individuals with chronic conditions, and strengthening the health care delivery system.

4 35 1. Of the funds appropriated in this section, \$2,100,000  
 5 1 shall be deposited in the medical residency training account  
 5 2 created in section 135.175, subsection 5, paragraph "a", and is  
 5 3 appropriated from the account to the department to be used for  
 5 4 the purposes of the medical residency training state matching  
 5 5 grants program as specified in section 135.176.

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

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the Community Capacity appropriation. The Program provides matching grants to sponsors of accredited graduate medical education residency programs in this State to establish, expand, or support medical residency training programs.

5 6 2. Of the funds appropriated in this section, the following  
 5 7 amounts are allocated to be used as follows to support the  
 5 8 goals of increased access, health system integration, and  
 5 9 engagement:  
 5 10 a. \$600,000 is allocated to the Iowa prescription  
 5 11 drug corporation for continuation of the pharmaceutical  
 5 12 infrastructure for safety net providers originally established  
 5 13 as described in 2007 Iowa Acts, chapter 218, section 108, and  
 5 14 for the prescription drug donation repository program created  
 5 15 in chapter 135M. Funds allocated under this paragraph shall  
 5 16 be distributed in their entirety for the purpose specified on  
 5 17 July 1, 2024.  
 5 18 b. \$374,000 is allocated to free clinics and free clinics  
 5 19 of Iowa for necessary infrastructure, statewide coordination,  
 5 20 provider recruitment, service delivery, and provision of  
 5 21 assistance to patients in securing a medical home inclusive

Allocates a total of \$1,224,000 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, \$374,000 for free clinics, \$25,000 for rural health clinics, and \$225,000 for specialty health care clinics.

DETAIL: This is an increase of \$40,000 compared to the estimated FY 2024 allocation. The allocation was previously located under the Community Capacity appropriation.

5 22 of oral health care. Of the funds allocated, \$40,000 shall  
5 23 be used to cover fees associated with using an electronic  
5 24 prescribing system. Funds allocated under this paragraph shall  
5 25 be distributed in their entirety for the purpose specified on  
5 26 July 1, 2024.

5 27 c. \$25,000 is allocated to the Iowa association of rural  
5 28 health clinics for necessary infrastructure and service  
5 29 delivery transformation. Funds allocated under this paragraph  
5 30 shall be distributed in their entirety for the purpose  
5 31 specified on July 1, 2024.

5 32 d. \$225,000 is allocated to the Polk county medical society  
5 33 for continuation of the safety net provider patients access  
5 34 to specialty care initiative as described in 2007 Iowa Acts,  
5 35 chapter 218, section 109. Funds allocated under this paragraph  
6 1 shall be distributed in their entirety for the purpose  
6 2 specified on July 1, 2024.

6 3 3. Of the funds appropriated in this section, \$800,000  
6 4 shall be used for rural psychiatric residencies to annually  
6 5 fund eight psychiatric residents who will provide mental health  
6 6 services in underserved areas of the state.

Allocates \$800,000 for rural psychiatric residences to support the annual funding of eight psychiatric residents to provide mental health services to underserved areas of the State.

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the Community Capacity appropriation.

6 7 4. Of the funds appropriated in this section, \$560,000 shall  
6 8 be deposited in the state-funded family medicine obstetrics  
6 9 fellowship program fund to be used for the state-funded family  
6 10 medicine obstetrics fellowship program, in accordance with  
6 11 section 135.193.

Allocates \$560,000 for the continuation of the Family Medicine Obstetrics Fellowship Program Fund to establish obstetrics fellowships in rural and underserved areas in the State.

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the Community Capacity appropriation.

6 12 5. The department shall work with the board established  
6 13 in chapter 135D to develop plans for program enhancements  
6 14 in the Iowa health information network for the purpose of  
6 15 empowering Iowa patients to access and direct their health  
6 16 information utilizing the Iowa health information network.  
6 17 Program enhancements shall protect data privacy, facilitate the  
6 18 interchange of health data for the purpose of improving public  
6 19 health outcomes, and increase participation by health care

Requires the HHS to work with the Iowa Health Information Network Board established in Iowa Code chapter [135D](#) to develop plans for program enhancements to empower Iowa patients to access and direct their health information using the Iowa Health Information Network.

6 20 providers.

6 21 6. The university of Iowa hospitals and clinics under  
6 22 the control of the state board of regents shall not receive  
6 23 indirect costs from the funds appropriated in this section.  
6 24 The university of Iowa hospitals and clinics billings to the  
6 25 department shall be on at least a quarterly basis.

Prohibits the University of Iowa Hospitals and Clinics (UIHC) from receiving indirect cost reimbursement from General Fund appropriations to the HHS. Requires the UIHC to submit billings to the HHS on a quarterly basis.

6 26 DIVISION V  
6 27 COMMUNITY ACCESS AND ELIGIBILITY — FY 2024-2025

6 28 Sec. 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES — COMMUNITY  
6 29 ACCESS AND ELIGIBILITY. There is appropriated from the  
6 30 general fund of the state to the department of health and human  
6 31 services for the fiscal year beginning July 1, 2024, and ending  
6 32 June 30, 2025, the following amount, or so much thereof as is  
6 33 necessary, to be used for the purposes designated:  
6 34 To be used for salaries, support, maintenance, and  
6 35 miscellaneous purposes and for family investment program (FIP)  
7 1 assistance in accordance with chapter 239B, and for other costs  
7 2 associated with providing needs-based benefits or assistance  
7 3 including but not limited to maternal and child health, oral  
7 4 health, obesity prevention, the promoting independence and  
7 5 self-sufficiency through employment, job opportunities and  
7 6 basic skills (PROMISE JOBS) program, supplemental nutrition  
7 7 assistance program (SNAP) employment and training, the FIP  
7 8 diversion program, family planning, rent reimbursement,  
7 9 and eligibility determinations for medical assistance, food  
7 10 assistance, and the children’s health insurance program:  
7 11 ..... \$ 68,043,944

General Fund appropriation to the HHS — Community Access and Eligibility for FY 2025.

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Community Access and Eligibility is comprised of moneys formerly appropriated to the following areas:

- Aging Programs
- Human Rights Administration
- General Administration
- Field Operations
- Family Investment Program (FIP)/PROMISE JOBS
- Medical Assistance
- Children's Health Insurance
- Volunteers
- Healthy Children and Families
- Chronic Conditions
- Community Capacity
- Public Protection

This restructured appropriation represents a net decrease of \$2,115,731 compared to estimated FY 2024. This includes:

- An increase of \$784,269 due to increased operational needs.
- A decrease of \$2,900,000 due to decreased enrollment in the FIP and PROMISE JOBS.

7 12 1. Of the child support collections assigned under FIP,  
7 13 the federal share of support collections shall be credited to  
7 14 the child support services appropriation made in this division  
7 15 of this Act. Of the remainder of the assigned child support

Requires the federal share of child support collections recovered by the State be credited to Child Support Services. Of the remainder of support collected, a portion is credited to community access and eligibility, and the HHS is permitted to use the remaining funds to

7 16 collections received by child support services, a portion  
 7 17 shall be credited to community access and eligibility, and  
 7 18 the remaining funds may be used to increase recoveries, to  
 7 19 sustain cash flow in the child support payments account, or for  
 7 20 technology needs. If child support collections assigned under  
 7 21 FIP are greater than estimated or are otherwise determined not  
 7 22 to be required for maintenance of effort, the state share of  
 7 23 either amount may be transferred to or retained in the child  
 7 24 support payments account.

increase recoveries, to sustain cash flow, or for technology needs for the Child Support Payments Account.

7 25 2. Of the funds appropriated in this section, \$3,075,000  
 7 26 shall be used for continuation of the department's initiative  
 7 27 to provide for adequate developmental surveillance and  
 7 28 screening during a child's first five years. The funds shall  
 7 29 be used first to fully fund the current participating counties  
 7 30 to ensure that those counties are fully operational, with the  
 7 31 remaining funds to be used for expanding participation to  
 7 32 additional counties. The full implementation and expansion  
 7 33 shall include enhancing the scope of the initiative through  
 7 34 collaboration with the child health specialty clinics to  
 7 35 promote the use of developmental surveillance and screening to  
 8 1 support healthy child development through early identification  
 8 2 and response to both biomedical and social determinants of  
 8 3 healthy development by providing practitioner consultation  
 8 4 and continuous improvement through training and education,  
 8 5 particularly for children with behavioral conditions and  
 8 6 needs. The department shall also collaborate with the Medicaid  
 8 7 program and the child health specialty clinics to assist in  
 8 8 coordinating the activities of the first five initiative into  
 8 9 the establishment of patient-centered medical homes developed  
 8 10 to improve health quality and population health while reducing  
 8 11 health care costs. To the maximum extent possible, funding  
 8 12 allocated in this subsection shall be utilized as matching  
 8 13 funds for Medicaid program reimbursement.

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

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the Healthy Children and Families appropriation. 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 First 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.

8 14 3. Of the funds appropriated in this section, \$1,145,102  
 8 15 is allocated to the Iowa commission on volunteer service for  
 8 16 programs and grants.

Allocates \$1,145,102 to the Iowa Commission on Volunteer Service in the HHS for programs and grants.

DETAIL: This is a new allocation for FY 2025.

8 17 4. The university of Iowa hospitals and clinics under

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the HHS. Requires the UIHC to submit

8 18 the control of the state board of regents shall not receive  
8 19 indirect costs from the funds appropriated in this section.  
8 20 The university of Iowa hospitals and clinics billings to the  
8 21 department shall be on at least a quarterly basis.

billings to the HHS on a quarterly basis.

8 22 CHILD SUPPORT SERVICES

8 23 Sec. 7. CHILD SUPPORT SERVICES. There is appropriated from  
8 24 the general fund of the state to the department of health and  
8 25 human services for the fiscal year beginning July 1, 2024, and  
8 26 ending June 30, 2025, the following amount, or so much thereof  
8 27 as is necessary, to be used for the purposes designated:

General Fund appropriation to the HHS — Child Support Services for FY 2025.

8 28 For child support services, including salaries, support,  
8 29 maintenance, and miscellaneous purposes:  
8 30 ..... \$ 15,434,282

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Child Support Services is comprised of moneys formerly appropriated to Child Support Recoveries. This restructured appropriation represents no change in funding compared to estimated FY 2024.

8 31 1. Federal access and visitation grant moneys shall be used  
8 32 for services designed to increase compliance with the child  
8 33 access provisions of court orders, including but not limited to  
8 34 neutral visitation sites and mediation services.

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

8 35 2. The appropriation made to the department for child  
9 1 support services may be used throughout the fiscal year in the  
9 2 manner necessary for purposes of cash flow management, and for  
9 3 cash flow management purposes the department may temporarily  
9 4 draw more than the amount appropriated, provided the amount  
9 5 appropriated is not exceeded at the close of the fiscal year.

Permits the HHS 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.

9 6 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT

9 7 Sec. 8. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
9 8 GRANT. There is appropriated from the special fund created in  
9 9 section 8.41 to the department of health and human services  
9 10 for the fiscal year beginning July 1, 2024, and ending June  
9 11 30, 2025, from moneys received under the federal temporary  
9 12 assistance for needy families (TANF) block grant pursuant  
9 13 to the federal Personal Responsibility and Work Opportunity  
9 14 Reconciliation Act of 1996, Pub.L. No.104-193, and successor  
9 15 legislation, the following amounts, or so much thereof as is  
9 16 necessary, to be used for the purposes designated:

Appropriates a total of \$143,980,383 from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2025.

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.

9 17 1. For community access and eligibility, FIP, the PROMISE  
 9 18 JOBS program, implementing family investment agreements in  
 9 19 accordance with chapter 239B, and for continuation of the  
 9 20 program promoting awareness of the benefits of a healthy  
 9 21 marriage:  
 9 22 ..... \$ 12,988,627

Appropriates funds from the TANF Block Grant for community access and eligibility, the FIP, the PROMISE JOBS program, implementing family investment agreements, and for continuation of the program promoting awareness of the benefits of a healthy marriage.

DETAIL: Due to organizational changes within the TANF Block Grant, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Community Access and Eligibility, the FIP, and the PROMISE JOBS Program is comprised of moneys formerly appropriated to the following areas under the TANF Block Grant:

- FIP Cash Grants/Recoupments/Postage
- FIP Family Self-Sufficiency Grants
- FIP/PROMISE JOBS
- FIP Technology
- FIP Food Assistance (Healthy Marriage)
- General Administration
- Field Operations

This restructured appropriation represents no change in funding compared to estimated net FY 2024.

9 23 2. For community access and eligibility to provide  
 9 24 pregnancy prevention grants on the condition that family  
 9 25 planning services are funded:  
 9 26 ..... \$ 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 net FY 2024.

9 27 Pregnancy prevention grants shall be awarded to programs  
 9 28 in existence on or before July 1, 2024, if the programs have  
 9 29 demonstrated positive outcomes. Grants shall be awarded to  
 9 30 pregnancy prevention programs which are developed after July  
 9 31 1, 2024, if the programs are based on existing models that  
 9 32 have demonstrated positive outcomes. Grants shall comply with  
 9 33 the requirements provided in 1997 Iowa Acts, chapter 208,  
 9 34 section 14, subsections 1 and 2, including the requirement that  
 9 35 grant programs must emphasize sexual abstinence. Priority in  
 10 1 the awarding of grants shall be given to programs that serve  
 10 2 areas of the state which demonstrate the highest percentage of

Requires the HHS 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.

10 3 unplanned pregnancies of females of childbearing age within the  
 10 4 geographic area to be served by the grant.

10 5 3. For community access and eligibility to meet one of the  
 10 6 four core purposes of TANF as specified in 45 C.F.R. §260.20,  
 10 7 including by modernizing the program to promote economic  
 10 8 mobility and self-sufficiency, ensuring that families are able  
 10 9 to overcome benefit cliffs, encouraging healthy families, and  
 10 10 streamlining service delivery to reduce duplication:  
 10 11 ..... \$ 5,000,000

Appropriates funds from the TANF Block Grant to promote economic mobility and self-sufficiency, encourage healthy families, and streamline service delivery.

DETAIL: This is a new appropriation under the TANF Block Grant for FY 2025.

10 12 4. For technology needs related to child support  
 10 13 modernization of the Iowa collections and reporting (ICAR)  
 10 14 system and for a closed loop referral system for the thrive  
 10 15 Iowa program:  
 10 16 ..... \$ 5,000,000

Appropriates funds from the TANF Block Grant for technology needs for the Iowa Collections and Reporting System and the Thrive Iowa Program.

DETAIL: This is a new appropriation under the TANF Block Grant for FY 2025.

10 17 5. For early intervention and supports for the family  
 10 18 development and self-sufficiency (FaDSS) grant program in  
 10 19 accordance with section 216A.107:  
 10 20 ..... \$ 2,888,980

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

DETAIL: This is no change compared to estimated net FY 2024. The FaDSS Grant Program is a home-based supportive service that assists 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.

10 21 Of the funds allocated for the FaDSS grant program in this  
 10 22 subsection, not more than 5 percent of the funds shall be used  
 10 23 for administrative purposes.

Specifies that no more than 5.00% (\$144,449) of the funds allocated for the FaDSS Grant Program can be used for administrative purposes.

10 24 6. For early intervention and supports for child abuse  
 10 25 prevention grants:  
 10 26 ..... \$ 125,000

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

DETAIL: This is no change compared to estimated net FY 2024.

10 27 7. For accountability, compliance, program integrity,  
 10 28 technology needs, and other resources necessary to meet federal  
 10 29 and state reporting, tracking, and case management requirements  
 10 30 and other departmental needs:  
 10 31 ..... \$ 3,533,647

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

DETAIL: Due to organizational changes within the TANF Block Grant,

appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Accountability, Compliance, Program Integrity, and Technology Needs is comprised of moneys formerly appropriated to the General Administration appropriation under the TANF Block Grant. This restructured appropriation represents no change in funding compared to estimated net FY 2024.

10 32 8. For state child care assistance:  
10 33 ..... \$ 47,166,826

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

DETAIL: This is no change compared to estimated net FY 2024.

10 34 9. For child protective services:  
10 35 ..... \$ 62,364,100

Appropriates funds from the TANF Block Grant to Child Protective Services (formerly Child and Family Services).

DETAIL: Due to organizational changes within the TANF Block Grant, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Child Protective Services is comprised of moneys formerly appropriated to the Field Operations and Child and Family Services appropriations under the TANF Block Grant. This restructured appropriation represents no change in funding compared to estimated net FY 2024.

11 1 10. For child protective services for the kinship stipend  
11 2 program:  
11 3 ..... \$ 3,000,000

Appropriates funds from the TANF Block Grant for the Kinship Stipend Program.

DETAIL: This is a new appropriation for FY 2025. The Program provides support for children in a kinship caregiver's home. There is a supplemental appropriation for FY 2024 for Child and Family Services from the federal TANF Block Grant to be used for the Program.

11 4 DIVISION VI  
11 5 MEDICAL ASSISTANCE — STATE SUPPLEMENTARY ASSISTANCE —  
11 6 AND WELL KIDS IN IOWA PROGRAM AND OTHER HEALTH-RELATED PROGRAMS  
11 7 — FY 2024-2025

11 8 Sec. 9. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
11 9 ASSISTANCE, AND HEALTHY AND WELL KIDS IN IOWA PROGRAM. There  
11 10 is appropriated from the general fund of the state to the  
11 11 department of health and human services for the fiscal year  
11 12 beginning July 1, 2024, and ending June 30, 2025, the following

General Fund appropriation to the HHS for the Medical Assistance (Medicaid), SSA, and Healthy and Well Kids in Iowa (Hawki) Program for FY 2025.



11 13 amount, or so much thereof as is necessary, to be used for the  
 11 14 purposes designated:  
 11 15 For medical assistance program reimbursement and associated  
 11 16 costs as specifically provided in the reimbursement  
 11 17 methodologies in effect on June 30, 2024, except as otherwise  
 11 18 expressly authorized by law, consistent with options under  
 11 19 federal law and regulations, and contingent upon receipt of  
 11 20 approval from the office of the governor of reimbursement  
 11 21 for each abortion performed under the program; for the state  
 11 22 supplementary assistance program; for the health insurance  
 11 23 premium payment program; and for maintenance of the healthy and  
 11 24 well kids in Iowa (Hawki) program pursuant to chapter 514I,  
 11 25 including supplemental dental services, for receipt of federal  
 11 26 financial participation under Tit.XXI of the federal Social  
 11 27 Security Act, which creates the children's health insurance  
 11 28 program; and for other specified health-related programs:  
 11 29 ..... \$1,650,866,536

DETAIL: This is a net increase of \$107,239,757 compared to estimated FY 2024. The changes include:

- An increase of \$41,322,970 to include the Children's Health Insurance Program (CHIP) in the Medicaid appropriation beginning in FY 2025. The CHIP amount is an increase of \$2,661,282 compared to estimated FY 2024 due to higher enrollment in the Hawki Program and is offset by appropriation transfers to Community Access and Eligibility and Health Program Operations beginning in FY 2025.
- An increase of \$40,920,314 to fund Medicaid at the Medicaid Forecasting Group's March 2024 estimate, which does not include an FY 2025 increase for Medicaid capitation rates.
- An increase of \$16,500,000 to the Home and Community-Based Services (HCBS) program to offset federal American Rescue Plan Act of 2021 (ARPA) funding that expired.
- An increase of \$14,600,000 to increase access to community-based providers.
- An increase of \$5,000,000 for enhanced case management to coordinate care for vulnerable populations.
- An increase of \$4,479,762 to include SSA in the Medicaid appropriation beginning in FY 2025. The SSA amount is a decrease of \$2,869,240 compared to estimated FY 2024 due to lower enrollment and an appropriation transfer to Aging and Disability Services beginning in FY 2025.
- An increase of \$3,000,000 for a home health provider rate adjustment.
- An increase of \$2,104,186 for a mental health provider rate adjustment.
- An increase of \$1,700,000 for an increase in HCBS intellectual disability waiver slots.
- An increase of \$1,352,750 for increased supported community living rates.
- An increase of \$500,000 for pharmacy dispensing fees.
- An increase of \$418,121 for a physical therapist provider rate adjustment.
- An increase of \$369,000 for Psychiatric Medical Institutions for Children (PMICs) tiered provider rates beginning January 1, 2025. An estimated annualization of \$571,000 is necessary in FY 2026 for a full year of tiered provider rates.
- An increase of \$276,947 for a community mental health centers provider rate adjustment.

PG LN	GA:90 HF2698	Explanation
		<ul style="list-style-type: none"> <li>• An increase of \$250,000 for an air medical services provider rate adjustment.</li> <li>• An increase of \$144,014 for a medical supplies provider rate adjustment.</li> <li>• An increase of \$64,692 for an occupational therapist provider rate adjustment.</li> <li>• An increase of \$29,691 for a physician assistant provider rate adjustment.</li> <li>• An increase of \$3,122 for a certified nurse midwife provider rate adjustment.</li> <li>• A decrease of \$2,940,726 for an appropriation transfer to Community Access and Eligibility beginning in FY 2025.</li> <li>• A decrease of \$6,000,000 to reflect revenue enhancements from the Hospital Directed Payment Program that allows the Legislature to reduce the Medicaid General Fund appropriation.</li> <li>• A decrease of \$16,855,086 for an appropriation transfer to Health Program Operations beginning in FY 2025.</li> </ul>
11 30 11 31 11 32	1. Of the funds appropriated in this section, \$1,605,063,804 is allocated for medical assistance program reimbursement and associated costs.	<p>Allocates \$1,605,063,804 for the Medicaid Program.</p> <p>DETAIL: This is an increase of \$61,437,025 compared to estimated FY 2024. This allocation was previously located under the appropriation for Medical Assistance.</p>
11 33 11 34 11 35	a. Of the funds allocated in this subsection, \$800,000 shall be used for the renovation and construction of certain nursing facilities, consistent with the provisions of chapter 249K.	<p>Allocates \$800,000 of the funds appropriated for Medicaid to provide assistance to nursing homes for facility improvements.</p> <p>DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for General Administration. Prior to FY 2022, the Program was funded through the Rebuild Iowa Infrastructure Fund. The Nursing Home Financial Assistance Program in Iowa Code chapter <a href="#">249K</a> was established in 2007 Iowa Acts, chapter <a href="#">219</a> (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.</p>
12 1 12 2 12 3 12 4	b. Of the funds allocated in this subsection, \$3,383,880 shall be used for program administration, outreach, and enrollment activities of the state family planning services program pursuant to section 217.41B, and of this amount, the	<p>Allocates \$3,383,880 of the funds appropriated for Medicaid to administer the State Family Planning Services Program. Permits \$200,000 to be used for administrative expenses.</p>

12	5 department may use \$200,000 for administrative expenses.	DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for Medical Assistance.
12	6 c. Of the funds allocated in this subsection, 7 \$1,700,000 shall be used to provide for additional home and 8 community-based services waiver slots for individuals with an 9 intellectual disability.	Allocates \$1,700,000 for additional HCBS waiver slots for individuals with an intellectual disability.  DETAIL: This is a new allocation for FY 2025.
12	10 2. Iowans support reducing the number of abortions 11 performed in our state. Funds appropriated under this section 12 shall not be used for abortions, unless otherwise authorized 13 under this section.	Specifies conditions that permit the Medicaid Program to reimburse providers for abortion services.
12	14 3. The provisions of this section relating to abortions 15 shall also apply to the Iowa health and wellness plan created 16 pursuant to chapter 249N.	Specifies that the policy on abortion also applies to the Iowa Health and Wellness Plan.
12	17 4. Of the funds appropriated in this section, \$4,479,762 is 18 allocated for the state supplementary assistance program.	Allocates \$4,479,762 of the funds appropriated for Medicaid for the SSA Program.  DETAIL: This is a new allocation for FY 2025.
12	19 5. Of the funds appropriated in this section, \$41,322,970 20 is allocated for maintenance of the Hawki program pursuant 21 to chapter 514I, including supplemental dental services, for 22 receipt of federal financial participation under Tit.XXI of 23 the federal Social Security Act, which creates the children's 24 health insurance program.	Allocates \$41,322,970 of the funds appropriated for Medicaid for the CHIP, also known as the Hawki Program.  DETAIL: This is an increase of \$2,661,282 compared to the estimated FY 2024 allocation due to a projected increase in enrollment through FY 2025. This allocation was previously located under the appropriation for CHIP.
12	25 HEALTH PROGRAM OPERATIONS	
12	26 Sec. 10. HEALTH PROGRAM OPERATIONS. There is appropriated 27 from the general fund of the state to the department of health 28 and human services for the fiscal year beginning July 1, 29 2024, and ending June 30, 2025, the following amount, or so 30 much thereof as is necessary, to be used for the purposes 31 designated: 32 For health program operations and the autism support 33 program:	General Fund appropriation to the HHS — Health Program Operations for FY 2025.  DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Health Program Operations is comprised of moneys formerly appropriated to the following areas:

12 34 ..... \$ 39,597,231

- General Administration
- Field Operations
- FIP/PROMISE JOBS
- Medical Assistance
- Children's Health Insurance
- Health Program Operations
- Public Protection

This restructured appropriation represents a net increase of \$1,185,661 compared to estimated FY 2024 for a federal services data hub connection, a 10.00% procurement factor for six major contracts, and to replace pharmaceutical settlement funds for Health Program Operations.

12 35 1. The department of inspections, appeals, and licensing  
13 1 shall provide all state matching funds for survey and  
13 2 certification activities performed by the department of  
13 3 inspections, appeals, and licensing. The department of health  
13 4 and human services is solely responsible for distributing the  
13 5 federal matching funds for such activities.

Requires the Department of Inspections, Appeals, and Licensing (DIAL) to provide the State matching funds for survey and certification activities and requires the HHS to distribute the federal matching funds.

13 6 2. Of the funds appropriated in this section, a sufficient  
13 7 amount shall be used for the administration of the health  
13 8 insurance premium payment program, including salaries, support,  
13 9 maintenance, and miscellaneous purposes.

Specifies that a sufficient amount must be used for the administration of the Health Insurance Premium Payment Program.

13 10 3. Of the funds appropriated in this section, \$750,000 shall  
13 11 be used for the state poison control center. Pursuant to the  
13 12 directive under 2014 Iowa Acts, chapter 1140, section 102, the  
13 13 federal matching funds available to the state poison control  
13 14 center from the department under the federal Children's Health  
13 15 Insurance Program Reauthorization Act of 2009 allotment shall  
13 16 be subject to the federal administrative cap rule of 10 percent  
13 17 applicable to funding provided under Tit.XXI of the federal  
13 18 Social Security Act and included within the department's  
13 19 calculations of the cap.

Allocates \$750,000 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for Public Protection. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

13 20 4. Unless otherwise provided, annual increases for services  
13 21 provided through contracts funded under this section shall  
13 22 not exceed the amount by which the consumer price index for  
13 23 all urban consumers increased during the most recently ended  
13 24 calendar year.

Specifies that annual increases for services provided through contracts must not exceed the increase in the Consumer Price Index for All Urban Consumers for the most recently ended calendar year.

13 25 HEALTH CARE ACCOUNTS AND FUNDS

13 26 Sec. 11. PHARMACEUTICAL SETTLEMENT ACCOUNT — DEPARTMENT  
13 27 OF HEALTH AND HUMAN SERVICES. There is appropriated from the  
13 28 pharmaceutical settlement account created in section 249A.33 to  
13 29 the department of health and human services for the fiscal year  
13 30 beginning July 1, 2024, and ending June 30, 2025, the following  
13 31 amount, or so much thereof as is necessary, to be used for the  
13 32 purposes designated:

13 33 Notwithstanding any provision of law to the contrary, to  
13 34 supplement the appropriation made in this Act for health  
13 35 program operations under the medical assistance program for the  
14 1 same fiscal year:

14 2 ..... \$ 234,193

14 3 Sec. 12. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF  
14 4 HEALTH AND HUMAN SERVICES. Notwithstanding any provision to  
14 5 the contrary and subject to the availability of funds, there is  
14 6 appropriated from the quality assurance trust fund created in  
14 7 section 249L.4 to the department of health and human services  
14 8 for the fiscal year beginning July 1, 2024, and ending June 30,  
14 9 2025, the following amount, or so much thereof as is necessary,  
14 10 for the purposes designated:

14 11 To supplement the appropriation made in this Act from the  
14 12 general fund of the state to the department of health and human  
14 13 services for medical assistance for the same fiscal year:

14 14 ..... \$ 111,216,205

14 15 Sec. 13. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
14 16 DEPARTMENT OF HEALTH AND HUMAN SERVICES. Notwithstanding any  
14 17 provision to the contrary and subject to the availability of  
14 18 funds, there is appropriated from the hospital health care  
14 19 access trust fund created in section 249M.4 to the department  
14 20 of health and human services for the fiscal year beginning July  
14 21 1, 2024, and ending June 30, 2025, the following amount, or so  
14 22 much thereof as is necessary, for the purposes designated:

14 23 To supplement the appropriation made in this Act from the  
14 24 general fund of the state to the department of health and human  
14 25 services for medical assistance for the same fiscal year:

14 26 ..... \$ 33,920,554

Pharmaceutical Settlement Account appropriation to the HHS to supplement Health Program Operations under the Medicaid Program.

DETAIL: This is no change compared to estimated net FY 2024.

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

DETAIL: This is no change compared to estimated net FY 2024, which is related to increasing the Quality Assurance Assessment Fee from 3.00% to 6.00% effective April 1, 2023. This fee change was authorized in 2018 Iowa Acts, chapter [1165](#) (FY 2019 Health and Human Services Appropriation Act).

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

DETAIL: This is no change compared to estimated net FY 2024.

14 27	REIMBURSEMENT RATES	
14 28	Sec. 14. REIMBURSEMENT RATES.	
14 29	1. Reimbursement for medical assistance, state supplementary assistance, and social service providers and services reimbursed under the purview of the department of health and human services shall remain at the reimbursement rate or shall be determined pursuant to the reimbursement methodology in effect on June 30, 2024, with the exception of the following:	Requires that reimbursement for Medical Assistance, SSA, and social service providers and services must remain at the reimbursement rate or be determined pursuant to the reimbursement methodology in effect on June 30, 2024, unless otherwise negotiated by contract or provided in this Section.
15 1	a. If reimbursement is otherwise negotiated by contract or pursuant to an updated fee schedule.	
15 2	b. As otherwise provided in this section.	
15 4	2. a. Notwithstanding any provision of law to the contrary, for the fiscal year beginning July 1, 2024, and ending June 30, 2025, the department of health and human services shall reimburse case-mix nursing facility rates at the amounts in effect on June 30, 2024.	Requires the HHS to reimburse case-mix nursing facility reimbursement rates for FY 2025 at the rates in effect in FY 2024. The HHS is required to calculate each nursing facility's case-mix index for FY 2024 using weighting based on the current patient driven payment model (PDPM) schedule.
15 5	b. The department of health and human services shall calculate each nursing facility's case-mix index for the period beginning July 1, 2023, using weighting based on the current patient driven payment model (PDPM) schedule. Rosters shall be made to show a separate calculation to determine the average case-mix index for a nursing-facility-wide case mix index, and a case-mix index for the residents of a nursing facility who are Medicaid recipients using all minimum data set reports by the nursing facility for the previous semi-annual period using a day weighted calculation.	
15 19	3. For the fiscal year beginning July 1, 2024, Medicaid provider rates shall be adjusted to 85 percent of the benchmark rates based on the department's 2023 Medicaid rate review for all of the following Medicaid providers:	Requires the FY 2025 provider rates for medical supply providers, physician assistants, physical therapists, occupational therapists, and certified nurse midwives to be adjusted to 85.00% of the benchmark rates based on the HHS 2023 Medicaid rate review.
15 20	a. Medical supply providers.	
15 21	b. Physician assistants.	
15 22	c. Physical therapists.	
15 23	d. Occupational therapists.	
15 24	e. Certified nurse midwives.	
15 28	4. For the fiscal year beginning July 1, 2024, reimbursement rates for home and community-based services providers shall be	Requires reimbursement rates for HCBS providers in FY 2025 to be increased to the extent possible within the State funding, including the

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15 30	increased compared to the rates in effect on June 30, 2024, to	\$14,600,000 provided for this purpose.
15 31	the extent possible within the state funding, including the	
15 32	\$14,600,000 provided for this purpose.	
15 33	5. For the fiscal year beginning July 1, 2024, reimbursement	Requires reimbursement rates for community mental health centers in
15 34	rates for community mental health centers shall be increased	FY 2025 to be increased to the extent possible within the State
15 35	compared to the rates in effect on June 30, 2024, to the extent	funding, including the \$276,947 provided for this purpose.
16 1	possible within the state funding, including the \$276,947	
16 2	provided for this purpose.	
16 3	6. For the fiscal year beginning July 1, 2024, enhanced	Requires reimbursement rates in FY 2025 to be enhanced within the
16 4	reimbursement shall be provided within the additional \$369,000	additional \$369,000 appropriated for a PMIC that meets criteria
16 5	appropriated for this purpose for a psychiatric medical	specified in 2024 Iowa Acts, <a href="#">House File 2402</a> (Psychiatric Medical
16 6	institution for children that meets the selection criteria	Institutions for Children, Medicaid Rates Bill), or successor legislation,
16 7	specified in 2024 Iowa Acts, House File 2402, or successor	if enacted.
16 8	legislation, if enacted.	DETAIL: <a href="#">House File 2402</a> was passed by the General Assembly on
		April 18, 2024 and signed by the Governor on May 1, 2024.
16 9	7. For the fiscal year beginning July 1, 2024, the pharmacy	Requires the pharmacy dispensing fee in FY 2025 to be adjusted
16 10	dispensing fee shall be adjusted within the additional \$500,000	within the \$500,000 allocated for this purpose.
16 11	appropriated for this purpose.	
16 12	8. For the fiscal year beginning July 1, 2024, the	Requires the reimbursement rates for mental health providers in FY
16 13	reimbursement rates for mental health providers shall be	2025 to be increased within the additional \$2,104,186 allocated for this
16 14	increased within the additional \$2,104,186 appropriated for	purpose.
16 15	this purpose.	
16 16	9. For the fiscal year beginning July 1, 2024,	Requires residential-based supported community living provider rates
16 17	residential-based supported community living provider	in FY 2025 to be increased within the additional \$1,352,750
16 18	rates shall be increased within the additional \$1,352,750	appropriated for this purpose.
16 19	appropriated for this purpose.	
16 20	10. For the fiscal year beginning July 1, 2024,	Requires reimbursement rates for home health agencies in FY 2025 to
16 21	reimbursement rates for home health agencies shall continue to	continue to be based on the Medicare Low Utilization Payment
16 22	be based on the Medicare low utilization payment adjustment	Adjustment (LUPA) methodology with State geographic wage
16 23	(LUPA) methodology with state geographic wage adjustments and	adjustments and to be adjusted to increase the reimbursement rates to
16 24	shall be adjusted to increase the rates to the extent possible	the extent possible within the State funding appropriated. Requires the
16 25	within the state funding appropriated. The department shall	HHS to continue to update the reimbursement rates every two years to
16 26	continue to update the rates every two years to reflect the	reflect the most recent Medicare LUPA rates.
16 27	most recent Medicare LUPA rates.	

16 28 11. For the fiscal year beginning July 1, 2024,  
 16 29 reimbursement rates for air medical services provided by an  
 16 30 entity that has over 40 years of experience and is the largest  
 16 31 community-based provider of air medical services shall be  
 16 32 increased within the additional \$250,000 appropriated for this  
 16 33 purpose.

Requires FY 2025 reimbursement rates for air medical services provided by an entity that has over 40 years of experience and is the largest community-based provider of air medical services to be increased within the additional \$250,000 appropriated for this purpose.

16 34 DIVISION VII  
 16 35 FAMILY WELL-BEING AND PROTECTION — FY 2024-2025  
 17 1 STATE CHILD CARE ASSISTANCE

17 2 Sec. 15. STATE CHILD CARE ASSISTANCE. There is appropriated  
 17 3 from the general fund of the state to the department of health  
 17 4 and human services for the fiscal year beginning July 1,  
 17 5 2024, and ending June 30, 2025, the following amount, or so  
 17 6 much thereof as is necessary, to be used for the purposes  
 17 7 designated:

General Fund appropriation to the HHS for CCA.

17 8 For state child care assistance in accordance with section  
 17 9 237A.13:  
 17 10 ..... \$ 34,966,931

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for State CCA is comprised of moneys formerly appropriated to CCA. This restructured appropriation represents no change compared to estimated FY 2024.

17 11 1. If the appropriations made for purposes of the state  
 17 12 child care assistance program for the fiscal year are  
 17 13 determined to be insufficient, it is the intent of the general  
 17 14 assembly to appropriate sufficient funding for the fiscal year  
 17 15 in order to avoid establishment of waiting list requirements.

It is the intent of the General Assembly to provide sufficient funding for the State CCA Program in FY 2025 to avoid the establishment of a waiting list.

17 16 2. A portion of the state match for the federal child care  
 17 17 and development block grant shall be provided as necessary to  
 17 18 meet federal matching funds requirements through the state  
 17 19 general fund appropriation made for child development grants  
 17 20 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.

17 21 EARLY INTERVENTION AND SUPPORTS

17 22 Sec. 16. EARLY INTERVENTION AND SUPPORTS. There is  
 17 23 appropriated from the general fund of the state to the  
 17 24 department of health and human services for the fiscal year  
 17 25 beginning July 1, 2024, and ending June 30, 2025, the following  
 17 26 amount, or so much thereof as is necessary, to be used for the  
 17 27 purposes designated:

General Fund appropriation to the HHS — Early Intervention and Supports for FY 2025.

17 28 For promoting the optimum health status for children

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Early Intervention and Supports is comprised of moneys formerly appropriated to the following areas:



17 29 and adolescents from birth through 21 years of age, and for  
 17 30 families:  
 17 31 ..... \$ 35,277,739

- Human Rights Administration
- Community Advocacy and Services
- FIP/PROMISE JOBS
- CCA
- Healthy Children and Families
- Child Abuse Prevention

This restructured appropriation represents no change in funding compared to estimated FY 2024.

17 32 1. Of the funds appropriated in this section, not more  
 17 33 than \$734,000 shall be used for the healthy opportunities for  
 17 34 parents to experience success (HOPES)-healthy families Iowa  
 17 35 (HFI) program established pursuant to section 135.106.

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

DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for Healthy Children and Families. 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.

18 1 2. Of the funds appropriated in this section, \$4,313,854 is  
 18 2 allocated for the FaDSS grant program. Of the funds allocated  
 18 3 for the FaDSS grant program in this subsection, not more than 5  
 18 4 percent of the funds shall be used for administration of the  
 18 5 grant program.

Allocates \$4,313,854 for the FaDSS Grant Program. Requires that a maximum of 5.00% (\$215,693) of the allocation be spent on administration of the Program.

DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the moneys spent from the FIP Account.

18 6 3. Of the funds appropriated in this section, \$29,256,799  
 18 7 shall be used for the purposes of the early childhood Iowa fund  
 18 8 created in section 256I.11.

Allocates \$29,256,799 for the Early Childhood Iowa (ECI) Fund.

DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for CCA. The funds are distributed to local ECI Area Boards in addition to the following four allocations:

- Funding for technical assistance through the ECI Office within the Department of Management (DOM) and to provide skill development and support for training the ECI State Board.
- Funding to local ECI Area Boards to improve the quality of early care, health, and education programs.
- Funding to support professional development and training activities for people working in early care, health, and

18 9 4. Of the funds appropriated in this section, \$1,000,000  
 18 10 shall be used for the purposes of program administration and  
 18 11 provision of pregnancy support services through the more  
 18 12 options for maternal support program in accordance with section  
 18 13 217.41C.

education.  
 • Funding for the State's early childhood database system.  
 • Funding for community-based early childhood programs.

Allocates \$1,000,000 to be used for administration and pregnancy support services through the More Options for Maternal Support (MOMS) Program.

DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for General Administration.

18 14 CHILD PROTECTIVE SERVICES

18 15 Sec. 17. CHILD PROTECTIVE SERVICES. There is appropriated  
 18 16 from the general fund of the state to the department of health  
 18 17 and human services for the fiscal year beginning July 1,  
 18 18 2024, and ending June 30, 2025, the following amount, or so  
 18 19 much thereof as is necessary, to be used for the purposes  
 18 20 designated:  
 18 21 For child, family, and adoption services, and for salaries,  
 18 22 support, maintenance, and miscellaneous purposes:  
 18 23 ..... \$ 166,101,034

General Fund appropriation to the HHS — Child Protective Services for FY 2025.

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Child Protective Services is comprised of moneys formerly appropriated to the following areas:

- General Administration
- Field Operations
- Adoption Subsidy
- Child and Family Services

This restructured appropriation represents a net increase of \$4,056,643 compared to estimated FY 2024.

18 24 1. Of the funds appropriated in this section, \$1,717,000  
 18 25 is allocated specifically for expenditure for fiscal year  
 18 26 2024-2025 through the decategorization services funding pools  
 18 27 and governance 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 2024 allocation. This allocation was previously located under the appropriation for Child and Family Services.

18 28 2. A portion of the funds appropriated in this section  
 18 29 may be used to provide other resources based on client need  
 18 30 required to support family preservation, emergency client need,  
 18 31 or family reunification efforts.

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

18 32 3. Of the funds appropriated in this section, a sufficient 18 33 amount is allocated for foster family care, group foster care 18 34 maintenance and services, shelter care, child welfare emergency 18 35 services, and supervised apartment living contracts.	Allocates a sufficient amount to group foster care.  DETAIL: This allocation was previously located under the appropriation for Child and Family Services. In FY 2024, \$40,500,000 was allocated.
19 1 4. Federal funds received by the state during the fiscal 19 2 year beginning July 1, 2024, as the result of the expenditure 19 3 of state funds appropriated during a previous state fiscal 19 4 year for a service or activity funded under this section, are 19 5 appropriated to the department to be used as additional funding 19 6 for services and purposes provided for under this section. 19 7 Notwithstanding section 8.33, moneys received in accordance 19 8 with this subsection that remain unencumbered or unobligated at 19 9 the close of the fiscal year shall not revert to any fund but 19 10 shall remain available for the purposes designated until the 19 11 close of the succeeding fiscal year.	Requires federal funds received in FY 2025 because of the expenditure of State funds in a previous year to be used for child protective services. Allows any unexpended funds to remain available for expenditure through FY 2026.
19 12 5. a. Of the funds appropriated in this section, \$748,000 19 13 is allocated for the payment of the expenses of court-ordered 19 14 services provided to children who are under the supervision 19 15 of the department, which expenses are a charge upon the state 19 16 pursuant to section 232.141, subsection 4.	Allocates up to \$748,000 for court-ordered services provided to children who are under the supervision of the HHS.  DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for Child and Family Services.
19 17 b. Notwithstanding chapter 232 or any other provision of 19 18 law to the contrary, a district or juvenile court shall not 19 19 order any service which is a charge upon the state pursuant 19 20 to section 232.141 if the court-ordered services distribution 19 21 amount is insufficient to pay for the service.	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.
19 22 6. Of the funds appropriated in this section, \$1,658,000 19 23 shall be used for the child protection center grant program for 19 24 child protection centers located in Iowa in accordance with 19 25 section 135.118. The grant amounts under the program shall be 19 26 equalized so that each center receives a uniform base amount of 19 27 \$245,000, and so that the remaining funds are awarded through 19 28 a funding formula based upon the volume of children served. 19 29 To increase access to child protection center services for 19 30 children in rural areas, the funding formula for the awarding 19 31 of the remaining funds shall provide for the awarding of an	Requires \$1,658,000 to be used 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. Requires the funding formula to provide for the awarding of an enhanced amount to eligible grantees to develop and maintain satellite centers in underserved regions of the State.  DETAIL: This is no change compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for Child and Family Services.

19 32 enhanced amount to eligible grantees to develop and maintain  
19 33 satellite centers in underserved regions of the state.

19 34 7. Of the funds appropriated in this section, \$4,359,500 is  
19 35 allocated for the preparation for adult living program pursuant  
20 1 to section 234.46.

Allocates \$4,359,500 to the Preparation for Adult Living (PAL) Program.

DETAIL: This is an increase of \$334,500 compared to the estimated FY 2024 allocation. This allocation was previously located under the appropriation for Child and Family Services.

20 2 8. Of the funds appropriated in this section, up to \$227,000  
20 3 shall be used for the public purpose of continuing a grant to a  
20 4 nonprofit human services organization, providing services to  
20 5 individuals and families in multiple locations in southwest  
20 6 Iowa and Nebraska for support of a project providing immediate,  
20 7 sensitive support and forensic interviews, medical exams, needs  
20 8 assessments, and referrals for victims of child abuse and their  
20 9 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 2024 allocation. This allocation was previously located under the appropriation for Child and Family Services.

20 10 9. Of the funds appropriated in this section, a portion may  
20 11 be used for family-centered services for purposes of complying  
20 12 with the federal Family First Prevention Services Act of 2018,  
20 13 Pub.L. No.115-123, and successor legislation.

Allows the HHS to use a portion of the funds allocated in this Section for family-centered services to comply with the federal [Family First Prevention Services Act](#).

20 14 10. a. Of the funds appropriated in this section, a  
20 15 sufficient amount is allocated for adoption subsidy payments  
20 16 and related costs.

Specifies that a sufficient amount is allocated to the Adoption Subsidy Program.

DETAIL: This allocation was previously an appropriation of \$40,883,507 for the Adoption Subsidy Program in FY 2024.

20 17 b. Any funds allocated in this subsection remaining after  
20 18 the allocation under paragraph "a" are designated and allocated  
20 19 as state savings resulting from implementation of the federal  
20 20 Fostering Connections to Success and Increasing Adoptions Act  
20 21 of 2008, Pub.L. No.110-351, and successor legislation, as  
20 22 determined in accordance with 42 U.S.C. §673(a)(8), and shall  
20 23 be used for post-adoption services and for other purposes  
20 24 allowed under these federal laws, Tit.IV-B or Tit.IV-E of the  
20 25 federal Social Security Act.

CODE: Directs the HHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, due to the federal [Fostering Connections to Success and Increasing Adoptions Act of 2008](#).

20 26 c. Of the funds appropriated in this section, \$148,232  
20 27 shall be used to increase the adoption subsidy paid to a person

Allocates \$148,232 to increase the adoption subsidy by 5.00% over the rates in effect on June 30, 2024.

20 28 pursuant to section 600.17 who adopts a child after July 1,  
20 29 2024, by five percent over the rates in effect on June 30,  
20 30 2024.

DETAIL: This is a new allocation for FY 2025.

20 31 11. Of the funds appropriated in this section, a sufficient  
20 32 amount is allocated to support training needs for child welfare  
20 33 providers and to address disproportionality within the child  
20 34 welfare system.

Allocates a sufficient amount to support training and to address disproportionality within the child welfare system.

20 35 12. Of the funds appropriated in this section, \$308,765  
21 1 shall be used to increase the foster care reimbursement rates  
21 2 paid pursuant to section 234.38, by five percent over the rates  
21 3 in effect on June 30, 2024.

Allocates \$308,765 to increase foster care reimbursement rates by 5.00% over the rates in effect June 30, 2024.

DETAIL: This is a new allocation for FY 2025.

21 4 13. Of the funds appropriated in this section, \$1,000,000 is  
21 5 allocated for enhanced training for child protective services  
21 6 workers and for additional social worker supervisors to  
21 7 appropriately manage caseloads.

Allocates \$1,000,000 to enhance training for child protective services workers and for additional social worker supervisors to appropriately manage caseloads.

21 8 14. If a separate funding source is identified that reduces  
21 9 the need for state funds within an allocation under this  
21 10 section, the allocated state funds may be redistributed to  
21 11 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 2025.

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.

21 12 DIVISION VIII  
21 13 STATE SPECIALTY CARE — FY 2024-2025

21 14 Sec. 18. STATE SPECIALTY CARE. There is appropriated from  
21 15 the general fund of the state to the department of health and  
21 16 human services for the fiscal year beginning July 1, 2024, and  
21 17 ending June 30, 2025, the following amount, or so much thereof  
21 18 as is necessary, to be used for the purposes designated:

General Fund appropriation to the HHS — State Specialty Care for FY 2025.

21 19 For salaries, support, maintenance, and miscellaneous  
21 20 purposes at institutions under the jurisdiction of the  
21 21 department of health and human services:  
21 22 ..... \$ 100,006,128

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for State Specialty Care is comprised of moneys formerly appropriated to the following areas:

- Department-Wide Duties
- Eldora Training School
- Civil Commitment Unit for Sexual Offenders (CCUSO)
- Cherokee Mental Health Institute (MHI)

- Independence MHI
- Glenwood Resource Center
- Woodward Resource Center

This restructured appropriation represents a net increase of \$35,259 compared to estimated FY 2024 due to funding increases for Department-Wide Duties, the Eldora Training School, the CCUSO, and the MHIs as well as a funding decrease for Glenwood Resource Center.

21 23 1. The department shall utilize the funds appropriated in  
 21 24 this section as necessary to maximize bed capacity and to most  
 21 25 effectively meet the needs of the individuals served.

Specifies that funds must be used as necessary to maximize bed capacity and meet the needs of the individuals served.

21 26 2. Of the amount appropriated in this section, the following  
 21 27 amounts are allocated to each institution as follows:

21 28 a. For the state mental health institute at Cherokee:  
 21 29 ..... \$ 19,439,086

Allocates \$19,439,086 for the MHI at Cherokee.

DETAIL: This allocation is an increase of \$3,515,834 compared to estimated FY 2024 to annualize staffing increases, to annualize one-time moneys, and for operational needs. This allocation was previously an appropriation in FY 2024.

21 30 b. For the state mental health institute at Independence:  
 21 31 ..... \$ 23,916,279

Allocates \$23,916,279 for the MHI at Independence.

DETAIL: This allocation is an increase of \$4,104,809 compared to estimated FY 2024 to annualize staffing increases, to annualize one-time moneys, and for operational needs. This allocation was previously an appropriation in FY 2024.

21 32 c. For the civil commitment unit for sexual offenders at  
 21 33 Cherokee:  
 21 34 ..... \$ 17,755,397

Allocates \$17,755,397 for the CCUSO at Cherokee.

DETAIL: This allocation is an increase of \$2,890,060 compared to estimated FY 2024 to annualize staffing increases, annualize one-time moneys, and for operational needs. This allocation was previously an appropriation in FY 2024.

21 35 d. For the state resource center at Woodward:  
 22 1 ..... \$ 14,018,717

Allocates \$14,018,717 for the State Resource Center at Woodward.

DETAIL: This allocation is an increase of \$629,140 compared to

estimated FY 2024 for increased operational needs. This allocation was previously an appropriation in FY 2024.

22 2 e. For the state resource center at Glenwood:  
22 3 ..... \$ 5,255,132

Allocates \$5,255,132 for the State Resource Center at Glenwood.

DETAIL: This allocation is a decrease of \$11,000,000 compared to estimated FY 2024 due to the planned facility closure in FY 2024. This allocation was previously an appropriation in FY 2024.

22 4 f. For the state training school at Eldora:  
22 5 ..... \$ 19,621,517

Allocates \$19,621,517 for the State Training School at Eldora.

DETAIL: This allocation is an increase of \$2,053,006 compared to estimated FY 2024 to annualize one-time moneys and for operational needs. This allocation was previously an appropriation in FY 2024.

22 6 DIVISION IX  
22 7 ADMINISTRATION AND COMPLIANCE — FY 2024-2025

22 8 Sec. 19. ACCOUNTABILITY, COMPLIANCE, AND PROGRAM  
22 9 INTEGRITY. There is appropriated from the general fund of the  
22 10 state to the department of health and human services for the  
22 11 fiscal year beginning July 1, 2024, and ending June 30, 2025,  
22 12 the following amount, or so much thereof as is necessary, to be  
22 13 used for the purposes designated:  
22 14 For accountability, compliance, and program integrity,  
22 15 including salaries, support, maintenance, and miscellaneous  
22 16 purposes:  
22 17 ..... \$ 22,356,598

General Fund appropriation to the HHS — Accountability, Compliance, and Program Integrity for FY 2025.

DETAIL: Due to organizational changes within the HHS, appropriations from FY 2024 have been restructured. The new FY 2025 appropriation for Accountability, Compliance, and Program Integrity is comprised of moneys formerly appropriated to the following areas:

- Aging Programs
- Office of Long-Term Care Ombudsman
- Human Rights Administration
- Criminal and Juvenile Justice
- Single Grant Program
- General Administration
- Child Support Recoveries
- Community Capacity
- Resource Management

This restructured appropriation represents an increase of \$1,255,606 compared to estimated FY 2024. The changes include:

- An increase of \$858,606 due to operations needs for Department-Wide Duties.

- An increase of \$397,000 due to Title IV-E penetration rate adjustments for General Administration.

22 18 1. Of the funds appropriated in this section, \$200,000 shall  
 22 19 be transferred to and deposited in the Iowa ABLE savings plan  
 22 20 trust administrative fund created in section 121.4, to be used  
 22 21 for implementation and administration activities of the Iowa  
 22 22 ABLE savings plan trust.

Transfers \$200,000 to the Treasurer of State to implement the Iowa ABLE Savings Plan Trust.

DETAIL: This is no change compared to the estimated FY 2024 transfer. This allocation was previously located under the appropriation for General Administration.

22 23 2. Of the funds appropriated in this section, \$2,602,312  
 22 24 shall be used for foster care review and the court appointed  
 22 25 special advocate program, including for salaries, support,  
 22 26 maintenance, and miscellaneous purposes.

Allocates \$2,602,312 for foster care review and the Court Appointed Special Advocate (CASA) Program.

DETAIL: This is no change compared to the estimated FY 2024 allocation. In prior years, this allocation was directed to the Child Advocacy Board. This allocation was previously located under the appropriation for General Administration. The State's Local Foster Care Review Boards and the CASA Program work to recruit, train, and support community volunteers through the State to represent the interests of abused and neglected children.

22 27 3. Of the funds appropriated in this section, \$1,148,959  
 22 28 shall be used for the office of long-term care ombudsman  
 22 29 for salaries, support, administration, maintenance, and  
 22 30 miscellaneous purposes.

Allocates \$1,148,959 to the Office of Long-Term Care Ombudsman.

DETAIL: This allocation is no change compared to estimated FY 2024.

22 31 4. For the fiscal year beginning July 1, 2024, and ending  
 22 32 June 30, 2025, the department of health and human services  
 22 33 may utilize the funds appropriated from the general fund of  
 22 34 the state to the department under this Act for up to 4,156.00  
 22 35 full-time equivalent positions. The department shall report to  
 23 1 the general assembly by December 15, 2024, the distribution of  
 23 2 the approved number of full-time equivalent positions across  
 23 3 the organizational divisions of the department.

Allows the HHS to utilize General Fund moneys for up to 4,156.00 FTE positions. Requires the HHS to report to the General Assembly by December 15, 2024, the distribution of FTE positions across the organizational divisions of the HHS.

23 4 DIVISION X  
 23 5 AUTISM SUPPORT FUND

23 6 Sec. 20. AUTISM SUPPORT FUND — APPROPRIATION.  
 23 7 Notwithstanding any provision to the contrary under section  
 23 8 225D.2, there is appropriated from the autism support fund

Autism Support Fund appropriation to the HHS for allocation to a nonprofit agency to expand its facilities to provide behavioral analysis treatment for eligible individuals.



23 9 created in section 225D.2 to the department of health and human  
 23 10 services for the fiscal year beginning July 1, 2024, and ending  
 23 11 June 30, 2025, the following amount, or so much thereof as is  
 23 12 necessary, for the purposes designated:  
 23 13 For allocation to a nonprofit agency that provides expert  
 23 14 care for children with medical complexity as infrastructure  
 23 15 funding to expand its facilities to provide behavioral analysis  
 23 16 treatment for eligible individuals:  
 23 17 ..... \$ 750,000

DETAIL: This is a new appropriation for FY 2025.

23 18 DIVISION XI  
 23 19 DEPARTMENT OF HEALTH AND HUMAN SERVICES TRANSFERS, CASHFLOW,  
 23 20 AND NONREVERSIONS

23 21 Sec. 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES TRANSFERS  
 23 22 AND CASHFLOW.

23 23 1. The department of health and human services may transfer  
 23 24 funds appropriated in this Act to support continuing alignment  
 23 25 efforts, to maximize federal support in accordance with the  
 23 26 department's federal costs allocation plan, and for resources  
 23 27 necessary to implement and administer the services for which  
 23 28 funds are provided. The department shall report any transfers  
 23 29 made pursuant to this subsection to the general assembly.

Permits the HHS to transfer funds allocated in this Bill for purposes of continuing alignment efforts, maximizing federal support, and the implementation and administration of services. Requires the HHS to report any transfers made pursuant to this subsection to the General Assembly.

23 30 2. If the savings to the appropriations made for the  
 23 31 Medicaid program from ongoing cost management efforts exceed  
 23 32 the associated costs for the fiscal year, the department may  
 23 33 transfer any savings generated for the fiscal year due to cost  
 23 34 management efforts to the appropriations made in this Act for  
 23 35 health program operations or for accountability, compliance,  
 24 1 and program integrity to defray the costs associated with  
 24 2 implementation of the cost management efforts.

Specifies that if savings to the Medicaid Program for cost management efforts during FY 2025 exceed costs, the HHS may transfer any savings to the appropriations in this Bill to Health Program Operations or to defray the costs associated with implementation of cost management efforts.

24 3 3. The department may transfer funds appropriated for  
 24 4 child protective services to pay the nonfederal share costs of  
 24 5 services reimbursed under the medical assistance program, state  
 24 6 child care assistance program, or the family investment program  
 24 7 which are provided to children who would otherwise receive  
 24 8 services paid under the appropriation for child protective  
 24 9 services.

Permits the HHS to transfer funds appropriated Child Protective Services to pay the nonfederal share of services reimbursed under Medicaid, the State CCA Program, or the FIP for children who would otherwise receive services paid under the appropriation for Child Protective Services.

<p>24 10 4. The department may transfer funds from the temporary  24 11 assistance for needy families block grant to the federal social  24 12 services block grant appropriation, and to the child care and  24 13 development block grant appropriation, in accordance with  24 14 federal law.</p>	<p>Permits the HHS to transfer funds from the TANF Block Grant to the Federal Social Services Block Grant appropriation and the Child Care and Development Block Grant appropriation in accordance with federal law.</p>
<p>24 15 5. To the extent the department determines that moneys  24 16 appropriated under this Act or allocated for a specific purpose  24 17 under the Act will remain unencumbered or unobligated at the  24 18 close of the fiscal year, such unencumbered or unobligated  24 19 moneys may be used in the same fiscal year for any other  24 20 purpose for which the moneys appropriated may be used, or for  24 21 any other allocation within the same appropriation.</p>	<p>Allows the HHS to use unencumbered and unobligated moneys for any other purpose for which the moneys appropriated may be used, or for any other allocation within the same appropriation.</p>
<p>24 22 6. To the extent the department determines that moneys  24 23 appropriated under this Act will remain unencumbered or  24 24 unobligated at the close of the fiscal year or that services  24 25 will not be impacted, the department may utilize up to  24 26 \$3,000,000 of such unencumbered or unobligated moneys  24 27 appropriated to develop and support the thrive iowa program,  24 28 a closed-loop referral system utilizing a navigator model,  24 29 that acts as the connection point to link lowans on an  24 30 individualized path to prosperity and self-sufficiency to  24 31 available resources in all sectors of the community.</p>	<p>Allows the HHS to use up to \$3,000,000 of unencumbered or unobligated moneys to develop and support the Thrive Iowa Program.</p>
<p>24 32 Sec. 22. DEPARTMENT OF HEALTH AND HUMAN SERVICES  24 33 NONREVERSIONS.</p>	
<p>24 34 1. Notwithstanding section 8.33, moneys appropriated from  24 35 the general fund of the state and the temporary assistance for  25 1 needy families block grant to the department of health and  25 2 human services for the fiscal year beginning July 1, 2024,  25 3 and ending June 30, 2025, for the purposes of the FaDSS grant  25 4 program that remain unencumbered or unobligated at the close of  25 5 the fiscal year shall not revert, but shall remain available  25 6 for expenditure for the purposes designated until the close of  25 7 the succeeding fiscal year.</p>	<p>CODE: Allows any unexpended funds appropriated for the FaDSS Grant Program for FY 2025 to remain available for FY 2026.</p>
<p>25 8 2. Notwithstanding section 8.33, of the moneys appropriated  25 9 from the general fund of the state, the quality assurance trust  25 10 fund, and the hospital health care access trust fund to the  25 11 department of health and human services for the fiscal year</p>	<p>CODE: Allows any unexpended funds appropriated from the General Fund, the Quality Assurance Trust Fund, and the Hospital Health Care Access Trust Fund to the HHS in FY 2025 for the Medicaid Program to remain available for FY 2026.</p>

25 12 beginning July 1, 2024, and ending June 30, 2025, for the  
25 13 purposes of the medical assistance program, the amount that is  
25 14 in excess of actual expenditures for the medical assistance  
25 15 program that remains unencumbered or unobligated at the close  
25 16 of the fiscal year shall not revert, but shall remain available  
25 17 for expenditure for the medical assistance program until the  
25 18 close of the succeeding fiscal year.

25 19 3. Notwithstanding section 8.33, and notwithstanding the  
25 20 nonreversion amount limitation specified in section 222.92,  
25 21 moneys appropriated from the general fund of the state to the  
25 22 department of health and human services for the fiscal year  
25 23 beginning July 1, 2024, and ending June 30, 2025, for the  
25 24 purposes of state specialty care that remain unencumbered or  
25 25 unobligated at the close of the fiscal year shall not revert,  
25 26 but shall remain available for expenditure for the purposes  
25 27 designated for subsequent fiscal years.

CODE: Allows any unexpended funds appropriated from the General Fund to the HHS for State Specialty Care for FY 2025 to remain available for subsequent fiscal years.

25 28 4. Notwithstanding section 8.33, moneys appropriated from  
25 29 the general fund of the state to the department of health and  
25 30 human services for the fiscal year beginning July 1, 2024,  
25 31 and ending June 30, 2025, for the commission on volunteer  
25 32 service for purposes of the Iowa state commission grant program  
25 33 that remain unencumbered or unobligated at the close of the  
25 34 fiscal year shall not revert, but shall remain available for  
25 35 expenditure for the purposes designated for subsequent fiscal  
26 1 years.

CODE: Allows any unexpended funds appropriated from the General Fund to the HHS for the Iowa State Commission Grant Program to remain available for subsequent fiscal years.

26 2 5. Notwithstanding section 8.33, moneys appropriated from  
26 3 the general fund of the state to the department of health and  
26 4 human services for the fiscal year beginning July 1, 2024,  
26 5 and ending June 30, 2025, and allocated for rural psychiatric  
26 6 residencies to annually fund eight psychiatric residents who  
26 7 will provide mental health services to underserved areas of the  
26 8 state that remain unencumbered or unobligated at the close of  
26 9 the fiscal year shall not revert, but shall remain available  
26 10 for expenditure for the purposes designated until the close of  
26 11 the succeeding fiscal year.

CODE: Specifies that any funds appropriated from the General Fund to the HHS in FY 2025 for rural psychiatric residencies that remain at the end of FY 2025 are permitted to remain available for FY 2026.

26 12 6. Notwithstanding section 8.33, moneys appropriated from  
26 13 the general fund of the state to the department of health and  
26 14 human services for the fiscal year beginning July 1, 2024,

CODE: Specifies that any funds appropriated from the General Fund to the HHS in FY 2025 for adoption subsidy payments or post-adoption services that remain at the end of FY 2025 are

26 15 and ending June 30, 2025, and allocated for adoption subsidy  
 26 16 payments and related costs or for post-adoption services  
 26 17 and related allowable purposes that remain unencumbered or  
 26 18 unobligated at the close of the fiscal year shall not revert,  
 26 19 but shall remain available for expenditure for the purposes  
 26 20 designated until the close of the succeeding fiscal year.

permitted to remain available for FY 2026.

26 21 DIVISION XII  
 26 22 HEALTH AND HUMAN SERVICES — PRIOR APPROPRIATIONS AND OTHER  
 26 23 PROVISIONS — FY 2022-2023

26 24 RURAL PSYCHIATRIC RESIDENCIES

26 25 Sec. 23. 2022 Iowa Acts, chapter 1131, section 3, subsection  
 26 26 4, paragraph j, is amended to read as follows:  
 26 27 j. Of the funds appropriated in this subsection, \$800,000  
 26 28 shall be used for rural psychiatric residencies to support the  
 26 29 annual creation and training of ~~six~~ eight psychiatric residents  
 26 30 who will provide mental health services in underserved areas of  
 26 31 the state. Notwithstanding section 8.33, moneys that remain  
 26 32 unencumbered or unobligated at the close of the fiscal year  
 26 33 shall not revert but shall remain available for expenditure for  
 26 34 the purposes designated for subsequent fiscal years.

CODE: Amends 2022 Iowa Acts, [HF 2578](#) (FY 2023 Health and Human Services Appropriations Act), to increase the number of rural psychiatric residencies from six to eight.

26 35 FAMILY INVESTMENT PROGRAM

27 1 Sec. 24. 2022 Iowa Acts, chapter 1131, section 9, subsection  
 27 2 7, as enacted by 2023 Iowa Acts, chapter 112, section 41, is  
 27 3 amended to read as follows:  
 27 4 7. Notwithstanding section 8.33, moneys appropriated in  
 27 5 this section that remain unencumbered or unobligated at the  
 27 6 close of the fiscal year shall not revert but shall remain  
 27 7 available for the purposes designated, or may be transferred to  
 27 8 other appropriations in this division of this Act or used as  
 27 9 necessary to enhance agency accountability, program integrity,  
 27 10 compliance, and efficiency, until the close of the succeeding  
 27 11 fiscal year.

CODE: Allows any unexpended funds appropriated in 2022 Iowa Acts, [House File 2578](#) (FY 2023 Health and Human Services Appropriations Act), for FY 2023 from the General Fund for the FIP to be transferred to other appropriations in the FIP or to enhance agency accountability, program integrity, compliance, and efficiency until the close of FY 2024.

27 12 Sec. 25. EFFECTIVE DATE. This division of this Act, being  
 27 13 deemed of immediate importance, takes effect upon enactment.

Specifies that Division XII of the Bill related to prior appropriations for FY 2023 takes effect upon enactment.

27 14 Sec. 26. RETROACTIVE APPLICABILITY. This division of this

Specifies that Division XII of the Bill related to prior appropriations for

27 15 Act applies retroactively to July 1, 2022.

FY 2023 applies retroactively to July 1, 2022.

27 16 DIVISION XIII  
27 17 HEALTH AND HUMAN SERVICES — PRIOR APPROPRIATIONS AND OTHER  
27 18 PROVISIONS — FY 2023-2024

27 19 OFFICE OF PUBLIC GUARDIAN

27 20 Sec. 27. 2023 Iowa Acts, chapter 112, section 3, is amended  
27 21 by adding the following new subsection:  
27 22 NEW SUBSECTION 7. Notwithstanding section 8.33,  
27 23 moneys appropriated in this section for the state office of  
27 24 public guardian established under chapter 231E that remain  
27 25 unencumbered or unobligated at the close of the fiscal year  
27 26 shall not revert but shall remain available for the purposes  
27 27 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#) (FY 2024 Health and Human Services Appropriations Act), for FY 2024 from the General Fund for the State Office of Public Guardian to remain available for expenditure in FY 2025.

27 28 AUDIOLOGICAL SERVICES

27 29 Sec. 28. 2023 Iowa Acts, chapter 112, section 5, subsection  
27 30 2, paragraph e, is amended to read as follows:  
27 31 e. Of the funds appropriated in this subsection, \$156,000  
27 32 shall be used to provide audiological services and hearing aids  
27 33 for children. Notwithstanding section 8.33, moneys allocated  
27 34 in this paragraph that remain unencumbered or unobligated at  
27 35 the close of the fiscal year shall not revert but shall remain  
28 1 available for the purposes designated until the close of the  
28 2 succeeding fiscal year.

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for audiological services and hearing aids for children to remain available for expenditure until the close of FY 2025.

28 3 RURAL PSYCHIATRIC RESIDENCIES

28 4 Sec. 29. 2023 Iowa Acts, chapter 112, section 5, subsection  
28 5 4, paragraph j, is amended to read as follows:  
28 6 j. Of the funds appropriated in this subsection, \$800,000  
28 7 shall be used for rural psychiatric residencies to annually  
28 8 fund ~~six~~ eight psychiatric residents who will provide  
28 9 mental health services in underserved areas of the state.  
28 10 Notwithstanding section 8.33, moneys that remain unencumbered  
28 11 or unobligated at the close of the fiscal year shall not revert  
28 12 but shall remain available for expenditure for the purposes  
28 13 designated for subsequent fiscal years.

CODE: Amends 2023 Iowa Acts, [Senate File 561](#), to increase the number of rural psychiatric residencies from six to eight.

28 14 CHILD AND FAMILY SERVICES — CHILD PROTECTIVE SERVICES

28 15 Sec. 30. 2023 Iowa Acts, chapter 112, section 7, subsection  
 28 16 7, is amended to read as follows:

28 17 7. For child ~~and family~~ protective services:  
 28 18 ..... \$ ~~32,380,654~~  
 28 19 ..... 35,380,654

28 20 Of the funds appropriated in this subsection, up to  
 28 21 \$3,000,000 shall be used for the kinship caregiver stipend  
 28 22 program.

Provides a \$3,000,000 FY 2024 supplemental appropriation for Child and Family Services from the federal TANF Block Grant. The Bill also renames the appropriation Child Protective Services and requires up to \$3,000,000 of the appropriation to be used for the kinship caregiver stipend program.

28 23 FAMILY INVESTMENT PROGRAM

28 24 Sec. 31. 2023 Iowa Acts, chapter 112, section 9, is amended  
 28 25 by adding the following new subsection:

28 26 NEW SUBSECTION 7. Notwithstanding section 8.33, moneys  
 28 27 appropriated in this section that remain unencumbered or  
 28 28 unobligated at the close of the fiscal year shall not revert  
 28 29 but shall remain available for the purposes designated, or may  
 28 30 be transferred to other appropriations in this division of this  
 28 31 Act or used as necessary to enhance agency accountability,  
 28 32 program integrity, compliance, and efficiency, until the close  
 28 33 of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for the FIP to remain available or to be transferred to other appropriations in the Division or to enhance agency accountability, program integrity, compliance, and efficiency until the close of FY 2025.

28 34 CHILD CARE ASSISTANCE

28 35 Sec. 32. 2023 Iowa Acts, chapter 112, section 17, subsection  
 29 1 8, is amended to read as follows:

29 2 8. Notwithstanding section 8.33, moneys ~~advanced for~~  
 29 3 ~~purposes of the programs developed by early childhood Iowa~~  
 29 4 ~~areas, advanced for purposes of wraparound child care, or~~  
 29 5 ~~received from the federal appropriations made for the purposes~~  
 29 6 ~~of appropriated in this section that remain unencumbered or~~  
 29 7 ~~unobligated at the close of the fiscal year shall not revert~~  
 29 8 ~~to any fund but shall remain available for expenditure for the~~  
 29 9 ~~purposes designated until the close of the succeeding fiscal~~  
 29 10 ~~year.~~

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for CCA to remain available for expenditure until the close of FY 2025.

29 11 CHILD AND FAMILY SERVICES

29 12 Sec. 33. 2023 Iowa Acts, chapter 112, section 19, is amended  
 29 13 by adding the following new subsection:

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts, [Senate File 561](#), for FY 2024 from the General Fund for Child and

29 14 NEW SUBSECTION 23. Notwithstanding section 8.33, moneys  
 29 15 appropriated in this section that remain unencumbered or  
 29 16 unobligated at the close of the fiscal year shall not revert  
 29 17 but shall remain available for the purposes designated until  
 29 18 the close of the succeeding fiscal year.

Family Services to remain available for expenditure until the close of  
 FY 2025.

29 19 ADOPTION SUBSIDY — QUALIFIED RESIDENTIAL TREATMENT PROVIDERS  
 29 20 — PMIC PROVIDER

29 21 Sec. 34. 2023 Iowa Acts, chapter 112, section 20, subsection  
 29 22 4, is amended to read as follows:  
 29 23 4. Notwithstanding section 8.33, moneys appropriated in  
 29 24 this section that remain unencumbered or unobligated at the  
 29 25 close of the fiscal year shall not revert but shall remain  
 29 26 available for the purposes designated; and may be used for  
 29 27 child protective services qualified residential treatment  
 29 28 provider rates and security enhancements; and up to \$3,000,000  
 29 29 may be used by the department, notwithstanding any provision  
 29 30 of law to the contrary regarding competitive bidding, to enter  
 29 31 into a sole source contract with a nonprofit provider founded  
 29 32 in 1912, with centers in 11 states that provide a comprehensive  
 29 33 behavioral health network of clinical, therapeutic, education,  
 29 34 and employment programs and services, for renovation or  
 29 35 purchase of a facility for use as a psychiatric medical  
 30 1 institution for children, until the close of the succeeding  
 30 2 fiscal year.

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts,  
[Senate File 561](#), for FY 2024 from the General Fund for Adoption  
 Subsidy to remain available for expenditure until the close of FY 2025  
 and specifies that the moneys may be used for child protective  
 services qualified residential treatment provider rates and security  
 enhancements. Specifies that up to \$3,000,000 may be used by the  
 HHS to provide a comprehensive behavioral health network of clinical,  
 therapeutic, education, and employment program and services and for  
 renovation or purchase of a facility for use as a PMIC.

30 3 FIELD OPERATIONS

30 4 Sec. 35. 2023 Iowa Acts, chapter 112, section 26, is amended  
 30 5 by adding the following new subsection:  
 30 6 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys  
 30 7 appropriated in this section that remain unencumbered or  
 30 8 unobligated at the close of the fiscal year shall not revert  
 30 9 but shall remain available for the purposes designated until  
 30 10 the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts,  
[Senate File 561](#), for FY 2024 from the General Fund for Field  
 Operations to remain available for expenditure until the close of FY  
 2025.

30 11 GENERAL ADMINISTRATION — MORE OPTIONS FOR MATERNAL SUPPORT  
 30 12 PROGRAM

30 13 Sec. 36. 2023 Iowa Acts, chapter 112, section 27, subsection  
 30 14 8, is amended to read as follows:

CODE: Allows any unexpended funds appropriated in 2023 Iowa Acts,  
[Senate File 561](#), for FY 2024 from the General Fund for the MOMS

<p>30 15 8. Of the funds appropriated under this section, \$1,000,000  30 16 shall be used for the purposes of program administration and  30 17 provision of pregnancy support services through the more  30 18 options for maternal support program in accordance with section  30 19 217.41C. <u>Notwithstanding section 8.33, moneys allocated in</u>  30 20 <u>this subsection that remain unencumbered or unobligated at the</u>  30 21 <u>close of the fiscal year shall not revert but shall remain</u>  30 22 <u>available for the purposes designated until the close of the</u>  30 23 <u>succeeding fiscal year.</u></p>	<p>Program to remain available for expenditure until the close of FY 2025.</p>
<p>30 24 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM ADMINISTRATIVE  30 25 ALLOCATION — FEDERAL BLOCK GRANT</p>	<p>CODE: Amends 2023 Iowa Acts, <a href="#">House File 709</a> (Federal Block Grant Appropriations Act), to specify that no less than 8.40% of remaining moneys for each fiscal year will be allocated for administrative expenses of Low-Income Home Energy Assistance Program (LiHEAP) contractors and no more than 1.60% will be allocated to the HHS for administrative expenses related to LiHEAP.</p>
<p>30 26 Sec. 37. 2023 Iowa Acts, chapter 161, section 10, subsection  30 27 3, is amended to read as follows:  30 28 3. After subtracting the allocation in subsection 2, <del>up to</del>  30 29 <del>to</del> <u>no less than 8.4 percent of the remaining moneys for each</u>  30 30 <u>federal fiscal year are allocated for administrative expenses</u>  30 31 <u>of low-income home energy assistance program contractors and</u>  30 32 <u>up to 1.6 percent of the remaining moneys for each fiscal year</u>  30 33 <u>are allocated for the administrative expenses of the department</u>  30 34 <u>of health and human services under the low-income home energy</u>  30 35 <u>assistance program of which \$377,000 is allocated each federal</u>  31 1 <u>fiscal year for administrative expenses of the department of</u>  31 2 <u>health and human services. The costs of auditing the use and</u>  31 3 <u>administration of the portion of the appropriation in this</u>  31 4 <u>section that is retained by the state shall be paid from the</u>  31 5 <u>amount allocated in this subsection each federal fiscal year to</u>  31 6 <u>the department of health and human services. The auditor of</u>  31 7 <u>state shall bill the department of health and human services</u>  31 8 <u>for the audit costs.</u></p>	<p>CODE: Amends 2023 Iowa Acts, <a href="#">House File 709</a> (Federal Block Grant Appropriations Act), to specify that no less than 8.40% of remaining moneys for each fiscal year will be allocated for administrative expenses of Low-Income Home Energy Assistance Program (LiHEAP) contractors and no more than 1.60% will be allocated to the HHS for administrative expenses related to LiHEAP.</p>
<p>31 9 Sec. 38. EFFECTIVE DATE. This division of this Act, being  31 10 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that Division XIII of the Bill related to prior appropriations for FY 2024 takes effect upon enactment.</p>
<p>31 11 Sec. 39. RETROACTIVE APPLICABILITY. This division of this  31 12 Act applies retroactively to July 1, 2023.</p>	<p>Specifies that Division XIII of the Bill related to prior appropriations for FY 2024 applies retroactively to July 1, 2023.</p>
<p>31 13 DIVISION XIV  31 14 REPORT ON NONREVERSION OF FUNDS</p>	



<p>31 15 Sec. 40. REPORT ON NONREVERSION OF FUNDS. The department  31 16 of health and human services shall report the expenditure of  31 17 any moneys for which nonreversion authorization was provided  31 18 for the fiscal year beginning July 1, 2023, and ending June 30,  31 19 2024, to the general assembly on a quarterly basis beginning  31 20 October 1, 2024.</p>	<p>Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2024 to the General Assembly on a quarterly basis beginning October 1, 2024.</p>
<p>31 21 DIVISION XV  31 22 EMERGENCY RULES AND REPORTS</p>	
<p>31 23 Sec. 41. EMERGENCY RULES.  31 24 1. If necessary to comply with federal requirements  31 25 including time frames, or if specifically authorized by a  31 26 provision of this Act, the department of health and human  31 27 services or the mental health and disability services  31 28 commission shall adopt administrative rules under section  31 29 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph  31 30 "b", to implement the applicable provisions of this Act. The  31 31 rules shall be effective immediately upon filing unless a  31 32 later date is specified in the rules. Any rules adopted in  31 33 accordance with this section shall also be published as a  31 34 notice of intended action as provided in section 17A.4.</p>	<p>Requires the HHS or the Mental Health and Disability Services (MHDS) Commission to adopt emergency administrative rules to comply with federal requirements or to implement the Bill. The rules are required to be 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). The rules shall not take effect before being reviewed by the ARRC.</p>
<p>31 35 2. If during a fiscal year, the department of health and  32 1 human services is adopting rules in accordance with this  32 2 section or as otherwise directed or authorized by state  32 3 law, and the rules will result in an expenditure increase  32 4 beyond the amount anticipated in the budget process or if the  32 5 expenditure was not addressed in the budget process for the  32 6 fiscal year, the department shall notify the general assembly  32 7 and the department of management concerning the rules and the  32 8 expenditure increase. The notification shall be provided at  32 9 least thirty calendar days prior to the date notice of the  32 10 rules is submitted to the administrative rules coordinator and  32 11 the administrative code editor.</p>	<p>Requires the HHS to report to the General Assembly and the DOM at least 30 calendar days prior to submitting administrative rules that have a fiscal impact that was not addressed in the budget process.</p>
<p>32 12 Sec. 42. REPORTS. Unless otherwise provided, any reports or  32 13 other information required to be compiled and submitted under  32 14 this Act during the fiscal year beginning July 1, 2024, shall  32 15 be submitted on or before the date specified for submission of  32 16 the reports or information.</p>	<p>Requires any reports or information required to be submitted under the Bill for FY 2025 to be submitted on or before the dates specified for submission.</p>

32 17 DIVISION XVI  
 32 18 CODIFIED PROVISIONS  
 32 19 PERSONAL NEEDS ALLOWANCE FOR FACILITIES UNDER MEDICAID

32 20 Sec. 43. Section 249A.30A, Code 2024, is amended to read as  
 32 21 follows:  
 32 22 249A.30A MEDICAL ASSISTANCE — PERSONAL NEEDS ALLOWANCE.  
 32 23 1. The personal needs allowance under the medical  
 32 24 assistance program, which may be retained by a person who is a  
 32 25 resident of a nursing facility, an intermediate care facility  
 32 26 for persons with an intellectual disability, or an intermediate  
 32 27 care facility for persons with mental illness, as defined in  
 32 28 section 135C.1, or a person who is a resident of a psychiatric  
 32 29 medical institution for children as defined in section 135H.1,  
 32 30 shall be fifty dollars per month.  
 32 31 2. A resident who has income of less than fifty dollars  
 32 32 per month shall receive a supplement from the state in the  
 32 33 amount necessary to receive a personal needs allowance of fifty  
 32 34 dollars per month, ~~if funding is specifically appropriated for~~  
 32 35 ~~this purpose.~~ The general assembly shall annually appropriate  
 33 1 a sufficient amount from the general fund of the state to the  
 33 2 department of health and human services for this purpose.

CODE: Requires the General Assembly to annually appropriate a sufficient amount of funds from the General Fund to the HHS to ensure that recipients of Medicaid living in care facilities in Iowa have access to the full amount of their Personal Needs Allowance.

33 3 REPLACEMENT GENERATION TAX REVENUES

33 4 Sec. 44. Section 437A.8, subsection 4, paragraph d, Code  
 33 5 2024, is amended to read as follows:  
 33 6 d. Notwithstanding paragraph “a”, a taxpayer who owns  
 33 7 or leases a new electric power generating plant and who has  
 33 8 no other operating property in the state of Iowa except for  
 33 9 operating property directly serving the new electric power  
 33 10 generating plant as described in section 437A.16 shall pay  
 33 11 the replacement generation tax associated with the allocation  
 33 12 of the local amount to the county treasurer of the county in  
 33 13 which the local amount is located and shall remit the remaining  
 33 14 replacement generation tax, if any, to the director according  
 33 15 to paragraph “a” for remittance of the tax to county treasurers.  
 33 16 The director shall notify each taxpayer on or before August 31  
 33 17 following a tax year of its remaining replacement generation  
 33 18 tax to be remitted to the director. All remaining replacement  
 33 19 generation tax revenues received by the director shall be  
 33 20 ~~deposited in the property tax relief fund created in section~~

CODE: Appropriates remaining revenues from the Replacement Generation Tax to the HHS to supplement Medicaid appropriations. Funding is currently deposited in the Property Tax Relief Fund.

DETAIL: In FY 2022, the Property Tax Relief Fund had a carryforward of \$12,954.

33 21 ~~426B.1, and shall be distributed as provided in section 426B.2~~  
 33 22 appropriated annually to the department of health and human  
 33 23 services to supplement any appropriation made for medical  
 33 24 assistance.  
 33 25 If a taxpayer has paid an amount of replacement tax,  
 33 26 penalty, or interest which was ~~deposited into the property~~  
 33 27 tax relief fund appropriated to the department of health and  
 33 28 human services under this paragraph and which was not due, all  
 33 29 of the provisions of section 437A.14, subsection 1, paragraph  
 33 30 “b”, shall apply with regard to any claim for refund or credit  
 33 31 filed by the taxpayer. The director shall have sole discretion  
 33 32 as to whether the erroneous payment will be refunded to the  
 33 33 taxpayer or credited against any replacement tax due, or to  
 33 34 become due, from the taxpayer that would be ~~subject to deposit~~  
 33 35 in the property tax relief fund appropriated to the department  
 34 1 of health and human services under this paragraph.

34 2 Sec. 45. Section 437A.15, subsection 3, paragraph f, Code  
 34 3 2024, is amended to read as follows:

34 4 f. Notwithstanding the provisions of this section, if  
 34 5 a taxpayer is a municipal utility or a municipal owner of  
 34 6 an electric power facility financed under the provisions  
 34 7 of chapter 28F or 476A, the assessed value, other than the  
 34 8 local amount, of a new electric power generating plant shall  
 34 9 be allocated to each taxing district in which the municipal  
 34 10 utility or municipal owner is serving customers and has  
 34 11 electric meters in operation in the ratio that the number of  
 34 12 operating electric meters of the municipal utility or municipal  
 34 13 owner located in the taxing district bears to the total number  
 34 14 of operating electric meters of the municipal utility or  
 34 15 municipal owner in the state as of January 1 of the tax year.  
 34 16 If the municipal utility or municipal owner of an electric  
 34 17 power facility financed under the provisions of chapter 28F  
 34 18 or 476A has a new electric power generating plant but the  
 34 19 municipal utility or municipal owner has no operating electric  
 34 20 meters in this state, the municipal utility or municipal owner  
 34 21 shall pay the replacement generation tax associated with the  
 34 22 new electric power generating plant allocation of the local  
 34 23 amount to the county treasurer of the county in which the local  
 34 24 amount is located and shall remit the remaining replacement  
 34 25 generation tax, if any, to the director at the times contained  
 34 26 in section 437A.8, subsection 4, for remittance of the tax to

CODE: Appropriates all remaining Replacement Generation Tax  
 revenues, following the allocations provided in Iowa Code section  
[437A.15\(3\)](#), to the HHS to supplement Medicaid appropriations.

34 27 the county treasurers. All remaining replacement generation  
 34 28 tax revenues received by the director shall be ~~deposited in~~  
 34 29 ~~the property tax relief fund created in section 426B.1, and~~  
 34 30 ~~shall be distributed as provided in section 426B.2~~ appropriated  
 34 31 annually to the department of health and human services to  
 34 32 supplement any appropriation made for medical assistance.

34 33 PERSONAL NEEDS ALLOWANCE FOR STATE SUPPLEMENTARY ASSISTANCE

34 34 Sec. 46. NEW SECTION 249.9A PERSONAL NEEDS ALLOWANCE.

34 35 1. The department shall increase the personal needs  
 35 1 allowance for residents of residential care facilities by the  
 35 2 same percentage and at the same time as federal supplemental  
 35 3 security income and federal social security benefits are  
 35 4 increased due to a recognized increase in the cost of living.

CODE: Requires the HHS to increase the Personal Needs Allowance for SSA by the same percentage and at the same time as federal Supplemental Security Income and Social Security Benefits.

35 5 2. If during a fiscal year, the department projects that  
 35 6 state supplementary assistance expenditures for a calendar year  
 35 7 will not meet the federal pass-through requirement specified  
 35 8 in Tit.XVI of the federal Social Security Act, section 1618,  
 35 9 as codified in 42 U.S.C. §1382g, the department may take  
 35 10 actions including but not limited to increasing the personal  
 35 11 needs allowance for residential care facility residents  
 35 12 and making programmatic adjustments or upward adjustments  
 35 13 of the residential care facility or in-home health-related  
 35 14 care reimbursement rates to ensure compliance with federal  
 35 15 requirements. In addition, the department may make other  
 35 16 programmatic and rate adjustments necessary to remain within  
 35 17 the funds appropriated for a fiscal year while ensuring  
 35 18 compliance with federal requirements.

CODE: Permits the HHS to take actions to ensure federal requirements are met if the HHS projects that SSA expenditures for a calendar year will not meet federal pass-through requirements.

35 19 3. The department may adopt emergency rules under section  
 35 20 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph  
 35 21 "b", to implement the provisions of this section and the rules  
 35 22 shall be effective immediately upon filing unless a later date  
 35 23 is specified in the rules. Any rules adopted in accordance  
 35 24 with this section shall also be published as a notice of  
 35 25 intended action as provided in section 17A.4.

CODE: Permits the HHS to adopt emergency administrative rules to implement the provisions of Section 46 of the Bill and requires any rules adopted to be published as a Notice of Intended Action as provided in Iowa Code sections [17A.4](#) and [17A.5](#).

35 26 MEDICAID FRAUD FUND AND HEALTH CARE TRUST FUND

35 27 Sec. 47. Section 249A.50, subsection 3, Code 2024, is

CODE: Appropriates any remaining funds in the Medicaid Fraud Fund

35 28 amended to read as follows:  
 35 29 3. a. A Medicaid fraud fund is created in the state  
 35 30 treasury under the authority of the department of inspections,  
 35 31 appeals, and licensing. Moneys from penalties, investigative  
 35 32 costs recouped by the Medicaid fraud control unit, and other  
 35 33 amounts received as a result of prosecutions involving  
 35 34 the department of inspections, appeals, and licensing  
 35 35 investigations and audits to ensure compliance with the medical  
 36 1 assistance program that are not credited to the program shall  
 36 2 be credited to the fund.  
 36 3 b. Notwithstanding section 8.33, moneys credited to the  
 36 4 fund from any other account or fund shall not revert to the  
 36 5 other account or fund. Moneys in the fund shall only be used as  
 36 6 provided in appropriations from the fund and shall be used in  
 36 7 accordance with applicable laws, regulations, and the policies  
 36 8 of the office of inspector general of the United States  
 36 9 department of health and human services.  
 36 10 c. Any funds remaining in the Medicaid fraud fund at the  
 36 11 close of a fiscal year are appropriated to the department of  
 36 12 health and human services to supplement any medical assistance  
 36 13 program appropriation for the same fiscal year to be used  
 36 14 for medical assistance reimbursement and associated costs,  
 36 15 including program administration and costs associated with  
 36 16 program implementation.  
 36 17 ~~c.~~ d. For the purposes of this subsection, “investigative  
 36 18 costs” means the reasonable value of a Medicaid fraud control  
 36 19 unit investigator’s, auditor’s or employee’s time, any moneys  
 36 20 expended by the Medicaid fraud control unit, and the reasonable  
 36 21 fair market value of resources used or expended by the Medicaid  
 36 22 fraud control unit in a case resulting in a criminal conviction  
 36 23 of a provider under this chapter or chapter 714 or 715A.

36 24 Sec. 48. Section 453A.35A, Code 2024, is amended to read as  
 36 25 follows:  
 36 26 453A.35A HEALTH CARE TRUST FUND — APPROPRIATION TO MEDICAID  
 36 27 PROGRAM .  
 36 28 1. A health care trust fund is created in the office of  
 36 29 the treasurer of state. The fund consists of the revenues  
 36 30 generated from the tax on cigarettes pursuant to section  
 36 31 453A.6, subsection 1, and from the tax on tobacco products  
 36 32 as specified in section 453A.43, subsections 1, 2, 3, and 4,  
 36 33 that are credited to the health care trust fund, annually,

at the close of a fiscal year to the HHS to supplement the Medicaid Program. Prior to this, the remaining funds remained in the Medicaid Fraud Fund.

DETAIL: It is estimated that there will be \$150,000 available in FY 2025. This is no change compared to estimated net FY 2024. The Fund consists of the revenues generated from penalties received as a result of prosecutions involving the DIAL and audits to ensure compliance with the Medicaid Program.

CODE: Appropriates any remaining funds in the Health Care Trust Fund at the close of a fiscal year to the HHS to supplement the Medicaid program to be used for Medicaid reimbursement and associated costs.

DETAIL: It is estimated that there will be \$176,470,000 available in FY 2025. This is a decrease of \$13,390,000 compared to estimated net FY 2024.

36 34 pursuant to section 453A.35. Moneys in the fund shall be  
 36 35 separate from the general fund of the state and shall not be  
 37 1 considered part of the general fund of the state. However, the  
 37 2 fund shall be considered a special account for the purposes  
 37 3 of section 8.53 relating to generally accepted accounting  
 37 4 principles. Moneys in the fund shall be used only as specified  
 37 5 in this section and shall be appropriated only for the uses  
 37 6 specified. Moneys in the fund are not subject to section 8.33  
 37 7 and shall not be transferred, used, obligated, appropriated,  
 37 8 or otherwise encumbered, except as provided in this section.  
 37 9 Notwithstanding section 12C.7, subsection 2, interest or  
 37 10 earnings on moneys deposited in the fund shall be credited to  
 37 11 the fund.

37 12 2. Moneys in the fund shall be used only for purposes  
 37 13 related to health care, substance use disorder treatment and  
 37 14 prevention, and tobacco use prevention, cessation, and control.

37 15 3. Any funds remaining in the health care trust fund at the  
 37 16 close of a fiscal year are appropriated to the department of  
 37 17 health and human services to supplement any medical assistance  
 37 18 program appropriation for the same fiscal year to be used  
 37 19 for medical assistance reimbursement and associated costs,  
 37 20 including program administration and costs associated with  
 37 21 program implementation.

37 22 MENTAL HEALTH INSTITUTES — RETAINING OF REVENUE

37 23 Sec. 49.NEW SECTION 218.97 RETAINING OF REVENUE BY MENTAL  
 37 24 HEALTH INSTITUTES.

37 25 Notwithstanding sections 218.78 and 249A.11, any revenue  
 37 26 received from the state mental health institute at Cherokee or  
 37 27 the state mental health institute at Independence pursuant to  
 37 28 42 C.F.R. §438.6(e) may be retained and expended by the mental  
 37 29 health institute.

CODE: Allows any revenue received by a State MHI to be retained and expended by the MHI.

37 30 RESIDENTS OF MENTAL HEALTH INSTITUTES — RETAINING MEDICAID  
 37 31 ELIGIBILITY

37 32 Sec. 50.NEW SECTION 249A.38A RESIDENTS OF MENTAL HEALTH  
 37 33 INSTITUTES — RETAINING OF MEDICAID ELIGIBILITY.

37 34 Notwithstanding any provision of law to the contrary,  
 37 35 a Medicaid recipient residing at the state mental health  
 38 1 institute at Cherokee or the state mental health institute

CODE: Permits Medicaid recipients residing in a State MHI to retain their Medicaid eligibility during their stay at the MHI.

38 2 at Independence shall retain Medicaid eligibility during the  
 38 3 period of the Medicaid recipient's stay for which federal  
 38 4 financial participation is available.

38 5 STATE RESOURCE CENTERS — SCOPE OF SERVICES  
 38 6 Sec. 51. NEW SECTION 218.97A STATE RESOURCE CENTERS —  
 38 7 SCOPE OF SERVICES APPROACH — TIME-LIMITED ASSESSMENT AND  
 38 8 ~~RESPIRE SERVICES.~~

38 9 1. The department may continue to bill for state resource  
 38 10 center services utilizing a scope of services approach used for  
 38 11 private providers of intermediate care facilities for persons  
 38 12 with an intellectual disability services, in a manner which  
 38 13 does not shift costs between the medical assistance program,  
 38 14 mental health and disability services regions, or other sources  
 38 15 of funding for the state resource centers.

38 16 2. The state resource centers may expand the time-limited  
 38 17 assessment and respite services during a fiscal year.

CODE: Permits the HHS to bill for State Resource Center services utilizing a scope of services approach in a manner that does not shift costs between the Medicaid program, the MHDS regions, or other State Resource Center funding sources.

38 18 JUVENILE DETENTION HOME FUND — APPROPRIATION

38 19 Sec. 52. Section 232.142, Code 2024, is amended to read as  
 38 20 follows:

38 21 232.142 MAINTENANCE AND COST OF JUVENILE HOMES — FUND —  
 38 22 APPROPRIATION OF MONEYS IN FUND .

38 23 1. County boards of supervisors which singly or in  
 38 24 conjunction with one or more other counties provide and  
 38 25 maintain juvenile detention and juvenile shelter care homes are  
 38 26 subject to this section.

38 27 2. For the purpose of providing and maintaining a county  
 38 28 or multicounty home, the board of supervisors of any county  
 38 29 may issue general county purpose bonds in accordance with  
 38 30 sections 331.441 through 331.449. Expenses for providing and  
 38 31 maintaining a multicounty home shall be paid by the counties  
 38 32 participating in a manner to be determined by the boards of  
 38 33 supervisors.

38 34 3. A county or multicounty juvenile detention home approved  
 38 35 pursuant to this section shall receive financial aid from the  
 39 1 state in a manner approved by the director. Aid paid by the  
 39 2 state shall be at least ten percent and not more than fifty  
 39 3 percent of the total cost of the establishment, improvements,  
 39 4 operation, and maintenance of the home.

CODE: Appropriates moneys deposited in the Juvenile Detention Home Fund to the HHS for distribution.

DETAIL: The amount of distribution will be equal to a percentage of the costs associated with county and multicounty juvenile detention homes in the prior fiscal year. Moneys appropriated for distribution will be allocated among eligible detention homes.

39 5 4. The director shall adopt minimal rules and standards for  
39 6 the establishment, maintenance, and operation of such homes as  
39 7 shall be necessary to effect the purposes of this chapter. The  
39 8 rules shall apply the requirements of section 237.8, concerning  
39 9 employment and evaluation of persons with direct responsibility  
39 10 for a child or with access to a child when the child is  
39 11 alone and persons residing in a child foster care facility,  
39 12 to persons employed by, residing in, or volunteering for a  
39 13 home approved under this section. The director shall, upon  
39 14 request, give guidance and consultation in the establishment  
39 15 and administration of the homes and programs for the homes.

39 16 5. The director shall approve annually all such homes  
39 17 established and maintained under the provisions of this  
39 18 chapter. A home shall not be approved unless it complies with  
39 19 minimal rules and standards adopted by the director and has  
39 20 been inspected by the department of inspections, appeals, and  
39 21 licensing. The statewide number of beds in the homes approved  
39 22 by the director shall not exceed two hundred seventy-two beds  
39 23 beginning July 1, 2017.

39 24 6. a. A juvenile detention home fund is created in the  
39 25 state treasury under the authority of the department. The  
39 26 fund shall consist of moneys deposited in the fund pursuant to  
39 27 section 602.8108. The moneys in the fund shall be used for  
39 28 the costs of the establishment, improvement, operation, and  
39 29 maintenance of county or multicounty juvenile detention homes  
39 30 in accordance with ~~annual appropriations made by the general~~  
39 31 ~~assembly from the fund for these purposes~~ this subsection.

39 32 b. (1) Moneys deposited in the juvenile detention home  
39 33 fund during a fiscal year are appropriated to the department  
39 34 for the same fiscal year for distribution of an amount equal to  
39 35 a percentage of the costs of the establishment, improvement,  
40 1 operation, and maintenance of county or multicounty juvenile  
40 2 detention homes in the prior fiscal year. Such percentage  
40 3 shall be determined by the department based on the amount  
40 4 available for distribution from the fund.

40 5 (2) Moneys appropriated for distribution in accordance with  
40 6 this subsection shall be allocated among eligible detention  
40 7 homes, prorated on the basis of an eligible detention home's  
40 8 proportion of the costs of all eligible detention homes in the  
40 9 prior fiscal year.



40 11 Sec. 53. Section 239B.11, Code 2024, is amended to read as  
 40 12 follows:  
 40 13 239B.11 FAMILY INVESTMENT PROGRAM ~~ACCOUNT~~ ~~—~~ ~~DIVERSION~~  
 40 14 ~~PROGRAM SUBACCOUNT~~ ~~—~~ DIVERSION PROGRAM.  
 40 15 ~~1. An account is established in the state treasury to~~  
 40 16 ~~be known as the family investment program account under~~  
 40 17 ~~control of the department to which shall be credited all funds~~  
 40 18 ~~appropriated by the state for the payment of assistance and~~  
 40 19 ~~JOB program expenditures. All other moneys received at any~~  
 40 20 ~~time for these purposes, including child support revenues,~~  
 40 21 ~~shall be deposited into the account as provided by law. All~~  
 40 22 ~~assistance and JOB program expenditures under this chapter~~  
 40 23 ~~shall be paid from the account.~~  
 40 24 ~~2. a. A diversion program subaccount is created within~~  
 40 25 ~~the family investment program account. The subaccount may be~~  
 40 26 ~~used to provide incentives to divert a family's participation~~  
 40 27 ~~in the family investment program if the family meets the~~  
 40 28 ~~department's income eligibility requirements for the diversion~~  
 40 29 ~~program. Incentives may be provided in the form of payment or~~  
 40 30 ~~services to help a family to obtain or retain employment. The~~  
 40 31 ~~diversion program subaccount may also be used for payments to~~  
 40 32 ~~participants as necessary to cover the expenses of removing~~  
 40 33 ~~barriers to employment and to assist in stabilizing employment.~~  
 40 34 ~~In addition, the diversion program subaccount may be used for~~  
 40 35 ~~funding of services and payments for persons whose family~~  
 41 1 ~~investment program eligibility has ended, in order to help the~~  
 41 2 ~~persons to stabilize or improve their employment status.~~  
 41 3 ~~b. The A diversion program is created under the family~~  
 41 4 ~~investment program. The program shall provide incentives~~  
 41 5 ~~to divert a family's participation in or transition of~~  
 41 6 ~~a family from the family investment program by helping a~~  
 41 7 ~~participant obtain or retain employment, by removing barriers~~  
 41 8 ~~to employment, by stabilizing a participant's employment, or~~  
 41 9 ~~by improving a participant's employment status. The program~~  
 41 10 shall be implemented statewide in a manner that preserves local  
 41 11 flexibility in program design. The department shall assess and  
 41 12 screen individuals who would most likely benefit from diversion  
 41 13 program assistance. The department may shall adopt income  
 41 14 eligibility requirements and additional eligibility criteria  
 41 15 for the diversion program as necessary for compliance with  
 41 16 federal law and for screening those families who would be most

CODE: Creates a diversion program under the FIP to provide incentives to divert a family's participation in or transition from the FIP by helping a participant obtain or retain employment. The HHS is required to adopt income eligibility requirements and additional eligibility criteria. Removes mention of the FIP Account and Diversion Program Subaccount under the FIP.

41 17 likely to become eligible for the family investment program if  
 41 18 diversion program incentives ~~would~~ were not ~~be~~ provided to the  
 41 19 families.

41 20 Sec. 54. Section 239B.14, subsection 2, Code 2024, is  
 41 21 amended to read as follows:  
 41 22 2. An individual who commits a fraudulent practice under  
 41 23 this section is personally liable for the amount of assistance  
 41 24 or other benefits fraudulently obtained. The amount of the  
 41 25 assistance or other benefits may be recovered from the offender  
 41 26 or the offender's estate in an action brought or by claim  
 41 27 filed in the name of the state and the recovered funds shall  
 41 28 be deposited in the family investment program account credited  
 41 29 to the appropriation to the department for community access  
 41 30 and eligibility to be used for the purposes of the family  
 41 31 investment program. The action or claim filed in the name of  
 41 32 the state shall not be considered an election of remedies to  
 41 33 the exclusion of other remedies.

CODE: Redirects recovered funds from fraudulent practices to be credited to the Community Access and Eligibility appropriation for purposes of the FIP instead of being deposited in the FIP Account.

41 34 Sec. 55. Section 252B.27, subsection 1, Code 2024, is  
 41 35 amended to read as follows:  
 42 1 1. The director, within the limitations of the amount  
 42 2 appropriated for child support services, or moneys transferred  
 42 3 for this purpose from the family investment program account  
 42 4 ~~created in section 239B.11~~ appropriation to the department for  
 42 5 community access and eligibility, may establish new positions  
 42 6 and add employees to child support services if the director  
 42 7 determines that both the current and additional employees  
 42 8 together can reasonably be expected to maintain or increase net  
 42 9 state revenue at or beyond the budgeted level for the fiscal  
 42 10 year.

CODE: Allows the Director of the HHS to establish new positions for Child Support Services within the limitations of the amount appropriated for Child Support Services or moneys transferred for this purpose from the Community Access and Eligibility appropriation.

42 11 Sec. 56. TRANSITION PROVISION. All unencumbered and  
 42 12 unobligated moneys remaining on June 30, 2024, in the family  
 42 13 investment program account created in section 239B.11, are  
 42 14 appropriated to the department of health and human services for  
 42 15 community access and eligibility.

Directs any unexpended funds in the FIP account on June 30, 2024, to be appropriated to the HHS for Community Access and Eligibility.

42 16 CHILD SUPPORT COLLECTION SERVICES CENTER REFUND ACCOUNT

42 17 Sec. 57. Section 252B.13A, Code 2024, is amended by adding  
 42 18 the following new subsection:

CODE: Directs support payments received by the Collection Services Center to be deposited in the Collection Services Center Refund

42 19 NEW SUBSECTION 3. Support payments received by the  
 42 20 collection services center shall be deposited in the collection  
 42 21 services center refund account. The account shall be separate  
 42 22 from the general fund of the state and shall not be considered  
 42 23 part of the general fund of the state. The moneys deposited  
 42 24 in the account are not subject to section 8.33 and shall not  
 42 25 be transferred, used, obligated, appropriated, or otherwise  
 42 26 encumbered except as provided for the purposes of this chapter.  
 42 27 Notwithstanding section 12C.7, subsection 2, interest or  
 42 28 earnings on moneys deposited in the account shall be credited  
 42 29 to the account.

Account, which is separate from the General Fund. Specifies that moneys in the Account are not subject to reversion and are required to be used according to Iowa Code section [252B.13A](#). Permits moneys earned in the Account to be credited to the Account.

42 30 QUALITY ASSURANCE ASSESSMENT — PAYMENT PERIOD BASIS

42 31 Sec. 58. Section 249L.3, subsection 2, Code 2024, is amended  
 42 32 to read as follows:

42 33 2. The quality assurance assessment shall be paid by each  
 42 34 nursing facility to the department on a quarterly basis, or  
 42 35 other schedule as determined by the department due to a nursing  
 43 1 facility's noncompliance or based on an indication of a nursing  
 43 2 facility's financial instability, after the nursing facility's  
 43 3 medical assistance payment rates are adjusted to include  
 43 4 funds appropriated from the quality assurance trust fund for  
 43 5 that purpose. The department shall prepare and distribute a  
 43 6 form upon which nursing facilities shall calculate and report  
 43 7 the quality assurance assessment. A nursing facility shall  
 43 8 submit the completed form with the assessment amount no later  
 43 9 than thirty days following the end of each ~~calendar quarter~~  
 43 10 assessment period.

CODE: Requires that quality assurance assessments be paid by nursing facilities on a monthly basis instead of a quarterly basis, or other schedule as determined by the HHS. Requires that quality assurance assessment forms be submitted within 30 days of the end of each month rather than each calendar quarter.

43 11 CENTERS OF EXCELLENCE GRANT PROGRAM  
 43 12 Sec. 59. NEW SECTION 135.194 CENTERS OF EXCELLENCE GRANT  
 43 13 PROGRAM.

43 14 1. The department shall administer a centers of excellence  
 43 15 grant program to encourage innovation and collaboration among  
 43 16 regional health care providers in rural areas, based upon the  
 43 17 results of a regional community needs assessment, in order  
 43 18 to transform health care delivery that provides quality,  
 43 19 sustainable care in meeting the needs of the local community.

CODE: Requires the HHS to administer a Centers of Excellence Grant Program to encourage collaboration among regional health care providers in rural areas to transform health care delivery to provide quality and sustainable care.

43 20 2. There is appropriated from the general fund of the

CODE: Creates a standing appropriation of \$425,000 for the

43 21 state to the department, beginning July 1, 2024, and for each  
 43 22 subsequent fiscal year, the sum of four hundred twenty-five  
 43 23 thousand dollars to award two program grants.

continuation of a Center of Excellence Program.

DETAIL: This is no change compared to the estimated FY 2024 allocation. The allocation was previously located under the Community Capacity appropriation. The Program funds grant proposals to demonstrate regional collaboration in accessing targeted medical needs of local residents. The projects facilitate collaboration between rural hospitals and health systems to leverage resources and develop a business model for long-term sustainability. Applicants are required to complete a five-year sustainability plan prior to being awarded any funds and are required to provide periodic reports as specified by the HHS to the Governor and the General Assembly regarding expenditures and progress in accomplishing the Program goals.

43 24 3. An applicant for a grant shall specify how the grant will  
 43 25 be expended to accomplish the goals of the program and shall  
 43 26 provide a detailed five-year sustainability plan prior to being  
 43 27 awarded the grant.

CODE: Requires an applicant for a grant to specify how the grant will be expended to accomplish the goals of the Program and to provide a detailed five-year sustainability plan prior to being awarded the grant.

43 28 4. Following receipt of a grant, a recipient shall submit  
 43 29 periodic reports as specified by the department to the governor  
 43 30 and the general assembly regarding the recipient's expenditure  
 43 31 of the grant and progress in accomplishing the program's goals.

CODE: Requires a recipient of a grant to submit periodic reports as specified by the HHS to the Governor and the General Assembly regarding the expenditure of the grant and progress in accomplishing the Program's goals.

#### 43 32 ASSISTED LIVING PROGRAM — REVISED PAYMENT MODEL STUDY

43 33 Sec. 60. ASSISTED LIVING PROGRAM — REVISED PAYMENT  
 43 34 MODEL STUDY. The department of health and human services,  
 43 35 in consultation with Medicaid provider associations and  
 44 1 stakeholders, shall explore options for a revised payment model  
 44 2 for reimbursement of assisted living programs that provide  
 44 3 services to Medicaid recipients. The study shall include  
 44 4 consideration of all sources of funding utilized by residents  
 44 5 of assisted living programs. The department of health and  
 44 6 human services shall report all options identified to the  
 44 7 general assembly by December 1, 2024.

Requires the HHS, in consultation with Medicaid provider associations and stakeholders, to conduct a study to explore options for a revised payment model for reimbursement of assisted living programs for Medicaid recipients. Requires the study to include consideration of all sources of funding utilized by residents of assisted living programs. The HHS is required to report all options identified to the General Assembly by December 1, 2024.

#### 44 8 COUNTY COMMISSIONS OF VETERAN AFFAIRS — APPROPRIATION

44 9 Sec. 61. Section 35A.16, subsection 1, paragraph b, Code  
 44 10 2024, is amended to read as follows:  
 44 11 b. There is appropriated from the general fund of the state

CODE: Decreases the standing limited appropriation from the General Fund to the Department of Veterans Affairs to be credited to the County Commissions of Veteran Affairs Fund from \$1,000,000 to

44 12 to the department, for the fiscal year beginning July 1, 2009,  
 44 13 and for each subsequent fiscal year, the sum of ~~one million~~  
 44 14 nine hundred ninety thousand dollars to be credited to the  
 44 15 county commissions of veteran affairs fund.

\$990,000.

DETAIL: This is no change compared to estimated FY 2024.

44 16 FOSTER CARE — RELATIVE OR FICTIVE KIN

44 17 Sec. 62. Section 234.39, subsection 2, Code 2024, is amended  
 44 18 to read as follows:

CODE: States that Iowa Code section [234.39\(2\)](#) shall not apply when a child is placed with a relative or fictive kin who is not licensed under Iowa Code chapter [237](#) to provide child foster care.

44 19 2. a. A person entitled to periodic support payments  
 44 20 pursuant to an order or judgment entered in any action for  
 44 21 support, who also is or has a child receiving foster care  
 44 22 services, is deemed to have assigned to the department  
 44 23 current and accruing support payments attributable to the  
 44 24 child effective as of the date the child enters foster care  
 44 25 placement, to the extent of expenditure of foster care funds.  
 44 26 The department shall notify the clerk of the district court  
 44 27 when a child entitled to support payments is receiving foster  
 44 28 care services pursuant to chapter 234. Upon notification  
 44 29 by the department that a child entitled to periodic support  
 44 30 payments is receiving foster care services, the clerk of  
 44 31 the district court shall make a notation of the automatic  
 44 32 assignment in the judgment docket and lien index. The notation  
 44 33 constitutes constructive notice of assignment. The clerk of  
 44 34 court shall furnish the department with copies of all orders  
 44 35 and decrees awarding support when the child is receiving  
 45 1 foster care services. At the time the child ceases to receive  
 45 2 foster care services, the assignment of support shall be  
 45 3 automatically terminated. Unpaid support accrued under the  
 45 4 assignment of support rights during the time that the child was  
 45 5 in foster care remains due to the department up to the amount  
 45 6 of unreimbursed foster care funds expended. The department  
 45 7 shall notify the clerk of court of the automatic termination  
 45 8 of the assignment. Unless otherwise specified in the support  
 45 9 order, an equal and proportionate share of any child support  
 45 10 awarded shall be presumed to be payable on behalf of each child  
 45 11 subject to the order or judgment for purposes of an assignment  
 45 12 under this section.

45 13 b. This subsection shall not apply when a child is placed  
 45 14 with a relative or fictive kin as those terms are defined in  
 45 15 section 232.2, who is not licensed under chapter 237 to provide  
 45 16 child foster care.

45 17 DIVISION XVII  
 45 18 HEALTH CARE EMPLOYMENT AGENCIES AND HEALTH CARE TECHNOLOGY  
 45 19 PLATFORMS

45 20 Sec. 63. Section 135Q.1, Code 2024, is amended to read as  
 45 21 follows:

45 22 135Q.1 DEFINITIONS.

45 23 As used in this chapter, unless the context otherwise  
 45 24 requires:

45 25 1. "Affiliate" means an entity that directly or indirectly  
 45 26 is controlled with or by, or is under the common control with,  
 45 27 a health care entity. For the purposes of this subsection,  
 45 28 "control" means the same as defined in section 423.3, subsection  
 45 29 92, paragraph "e".

45 30 ~~1.~~ 2. "Department" means the department of inspections,  
 45 31 appeals, and licensing.

45 32 ~~2.~~ 3. a. "Health care employment agency" or "agency"  
 45 33 means an agency that contracts with a health care entity  
 45 34 in this state to provide agency workers for temporary or  
 45 35 temporary-to-hire employee placements.

46 1 b. "Health care employment agency" does not include a health  
 46 2 care entity or an affiliate of a health care entity when acting  
 46 3 as a health care employment agency for the sole purpose of  
 46 4 providing agency workers to the health care entity itself or to  
 46 5 an affiliate of the health care entity.

46 6 c. "Health care employment agency" does not include a health  
 46 7 care technology platform.

46 8 ~~3.~~ 4. "Health care employment agency worker" or "agency  
 46 9 worker" means an individual who contracts with or is employed by  
 46 10 a health care employment agency to provide nursing services to  
 46 11 health care entity consumers.

46 12 ~~4.~~ 5. "Health care entity" means a facility, agency, or  
 46 13 program licensed or certified by the department or by the  
 46 14 centers for Medicare and Medicaid services of the United States  
 46 15 department of health and human services.

46 16 6. "Health care technology platform" or "platform" includes  
 46 17 an individual, a trust, a partnership, a corporation, a limited  
 46 18 liability partnership or company, or any other business entity  
 46 19 that develops and operates, offers, or maintains a system or  
 46 20 technology that provides an internet-based or application-based  
 46 21 marketplace through which an independent nursing services

CODE: Defines terms related to Iowa Code chapter [135Q](#) (Health Care Employment Agencies and Workers).

46 22 professional bids on open shifts posted by a health care entity  
46 23 to provide nursing services for the health care entity.  
46 24 7. "Independent nursing services professional" means a person  
46 25 engaged as an independent contractor through a health care  
46 26 technology platform to provide nursing services for a health  
46 27 care entity. An independent nursing services professional  
46 28 shall be considered an independent contractor provided the  
46 29 independent nursing services professional in the independent  
46 30 nursing services professional's sole discretion bids on open  
46 31 shifts and chooses where, when, and how often to work.  
46 32 8. "Individual agency worker category" includes registered  
46 33 nurses, licensed practical nurses, certified nurse aides,  
46 34 certified medication aides, home health aides, medication  
46 35 managers, and noncertified or nonlicensed staff providing  
47 1 personal care as defined in section 231C.2 who are health care  
47 2 employment agency workers.  
47 3 ~~5.~~ 9. "Managing entity" means a business entity,  
47 4 owner, ownership group, chief executive officer, program  
47 5 administrator, director, or other decision maker whose  
47 6 responsibilities include directing the management or policies  
47 7 of a health care employment agency or a health care technology  
47 8 platform. "Managing entity" includes an individual who,  
47 9 directly or indirectly, holds a beneficial interest in a  
47 10 corporation, partnership, or other business entity that  
47 11 constitutes a managing entity.  
47 12 ~~6.~~ 10. "Nursing services" means those services which may be  
47 13 provided only by or under the supervision of a nurse. "Nursing  
47 14 services" includes services performed by a registered nurse, a  
47 15 licensed practical nurse, a certified nurse aide, a certified  
47 16 medication aide, a home health aide, a medication manager, or  
47 17 by noncertified or nonlicensed staff providing personal care  
47 18 as defined in section 231C.2. "Nursing services" does not  
47 19 include the practice of nursing by an advanced registered nurse  
47 20 practitioner or an advanced practice registered nurse licensed  
47 21 under chapter 152 or 152E.  
47 22 11. "Nursing services professionals" includes registered  
47 23 nurses, licensed practical nurses, certified nurse aides,  
47 24 certified medication aides, home health aides, medication  
47 25 managers, and noncertified or nonlicensed staff providing  
47 26 personal care as defined in section 231C.2, who are not  
47 27 health care employment agency workers but instead are employed

47 28 directly by or contract directly with a health care entity.

47 29 Sec. 64. Section 135Q.2, Code 2024, is amended to read as  
47 30 follows:

47 31 135Q.2 HEALTH CARE EMPLOYMENT AGENCY REQUIREMENTS —  
47 32 REGISTRATION — LIABILITY — ~~PENALTIES~~ .

47 33 1. a. A health care employment agency operating in the  
47 34 state shall register annually with the department. Each  
47 35 separate location of a health care employment agency shall  
48 1 register annually with and pay an annual registration fee of  
48 2 five hundred dollars to the department. The department shall  
48 3 issue each location a separate certification of registration  
48 4 upon approval of registration and payment of the fee. The  
48 5 annual registration fees shall be retained by the department as  
48 6 repayment receipts as defined in section 8.2.

48 7 b. A health care employment agency that fails to register  
48 8 with the department as required under this subsection shall be  
48 9 prohibited from contracting with any health care entity in this  
48 10 state.

48 11 2. A health care employment agency shall do all of the  
48 12 following:

48 13 a. Ensure that agency workers comply with all applicable  
48 14 requirements relating to the health requirements and  
48 15 qualifications of personnel in health care entity settings.

48 16 b. Document that each agency worker meets the minimum  
48 17 licensing, certification, training, and health requirements  
48 18 and the continuing education standards for the agency worker's  
48 19 position in the health care entity setting.

48 20 c. Maintain records for each agency worker and report,  
48 21 file, or otherwise provide any required documentation to  
48 22 external parties or regulators which would otherwise be the  
48 23 responsibility of the health care entity if the agency worker  
48 24 was directly employed by the health care entity.

48 25 d. Maintain professional and general liability insurance  
48 26 coverage with minimum per occurrence coverage of one million  
48 27 dollars and aggregate coverage of three million dollars to  
48 28 insure against loss, damage, or expense incident to a claim  
48 29 arising out of the death or injury of any person as the result  
48 30 of negligence or malpractice in the provision of services by  
48 31 the agency or an agency worker.

CODE: Prohibits a health care employment agency from contracting with a health care entity if the health care employment agency has not registered with the DIAL.

CODE: Specifies that a health care employment agency must maintain records for each agency worker and report, file, or otherwise provide any required documentation to external parties that would otherwise be the responsibility of the health care entity if the agency worker was directly employed by the health care entity.



48 32 3. a. A health care employment agency shall not do any of  
48 33 the following:

48 34 (1) Restrict in any manner the employment opportunities  
48 35 of an agency worker by including a noncompete clause in any  
49 1 contract with an agency worker or health care entity.

49 2 (2) In any contract with an agency worker or health care  
49 3 entity, require payment of liquidated damages, employment fees,  
49 4 or other compensation if the agency worker is subsequently  
49 5 hired as a permanent employee of the health care entity.

49 6 b. This subsection shall not apply to a contract between  
49 7 a health care employment agency and an agency worker or a  
49 8 health care entity if the contract meets all of the following  
49 9 criteria:

49 10 (1) The contract is entered into for the purpose of placing  
49 11 an agency worker the health care employment agency assisted in  
49 12 obtaining authorization to work in the United States.

49 13 (2) The contract contains an initial duration term of  
49 14 not less than twenty-four months and a total duration term,  
49 15 including any renewals or extensions, of not more than  
49 16 thirty-six months.

49 17 (3) The contract requires the agency worker to work for  
49 18 a single health care entity for the entire duration of the  
49 19 contract.

49 20 c. Any contract that violates this subsection shall be  
49 21 unenforceable in court.

49 22 4. A health care employment agency shall submit a report to  
49 23 the department on a quarterly basis for each health care entity  
49 24 participating in Medicare or Medicaid with whom the agency  
49 25 contracts that includes all of the following by provider type:

49 26 a. A detailed list of the average amount charged to the  
49 27 health care entity for each individual agency worker category.

49 28 b. A detailed list of the average amount paid by the agency  
49 29 to agency workers in each individual agency worker category.

49 30 ~~5. a. A health care employment agency that violates~~  
49 31 ~~subsection 1 or subsection 2 is subject to denial or revocation~~  
49 32 ~~of registration for a period of one year and a monetary penalty~~  
49 33 ~~of five hundred dollars for a first offense and five thousand~~  
49 34 ~~dollars for each offense thereafter.~~

CODE: Prohibits a health care employment agency from restricting the employment opportunities of an agency worker and requiring payment of liquidated damages, employment fees, or other compensation if the agency worker is subsequently hired as a permanent employee. Specifies the criteria for a contract to be exempt from this subsection. Specifies that any contract that violates this subsection will be unenforceable in court.

CODE: Requires a health care employment agency to report to the HHS on a quarterly basis for each health care entity participating in Medicaid and Medicare with whom the HHS contracts. The report will include the following:

- A detailed list of the average amount charged to the health care entity for each individual agency worker category.
- A detailed list of the average amount paid by the agency to agency workers in each individual agency worker category.

CODE: Removes penalties associated with violation of Iowa Code chapter [135Q](#) by health care employment agencies.

49 35 ~~b.~~ A health care employment agency that violates subsection  
 50 1 ~~3~~ or that knowingly provides an agency worker who has an  
 50 2 illegally or fraudulently obtained or issued diploma,  
 50 3 registration, license, certification, or background check to  
 50 4 a health care entity is subject to immediate revocation of  
 50 5 registration. The department shall notify the agency thirty  
 50 6 days in advance of the date of such revocation.

50 7 ~~c.~~ (1) The managing entity of an agency for which  
 50 8 registration has been denied or revoked under this subsection  
 50 9 shall not be eligible to apply for or be granted registration  
 50 10 for another agency during the two-year period following the  
 50 11 date of the denial or revocation.

50 12 ~~(2)~~ The department shall not approve a new registration  
 50 13 or renew an existing registration for any agency for which  
 50 14 the managing entity is also the managing entity of an agency  
 50 15 for which registration has been denied or revoked during the  
 50 16 two-year period in which registration of the violating agency  
 50 17 is denied or revoked.

50 18 ~~6.~~ 5. The department shall establish a system for members  
 50 19 of the public to report complaints against an agency or  
 50 20 agency worker. The department shall investigate any complaint  
 50 21 received and shall report the department's findings to the  
 50 22 complaining party and the agency involved.

CODE: Requires the DIAL to establish a system for members of the public to report complaints against an agency or worker. Requires the HHS to investigate any complaint received and to report the findings to the complaining party and the agency involved.

50 23 Sec. 65.NEW SECTION 135Q.3 HEALTH CARE TECHNOLOGY  
 50 24 PLATFORM REQUIREMENTS — REGISTRATION — LIABILITY.

50 25 1. a. A health care technology platform operating in  
 50 26 the state shall register annually with the department and  
 50 27 pay an annual registration fee of five hundred dollars to  
 50 28 the department. The department shall issue each health  
 50 29 care technology platform a certificate of registration upon  
 50 30 approval of registration and payment of the fee. The annual  
 50 31 registration fees shall be retained by the department as  
 50 32 repayment receipts as defined in section 8.2.

50 33 b. A health care technology platform that fails to register  
 50 34 with the department as required under this subsection shall be  
 50 35 prohibited from contracting with any health care entity in this  
 51 1 state.

51 2 c. A health care technology platform that allows independent  
 51 3 nursing services professionals to utilize the platform to bid  
 51 4 on open shifts is an authorized agency for purposes of access

CODE: Requires health care technology platforms to register annually with the DIAL and pay an annual registration fee of \$500, which is retained by the DIAL. Prohibits a platform from contracting with any health care entity in the State if the platform fails to register with the DIAL. Specifies that a platform is an authorized agency for purposes of access to the single contact repository if the platform allows independent nursing services professionals to utilize the platform to bid on shifts. Requires platforms to rerun background checks for an independent nursing services professional following two consecutive years of inactivity on the platform.

51 5 to the single contact repository. A health care technology  
 51 6 platform shall rerun background checks for an independent  
 51 7 nursing services professional following two consecutive years  
 51 8 of inactivity on the platform by the independent nursing  
 51 9 services professional.

51 10 2. A health care technology platform shall verify that  
 51 11 an independent nursing services professional utilizing the  
 51 12 platform does all of the following:  
 51 13 a. Supplies documentation demonstrating that the independent  
 51 14 nursing services professional meets all applicable state  
 51 15 requirements and qualifications of personnel in a health care  
 51 16 entity setting.  
 51 17 b. Meets all applicable minimum state licensing and  
 51 18 certification requirements.  
 51 19 c. Maintains professional liability insurance coverage with  
 51 20 the minimum per occurrence coverage of one million dollars and  
 51 21 aggregate coverage of three million dollars to insure against  
 51 22 loss, damage, or expense incident to a claim arising out of  
 51 23 the death or injury of any person as the result of negligence  
 51 24 or malpractice in the provision of services by the independent  
 51 25 nursing services professional.

51 26 3. a. A health care technology platform shall not do any  
 51 27 of the following:  
 51 28 (1) Restrict in any manner the employment opportunities of  
 51 29 an independent nursing services professional by including a  
 51 30 noncompete clause in any contract with an independent nursing  
 51 31 services professional or health care entity.  
 51 32 (2) In any contract with an independent nursing services  
 51 33 professional or health care entity, require payment of  
 51 34 liquidated damages, employment fees, or other compensation if  
 51 35 the independent nursing services professional is subsequently  
 52 1 hired as a permanent employee or is engaged directly as a  
 52 2 contractor of the health care entity.  
 52 3 b. Any contract that violates this subsection shall be  
 52 4 unenforceable in court.

52 5 4. The department shall establish a system for members  
 52 6 of the public to report complaints against a health care  
 52 7 technology platform or an independent nursing services  
 52 8 professional. The department shall investigate any complaint

CODE: Requires health care technology platforms to verify that an independent nursing services professional utilizing the platform does the following:

- Supplies documentation demonstrating that the independent nursing services professional meets all applicable State requirements and qualifications of personnel in a health care entity setting.
- Meets all applicable minimum State licensing and certification requirements.
- Maintains professional liability insurance coverage with the minimum per occurrence coverage of \$1,000,000 and aggregate coverage of \$3,000,000.

CODE: Prohibits a health care technology platform from the following:

- Restricting the employment opportunities of an independent nursing services professional by including a noncompete clause in any contract with an independent nursing services professional or health care entity.
- Requiring payment of liquidated damages, employment fees, or other compensation in any contract with an independent nursing services professional or health care entity if the independent nursing services professional is subsequently hired as a permanent employee or is engaged directly as a contractor of the health care entity.

CODE: Requires the DIAL to establish a system for the public to report complaints against a health care technology platform or an

52 9 received and shall report the department's findings to the  
 52 10 complaining party and the health care technology platform  
 52 11 involved.

independent nursing services professional. Requires the DIAL to investigate complaints and report findings to the complaining party and the health care technology platform involved.

52 12 Sec. 66.NEW SECTION 135Q.4 PENALTIES — ENFORCEMENT.

52 13 1. a. A health care employment agency that violates  
 52 14 section 135Q.2, subsection 1 or 4, is subject to an initial  
 52 15 monetary penalty of five thousand dollars and shall be provided  
 52 16 notification by the department and given a thirty-day grace  
 52 17 period in which to comply.

CODE: Modifies the current civil penalty structure and adds new civil penalties for health care employment agencies that fail to comply with the Iowa Code. Modifies rules for registration by managing entities. Specifies that any monetary penalties under the section be retained by the DIAL as repayment receipts as defined in Iowa Code section [8.2](#). Requires the Attorney General to enforce Iowa Code chapter [135Q](#).

52 18 b. A health care employment agency that fails to comply  
 52 19 following the notification and within the thirty-day grace  
 52 20 period under paragraph "a", shall be subject to a monetary  
 52 21 penalty of twenty-five thousand dollars.

52 22 c. If a health care employment agency fails to comply  
 52 23 with paragraph "b", the health care employment agency shall  
 52 24 be subject to an additional monetary penalty of twenty-five  
 52 25 thousand dollars, revocation of registration, and denial of  
 52 26 subsequent registration for up to three years.

52 27 2. a. A health care employment agency that violates section  
 52 28 135Q.2, subsection 2, or that knowingly provides an agency  
 52 29 worker who has an illegally or fraudulently obtained or issued  
 52 30 diploma, registration, license, certification, or background  
 52 31 check to a health care entity is subject to a monetary penalty  
 52 32 of five thousand dollars for each violation.

52 33 b. If a health care employment agency commits a second or  
 52 34 subsequent violation of section 135Q.2, subsection 2, within  
 52 35 any three-year period, the health care employment agency shall  
 53 1 be subject to immediate revocation of registration. The  
 53 2 department shall notify the agency thirty days in advance of  
 53 3 the date of such revocation.

53 4 3. A health care employment agency that violates section  
 53 5 135Q.2, subsection 3, is subject to a monetary penalty of  
 53 6 twenty-five thousand dollars for the first violation. If  
 53 7 a health care employment agency violates section 135Q.2,  
 53 8 subsection 3, a second or subsequent time, the health care  
 53 9 employment agency shall be subject to immediate revocation of  
 53 10 registration, and shall not be eligible to apply for or be  
 53 11 granted registration for the three-year period immediately  
 53 12 following the date of revocation.

53 13 4. a. (1) A health care technology platform that violates

53 14 section 135Q.3, subsection 1, is subject to an initial  
53 15 monetary penalty of five thousand dollars and shall be provided  
53 16 notification by the department and given a thirty-day grace  
53 17 period in which to comply.

53 18 (2) A health care technology platform that fails to comply  
53 19 with the notification and within the thirty-day grace period  
53 20 under subparagraph (1) shall be subject to a monetary penalty  
53 21 of twenty-five thousand dollars.

53 22 (3) If a health care technology platform knowingly fails  
53 23 to comply with subparagraph (2), the health care technology  
53 24 platform shall be subject to an additional monetary penalty of  
53 25 twenty-five thousand dollars, revocation of registration, and  
53 26 denial of subsequent registration for up to three years.

53 27 b. (1) A health care technology platform that violates  
53 28 section 135Q.3, subsection 2, or that knowingly allows  
53 29 an independent nursing services professional who has an  
53 30 illegally obtained or issued diploma, registration, license,  
53 31 certification, or background check to utilize the platform to  
53 32 bid on a shift for a health care entity is subject to a monetary  
53 33 penalty of five thousand dollars for each violation.

53 34 (2) If a health care technology platform commits a second or  
53 35 subsequent violation of section 135Q.3, subsection 2, within  
54 1 any three-year period, the health care technology platform  
54 2 shall be subject to immediate revocation of registration. The  
54 3 department shall notify the health care technology platform  
54 4 thirty days in advance of the date of such revocation.

54 5 c. (1) A health care technology platform that violates  
54 6 section 135Q.3, subsection 3, is subject to a monetary penalty  
54 7 of twenty-five thousand dollars for the first violation.

54 8 (2) If a health care technology platform violates section  
54 9 135Q.3, subsection 3, a second or subsequent time, the health  
54 10 care technology platform shall be subject to immediate  
54 11 revocation of registration, and shall not be eligible to apply  
54 12 for or be granted registration for the three-year period  
54 13 immediately following the date of revocation.

54 14 5. a. The managing entity of an agency for which  
54 15 registration has been denied or revoked under this section  
54 16 shall not be eligible to apply for or be granted registration  
54 17 for another agency during the three-year period following the  
54 18 date of the denial or revocation.

54 19 b. The department shall not approve a new registration

54 20 or renew an existing registration for any agency for which  
 54 21 the managing entity is also the managing entity of an agency  
 54 22 for which registration has been denied or revoked during the  
 54 23 three-year period in which registration of the violating agency  
 54 24 is denied or revoked.

54 25 6. a. The managing entity of a health care technology  
 54 26 platform for which registration has been denied or revoked  
 54 27 under this section shall not be eligible to apply for or  
 54 28 be granted registration for another health care technology  
 54 29 platform during the two-year period following the date of the  
 54 30 denial or revocation.

54 31 b. The department shall not approve a new registration or  
 54 32 renew an existing registration for any health care technology  
 54 33 platform for which the managing entity is also the managing  
 54 34 entity of a health care technology platform for which  
 54 35 registration has been denied or revoked during the two-year  
 55 1 period in which registration of the violating health care  
 55 2 technology platform is denied or revoked.

55 3 7. Any monetary penalties collected under this section  
 55 4 shall be retained by the department as repayment receipts as  
 55 5 defined in section 8.2.

55 6 8. The attorney general shall enforce this chapter.

55 7 Sec. 67. NEW SECTION 135Q.5 DEPARTMENT ANNUAL REPORT.

55 8 The department shall submit an annual report to the general  
 55 9 assembly by January 15, for the immediately preceding fiscal  
 55 10 year, that includes a summary of the number of registrations  
 55 11 issued and the amount of registration fees collected, the  
 55 12 violations of this chapter, the amount of monetary penalties  
 55 13 collected, the number of health care employment agencies,  
 55 14 health care technology platforms, and managing entities  
 55 15 for whom a registration was revoked or denied, and any  
 55 16 recommendations for changes to the chapter.

CODE: Requires the DIAL to submit an annual report to the General Assembly that includes information on health care employment agency registrations, registration fees collected, violations of Iowa Code chapter [135Q](#), monetary penalties collected, registration revocations and denials, and recommendations for changes to the Iowa Code chapter.

55 17 Sec. 68. EFFECTIVE DATE. This division of this Act, being  
 55 18 deemed of immediate importance, takes effect upon enactment.

Specifies that Division XVII related to health care employment agencies and health care technology platforms takes effect upon enactment.

55 19 DIVISION XVIII  
 55 20 MEDICAL CANNABIDIOL REGISTRATION CARD — TELEMEDICINE —  
 55 21 PRACTITIONER REQUIREMENTS

55 22 Sec. 69. Section 124E.3, Code 2024, is amended by adding the  
 55 23 following new subsection:  
 55 24 NEW SUBSECTION 4. A health care practitioner that  
 55 25 establishes or maintains a relationship with a patient through  
 55 26 the use of telemedicine shall comply with the requirements of  
 55 27 653 IAC 13.11(7).

CODE: Extends the duties of a health care practitioner under the Medical Cannabidiol Act to include the establishment of a physician-patient relationship through the use of telemedicine to comply with the requirements in 653 IAC [13.11\(7\)](#).

55 28 DIVISION XIX  
 55 29 NURSING FACILITY OVERSIGHT

55 30 Sec. 70. NEW SECTION 135C.35C NURSING FACILITIES — JOINT  
 55 31 TRAINING SESSIONS.

55 32 The department shall semiannually provide joint training  
 55 33 sessions for inspectors and nursing facilities to review at  
 55 34 least three of the ten most frequently issued federal citations  
 55 35 in the state during the immediately preceding calendar year.  
 56 1 The department shall develop a protocol to identify regional  
 56 2 citation patterns relating to complaints, standards, and  
 56 3 outcomes in the nursing facility inspection process. The  
 56 4 department shall include the state long-term care ombudsman,  
 56 5 or the state long-term care ombudsman's designee, and  
 56 6 representatives of each nursing facility provider association  
 56 7 in the state in the planning process for the joint training  
 56 8 sessions.

CODE: Requires the DIAL to semiannually provide joint training sessions for inspectors and nursing facilities to review at least 3 of the 10 most frequently issued federal citations in the State during the immediately preceding calendar year. Requires the DIAL to develop a protocol to identify regional citation patterns relating to complaints, standards, and outcomes in the nursing facility inspection process. Requires the DIAL to include the State Long-Term Care Ombudsman, or designee, and representatives of each nursing facility provider association in the State in the planning process for the joint training sessions.

56 9 Sec. 71. Section 135C.40, subsection 1, Code 2024, is  
 56 10 amended by adding the following new paragraph:  
 56 11 NEW PARAGRAPH d. (1) The department shall establish and  
 56 12 maintain a process to review each citation issued for immediate  
 56 13 jeopardy or substandard quality of care prior to issuance of  
 56 14 final findings under section 135C.40A. Representatives of the  
 56 15 nursing facility issued such a citation may participate in  
 56 16 the review to provide context and evidence for the department  
 56 17 to consider in determining if a final finding of immediate  
 56 18 jeopardy or substandard quality of care should be issued. The  
 56 19 review shall ensure consistent and accurate application of  
 56 20 federal and state inspection protocols and defined regulatory  
 56 21 standards.

CODE: Requires the DIAL to establish and maintain a process to review each citation for immediate jeopardy or substandard quality of care prior to issuance of final findings of an investigation or inspection. Allows representatives of nursing facilities that have been issued a citation to participate in the review.

56 22 (2) For the purposes of this paragraph:

56 23 (a) "Immediate jeopardy" means a situation in which the  
 56 24 provider's noncompliance with one or more requirements of  
 56 25 participation has caused, or is likely to cause, serious

56 26 injury, harm, impairment, or death to a resident.  
 56 27 (b) "Likely" means probable and reasonably to be expected,  
 56 28 and suggests a greater degree of probability than a mere risk,  
 56 29 potential, or possibility that a particular event will cause  
 56 30 serious injury, harm, impairment, or death to a resident.  
 56 31 (c) "Substandard quality of care" means the same as defined  
 56 32 in 42 C.F.R.§488.301.

56 33 DIVISION XX

56 34 STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP POSITIONS

56 35 Sec. 72. Section 135.180, Code 2024, is amended to read as  
 57 1 follows:

57 2 135.180 STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP  
 57 3 ~~PROGRAM POSITIONS~~ — FUND — APPROPRIATIONS.

57 4 1. a. The university of Iowa hospitals and clinics shall  
 57 5 administer ~~a~~ state-funded psychiatry residency and fellowship  
 57 6 ~~program positions~~ for up to ~~nine~~ seven residents and up to two  
 57 7 fellows, annually. In addition, a county medical center, and  
 57 8 a medical center operating for more than one hundred forty  
 57 9 years, that are members of separate health systems, administer  
 57 10 psychiatry residency programs, and are located in a county with  
 57 11 a population over five hundred thousand shall each administer  
 57 12 state-funded psychiatry residency positions for one resident,  
 57 13 annually. The university of Iowa hospitals and clinics and the  
 57 14 specified medical centers shall expand ~~the~~ their psychiatry  
 57 15 residency ~~program~~ programs to provide additional residency  
 57 16 positions by providing financial support for residency  
 57 17 positions which are in excess of the federal residency cap  
 57 18 established by the federal Balanced Budget Act of 1997, Pub.  
 57 19 L. No.105-33.

57 20 b. The university of Iowa hospitals and clinics and the  
 57 21 specified medical centers shall cooperate with the state  
 57 22 mental health institutes at Independence and Cherokee, the  
 57 23 state resource center at Woodward, the state training school  
 57 24 at Eldora, and the Iowa medical and classification center  
 57 25 at Oakdale in administering ~~the program~~ the positions.  
 57 26 Participating residents and fellows shall complete a portion  
 57 27 of their psychiatry training at one of the state mental health  
 57 28 institutes, the state resource center, the state training  
 57 29 school, or the Iowa medical and classification center at  
 57 30 Oakdale. For accreditation-required clinical experiences

CODE: Reduces the number of residents at the UIHC's State-funded psychiatry residency and fellowship program from nine to seven and specifies one resident each for medical center meeting specified criteria.



57 31 not available at the state mental health institutes, the  
 57 32 state resource center, the state training school, or the Iowa  
 57 33 medical and classification center at Oakdale, the residents of  
 57 34 the psychiatry residency and fellowship program awarded the  
 57 35 residency positions administered by the university of Iowa  
 58 1 hospitals and clinics may utilize clinical rotations at the  
 58 2 university of Iowa hospitals and clinics and its affiliates  
 58 3 across the state and the residents awarded the residency  
 58 4 positions administered by the specified medical centers may  
 58 5 utilize clinical rotations at affiliates of such medical  
 58 6 centers across the state.

58 7 2. The university of Iowa hospitals and clinics shall apply  
 58 8 to the accreditation council for graduate medical education  
 58 9 for approval of ~~nine~~ seven additional residency positions  
 58 10 for each class of residents and ~~the psychiatry residency and~~  
 58 11 ~~fellowship program~~ shall award the total number of residency  
 58 12 positions approved for each class of residents. The university  
 58 13 of Iowa hospitals and clinics shall approve and award up to  
 58 14 two fellowship positions annually. The specified medical  
 58 15 centers shall apply to the accreditation council for graduate  
 58 16 medical education for approval of one additional residency  
 58 17 position each for each class of residents and shall award the  
 58 18 total number of residency positions approved for each class  
 58 19 of residents. Preference in the awarding of residency and  
 58 20 fellowship positions shall be given to candidates who are  
 58 21 residents of Iowa, attended and earned an undergraduate degree  
 58 22 from an Iowa college or university, or attended and earned a  
 58 23 medical degree from a medical school in Iowa.

58 24 3. A psychiatry residency and fellowship program positions  
 58 25 fund is created in the state treasury consisting of the moneys  
 58 26 appropriated or credited to the fund by law. Notwithstanding  
 58 27 section 8.33, moneys in the fund at the end of each fiscal  
 58 28 year shall not revert to any other fund but shall remain in  
 58 29 the psychiatry residency and fellowship program positions fund  
 58 30 for use in subsequent fiscal years. Moneys in the fund are  
 58 31 appropriated to the university of Iowa hospitals and clinics  
 58 32 to be used for the purposes of the program this section. For  
 58 33 the fiscal years beginning on or after July 1, 2023, there  
 58 34 is appropriated from the general fund of the state to the  
 58 35 psychiatry residency and fellowship program positions fund one

CODE: Directs the specified medical centers to apply to the Accreditation Council for Graduate Medical Education for approval of one additional residency position for each class of residents and specifies that the UIHC will apply for approval of seven residency positions.

CODE: Allocates \$100,000 of the amount appropriated annually to the UIHC to each of the specified medical centers for the residency positions approved and awarded.

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59 1 hundred thousand dollars for each residency position approved  
59 2 and awarded ~~under the program~~ and one hundred fifty thousand  
59 3 dollars for each fellowship position approved and awarded under  
59 4 the program this section. Of the amount appropriated annually  
59 5 from the fund to the university of Iowa hospitals and clinics,  
59 6 the university of Iowa hospitals and clinics shall distribute  
59 7 one hundred thousand dollars to each of the specified medical  
59 8 centers for each residency position approved and awarded.

# Health and Human Services

## General Fund

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Gov Rec FY 2025 (3)	Final Action FY 2025 (4)	Final Action vs Est FY 2024 (5)	Page and Line # (6)
<b><u>Aging, Iowa Department on</u></b>						
<b>Aging</b>						
Aging Programs	\$ 11,304,082	\$ 0	\$ 0	\$ 0	\$ 0	
Office of LTC Ombudsman	1,149,821	0	0	0	0	
<b>Total Aging, Iowa Department on</b>	<b>\$ 12,453,903</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b><u>Public Health, Department of</u></b>						
<b>Public Health</b>						
Addictive Disorders	\$ 23,659,379	\$ 0	\$ 0	\$ 0	\$ 0	
Healthy Children and Families	5,816,681	0	0	0	0	
Chronic Conditions	4,258,373	0	0	0	0	
Community Capacity	6,519,306	0	0	0	0	
Essential Public Health Services	7,662,464	0	0	0	0	
Infectious Diseases	1,796,206	0	0	0	0	
Public Protection	4,466,601	0	0	0	0	
Resource Management	933,871	0	0	0	0	
Congenital & Inherited Disorders Registry	202,081	0	0	0	0	
<b>Total Public Health, Department of</b>	<b>\$ 55,314,962</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b><u>Veterans Affairs, Department of</u></b>						
<b>Veterans Affairs, Dept. of</b>						
General Administration	\$ 1,229,763	\$ 1,033,289	\$ 1,369,205	\$ 1,369,205	\$ 335,916	PG 1 LN 9
Cemetery Grounds Service	0	0	292,000	0	0	
Home Ownership Assistance Program	2,000,000	2,200,000	2,200,000	2,200,000	0	PG 1 LN 24
Veterans County Grants	990,000	990,000	990,000	990,000	0	STANDING
<b>Veterans Affairs, Dept. of</b>	<b>\$ 4,219,763</b>	<b>\$ 4,223,289</b>	<b>\$ 4,851,205</b>	<b>\$ 4,559,205</b>	<b>\$ 335,916</b>	
<b>Veterans Affairs, Dept. of</b>						
Iowa Veterans Home	\$ 7,131,552	\$ 7,115,335	\$ 8,145,736	\$ 8,145,736	\$ 1,030,401	PG 1 LN 15
<b>Total Veterans Affairs, Department of</b>	<b>\$ 11,351,315</b>	<b>\$ 11,338,624</b>	<b>\$ 12,996,941</b>	<b>\$ 12,704,941</b>	<b>\$ 1,366,317</b>	
<b><u>Health and Human Services, Department of</u></b>						
<b>HHS - Aging</b>						
Aging Programs	\$ 0	\$ 11,799,361	\$ 11,799,361	\$ 0	\$ -11,799,361	
Office of LTC Ombudsman	0	1,148,959	1,148,959	0	-1,148,959	
Aging and Disability Services	0	0	0	19,088,714	19,088,714	PG 1 LN 32
<b>HHS - Aging</b>	<b>\$ 0</b>	<b>\$ 12,948,320</b>	<b>\$ 12,948,320</b>	<b>\$ 19,088,714</b>	<b>\$ 6,140,394</b>	
<b>HHS - Assistance Payment</b>						

# Health and Human Services

## General Fund

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Gov Rec FY 2025 (3)	Final Action FY 2025 (4)	Final Action vs Est FY 2024 (5)	Page and Line # (6)
Family Investment Program/PROMISE JOBS	\$ 41,003,978	\$ 41,003,575	\$ 38,103,575	\$ 0	\$ -41,003,575	
Medical Assistance	1,510,127,388	1,543,626,779	1,618,583,680	1,650,866,536	107,239,757	PG 11 LN 8
Health Program Operations	17,446,343	17,446,067	18,631,728	0	-17,446,067	
State Supplementary Assistance	7,349,002	7,349,002	5,749,002	0	-7,349,002	
State Children's Health Insurance	38,661,688	38,661,688	42,597,798	0	-38,661,688	
Child Care Assistance	40,816,931	64,223,730	64,223,730	0	-64,223,730	
Child and Family Services	93,571,677	79,027,794	79,362,294	0	-79,027,794	
Adoption Subsidy	40,596,007	40,883,507	40,883,507	0	-40,883,507	
Family Support Subsidy	949,282	949,282	949,282	0	-949,282	
Conner Training	33,632	33,632	33,632	0	-33,632	
Volunteers	84,686	84,686	84,686	0	-84,686	
Child Abuse Prevention	202,081	232,570	232,570	232,570	0	STANDING
<b>HHS - Assistance Payment</b>	<b>\$ 1,790,842,695</b>	<b>\$ 1,833,522,312</b>	<b>\$ 1,909,435,484</b>	<b>\$ 1,651,099,106</b>	<b>\$ -182,423,206</b>	
<b>HHS - Eldora State Training School</b>						
Eldora Training School	\$ 17,606,871	\$ 17,568,511	\$ 18,529,635	\$ 0	\$ -17,568,511	
<b>HHS - Cherokee Mental Health Institution</b>						
Cherokee MHI	\$ 15,613,624	\$ 15,923,252	\$ 18,482,310	\$ 0	\$ -15,923,252	
<b>HHS - Independence Mental Health Institution</b>						
Independence MHI	\$ 19,688,928	\$ 19,811,470	\$ 22,876,090	\$ 0	\$ -19,811,470	
<b>HHS - Glenwood Resource Center</b>						
Glenwood Resource Center	\$ 16,288,739	\$ 16,255,132	\$ 5,255,132	\$ 0	\$ -16,255,132	
<b>HHS - Woodward Resource Center</b>						
Woodward Resource Center	\$ 13,409,294	\$ 13,389,577	\$ 13,389,577	\$ 0	\$ -13,389,577	
<b>HHS - Civil Commitment Unit / Sexual Offenders</b>						
Civil Commitment Unit for Sexual Offenders	\$ 13,891,276	\$ 14,865,337	\$ 16,793,575	\$ 0	\$ -14,865,337	
<b>HHS - Community Services</b>						
Child Support Services	\$ 15,942,885	\$ 15,914,329	\$ 15,914,329	\$ 0	\$ -15,914,329	
Field Operations	65,894,438	72,056,945	72,736,945	0	-72,056,945	
<b>HHS - Community Services</b>	<b>\$ 81,837,323</b>	<b>\$ 87,971,274</b>	<b>\$ 88,651,274</b>	<b>\$ 0</b>	<b>\$ -87,971,274</b>	
<b>HHS - Human Services</b>						
General Administration	\$ 15,842,189	\$ 18,913,662	\$ 19,490,662	\$ 0	\$ -18,913,662	
HHS Facilities	4,172,123	2,157,590	7,882,987	0	-2,157,590	
Commission of Inquiry	0	1,394	1,394	1,394	0	STANDING
Nonresident Mental Illness Commitment	12,530	142,802	142,802	142,802	0	STANDING
Behavioral Health	0	0	0	24,400,114	24,400,114	PG 3 LN 4
Community Access and Eligibility	0	0	0	68,043,944	68,043,944	PG 6 LN 28
Child Support Services	0	0	0	15,434,282	15,434,282	PG 8 LN 23

# Health and Human Services

## General Fund

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Gov Rec FY 2025 (3)	Final Action FY 2025 (4)	Final Action vs Est FY 2024 (5)	Page and Line # (6)
Health Program Operations	0	0	0	39,597,231	39,597,231	PG 12 LN 26
State Child Care Assistance	0	0	0	34,966,931	34,966,931	PG 17 LN 2
Early Intervention and Supports	0	0	0	35,277,739	35,277,739	PG 17 LN 22
Child Protective Services	0	0	0	166,101,034	166,101,034	PG 18 LN 15
State Specialty Care	0	0	0	100,006,128	100,006,128	PG 21 LN 14
Administration and Compliance	0	0	0	22,356,598	22,356,598	PG 22 LN 8
<b>HHS - Human Services</b>	<b>\$ 20,026,842</b>	<b>\$ 21,215,448</b>	<b>\$ 27,517,845</b>	<b>\$ 506,328,197</b>	<b>\$ 485,112,749</b>	
<b>HHS - Human Rights</b>						
LiHEAP Weatherization Assistance Program – Standing	\$ 0	\$ 1	\$ 1	\$ 1	\$ 0	STANDING
Central Administration	0	186,913	186,913	0	-186,913	
Community Advocacy and Services	0	956,894	956,894	0	-956,894	
Criminal & Juvenile Justice	0	1,318,547	156,843	0	-1,318,547	
Single Grant Program	0	140,000	140,000	0	-140,000	
<b>HHS - Human Rights</b>	<b>\$ 0</b>	<b>\$ 2,602,355</b>	<b>\$ 1,440,651</b>	<b>\$ 1</b>	<b>\$ -2,602,354</b>	
<b>HHS - Public Health</b>						
Congenital & Inherited Disorders Registry	\$ 0	\$ 223,521	\$ 223,521	\$ 223,521	\$ 0	STANDING
Psychiatry Residency & Fellowship Program - Standing	0	1,200,000	1,200,000	1,200,000	0	STANDING
Addictive Disorders	0	23,656,992	23,656,992	0	-23,656,992	
Healthy Children and Families	0	5,815,491	5,815,491	0	-5,815,491	
Chronic Conditions	0	4,256,595	4,256,595	0	-4,256,595	
Community Capacity	0	7,435,682	7,435,682	0	-7,435,682	
Essential Public Health Services	0	7,662,464	7,662,464	0	-7,662,464	
Infectious Diseases	0	1,795,902	1,795,902	0	-1,795,902	
Public Protection	0	4,581,792	4,581,792	0	-4,581,792	
Resource Management	0	933,543	933,543	0	-933,543	
Public Health	0	0	0	22,531,821	22,531,821	PG 4 LN 20
Centers of Excellence Grant Program - Standing	0	0	0	425,000	425,000	PG 43 LN 20
<b>HHS - Public Health</b>	<b>\$ 0</b>	<b>\$ 57,561,982</b>	<b>\$ 57,561,982</b>	<b>\$ 24,380,342</b>	<b>\$ -33,181,640</b>	
<b>Total Health and Human Services, Department of</b>	<b>\$ 1,989,205,591</b>	<b>\$ 2,113,634,970</b>	<b>\$ 2,192,881,875</b>	<b>\$ 2,200,896,360</b>	<b>\$ 87,261,390</b>	
<b>Total Health and Human Services</b>	<b>\$ 2,068,325,771</b>	<b>\$ 2,124,973,594</b>	<b>\$ 2,205,878,816</b>	<b>\$ 2,213,601,301</b>	<b>\$ 88,627,707</b>	

# Health and Human Services

## Other Funds

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Supp-Final Action FY 2024 (3)	Estimated Net FY 2024 (4)	Gov Rec FY 2025 (5)	Final Action FY 2025 (6)	Final Action vs Est Net FY 2024 (7)	Page and Line # (8)
<b>Public Health, Department of</b>								
<b>Public Health</b>								
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
<b>Total Public Health, Department of</b>	<b>\$ 1,750,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	
<b>Health and Human Services, Department of</b>								
<b>HHS - Human Services</b>								
FIP - TANF	\$ 2,123,750	\$ 4,881,085	\$ 0	\$ 4,881,085	\$ 4,881,085	\$ 0	\$ -4,881,085	
PROMISE JOBS - TANF	2,826,748	5,412,060	0	5,412,060	5,412,060	0	-5,412,060	
Field Operations - TANF	31,296,335	31,296,232	0	31,296,232	31,296,232	0	-31,296,232	
General Administration - TANF	3,744,000	3,744,000	0	3,744,000	3,744,000	0	-3,744,000	
Child & Family Services - TANF	31,192,889	32,501,575	0	32,501,575	32,501,575	0	-32,501,575	
Training & Technology - TANF	379,318	1,037,186	0	1,037,186	1,037,186	0	-1,037,186	
Categorical Eligibility SNAP - TANF	16,557	14,236	0	14,236	14,236	0	-14,236	
General Transfer - TANF	0	0	0	0	0	12,988,627	12,988,627	PG 9 LN 17
Pregnancy Prevention - TANF	1,602,232	1,913,203	0	1,913,203	1,913,203	1,913,203	0	PG 9 LN 23
Community Access and Eligibility - TANF	0	0	0	0	0	5,000,000	5,000,000	PG 10 LN 5
ICAR System - TANF	0	0	0	0	0	5,000,000	5,000,000	PG 10 LN 12
FaDSS - TANF	2,885,440	2,888,980	0	2,888,980	2,888,980	2,888,980	0	PG 10 LN 17
Child Abuse Prevention - TANF	74,194	125,000	0	125,000	125,000	125,000	0	PG 10 LN 24
Administration and Compliance- TANF	0	0	0	0	0	3,533,647	3,533,647	PG 10 LN 27
Child Care Assistance - TANF	26,205,412	47,166,826	0	47,166,826	47,166,826	47,166,826	0	PG 10 LN 32
Child Protective Service - TANF	0	0	0	0	0	62,364,100	62,364,100	PG 10 LN 34
Kinship Stipend - TANF	0	0	0	0	0	3,000,000	3,000,000	PG 11 LN 1
Child & Family Serv. (Supplemental) - TANF	0	0	3,000,000	3,000,000	0	0	-3,000,000	PG 28 LN 15
<b>HHS - Human Services</b>	<b>\$ 102,346,875</b>	<b>\$ 130,980,383</b>	<b>\$ 3,000,000</b>	<b>\$ 133,980,383</b>	<b>\$ 130,980,383</b>	<b>\$ 143,980,383</b>	<b>\$ 10,000,000</b>	
<b>HHS - Assistance Payment</b>								
Health Program Operations - PSA	234,193	234,193	0	234,193	234,193	234,193	0	PG 13 LN 26
Medical Assistance - QATF	66,282,906	111,216,205	0	111,216,205	111,216,205	111,216,205	0	PG 14 LN 3
Medical Assistance - HHCA	33,920,554	33,920,554	0	33,920,554	33,920,554	33,920,554	0	PG 14 LN 15
Behavioral Analysis Treatment - ASF	0	0	0	0	0	750,000	750,000	PG 23 LN 9
Medical Assistance - HCTF	200,660,000	189,860,000	0	189,860,000	176,470,000	176,470,000	-13,390,000	PG 36 LN 24
Medicaid Supplemental - MFF	150,000	150,000	0	150,000	150,000	150,000	0	PG 35 LN 27
<b>HHS - Assistance Payment</b>	<b>\$ 301,247,653</b>	<b>\$ 335,380,952</b>	<b>\$ 0</b>	<b>\$ 335,380,952</b>	<b>\$ 321,990,952</b>	<b>\$ 322,740,952</b>	<b>\$ -12,640,000</b>	
<b>HHS - Public Health</b>								
Gambling Treatment Program - SWRF	\$ 0	\$ 1,750,000	\$ 0	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	PG 4 LN 5
<b>Total Health and Human Services, Department of</b>	<b>\$ 405,344,528</b>	<b>\$ 468,111,335</b>	<b>\$ 3,000,000</b>	<b>\$ 471,111,335</b>	<b>\$ 454,721,335</b>	<b>\$ 468,471,335</b>	<b>\$ -2,640,000</b>	
<b>Total Health and Human Services</b>	<b>\$ 407,094,528</b>	<b>\$ 468,111,335</b>	<b>\$ 3,000,000</b>	<b>\$ 471,111,335</b>	<b>\$ 454,721,335</b>	<b>\$ 468,471,335</b>	<b>\$ -2,640,000</b>	

# Health and Human Services

## FTE Positions

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Gov Rec FY 2025 (3)	Final Action FY 2025 (4)	Final Action vs Est FY 2024 (5)	Page and Line # (6)
<b>Health and Human Services, Department of</b>						
<b>HHS - Aging</b>						
Aging Programs	0.00	31.02	31.00	0.00	-31.02	
Office of LTC Ombudsman	0.00	12.00	12.00	0.00	-12.00	
<b>HHS - Aging</b>	<b>0.00</b>	<b>43.02</b>	<b>43.00</b>	<b>0.00</b>	<b>-43.02</b>	
<b>HHS - Assistance Payment</b>						
Family Investment Program/PROMISE JOBS	20.13	18.50	17.50	0.00	-18.50	
Medical Assistance	8.53	13.10	12.10	0.00	-13.10	
Health Program Operations	3.29	3.00	3.00	0.00	-3.00	
Child Care Assistance	2.73	5.22	5.22	0.00	-5.22	
Child and Family Services	4.62	5.00	4.00	0.00	-5.00	
<b>HHS - Assistance Payment</b>	<b>39.30</b>	<b>44.82</b>	<b>41.82</b>	<b>0.00</b>	<b>-44.82</b>	
<b>HHS - Eldora State Training School</b>						
Eldora Training School	165.87	206.82	206.82	0.00	-206.82	
<b>HHS - Cherokee Mental Health Institution</b>						
Cherokee MHI	148.97	167.49	167.49	0.00	-167.49	
<b>HHS - Independence Mental Health Institution</b>						
Independence MHI	163.46	184.20	184.20	0.00	-184.20	
<b>HHS - Glenwood Resource Center</b>						
Glenwood Resource Center	428.45	343.50	343.50	0.00	-343.50	
<b>HHS - Woodward Resource Center</b>						
Woodward Resource Center	477.35	545.76	545.76	0.00	-545.76	
<b>HHS - Civil Commitment Unit / Sexual Offenders</b>						
Civil Commitment Unit for Sexual Offenders	129.07	146.02	148.02	0.00	-146.02	
<b>HHS - Community Services</b>						
Child Support Services	415.14	423.00	423.00	0.00	-423.00	
Field Operations	1,519.26	1,589.00	1,589.00	0.00	-1,589.00	
<b>HHS - Community Services</b>	<b>1,934.40</b>	<b>2,012.00</b>	<b>2,012.00</b>	<b>0.00</b>	<b>-2,012.00</b>	
<b>HHS - Human Services</b>						
General Administration	279.17	323.67	323.67	0.00	-323.67	
HHS Administration	0.00	0.00	0.00	4,156.00	4,156.00	
<b>HHS - Human Services</b>	<b>279.17</b>	<b>323.67</b>	<b>323.67</b>	<b>4,156.00</b>	<b>3,832.33</b>	
<b>HHS - Human Rights</b>						
Central Administration	0.00	5.58	5.58	0.00	-5.58	
Community Advocacy and Services	0.00	7.53	7.53	0.00	-7.53	
Criminal & Juvenile Justice	0.00	7.57	1.57	0.00	-7.57	

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# Health and Human Services

## FTE Positions

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Gov Rec FY 2025 (3)	Final Action FY 2025 (4)	Final Action vs Est FY 2024 (5)	Page and Line # (6)
<b>HHS - Human Rights</b>	0.00	20.68	14.68	0.00	-20.68	
<b>HHS - Public Health</b>						
Addictive Disorders	0.00	12.00	12.00	0.00	-12.00	
Healthy Children and Families	0.00	12.05	14.00	0.00	-12.05	
Chronic Conditions	0.00	11.00	10.00	0.00	-11.00	
Community Capacity	0.00	14.00	14.00	0.00	-14.00	
Infectious Diseases	0.00	6.00	6.00	0.00	-6.00	
Public Protection	0.00	59.00	57.00	0.00	-59.00	
Resource Management	0.00	4.00	4.00	0.00	-4.00	
<b>HHS - Public Health</b>	0.00	118.05	117.00	0.00	-118.05	
<b>Total Health and Human Services, Department of</b>	3,766.04	4,156.03	4,147.96	4,156.00	-0.03	



# Health and Human Services

## FTE Positions

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Gov Rec FY 2025 (3)	Final Action FY 2025 (4)	Final Action vs Est FY 2024 (5)	Page and Line # (6)
<b><u>Aging, Iowa Department on</u></b>						
<b>Aging</b>						
Aging Programs	33.78	0.00	0.00	0.00	0.00	
Office of LTC Ombudsman	12.23	0.00	0.00	0.00	0.00	
<b>Total Aging, Iowa Department on</b>	<b>46.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b><u>Public Health, Department of</u></b>						
<b>Public Health</b>						
Addictive Disorders	8.65	0.00	0.00	0.00	0.00	
Healthy Children and Families	10.68	0.00	0.00	0.00	0.00	
Chronic Conditions	8.66	0.00	0.00	0.00	0.00	
Community Capacity	6.31	0.00	0.00	0.00	0.00	
Infectious Diseases	4.76	0.00	0.00	0.00	0.00	
Public Protection	140.08	0.00	0.00	0.00	0.00	
Resource Management	3.42	0.00	0.00	0.00	0.00	
<b>Total Public Health, Department of</b>	<b>182.56</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b><u>Veterans Affairs, Department of</u></b>						
<b>Veterans Affairs, Dept. of</b>						
General Administration	8.83	9.00	9.00	15.00	6.00	PG 1 LN 9
<b>Total Veterans Affairs, Department of</b>	<b>8.83</b>	<b>9.00</b>	<b>9.00</b>	<b>15.00</b>	<b>6.00</b>	
<b>Total Health and Human Services</b>	<b>4,003.43</b>	<b>4,165.03</b>	<b>4,156.96</b>	<b>4,171.00</b>	<b>5.97</b>	