

Health and Human Services Appropriations Bill House File 2782

Last Action:
**House Appropriations
Committee**
April 16, 2026

An Act relating to and making appropriations to the Department of Veterans Affairs and the Department of Health and Human Services, including aging and disability services, behavioral health, public health, and community access and eligibility; the Medical Assistance program, State Supplementary Assistance, Hawki, and other health-related programs; family well-being and protection; State-operated specialty care; administration and compliance; transfers, cash flow, and nonreversions; report on nonreversion of moneys; More Options for Maternal Support Program; reimbursement rates review; mental diseases exclusion waiver; community health centers reimbursement; full-time equivalent dashboard; Comprehensive Family Support Program; federal Community Mental Health Services block grant; child welfare and juvenile justice decategorization; commitment or hospitalization of certain persons with substance abuse disorders or mental illness; behavioral health expenditure report; and Opioid Settlement Fund; 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

LSA Staff Contacts: Lindsey Ingraham (515.281.6764) Louie Hoehle (515.281.6561)

FUNDING SUMMARY

General Fund FY 2027: Appropriates a total of \$2,561.3 million from the General Fund and 4,163.0 full-time equivalent (FTE) positions to the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (DVA). This is an increase of \$4.0 million and a decrease of 176.8 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act).

Other Funds FY 2027: Appropriates a total of \$451.2 million from other funds. This is a decrease of \$6.0 million compared to estimated net FY 2026.

Standing General Fund Appropriations FY 2027: In addition to the appropriations in this Act, the attached tracking includes the following standing General Fund appropriations totaling \$3.0 million 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.
- \$224,000 to the HHS for the Center for Congenital and Inherited Disorders Central Registry.
- \$425,000 to the HHS for Centers of Excellence.
- \$1 to the HHS for the Low-Income Home Energy Assistance Program (LIHEAP) Weatherization Assistance Program.
- \$1,400 to the HHS for the Commission of Inquiry.
- \$143,000 to the HHS for Nonresident Mental Illness Commitment.
- \$1.0 million to the HHS for the Behavioral Health Fund.

Standing Other Fund Appropriations FY 2027: In addition to the appropriations in this Act, the attached tracking includes the following standing Other Fund appropriation estimates totaling \$137.8 million that are automatically appropriated in statute:

- \$150,000 from the Medicaid Fraud Fund to the HHS for Medical Assistance.
- \$137.6 million from the Health Care Trust Fund to the HHS for Medical Assistance.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Requires the HHS to biennially review shelter care and Qualified Residential Treatment Program (QRTP) provider rates upon implementation of a uniform cost report. Requires the HHS, on or before October 1 of

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the immediately succeeding calendar year in which the review is conducted, to submit a report to the Governor and the General Assembly detailing the results of the review and recommendations for rate adjustments.

Requires the HHS to annually review provider reimbursement rates for Medicaid services that are reimbursed by a statewide fee schedule and that are not periodically updated or rebased pursuant to federal or State law or rule. Requires the HHS to compare provider reimbursement rates, other than dental services, to the federal Medicare program. Requires the HHS to compare dental provider reimbursement rates to the rates set by Medicaid programs in states contiguous to Iowa. Requires the HHS to submit an annual report that summarizes the review to the General Assembly by January 15.

Page 26, Line 13

Requires Home and Community-Based Services (HCBS) waiver providers to annually submit actual cost of service and supply data to the HHS by July 1. Requires the HHS to annually develop a proposed cost-based reimbursement system and related changes to HHS policies and procedures for all services rendered under a Medicaid HCBS waiver during the period of review specified by the HHS. Requires the HHS to develop a uniform and streamlined cost reporting mechanism for HCBS waiver services. Requires the HHS to establish a new base period to be used in calculating proposed rate models and related changes to policy and procedures for HCBS services every four years. Requires the HHS to submit a report to the General Assembly by October 1 of the year in which the new base period is established, which includes proposed rate models, the projected fiscal impact including documentation supporting the actuarial soundness of the proposed rate models, and the proposed changes to policy and procedure.

Page 26, Line 30

Requires the HHS to apply to the Centers for Medicare and Medicaid Services (CMS) for a waiver of Medicaid's institution for mental diseases (IMD) exclusion.

Page 28, Line 1

FISCAL IMPACT: The HHS estimates that applying to the CMS for a waiver of Medicaid's IMD exclusion will increase costs to the HHS by the following amounts for future fiscal years:

- FY 2027: \$595,000, of which the State cost is \$298,000 and the federal cost is \$298,000.
- FY 2028: \$278,000, of which the State cost is \$139,000 and the federal cost is \$139,000.
- FY 2029: \$679,000, of which the State cost is \$339,000 and the federal cost is \$339,000.
- FY 2030: \$679,000, of which the State cost is \$339,000 and the federal cost is \$339,000.
- FY 2031: \$679,000, of which the State cost is \$339,000 and the federal cost is \$339,000.

Requires the HHS to create a dashboard on the HHS's website detailing information related to FTE positions.

Page 28, Line 20

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Health and Human Services — Aging and Disability Services: Appropriates a total of \$19.4 million and 88.0 FTE positions from the General Fund. This is an increase of \$171,000 and an increase of 5.0 FTE positions compared to estimated net FY 2026. Page 1, Line 33

Department of Health and Human Services — Behavioral Health: Appropriates a total of \$23.1 million from the General Fund and 71.0 FTE positions. This is a decrease of \$1.3 million and an increase of 7.0 FTE positions compared to estimated net FY 2026. Page 3, Line 9

Department of Health and Human Services — Public Health: Appropriates a total of \$22.0 million and 348.6 FTE positions from the General Fund. This is a net decrease of \$409,000 and an increase of 6.5 FTE positions compared to estimated net FY 2026. Page 4, Line 27

Creates a new allocation of \$95,000 from the General Fund Public Health appropriation for the Iowa KidSight Child Vision Screening Program through the University of Iowa Health Care (UIHC) in collaboration with the Lions Club and Early Childhood Iowa (ECI) areas. Requires the Program to submit a report to the HHS regarding objectives, results, and the use of funds allocated to the Iowa KidSight Child Vision Screening Program. Page 5, Line 9

Creates a new allocation of \$96,000 from the General Fund Public Health appropriation to Prevent Blindness Iowa for a vision screening and training program. Requires Prevent Blindness Iowa to submit a report to the General Assembly regarding the objectives and results of the Program. Page 5, Line 22

Allocates a total of \$999,000 of the Public Health appropriation to support increased access, health system integration, and engagement. This is a decrease of \$225,000 compared to the estimated net FY 2026 allocation. Page 6, Line 3

Creates a new allocation of \$2.3 million from the General Fund Public Health appropriation for medical residency program grants that are not sponsored by the UIHC and not related to the practice of family medicine. Page 7, Line 3

Department of Health and Human Services — Community Access and Eligibility: Appropriates a total of \$74.6 million and 870.4 FTE positions from the General Fund. This is an increase of \$6.1 million and an increase of 63.4 FTE positions compared to estimated net FY 2026. Page 7, Line 18

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Creates a new allocation of \$128,000 from the General Fund Community Access and Eligibility appropriation for the Iowa Food Bank Association SNAP hotline.

Page 9, Line 11

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$155.6 million for various HHS programs funded through the TANF Block Grant. This is a decrease of \$3.4 million compared to estimated net FY 2026.

Page 10, Line 6

Department of Health and Human Services — Medical Assistance Program, State Supplementary Assistance (SSA), and Healthy and Well Kids in Iowa (Hawki) Program: Appropriates a total of \$1,995.9 million from the General Fund. This is a net increase of \$3.3 million compared to estimated net FY 2026 including the following:

Page 12, Line 14

- An increase of \$129.4 million for the expected Medical Assistance shortfall in FY 2026.
- An increase of \$5.0 million for an HCBS elderly waiver rate increase.
- An increase of \$1.2 million for an ambulatory surgical center rate increase.
- An increase of \$333,000 for a special population nursing facility rate adjustment.
- An increase of \$300,000 for an adult day services rate increase.
- An increase of \$250,000 for a prosthetics rate increase.
- An increase of \$250,000 for an air ambulance rate increase.
- A decrease of \$360,000 due to allowing Medicaid to dispense a 90-day supply of a prescription.
- A decrease of \$738,000 due to shifting certain behavioral service costs from Medicaid to Medicare.
- A decrease of \$1.2 million due to applying a site of service differential for telehealth service billing.
- A decrease of \$1.4 million due to venipuncture and therapy rehabilitation billing code adjustments.
- A decrease of \$2.7 million due to a 30-day readmission policy requiring the use of the same diagnosis related group payment for the same condition.
- A decrease of \$5.2 million due to requiring Medicaid to always pay the lowest available price when adjudicating claims.
- A decrease of \$5.4 million for a facility and provider based billing adjustment.
- A decrease of \$6.5 million for a Managed Care Organization (MCO) premium tax payment adjustment, shifting costs to the MCOs.
- A decrease of \$7.8 million for a transfer from the Behavioral Health Fund.
- A decrease of \$21.0 million for a Medicaid managed care pharmacy carveout.
- A decrease of \$81.1 million due to Health Maintenance Organization (HMO) tax revenue.

Department of Health and Human Services — Health Program Operations: Appropriates a total of \$41.1 million and 82.0 FTE positions from the General Fund. This is an increase of \$1.5 million and no change in FTE positions compared to estimated net FY 2026.

Page 13, Line 25

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Appropriates \$7.8 million from the Behavioral Health Fund (BHF) to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation.	Page 15, Line 33
Requires the HHS to calculate each nursing facility's case-mix index for the rate period beginning July 1, 2026, from July 1, 2025 through December 31, 2025.	Page 16, Line 27
Requires the HHS to calculate each nursing facility's case-mix index for the rate period beginning July 1, 2027, from January 1, 2026 through June 30, 2027.	Page 16, Line 30
Requires Medicaid MCOs to adjust the following rates based on payment rate listings issued by the HHS and apply the rates retroactively to the effective date of the applicable rate letter: <ul style="list-style-type: none">• Nursing facility-specific rates.• Medicaid low utilization payment adjustment (LUPA) rate-based services.• Medicaid home health agency services.• Private duty nursing and personal care services provided under the Medicaid early and periodic screening, detection, and treatment (EPSDT) program.• Medicaid HCBS services.	Page 16, Line 33
Requires \$1.2 million to be used to increase Medicaid reimbursement rates for ambulatory surgical centers.	Page 17, Line 13
Requires \$2.8 million to be used to increase Medicaid reimbursement rates for rehabilitation and speech therapy services.	Page 17, Line 17
Requires \$250,000 to be used to increase Medicaid 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.	Page 17, Line 22
Requires \$300,000 to be used to increase Medicaid reimbursement rates for adult day services.	Page 17, Line 28
Requires \$5.0 million to be used to increase Medicaid reimbursement rates for HCBS elderly waiver services.	Page 17, Line 33
Requires \$250,000 to be used to increase Medicaid reimbursement rates for prosthetics.	Page 18, Line 3
Requires \$333,000 to be used to increase Medicaid reimbursement rates for special population nursing facilities.	Page 18, Line 7

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Department of Health and Human Services — Child Care Assistance: Appropriates a total of \$32.0 million from the General Fund and 53.0 FTE positions. This is a decrease of \$3.0 million and no change in FTE positions compared to estimated net FY 2026. Page 18, Line 14

Department of Health and Human Services — Early Intervention and Supports: Appropriates a total of \$35.3 million from the General Fund and 29.0 FTE positions. This is a net increase of \$45,000 and 2.0 FTE positions compared to estimated net FY 2026. Page 18, Line 35

Department of Health and Human Services — Child Protective Services: Appropriates a total of \$164.1 million from the General Fund and 977.0 FTE positions. This is a net decrease of \$1.5 million and an increase of 117.8 FTE positions compared to estimated net FY 2026. Page 19, Line 23

Department of Health and Human Services — State-Operated Specialty Care: Appropriates a total of \$100.2 million from the General Fund and 756.0 FTE positions. This is a decrease of \$2.1 million and 573.5 FTE positions compared to estimated net FY 2026. Page 21, Line 25

Allocates \$19.9 million from the State-Operated Specialty Care appropriation for the Cherokee Mental Health Institute (MHI). This is a decrease of \$650,000 compared to the estimated net FY 2026 allocation. Page 22, Line 7

Allocates \$23.8 million from the State-Operated Specialty Care appropriation for the Independence MHI. This is a decrease of \$1.1 million compared to the estimated net FY 2026 allocation. Page 22, Line 9

Allocates \$23.3 million from the State-Operated Specialty Care appropriation for the Civil Commitment Unit for Sexual Offenders (CCUSO). This is an increase of \$2.8 million compared to the estimated net FY 2026 allocation. Page 22, Line 11

Allocates \$12.6 million from the State-Operated Specialty Care appropriation for the Woodward Resource Center. This is a decrease of \$1.9 million compared to the estimated net FY 2026 allocation. Page 22, Line 14

Allocates \$19.8 million from the State-Operated Specialty Care appropriation for the Eldora State Training School (STS). This is a decrease of \$673,000 compared to the estimated net FY 2026 allocation. Page 22, Line 16

Allocates \$942,000 from the State-Operated Specialty Care appropriation for the Glenwood Resource Center. This is a decrease of \$648,000 compared to the estimated net FY 2026 allocation. Page 22, Line 18

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Department of Health and Human Services — Accountability, Compliance, and Program Integrity:

Page 22, Line 25

Appropriates a total of \$23.2 million from the General Fund and 409.0 FTE positions. This is a net increase of \$1.2 million and 139.0 FTE positions compared to estimated net FY 2026.

Appropriates any unencumbered or unobligated carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 to the HHS and Juvenile Court Services proportionally based on the percentage of moneys appropriated to each entity by the General Assembly for decategorization projects.

Page 34, Line 34

Appropriates \$3.0 million from the Opioid Settlement Fund (OSF) to the HHS for an opioid treatment program that operates a facility with at least 150 licensed beds that provides medical detoxification stabilization and residential substance abuse disorder treatment to support comprehensive addiction and co-occurring 24-hour medical detoxification, and residential treatment, and medication-assisted treatment.

Page 40, Line 7

CHANGES TO PRIOR APPROPRIATIONS

Requires 70.0% of the funds set aside for community mental health service providers in federal fiscal year (FFY) 2026 and FFY 2027 appropriated to the HHS from the Community Mental Health Services Block Grant to be distributed to State-accredited community mental health centers under Iowa Code section [225A.3](#).

Page 32, Line 29

STUDIES AND INTENT

Intent

Specifies that it is the intent of the General Assembly to provide sufficient funding for the State Child Care Assistance (CCA) Program in FY 2027 to avoid the establishment of a waiting list.

Page 18, Line 25

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 20, Line 25

Requires the HHS to increase the reimbursement rate for behavioral health services provided by community health centers under the Iowa Safety Management System to at least the same rate at which substantially similar behavioral health services are reimbursed by Medicaid.

Page 28, Line 10

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Nonreversion

Requires federal moneys received in FY 2027 because of the expenditure of State funds in a previous year to be used for Child Protective Services. Allows any unencumbered or unobligated funds to remain available for expenditure through FY 2028. Page 20, Line 9

Allows any unencumbered or unobligated funds appropriated from the General Fund, the Quality Assurance Trust Fund (QATF), and the Hospital Health Care Access Trust Fund (HHCAT) to the HHS in FY 2027 for the Medicaid Program to remain available for FY 2028. Page 23, Line 35

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for rural psychiatric residencies in FY 2027 to remain available for FY 2028. Page 24, Line 13

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS and allocated for adoption subsidy payments or post-adoption services in FY 2027 to remain available for FY 2028. Page 24, Line 21

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS and allocated for Child Protective Services in FY 2027 to remain available for FY 2028 for the purposes of the partnership between the HHS and the United States Department of Health and Human Services Administration of Children and Family Services to develop and implement the comprehensive welfare information system, also known as VISION. Page 24, Line 30

Allows any unencumbered or unobligated funds appropriated in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), from the General Fund for the More Options for Maternal Support (MOMS) Program in FY 2026 to remain available for expenditure until the close of FY 2027. Page 25, Line 18

Permits carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 that has been encumbered or obligated by the board for a multiyear service decategorization project to remain available for expenditure until the close of FY 2029 or until the close of the fiscal year in which the service or activity is completed, whichever is earlier. Page 34, Line 25

Required Reports

Requires the Iowa Veterans Home (IVH) to submit a monthly expenditure report to the General Assembly. Page 1, Line 22

Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2026 to the General Assembly on a quarterly basis beginning October 1, 2027. Page 25, Line 8

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Requires the HHS to biennially review shelter care and Qualified Residential Treatment Program (QRTP) provider rates upon implementation of a uniform cost report. Requires the HHS, on or before October 1 of the immediately succeeding calendar year in which the review is conducted, to submit a report to the Governor and the General Assembly detailing the results of the review and recommendations for rate adjustments.

Page 25, Line 35

Requires the HHS to annually review provider reimbursement rates for Medicaid services that are reimbursed by a statewide fee schedule and that are not periodically updated or rebased pursuant to federal or State law or rule. Requires the HHS to compare provider reimbursement rates, other than dental services, to the federal Medicare program. Requires the HHS to compare dental provider reimbursement rates to the rates set by Medicaid programs in states contiguous to Iowa. Requires the HHS to submit an annual report that summarizes the review to the General Assembly by January 15.

Page 26, Line 13

Requires HCBS waiver providers to annually submit actual cost of service and supply data to the HHS by July 1 of each fiscal year.

Page 26, Line 30

Requires the HHS to publish the amounts to be distributed to community mental health centers from the Community Mental Health Services Block Grant for FFY 2026 and FFY 2027 on the Department's internet site on or before October 1, 2025, and on or before October 1, 2026.

Page 32, Line 29

Requires the HHS to submit to the General Assembly a summary of the Department's expenditures for behavioral health services for adults and children for the immediately preceding fiscal year, including a summary of which appropriations or funding source were used to fund the expenditures, no later than December 15 of each year.

Page 39, Line 32

SIGNIFICANT CODE CHANGES

Reestablishes the Comprehensive Family Support Program (CFSP) under the HHS in Iowa Code to provide a statewide system of services and support to eligible families. Requires the CFSP to be implemented in a manner that enables a family member of an individual with a disability to identify the needed services and support. The CFSP was previously authorized under 2025 Iowa Code section [225C.47](#), but was inadvertently repealed by 2024 Iowa Acts, chapter [1161](#) (Behavioral Health Service System Act).

Page 29, Line 8

Repeals Iowa Code section [232.188](#) relating to the decategorization of child welfare and juvenile justice funding initiative.

Page 34, Line 11

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FISCAL IMPACT: The HHS estimates that eliminating child welfare decategorization will have a cost savings to the HHS of \$1.7 million.

Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [125.81](#)(1) to compensate the sheriff for conveyance of the respondent to a detention location, as determined by the county board of supervisors of that county and consistent with Iowa Code section [331.655](#)(1)(I), and makes technical changes.

Page 36, Line 1

Removes the requirement for a judge to give notice to a behavioral health administrative services organization (BH-ASO) of a respondent's placement in the custody of a relative, friend, or other suitable person for detention if the expenses of the respondent are payable in whole or in part by a BH-ASO, and removes the requirement for a judge to order the placement of the respondent in a hospital or facility designated by a BH-ASO if expenses of the respondent are payable in whole or in part by a BH-ASO.

Page 37, Line 17

Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [229.11](#) to compensate the sheriff for conveyance of the respondent to a detention location.

Page 38, Line 31

Amends the list of Iowa Code chapters for which the indigency determinations under Iowa Code section [815.9](#) apply to include Iowa Code chapters [125](#) (Substance Use Disorders) and [229](#) (Hospitalization of Persons with Mental Illness).

Page 39, Line 23

ENACTMENT DATE

Specifies that Division XII of the Bill related to the MOMS Program takes effect upon enactment and applies retroactively to July 1, 2025.

Page 25, Line 29

Specifies that Division XVII of the Bill related to the CFSP takes effect upon enactment and applies retroactively to July 1, 2025.

Page 32, Line 23

Specifies that Division XIX of the Bill related to child welfare decategorization carryover funding takes effect upon enactment and applies retroactively to July 1, 2025.

Page 35, Line 7

House File 2782 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
25	35	27	Add	235.2.9
26	13	28	Add	249A.4.15
26	30	29	New	249A.32C
29	10	33	New	231.80
33	23	38	Amend	235.7.2
34	4	39	Strike	237A.1.2.j.(2)
34	7	40	Strike	249A.26.5
34	9	41	Strike	256I.4.6
34	11	42	Repeal	232.188
35	16	46	Amend	125.81.1
36	7	47	Amend	229.2.1.b.(3)
36	20	48	Amend	229.8.1
36	35	49	Amend	229.10.1.a
37	17	50	Amend	229.11.1,3
39	10	51	Amend	229.22.2.a.(1)
39	23	52	Amend	815.9.1
39	32	53	New	225A.10

1 1 DIVISION I
 1 2 DEPARTMENT OF VETERANS AFFAIRS — FY 2026-2027
 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, 2026, and ending June 30, 2027, 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 (DVA).
 DETAIL: This is no change in funding and an increase of 4.00 full-time equivalent (FTE) positions compared to estimated net FY 2026. The increase of 4.00 FTE positions is to restore the FTE positions to the previously authorized amount in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act).

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 no change in funding compared to estimated net FY 2026.

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
 1 28 of the United States or eligible service members pursuant to
 1 29 section 16.54:
 1 30 \$ 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 in funding compared to estimated net FY 2026. 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 31 DIVISION II
1 32 AGING AND DISABILITY SERVICES — FY 2026-2027

1 33 Sec. 2. DEPARTMENT OF HEALTH AND HUMAN SERVICES — AGING
1 34 AND DISABILITY SERVICES. There is appropriated from the

General Fund appropriation to the HHS — Aging and Disability Services for FY 2027.

1 35 general fund of the state to the department of health and human
2 1 services for the fiscal year beginning July 1, 2026, and ending
2 2 June 30, 2027, the following amount, or so much thereof as is
2 3 necessary, to be used for the purposes designated:

DETAIL: This is an increase of \$171,351 and an increase of 5.00 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The funding increase is due to moving the administration of the Statewide Independent Living Councils (SILCs) and Centers for Independent Living (CILs) from Iowa Workforce Development to the HHS.

2 4 For aging programs for the department of health and human
2 5 services and area agencies on aging to provide citizens of
2 6 Iowa who are 60 years of age and older with case management;
2 7 for Iowa's aging and disabilities resource centers; for the
2 8 return to community program; for the purposes of chapter 231E;
2 9 to administer the prevention of elder abuse, neglect, and
2 10 exploitation program pursuant to section 231.56A, in accordance
2 11 with the requirements of the federal Older Americans Act of
2 12 1965, 42 U.S.C. §3001 et seq., as amended; for the operation
2 13 of the dependent adult abuse services program pursuant to
2 14 chapter 235B; for matching funding for programs to enable
2 15 persons with severe physical or mental disabilities to function
2 16 more independently; for costs associated with centers for
2 17 independent living; and for other services which may include
2 18 but are not limited to adult day care, respite care, chore,
2 19 information and assistance, and material aid; for information
2 20 and options counseling for persons with disabilities; and
2 21 for salaries, support, administration, maintenance, and
2 22 miscellaneous purposes, and for not more than the following
2 23 full-time equivalent positions:

The Division of Aging and Disability Services works with Iowa's Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers to provide supports and services to individuals aged 60 years old and older and individuals with disabilities through programs and initiatives that improve access to affordable, high-quality, long-term living and community supports.

2 24	\$	19,379,531
2 25	FTEs	88.00

2 26 1. Moneys appropriated in this section may be used to
2 27 supplement federal moneys received under federal regulations.
2 28 To receive moneys appropriated in this section, a local area
2 29 agency on aging shall match the moneys with moneys from other
2 30 sources according to rules adopted by the department. Moneys
2 31 appropriated in this section may be used for services not
2 32 specifically enumerated in this section only if approved by the

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 AAA's area plan. Requires local AAAs to match the funds for aging programs and services.

2 33 department as part of an area agency on aging's area plan.

2 34 2. Of the moneys appropriated in this section, \$949,282
 2 35 is allocated to be used for the comprehensive family support
 3 1 program created in section 231.80 as enacted under this Act.

Allocates \$949,282 for the Comprehensive Family Support Program (CFSP), also known as the Children at Home Program, which is reestablished in Iowa Code in Division XVII of the Bill.

DETAIL: This is no change in funding compared to estimated net FY 2026.

3 2 3. Of the moneys appropriated in this section, \$33,632
 3 3 is allocated to be used to build community capacity through
 3 4 the coordination and provision of training opportunities in
 3 5 accordance with the consent decree of Conner v.Branstad, No.
 3 6 4-86-CV-30871 (S.D. Iowa, July 15, 1994).

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

DETAIL: This is no change in funding compared to estimated net FY 2026. 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 7 DIVISION III
 3 8 BEHAVIORAL HEALTH — FY 2026-2027

3 9 Sec. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 3 10 BEHAVIORAL HEALTH. There is appropriated from the general fund
 3 11 of the state to the department of health and human services for
 3 12 the fiscal year beginning July 1, 2026, and ending June 30,
 3 13 2027, the following amount, or so much thereof as is necessary,
 3 14 to be used for the purposes designated:
 3 15 For behavioral health prevention, education, early
 3 16 intervention, treatment, recovery support, and crisis
 3 17 services in order to support statewide access to treatment for
 3 18 behavioral health conditions; stabilization and mitigation of
 3 19 behavioral health crises; and recovery for individuals and
 3 20 families impacted by behavioral health conditions. Activities
 3 21 shall align with accepted best practice guidance standards for
 3 22 behavioral health including those published by the centers for
 3 23 disease control and prevention of the United States department
 3 24 of health and human services, and the substance abuse and
 3 25 mental health services administration of the United States
 3 26 department of health and human services, for health promotion;
 3 27 universal, selective, and indicated prevention; treatment; and

General Fund appropriation to the HHS — Behavioral Health for FY 2027.

DETAIL: This is a decrease of \$1,315,000 and an increase of 7.00 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The funding change includes:

- A decrease of \$15,000 to eliminate a vacant information technology (IT) specialist position.
- A decrease of \$100,000 for the Center of Excellence for Behavioral Health.
- A decrease of \$120,000 for the Iowa Students for Tobacco Education and Prevention (ISTEP) Summit.
- A decrease of \$500,000 to eliminate the National Jewish Health Quitline contract.

3 28 recovery services and supports; and shall include a 24-hour
 3 29 helpline, public information resources, professional training,
 3 30 youth prevention, program evaluation, and efforts at the state
 3 31 and local levels, and for not more than the following full-time
 3 32 equivalent positions:

3 33	\$	23,127,121
3 34	FTEs	71.00

- A decrease of \$580,000 to eliminate certain marketing for gambling and tobacco programs to reflect changes in the public's consumption of marketing and advertising materials.

The Division of Behavioral Health works to provide prevention, treatment, and recovery services related to mental health and addictive disorders.

3 35 1. Of the moneys appropriated in this section, \$300,000
 4 1 is allocated to support the work of the children's behavioral
 4 2 health system including evidence-based behavioral health
 4 3 prevention, treatment, and recovery services and supports for
 4 4 children and their families.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

4 5 2. Of the moneys appropriated in this section, \$950,000
 4 6 is allocated for an integrated substance use disorder managed
 4 7 care system. The department shall maintain the level of mental
 4 8 health and substance use disorder treatment services provided
 4 9 by the managed care contractors, and shall take the steps
 4 10 necessary to continue the federal waivers as needed to maintain
 4 11 the level of services.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

4 12 Sec. 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES — SPORTS
 4 13 WAGERING RECEIPTS FUND. There is appropriated from the
 4 14 sports wagering receipts fund created in section 8.571, to the
 4 15 department of health and human services for the fiscal year
 4 16 beginning July 1, 2026, and ending June 30, 2027, the following
 4 17 amount, or so much thereof as is necessary, to be used for
 4 18 behavioral health prevention, education, early intervention,
 4 19 treatment, recovery support, and crisis services in order to
 4 20 support statewide access to treatment for behavioral health
 4 21 conditions; stabilization and mitigation of behavioral health
 4 22 crises; and recovery for individuals and families impacted by
 4 23 behavioral health conditions:

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 in funding compared to estimated net FY 2026.

4 24	\$	1,750,000
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4 25 DIVISION IV
 4 26 PUBLIC HEALTH — FY 2026-2027

4 27 Sec. 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC
 4 28 HEALTH. There is appropriated from the general fund of the
 4 29 state to the department of health and human services for the
 4 30 fiscal year beginning July 1, 2026, and ending June 30, 2027,
 4 31 the following amount, or so much thereof as is necessary, to be
 4 32 used for the purposes designated:
 4 33 For programs that support health promotion, protect the
 4 34 health and safety of the public, conduct disease surveillance
 4 35 and investigation to reduce the incidence of morbidity and
 5 1 mortality, serve individuals with chronic conditions including
 5 2 but not limited to cancer, support the Iowa donor registry as
 5 3 specified in section 142C.18, and strengthen the health care
 5 4 delivery system and workforce to improve health outcomes for
 5 5 all Iowans, and for not more than the following full-time
 5 6 equivalent positions:

5 7	\$	22,024,369
5 8	FTEs	348.60

General Fund appropriation to the HHS — Public Health for FY 2027.

DETAIL: This is a decrease of \$409,000 and an increase of 6.45 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The funding changes include the following:

- A decrease of \$40,000 to eliminate a contract for the survey of children who experience adverse childhood experiences.
- A decrease of \$144,000 to eliminate a contract with the Iowa Epilepsy Foundation to provide education, services, and support for people living with epilepsy and their families.
- A decrease of \$225,000 to eliminate a contract with the Polk County Medical Society for the safety net provider patients access to specialty health care clinics initiative.

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.

5 9 1. Of the moneys appropriated in this section, \$95,000 is
 5 10 allocated for a child vision screening program implemented
 5 11 through the university of Iowa hospitals and clinics in
 5 12 collaboration with early childhood Iowa areas. The program
 5 13 shall submit a report to the department regarding the use
 5 14 of funds allocated under this subsection. The report shall
 5 15 include the objectives and results for the program year
 5 16 including the target population and how the funds allocated
 5 17 assisted the program in meeting the objectives; the number,
 5 18 age, and location within the state of individuals served;
 5 19 the type of services provided to the individuals served; the
 5 20 distribution of moneys based on the services provided; and the

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

DETAIL: This is a new allocation for FY 2027. The allocation previously existed in 2023 Iowa Acts, chapter [112](#) (FY 2024 Health and Human Services Appropriations Act).

5 21 continuing needs of the program.

5 22 2. Of the moneys appropriated in this section, \$96,000 shall
 5 23 be used for a grant to a nationally affiliated volunteer eye
 5 24 organization that has an established program for children and
 5 25 adults and that is solely dedicated to preserving sight and
 5 26 preventing blindness through education, nationally certified
 5 27 vision screening and training, and community and patient
 5 28 service programs. The contractor shall submit a report to the
 5 29 general assembly regarding the use of funds allocated under
 5 30 this subsection. The report shall include the objectives and
 5 31 results for the program year including the target population
 5 32 and how the funds allocated assisted the program in meeting the
 5 33 objectives; the number, age, grade level if appropriate, and
 5 34 location within the state of individuals served; the type of
 5 35 services provided to the individuals served; the distribution
 6 1 of moneys based on the services provided; and the continuing
 6 2 needs of the program.

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

DETAIL: This is a new allocation for FY 2027. The allocation previously existed in 2023 Iowa Acts, chapter [112](#) (FY 2024 Health and Human Services Appropriations Act).

6 3 3. Of the moneys appropriated in this section, the following
 6 4 amounts are allocated to the department of health and human
 6 5 services to be used as follows to support the goals of
 6 6 increased access, health system integration, and engagement:

Allocates a total of \$999,000 of the Public Health appropriation to support increased access, health system integration, and engagement.

DETAIL: This is a decrease of \$225,000 compared to the estimated net FY 2026 allocation to eliminate a contract with the Polk County Medical Society for the safety net provider patients access to specialty health care clinics initiative.

6 7 a. \$600,000 for distribution to a nonprofit organization
 6 8 that established the first statewide drug donation repository
 6 9 for continuation of the pharmaceutical infrastructure for
 6 10 safety net providers established as described in 2007 Iowa
 6 11 Acts, chapter 218, section 108, and for the prescription drug
 6 12 donation repository program established in chapter 135M.
 6 13 Moneys under this paragraph shall be distributed in their
 6 14 entirety on July 1, 2026, for the purpose specified.

Distributes \$600,000 of the allocation to be used for pharmaceutical infrastructure for the SafeNetRx prescription drug donation repository program. Requires these moneys to be distributed in their entirety on July 1, 2026.

6 15 b. \$374,000 for distribution to free clinics, as defined in
 6 16 section 135.24, and a nonprofit organization that facilitates
 6 17 the initiation, operation, and collaboration of free clinics
 6 18 for necessary infrastructure, statewide coordination, provider
 6 19 recruitment, service delivery, and provision of assistance to

Distributes \$374,000 of the allocation to be used for free clinics and a nonprofit organization that facilitates free clinics. Of these moneys, \$40,000 will be used to lower fees associated with an electronic prescribing system. Requires

6 20 patients in securing a medical home inclusive of oral health
 6 21 care. Of the moneys allocated, \$40,000 shall be used to lower
 6 22 fees associated with using an electronic prescribing system.
 6 23 Moneys under this paragraph shall be distributed in their
 6 24 entirety on July 1, 2026, for the purpose specified.

these moneys to be distributed in their entirety on July 1, 2026.

6 25 c. \$25,000 for distribution to an organization that raises
 6 26 awareness about issues related to rural health clinics for
 6 27 necessary infrastructure and service delivery transformation.
 6 28 Moneys under this paragraph shall be distributed in their
 6 29 entirety on July 1, 2026, for the purpose specified.

Distributes \$25,000 of the allocation to be used for an organization that raises awareness about rural health clinic issues and infrastructure and service delivery transformation. Requires these moneys to be distributed in their entirety on July 1, 2026.

6 30 4. Of the moneys appropriated in this section, \$600,000
 6 31 is allocated for rural psychiatric residencies for residents
 6 32 selected on or before June 30, 2026.

Allocates \$600,000 of the Public Health appropriation for rural psychiatric residencies to support the funding of psychiatric residents, selected on or before June 30, 2026, to provide mental health services to underserved areas of the State.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

6 33 5. Of the moneys appropriated in this section, \$20,000 is
 6 34 allocated to make radon test kits available, free of charge,
 6 35 to homeowners and renters in the state. The department shall
 7 1 provide a link on the department's internet site for homeowners
 7 2 and renters in the state to order radon test kits.

Allocates \$20,000 of the Public Health appropriation to make radon test kits available, free of charge, to homeowners and renters in Iowa. Requires the HHS to provide a link on the HHS's website for homeowners and renters to order radon test kits.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

7 3 6. Of the moneys appropriated in this section, \$2,300,000 is
 7 4 allocated for awarding grants for medical residency programs in
 7 5 the state that meet the following criteria:

Allocates \$2,300,000 for medical residency program grants that are not sponsored by the UIHC and not related to the practice of family medicine.

7 6 a. The medical residency program is not sponsored by the
 7 7 university of Iowa hospitals and clinics.

DETAIL: This is a new allocation for FY 2027.

7 8 b. The medical residency program is not related to the
 7 9 practice of family medicine.

7 10 7. The university of Iowa hospitals and clinics under
 7 11 the control of the state board of regents shall not receive
 7 12 indirect costs from the moneys appropriated in this section.
 7 13 The university of Iowa hospitals and clinics billings to the

Prohibits the UIHC from receiving indirect costs from the General Fund Public Health appropriation to the HHS. Requires the UIHC to submit billings to the HHS on no less than a quarterly basis.

7 14 department shall be, at a minimum, on a quarterly basis.

7 15 DIVISION V
7 16 COMMUNITY ACCESS AND ELIGIBILITY — CHILD SUPPORT SERVICES —
7 17 TANF — FY 2026-2027

7 18 Sec. 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES — COMMUNITY
7 19 ACCESS AND ELIGIBILITY. There is appropriated from the
7 20 general fund of the state to the department of health and human
7 21 services for the fiscal year beginning July 1, 2026, and ending
7 22 June 30, 2027, the following amount, or so much thereof as is
7 23 necessary, to be used for the purposes designated:
7 24 To be used for salaries, support, maintenance, and
7 25 miscellaneous purposes and for family investment program (FIP)
7 26 assistance in accordance with chapter 239B, and for other costs
7 27 associated with providing needs-based benefits or assistance
7 28 including but not limited to maternal and child health, oral
7 29 health, obesity prevention, the promoting independence and
7 30 self-sufficiency through employment, job opportunities and the
7 31 basic skills (PROMISE JOBS) program, supplemental nutrition
7 32 assistance program (SNAP) employment and training, the FIP
7 33 diversion program, family planning, rent reimbursement,
7 34 and eligibility determinations for medical assistance, food
7 35 assistance, and the children’s health insurance program, and
8 1 for not more than the following full-time equivalent positions:

8 2	..... \$	74,610,079
8 3	..... FTEs	870.40

General Fund appropriation to the HHS — Community Access and Eligibility for FY 2027.

DETAIL: This is a net increase of \$6,067,623 and an increase of 63.40 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The funding changes include the following:

- An increase of \$8,611,407 for the increase to the State share of Supplemental Nutrition Assistance Program (SNAP) administrative costs beginning in federal fiscal year (FFY) 2027 due to requirements of the federal [One Big Beautiful Bill Act \(OBBBA\)](#).
- An increase of \$269,842 for Medicaid for Employed People with Disabilities (MEPD) program changes.
- An increase of \$127,500 for the Iowa Food Bank Association SNAP hotline due to changes in the OBBBA.
- An increase of \$58,874 for Medicaid waiver cost neutrality analysis.
- A decrease of \$3,000,000 to move Family Investment Program (FIP) expenditures to the Temporary Assistance for Needy Families (TANF) block grant to address excess maintenance of effort (MOE) spending.

The Division of Community Access and Eligibility is the entity responsible for the determination of eligibility for needs-based benefits and assistance programs under the authority of the HHS.

8 4 1. Of the child support collections assigned under FIP,
8 5 the federal share of the child support collections shall be
8 6 credited to the child support services appropriation made in
8 7 this division of this Act. Of the remainder of the child

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

8 8 support collections assigned under FIP, a portion shall be
 8 9 credited to community access and eligibility, and the remaining
 8 10 moneys may be used to increase recoveries, to sustain cash flow
 8 11 in the collection services center refund account as provided in
 8 12 section 252B.13A, or for technology needs. If child support
 8 13 collections assigned under FIP are greater than estimated or
 8 14 are otherwise determined not to be required for maintenance of
 8 15 efforts, the state share of either amount is appropriated to
 8 16 the department for child support services as described in this
 8 17 division of this Act, or may be transferred to or retained in
 8 18 the collection services center refund account.

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

8 19 2. Of the moneys appropriated in this section, \$3,075,000 is
 8 20 allocated for continuation of the department's initiative to
 8 21 provide for adequate developmental surveillance and screening
 8 22 during a child's first five years. The moneys shall first be
 8 23 used to fully fund the current participating counties to ensure
 8 24 that those counties are fully operational, with the remaining
 8 25 moneys to be used for expanding participation to additional
 8 26 counties. Full implementation and expansion shall include
 8 27 enhancing the scope of the initiative through collaboration
 8 28 with child health specialty clinics to promote the use of
 8 29 developmental surveillance and screening to support healthy
 8 30 child development through early identification and response to
 8 31 biomedical and social determinants of healthy development by
 8 32 providing practitioner consultation and continuous improvement
 8 33 through training and education, particularly for children
 8 34 with behavioral conditions and needs. The department shall
 8 35 also collaborate with the Medicaid program and child health
 9 1 specialty clinics to assist in coordinating the activities
 9 2 of the first five initiative into the establishment of
 9 3 patient-centered medical homes developed to improve health
 9 4 quality and population health while reducing health care costs.
 9 5 To the maximum extent possible, moneys allocated in this
 9 6 subsection shall be utilized as matching moneys for Medicaid
 9 7 program reimbursement.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The First Five Model supports health providers in the early 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.

9 8 3. Of the moneys appropriated in this section, \$1,145,102 is
 9 9 allocated to the Iowa commission on volunteer service created
 9 10 in section 15H.2 for programs and grants.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

9 11 4. Of the moneys appropriated in this section, \$127,500
 9 12 is allocated to the Iowa food bank association, as defined
 9 13 in section 190B.201, to operate a supplemental nutrition
 9 14 assistance program hotline.

Allocates \$127,500 for the Iowa Food Bank Association SNAP hotline.

DETAIL: This is a new allocation for FY 2027.

9 15 5. The university of Iowa hospitals and clinics under
 9 16 the control of the state board of regents shall not receive
 9 17 indirect costs from the moneys appropriated in this section.
 9 18 The university of Iowa hospitals and clinics billings to the
 9 19 department shall be, at a minimum, on a quarterly basis.

Prohibits the 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.

9 20 Sec. 7. DEPARTMENT OF HEALTH AND HUMAN SERVICES — CHILD
 9 21 SUPPORT SERVICES. There is appropriated from the general fund
 9 22 of the state to the department of health and human services for
 9 23 the fiscal year beginning July 1, 2026, and ending June 30,
 9 24 2027, the following amount, or so much thereof as is necessary,
 9 25 to be used for the purposes designated:

General Fund appropriation to the HHS — Child Support Services for FY 2027.

9 26 For child support services, including salaries, support,
 9 27 maintenance, and miscellaneous purposes, and for not more than
 9 28 the following full-time equivalent positions:

DETAIL: This is no change in funding and an increase of 52.00 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act).

9 29	\$	15,644,114
9 30	FTEs	464.00

9 31 1. Federal access and visitation grant moneys shall be used
 9 32 for services designed to increase compliance with the child
 9 33 access provisions of court orders, including but not limited to
 9 34 neutral visitation sites and mediation services.

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

9 35 2. Moneys appropriated in this section may be used
 10 1 throughout the fiscal year in the manner necessary for
 10 2 cash flow management. For cash flow management under this
 10 3 subsection, the department may temporarily draw more than the
 10 4 amount appropriated provided the amount appropriated is not
 10 5 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.

10 6 Sec. 8. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 10 7 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is
 10 8 appropriated from the special fund created in section 8.41 to
 10 9 the department of health and human services for the fiscal year
 10 10 beginning July 1, 2026, and ending June 30, 2027, from moneys
 10 11 received under the federal temporary assistance for needy

Appropriates a total of \$155,558,068 from the TANF Federal Block Grant Fund appropriation for FY 2027.

DETAIL: This is a decrease of \$3,422,315 compared to estimated net FY 2026. The federal government implemented Federal Welfare Reform on August 22, 1996. Reform eliminated

10 12 families (TANF) block grant pursuant to the federal Personal
 10 13 Responsibility and Work Opportunity Reconciliation Act of 1996,
 10 14 Pub.L. No.104-193, and successor legislation, including TANF
 10 15 block grant moneys received in any prior fiscal year that
 10 16 were deposited in the special fund and remain unencumbered
 10 17 or unobligated on June 30, 2026, the following amounts, or
 10 18 so much thereof as is necessary, to be used for the purposes
 10 19 designated:

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.

10 20 1. For community access and eligibility:
 10 21 \$ 12,566,312

Appropriates funds from the TANF Block Grant for community access and eligibility.

DETAIL: This is a decrease of \$422,315 compared to estimated net FY 2026 to reflect expected decreased technology expenditures for FY 2027.

10 22 2. For community access and eligibility to provide
 10 23 pregnancy prevention grants on the condition that family
 10 24 planning services are funded:
 10 25 \$ 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 in funding compared to estimated net FY 2026.

10 26 Pregnancy prevention grants shall be awarded to programs
 10 27 in existence on or before July 1, 2026, if the programs have
 10 28 demonstrated positive outcomes. Grants shall be awarded
 10 29 to pregnancy prevention programs developed after July 1,
 10 30 2026, if the programs are based on existing models that have
 10 31 demonstrated positive outcomes. Grants must comply with the
 10 32 requirements provided in 1997 Iowa Acts, chapter 208, section
 10 33 14, subsections 1 and 2, including the requirement that a
 10 34 program awarded a grant must emphasize sexual abstinence.
 10 35 Priority in awarding grants shall be given to programs
 11 1 that serve areas of the state which demonstrate the highest
 11 2 percentage of unplanned pregnancies of females of childbearing
 11 3 age within the geographic area to be served by the grant.

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.

11 4 3. To meet one of the four purposes of TANF as specified
 11 5 in 45 C.F.R. §260.20, including by modernizing the program
 11 6 to promote economic mobility and self-sufficiency, ensuring
 11 7 that families are able to overcome benefit cliffs, encouraging

Appropriates funds from the TANF Block Grant to promote economic mobility and self-sufficiency, ensure that families are able to overcome benefit cliffs, encourage healthy families, and streamline service delivery.

11 8	healthy families, and streamlining service delivery to reduce			
11 9	duplication:			
11 10	.....	\$	25,000,000	DETAIL: This is no change in funding compared to estimated net FY 2026.
11 11	4. For early intervention and supports for child abuse			
11 12	prevention and the family development and self-sufficiency			
11 13	(FaDSS) grant program in accordance with section 216A.107:			
11 14	.....	\$	3,013,980	Appropriates funds from the TANF Block Grant for early intervention and supports for child abuse prevention grants and the Family Development and Self-Sufficiency (FaDSS) Grant Program. DETAIL: This is no change in funding compared to estimated net FY 2026.
11 15	5. For accountability, compliance, program integrity,			
11 16	technology needs, and other resources necessary to meet			
11 17	federal and state reporting, tracking, and case management			
11 18	requirements, and other departmental needs:			
11 19	.....	\$	3,533,647	Appropriates funds from the TANF Block Grant for administration and compliance for federal and State reporting, tracking, and case management technology and resource needs. DETAIL: This is no change in funding compared to estimated net FY 2026.
11 20	6. For state child care assistance:			
11 21	.....	\$	42,281,826	Appropriates funds from the TANF Block Grant to Child Care Assistance (CCA). DETAIL: This is a decrease of \$4,885,000 compared to estimated net FY 2026 to reflect the estimated CCA budget for FY 2027.
11 22	7. For child protective services:			
11 23	.....	\$	67,249,100	Appropriates funds from the TANF Block Grant to Child Protective Services. DETAIL: This is an increase of \$1,885,000 compared to estimated net FY 2026 to move Child Protection Centers funding and Project Harmony funding from the General Fund Child Protective Services appropriation to the TANF Block Grant.
11 24	a. Of the moneys appropriated in this subsection,			
11 25	\$1,658,000 shall be allocated for child protection centers			
11 26	located in Iowa pursuant to the child protection center grant			Allocates \$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

11 27 program under section 135.118. The grant amounts under the
 11 28 program shall be equalized so that each center receives a
 11 29 uniform base amount of \$245,000, and the remaining moneys
 11 30 are awarded through a funding formula based upon the volume
 11 31 of children served by a center. To increase access to child
 11 32 protection center services for children in rural areas, the
 11 33 funding formula for awarding the remaining moneys shall provide
 11 34 for awarding an enhanced amount to eligible grantees to develop
 11 35 and maintain satellite centers in underserved regions of the
 12 1 state.

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 a new allocation under the TANF Block Grant for FY 2027 but represents no change in funding compared to the estimated net FY 2026 allocation. Prior to FY 2027, this allocation was under the General Fund Child Protective Services appropriation.

12 2 b. Of the moneys appropriated in this subsection, up to
 12 3 \$227,000 shall be used for the public purpose of continuing a
 12 4 grant to a nonprofit human services organization that provides
 12 5 services to individuals and families in multiple locations in
 12 6 southwest Iowa and Nebraska, for support of a project providing
 12 7 immediate, sensitive support and forensic interviews, medical
 12 8 exams, needs assessments, and referrals for victims of child
 12 9 abuse and their nonoffending family members.

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

DETAIL: This is a new allocation under the TANF Block Grant for FY 2027 but represents no change in funding compared to the estimated net FY 2026 allocation. Prior to FY 2027, this allocation was under the General Fund Child Protective Services appropriation.

12 10 DIVISION VI
 12 11 MEDICAL ASSISTANCE PROGRAM — STATE SUPPLEMENTARY ASSISTANCE —
 12 12 HEALTHY AND WELL KIDS IN IOWA PROGRAM AND OTHER HEALTH-RELATED
 12 13 PROGRAMS — FY 2026-2027

12 14 Sec. 9. DEPARTMENT OF HEALTH AND HUMAN SERVICES — MEDICAL
 12 15 ASSISTANCE PROGRAM, STATE SUPPLEMENTARY ASSISTANCE, AND HEALTHY
 12 16 AND WELL KIDS IN IOWA PROGRAM. There is appropriated from the
 12 17 general fund of the state to the department of health and human
 12 18 services for the fiscal year beginning July 1, 2026, and ending
 12 19 June 30, 2027, the following amount, or so much thereof as is
 12 20 necessary, to be used for the purposes designated:
 12 21 For medical assistance program reimbursement and associated
 12 22 costs as specifically provided in the reimbursement
 12 23 methodologies in effect on June 30, 2026, except as otherwise
 12 24 expressly authorized by law, consistent with options under
 12 25 federal law and regulations, and contingent upon receipt of
 12 26 approval from the office of the governor of reimbursement for
 12 27 each abortion performed under the medical assistance program;

General Fund appropriation to the HHS for the Medical Assistance (Medicaid) Program, State Supplementary Assistance (SSA), and the Healthy and Well Kids in Iowa (Hawki) Program for FY 2027.

DETAIL: This is net increase of \$3,338,589 compared to estimated net FY 2026. The changes include:

- An increase of \$129,398,458 for the expected Medical Assistance shortfall in FY 2026.
- An increase of \$5,000,000 for a Home and Community-Based Services (HCBS) elderly waiver rate increase.
- An increase of \$1,167,867 for an ambulatory surgical center rate increase.

12 28 for the state supplementary assistance program; for the health
 12 29 insurance premium payment program; and for maintenance of
 12 30 the healthy and well kids in Iowa (Hawki) program pursuant
 12 31 to chapter 514I, including supplemental dental services,
 12 32 for receipt of federal financial participation under Tit.
 12 33 XXI of the federal Social Security Act, which creates the
 12 34 children's health insurance program; and for other specified
 12 35 health-related programs:
 13 1 \$ 1,995,889,295

- An increase of \$333,000 for a special population nursing facility rate adjustment.
- An increase of \$300,000 for an adult day services rate increase.
- An increase of \$250,000 for a prosthetics rate increase.
- An increase of \$250,000 for an air ambulance rate increase.
- A decrease of \$360,000 due to allowing Medicaid to dispense a 90-day supply of a prescription.
- A decrease of \$738,000 due to shifting certain behavioral service costs from Medicaid to Medicare.
- A decrease of \$1,179,000 due to applying a site of service differential for telehealth service billing.
- A decrease of \$1,443,822 due to venipuncture and therapy rehabilitation billing code adjustments.
- A decrease of \$2,727,000 due to a 30-day readmission policy requiring the use of the same diagnosis related group payment for the same condition.
- A decrease of \$5,207,700 due to requiring Medicaid to always pay the lowest available price when adjudicating claims.
- A decrease of \$5,400,000 for a facility and provider based billing adjustment.
- A decrease of \$6,465,833 for a Managed Care Organization (MCO) premium tax payment adjustment, shifting costs to the MCOs.
- A decrease of \$7,771,589 for a transfer from the Behavioral Health Fund.
- A decrease of \$21,000,000 for a Medicaid managed care pharmacy carveout.
- A decrease of \$81,067,792 due to Health Maintenance Organization (HMO) tax revenue.

13 2 1. Of the moneys appropriated in this section,
 13 3 \$1,930,142,662 is allocated for medical assistance program
 13 4 reimbursement and associated costs. Of the moneys allocated
 13 5 in this subsection, \$3,383,880 shall be used for program
 13 6 administration, outreach, and enrollment activities of the
 13 7 state family planning services program pursuant to section
 13 8 217.41B, and of this amount, the department may use \$200,000
 13 9 for administrative expenses.

Allocates \$1,930,142,662 for the Medicaid Program. Requires \$3,383,880 of the allocation to be used for the State Family Planning Services Program and allows \$200,000 to be used for administrative expenses.

DETAIL: This is an increase of \$92,338,589 compared to estimated net FY 2026. This is no change in funding for the

<p>13 10 2. Iowans support reducing the number of abortions 13 11 performed in our state. Moneys appropriated under this section 13 12 shall not be used for abortions, unless otherwise authorized 13 13 under this section.</p> <p>13 14 3. The provisions of this section relating to abortions 13 15 shall also apply to the Iowa health and wellness plan created 13 16 pursuant to chapter 249N.</p> <p>13 17 4. Of the moneys appropriated in this section, \$4,479,762 is 13 18 allocated for the state supplementary assistance program.</p> <p>13 19 5. Of the moneys appropriated in this section, \$61,266,871 13 20 is allocated for maintenance of the Hawki program pursuant 13 21 to chapter 514I, including supplemental dental services, for 13 22 receipt of federal financial participation under Tit.XXI of 13 23 the federal Social Security Act, which creates the children's 13 24 health insurance program.</p> <p>13 25 Sec. 10. DEPARTMENT OF HEALTH AND HUMAN SERVICES — HEALTH 13 26 PROGRAM OPERATIONS. There is appropriated from the general 13 27 fund of the state to the department of health and human 13 28 services for the fiscal year beginning July 1, 2026, and ending 13 29 June 30, 2027, the following amount, or so much thereof as is 13 30 necessary, to be used for the purposes designated: 13 31 For health program operations and the autism support program 13 32 under section 225D.2, and for not more than the following 13 33 full-time equivalent positions: 13 34 \$ 41,129,136 13 35 FTEs 82.00</p>	<p>State Family Planning Services Program compared to the estimated net FY 2026 allocation.</p> <p>Prohibits moneys appropriated for Medical Assistance from being used for abortions, unless otherwise authorized under this section.</p> <p>Specifies that the policy on abortion also applies to the Iowa Health and Wellness Plan.</p> <p>Allocates \$4,479,762 of the funds appropriated for Medicaid for the SSA Program.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.</p> <p>Allocates \$61,266,871 of the funds appropriated for Medicaid for the Children's Health Insurance Program (CHIP), also known as the Hawki Program.</p> <p>DETAIL: This is no change in funding compared to estimated net FY 2026.</p> <p>General Fund appropriation to the HHS — Health Program Operations for FY 2027.</p> <p>DETAIL: This is an increase of \$1,456,703 and no change in FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, House File 1049 (FY 2026 Health and Human Services Appropriations Act). The funding changes include the following:</p> <ul style="list-style-type: none"> • An increase of \$650,000 for an HCBS rate review. • An increase of \$491,193 for Medicaid waiver cost neutrality analysis. • An increase of \$298,000 for a waiver of Medicaid's institution for mental diseases (IMD) exclusion.
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PG LN	GA:91 HF2782	Explanation
		<ul style="list-style-type: none"> • An increase of \$17,510 for MEPD program eligibility changes.
14 14 14 14 14 14	<p>1. The department of inspections, appeals, and licensing shall provide all state matching moneys for survey and certification activities performed by the department of inspections, appeals, and licensing. The department of health and human services shall be solely responsible for distributing the federal matching moneys for such activities.</p>	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.
14 14 14 14	<p>2. Of the moneys appropriated in this section, a sufficient amount is allocated for the administration of the health insurance premium payment program, including salaries, support, maintenance, and miscellaneous purposes.</p>	Specifies that a sufficient amount must be used for the administration of the Health Insurance Premium Payment Program.
14 14 14 14 14 14 14 14 14 14 14	<p>3. Of the moneys appropriated in this section, \$750,000 is allocated for a nonprofit organization that provides access to emergency poison information and treatment. Pursuant to the directive under 2014 Iowa Acts, chapter 1140, section 102, the federal matching moneys available to the nonprofit organization from the department under the federal Children's Health Insurance Program Reauthorization Act of 2009 shall be subject to the federal administrative cap rule of 10 percent applicable to moneys provided under Tit.XXI of the federal Social Security Act, and shall be included in the department's calculations of the cap.</p>	<p>Allocates \$750,000 for the State Poison Control Center.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation. Requires the moneys to be used by a nonprofit organization to provide access to emergency room poison information and treatment. Requires the federal matching moneys to be subject to the cap rule of 10.00% of applicable moneys to the federal Social Security cap and to be included in the HHS calculations of the cap.</p>
14 14 14 14 14 14 14 14 14 14 14	<p>4. Unless otherwise provided by law, if a contract for services provided under this section initially entered into during the fiscal year beginning July 1, 2026, and ending June 30, 2027, provides for an annual increase of the cost of services provided under the contract, the annual increase shall not exceed the amount by which the consumer price index for all urban consumers increased during the immediately preceding calendar year. This subsection does not affect a contract entered into on or before June 30, 2026, that is for a term of more than one year.</p>	<p>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.</p> <p>DETAIL: The Consumer Price Index for All Urban Consumers was 2.70% in calendar year 2025.</p>
14 14 14 14	<p>Sec. 11. DEPARTMENT OF HEALTH AND HUMAN SERVICES — PHARMACEUTICAL SETTLEMENT ACCOUNT. There is appropriated from the pharmaceutical settlement account created in section 249A.33 to the department of health and human services for the</p>	Pharmaceutical Settlement Account (PSA) appropriation to the HHS to supplement Health Program Operations under the Medicaid Program.

15 1 fiscal year beginning July 1, 2026, and ending June 30, 2027,
 15 2 the following amount, or so much thereof as is necessary, to be
 15 3 used for the purposes designated:
 15 4 Notwithstanding any provision of law to the contrary, to
 15 5 supplement the appropriation made in this Act from the general
 15 6 fund of the state for health program operations under the
 15 7 medical assistance program for the same fiscal year:
 15 8 \$ 234,193

DETAIL: This is no change in funding compared to estimated net FY 2026.

15 9 Sec. 12. DEPARTMENT OF HEALTH AND HUMAN SERVICES — QUALITY
 15 10 ASSURANCE TRUST FUND. Notwithstanding any provision of law
 15 11 to the contrary, and subject to the availability of moneys,
 15 12 there is appropriated from the quality assurance trust fund
 15 13 created in section 249L.4 to the department of health and human
 15 14 services for the fiscal year beginning July 1, 2026, and ending
 15 15 June 30, 2027, the following amount, or so much thereof as is
 15 16 necessary, for the purposes designated:
 15 17 To supplement the appropriation made in this Act from the
 15 18 general fund of the state to the department of health and human
 15 19 services for medical assistance for the same fiscal year:
 15 20 \$ 111,216,205

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

DETAIL: This is no change in funding compared to estimated net FY 2026.

15 21 Sec. 13. DEPARTMENT OF HEALTH AND HUMAN SERVICES — HOSPITAL
 15 22 HEALTH CARE ACCESS TRUST FUND. Notwithstanding any provision
 15 23 of law to the contrary, and any subject to the availability of
 15 24 moneys, there is appropriated from the hospital health care
 15 25 access trust fund created in section 249M.4 to the department
 15 26 of health and human services for the fiscal year beginning July
 15 27 1, 2026, and ending June 30, 2027, the following amount, or so
 15 28 much thereof as is necessary, for the purposes designated:
 15 29 To supplement the appropriation made in this Act from the
 15 30 general fund of the state to the department of health and human
 15 31 services for medical assistance for the same fiscal year:
 15 32 \$ 33,920,554

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

DETAIL: This is no change in funding compared to estimated net FY 2026.

15 33 Sec. 14. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 15 34 BEHAVIORAL HEALTH FUND. Notwithstanding section 225A.7,
 15 35 subsection 2, and subject to the availability of moneys, there
 16 1 is appropriated from the behavioral health fund established in
 16 2 section 225A.7, to the department of health and human services
 16 3 for the fiscal year beginning July 1, 2026, and ending June 30,
 16 4 2027, the following amount, or so much thereof as is necessary,

Behavioral Health Fund (BHF) appropriation to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation.

DETAIL: This is a new appropriation for FY 2027.

16 5 for the purposes designated:
 16 6 To supplement the appropriation made in this Act from the
 16 7 general fund of the state to the department of health and human
 16 8 services for medical assistance for the fiscal year beginning
 16 9 July 1, 2026, and ending June 30, 2027:
 16 10 \$ 7,771,589

16 11 Sec. 15. REIMBURSEMENT RATES.

16 12 1. Reimbursement for medical assistance, state
 16 13 supplementary assistance, and social service providers and
 16 14 services reimbursed under the purview of the department of
 16 15 health and human services shall remain at the reimbursement
 16 16 rate in effect on June 30, 2026, or shall be determined
 16 17 pursuant to the reimbursement methodology in effect on June 30,
 16 18 2026, with the exception of the following:
 16 19 a. If reimbursement is otherwise negotiated by contract or
 16 20 pursuant to an updated fee schedule.
 16 21 b. As otherwise provided in this section.

Requires that reimbursement for Medical Assistance, SSA, and social service providers and services remain at the reimbursement rate in effect of June 30, 2026, or be determined pursuant to the reimbursement methodology in effect on June 30, 2026, unless otherwise negotiated by contract or provided in this section.

16 22 2. a. (1) Notwithstanding any provision of law to the
 16 23 contrary, for the fiscal year beginning July 1, 2026, and
 16 24 ending June 30, 2027, the department of health and human
 16 25 services shall reimburse case-mix nursing facility rates based
 16 26 on the methodology in effect on June 30, 2026.

Requires the HHS to base case-mix nursing facility reimbursement rates for FY 2027 on the rates annually in effect June 30, 2026.

16 27 (2) July 1, 2025, through December 31, 2025, the department
 16 28 of health and human services shall calculate each nursing
 16 29 facility's case-mix index for rates effective July 1, 2026.

Requires the HHS to calculate each nursing facility's case-mix index for the rate period beginning July 1, 2026, from July 1, 2025 through December 31, 2025.

16 30 (3) January 1, 2026, through June 30, 2026, the department
 16 31 of health and human services shall calculate each nursing
 16 32 facility's case-mix index for rates effective January 1, 2027.

Requires the HHS to calculate each nursing facility's case-mix index for the rate period beginning July 1, 2027, from January 1, 2026 through June 30, 2027.

16 33 (4) (a) Medicaid managed care organizations shall adjust
 16 34 the following rates based upon payment rate listings issued by
 16 35 the department of health and human services:

- 17 1 (i) Nursing facility-specific rates.
- 17 2 (ii) Medicaid low utilization payment adjustment (LUPA)
- 17 3 rate-based services.
- 17 4 (iii) Medicaid home health agency services.
- 17 5 (iv) Private duty nursing and personal care services

Requires Medicaid MCOs to adjust the following rates based on payment rate listings issued by the HHS and apply the rates retroactively to the effective date of the applicable rate letter:

- Nursing facility-specific rates.
- Medicaid low utilization payment adjustment (LUPA) rate-based services.

17 6 provided under the Medicaid early and periodic screening,
 17 7 diagnosis, and treatment program.
 17 8 (v) Medicaid home and community-based waiver services.
 17 9 (b) A rate adjustment made pursuant to subparagraph
 17 10 division (a) shall be applied retroactively to the effective
 17 11 date of the applicable rate letter issued by the department of
 17 12 health and human services.

- Medicaid home health agency services.
- Private duty nursing and personal care services provided under the Medicaid early and periodic screening, detection, and treatment (EPSDT) program.
- Medicaid HCBS services.

17 13 b. For the fiscal year beginning July 1, 2026, \$1,167,867
 17 14 shall be used to increase to the extent possible reimbursement
 17 15 rates for ambulatory surgical centers compared to rates in
 17 16 effect on June 30, 2026.

Requires \$1,167,867 to be used to increase Medicaid reimbursement rates for ambulatory surgical centers.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

17 17 c. For the fiscal year beginning July 1, 2026, \$2,800,000
 17 18 shall be used to increase to the extent possible reimbursement
 17 19 rates for providers of rehabilitation and speech therapy
 17 20 services compared to rates for such services in effect on June
 17 21 30, 2026.

Requires \$2,800,000 to be used to increase Medicaid reimbursement rates for rehabilitation and speech therapy services.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

17 22 d. For the fiscal year beginning July 1, 2026, \$250,000
 17 23 shall be used to increase to the extent possible reimbursement
 17 24 rates for air medical services provided by an entity that
 17 25 has over forty years of experience and is the largest
 17 26 community-based provider of air medical services compared to
 17 27 rates for such services in effect on June 30, 2026.

Requires \$250,000 to be used to increase Medicaid 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.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

17 28 e. For the fiscal year beginning July 1, 2026, \$300,000
 17 29 shall be used to increase to the extent possible reimbursement
 17 30 rates for providers of adult day services, as defined in
 17 31 section 231D.1, compared to rates for such services in effect
 17 32 on June 30, 2026.

Requires \$300,000 to be used to increase Medicaid reimbursement rates for adult day services.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

17 33 f. For the fiscal year beginning July 1, 2026, \$5,000,000
 17 34 shall be used to increase to the extent possible reimbursement
 17 35 rates for providers of Medicaid home and community-based
 18 1 elderly waiver services compared to rates for such services in
 18 2 effect on June 30, 2026.

Requires \$5,000,000 to be used to increase Medicaid reimbursement rates for HCBS elderly waiver services.

18 3 g. For the fiscal year beginning July 1, 2026, \$250,000
 18 4 shall be used to increase to the extent possible reimbursement
 18 5 rates for prosthetics compared to rates for such prosthetics in
 18 6 effect on June 30, 2026.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

Requires \$250,000 to be used to increase Medicaid reimbursement rates for prosthetics.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

18 7 h. For the fiscal year beginning July 1, 2026, \$333,000
 18 8 shall be used to increase to the extent possible reimbursement
 18 9 rates for special population nursing facilities compared to
 18 10 rates for such special population nursing facilities in effect
 18 11 on June 30, 2026.

Requires \$333,000 to be used to increase Medicaid reimbursement rates for special population nursing facilities.

DETAIL: Medicaid reimbursement expenditures are paid for by the Medical Assistance appropriation.

18 12 DIVISION VII
 18 13 FAMILY WELL-BEING AND PROTECTION — FY 2026-2027

18 14 Sec. 16. DEPARTMENT OF HEALTH AND HUMAN SERVICES — STATE
 18 15 CHILD CARE ASSISTANCE. There is appropriated from the general
 18 16 fund of the state to the department of health and human
 18 17 services for the fiscal year beginning July 1, 2026, and ending
 18 18 June 30, 2027, the following amount, or so much thereof as is
 18 19 necessary, to be used for the purposes designated:
 18 20 For state child care assistance in accordance with sections
 18 21 237A.13 and 237A.14, and for not more than the following
 18 22 full-time equivalent positions:

General Fund appropriation to the HHS for CCA for FY 2027.

DETAIL: This is a decrease of \$3,000,000 and no change in FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The decrease in funding is to establish a copay structure for families receiving State CCA as a result of being employed in the child care workforce.

18 23	\$	31,983,000
18 24	FTEs	53.00

In this copy structure, families with incomes over 85.00% of the State median income will be responsible for either 33.00%, 45.00%, or 60.00% of the cost of care for their children. The average family who participated in the CCA Workforce Pilot program had an income of 302.00% of the federal poverty level (FPL), which would put the average family at the 60.00% copay amount. The maximum 60.00% copay amounts would be \$153.96 per week for infant copay and \$117.00 per week for preschool copay.

18 25 1. If the appropriation made for purposes of the state child
 18 26 care assistance program for the fiscal year is determined to
 18 27 be insufficient, it is the intent of the general assembly to
 18 28 appropriate sufficient moneys for the fiscal year to avoid
 18 29 application of waiting list requirements.

Specifies that it is the intent of the General Assembly to provide sufficient funding for the State CCA Program in FY 2027 to avoid the establishment of a waiting list.

18 30 2. A portion of the state match for the federal child care
 18 31 and development block grant shall be provided as necessary to
 18 32 meet federal matching moneys requirements through the state
 18 33 general fund appropriation made for child development grants
 18 34 and other programs for at-risk children in section 279.51.

Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

18 35 Sec. 17. DEPARTMENT OF HEALTH AND HUMAN SERVICES — EARLY
 19 1 INTERVENTION AND SUPPORTS. There is appropriated from the

General Fund appropriation to the HHS — Early Intervention and Supports for FY 2027.

19 2 general fund of the state to the department of health and human
 19 3 services for the fiscal year beginning July 1, 2026, and ending
 19 4 June 30, 2027, the following amount, or so much thereof as is
 19 5 necessary, to be used for the purposes designated:

DETAIL: This is a net increase of \$45,000 and an increase of 2.00 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). This net increase in funding includes an increase of \$345,000 to meet increased program expenditure needs for the More Options for Maternal Support (MOMS) Program and a decrease of \$300,000 to eliminate funding for a contracted Child Abuse Prevention administrator that the HHS had deemed duplicative.

19 6 For promotion of optimum health status for children and
 19 7 adolescents from birth through 21 years of age, and for
 19 8 families, and for not more than the following full-time
 19 9 equivalent positions:

19 10	\$	35,346,904
19 11	FTEs	29.00

19 12 1. Of the moneys appropriated in this section, not more than
 19 13 \$734,000 is allocated for the healthy opportunities for parents
 19 14 to experience success (HOPES) – healthy families Iowa (HFI)
 19 15 program established pursuant to section 135.106.

Limits the General Fund allocation 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 in funding compared to the estimated net FY 2026 allocation. This Program provides support for families through home visits that begin during pregnancy or at the birth of a child and can continue through age four.

19 16 2. Of the moneys appropriated in this section, \$4,313,854
 19 17 is allocated for the FaDSS grant program, and not more
 19 18 than 5 percent of the allocated moneys shall be used for
 19 19 administration of the grant program.

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

19 20 3. Of the moneys appropriated in this section, \$29,256,799
 19 21 shall be deposited in the early childhood Iowa fund created in
 19 22 section 256I.11.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

Allocates \$29,256,799 for the ECI Fund.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation. The funds are distributed to local ECI Area Boards in addition to the following five 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 persons working in early care, health, and education.
- Funding for the State's early childhood database system.
- Funding for community-based early childhood programs.

19 23 Sec. 18. DEPARTMENT OF HEALTH AND HUMAN SERVICES — CHILD
 19 24 PROTECTIVE SERVICES. There is appropriated from the general
 19 25 fund of the state to the department of health and human
 19 26 services for the fiscal year beginning July 1, 2026, and ending
 19 27 June 30, 2027, the following amount, or so much thereof as is
 19 28 necessary, to be used for the purposes designated:
 19 29 For child, family, and adoption services, and for salaries,
 19 30 support, maintenance, and miscellaneous purposes, and for not
 19 31 more than the following full-time equivalent positions:
 19 32 \$ 164,052,467
 19 33 FTEs 977.00

General Fund appropriation to the HHS — Child Protective Services for FY 2027.

DETAIL: This is a net decrease of \$1,505,564 and an increase of 117.80 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The changes in funding in include:

- An increase of \$3,245,594 for a Qualified Residential Treatment Program (QRTP) rate increase.
- An increase of \$1,590,842 for shelter rate increases.
- A decrease of \$110,000 to end auto-dissemination of printed Child Protective Services reports.
- A decrease of \$243,000 to charge the Juvenile Court Services (JCS) for certain activities conducted by the Child Protective Services team.

- A decrease of \$1,004,000 for personnel salary costs due to the establishment of a central consulting model that is expected to decrease overtime hours for social workers.
- A decrease of \$1,400,000 to end contracts for the Treatment Outcome Package (TOPs) protocol in order to utilize an existing lower-cost tool.
- A decrease of \$1,700,000 to end the Child Protective Services Decategorization Program.
- A decrease of \$1,885,000 to move the Child Protection Centers allocation and the Project Harmony allocation to the TANF Block Grant to address excess maintenance of effort (MOE) spending.

19 34 1. Based on client need, a portion of the moneys
 19 35 appropriated in this section may be used to provide other
 20 1 resources required to support family preservation, emergency
 20 2 client need, or family reunification efforts.

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

20 3 2. Of the moneys appropriated in this section, a sufficient
 20 4 amount is allocated for foster family care, group foster care
 20 5 maintenance and services, shelter care, child welfare emergency
 20 6 services, qualified residential treatment programs, supervised
 20 7 apartment living contracts, and for medical assistance program
 20 8 reimbursement and associated costs.

Allocates a sufficient amount to group foster care.

DETAIL: In FY 2024, \$40,500,000 was allocated for group foster care.

20 9 3. Federal moneys received by the state during the fiscal
 20 10 year beginning July 1, 2026, as the result of the expenditure
 20 11 of state moneys appropriated during a previous state fiscal
 20 12 year for a service or activity funded under this section,
 20 13 are appropriated to the department to be used as additional
 20 14 moneys for services and purposes provided under this section.
 20 15 Notwithstanding section 8.33, moneys appropriated under this
 20 16 subsection that remain unencumbered or unobligated at the close
 20 17 of the fiscal year shall not revert but shall remain available
 20 18 for the purposes designated until the close of the succeeding
 20 19 fiscal year.

Requires federal moneys received in FY 2027 because of the expenditure of State funds in a previous year to be used for Child Protective Services. Allows any unencumbered or unobligated funds to remain available for expenditure through FY 2028.

20 20 4. a. Of the moneys appropriated in this section, \$748,000
 20 21 is allocated for the payment of the expenses of court-ordered
 20 22 services provided to children who are under the supervision
 20 23 of the department, which expenses are a charge upon the state

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

20 24 pursuant to section 232.141, subsection 4.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

20 25 b. Notwithstanding chapter 232 or any other provision of
20 26 law to the contrary, a district or juvenile court shall not
20 27 order any service which is a charge upon the state pursuant to
20 28 section 232.141, subsection 4, if the moneys allocated under
20 29 paragraph "a" for court-ordered services are insufficient to
20 30 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.

20 31 5. Of the moneys appropriated in this section, \$4,359,500
20 32 is allocated for the preparation for adult living program
20 33 established pursuant to section 234.46.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

20 34 6. Of the moneys appropriated in this section, a portion may
20 35 be used for family-centered services for purposes of complying
21 1 with the federal Family First Prevention Services Act of 2018,
21 2 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](#).

21 3 7. a. Of the moneys appropriated in this section,
21 4 \$39,823,955 is allocated for adoption subsidy payments and
21 5 related costs.

Allocates \$39,823,955 to the Adoption Subsidy Program.

DETAIL: This is no change compared to the estimated net FY 2026 allocation.

21 6 b. Any moneys remaining after the allocation under
21 7 paragraph "a" is designated and allocated as state savings
21 8 resulting from implementation of the federal Fostering
21 9 Connections to Success and Increasing Adoptions Act of 2008,
21 10 Pub.L. No.110-351, and successor legislation, as determined
21 11 in accordance with 42 U.S.C. §673(a)(8), and shall be used for
21 12 post-adoption services and for other purposes allowed under
21 13 those federal Acts and regulations, and Tit.IV-B or Tit.IV-E
21 14 of the 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](#).

21 15 8. Of the moneys appropriated in this section, a sufficient
21 16 amount is allocated to support training needs for child welfare
21 17 providers and to address disproportionality within the child
21 18 welfare system.

Allocates a sufficient amount of moneys appropriated for Child Protective Services to support training and to address disproportionality within the child welfare system.

21 19 9. If a separate funding source is available that reduces
 21 20 the need for state moneys within an allocation under this
 21 21 section, the allocated state moneys may be redistributed to
 21 22 other allocations under this section for the same fiscal year.

Specifies that if other funding is available, the allocations of State funds in this section may be redistributed to other allocations for FY 2027.

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

21 23 DIVISION VIII
 21 24 STATE-OPERATED SPECIALTY CARE — FY 2026-2027

21 25 Sec. 19. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 21 26 STATE-OPERATED SPECIALTY CARE. There is appropriated from the
 21 27 general fund of the state to the department of health and human
 21 28 services for the fiscal year beginning July 1, 2026, and ending
 21 29 June 30, 2027, the following amount, or so much thereof as is
 21 30 necessary, to be used for the purposes designated:
 21 31 For salaries, support, maintenance, and miscellaneous
 21 32 purposes at institutions under the jurisdiction of the
 21 33 department of health and human services, and for not more than
 21 34 the following full-time equivalent positions:

General Fund appropriation to the HHS — State-Operated Specialty Care for FY 2027.

DETAIL: This is a decrease of \$2,117,739 and 573.45 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The change in funding includes:

21 35	..... \$	100,225,768
22 1	..... FTEs	756.00

- A decrease of \$56,600 to eliminate a vacant advanced typist position at the Independence Mental Health Institute (MHI).
- A decrease of \$74,357 to eliminate a vacant behavioral health assistant position at the Eldora State Training School (STS).
- A decrease of \$349,315 to eliminate five vacant licensed practical nurse (LPN) positions at the Woodward Resource Center.
- A decrease of \$410,100 to eliminate a vacant physician position at the Independence MHI.
- A decrease of \$1,227,367 to consolidate the homes in use at the Woodward Resource Center from 10 to 9 when the census at the facility approaches 100 individuals.

22 2 1. The department shall utilize the moneys appropriated in
 22 3 this section as necessary to maximize bed capacity and to most
 22 4 effectively meet the needs of the individuals served.

Requires the HHS to utilize funds as necessary to maximize bed capacity and meet the needs of the individuals served.

22 5 2. Of the moneys appropriated in this section, the following
 22 6 amounts are allocated to each institution as follows:

22 7 a. For the state mental health institute at Cherokee:
 22 8 \$ 19,878,962

Allocates \$19,878,962 for the MHI at Cherokee.

DETAIL: This is a decrease of \$650,139 compared to estimated net FY 2026 for general operating expenses.

22 9 b. For the state mental health institute at Independence:
 22 10 \$ 23,760,205

Allocates \$23,760,205 for the MHI at Independence.

DETAIL: This is a decrease of \$1,090,878 compared to estimated net FY 2026. Of this decrease, \$56,600 is to eliminate a vacant advanced typist position, \$410,100 is to eliminate a vacant physician position, and \$624,178 is for general operating expenses.

22 11 c. For the civil commitment unit for sexual offenders at
 22 12 Cherokee:
 22 13 \$ 23,272,111

Allocates \$23,272,111 for the CCUSO at Cherokee.

DETAIL: This is an increase of \$2,810,827 compared to estimated net FY 2026 for general operating expenses.

22 14 d. For the state resource center at Woodward:
 22 15 \$ 12,567,092

Allocates \$12,567,092 for the State Resource Center at Woodward.

DETAIL: This is a decrease of \$1,866,780 compared to estimated net FY 2026. Of this decrease, \$290,098 is for general operating expenses, \$349,315 is to eliminate five vacant LPN positions, and \$1,227,367 is to consolidate the homes in use at the Woodward Resource Center from 10 to 9 when the census at the facility approaches 100 individuals.

22 16 e. For the state training school at Eldora:
 22 17 \$ 19,805,171

Allocates \$19,805,171 for the State Training School at Eldora.

DETAIL: This is a decrease of \$672,866 compared to estimated net FY 2026. Of this decrease, \$74,357 is to eliminate a vacant behavioral health assistant position and \$598,509 is for general operating expenses.

22 18 f. For outstanding obligations related to workers'
 22 19 compensation, the sick leave insurance program, unemployment,
 22 20 and other costs related to the closure of the state resource
 22 21 center at Glenwood:
 22 22 \$ 942,227

Allocates \$942,227 for outstanding obligations related to workers' compensation, the Sick Leave Insurance Program, unemployment, and other costs related to the closure of the Glenwood Resource Center.

DETAIL: This is a decrease of \$647,903 compared to estimated net FY 2026 to reflect the estimated obligation needs for FY 2027.

22 23 DIVISION IX
 22 24 ADMINISTRATION AND COMPLIANCE — FY 2026-2027

22 25 Sec. 20. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 22 26 ACCOUNTABILITY, COMPLIANCE, AND PROGRAM INTEGRITY. There
 22 27 is appropriated from the general fund of the state to the
 22 28 department of health and human services for the fiscal year
 22 29 beginning July 1, 2026, and ending June 30, 2027, the following
 22 30 amount, or so much thereof as is necessary, to be used for the
 22 31 purposes designated:
 22 32 For accountability, compliance, and program integrity,
 22 33 including salaries, support, maintenance, and miscellaneous
 22 34 purposes, and for not more than the following full-time
 22 35 equivalent positions:
 23 1 \$ 23,152,404
 23 2 FTEs 409.00

General Fund appropriation to the HHS — Accountability, Compliance, and Program Integrity for FY 2027.

DETAIL: This is net increase of \$1,248,190 and 138.99 FTE positions compared to estimated net FY 2026. Total FTE positions authorized provide the same amount as the total authorized in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act). The funding changes include an increase of \$1,383,620 for the increase to the State share of SNAP administrative costs beginning in FFY 2027, an increase of \$64,570 for Medicaid waiver cost neutrality analysis, and a decrease of \$200,000 to move the Iowa Achieving a Better Life Experience (ABLE) Savings Plan Trust allocation from the HHS Accountability, Compliance, and Program Integrity appropriation line item to a new appropriation for the Treasurer of State, who administers the Trust.

23 3 1. Of the moneys appropriated in this section, \$2,602,312
 23 4 is allocated for foster care review and the court appointed
 23 5 special advocate program, including for salaries, support,
 23 6 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 in funding compared to the estimated net FY 2026 allocation. 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.

23 7 2. Of the moneys appropriated in this section, \$1,148,959
 23 8 is allocated for the office of long-term care ombudsman
 23 9 for salaries, support, administration, maintenance, and
 23 10 miscellaneous purposes.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

23 11 DIVISION X
 23 12 TRANSFERS, CASH FLOW, AND NONREVERSIONS — FY 2026-2027

23 13 Sec. 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 23 14 TRANSFERS AND CASH FLOW.

23 15 1. Notwithstanding any provision of law to the contrary,
 23 16 the department may transfer moneys appropriated under this Act
 23 17 for child protective services to pay the nonfederal share costs
 23 18 of services reimbursed under the medical assistance program,
 23 19 state child care assistance program, or family investment
 23 20 program which are provided to children who would otherwise
 23 21 receive services paid by the appropriation for child protective
 23 22 services.

Permits the HHS to transfer funds appropriated to 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.

23 23 2. The department may transfer moneys from the temporary
 23 24 assistance for needy families block grant to the federal social
 23 25 services block grant appropriation, and to the child care and
 23 26 development block grant appropriation, in accordance with
 23 27 federal law.

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.

23 28 3. To the extent the department determines that moneys
 23 29 appropriated under this Act, or allocated for a specific
 23 30 purpose under this Act, will remain unencumbered or unobligated
 23 31 at the close of the fiscal year, such unencumbered or
 23 32 unobligated moneys may be used in the same fiscal year for any
 23 33 other purpose for which the appropriated moneys may be used, or
 23 34 for any other allocation within the same appropriation.

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.

23 35 Sec. 22. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 24 1 NONREVERSIONS.

24 2 1. Notwithstanding section 8.33, of the moneys appropriated
 24 3 under this Act from the general fund of the state, the quality
 24 4 assurance trust fund, and the hospital health care access trust
 24 5 fund to the department of health and human services for the
 24 6 fiscal year beginning July 1, 2026, and ending June 30, 2027,

CODE: Allows any unencumbered or unobligated funds appropriated from the General Fund, the QATF, and the HHCAT to the HHS in FY 2027 for the Medicaid Program to remain available for FY 2028.

24 7 for the purposes of the medical assistance program, the amount
 24 8 in excess of actual expenditures for the medical assistance
 24 9 program that remains unencumbered or unobligated at the close
 24 10 of the fiscal year shall not revert but shall remain available
 24 11 for expenditure for the medical assistance program until the
 24 12 close of the succeeding fiscal year.

24 13 2. Notwithstanding section 8.33, moneys appropriated under
 24 14 this Act from the general fund of the state to the department
 24 15 of health and human services for the fiscal year beginning
 24 16 July 1, 2026, and ending June 30, 2027, and allocated for
 24 17 rural psychiatric residencies, that remain unencumbered or
 24 18 unobligated at the close of the fiscal year shall not revert
 24 19 but shall remain available for expenditure for the purposes
 24 20 designated until the close of the succeeding fiscal year.

24 21 3. Notwithstanding section 8.33, moneys appropriated under
 24 22 this Act from the general fund of the state to the department
 24 23 of health and human services for the fiscal year beginning July
 24 24 1, 2026, and ending June 30, 2027, and allocated for adoption
 24 25 subsidy payments and related costs, or for post-adoption
 24 26 services and allowable related purposes, that remain
 24 27 unencumbered or unobligated at the close of the fiscal year
 24 28 shall not revert but shall remain available for expenditure for
 24 29 adoption reinvestment obligations.

24 30 4. Notwithstanding section 8.33, moneys appropriated under
 24 31 this Act from the general fund of the state to the department
 24 32 of health and human services for the fiscal year beginning July
 24 33 1, 2026, and ending June 30, 2027, and allocated for child
 24 34 protective services, that remain unencumbered or unobligated at
 24 35 the close of the fiscal year shall not revert but shall remain
 25 1 available for expenditure for the partnership between the
 25 2 department of health and human services and the administration
 25 3 of children and family services of the United States department
 25 4 of health and human services to develop and implement the
 25 5 comprehensive welfare information system, also known as VISION.

25 6 DIVISION XI
 25 7 REPORT ON NONREVERSION OF MONEYS

25 8 Sec. 23. DEPARTMENT OF HEALTH AND HUMAN SERVICES — REPORT
 25 9 ON NONREVERSION OF MONEYS. The department of health and

CODE: Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for rural psychiatric residencies in FY 2027 to remain available for FY 2028.

CODE: Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS and allocated for adoption subsidy payments or post-adoption services in FY 2027 to remain available for FY 2028.

CODE: Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS and allocated for Child Protective Services in FY 2027 to remain available for FY 2028 for the purposes of the partnership between the HHS and the United States Department of Health and Human Services Administration of Children and Family Services to develop and implement the comprehensive welfare information system, also known as VISION.

Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY

25 10 human services shall report the expenditure of any moneys for
 25 11 which nonreversion authorization was provided for the fiscal
 25 12 year beginning July 1, 2026, and ending June 30, 2027, to the
 25 13 general assembly on a quarterly basis beginning October 1,
 25 14 2027.

2026 to the General Assembly on a quarterly basis beginning October 1, 2027.

25 15 DIVISION XII
 25 16 MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM APPROPRIATION
 25 17 NONREVERSION

25 18 Sec. 24. 2025 Iowa Acts, chapter 169, section 27, is amended
 25 19 by adding the following new subsection:
 25 20 NEW SUBSECTION 8. Notwithstanding section 8.33, moneys
 25 21 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, 2025, and ending June 30, 2026, for the more
 25 24 options for maternal support program created in section 217.41C
 25 25 that remain unencumbered or unobligated at the close of the
 25 26 fiscal year shall not revert but shall remain available for
 25 27 expenditure for the purposes designated until the close of the
 25 28 succeeding fiscal year.

CODE: Allows any unencumbered or unobligated funds appropriated in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), from the General Fund for the MOMS Program in FY 2026 to remain available for expenditure until the close of FY 2027.

25 29 Sec. 25. EFFECTIVE DATE. This division of this Act, being
 25 30 deemed of immediate importance, takes effect upon enactment.

Specifies that Division XII of the Bill related to the MOMS Program takes effect upon enactment.

25 31 Sec. 26. RETROACTIVE APPLICABILITY. This division of this
 25 32 Act applies retroactively to July 1, 2025.

Specifies that Division XII of the Bill related to the MOMS Program applies retroactively to July 1, 2025.

25 33 DIVISION XIII
 25 34 REIMBURSEMENT RATES — REVIEW

25 35 Sec. 27. Section 235.2, Code 2026, is amended by adding the
 26 1 following new subsection:
 26 2 NEW SUBSECTION 9. Upon implementation by the department
 26 3 of a uniform cost report for shelter care and qualified
 26 4 residential treatment providers, biennially conduct a review of
 26 5 shelter care and qualified residential treatment provider costs
 26 6 compared to current shelter care and qualified residential
 26 7 treatment provider rates. On or before October 1 of the
 26 8 calendar year immediately succeeding the calendar year in
 26 9 which the review is conducted, the department shall submit a

CODE: Requires the HHS to biennially review shelter care and QRTP provider rates upon implementation of a uniform cost report. Requires the HHS, on or before October 1 of the immediately succeeding calendar year in which the review is conducted, to submit a report to the Governor and the General Assembly detailing the results of the review and recommendations for rate adjustments.

26 10 report to the governor and the general assembly detailing the
 26 11 results of the department's review and recommendations for rate
 26 12 adjustments.

26 13 Sec. 28. Section 249A.4, Code 2026, is amended by adding the
 26 14 following new subsection:

26 15 NEW SUBSECTION 15. a. Conduct an annual review of
 26 16 provider reimbursement rates for medical and health services
 26 17 provided under this chapter that are reimbursed by a statewide
 26 18 fee schedule and that are not periodically updated or rebased
 26 19 pursuant to federal or state law or rule. The department shall
 26 20 compare each provider reimbursement rate in the following
 26 21 manner:

26 22 (1) For all medical and health services other than dental
 26 23 services, to reimbursement rates under the federal Medicare
 26 24 program.

26 25 (2) For dental services, to reimbursement rates for
 26 26 Medicaid programs in states contiguous to Iowa.

26 27 b. On or before January 15 of each calendar year, the
 26 28 department shall submit to the general assembly a report
 26 29 summarizing the department's review under paragraph "a".

26 30 Sec. 29. NEW SECTION 249A.32C HOME AND COMMUNITY-BASED
 26 31 SERVICE WAIVERS — PROVIDER RATE LIMITS.

26 32 1. For purposes of this section:

26 33 a. "Consumer" means the same as defined in section 249A.29.

26 34 b. "Provider" means the same as defined in section 249A.29.

26 35 c. "Waiver" means the same as defined in section 249A.29.

27 1 2. On or before July 1 of each fiscal year, each provider
 27 2 shall submit actual cost of service and supply data to the
 27 3 department. Upon request by the department, a provider shall
 27 4 submit to reasonable review of the actual cost of service and
 27 5 supply data submitted.

27 6 3. a. Upon the required submission of annual cost reports
 27 7 by providers and implementation by the department of a waiver
 27 8 fee schedule, the department, with input from the public,
 27 9 consumers, providers, and other stakeholders, shall develop a
 27 10 proposed cost-based reimbursement system and related changes to
 27 11 department policies and procedures for all services rendered
 27 12 under a waiver during the period of review specified by

CODE: Requires the HHS to annually review provider reimbursement rates for Medicaid services that are reimbursed by a statewide fee schedule and that are not periodically updated or rebased pursuant to federal or State law or rule. Requires the HHS to compare provider reimbursement rates, other than dental services, to the federal Medicare program. Requires the HHS to compare federal provider reimbursement rates to the rates set by Medicaid programs in states contiguous to Iowa. Requires the HHS to submit an annual report that summarizes the review to the General Assembly by January 15.

CODE: Defines terms for new Iowa Code section 249A.32C related to HCBS waivers provider rate limits.

CODE: Requires HCBS waiver providers to annually submit actual cost of service and supply data to the HHS by July 1.

CODE: Requires the HHS to annually develop a proposed cost-based reimbursement system and related changes to HHS policies and procedures for all services rendered under a Medicaid HCBS waiver during the period of review specified by the HHS. Requires the HHS to develop a uniform and streamlined cost reporting mechanism for HCBS waiver services.

27 13 the department. The cost-based reimbursement system shall
 27 14 be developed using information provided to the department
 27 15 including but not limited to all of the following:
 27 16 (1) Provider cost data.
 27 17 (2) Provider claims data.
 27 18 (3) Consumer needs assessment data.
 27 19 (4) Other relevant regional and national data.
 27 20 b. The department shall, with input from providers and
 27 21 other relevant stakeholders, develop a uniform and streamlined
 27 22 provider cost reporting mechanism for home and community-based
 27 23 services.

27 24 4. At least once every four calendar years, the department
 27 25 shall establish a new base period to be used in calculating
 27 26 proposed rate models and related changes to department policies
 27 27 and procedures. On or before October 1 of each year that a
 27 28 new base period is established, the department shall submit
 27 29 a report to the general assembly that includes proposed
 27 30 rate models, the projected fiscal impact of implementing the
 27 31 proposed rate models, including documentation supporting the
 27 32 actuarial soundness of the proposed rate models, and the
 27 33 proposed changes to department policies and procedures.

CODE: Requires the HHS to establish a new base period to be used in calculating proposed rate models and related changes to policy and procedures for HCBS services every four years. Requires the HHS to submit a report to the General Assembly by October 1 of the year in which the new base period is established, which includes proposed rate models, the projected fiscal impact including documentation supporting the actuarial soundness of the proposed rate models, and the proposed changes to policy and procedure.

FISCAL IMPACT: The total cost is estimated to be \$1,300,000 for FY 2027, of which the State cost is \$650,000 and the federal cost is \$650,000.

27 34 DIVISION XIV
 27 35 MENTAL DISEASES EXCLUSION — WAIVER

28 1 Sec. 30. DEPARTMENT OF HEALTH AND HUMAN SERVICES — MEDICAL
 28 2 DISEASES EXCLUSION WAIVER. No later than July 1, 2027, the
 28 3 department of health and human services shall apply to the
 28 4 centers for Medicare and Medicaid services of the United
 28 5 States department of health and human services for a waiver of
 28 6 Medicaid's institution for mental diseases exclusion.

Requires the HHS to apply to the Centers for Medicare and Medicaid Services (CMS) for a waiver of Medicaid's institution for mental diseases (IMD) exclusion.

FISCAL IMPACT: The HHS estimates that applying to the CMS for a waiver of Medicaid's IMD exclusion will increase costs to the HHS by the following amounts for future fiscal years:

- FY 2027: \$595,000, of which the State cost is \$297,500 and the federal cost is \$297,500.
- FY 2028: \$277,500, of which the State cost is \$138,750 and the federal cost is \$138,750.

PG LN	GA:91 HF2782	Explanation
28 7 28 8 28 9	DIVISION XV COMMUNITY HEALTH CENTERS REIMBURSEMENT — IOWA SAFETY NET MANAGEMENT SYSTEM	<ul style="list-style-type: none"> • FY 2029: \$678,750, of which the State cost is \$339,375 and the federal cost is \$339,375. • FY 2030: \$678,750, of which the State cost is \$339,375 and the federal cost is \$339,375. • FY 2031: \$678,750, of which the State cost is \$339,375 and the federal cost is \$339,375.
28 10 28 11 28 12 28 13 28 14 28 15 28 16	Sec. 31. IOWA SAFETY NET MANAGEMENT SYSTEM — REIMBURSEMENT RATE. By July 1, 2026, the department of health and human services shall increase the reimbursement rate for behavioral health services provided by community health centers under the Iowa safety management system to at least the same rate that substantially similar behavioral health services are reimbursed by Medicaid.	Requires the HHS to increase the reimbursement rate for behavioral health services provided by community health centers under the Iowa Safety Management System to at least the same rate at which substantially similar behavioral health services are reimbursed by Medicaid.
28 17 28 18 28 19	DIVISION XVI DEPARTMENT OF HEALTH AND HUMAN SERVICES — FULL-TIME EQUIVALENT DASHBOARD	Requires the HHS to create a dashboard on the HHS's website relating to FTE positions that details the following:
28 20 28 21 28 22 28 23 28 24 28 25 28 26 28 27 28 28 28 29 28 30 28 31 28 32 28 33 28 34 28 35 29 1 29 2	Sec. 32. DEPARTMENT OF HEALTH AND HUMAN SERVICES — FULL-TIME EQUIVALENT DASHBOARD. The department of health and human services shall create a dashboard on the department's internet site relating to full-time equivalent positions that details all of the following: 1. The aggregate amount of moneys appropriated to the department for full-time equivalent positions. 2. The maximum number of full-time equivalent positions approved by the general assembly for the department. 3. The number of full-time equivalent positions approved by the general assembly for the department categorized by the appropriation, federal grant, or other funding source used to fund each full-time equivalent position. 4. The aggregate amount of federal moneys used to fund full-time equivalent positions approved by the general assembly for the department. 5. The aggregate amount of state moneys used to fund full-time equivalent positions approved by the general assembly	<ul style="list-style-type: none"> • The aggregate amount of moneys appropriated to the HHS for FTE positions. • The maximum number of FTE positions approved by the General Assembly for the HHS. • The number of FTE positions approved by the General Assembly for the HHS categorized by the appropriation, federal grant, or other funding source used to fund each FTE position. • The aggregate amount of federal moneys used to fund FTE positions approved by the General Assembly for the HHS. • The aggregate amount of State moneys used to fund FTE positions approved by the General Assembly for the HHS. • The number of vacant FTE positions approved by the General Assembly for the HHS.

29 3 for the department.
 29 4 6. The number of vacant full-time equivalent positions
 29 5 approved by the general assembly for the department.
 29 6 7. The number of department personnel that are classified as
 29 7 full-time, part-time, or temporary.

- The number of HHS personnel that are classified as full-time, part-time, or temporary.

29 8 DIVISION XVII
 29 9 COMPREHENSIVE FAMILY SUPPORT PROGRAM

29 10 Sec. 33. NEW SECTION 231.80 COMPREHENSIVE FAMILY SUPPORT
 29 11 PROGRAM.

CODE: Defines terms related to the CFSP as reestablished by the Bill.

29 12 1. For the purposes of this section, unless the context
 29 13 otherwise requires:
 29 14 a. "Comprehensive family support" means services and
 29 15 supports that assist families caring for an individual with
 29 16 a disability who is a member of the family, including but
 29 17 not limited to programs, services, parent-to-parent support,
 29 18 assistive devices, and various adaptations that allow an
 29 19 individual with a disability to participate more fully in
 29 20 family and community life.
 29 21 b. (1) "Family" means a group of interdependent persons
 29 22 living in the same household. A family consists of an
 29 23 individual with a disability and any of the following:
 29 24 (a) The individual's parent.
 29 25 (b) The individual's sibling.
 29 26 (c) The individual's grandparent, aunt, or uncle.
 29 27 (d) The individual's legal custodian.
 29 28 (e) A person providing short-term foster care to the
 29 29 individual with a disability subject to a case permanency plan
 29 30 that provides for reunification between the individual and the
 29 31 individual's parent.
 29 32 (2) "Family" does not include a person who is employed
 29 33 to provide services to an individual with a disability in an
 29 34 out-of-home setting, including but not limited to a hospital,
 29 35 nursing facility, personal care home, board and care home,
 30 1 group foster care home, or other institutional setting.
 30 2 c. "Individual with a disability" means an individual who is
 30 3 less than twenty-two years of age and meets the definition of
 30 4 developmental disability in 42 U.S.C.§15002.
 30 5 d. "Services and support" means assistance intended
 30 6 to enable an individual with a disability to control
 30 7 the individual's environment, to remain living with the

30 8 individual's family, to function more independently, and
 30 9 to increase the integration of the individual into the
 30 10 individual's community including but not limited to funding
 30 11 for purchase of equipment, respite care, supplies, assistive
 30 12 technology, and payment of other costs attributable to
 30 13 the individual's disability which are identified by the
 30 14 individual's family.

30 15 2. A comprehensive family support program is created under
 30 16 the purview of the department to provide a statewide system of
 30 17 services and support to eligible families. The program shall
 30 18 be implemented in a manner that enables a family member of an
 30 19 individual with a disability to identify the needed services
 30 20 and support.

30 21 3. Eligibility for the program is limited to families who
 30 22 meet all of the following criteria:
 30 23 a. The family resides in the state of Iowa.
 30 24 b. The family intends for the family member who is an
 30 25 individual with a disability to remain living in the family's
 30 26 home.
 30 27 c. The family's taxable income is less than sixty thousand
 30 28 dollars for the most recently completed tax year.

30 29 4. A family may apply to the department or to a family
 30 30 support center for assistance under the comprehensive family
 30 31 support program. The department or family support center shall
 30 32 determine eligibility for the comprehensive family support
 30 33 program in accordance with subsection 3.

30 34 5. The department shall adopt rules pursuant to chapter
 30 35 17A to implement the comprehensive family support program.
 31 1 The comprehensive family support program must do all of the
 31 2 following:
 31 3 a. To the extent possible, incorporate in the application
 31 4 process the eligibility determination processes that the

CODE: Reestablishes the CFSP under the HHS in Iowa Code to provide a statewide system of services and support to eligible families. Requires the CFSP to be implemented in a manner that enables a family member of an individual with a disability to identify the needed services and support.

DETAIL: The CFSP was previously authorized under 2025 Iowa Code section [225C.47](#), but was inadvertently repealed by 2024 Iowa Acts, chapter [1161](#) (Behavioral Health Service System Act).

CODE: Requires families to meet the following criteria to be eligible for the CFSP:

- The family resides in Iowa.
- The family intends for the family member who is an individual with a disability to remain living in the family's home.
- The family's taxable income is less than \$60,000 for the most recently completed tax year.

CODE: Allows a family to apply to the HHS or to a family support center for assistance under the CFSP. Requires the HHS or the family support center to determine eligibility for the CFSP.

CODE: Requires the HHS to adopt administrative rules to implement the CFSP. Requires the CFSP to do all of the following:

31 5 department uses for other disability services programs.
 31 6 b. Ensure the ability of families to maintain control of
 31 7 decisions which affect an individual with a disability who is a
 31 8 member of a family.
 31 9 c. Utilize existing local agencies to provide facilities and
 31 10 a single entry point for program applicants.
 31 11 d. Ensure services and support are provided in a timely
 31 12 manner and emergency access to needed services and support is
 31 13 provided.
 31 14 e. Ensure technical assistance is provided to providers and
 31 15 users of services and support.
 31 16 f. Utilize state, regional, and local media to publicize the
 31 17 program.
 31 18 g. Incorporate a process to appeal the department's or
 31 19 family support center's denial of services and support to a
 31 20 family under the program, including reasonable efforts by the
 31 21 department to utilize telecommunications in the appeal process.
 31 22 h. Identify the services and support, and service provider
 31 23 components, included in the program.
 31 24 i. Upon request by a family member, provide a family with
 31 25 assistance in locating a service provider.
 31 26 j. Make payment for services and support directly to
 31 27 families by voucher or other appropriate means.
 31 28 k. Utilize a voucher system for payment for the family
 31 29 support center component of the program under subsection 7.

- Incorporate the eligibility determination processes that the HHS uses for other disability services programs in the applications process.
- Ensure the ability of families to maintain control of decisions which affect an individual with a disability who is a member of a family.
- Use existing local agencies to provide facilities and a single entry point for applicants.
- Ensure that services and support are provided in a timely manner and that emergency access to needed services and support is provided.
- Ensure that technical assistance is provided to providers and users of services and support.
- Use State, regional, and local media to publicize the CFSP.
- Incorporate a process to appeal the HHS's or family support center's denial of services and support to a family under the CFSP, including reasonable efforts by the HHS to utilize telecommunications in the appeal process.
- Identify the services and support, and service provider components, included in the CFSP.
- Provide a family with assistance in locating a service provider upon request by a family member.
- Make payment for services and support directly to families by voucher or other appropriate means.
- Use a voucher system for payment for the family support center component of the CFSP.

31 30 6. Services and support provided under the comprehensive
 31 31 family support program shall not be used to supplant other
 31 32 services and support available to a family of an individual
 31 33 with a disability but shall be used to meet family needs that
 31 34 will not be met without the program.

CODE: Prohibits services and support provided under the CFSP from being used to supplant other services and support available to a family of an individual with a disability.

31 35 7. The comprehensive family support program shall include a
 32 1 family support center component. Under the component, a family
 32 2 member of an individual with a disability shall be assisted
 32 3 by a family support center in identifying the services and
 32 4 support to be provided to the family under the family support
 32 5 subsidy program or the comprehensive family support program.
 32 6 The identification of services and support must be based upon
 32 7 the specific needs of the individual with a disability and

CODE: Requires the CFSP to include a family support center component in which a family member of an individual with a disability must be assisted by a family support center in identifying the services and support to be provided to the family under the family support subsidy program or the CFSP. Requires the identification of services and support to be based on the specific needs of the individual with a

32 32 32	8 the individual's family which are not met by other service 9 programs available to the individual with a disability and the 10 individual's family.	disability and the individual's family which are not met by other service programs.
32 32 32 32 32 32 32 32	8. The comprehensive family support program shall be funded by appropriations made by the general assembly for purposes of the program. Notwithstanding section 8.33, moneys appropriated for the comprehensive family support program under this section that remain unobligated or unexpended at the close of each fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the immediately succeeding fiscal year.	CODE: Provides that the CFSP is funded by appropriations made by the General Assembly. Allows any unobligated or unexpended funds appropriated for the CFSP to remain available for subsequent fiscal years.
32 32 32 32	Sec. 34. CODE EDITOR DIRECTIVE. The Code editor is directed to designate section 231.80, as enacted in this division of this Act, as subchapter VIII of chapter 231 entitled "Comprehensive Family Support Program".	Requires the Iowa Code Editor to designate Iowa Code section 231.80, as established by the Bill, as subchapter VIII of Iowa Code chapter 231 entitled "Comprehensive Family Support Program."
32 32	Sec. 35. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.	Specifies that Division XVII of the Bill related to the CFSP takes effect upon enactment.
32 32	Sec. 36. RETROACTIVE APPLICABILITY. This division of this Act applies retroactively to July 1, 2025.	Provides that Division XVII of the Bill related to the CFSP applies retroactively to July 1, 2025.
32 32	DIVISION XVIII FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT	
32 32 32 32 32 32 32 32 32 32 32 32	Sec. 37. 2025 Iowa Acts, chapter 152, section 2, subsection 1, paragraph d, is amended to read as follows: d.— For the federal fiscal year beginning October 1, 2025, and ending September 30, 2026, of <u>Of</u> the moneys allocated to providers under paragraph "c", 70 percent of the moneys allocated <u>each federal fiscal year</u> shall be distributed by a behavioral health administrative services organization or 1 the department of health and human services to the state's 2 accredited community mental health centers designated by 3 the department of health and human services under section 4 225A.3, as enacted by 2024 Iowa Acts, chapter 1161, section 5 3. Community mental health centers that receive moneys 6 distributed under this paragraph shall use the moneys for the 7 purposes of training staff, providing services to adults with	CODE: Requires 70.00% of the funds set aside for community mental health service providers in FFY 2026 and FFY 2027 appropriated to the HHS from the Community Mental Health Services Block Grant to be distributed to State-accredited community mental health centers under Iowa Code section 225A.3 as enacted by 2024 Iowa Acts, chapter 1161 (Behavioral Health Service System Act), and requires the HHS to publish the amounts to be distributed to community mental health centers on the Department's internet site on or before October 1, 2025, and on or before October 1, 2026. DETAIL: 2025 Iowa Acts, Senate File 626 (Federal Block Grant Appropriations and Other Federal Funds Act),

33 8 a serious mental illness, or providing services to children
 33 9 with a serious emotional disturbance, and shall bill treatment
 33 10 dollars related to such services to the department of health
 33 11 and human services through the department's claims system.
 33 12 The department of health and human services shall publish the
 33 13 amounts to be distributed to community mental health centers on
 33 14 the department's internet site on or before October 1, 2025,
 33 15 and on or before October 1, 2026, and distribute the moneys to
 33 16 the recipients on a quarterly basis. Recipients of the moneys
 33 17 shall submit quarterly reports to the department of health and
 33 18 human services containing data consistent with performance
 33 19 measures approved by the federal substance abuse and mental
 33 20 health services administration.

appropriated \$7,754,083 in FFY 2026 and \$7,754,083 in
 FFY 2027 from the Community Mental Health Services Block
 Grant to the HHS.

33 21 DIVISION XIX
 33 22 CHILD WELFARE AND JUVENILE JUSTICE DECATEGORYIZATION

33 23 Sec. 38. Section 235.7, subsection 2, Code 2026, is amended
 33 24 to read as follows:
 33 25 2. MEMBERSHIP.—~~The department may authorize the governance~~
 33 26 ~~boards of decategorization of child welfare and juvenile~~
 33 27 ~~justice funding projects established under section 232.188 to~~
 33 28 ~~appoint the transition committee membership and may utilize~~
 33 29 ~~the boundaries of decategorization projects to establish~~
 33 30 ~~the service areas for transition committees. The committee~~
 33 31 A committee's membership may include but is not limited to
 33 32 department staff involved with foster care, child welfare,
 33 33 and adult services, juvenile court services staff, staff
 33 34 involved with county general assistance or emergency relief
 33 35 under chapter 251 or 252, school district and area education
 34 1 agency staff involved with special education, and a child's
 34 2 court appointed special advocate, guardian ad litem, service
 34 3 providers, and other persons knowledgeable about the child.

CODE: Removes permission for the HHS to authorize the
 governance boards of decategorization of child welfare and
 juvenile justice funding projects established under Iowa
 Code section [232.188](#) to appoint the transition committee
 membership and to utilize the boundaries of
 decategorization projects to establish the service areas for
 transition committees.

34 4 Sec. 39. Section 237A.1, subsection 2, paragraph j,
 34 5 subparagraph (2), Code 2026, is amended by striking the
 34 6 subparagraph.

CODE: Strikes Iowa Code section [237A.1\(2\)\(j\)\(2\)](#), which
 establishes that care, supervision, and guidance of a child at
 a structured program for the purpose of providing
 therapeutic, rehabilitative, or supervisory services to children
 under a contract approved by a governance board of a
 decategorization of child welfare and juvenile justice funding
 project are excluded from the definition of "child care" under
 Iowa Code chapter [237A](#).

34 7 Sec. 40. Section 249A.26, subsection 5, Code 2026, is
34 8 amended by striking the subsection.

CODE: Strikes Iowa Code section [249A.26\(5\)](#), which establishes that funding under the Medical Assistance program will be provided for case management services for eligible persons 17 years of age or younger residing in counties with child welfare decategorization projects, provided that these projects have included these persons in the service plan and the decategorization project county is willing to provide the nonfederal share of costs.

34 9 Sec. 41. Section 256I.4, subsection 6, Code 2026, is amended
34 10 by striking the subsection.

CODE: Strikes Iowa Code section [256I.4\(6\)](#), which requires the Early Childhood Iowa State Board to assist with the linkage of child welfare and juvenile justice decategorization projects with Early Childhood Iowa areas.

34 11 Sec. 42. REPEAL. Section 232.188, Code 2026, is repealed.

CODE: Repeals Iowa Code section [232.188](#) relating to the decategorization of child welfare and juvenile justice funding initiative.

FISCAL IMPACT: The HHS estimates that eliminating child welfare decategorization will have a cost savings to the HHS of \$1,700,000.

34 12 Sec. 43. DECATEGORYIZATION CARRYOVER FUNDING.

34 13 1. For purposes of this section, unless the context
34 14 otherwise requires:

34 15 a. "Carryover funding" means unobligated or unencumbered
34 16 moneys described in section 232.188, subsection 5, paragraph
34 17 "b", Code 2026, at the close of the fiscal year beginning July
34 18 1, 2025.

34 19 b. "Decategorization project" means the same as defined in
34 20 section 232.188, Code 2026.

34 21 c. "Funding pool" means the same as defined in section
34 22 232.188, Code 2026.

34 23 d. "Governance board" means the same as defined in section
34 24 232.188, Code 2026.

Establishes definitions for the following terms: "carryover funding," "decategorization project," "funding pool," and "governance board."

34 25 2. Carryover funding that remains in a funding pool at the
34 26 close of the fiscal year beginning July 1, 2025, which has been
34 27 encumbered or obligated by the governance board for a multiyear
34 28 service decategorization project for that fiscal year, shall

Permits carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 that has been encumbered or obligated by the board for a multiyear service decategorization project

<p>34 29 remain available for expenditure to ensure continuation of 34 30 such service or activity until the close of the fiscal year 34 31 beginning July 1, 2028, or until the close of the fiscal year 34 32 in which the service or activity is completed, whichever is 34 33 earlier.</p>	<p>to remain available for expenditure until the close of FY 2029 or until the close of the fiscal year in which the service or activity is completed, whichever is earlier.</p>
<p>34 34 3. Carryover funding that remains in a funding pool at the 34 35 end of the fiscal year beginning July 1, 2025, which remains 35 1 unencumbered or unobligated by the governance board for a 35 2 multiyear service decategorization project for that fiscal 35 3 year, shall be appropriated to the department of health and 35 4 human services and juvenile court services proportionately 35 5 based on the percentage of moneys appropriated to each entity 35 6 by the general assembly for decategorization projects.</p>	<p>Appropriates any unencumbered or unobligated carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 to the HHS and Juvenile Court Services proportionally based on the percentage of moneys appropriated to each entity by the General Assembly for decategorization projects.</p>
<p>35 7 Sec. 44. EFFECTIVE DATE. The section of this division of 35 8 this Act related to decategorization carryover funding, being 35 9 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that Division XIX of the Bill related to child welfare decategorization carryover funding takes effect upon enactment.</p>
<p>35 10 Sec. 45. RETROACTIVE APPLICABILITY. The section of this 35 11 division of this Act related to decategorization carryover 35 12 funding applies retroactively to July 1, 2025.</p>	<p>Specifies that Division XIX of the Bill related to child welfare decategorization carryover funding applies retroactively to July 1, 2025.</p>
<p>35 13 DIVISION XX 35 14 COMMITMENT OR HOSPITALIZATION OF CERTAIN PERSONS WITH SUBSTANCE 35 15 USE DISORDERS OR MENTAL ILLNESS</p>	
<p>35 16 Sec. 46. Section 125.81, subsection 1, Code 2026, is amended 35 17 to read as follows: 35 18 1. <u>a.</u> If a person filing an application requests that a 35 19 respondent be taken into immediate custody, and the court upon 35 20 reviewing the application and accompanying documentation, finds 35 21 probable cause to believe that the respondent is a person with 35 22 a substance use disorder who is likely to injure the person or 35 23 other persons if allowed to remain at liberty, the court may 35 24 enter a written order directing that the respondent be taken 35 25 into immediate custody by the sheriff, and be detained until 35 26 the commitment hearing, which shall be held no more than five 35 27 days after the date of the order, except that if the fifth 35 28 day after the date of the order is a Saturday, Sunday, or a 35 29 holiday, the hearing may be held on the next business day. The</p>	<p>CODE: Technical change.</p>

35 30 court may order the respondent detained for the period of time
 35 31 until the hearing is held, and no longer except as provided in
 35 32 section 125.88, in accordance with subsection 2, paragraph “a”,
 35 33 if possible, and if not, then in accordance with subsection 2,
 35 34 paragraph “b”, or, only if neither of these alternatives is
 35 35 available in accordance with subsection 2, paragraph “c”.

36 1 b. The county in which a respondent is taken into immediate
 36 2 custody by the sheriff pursuant to paragraph “a” shall
 36 3 compensate the sheriff, as determined by the county board of
 36 4 supervisors of that county and consistent with section 331.655,
 36 5 subsection 1, paragraph “l”, for conveyance of the respondent
 36 6 to a detention location.

CODE: Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [125.81](#)(1) to compensate the sheriff for conveyance of the respondent to a detention location, as determined by the county board of supervisors of that county and consistent with Iowa Code section [331.655](#)(1)(l), and makes technical changes.

FISCAL IMPACT: Division XX of the Bill is estimated to increase costs to the counties by \$1,472,511 and decrease costs to the HHS by \$1,472,511.

36 7 Sec. 47. Section 229.2, subsection 1, paragraph b,
 36 8 subparagraph (3), Code 2026, is amended to read as follows:
 36 9 (3) As soon as is practicable after the filing of a
 36 10 petition for juvenile court approval of the admission of the
 36 11 minor, the juvenile court shall determine whether the minor
 36 12 has an attorney to represent the minor in the hospitalization
 36 13 proceeding, and if not, the court shall ~~assign to~~ appoint the
 36 14 minor an attorney pursuant to section 815.10. If the minor is
 36 15 financially unable to pay for an attorney, the attorney shall
 36 16 be compensated by an administrative services organization at an
 36 17 hourly rate to be established by the administrative services
 36 18 organization in substantially the same manner as provided in
 36 19 section 815.7.

CODE: Technical change.

36 20 Sec. 48. Section 229.8, subsection 1, Code 2026, is amended
 36 21 to read as follows:
 36 22 1. Determine whether the respondent has an attorney
 36 23 who is able and willing to represent the respondent in the
 36 24 hospitalization proceeding, and if not, whether the respondent
 36 25 is financially able to employ an attorney and capable of
 36 26 meaningfully assisting in selecting one. In accordance with
 36 27 those determinations, the court shall if necessary allow
 36 28 the respondent to select, or pursuant to section 815.10

CODE: Technical change.

36 29 shall ~~assign to~~ appoint the respondent, an attorney. If the
36 30 respondent is financially unable to pay an attorney, the
36 31 attorney shall be compensated by an administrative services
36 32 organization at an hourly rate to be established by the
36 33 administrative services organization in substantially the same
36 34 manner as provided in section 815.7.

36 35 Sec. 49. Section 229.10, subsection 1, paragraph a, Code
37 1 2026, is amended to read as follows:

37 2 a. An examination of the respondent shall be conducted by
37 3 one or more licensed physicians or mental health professionals,
37 4 as required by the court's order, within a reasonable time.
37 5 If the respondent is detained pursuant to section 229.11,
37 6 subsection 1, paragraph ~~"b"~~ "a", subparagraph (2), the
37 7 examination shall be conducted within twenty-four hours.
37 8 If the respondent is detained pursuant to section 229.11,
37 9 subsection 1, paragraph ~~"a" or "c"~~, subparagraph (1) or (3), the
37 10 examination shall be conducted within forty-eight hours. If
37 11 the respondent so desires, the respondent shall be entitled to
37 12 a separate examination by a licensed physician or mental health
37 13 professional of the respondent's own choice. The reasonable
37 14 cost of the examinations shall, if the respondent lacks
37 15 sufficient funds to pay the cost, be paid by an administrative
37 16 services organization upon order of the court.

37 17 Sec. 50. Section 229.11, subsections 1 and 3, Code 2026, are
37 18 amended to read as follows:

37 19 1. a. If the applicant requests that the respondent be
37 20 taken into immediate custody and the judge, upon reviewing the
37 21 application and accompanying documentation, finds probable
37 22 cause to believe that the respondent has a serious mental
37 23 impairment and is likely to injure the respondent or other
37 24 persons if allowed to remain at liberty, the judge may enter
37 25 a written order directing that the respondent be taken into
37 26 immediate custody by the sheriff or the sheriff's deputy
37 27 and be detained until the hospitalization hearing. The
37 28 hospitalization hearing shall be held no more than five days
37 29 after the date of the order, except that if the fifth day after
37 30 the date of the order is a Saturday, Sunday, or a holiday, the
37 31 hearing may be held on the next succeeding business day. If
37 32 ~~the expenses of a respondent are payable in whole or in part~~
37 33 ~~by an administrative services organization, for a placement~~

CODE: Technical change.

CODE: Removes the requirement for a judge to give notice to a behavioral health administrative services organization (BH-ASO) of a respondent's placement in the custody of a relative, friend, or other suitable person for detention if the expenses of the respondent are payable in whole or in part by a BH-ASO, and removes the requirement for a judge to order the placement of the respondent in a hospital or facility designated by a BH-ASO if expenses of the respondent are payable in whole or in part by a BH-ASO.

37 34 in accordance with paragraph "a", the judge shall give notice
 37 35 of the placement to an administrative services organization,
 38 1 and for a placement in accordance with paragraph "b" or "c",
 38 2 the judge shall order the placement in a hospital or facility
 38 3 designated by an administrative services organization. The
 38 4 judge may order the respondent detained for the period of time
 38 5 until the hearing is held, and no longer, in accordance with
 38 6 paragraph "a" subparagraph (1), if possible, and if not then
 38 7 in accordance with paragraph "b" subparagraph (2), or, only if
 38 8 neither of these alternatives is available, in accordance with
 38 9 paragraph "c" subparagraph (3). Detention may be in any of the
 38 10 following:

38 11 —a. (1) In the custody of a relative, friend, or other
 38 12 suitable person who is willing to accept responsibility for
 38 13 supervision of the respondent, and the respondent may be placed
 38 14 under such reasonable restrictions as the judge may order
 38 15 including but not limited to restrictions on or a prohibition
 38 16 of any expenditure, encumbrance, or disposition of the
 38 17 respondent's funds or property.

CODE: Technical change.

38 18 —b. (2) In a suitable hospital the chief medical officer of
 38 19 which shall be informed of the reasons why immediate custody
 38 20 has been ordered and may provide treatment which is necessary
 38 21 to preserve the respondent's life, or to appropriately control
 38 22 behavior by the respondent which is likely to result in
 38 23 physical injury to the respondent or to others if allowed
 38 24 to continue, but may not otherwise provide treatment to the
 38 25 respondent without the respondent's consent.

CODE: Technical change.

38 26 —c. (3) In the nearest facility in the community which is
 38 27 licensed to care for persons with mental illness or substance
 38 28 use disorder, provided that detention in a jail or other
 38 29 facility intended for confinement of those accused or convicted
 38 30 of crime shall not be ordered.

CODE: Technical change.

38 31 b. The county in which a respondent is taken into immediate
 38 32 custody by the sheriff pursuant to paragraph "a" shall
 38 33 compensate the sheriff, as determined by the county board of
 38 34 supervisors of that county and consistent with section 331.655,
 38 35 subsection 1, paragraph "l", for conveyance of the respondent
 39 1 to a detention location.

CODE: Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [229.11](#) to compensate the sheriff for conveyance of the respondent to a detention location.

39 2 3. If a respondent is detained pursuant to subsection 1,
 39 3 paragraph ~~“b” or “c”~~ “a”, subparagraph (2) or (3), the sheriff
 39 4 or the sheriff’s deputy that took the respondent into immediate
 39 5 custody may inform the hospital or facility that an arrest
 39 6 warrant has been issued for or charges are pending against the
 39 7 respondent and may request the hospital or facility to notify
 39 8 the sheriff or the sheriff’s deputy about the discharge of the
 39 9 respondent prior to discharge.

CODE: Technical change.

39 10 Sec. 51. Section 229.22, subsection 2, paragraph a,
 39 11 subparagraph (1), Code 2026, is amended to read as follows:
 39 12 (1) In the circumstances described in subsection 1, any
 39 13 peace officer who has reasonable grounds to believe that
 39 14 a person is mentally ill, and because of that illness is
 39 15 likely to physically injure the person’s self or others if
 39 16 not immediately detained, may without a warrant take or cause
 39 17 that person to be taken to the nearest available facility or
 39 18 hospital as ~~defined~~ described in section 229.11, subsection 1,
 39 19 ~~paragraphs “b”~~ paragraph “a”, subparagraphs (2) and “c” (3).
 39 20 person believed mentally ill, and likely to injure the person’s
 39 21 self or others if not immediately detained, may be delivered to
 39 22 a facility or hospital by someone other than a peace officer.

CODE: Technical change.

39 23 Sec. 52. Section 815.9, subsection 1, unnumbered paragraph
 39 24 1, Code 2026, is amended to read as follows:
 39 25 For purposes of this chapter, chapters 13B, 125, 229, 229A,
 39 26 232, 665, 812, 814, and 822, and section 811.1A, and the rules
 39 27 of criminal procedure, a person is indigent if the person is
 39 28 entitled to an attorney appointed by the court as follows:

CODE: Amends the list of Iowa Code chapters for which the indigency determinations under Iowa Code section [815.9](#) apply to include Iowa Code chapters [125](#) (Substance Use Disorders) and [229](#) (Hospitalization of Persons with Mental Illness).

39 29 DIVISION XXI
 39 30 DEPARTMENT OF HEALTH AND HUMAN SERVICES — BEHAVIORAL HEALTH
 39 31 EXPENDITURE REPORT

39 32 Sec. 53. NEW SECTION 225A.10 BEHAVIORAL HEALTH SERVICES
 39 33 EXPENDITURE REPORT.

39 34 No later than December 15 of each year, the department shall
 39 35 submit to the general assembly a summary of the department’s
 40 1 expenditures for behavioral health services for adults and
 40 2 children for the immediately preceding fiscal year, including a
 40 3 summary of which appropriations or funding sources were used to
 40 4 fund the expenditures.

CODE: Requires the HHS to submit to the General Assembly a summary of the Department’s expenditures for behavioral health services for adults and children for the immediately preceding fiscal year, including a summary of which appropriations or funding source were used to fund the expenditures, no later than December 15 of each year.

40 5 DIVISION XXII
 40 6 OPIOID SETTLEMENT FUND FY 2026-2027

40 7 Sec. 54. OPIOID SETTLEMENT FUND DEPARTMENT OF HEALTH AND
 40 8 HUMAN SERVICES.
 40 9 1. There is appropriated from the opioid settlement fund
 40 10 created in section 12.51 to the department of health and human
 40 11 services for the fiscal year beginning July 1, 2026, and ending
 40 12 June 30, 2027, the following amount, or so much thereof is as
 40 13 necessary, for the purposes designated:
 40 14 \$ 3,000,000

Opioid Settlement Fund (OSF) appropriation to the HHS for an opioid treatment program that meets the requirements of the Bill.

DETAIL: This is a new appropriation for FY 2027.

40 15 2. Notwithstanding any provision of law to the contrary,
 40 16 of the moneys appropriated to the department of health and
 40 17 human services under subsection 1, the department shall
 40 18 disburse to an opioid treatment program that operates a
 40 19 facility with at least one hundred fifty licensed beds that
 40 20 provides medical detoxification stabilization and residential
 40 21 substance abuse disorder treatment to support comprehensive
 40 22 addiction and co-occurring mental health treatment, and provides
 40 23 24-hour medical detoxification, residential treatment, and
 40 24 medication-assisted treatment.

Requires the HHS to disburse the appropriation to an opioid treatment program that operates a facility with at least 150 licensed beds that provides medical detoxification stabilization and residential substance abuse disorder treatment to support comprehensive addiction and co-occurring 24-hour medical detoxification, and residential treatment, and medication-assisted treatment.

Health and Human Services General Fund

	Actual FY 2025 (1)	Estimated Net FY 2026 (2)	House Approp FY 2027 (3)	House Appr FY27 vs Est Net FY26 (4)	Page and Line # (5)
Health and Human Services, Department of					
Health and Human Services					
Child Abuse Prevention - Standing	\$ 221,830	\$ 232,570	\$ 232,570	\$ 0	STANDING
Congenital & Inherited Disorders Registry - Standing	221,830	223,521	223,521	0	STANDING
Psychiatry Residency & Fellowship Program - Standing	100,000	0	0	0	STANDING
Centers of Excellence - Standing	383,538	425,000	425,000	0	STANDING
LiHEAP Weatherization Assistance Program - Standing	139,637	1	1	0	STANDING
Commission of Inquiry - Standing	0	1,394	1,394	0	STANDING
Nonresident Mental Illness Commitment - Standing	7,010	142,802	142,802	0	STANDING
Aging and Disability Services	19,088,714	19,208,180	19,379,531	171,351	PG 1 LN 33
Behavioral Health	24,400,114	24,442,121	23,127,121	-1,315,000	PG 3 LN 9
Public Health	22,531,821	22,433,369	22,024,369	-409,000	PG 4 LN 27
Community Access and Eligibility	68,043,944	68,542,456	74,610,079	6,067,623	PG 7 LN 18
Child Support Services	15,434,282	15,644,114	15,644,114	0	PG 9 LN 20
Medical Assistance	1,650,866,536	1,992,550,706	1,995,889,295	3,338,589	PG 12 LN 14
Health Program Operations	39,597,231	39,672,433	41,129,136	1,456,703	PG 13 LN 25
Child Care Assistance	34,966,931	34,983,000	31,983,000	-3,000,000	PG 18 LN 14
Early Intervention and Supports	35,277,739	35,301,904	35,346,904	45,000	PG 18 LN 35
Child Protective Services	166,101,034	165,558,031	164,052,467	-1,505,564	PG 19 LN 23
State-Operated Specialty Care	100,006,128	102,343,507	100,225,768	-2,117,739	PG 21 LN 25
Accountability, Compliance, and Program Integrity	22,356,598	21,904,214	23,152,404	1,248,190	PG 22 LN 25
Behavioral Health Fund - Standing	0	1,000,000	1,000,000	0	STANDING
Total Health and Human Services, Department of	\$ 2,199,744,916	\$ 2,544,609,323	\$ 2,548,589,476	\$ 3,980,153	
Veterans Affairs, Department of					
Veterans Affairs, Dept. of					
General Administration	\$ 1,369,205	\$ 1,369,205	\$ 1,369,205	\$ 0	PG 1 LN 9
Home Ownership Assistance Program	2,200,000	2,200,000	2,200,000	0	PG 1 LN 24
Veterans County Grants - Standing	990,000	990,000	990,000	0	STANDING
Veterans Affairs, Dept. of	\$ 4,559,205	\$ 4,559,205	\$ 4,559,205	\$ 0	
Veterans Affairs, Dept. of					
Iowa Veterans Home	\$ 8,145,736	\$ 8,145,736	\$ 8,145,736	\$ 0	PG 1 LN 15
Total Veterans Affairs, Department of	\$ 12,704,941	\$ 12,704,941	\$ 12,704,941	\$ 0	
Total Health and Human Services	\$ 2,212,449,857	\$ 2,557,314,264	\$ 2,561,294,417	\$ 3,980,153	

Health and Human Services Other Funds

	Actual FY 2025 (1)	Estimated Net FY 2026 (2)	House Approp FY 2027 (3)	House Appr FY27 vs Est Net FY26 (4)	Page and Line # (5)
Health and Human Services, Department of					
Health and Human Services					
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	PG 4 LN 12
Health Program Operations - PSA	234,193	234,193	234,193	0	PG 14 LN 32
Medical Assistance - QATF	111,216,205	111,216,205	111,216,205	0	PG 15 LN 9
Medical Assistance - HHCAT	33,920,554	33,920,554	33,920,554	0	PG 15 LN 21
Medical Assistance - BHF	0	0	7,771,589	7,771,589	PG 15 LN 33
Opioid Treatment Program - OSF	0	0	3,000,000	3,000,000	PG 40 LN 7
Behavioral Analysis Treatment - ASF	750,000	0	0	0	
Medical Assistance - MFF	744,869	150,000	150,000	0	STANDING
Medical Assistance - HCTF	176,470,000	150,997,000	137,639,000	-13,358,000	STANDING
Health and Human Services	\$ 325,085,821	\$ 298,267,952	\$ 295,681,541	\$ -2,586,411	
HHS - Human Services					
Community Access and Eligibility - TANF	\$ 15,347,831	\$ 12,988,627	\$ 12,566,312	\$ -422,315	PG 10 LN 20
Core Purposes - TANF	0	25,000,000	25,000,000	0	PG 11 LN 4
FaDSS - TANF	2,736,168	0	0	0	
Early Intervention and Supports - TANF	0	3,013,980	3,013,980	0	PG 11 LN 11
Administration and Compliance - TANF	3,288,458	3,533,647	3,533,647	0	PG 11 LN 15
Child Care Assistance - TANF	26,205,412	47,166,826	42,281,826	-4,885,000	PG 11 LN 20
Child Protective Service - TANF	64,716,156	65,364,100	67,249,100	1,885,000	PG 11 LN 22
HHS - Human Services	\$ 112,294,025	\$ 157,067,180	\$ 153,644,865	\$ -3,422,315	
HHS - Assistance Payment					
Pregnancy Prevention - TANF	\$ 1,721,903	\$ 1,913,203	\$ 1,913,203	\$ 0	PG 10 LN 22
Total Health and Human Services, Department of	\$ 439,101,749	\$ 457,248,335	\$ 451,239,609	\$ -6,008,726	
Total Health and Human Services	\$ 439,101,749	\$ 457,248,335	\$ 451,239,609	\$ -6,008,726	

Health and Human Services FTE Positions

	Actual FY 2025 <u>(1)</u>	Estimated Net FY 2026 <u>(2)</u>	House Approp FY 2027 <u>(3)</u>	House Appr FY27 vs Est Net FY26 <u>(4)</u>	Page and Line # <u>(5)</u>
Health and Human Services, Department of					
HHS - Aging					
Aging Programs	0.39	0.00	0.00	0.00	
Office of LTC Ombudsman	0.16	0.00	0.00	0.00	
HHS - Aging	<u>0.55</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
HHS - Assistance Payment					
Family Investment Program/PROMISE JOBS	0.39	0.00	0.00	0.00	
Medical Assistance	0.17	0.00	0.00	0.00	
Health Program Operations	0.06	0.00	0.00	0.00	
Child Care Assistance	0.07	0.00	0.00	0.00	
Child and Family Services	0.12	0.00	0.00	0.00	
Volunteers	0.02	0.00	0.00	0.00	
HHS - Assistance Payment	<u>0.82</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
HHS - Eldora State Training School					
Eldora Training School	2.66	0.00	0.00	0.00	
HHS - Cherokee Mental Health Institution					
Cherokee MHI	2.46	0.00	0.00	0.00	
HHS - Independence Mental Health Institution					
Independence MHI	2.55	0.00	0.00	0.00	
HHS - Glenwood Resource Center					
Glenwood Resource Center	2.77	0.00	0.00	0.00	
HHS - Woodward Resource Center					
Woodward Resource Center	8.36	0.00	0.00	0.00	
HHS - Civil Commitment Unit / Sexual Offenders					
Civil Commitment Unit for Sexual Offenders	2.18	0.00	0.00	0.00	
HHS - Community Services					
Child Support Services	6.60	0.00	0.00	0.00	
Field Operations	24.32	0.00	0.00	0.00	
HHS - Community Services	<u>30.92</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
HHS - Human Services					
General Administration	5.14	0.00	0.00	0.00	
HHS - Human Rights					
Central Administration	0.07	0.00	0.00	0.00	
Community Advocacy and Services	0.09	0.00	0.00	0.00	
Criminal & Juvenile Justice	0.15	0.00	0.00	0.00	
HHS - Human Rights	<u>0.31</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
Health and Human Services					
Aging and Disability Services	75.25	83.00	88.00	5.00	PG 1 LN 33
Behavioral Health	56.23	64.00	71.00	7.00	PG 3 LN 9

Health and Human Services FTE Positions

	Actual FY 2025 (1)	Estimated Net FY 2026 (2)	House Approp FY 2027 (3)	House Appr FY27 vs Est Net FY26 (4)	Page and Line # (5)
Public Health	238.48	342.15	348.60	6.45	PG 4 LN 27
Community Access and Eligibility	820.60	807.00	870.40	63.40	PG 7 LN 18
Child Support Services	400.02	412.00	464.00	52.00	PG 9 LN 20
Health Program Operations	67.37	82.00	82.00	0.00	PG 13 LN 25
Child Care Assistance	33.71	53.00	53.00	0.00	PG 18 LN 14
Early Intervention and Supports	20.22	27.00	29.00	2.00	PG 18 LN 35
Child Protective Services	836.16	859.20	977.00	117.80	PG 19 LN 23
State-Operated Specialty Care	1,177.16	1,329.45	756.00	-573.45	PG 21 LN 25
Accountability, Compliance, and Program Integrity	361.77	270.01	409.00	138.99	PG 22 LN 25
Health and Human Services	4,086.95	4,328.81	4,148.00	-180.81	
HHS - Public Health					
Addictive Disorders	0.16	0.00	0.00	0.00	
Healthy Children and Families	0.15	0.00	0.00	0.00	
Chronic Conditions	0.18	0.00	0.00	0.00	
Community Capacity	0.07	0.00	0.00	0.00	
Infectious Diseases	0.08	0.00	0.00	0.00	
Public Protection	0.78	0.00	0.00	0.00	
Resource Management	0.05	0.00	0.00	0.00	
HHS - Public Health	1.45	0.00	0.00	0.00	
Total Health and Human Services, Department of	4,147.12	4,328.81	4,148.00	-180.81	

Health and Human Services FTE Positions

	Actual FY 2025 (1)	Estimated Net FY 2026 (2)	House Approp FY 2027 (3)	House Appr FY27 vs Est Net FY26 (4)	Page and Line # (5)
<u>Veterans Affairs, Department of</u>					
Veterans Affairs, Dept. of General Administration	10.14	11.00	15.00	4.00	PG 1 LN 9
Total Veterans Affairs, Department of	<u>10.14</u>	<u>11.00</u>	<u>15.00</u>	<u>4.00</u>	
Total Health and Human Services	<u><u>4,157.26</u></u>	<u><u>4,339.81</u></u>	<u><u>4,163.00</u></u>	<u><u>-176.81</u></u>	