

Health and Human Services Appropriations Bill Senate File 505

Last Action:

Senate Floor

May 6, 2015

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

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at: <http://www.legis.iowa.gov/LSAReports/noba.aspx>

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EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

SENATE FILE 505

FUNDING SUMMARY

General Fund FY 2016: Appropriates a total of \$1,904.4 million from the General Fund and 5,238.9 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$45.8 million and 119.7 FTE positions compared to estimated FY 2015.

Other Funds FY 2016: Appropriates a total of \$451.0 million from other funds. This is an increase of \$17.4 million compared to estimated FY 2015.

General Fund FY 2017: Appropriates a total of \$952.2 million from the General Fund and 5,236.9 FTE positions to the IDA, DPH, DHS, IVA, and the IVH. This is a 50.0% decrease in funding and 2.0 FTE positions compared to FY 2016.

Other Funds FY 2017: Appropriates a total of \$331.6 million from other funds. This is a decrease of \$119.3 million compared to estimated FY 2015.

General Fund Supplemental FY 2015: Provides a net \$32.1 million supplemental appropriation from the General Fund for FY 2015. This includes a \$59.6 million supplemental for Medicaid and various deappropriations.

Other Funds Supplemental FY 2015: Provides a net \$3.7 million supplemental appropriation from other funds for FY 2015 including several deappropriations.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Iowa ABLE Act: Creates an Iowa ABLE (Achieving a Better Life Experience) Savings Plan Trust Program within the Office of the State Treasurer.

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MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Long-Term Care Ombudsman: Appropriates \$1.5 million and 21.0 FTE positions. This is an increase of \$577,000 and 9.1 FTE positions compared to estimated FY 2015.

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Department of Public Health: Appropriates \$62.2 million and 182.5 FTE positions. This is an increase of

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\$3.5 million and 1.0 FTE position compared to estimated FY 2015. The significant change includes an increase of \$3.3 million and 1.0 FTE position to the Healthy Children and Families appropriation. Funds are also transferred between appropriations to be used for the same purpose.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$12.2 million and 15.0 FTE positions. This is an increase of \$105,000 and 2.0 FTE positions compared to estimated FY 2015.

Page 19, Line 28

Department of Human Services: Appropriates \$1,818.0 million from the General Fund and 4,989.4 FTE positions. This is an increase of \$42.8 million and an increase of 104.7 FTE positions compared to estimated FY 2015. Significant changes include:

Page 21, Line 7

- An increase of \$400,000 for the Family Investment Program.
- A decrease of \$248,000 for the Child Support Recovery Unit.
- An increase of \$96.6 million for the Medicaid Program.
- An increase of \$5.0 million for Medical Contracts.
- A decrease of \$1.1 million for the State Supplementary Assistance Program.
- A decrease of \$24.7 million for State Children's Health Insurance Program (hawk-i Program).
- An increase of \$9.5 million for the Child Care Assistance Program.
- An increase of \$3.3 million for Child and Family Services.
- An increase of \$418,000 for the Adoption Subsidy Program.
- A decrease of \$7.0 million for the four Mental Health Institutes (MHI), including elimination of the General Fund appropriation for the Mt. Pleasant MHI.
- An increase of \$407,000 for the two State Resource Centers.
- A decrease of \$6.3 million for Field Operations.
- A decrease of \$911,000 for General Administration.

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$135.0 million for FY 2016. This is a decrease of \$5.6 million compared to estimated FY 2015.

Page 21, Line 9

Health Care Trust Fund: Appropriates \$222.1 million for FY 2016. This is a decrease of \$1.0 million compared to estimated FY 2015.

Page 31, Line 11

Pharmaceutical Settlement Account: Appropriates \$500,000 for FY 2016. This is a decrease of \$5.0 million compared to estimated FY 2015.

Page 73, Line 33

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2016. This is an increase of \$7.5

Page 74, Line 9

million compared to estimated FY 2015.

Medicaid Offset - Property Tax Relief Fund: Appropriates \$10.0 million for FY 2016. This is a new appropriation.

Page 106, Line 26

Social Services Block Grant: Appropriates \$11.8 million in FY 2016 to the Clarinda and Mt. Pleasant MHIs.

Page 108, Line 24

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services: Provides a net \$32.1 million supplemental appropriation from the General Fund for FY 2015 and a net increase of \$3.7 million from other funds. The additional revenues will provide a \$69.0 million supplemental appropriation for FY 2015 and fund Medicaid at the midpoint of the Medicaid Forecasting Group estimates.

Page 76, Line 7

STUDIES AND INTENT

Department of Human Services

Capitated Payment Requirements: Places certain requirements on capitated payments to Medicaid managed care contractors.

Page 88, Line 4

Long-Term Care Services Assessment: Requires the DHS to contract with a third party to conduct initial and subsequent functional assessments.

Page 90, Line 21

Child Care Assistance: Increases program eligibility to 160.0% of the Federal Poverty Level.

Page 105, Line 16

Child Welfare Advisory Committee: Directs the Committee to study several child welfare issues and submit a report with recommendations to the Governor and General Assembly by December 15, 2015.

Page 109, Line 10

Children's Mental Health and Well-Being Workgroup: Directs the DHS, in cooperation with the Department of Education and the DPH, to facilitate a workgroup of stakeholders to study and make recommendations relating to children's mental health and well-being in Iowa. The report is due December 15, 2015.

Page 110, Line 34

Interim Study Committee: Requests the Legislative Council to establish an Interim Study Committee on the need for a facility for individuals that are sexually aggressive or have unmet geropsychiatric needs.

Page 116, Line 10

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Asset Verification: Directs the DHS to implement a computerized asset, income, and identity eligibility verification system.

Page 121, Line 10

Department of Public Health

Pneumococcal Vaccines: Directs the Board of Pharmacy to adopt administrative rules that permit a written or verbal patient-specific medication administration order not be required prior to administration to an adult patient of pneumococcal conjugate vaccine pursuant to physician-approved hospital or facility policy.

Page 117, Line 35

Department on Aging

Dementia Workforce: Directs the Department on Aging to convene an interagency task force consisting of the DPH, the DHS, the Department of Inspections and Appeals, and in collaboration with the Alzheimers Association, related to dementia training for staff that interact with individuals with dementia.

Page 92, Line 33

Home Modification Assistance Program Plan: Requires the Aging and Disability Resource Center (ADRC) and the Mental Health and Disability Services Commission to develop a plan for a Home Modification Assistance Program.

Page 119, Line 24

Office of Long-Term Care Ombudsman

Required Report: Requires the Office of Long-Term Care Ombudsman to collaborate with the other departments and agencies to develop a proposal for the establishment of a health consumer ombudsman alliance.

Page 89, Line 34

SIGNIFICANT CODE CHANGES

Department of Human Services

Nursing Facility Quality Assurance Assessment: Requires the assessment rate to be set at 3.0%.

Page 84, Line 26

Autism Program: Makes changes to allow for greater access to services.

Page 91, Line 19

Family Planning: Requires the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group.

Page 94, Line 13

Mental Health and Adult Disability Services Property Tax Levy: Extends the levy and equalization formula for an additional year through FY 2017 and eliminates the county Medicaid offset.

Page 106, Line 1

Prevention of Disabilities Policy Council: Amends the prevention activities of the Council, Council membership, duties, and coordination efforts with state agencies and disability groups.

Page 112, Line 1

Hawk-i Program Eligibility: Requires the DHS to continue to provide coverage for children during eligibility redetermination.

Page 118, Line 14

Psychologist Medicaid Payment Eligibility: Requires the Medicaid Program to reimburse psychologists that obtain a provisional license in the State.

Page 119, Line 7

Department of Public Health

Anatomical Gift Public Awareness Fund: Permits any unobligated funds to be used for grants to recipients of organ transplants.

Page 117, Line 16

Office of Long-Term Care Ombudsman

Ombudsman Services: Allows the Office of Long-Term Care Ombudsman to provide assistance and advocacy services to certain Medicaid recipients.

Page 86, Line 17

Other Changes

Legislative Health Policy Oversight Committee: Creates a new committee to focus on general state health care policies with particular focus on the Medicaid Program.

Page 85, Line 4

Insurance Copayments: Provides that copayments for physical and occupational therapists and speech pathologists cannot be greater than the copayment for a primary care physician.

Page 109, Line 27

EFFECTIVE DATE

Department of Human Services

The Section of the Bill that requires allocations to the judicial districts and to the DHS districts on before June 15, 2015, is effective on enactment.

Page 73, Line 17

The Section of the Bill that prohibits the DHS from utilizing emergency rules to implement managed care or the Governor's Medicaid Modernization Initiative is effective on enactment.

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The Division making deappropriations and a supplemental appropriation to Medicaid is effective on enactment.

Page 84, Line 21

The Division requiring the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group is effective on enactment.

Page 94, Line 22

The Division directing the DHS to implement a computerized asset, income, and identity eligibility verification system is effective on enactment.

Page 121, Line 30

Senate File 505 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
75	12	37	Amend	135.159.2.a
75	21	38	Amend	135.159.2.b
75	28	39	Amend	135.159.10
84	28	60	Amend	249L.3.1.d
85	4	61	New	2.70
86	17	62	New	231.44
91	21	66	Amend	225D.1.3,8
92	8	67	Amend	225D.2.2.c
92	17	68	Add	225D.2.2.1
92	27	69	Amend	231E.4.3.a
93	30	71	Amend	155A.43
94	26	74	New	12I.1
96	7	75	New	12I.2
97	25	76	New	12I.3
99	12	77	New	12I.4
100	5	78	New	12I.5
100	10	79	New	12I.6
101	3	80	New	12I.7
101	35	81	New	12I.8
102	12	82	New	12I.9
102	23	83	New	12I.10
104	3	84	New	12I.11
104	6	85	Add	422.7.34,34A
104	35	86	Add	450.4.9
105	18	90	Amend	237A.13.7.c
106	1	92	Amend	331.424A.8
106	8	93	Amend	426B.3.1
106	16	94	Amend	426B.3.4.a
106	24	95	Strike	426B.3.5
109	30	99	New	514C.30
112	3	101	New	225B.101
112	28	102	New	225B.102
113	9	103	New	225B.103
115	9	104	New	225B.104
115	15	105	New	225B.105
115	31	106	New	225B.106
116	6	107	New	225B.107
117	18	109	Amend	142C.15.4.c
118	16	111	Amend	514I.8.3
119	9	113	Amend	249A.15

1 1 DIVISION I
1 2 DEPARTMENT ON AGING — FY 2015-2016

1 3 Section 1. DEPARTMENT ON AGING. There is appropriated from
1 4 the general fund of the state to the department on aging for
1 5 the fiscal year beginning July 1, 2015, and ending June 30,
1 6 2016, the following amount, or so much thereof as is necessary,
1 7 to be used for the purposes designated:

1 8 For aging programs for the department on aging and area
1 9 agencies on aging to provide citizens of Iowa who are 60 years
1 10 of age and older with case management for frail elders, Iowa's
1 11 aging and disabilities resource center, and other services
1 12 which may include but are not limited to adult day services,
1 13 respite care, chore services, information and assistance,
1 14 and material aid, for information and options counseling for
1 15 persons with disabilities who are 18 years of age or older,
1 16 and for salaries, support, administration, maintenance, and
1 17 miscellaneous purposes, and for not more than the following
1 18 full-time equivalent positions:
1 19 \$ 11,436,066
1 20 FTEs 31.00

1 21 1. Funds appropriated in this section may be used to
1 22 supplement federal funds under federal regulations. To
1 23 receive funds appropriated in this section, a local area
1 24 agency on aging shall match the funds with moneys from other
1 25 sources according to rules adopted by the department. Funds
1 26 appropriated in this section may be used for elderly services
1 27 not specifically enumerated in this section only if approved
1 28 by an area agency on aging for provision of the service within
1 29 the area.

1 30 2. Of the funds appropriated in this section, \$279,946 is
1 31 transferred to the economic development authority for the Iowa
1 32 commission on volunteer services to be used for the retired and
1 33 senior volunteer program.

1 34 3. a. The department on aging shall establish and enforce
1 35 procedures relating to expenditure of state and federal funds
2 1 by area agencies on aging that require compliance with both
2 2 state and federal laws, rules, and regulations, including but
2 3 not limited to all of the following:
2 4 (1) Requiring that expenditures are incurred only for goods
2 5 or services received or performed prior to the end of the
2 6 fiscal period designated for use of the funds.
2 7 (2) Prohibiting prepayment for goods or services not

General Fund appropriation to the Department on Aging for FY 2016.

DETAIL: This is a net increase of \$16,334 and 2.90 FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$36,334 to fund the Office of Substitute Decision Maker at \$325,000.
- A decrease of \$20,000 to eliminate funding for the Guardianship and Conservatorship Pilot Project.
- An increase of 2.90 FTE positions to match the FY 2015 appropriation.

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

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the FY 2015 allocation.

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

2 8 received or performed prior to the end of the fiscal period
 2 9 designated for use of the funds.
 2 10 (3) Prohibiting the prepayment for goods or services
 2 11 not defined specifically by good or service, time period, or
 2 12 recipient.
 2 13 (4) Prohibiting the establishment of accounts from which
 2 14 future goods or services which are not defined specifically by
 2 15 good or service, time period, or recipient, may be purchased.
 2 16 b. The procedures shall provide that if any funds are
 2 17 expended in a manner that is not in compliance with the
 2 18 procedures and applicable federal and state laws, rules, and
 2 19 regulations, and are subsequently subject to repayment, the
 2 20 area agency on aging expending such funds in contravention of
 2 21 such procedures, laws, rules and regulations, not the state,
 2 22 shall be liable for such repayment.

2 23 4. Of the funds appropriated in this section, at least
 2 24 \$250,000 shall be used to fund the unmet needs identified
 2 25 through Iowa's aging and disability resource center network.

Allocates at least \$250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.

DETAIL: This is no change compared to the FY 2015 allocation.

2 26 5. Of the funds appropriated in this section, at least
 2 27 \$600,000 shall be used to fund home and community-based
 2 28 services through the area agencies on aging that enable older
 2 29 individuals to avoid more costly utilization of residential or
 2 30 institutional services and remain in their own homes.

Allocates at least \$600,000 to be used for Home and Community-Based Services provided through an AAA.

DETAIL: This is no change compared to the FY 2015 allocation.

2 31 6. Of the funds appropriated in this section, \$850,000
 2 32 shall be used for the purposes of chapter 231E and section
 2 33 231.56A, of which \$325,000 shall be used for the office of
 2 34 substitute decision maker pursuant to chapter 231E, and the
 2 35 remainder shall be distributed equally to the area agencies on
 3 1 aging to administer the prevention of elder abuse, neglect, and
 3 2 exploitation program pursuant to section 231.56A, in accordance
 3 3 with the requirements of the federal Older Americans Act of
 3 4 1965, 42 U.S.C. §3001 et seq., as amended.

Allocates \$850,000 for the following:

- \$525,000 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- \$325,000 for the Office of Substitute Decision Maker.

DETAIL: This is no change compared to FY 2015 for the Aging and Disability Resource Network and an increase of \$36,334 for the Office of Substitute Decision Maker.

3 5 DIVISION II
 3 6 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2015-2016

3 7 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN.

3 8 1. There is appropriated from the general fund of the state
 3 9 to the office of long-term care ombudsman for the fiscal year
 3 10 beginning July 1, 2015, and ending June 30, 2016, the following
 3 11 amount, or so much thereof as is necessary, to be used for the
 3 12 purposes designated:

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2015.

DETAIL: This is an increase of \$577,468 and up to 9.10 FTE positions compared to estimated FY 2015. This includes:

3 13 For salaries, support, administration, maintenance, and
 3 14 miscellaneous purposes, and for not more than the following
 3 15 full-time equivalent positions:
 3 16 \$ 1,506,783
 3 17 FTEs 21.00

- An increase of \$450,000 for up to 8.00 additional Long-Term Care Ombudsmen if federal matching funds are approved.
- An increase of \$127,468 to maintain current programs and personnel.
- An increase of 1.00 FTE position to account for the State Long-Term Care Ombudsman position.
- An increase of 0.10 FTE position to match the FY 2015 appropriation.

3 18 2. Of the funds appropriated in this section, \$450,000 shall
 3 19 be used to provide additional local long-term care ombudsmen.

Allocates \$450,000 for four local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is a new allocation for FY 2015.

3 20 3. The office of long-term care ombudsman and the department
 3 21 of human services shall collaborate to develop a Medicaid
 3 22 state plan amendment to provide for the claiming of federal
 3 23 financial participation for office of long-term care ombudsman
 3 24 activities that are performed to assist with administration of
 3 25 the Medicaid program. The Medicaid state plan amendment shall
 3 26 be submitted to the centers for Medicare and Medicaid services
 3 27 of the United States department of health and human services in
 3 28 a timely manner to allow for such claiming of federal financial
 3 29 participation beginning January 1, 2016.

Requires the Office of Long-Term Care Ombudsman and the DHS to create a Medicaid State Plan amendment to draw federal matching funds for the work the Ombudsman's Office performs related to Medicaid.

3 30 DIVISION III
 3 31 DEPARTMENT OF PUBLIC HEALTH — FY 2015-2016
 3 32 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 3 33 from the general fund of the state to the department of public
 3 34 health for the fiscal year beginning July 1, 2015, and ending
 3 35 June 30, 2016, the following amounts, or so much thereof as is
 4 1 necessary, to be used for the purposes designated:

This Division appropriates funds to the Department of Public Health (DPH).

4 2 1. ADDICTIVE DISORDERS
 4 3 For reducing the prevalence of the use of tobacco, alcohol,
 4 4 and other drugs, and treating individuals affected by addictive
 4 5 behaviors, including gambling, and for not more than the
 4 6 following full-time equivalent positions:
 4 7 \$ 27,263,690
 4 8 FTEs 10.00

General Fund appropriation to [Addictive Disorders](#) programs.

DETAIL: This is no change in funding and FTE positions compared to estimated FY 2015.

4 9 a. (1) Of the funds appropriated in this subsection,
 4 10 \$5,248,361 shall be used for the tobacco use prevention
 4 11 and control initiative, including efforts at the state and
 4 12 local levels, as provided in chapter 142A. The commission
 4 13 on tobacco use prevention and control established pursuant

Allocates \$5,248,361 for tobacco use, prevention, and control initiatives, including Community Partnerships. Directs activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Center for Disease Control best practices

4 14 to section 142A.3 shall advise the director of public health
 4 15 in prioritizing funding needs and the allocation of moneys
 4 16 appropriated for the programs and initiatives. Activities
 4 17 of the programs and initiatives shall be in alignment with
 4 18 the United States centers for disease control and prevention
 4 19 best practices for comprehensive tobacco control programs that
 4 20 include the goals of preventing youth initiation of tobacco
 4 21 usage, reducing exposure to secondhand smoke, and promotion of
 4 22 tobacco cessation.

DETAIL: This is a new broader allocation than the allocations made in FY 2015. The allocation is an increase of \$75,000 compared to the FY 2015 Health and Human Services Appropriation Act, but no change in General Fund funding for Tobacco Use, Prevention, and Control.

4 23 (2) (a) Of the funds allocated in this paragraph "a",
 4 24 \$453,067 is transferred to the alcoholic beverages division of
 4 25 the department of commerce for enforcement of tobacco laws,
 4 26 regulations, and ordinances and to engage in tobacco control
 4 27 activities approved by the division of tobacco use prevention
 4 28 and control of the department of public health as specified
 4 29 in the memorandum of understanding entered into between the
 4 30 divisions.

Of the amount allocated in paragraph a, transfers \$453,067 to the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter [63](#).

DETAIL: This is no change compared to the FY 2015 allocation.

4 31 (b) For the fiscal year beginning July 1, 2015, and ending
 4 32 June 30, 2016, the terms of the memorandum of understanding,
 4 33 entered into between the division of tobacco use prevention
 4 34 and control of the department of public health and the
 4 35 alcoholic beverages division of the department of commerce,
 5 1 governing compliance checks conducted to ensure licensed retail
 5 2 tobacco outlet conformity with tobacco laws, regulations, and
 5 3 ordinances relating to persons under eighteen years of age,
 5 4 shall continue to restrict the number of such checks to one
 5 5 check per retail outlet, and one additional check for any
 5 6 retail outlet found to be in violation during the first check.

Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

5 7 b. Of the funds appropriated in this subsection,
 5 8 \$22,015,329 shall be used for problem gambling and
 5 9 substance-related disorder prevention, treatment, and recovery
 5 10 services, including a 24-hour helpline, public information
 5 11 resources, professional training, and program evaluation.

Allocates \$22,015,329 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is no change compared to the FY 2015 allocation.

5 12 (1) Of the funds allocated in this paragraph "b",
 5 13 \$18,903,715 shall be used for substance-related disorder
 5 14 prevention and treatment.

Of the amount allocated in paragraph b above, allocates \$18,903,715 for substance abuse prevention and treatment.

DETAIL: This is no change compared to the FY 2015 allocation.

5 15 (a) Of the funds allocated in this subparagraph (1),
 5 16 \$899,300 shall be used for the public purpose of a grant
 5 17 program to provide substance-related disorder prevention
 5 18 programming for children.

Of the amount allocated in subparagraph b(1) above, allocates \$899,300 for substance abuse prevention programs for children and youth. Requires competitive applications for funding and requirements for award recipients to participate in program evaluation.

5 19 (i) Of the funds allocated in this subparagraph division
 5 20 (a), \$427,539 shall be used for grant funding for organizations

DETAIL: This is no change compared to the FY 2015 allocation. This

5 21 that provide programming for children by utilizing mentors.
 5 22 Programs approved for such grants shall be certified or must
 5 23 be certified within six months of receiving the grant award
 5 24 by the Iowa commission on volunteer services as utilizing the
 5 25 standards for effective practice for mentoring programs.
 5 26 (ii) Of the funds allocated in this subparagraph division
 5 27 (a), \$426,839 shall be used for grant funding for organizations
 5 28 providing programming that includes youth development and
 5 29 leadership services. The programs shall also be recognized as
 5 30 being programs that are scientifically based with evidence of
 5 31 their effectiveness in reducing substance-related disorders in
 5 32 children.
 5 33 (iii) The department of public health shall utilize a
 5 34 request for proposals process to implement the grant program.
 5 35 (iv) All grant recipients shall participate in a program
 6 1 evaluation as a requirement for receiving grant funds.
 6 2 (v) Of the funds allocated in this subparagraph division
 6 3 (a), up to \$44,922 may be used to administer substance-related
 6 4 disorder prevention grants and for program evaluations.

6 5 (b) Of the funds allocated in this subparagraph
 6 6 (1), \$272,603 shall be used for culturally competent
 6 7 substance-related disorder treatment pilot projects.
 6 8 (i) The department shall utilize the amount allocated
 6 9 in this subparagraph division (b) for at least three pilot
 6 10 projects to provide culturally competent substance-related
 6 11 disorder treatment in various areas of the state. Each pilot
 6 12 project shall target a particular ethnic minority population.
 6 13 The populations targeted shall include but are not limited to
 6 14 African American, Asian, and Latino.

6 15 (ii) The pilot project requirements shall provide for
 6 16 documentation or other means to ensure access to the cultural
 6 17 competence approach used by a pilot project so that such
 6 18 approach can be replicated and improved upon in successor
 6 19 programs.

6 20 (2) Of the funds allocated in this paragraph "b", up
 6 21 to \$3,111,614 may be used for problem gambling prevention,
 6 22 treatment, and recovery services.

6 23 (a) Of the funds allocated in this subparagraph (2),
 6 24 \$2,573,762 shall be used for problem gambling prevention and
 6 25 treatment.

6 26 (b) Of the funds allocated in this subparagraph (2), up to
 6 27 \$437,852 may be used for a 24-hour helpline, public information
 6 28 resources, professional training, and program evaluation.

6 29 (c) Of the funds allocated in this subparagraph (2), up
 6 30 to \$100,000 may be used for the licensing of problem gambling
 6 31 treatment programs.

amount is further allocated as follows:

- \$427,539 for programming that utilizes mentors.
- \$426,839 for programming that includes youth development and leadership.
- \$44,922 for program administration and evaluation.

Of the amount allocated in subparagraph b(1) above, allocates \$272,603 for at least three culturally competent substance abuse treatment pilot projects.

DETAIL: This is no change compared to the FY 2015 allocation. Requires each pilot project to target a particular ethnic minority population, including but not limited to African American, Asian, and Latino. Requires culturally competent substance abuse treatment pilot projects to provide for documentation of program approaches so that future program projects can be replicated and improved upon.

Of the amount allocated in paragraph b above, allocates \$3,111,614 for problem gambling treatment, prevention, and recovery services.

DETAIL: This is no change compared to the FY 2015 allocation. This amount is further allocated as follows:

- \$2,573,762 for problem gambling prevention and treatment.
- \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.
- Up to \$100,000 for licensing problem gambling treatment programs.

6 32 (3) It is the intent of the general assembly that from the
 6 33 moneys allocated in this paragraph "b", persons with a dual
 6 34 diagnosis of substance-related disorder and gambling addiction
 6 35 shall be given priority in treatment services.

Specifies that it is the intent of the General Assembly for individuals with a diagnosis of both substance abuse and gambling addiction to be given priority in treatment services from the funds appropriated to substance abuse and problem gambling.

7 1 c. Notwithstanding any provision of law to the contrary,
 7 2 to standardize the availability, delivery, cost of delivery,
 7 3 and accountability of problem gambling and substance-related
 7 4 disorder treatment services statewide, the department shall
 7 5 continue implementation of a process to create a system
 7 6 for delivery of treatment services in accordance with the
 7 7 requirements specified in 2008 Iowa Acts, chapter 1187, section
 7 8 3, subsection 4. To ensure the system provides a continuum
 7 9 of treatment services that best meets the needs of Iowans,
 7 10 the problem gambling and substance-related disorder treatment
 7 11 services in any area may be provided either by a single agency
 7 12 or by separate agencies submitting a joint proposal.
 7 13 (1) The system for delivery of substance-related disorder
 7 14 and problem gambling treatment shall include problem gambling
 7 15 prevention.
 7 16 (2) The system for delivery of substance-related disorder
 7 17 and problem gambling treatment shall include substance-related
 7 18 disorder prevention by July 1, 2016.
 7 19 (3) Of the funds allocated in paragraph "b", the department
 7 20 may use up to \$100,000 for administrative costs to continue
 7 21 developing and implementing the process in accordance with this
 7 22 paragraph "c".

Requires the DPH to fulfill the requirements of 2008 Iowa Acts chapter [1187](#) by implementing a process that creates a standardized system for delivery of treatment services for problem gambling and substance abuse related disorders. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs. The system of delivery is required to:

- Include problem gambling prevention.
- Include substance abuse prevention by July 1, 2016.
- Of the amount allocated in paragraph b, the DPH is permitted to use up to \$100,000 of the funds allocated in paragraph b for administrative costs and system development.

7 23 d. The requirement of section 123.53, subsection 5, is met
 7 24 by the appropriations and allocations made in this division of
 7 25 this Act for purposes of substance-related disorder treatment
 7 26 and addictive disorders for the fiscal year beginning July 1,
 7 27 2015.

Specifies the requirements of Iowa Code section [123.53\(5\)](#) are met by the appropriations made in this Act.

7 28 e. The department of public health shall work with all
 7 29 other departments that fund substance-related disorder
 7 30 prevention and treatment services and all such departments
 7 31 shall, to the extent necessary, collectively meet the state
 7 32 maintenance of effort requirements for expenditures for
 7 33 substance-related disorder services as required under the
 7 34 federal substance-related disorder prevention and treatment
 7 35 block grant.

Requires the DPH to work with other State entities that provide funding for substance abuse treatment and prevention services to collectively meet the State Maintenance of Effort (MOE) requirements for the federal Substance Abuse Prevention and Treatment Block Grant.

8 1 2. HEALTHY CHILDREN AND FAMILIES

8 2 For promoting the optimum health status for children,
 8 3 adolescents from birth through 21 years of age, and families,
 8 4 and for not more than the following full-time equivalent

General Fund appropriation to Healthy Children and Families programs.

8 5 positions:
 8 6 \$ 7,331,602
 8 7 FTEs 13.00

DETAIL: This is an increase of \$3,285,000 and 1.00 FTE position compared to estimated FY 2015. The increase is to expand the First Five Program statewide.

8 8 a. Of the funds appropriated in this subsection, not more
 8 9 than \$734,841 shall be used for the healthy opportunities for
 8 10 parents to experience success (HOPES)-healthy families Iowa
 8 11 (HFI) program established pursuant to section 135.106. The
 8 12 funding shall be distributed to renew the grants that were
 8 13 provided to the grantees that operated the program during the
 8 14 fiscal year ending June 30, 2015.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the FY 2015 allocation. Requires funds to be distributed to the grantees that received funding in FY 2015.

8 15 b. In order to implement the legislative intent stated in
 8 16 sections 135.106 and 256I.9, that priority for home visitation
 8 17 program funding be given to programs using evidence-based or
 8 18 promising models for home visitation, it is the intent of the
 8 19 general assembly to phase in the funding priority in accordance
 8 20 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 8 21 paragraph 0b.

Implements legislative intent for Iowa Code section [35.106](#), HOPES-HFI, and Iowa Code section [256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

8 22 c. Of the funds appropriated in this subsection, \$4,912,887
 8 23 shall be used to expand statewide the department's initiative
 8 24 to provide for adequate developmental surveillance and
 8 25 screening during a child's first five years. The funds shall
 8 26 be used first to fully fund the current sites to ensure that
 8 27 the sites are fully operational, with the remaining funds
 8 28 to be used for expansion to additional sites. The full
 8 29 implementation and expansion shall include enhancing the scope
 8 30 of the program through collaboration with the child health
 8 31 specialty clinics to promote healthy child development through
 8 32 early identification and response to both biomedical and social
 8 33 determinants of healthy development; by monitoring child
 8 34 health metrics to inform practice, document long-term health
 8 35 impacts and savings, and provide for continuous improvement
 9 1 through training, education, and evaluation; and by providing
 9 2 for practitioner consultation particularly for children with
 9 3 behavioral conditions and needs. The department of public
 9 4 health shall also collaborate with the Iowa Medicaid enterprise
 9 5 and the child health specialty clinics to integrate the
 9 6 activities of the first five initiative into the establishment
 9 7 of patient-centered medical homes, community utilities,
 9 8 accountable care organizations, and other integrated care
 9 9 models developed to improve health quality and population
 9 10 health while reducing health care costs. To the maximum extent
 9 11 possible, funding allocated in this paragraph shall be utilized
 9 12 as matching funds for medical assistance program reimbursement.

Allocates \$4,912,887 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$3,825,000 compared to the FY 2015 allocation to expand the Program statewide. The DPH, the Department of Human Services (DHS), and the Iowa Medicaid Enterprise (IME) are directed to develop a plan to secure matching Medicaid funding. First Five is currently operating in 49 Iowa counties.

9 13 d. Of the funds appropriated in this subsection, \$74,640	Allocates \$74,640 for a Donated Dental Services Program for Indigent
9 14 shall be distributed to a statewide dental carrier to provide	Elderly and Disabled individuals.
9 15 funds to continue the donated dental services program patterned	
9 16 after the projects developed by the lifeline network to provide	DETAIL: This is no change compared to the FY 2015 allocation.
9 17 dental services to indigent individuals who are elderly or with	
9 18 disabilities.	
9 19 e. Of the funds appropriated in this subsection, \$111,995	Allocates \$111,995 for childhood obesity programs.
9 20 shall be used for childhood obesity prevention.	
	DETAIL: This is no change compared to the FY 2015 allocation.
9 21 f. Of the funds appropriated in this subsection, \$162,768	Allocates \$162,768 for the Audiological Services for Kids Program to
9 22 shall be used to provide audiological services and hearing	provide audiological services and hearing aids to children.
9 23 aids for children. The department may enter into a contract	
9 24 to administer this paragraph.	DETAIL: This is no change compared to the FY 2015 allocation.
9 25 g. Of the funds appropriated in this subsection, \$25,000 is	Transfers \$25,000 to the University of Iowa College of Dentistry to
9 26 transferred to the university of Iowa college of dentistry for	provide primary dental services to children. Requires a one-to-one
9 27 provision of primary dental services to children. State funds	dollar match by the University. The College is directed to coordinate
9 28 shall be matched on a dollar-for-dollar basis. The university	efforts with the DPH Bureau of Oral Health to provide dental care to
9 29 of Iowa college of dentistry shall coordinate efforts with the	underserved populations throughout Iowa.
9 30 department of public health, bureau of oral and health delivery	
9 31 systems, to provide dental care to underserved populations	DETAIL: This is no change compared to the FY 2015 allocation.
9 32 throughout the state.	
9 33 h. Of the funds appropriated in this subsection, \$50,000	Allocates \$50,000 for a youth suicide prevention program.
9 34 shall be used to address youth suicide prevention.	
	DETAIL: This is no change compared to the FY 2015 allocation.
9 35 i. Of the funds appropriated in this subsection, \$50,000	Allocates \$50,000 to support the Iowa effort to address the study of
10 1 shall be used to support the Iowa effort to address the survey	children that experience adverse childhood experiences (ACEs).
10 2 of children who experience adverse childhood experiences known	
10 3 as ACEs.	DETAIL: This is no change compared to the FY 2015 allocation.
10 4 3. CHRONIC CONDITIONS	General Fund appropriation to Chronic Conditions programs.
10 5 For serving individuals identified as having chronic	
10 6 conditions or special health care needs, and for not more than	DETAIL: This is a net decrease of \$49,831 and no change in FTE
10 7 the following full-time equivalent positions:	positions compared to estimated FY 2015. The General Fund changes
10 8 \$ 5,105,861	include:
10 9 FTEs 5.00	<ul style="list-style-type: none"> • A decrease of \$200,000 for the Cervical Cancer Screening Program. • An increase of \$150,169 for the Center for Congenital and Inherited Disorders.

10 10 a. Of the funds appropriated in this subsection, \$159,932
 10 11 shall be used for grants to individual patients who have an
 10 12 inherited metabolic disorder to assist with the costs of
 10 13 medically necessary foods and formula.

Allocates \$159,932 for grants to individual patients with [inherited metabolic disorders](#) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2015 allocation funding. The allocation language was broadened to cover more than Phenylketonuria.

10 14 b. Of the funds appropriated in this subsection, \$891,644
 10 15 shall be used for the brain injury services program pursuant to
 10 16 section 135.22B, including for continuation of the contracts
 10 17 for resource facilitator services in accordance with section
 10 18 135.22B, subsection 9, and to enhance brain injury training and
 10 19 recruitment of service providers on a statewide basis. Of the
 10 20 amount allocated in this paragraph, \$95,000 shall be used to
 10 21 fund one full-time equivalent position to serve as the state
 10 22 brain injury services program manager.

Allocates \$891,644 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the FY 2015 allocation.

10 23 c. Of the funds appropriated in this subsection, \$547,982
 10 24 shall be used as additional funding to leverage federal funding
 10 25 through the federal Ryan White Care Act, Tit.II, AIDS drug
 10 26 assistance program supplemental drug treatment grants.

Allocates \$547,982 to the [AIDS Drug Assistance Program \(ADAP\)](#).

DETAIL: This is no change compared to the FY 2015 allocation.

10 27 d. Of the funds appropriated in this subsection, \$149,823
 10 28 shall be used for the public purpose of continuing to contract
 10 29 with an existing national-affiliated organization to provide
 10 30 education, client-centered programs, and client and family
 10 31 support for people living with epilepsy and their families.
 10 32 The amount allocated in this paragraph in excess of \$100,000
 10 33 shall be matched dollar-for-dollar by the organization
 10 34 specified.

Allocates \$149,823 for epilepsy education and support.

DETAIL: This is no change compared to the FY 2015 allocation.

10 35 e. Of the funds appropriated in this subsection, \$785,114
 11 1 shall be used for child health specialty clinics.

Allocates \$785,114 for Child Health Specialty Clinics.

DETAIL: This is no change compared to the FY 2015 allocation.

11 2 f. Of the funds appropriated in this subsection, \$400,000
 11 3 shall be used by the regional autism assistance program
 11 4 established pursuant to section 256.35, and administered by
 11 5 the child health specialty clinic located at the university of
 11 6 Iowa hospitals and clinics. The funds shall be used to enhance
 11 7 interagency collaboration and coordination of educational,
 11 8 medical, and other human services for persons with autism,
 11 9 their families, and providers of services, including delivering
 11 10 regionalized services of care coordination, family navigation,
 11 11 and integration of services through the statewide system of
 11 12 regional child health specialty clinics and fulfilling other
 11 13 requirements as specified in chapter 225D. The university of

Allocates \$400,000 to be used by the Regional Autism Service Program (RASP) to create autism support programs administered by the Child Health Specialty Clinic located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is no change compared to the FY 2015 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.

11 14 Iowa shall not receive funds allocated under this paragraph for
11 15 indirect costs associated with the regional autism assistance
11 16 program.

11 17 g. Of the funds appropriated in this subsection, \$570,993
11 18 shall be used for the comprehensive cancer control program to
11 19 reduce the burden of cancer in Iowa through prevention, early
11 20 detection, effective treatment, and ensuring quality of life.
11 21 Of the funds allocated in this paragraph "g", \$150,000 shall
11 22 be used to support a melanoma research symposium, a melanoma
11 23 biorepository and registry, basic and translational melanoma
11 24 research, and clinical trials.

Allocates \$570,993 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is no change compared to the FY 2015 allocation.

11 25 h. Of the funds appropriated in this subsection, \$126,450
11 26 shall be used for cervical and colon cancer screening, and
11 27 \$300,000 shall be used to enhance the capacity of the cervical
11 28 cancer screening program to include provision of recommended
11 29 prevention and early detection measures to a broader range of
11 30 low-income women.

Allocates \$126,450 for cervical and colon cancer screening and \$300,000 for cervical cancer screening for a total of \$426,450.

DETAIL: This is a decrease of \$200,000 for cervical cancer screenings compared to the FY 2015 allocation. The DPH contracted with the Milliman actuarial firm to analyze the impact of state level health care reform on certain DPH programs and health care services. The study concluded the overall number of Iowans seeking DPH-funded cervical cancer screening and preventative services is projected to decrease as historically eligible women become enrolled in new health plans.

11 31 i. Of the funds appropriated in this subsection, \$676,864
11 32 shall be used for the center for congenital and inherited
11 33 disorders including to provide for surveillance of stillbirths
11 34 as defined in section 136A.2.

Allocates \$676,864 for the Center for Congenital and Inherited Disorders central registry.

DETAIL: This is an increase of \$150,169 compared to the FY 2015 allocation. The increase provides for funding for the Iowa Stillbirth Surveillance Project (ISSP) and Prevention Programs, a workgroup developed to standardize stillbirth evaluation protocols and make recommendations for the surveillance of stillbirths occurring in Iowa.

11 35 j. Of the funds appropriated in this subsection, \$129,411
12 1 shall be used for the prescription drug donation repository
12 2 program created in chapter 135M.

Allocates \$129,411 for the Prescription Drug Donation Repository Program.

DETAIL: This is no change compared to the FY 2015 allocation.

12 3 k. Of the funds appropriated in this subsection,
12 4 \$215,263 shall be used by the department of public health
12 5 for reform-related activities, including but not limited to
12 6 facilitation of communication to stakeholders at the state and
12 7 local level, administering the patient-centered health advisory
12 8 council pursuant to section 135.159, and involvement in health
12 9 care system innovation activities occurring across the state.

Allocates \$215,263 for the Medical Home System Advisory Council for the development and implementation of a prevention and chronic care management state initiative.

DETAIL: This is no change compared to the FY 2015 allocation.

12 10 I. Of the funds appropriated in this subsection, \$25,000
 12 11 shall be used for administration of chapter 124D, the medical
 12 12 cannabidiol Act, or other Code provisions authorizing the
 12 13 compassionate medical use of cannabis, if enacted by the 2015
 12 14 regular session of the Eighty-sixth General Assembly.

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act, or any other Iowa Code provisions that authorize the compassionate medical use of cannabis enacted by the 86th General Assembly.

DETAIL: This is no change compared to the FY 2015 allocation.

12 15 4. COMMUNITY CAPACITY
 12 16 For strengthening the health care delivery system at the
 12 17 local level, and for not more than the following full-time
 12 18 equivalent positions:
 12 19 \$ 8,719,716
 12 20 FTEs 11.00

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net decrease of \$18,194 and no change in FTE positions compared to estimated FY 2015. The General Fund changes include:

- A decrease of \$48,194 to transfer funding of a Local Board of Health Environmental Liaison 0.50 FTE position to the Public Protection Appropriation.
- A decrease of \$50,000 to eliminate funding for the [Reach Out and Read Program](#).
- An increase of \$50,000 for the Iowa [FIND Dental Education Loan Repayment Program](#).
- An increase of \$30,000 for the Direct Care Workers Mouth Care Matters Initiative.

12 21 a. Of the funds appropriated in this subsection, \$99,414
 12 22 is allocated for continuation of the child vision screening
 12 23 program implemented through the university of Iowa hospitals
 12 24 and clinics in collaboration with early childhood Iowa areas.
 12 25 The program shall submit a report to the individuals identified
 12 26 in this Act for submission of reports regarding the use of
 12 27 funds allocated under this paragraph "a". The report shall
 12 28 include the objectives and results for the program year
 12 29 including the target population and how the funds allocated
 12 30 assisted the program in meeting the objectives; the number,
 12 31 age, and location within the state of individuals served;
 12 32 the type of services provided to the individuals served; the
 12 33 distribution of funds based on service provided; and the
 12 34 continuing needs of the program.

Allocates \$99,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is no change compared to the FY 2015 allocation. Requires the Program to submit a report to the General Assembly outlining program objectives, target population and locations, services provided, and other details.

12 35 b. Of the funds appropriated in this subsection, \$110,656 is
 13 1 allocated for continuation of an initiative implemented at the
 13 2 university of Iowa and \$99,904 is allocated for continuation of
 13 3 an initiative at the state mental health institute at Cherokee
 13 4 to expand and improve the workforce engaged in mental health
 13 5 treatment and services. The initiatives shall receive input
 13 6 from the university of Iowa, the department of human services,
 13 7 the department of public health, and the mental health and

Allocates \$110,656 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates \$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee, for a total of \$210,560.

DETAIL: This is no change compared to the FY 2015 allocation.

13 8 disability services commission to address the focus of the
13 9 initiatives.

Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.

DETAIL: This is no change compared to the FY 2015 allocation.

13 10 c. Of the funds appropriated in this subsection, \$1,164,628
13 11 shall be used for essential public health services that promote
13 12 healthy aging throughout one's lifespan, contracted through a
13 13 formula for local boards of health, to enhance health promotion
13 14 and disease prevention services.

Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the FY 2015 allocation.

13 15 d. Of the funds appropriated in this section, \$99,286 shall
13 16 be deposited in the governmental public health system fund
13 17 created in section 135A.8 to be used for the purposes of the
13 18 fund.

Allocates \$105,448 for the Mental Health Professional Shortage Area Program.

DETAIL: This is no change compared to the FY 2015 allocation.

13 19 e. Of the funds appropriated in this subsection, \$105,448
13 20 shall be used to continue to address the shortage of mental
13 21 health professionals in the state.

Allocates \$50,000 for the [Psychology Postdoctoral Internship Rotation Program](#) for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the FY 2015 allocation.

13 22 f. Of the funds appropriated in this subsection,
13 23 \$50,000 shall be used for a grant to a statewide association
13 24 of psychologists that is affiliated with the American
13 25 psychological association to be used for continuation of a
13 26 program to rotate intern psychologists in placements in urban
13 27 and rural mental health professional shortage areas, as defined
13 28 in section 135.180.

Allocates \$2,882,969 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#).

DETAIL: This is no change in the total funding compared to FY 2015. The allocations made in this section have changed from a mandated amount to mandated maximums for each program. Some programs have been combined or revised from the 2014 Act.

13 29 g. (1) Of the funds appropriated in this subsection,
13 30 \$2,882,969 shall be allocated as a grant to the Iowa primary
13 31 care association to be used pursuant to section 135.153 for
13 32 the statewide coordination of the Iowa collaborative safety
13 33 net provider network. Coordination of the network shall
13 34 focus on increasing access by underserved populations to
13 35 health care services, increasing integration of the health
14 1 system and collaboration across the continuum of care with
14 2 a focus on safety net services, and enhancing the Iowa
14 3 collaborative safety net provider network's communication and
14 4 education efforts. The amount allocated as a grant under this
14 5 subparagraph (1) shall be used as follows to support the Iowa
14 6 collaborative safety net provider network goals of increased
14 7 access, health system integration, and engagement:

Of the amount allocated in subparagraph (1), \$1,025,485 is allocated to increase access to underserved populations for health services. This amount is further allocated as follows:

14 8 (a) For distribution to safety net partners in the state
14 9 that work to increase access of the underserved population to
14 10 health services:
14 11 \$ 1,025,485

14 12 (i) Of the amount allocated in this subparagraph division

- At least \$413,415 for the pharmaceutical infrastructure for safety

14 13 (a), not less than \$413,415 shall be distributed to the
 14 14 Iowa prescription drug corporation for continuation of the
 14 15 pharmaceutical infrastructure for safety net providers as
 14 16 described in 2007 Iowa Acts, chapter 218, section 108.
 14 17 (ii) Of the amount allocated in this subparagraph division
 14 18 (a), not less than \$348,322 shall be distributed to free
 14 19 clinics and free clinics of Iowa for necessary infrastructure,
 14 20 statewide coordination, provider recruitment, service delivery,
 14 21 and provision of assistance to patients in securing a medical
 14 22 home inclusive of oral health care.
 14 23 (iii) Of the amount allocated in this subparagraph division
 14 24 (a), not less than \$50,000 shall be distributed to the Iowa
 14 25 coalition against sexual assault to continue a training
 14 26 program for sexual assault response team (SART) members,
 14 27 including representatives of law enforcement, victim advocates,
 14 28 prosecutors, and certified medical personnel.
 14 29 (iv) Of the amount allocated in this subparagraph division
 14 30 (a), not less than \$213,748 shall be distributed to the Polk
 14 31 county medical society for continuation of the safety net
 14 32 provider patient access to a specialty health care initiative
 14 33 as described in 2007 Iowa Acts, chapter 218, section 109.

14 34 (b) For distribution to safety net partners in the
 14 35 state that work to increase health system integration, care
 15 1 coordination, and collaboration across the continuum of care
 15 2 with a focus on safety net services. Such efforts shall
 15 3 include but not be limited to community care coordination team
 15 4 development and integration of medical and behavioral health
 15 5 services. Efforts shall also include working, in conjunction
 15 6 with the department of human services and the department
 15 7 of public health, to support Medicaid managed care efforts
 15 8 inclusive of the state innovation model through the continued
 15 9 development and implementation of community care coordination
 15 10 teams. Implementation of the community care coordination
 15 11 teams shall be accomplished through a statewide regionally
 15 12 based network that provides an integrated approach to health
 15 13 care delivery through care coordination that supports primary
 15 14 care providers and links patients with community resources
 15 15 necessary to empower patients in addressing biomedical and
 15 16 social determinants of health to improve health outcomes:
 15 17 \$ 1,672,199

15 18 (c) For distribution to safety net partners in the state
 15 19 that work to serve as a resource for credible, accurate
 15 20 information on health care-related needs and services
 15 21 for vulnerable populations in the state including the
 15 22 Iowa association of rural health clinics for necessary
 15 23 infrastructure and service delivery transformation and the Iowa

- net providers.
- At least \$348,322 for free clinics to assist patients with finding a medical home.
 - At least \$50,000 for a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
 - At least \$213,748 for the specialty health care initiative.

Of the amount allocated in subparagraph (1), \$1,672,199 is allocated to increase health system integration.

DETAIL: This is a new method for allocating these funds.

Of the amount allocated in subparagraph (1), \$185,285 is allocated for resource information, services for vulnerable populations, partner engagement, program management, and statewide coordination.

DETAIL: This is a new method for allocating these funds.

15 24 primary care association to support partner engagement, program
 15 25 management, and statewide coordination of the network:
 15 26 \$ 185,285

15 27 (2) The amount allocated under this paragraph "g" shall
 15 28 not be reduced for administrative or other costs prior to
 15 29 distribution. The Iowa collaborative safety net provider
 15 30 network may continue to distribute funds allocated pursuant to
 15 31 this paragraph "g" through existing contracts or renewal of
 15 32 existing contracts.

Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of the allocated funding. Permits the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.

15 33 (3) For each goal of the Iowa collaborative safety net
 15 34 provider network, the Iowa primary care association shall
 15 35 submit a progress report to the individuals designated in this
 16 1 Act for submission of reports by December 15, 2015, including
 16 2 progress in developing and implementing the network, how the
 16 3 funds were distributed and used in developing and implementing
 16 4 the network, and the remaining needs identified to fully
 16 5 develop and implement the network.

Requires a report to be submitted by January 31, 2016, regarding the progress in developing and implementing the network, how funds were distributed, and the remaining needs in developing and implementing the network.

16 6 h. Of the funds appropriated in this subsection, \$213,400
 16 7 shall be used for continuation of the work of the direct care
 16 8 worker advisory council established pursuant to 2008 Iowa Acts,
 16 9 chapter 1188, section 69, in implementing the recommendations
 16 10 in the final report submitted by the advisory council to the
 16 11 governor and the general assembly in March 2012, including
 16 12 by continuing to develop, promote, and make available on a
 16 13 statewide basis the prepare-to-care core curriculum and its
 16 14 associated modules and specialties through various formats
 16 15 including online access, community colleges, and other venues;
 16 16 exploring new and maintaining existing specialties including
 16 17 but not limited to oral health and dementia care; supporting
 16 18 instructor training; and assessing and making recommendations
 16 19 concerning the Iowa care book and information technology
 16 20 systems and infrastructure uses and needs.

Allocates \$213,400 for the Direct Care Worker Advisory Council.

DETAIL: This is no change compared to the FY 2015 allocation amount, the language has been updated to cover current Advisory Council activities.

16 21 i. (1) Of the funds appropriated in this subsection,
 16 22 \$216,375 shall be used for allocation to an independent
 16 23 statewide direct care worker organization under continuation
 16 24 of the contract in effect during the fiscal year ending June
 16 25 30, 2015.

Allocates \$216,375 for the Direct Care Worker Association.

DETAIL: This is no change compared to the FY 2015 allocation.

16 26 (2) Of the funds appropriated in this subsection,
 16 27 \$105,000 shall be used to provide scholarships or other
 16 28 forms of subsidization for direct care worker educational
 16 29 conferences, training, or outreach activities, and for the
 16 30 mouth-care-matters oral health care project.

Allocates \$105,000 for scholarships for direct care worker educational conferences, training, outreach activities, and the Mouth-Care-Matters Oral Health Care Project.

DETAIL: This is an increase of \$30,000 compared to the FY 2015 allocation. The increase is for the Mouth Care Matters pilot project

curriculum development. The goal of the Pilot Project is to develop a curriculum that will focus on the importance of oral health; a tour of the oral cavity; common oral health problems; systemic oral connections; supporting person-centered oral health; and managing challenging behaviors when providing oral care. The Mouth Care Matters Pilot Project is being implemented in 22 central Iowa counties.

Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

DETAIL: This is no change compared to the FY 2015 allocation.

Allocates \$100,000 for the [FIND Dental Education Loan Repayment Program](#).

DETAIL: This is an increase of \$50,000 compared to the FY 2015 allocation. This is a general increase to expand the program.

Allocates \$105,823 for transfer to the College Student Aid Commission for deposit in the [Rural Iowa Primary Care Loan Repayment Program](#) and Trust Fund Act (PRIMECARRE Trust Fund) to implement a Program to repay education loans of primary health care clinical services located in rural, federally-designated health professional shortage areas.

DETAIL: This is no change compared to the FY 2015 allocation.

Allocates \$250,000 to the [Iowa Donor Registry](#).

DETAIL: This is no change compared to the FY 2015 allocation.

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.

DETAIL: This is no change compared to the FY 2015 allocation. Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.

16 31 j. Of the funds appropriated in this subsection, the
16 32 department may use up to \$58,175 for up to one full-time
16 33 equivalent position to administer the volunteer health care
16 34 provider program pursuant to section 135.24.

16 35 k. Of the funds appropriated in this subsection, \$100,000
17 1 shall be used for a matching dental education loan repayment
17 2 program to be allocated to a dental nonprofit health service
17 3 corporation to continue to develop the criteria and implement
17 4 the loan repayment program.

17 5 l. Of the funds appropriated in this subsection, \$105,823 is
17 6 transferred to the college student aid commission for deposit
17 7 in the rural Iowa primary care trust fund created in section
17 8 261.113 to be used for the purposes of the fund.

17 9 m. Of the funds appropriated in this subsection, \$250,000
17 10 shall be used for the purposes of the Iowa donor registry as
17 11 specified in section 142C.18.

17 12 n. Of the funds appropriated in this subsection, \$100,000
17 13 shall be used for continuation of a grant to a nationally
17 14 affiliated volunteer eye organization that has an established
17 15 program for children and adults and that is solely dedicated to
17 16 preserving sight and preventing blindness through education,
17 17 nationally certified vision screening and training, and
17 18 community and patient service programs. The organization
17 19 shall submit a report to the individuals identified in this
17 20 Act for submission of reports regarding the use of funds
17 21 allocated under this paragraph "n". The report shall include
17 22 the objectives and results for the program year including
17 23 the target population and how the funds allocated assisted
17 24 the program in meeting the objectives; the number, age, and
17 25 location within the state of individuals served; the type of

17 26 services provided to the individuals served; the distribution
 17 27 of funds based on services provided; and the continuing needs
 17 28 of the program.

17 29 o. Of the funds appropriated in this subsection, \$25,000
 17 30 shall be used for the continuation of a wellness council under
 17 31 the direction of the director of public health to increase
 17 32 support for wellness activities in the state.

Allocates \$25,000 for a [Wellness Council](#) to increase support for wellness activities.

DETAIL: This is no change compared to the FY 2015 allocation.

17 33 p. Of the funds appropriated in this subsection, \$2,000,000
 17 34 shall be deposited in the medical residency training account
 17 35 created in section 135.175, subsection 5, paragraph "a", and
 18 1 is appropriated from the account to the department of public
 18 2 health to be used for the purposes of the medical residency
 18 3 training state matching grants program as specified in section
 18 4 135.176. However, notwithstanding any provision to the
 18 5 contrary in section 135.176, priority in the awarding of grants
 18 6 shall be given to sponsors that propose preference in the use
 18 7 of the grant funds for psychiatric residency positions and
 18 8 family practice residency positions.

Allocates \$2,000,000 for a Medical Residency Training Program. Specifies that grants for expansion of or new medical residency positions, psychiatric residency positions, and family practice positions have priority within the Program.

DETAIL: This is no change compared to the FY 2015 allocation.

18 9 5. HEALTHY AGING

18 10 To provide public health services that reduce risks and
 18 11 invest in promoting and protecting good health over the
 18 12 course of a lifetime with a priority given to older lowans and
 18 13 vulnerable populations:
 18 14 \$ 7,297,142

General Fund appropriation to Healthy Aging programs.

DETAIL: This is no change compared to estimated FY 2015.

18 15 6. INFECTIOUS DISEASES

18 16 For reducing the incidence and prevalence of communicable
 18 17 diseases, and for not more than the following full-time
 18 18 equivalent positions:
 18 19 \$ 1,335,155
 18 20 FTEs 4.00

General Fund appropriation to Infectious Disease programs.

DETAIL: This is no change compared to estimated FY 2015.

18 21 7. PUBLIC PROTECTION

18 22 For protecting the health and safety of the public through
 18 23 establishing standards and enforcing regulations, and for not
 18 24 more than the following full-time equivalent positions:
 18 25 \$ 4,339,191
 18 26 FTEs 135.50

General Fund appropriation to Public Protection programs.

DETAIL: This is an increase of \$1,052,064 and 4.00 FTE positions compared to estimated FY 2015. The General Fund changes include:

- An increase of \$200,000 for Emergency Medical Services (EMS). Funding will support EMS activities including organizing local system/service training, data evaluation, primary system development and providing local EMS agencies assistance in capitalizing use of the system development funds; and to provide technical consultation and assistance to EMS services and providers.
- An increase of \$48,194 to transfer funding of a Local Board of

		Health Environmental Liaison 0.50 FTE position from the Community Capacity appropriation.
		<ul style="list-style-type: none"> • An increase of \$803,870 and 4.00 FTE positions to transfer funding from the Environmental Protection appropriation that was eliminated.
18 27	a. Of the funds appropriated in this subsection, not more	Allocates up to \$454,700 for the EMS Fund.
18 28	than \$454,700 shall be credited to the emergency medical	
18 29	services fund created in section 135.25. Moneys in the	DETAIL: This is no change compared to the FY 2015 allocation.
18 30	emergency medical services fund are appropriated to the	
18 31	department to be used for the purposes of the fund.	
18 32	b. Of the funds appropriated in this subsection, \$203,032	Allocates \$203,032 to provide program funding for sexual violence prevention.
18 33	shall be used for sexual violence prevention programming	
18 34	through a statewide organization representing programs	
18 35	serving victims of sexual violence through the department's	DETAIL: This is no change compared to the FY 2015 allocation.
19 1	sexual violence prevention program. The amount allocated	
19 2	in this paragraph "b" shall not be used to supplant funding	
19 3	administered for other sexual violence prevention or victims	
19 4	assistance programs.	
19 5	c. Of the funds appropriated in this subsection, \$598,751	Allocates up to \$598,751 for the State Poison Control Center .
19 6	shall be used for the state poison control center. Pursuant	
19 7	to the directive under 2014 Iowa Acts, chapter 1140, section	DETAIL: This is no change compared to the FY 2015 allocation.
19 8	102, the federal matching funds available to the state poison	Instructs the DHS to implement a new health services initiative under
19 9	control center from the department of human services under the	the Children's Health Insurance Program (CHIP) to provide funding for
19 10	federal Children's Health Insurance Program Reauthorization Act	the Center. Permits the Center to transfer as much funding as needed
19 11	allotment shall be subject to the federal administrative cap	for the purpose of receiving matching federal funds.
19 12	rule of 10 percent applicable to funding provided under Tit.	
19 13	XXI of the federal Social Security Act and included within the	
19 14	department's calculations of the cap.	
19 15	d. Of the funds appropriated in this subsection, \$537,750	Allocates \$537,750 for childhood lead poisoning testing.
19 16	shall be used for childhood lead poisoning provisions.	
		DETAIL: This is a new allocation in the Public Protection appropriation, and no change compared to the allocation in the Environmental Hazards appropriation in FY 2015.
19 17	8. RESOURCE MANAGEMENT	General Fund appropriation for Resource Management activities.
19 18	For establishing and sustaining the overall ability of the	
19 19	department to deliver services to the public, and for not more	DETAIL: This is no change compared to estimated FY 2015.
19 20	than the following full-time equivalent positions:	
19 21	..... \$ 855,072	
19 22	..... FTEs 4.00	
19 23	The university of Iowa hospitals and clinics under the	Prohibits the UIHC from receiving indirect cost reimbursement from
19 24	control of the state board of regents shall not receive	General Fund appropriations to the Department. Requires the UIHC to

19 25 indirect costs from the funds appropriated in this section.
 19 26 The university of Iowa hospitals and clinics billings to the
 19 27 department shall be on at least a quarterly basis.

submit billings to the DPH on a quarterly basis each year.

19 28 DIVISION IV
 19 29 DEPARTMENT OF VETERANS AFFAIRS — FY 2015-2016

19 30 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
 19 31 appropriated from the general fund of the state to the
 19 32 department of veterans affairs for the fiscal year beginning
 19 33 July 1, 2015, and ending June 30, 2016, the following amounts,
 19 34 or so much thereof as is necessary, to be used for the purposes
 19 35 designated:
 20 1 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 20 2 For salaries, support, maintenance, and miscellaneous
 20 3 purposes, and for not more than the following full-time
 20 4 equivalent positions:
 20 5 \$ 1,200,546
 20 6 FTEs 15.00

General Fund appropriation to the [Department of Veterans Affairs](#).

DETAIL: This is an increase of \$104,595 and 2.00 FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$92,995 and 1.00 FTE position for a Cemetery Representative and 1.00 FTE position for a Maintenance Worker 2.
- An increase of \$11,600 to provide for audit expenses charged by the Auditor of the State previously paid for by the Iowa Veterans Home.

20 7 2. IOWA VETERANS HOME

20 8 For salaries, support, maintenance, and miscellaneous
 20 9 purposes:
 20 10 \$ 7,594,996

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

DETAIL: This is no change compared to estimated FY 2015.

20 11 a. The Iowa veterans home billings involving the department
 20 12 of human services shall be submitted to the department on at
 20 13 least a monthly basis.

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

20 14 b. If there is a change in the employer of employees
 20 15 providing services at the Iowa veterans home under a collective
 20 16 bargaining agreement, such employees and the agreement shall
 20 17 be continued by the successor employer as though there had not
 20 18 been a change in employer.

Requires a new employer to honor an existing collective bargaining agreement at the IVH.

20 19 c. Within available resources and in conformance with
 20 20 associated state and federal program eligibility requirements,
 20 21 the Iowa veterans home may implement measures to provide
 20 22 financial assistance to or on behalf of veterans or their
 20 23 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance to support participation in the community reentry program within State and federal eligibility requirements.

20 24 d. The Iowa veterans home expenditure report shall be
 20 25 submitted monthly to the legislative services agency.

Requires the IVH to submit a monthly expenditure report to the Legislative Services Agency (LSA).

20 26 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 20 27 For transfer to the Iowa finance authority for the
 20 28 continuation of the home ownership assistance program for
 20 29 persons who are or were eligible members of the armed forces of
 20 30 the United States, pursuant to section 16.54:
 20 31 \$ 2,500,000

General Fund Appropriation for the [Home Ownership Assistance Program](#) for military service members.

DETAIL: This is no change compared to estimated FY 2015. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

20 32 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
 20 33 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
 20 34 appropriation in section 35A.16 for the fiscal year beginning
 20 35 July 1, 2015, and ending June 30, 2016, the amount appropriated
 21 1 from the general fund of the state pursuant to that section
 21 2 for the following designated purposes shall not exceed the
 21 3 following amount:
 21 4 For the county commissions of veteran affairs fund under
 21 5 section 35A.16:
 21 6 \$ 990,000

Limits the FY 2016 General Fund appropriation to the County Commissions of Veteran Affairs Fund to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is no change compared to estimated FY 2015.

21 7 DIVISION V
 21 8 DEPARTMENT OF HUMAN SERVICES — FY 2015-2016

21 9 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 21 10 GRANT. There is appropriated from the fund created in section
 21 11 8.41 to the department of human services for the fiscal year
 21 12 beginning July 1, 2015, and ending June 30, 2016, from moneys
 21 13 received under the federal temporary assistance for needy
 21 14 families (TANF) block grant pursuant to the federal Personal
 21 15 Responsibility and Work Opportunity Reconciliation Act of 1996,
 21 16 Pub.L.No.104-193, and successor legislation, the following
 21 17 amounts, or so much thereof as is necessary, to be used for the
 21 18 purposes designated:

Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2016.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate state programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,524,959 per year.

21 19 1. To be credited to the family investment program account
 21 20 and used for assistance under the family investment program
 21 21 under chapter 239B:
 21 22 \$ 5,136,995

TANF FY 2016 Block Grant appropriation for the FIP Account.

DETAIL: This is a decrease of \$4,742,493 compared to estimated FY 2015. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.

21 23 2. To be credited to the family investment program account
 21 24 and used for the job opportunities and basic skills (JOBS)
 21 25 program and implementing family investment agreements in
 21 26 accordance with chapter 239B:
 21 27 \$ 10,138,178

TANF FY 2016 Block Grant appropriation for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$953,733 compared to estimated FY 2015. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.

21 28	3. To be used for the family development and	TANF FY 2016 Block Grant appropriation for the Family Development
21 29	self-sufficiency grant program in accordance with section	and Self Sufficiency (FaDSS) Program.
21 30	216A.107:	
21 31	..... \$ 2,898,980	DETAIL: This is no change compared to estimated FY 2015.
21 32	Notwithstanding section 8.33, moneys appropriated in this	
21 33	subsection that remain unencumbered or unobligated at the close	Requires nonreversion of funds allocated for the FaDSS Grant
21 34	of the fiscal year shall not revert but shall remain available	Program.
21 35	for expenditure for the purposes designated until the close of	
22 1	the succeeding fiscal year. However, unless such moneys are	
22 2	encumbered or obligated on or before September 30, 2016, the	
22 3	moneys shall revert.	
22 4	4. For field operations:	TANF FY 2016 Block Grant appropriation for Field Operations.
22 5	..... \$ 31,296,232	DETAIL: This is no change compared to estimated FY 2015.
22 6	5. For general administration:	TANF FY 2016 Block Grant appropriation for General Administration.
22 7	..... \$ 3,744,000	DETAIL: This is no change compared to estimated FY 2015.
22 8	6. For state child care assistance:	TANF FY 2016 Block Grant appropriation for Child Care Assistance.
22 9	..... \$ 35,047,110	DETAIL: This is no change compared to estimated FY 2015.
22 10	a. Of the funds appropriated in this subsection,	
22 11	\$26,328,097 is transferred to the child care and development	Requires the DHS to transfer \$26,328,097 to the Child Care and
22 12	block grant appropriation made by the Eighty-sixth General	Development Block Grant and to use \$200,000 for training of registered
22 13	Assembly, 2015 Session, for the federal fiscal year beginning	child care home providers. Permits the DHS to contract with colleges
22 14	October 1, 2015, and ending September 30, 2016. Of this	or child care resource and referral centers and specifies requirements
22 15	amount, \$200,000 shall be used for provision of educational	for funding the grants and the application form for the Grant. Caps
22 16	opportunities to registered child care home providers in order	contractor administrative costs at 5.00%.
22 17	to improve services and programs offered by this category	
22 18	of providers and to increase the number of providers. The	
22 19	department may contract with institutions of higher education	
22 20	or child care resource and referral centers to provide	
22 21	the educational opportunities. Allowable administrative	
22 22	costs under the contracts shall not exceed 5 percent. The	
22 23	application for a grant shall not exceed two pages in length.	
22 24	b. Any funds appropriated in this subsection remaining	
22 25	unallocated shall be used for state child care assistance	Specifies that approximately \$8,600,000 will be used for Child Care
22 26	payments for families who are employed including but not	Assistance for employed individuals enrolled in the FIP.
22 27	limited to individuals enrolled in the family investment	
22 28	program.	

22 29 7. For distribution to counties and regions through the
 22 30 property tax relief fund for mental health and disability
 22 31 services as provided in an appropriation made for this purpose:
 22 32 \$ 4,894,052

TANF FY 2016 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: This is no change compared to estimated FY 2015.

22 33 8. For child and family services:
 22 34 \$ 32,084,430

TANF FY 2016 Block Grant appropriation for Child and Family Services.

DETAIL: This is no change compared to estimated FY 2015.

22 35 9. For child abuse prevention grants:
 23 1 \$ 125,000

TANF FY 2016 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated FY 2015.

23 2 10. For pregnancy prevention grants on the condition that
 23 3 family planning services are funded:
 23 4 \$ 1,930,067

TANF FY 2016 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated FY 2015.

23 5 Pregnancy prevention grants shall be awarded to programs
 23 6 in existence on or before July 1, 2015, if the programs have
 23 7 demonstrated positive outcomes. Grants shall be awarded to
 23 8 pregnancy prevention programs which are developed after July
 23 9 1, 2015, if the programs are based on existing models that
 23 10 have demonstrated positive outcomes. Grants shall comply with
 23 11 the requirements provided in 1997 Iowa Acts, chapter 208,
 23 12 section 14, subsections 1 and 2, including the requirement that
 23 13 grant programs must emphasize sexual abstinence. Priority in
 23 14 the awarding of grants shall be given to programs that serve
 23 15 areas of the state which demonstrate the highest percentage of
 23 16 unplanned pregnancies of females of childbearing age within the
 23 17 geographic area to be served by the grant.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that 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 should 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.

23 18 11. For technology needs and other resources necessary
 23 19 to meet federal welfare reform reporting, tracking, and case
 23 20 management requirements:
 23 21 \$ 1,037,186

TANF FY 2016 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated FY 2015.

23 22 12. For the family investment program share of the costs to
 23 23 continue to develop and maintain a new, integrated eligibility
 23 24 determination system:
 23 25 \$ 6,654,880

TANF FY 2016 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.

DETAIL: This is an increase of \$105,331 compared to estimated FY 2015.

23 26 13. a. Notwithstanding any provision to the contrary,
 23 27 including but not limited to requirements in section 8.41 or
 23 28 provisions in 2014 or 2015 Iowa Acts regarding the receipt and
 23 29 appropriation of federal block grants, federal funds from the
 23 30 temporary assistance for needy families block grant received by
 23 31 the state and not otherwise appropriated in this section and
 23 32 remaining available for the fiscal year beginning July 1, 2015,
 23 33 are appropriated to the department of human services to the
 23 34 extent as may be necessary to be used in the following priority
 23 35 order:the family investment program, for state child care
 24 1 assistance program payments for families who are employed, and
 24 2 for the family investment program share of costs to develop and
 24 3 maintain a new, integrated eligibility determination system.
 24 4 The federal funds appropriated in this paragraph "a" shall be
 24 5 expended only after all other funds appropriated in subsection
 24 6 1 for the assistance under the family investment program,
 24 7 in subsection 6 for child care assistance, or in subsection
 24 8 12 for the family investment program share of the costs to
 24 9 continue to develop and maintain a new, integrated eligibility
 24 10 determination system, as applicable, have been expended. For
 24 11 the purposes of this subsection, the funds appropriated in
 24 12 subsection 6, paragraph "a", for transfer to the child care
 24 13 and development block grant appropriation are considered fully
 24 14 expended when the full amount has been transferred.

Permits the DHS to carryforward TANF funds.

DETAIL: Funds carried forward may be used for FIP and Child Care Assistance.

24 15 b. The department shall, on a quarterly basis, advise the
 24 16 legislative services agency and department of management of
 24 17 the amount of funds appropriated in this subsection that was
 24 18 expended in the prior quarter.

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

24 19 14. Of the amounts appropriated in this section,
 24 20 \$12,962,008 for the fiscal year beginning July 1, 2015, is
 24 21 transferred to the appropriation of the federal social services
 24 22 block grant made to the department of human services for that
 24 23 fiscal year.

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

DETAIL: This is no change compared to estimated FY 2015.

24 24 15. For continuation of the program providing categorical
 24 25 eligibility for the food assistance program as specified for
 24 26 the program in the section of this division of this 2015 Act
 24 27 relating to the family investment program account:
 24 28 \$ 25,000

TANF FY 2016 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2015.

24 29 16. The department may transfer funds allocated in this
 24 30 section to the appropriations made in this division of this Act
 24 31 for the same fiscal year for general administration and field
 24 32 operations for resources necessary to implement and operate the
 24 33 services referred to in this section and those funded in the

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

24 34 appropriation made in this division of this Act for the same
 24 35 fiscal year for the family investment program from the general
 25 1 fund of the state.

25 2 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

25 3 1. Moneys credited to the family investment program (FIP)
 25 4 account for the fiscal year beginning July 1, 2015, and
 25 5 ending June 30, 2016, shall be used to provide assistance in
 25 6 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2015 to be used as specified.

25 7 2. The department may use a portion of the moneys credited
 25 8 to the FIP account under this section as necessary for
 25 9 salaries, support, maintenance, and miscellaneous purposes.

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

25 10 3. The department may transfer funds allocated in
 25 11 subsection 4 to the appropriations made in this division of
 25 12 this Act for the same fiscal year for general administration
 25 13 and field operations for resources necessary to implement and
 25 14 operate the family investment program services referred to in
 25 15 this section and those funded in the appropriation made in this
 25 16 division of this Act for the same fiscal year for the family
 25 17 investment program from the general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this Section.

25 18 4. Moneys appropriated in this division of this Act and
 25 19 credited to the FIP account for the fiscal year beginning July
 25 20 1, 2015, and ending June 30, 2016, are allocated as follows:

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

25 21 a. To be retained by the department of human services to
 25 22 be used for coordinating with the department of human rights
 25 23 to more effectively serve participants in FIP and other shared
 25 24 clients and to meet federal reporting requirements under the
 25 25 federal temporary assistance for needy families block grant:
 25 26 \$ 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is no change compared to estimated FY 2015.

25 27 b. To the department of human rights for staffing,
 25 28 administration, and implementation of the family development
 25 29 and self-sufficiency grant program in accordance with section
 25 30 216A.107:
 25 31 \$ 6,392,834

Allocates \$6,392,834 of the FY 2016 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS (Family Development and Self Sufficiency) Grant Program.

DETAIL: This is an increase of \$200,000 compared to estimated FY 2015.

25 32 (1) Of the funds allocated for the family development
 25 33 and self-sufficiency grant program in this paragraph "b",
 25 34 not more than 5 percent of the funds shall be used for the
 25 35 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.

26 1 (2) The department of human rights may continue to implement

Permits the Department of Human Rights to continue to implement the

26	2	the family development and self-sufficiency grant program	FaDSS Grant Program in FY 2016.
26	3	statewide during fiscal year 2015-2016.	
26	4	(3) The department of human rights may engage in activities	
26	5	to strengthen and improve family outcomes measures and	
26	6	data collection systems under the family development and	
26	7	self-sufficiency grant program.	
26	8	c. For the diversion subaccount of the FIP account:	Allocates \$815,000 of FY 2016 TANF funds for the FIP Diversion
26	9	..... \$ 815,000	Subaccount.
26	10	A portion of the moneys allocated for the subaccount may	
26	11	be used for field operations, salaries, data management	DETAIL: This is no change compared to estimated FY 2015.
26	12	system development, and implementation costs and support	
26	13	deemed necessary by the director of human services in order	
26	14	to administer the FIP diversion program. To the extent	
26	15	moneys allocated in this paragraph "c" are not deemed by the	
26	16	department to be necessary to support diversion activities,	
26	17	such moneys may be used for other efforts intended to increase	
26	18	engagement by family investment program participants in work,	
26	19	education, or training activities.	
26	20	d. For the food assistance employment and training program:	Allocates \$66,588 of FY 2016 FIP funds to the Food Stamp
26	21	..... \$ 66,588	Employment and Training Program.
			DETAIL: This is no change compared to estimated FY 2015.
26	22	(1) The department shall apply the federal supplemental	Requires the Department to amend the Food Stamp Employment and
26	23	nutrition assistance program (SNAP) employment and training	Training State Plan to maximize federal matching funds received.
26	24	state plan in order to maximize to the fullest extent permitted	
26	25	by federal law the use of the 50 percent federal reimbursement	
26	26	provisions for the claiming of allowable federal reimbursement	
26	27	funds from the United States department of agriculture	
26	28	pursuant to the federal SNAP employment and training program	
26	29	for providing education, employment, and training services	
26	30	for eligible food assistance program participants, including	
26	31	but not limited to related dependent care and transportation	
26	32	expenses.	
26	33	(2) The department shall continue the categorical federal	Requires the DHS to continue Food Assistance Program eligibility to
26	34	food assistance program eligibility at 160 percent of the	persons with income up to 160.00% of the Federal Poverty Level
26	35	federal poverty level and continue to eliminate the asset test	(FPL). The DHS is to conform to all federal requirements including
27	1	from eligibility requirements, consistent with federal food	requirements addressing individuals that are incarcerated.
27	2	assistance program requirements. The department shall include	
27	3	as many food assistance households as is allowed by federal	
27	4	law. The eligibility provisions shall conform to all federal	
27	5	requirements including requirements addressing individuals who	
27	6	are incarcerated or otherwise ineligible.	
27	7	e. For the JOBS program:	Permits the DHS to allocate \$17,540,398 of the FY 2016 General Fund

27 8 \$ 17,540,398

appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$953,733 compared to estimated FY 2015 due to declining caseloads.

27 9 5. Of the child support collections assigned under FIP,
27 10 an amount equal to the federal share of support collections
27 11 shall be credited to the child support recovery appropriation
27 12 made in this division of this Act. Of the remainder of the
27 13 assigned child support collections received by the child
27 14 support recovery unit, a portion shall be credited to the FIP
27 15 account, a portion may be used to increase recoveries, and a
27 16 portion may be used to sustain cash flow in the child support
27 17 payments account. If as a consequence of the appropriations
27 18 and allocations made in this section the resulting amounts
27 19 are insufficient to sustain cash assistance payments and meet
27 20 federal maintenance of effort requirements, the department
27 21 shall seek supplemental funding. If child support collections
27 22 assigned under FIP are greater than estimated or are otherwise
27 23 determined not to be required for maintenance of effort, the
27 24 state share of either amount may be transferred to or retained
27 25 in the child support payments account.

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

27 26 6. The department may adopt emergency rules for the family
27 27 investment, JOBS, food assistance, and medical assistance
27 28 programs if necessary to comply with federal requirements.

Permits the DHS to adopt emergency administrative rules for the FIP, the Food Stamp Program, and the Medical Assistance (Medicaid) Program.

27 29 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
27 30 is appropriated from the general fund of the state to the
27 31 department of human services for the fiscal year beginning July
27 32 1, 2015, and ending June 30, 2016, the following amount, or
27 33 so much thereof as is necessary, to be used for the purpose
27 34 designated:

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

DETAIL: This is a net increase of \$400,000 compared to estimated FY 2015. The changes include:

27 35 To be credited to the family investment program (FIP)
28 1 account and used for family investment program assistance under
28 2 chapter 239B:
28 3 \$ 49,093,875

- An increase of \$1,807,142 for FIP and PROMISE JOBS to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$1,529,343 for operation and maintenance costs for a new eligibility system (ELIAS).
- An increase of \$200,000 for the FaDSS Program.
- An increase of \$200,000 for the Boys and Girls Club for TANF eligible children.
- A decrease of \$15,698 to reallocate agency funds that were dedicated for the 2010 State Early Retirement Incentive Program (SERIP) to Medicaid.
- A decrease of \$41,774 due to a reduction in EBT contractor costs.

- A decrease of \$598,969 due to a reduction in the PROMISE JOBS caseload.
- A decrease of \$2,680,044 due to a reduction in FIP caseloads.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

28 4 1. Of the funds appropriated in this section, \$7,402,220 is
28 5 allocated for the JOBS program.

General Fund allocation of \$7,402,220 for the PROMISE JOBS Program.

DETAIL: This is no change compared to the FY 2015 allocation.

28 6 2. Of the funds appropriated in this section, \$3,513,854 is
28 7 allocated for the family development and self-sufficiency grant
28 8 program.

General Fund allocation of \$3,513,854 for the FaDSS Program.

DETAIL: This is an increase of \$200,000 compared to the FY 2015 allocation.

28 9 3. Notwithstanding section 8.39, for the fiscal year
28 10 beginning July 1, 2015, if necessary to meet federal
28 11 maintenance of effort requirements or to transfer federal
28 12 temporary assistance for needy families block grant funding
28 13 to be used for purposes of the federal social services block
28 14 grant or to meet cash flow needs resulting from delays in
28 15 receiving federal funding or to implement, in accordance with
28 16 this division of this Act, activities currently funded with
28 17 juvenile court services, county, or community moneys and state
28 18 moneys used in combination with such moneys, the department
28 19 of human services may transfer funds within or between any
28 20 of the appropriations made in this division of this Act and
28 21 appropriations in law for the federal social services block
28 22 grant to the department for the following purposes, provided
28 23 that the combined amount of state and federal temporary
28 24 assistance for needy families block grant funding for each
28 25 appropriation remains the same before and after the transfer:
28 26 a. For the family investment program.
28 27 b. For child care assistance.
28 28 c. For child and family services.
28 29 d. For field operations.
28 30 e. For general administration.
28 31 f. For distribution to counties or regions through the
28 32 property tax relief fund for mental health and disability
28 33 services as provided in an appropriation for this purpose.
28 34 This subsection shall not be construed to prohibit the use
28 35 of existing state transfer authority for other purposes. The
29 1 department shall report any transfers made pursuant to this

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.

29 2 subsection to the legislative services agency.

29 3 4. Of the funds appropriated in this section, \$195,678 shall
29 4 be used for continuation of a grant to an Iowa-based nonprofit
29 5 organization with a history of providing tax preparation
29 6 assistance to low-income Iowans in order to expand the usage of
29 7 the earned income tax credit. The purpose of the grant is to
29 8 supply this assistance to underserved areas of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income Iowans.

DETAIL: This is no change compared to the FY 2015 allocation.

29 9 5. Of the funds appropriated in this section, \$80,000 shall
29 10 be used for the continuation of an unfunded pilot project, as
29 11 defined in 441 IAC 100.1, relating to parental obligations,
29 12 in which the child support recovery unit participates, to
29 13 support the efforts of a nonprofit organization committed to
29 14 strengthening the community through youth development, healthy
29 15 living, and social responsibility headquartered in a county
29 16 with a population over 350,000. The funds allocated in this
29 17 subsection shall be used by the recipient organization to
29 18 develop a larger community effort, through public and private
29 19 partnerships, to support a broad-based multi-county fatherhood
29 20 initiative that promotes payment of child support obligations,
29 21 improved family relationships, and full-time employment.

General Fund allocation of \$80,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is no change compared to the FY 2015 allocation.

29 22 6. Of the funds appropriated in this section, \$200,000 shall
29 23 be used as a grant to a nonprofit organization organized under
29 24 section 501(c)(4) of the Internal Revenue Code to implement a
29 25 youth development strategy through after-school programming
29 26 that promotes academic success, healthy lifestyles, good
29 27 character, and citizenship. The organization shall meet all of
29 28 the following criteria:
29 29 a. Operate statewide and provide services through more than
29 30 one location.
29 31 b. Provide the after-school programming for students ages
29 32 five through eighteen years of age who are members of families
29 33 eligible for the federal temporary assistance for needy
29 34 families program.
29 35 c. Provide evidence, based on measurable outcomes, that the
30 1 after-school programming provided results in increased student
30 2 achievement.

Permits the DHS to transfer funds appropriated in this Section for General Administration and Field Operations when necessary to administer the Family Investment Program.

30 3 7. The department may transfer funds appropriated in this
30 4 section to the appropriations made in this division of this Act
30 5 for general administration and field operations as necessary
30 6 to administer this section and the overall family investment
30 7 program.

30 8 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
30 9 from the general fund of the state to the department of human
30 10 services for the fiscal year beginning July 1, 2015, and ending

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

30 11 June 30, 2016, the following amount, or so much thereof as is
 30 12 necessary, to be used for the purposes designated:
 30 13 For child support recovery, including salaries, support,
 30 14 maintenance, and miscellaneous purposes, and for not more than
 30 15 the following full-time equivalent positions:
 30 16 \$ 14,663,373
 30 17 FTEs 464.00

DETAIL: This is a decrease of \$247,857 and an increase of 5.00 FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$294,111 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- An increase of \$46,254 due to increased costs of service.
- An increase of 5.00 FTE positions to match the FY 2015 appropriation.

30 18 1. The department shall expend up to \$24,329, including
 30 19 federal financial participation, for the fiscal year beginning
 30 20 July 1, 2015, for a child support public awareness campaign.
 30 21 The department and the office of the attorney general shall
 30 22 cooperate in continuation of the campaign. The public
 30 23 awareness campaign shall emphasize, through a variety of
 30 24 media activities, the importance of maximum involvement of
 30 25 both parents in the lives of their children as well as the
 30 26 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2016 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the FY 2015 allocation.

30 27 2. Federal access and visitation grant moneys shall be
 30 28 issued directly to private not-for-profit agencies that provide
 30 29 services designed to increase compliance with the child access
 30 30 provisions of court orders, including but not limited to
 30 31 neutral visitation sites and mediation services.

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

30 32 3. The appropriation made to the department for child
 30 33 support recovery may be used throughout the fiscal year in the
 30 34 manner necessary for purposes of cash flow management, and for
 30 35 cash flow management purposes the department may temporarily
 31 1 draw more than the amount appropriated, provided the amount
 31 2 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation 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.

31 3 4. With the exception of the funding amount specified, the
 31 4 requirements established under 2001 Iowa Acts, chapter 191,
 31 5 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 31 6 be applicable to parental obligation pilot projects for the
 31 7 fiscal year beginning July 1, 2015, and ending June 30, 2016.
 31 8 Notwithstanding 441 IAC 100.8, providing for termination of
 31 9 rules relating to the pilot projects, the rules shall remain
 31 10 in effect until June 30, 2016.

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in HF 732 (FY 2002 Health and Human Services Appropriations Act).

31 11 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 31 12 FY 2015-2016. Any funds remaining in the health care trust
 31 13 fund created in section 453A.35A for the fiscal year beginning
 31 14 July 1, 2015, and ending June 30, 2016, are appropriated to
 31 15 the department of human services to supplement the medical
 31 16 assistance program appropriations made in this division of this
 31 17 Act, for medical assistance reimbursement and associated costs,

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2016.

DETAIL: It is estimated that there will be \$222,100,000 available. This is a decrease of \$960,000 compared to estimated FY 2015.

31 18 including program administration and costs associated with
31 19 program implementation.

31 20 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
31 21 2015-2016. Any funds remaining in the Medicaid fraud fund
31 22 created in section 249A.50 for the fiscal year beginning
31 23 July 1, 2015, and ending June 30, 2016, are appropriated to
31 24 the department of human services to supplement the medical
31 25 assistance appropriations made in this division of this Act,
31 26 for medical assistance reimbursement and associated costs,
31 27 including program administration and costs associated with
31 28 program implementation.

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2016.

DETAIL: It is estimated that there will be \$500,000 available. This is no change compared to estimated FY 2015.

31 29 Sec. 12. MEDICAL ASSISTANCE.
31 30 1. There is appropriated from the general fund of the
31 31 state to the department of human services for the fiscal year
31 32 beginning July 1, 2015, and ending June 30, 2016, the following
31 33 amount, or so much thereof as is necessary, to be used for the
31 34 purpose designated:
31 35 For medical assistance program reimbursement and associated
32 1 costs as specifically provided in the reimbursement
32 2 methodologies in effect on June 30, 2015, except as otherwise
32 3 expressly authorized by law, including reimbursement for
32 4 abortion services which shall be available under the medical
32 5 assistance program only for those abortions which are medically
32 6 necessary:
32 7 \$1,346,353,640

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$95,695,247 compared to estimated FY 2015. The changes include:

- An increase of \$69,000,000 to replace a funding shortfall in FY 2015.
- An increase of \$56,105,434 to replace federal funds due to a reduction in the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$32,500,000 to rebase nursing facilities.
- An increase of \$17,788,860 due to program growth and other revenue adjustments.
- An increase of \$12,747,847 to fund Medicaid at the Governor's level.
- An increase of \$5,400,000 to rebase hospitals.
- An increase of \$5,178,631 to reallocate agency funds that were dedicated to other appropriations for the 2010 SERIP to Medicaid.
- An increase of \$4,200,000 to provide a 1.50% increase for Home and Community-Based Services (HCBS) providers.
- An increase of \$3,900,000 to rebase home health provider rates.
- An increase of \$1,922,695 to replace funding from the Medicaid Fraud Fund.
- An increase of \$1,000,000 for an inpatient psychiatric bed cost-based adjustment.
- A decrease of \$5,752,587 to reallocate funds directly to the Mt. Pleasant MHI.
- A decrease of \$108,295,633 for Medicaid cost containment initiatives.

32 8 2. Medically necessary abortions are those performed under
32 9 any of the following conditions:
32 10 a. The attending physician certifies that continuing the

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

32 11 pregnancy would endanger the life of the pregnant woman.

32 12 b. The attending physician certifies that the fetus is
32 13 physically deformed, mentally deficient, or afflicted with a
32 14 congenital illness.

32 15 c. The pregnancy is the result of a rape which is reported
32 16 within 45 days of the incident to a law enforcement agency or
32 17 public or private health agency which may include a family
32 18 physician.

32 19 d. The pregnancy is the result of incest which is reported
32 20 within 150 days of the incident to a law enforcement agency
32 21 or public or private health agency which may include a family
32 22 physician.

32 23 e. Any spontaneous abortion, commonly known as a
32 24 miscarriage, if not all of the products of conception are
32 25 expelled.

32 26 3. a. Iowans support reducing the number of abortions
32 27 performed in our state. For an abortion covered under the
32 28 program, except in the case of a medical emergency, as defined
32 29 in section 135L.1, for any woman, the physician shall certify
32 30 both of the following:

32 31 (1) That the woman has been given the opportunity to view an
32 32 ultrasound image of the fetus as part of the standard of care
32 33 before an abortion is performed.

32 34 (2) That the woman has been provided information regarding
32 35 the options relative to a pregnancy, including continuing the
33 1 pregnancy to term and retaining parental rights following the
33 2 child's birth, continuing the pregnancy to term and placing the
33 3 child for adoption, and terminating the pregnancy.

33 4 b. The provisions of this section relating to abortions
33 5 shall also apply to the Iowa health and wellness plan created
33 6 pursuant to chapter 249N.

33 7 4. The department shall utilize not more than \$60,000 of
33 8 the funds appropriated in this section to continue the AIDS/HIV
33 9 health insurance premium payment program as established in 1992
33 10 Iowa Acts, Second Extraordinary Session, chapter 1001, section
33 11 409, subsection 6. Of the funds allocated in this subsection,
33 12 not more than \$5,000 may be expended for administrative
33 13 purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment as established during the Second Extraordinary Session in 1992. Administrative costs are limited to \$5,000.

DETAIL: This is no change compared to the FY 2015 allocation.

33 14 5. Of the funds appropriated in this Act to the department
33 15 of public health for addictive disorders, \$950,000 for
33 16 the fiscal year beginning July 1, 2015, is transferred
33 17 to the department of human services for an integrated
33 18 substance-related disorder managed care system. The department
33 19 shall not assume management of the substance-related disorder
33 20 system in place of the managed care contractor unless such

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

DETAIL: This is no change to the current level of General Fund support. The Managed Substance Abuse Treatment Program was

funded for the first time in FY 1996.

33 21 a change in approach is specifically authorized in law.
33 22 The departments of human services and public health shall
33 23 work together to maintain the level of mental health and
33 24 substance-related disorder treatment services provided by the
33 25 managed care contractor through the Iowa plan for behavioral
33 26 health. Each department shall take the steps necessary to
33 27 continue the federal waivers as necessary to maintain the level
33 28 of services.

Requires the DHS to aggressively pursue options for assisting special needs individuals that become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process, but have health care needs exceeding available funding. This Section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the FY 2015 allocation.

33 29 6. a. The department shall aggressively pursue options for
33 30 providing medical assistance or other assistance to individuals
33 31 with special needs who become ineligible to continue receiving
33 32 services under the early and periodic screening, diagnostic,
33 33 and treatment program under the medical assistance program
33 34 due to becoming 21 years of age who have been approved for
33 35 additional assistance through the department's exception to
34 1 policy provisions, but who have health care needs in excess
34 2 of the funding available through the exception to policy
34 3 provisions.
34 4 b. Of the funds appropriated in this section, \$100,000
34 5 shall be used for participation in one or more pilot projects
34 6 operated by a private provider to allow the individual or
34 7 individuals to receive service in the community in accordance
34 8 with principles established in *Olmstead v.L.C.*, 527 U.S.581
34 9 (1999), for the purpose of providing medical assistance or
34 10 other assistance to individuals with special needs who become
34 11 ineligible to continue receiving services under the early and
34 12 periodic screening, diagnostic, and treatment program under
34 13 the medical assistance program due to becoming 21 years of
34 14 age who have been approved for additional assistance through
34 15 the department's exception to policy provisions, but who have
34 16 health care needs in excess of the funding available through
34 17 the exception to the policy provisions.

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

DETAIL: This is no change compared to the FY 2015 allocation.

34 18 7. Of the funds appropriated in this section, up to
34 19 \$3,050,082 may be transferred to the field operations or
34 20 general administration appropriations in this division of this
34 21 Act for operational costs associated with Part D of the federal
34 22 Medicare Prescription Drug Improvement and Modernization Act
34 23 of 2003, Pub.L.No.108-173.

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

DETAIL: This is no change compared to the FY 2015 allocation.

34 24 8. Of the funds appropriated in this section, up to \$442,100
34 25 may be transferred to the appropriation in this division
34 26 of this Act for medical contracts to be used for clinical
34 27 assessment services and prior authorization of services.

Permits the DHS to use a portion of the funds appropriated to carry out

34 28 9. A portion of the funds appropriated in this section

34 29 may be transferred to the appropriations in this division of
 34 30 this Act for general administration, medical contracts, the
 34 31 children's health insurance program, or field operations to be
 34 32 used for the state match cost to comply with the payment error
 34 33 rate measurement (PERM) program for both the medical assistance
 34 34 and children's health insurance programs as developed by the
 34 35 centers for Medicare and Medicaid services of the United States
 35 1 department of health and human services to comply with the
 35 2 federal Improper Payments Information Act of 2002, Pub.L.No.
 35 3 107-300.

the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.

35 4 10. The department shall continue to implement the
 35 5 recommendations of the assuring better child health and
 35 6 development initiative II (ABCDII) clinical panel to the
 35 7 Iowa early and periodic screening, diagnostic, and treatment
 35 8 services healthy mental development collaborative board
 35 9 regarding changes to billing procedures, codes, and eligible
 35 10 service providers.

Specifies legislative intent that the DHS continue to implement the recommendations of the ABCD II (Assuring Better Child Health and Development) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

35 11 11. Of the funds appropriated in this section, a sufficient
 35 12 amount is allocated to supplement the incomes of residents of
 35 13 nursing facilities, intermediate care facilities for persons
 35 14 with mental illness, and intermediate care facilities for
 35 15 persons with an intellectual disability, with incomes of less
 35 16 than \$50 in the amount necessary for the residents to receive a
 35 17 personal needs allowance of \$50 per month pursuant to section
 35 18 249A.30A.

Requires the DHS to provide residents in nursing facilities (ICF/IDs and ICF/MIs) with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2015 allowance.

35 19 12. Of the funds appropriated in this section, the following
 35 20 amounts are transferred to the appropriations made in this
 35 21 division of this Act for the state mental health institutes:
 35 22 a. Cherokee mental health institute \$ 9,098,425
 35 23 b. Clarinda mental health institute \$ 1,977,305
 35 24 c. Independence mental health institute ... \$ 9,045,894

Transfers Medicaid funds to the Mental Health Institutes (MHIs).

DETAIL: This is no change compared to the FY 2015 allocation for the three institutions listed. The \$5,752,587 that was previously under this paragraph for Mt. Pleasant MHI is now funded from the Social Services Block Grant.

35 25 13. a. Of the funds appropriated in this section,
 35 26 \$8,596,650 is allocated for the state match for a
 35 27 disproportionate share hospital payment of \$19,133,430 to
 35 28 hospitals that meet both of the conditions specified in
 35 29 subparagraphs (1) and (2). In addition, the hospitals that
 35 30 meet the conditions specified shall either certify public
 35 31 expenditures or transfer to the medical assistance program
 35 32 an amount equal to provide the nonfederal share for a
 35 33 disproportionate share hospital payment of \$7,500,000. The
 35 34 hospitals that meet the conditions specified shall receive and
 35 35 retain 100 percent of the total disproportionate share hospital
 36 1 payment of \$26,633,430.

Allocates \$8,596,650 of Medicaid funds for the State match for the Disproportionate Share Hospital (DSH) payment of \$19,133,430. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$7,500,000 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

36 2 (1) The hospital qualifies for disproportionate share and
36 3 graduate medical education payments.
36 4 (2) The hospital is an Iowa state-owned hospital with more
36 5 than 500 beds and eight or more distinct residency specialty
36 6 or subspecialty programs recognized by the American college of
36 7 graduate medical education.

36 8 b. Distribution of the disproportionate share payments
36 9 shall be made on a monthly basis. The total amount of
36 10 disproportionate share payments including graduate medical
36 11 education, enhanced disproportionate share, and Iowa
36 12 state-owned teaching hospital payments shall not exceed the
36 13 amount of the state's allotment under Pub.L.No.102-234.
36 14 In addition, the total amount of all disproportionate
36 15 share payments shall not exceed the hospital-specific
36 16 disproportionate share limits under Pub.L.No.103-66.

Specifies that the DSH payments are to be distributed on a monthly basis and the DSH payments are not to exceed the federal limit.

36 17 c. The university of Iowa hospitals and clinics shall either
36 18 certify public expenditures or transfer to the appropriations
36 19 made in this division of this Act for medical assistance an
36 20 amount equal to provide the nonfederal share for increased
36 21 medical assistance payments for inpatient and outpatient
36 22 hospital services of \$9,900,000. The university of Iowa
36 23 hospitals and clinics shall receive and retain 100 percent of
36 24 the total increase in medical assistance payments.

Requires the UIHC to use Certified Public Expenditures or transfer funds to the Medicaid Program to fund the nonfederal share for increased Medicaid payments for inpatient and outpatient services of \$9,900,000. The UIHC will retain 100.00% of the increased Medicaid payments.

36 25 d. Program payments for disproportionate share hospitals
36 26 and graduate medical education, and the upper payment limits
36 27 applicable to these programs shall be held harmless from the
36 28 impacts of Medicaid managed care and the governor's Medicaid
36 29 modernization initiative. Payment methodologies utilized
36 30 for these programs may be adjusted or converted to other
36 31 methodologies or payment types in order to comply with this
36 32 hold harmless requirement.

36 33 14. One hundred percent of the nonfederal share of payments
36 34 to area education agencies that are medical assistance
36 35 providers for medical assistance-covered services provided to
37 1 medical assistance-covered children, shall be made from the
37 2 appropriation made in this section.

Allocates Medicaid funds to Area Education Agencies.

37 3 15. Any new or renewed contract entered into by the
37 4 department with a third party to administer behavioral health
37 5 services under the medical assistance program shall provide
37 6 that any interest earned on payments from the state during
37 7 the state fiscal year shall be remitted to the department
37 8 and treated as recoveries to offset the costs of the medical
37 9 assistance program.

Requires any new or renewed third party contract for behavioral health services to return the interest earned on payments from the state during the fiscal year back to the DHS.

37 10 16. A portion of the funds appropriated in this section
 37 11 may be transferred to the appropriation in this division of
 37 12 this Act for medical contracts to be used for administrative
 37 13 activities associated with the money follows the person
 37 14 demonstration project.

Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person Demonstration Project.

37 15 17. Of the funds appropriated in this section, \$349,011
 37 16 shall be used for the administration of the health insurance
 37 17 premium payment program, including salaries, support,
 37 18 maintenance, and miscellaneous purposes.

Allocates \$349,011 to the Health Insurance Premium Payment Program.

DETAIL: This is no change compared to the FY 2015 allocation.

37 19 18. a. The department may increase the amounts allocated
 37 20 for salaries, support, maintenance, and miscellaneous purposes
 37 21 associated with the medical assistance program, as necessary,
 37 22 to implement cost containment strategies. The department shall
 37 23 report any such increase to the legislative services agency and
 37 24 the department of management.

Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.

DETAIL: The Department is required to report any increase to the LSA and the DOM.

37 25 b. If the savings to the medical assistance program from
 37 26 cost containment efforts exceed the cost for the fiscal
 37 27 year beginning July 1, 2015, the department may transfer any
 37 28 savings generated for the fiscal year due to medical assistance
 37 29 program cost containment efforts to the appropriation
 37 30 made in this division of this Act for medical contracts or
 37 31 general administration to defray the increased contract costs
 37 32 associated with implementing such efforts.

Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2016.

37 33 c. The department of human services shall not implement
 37 34 the following cost containment measures as recommended by the
 37 35 governor for the fiscal year beginning July 1, 2015:

38 1 (1) A measure to provide uniform rates of \$.575 per mile
 38 2 based on the 2015 Internal Revenue Service mileage rate and
 38 3 of \$.929, the current statewide average, per one-way trip for
 38 4 Medicaid program home and community-based services waivers.

Prohibits the DHS from implementing the Governor's cost containment strategy relating to mileage reimbursement for the Home and Community-Based Services Program.

38 5 (2) A measure to cap the total costs of all services
 38 6 received by a recipient of the home and community-based
 38 7 services waiver for individuals with an intellectual disability
 38 8 at the daily intermediate care facility for persons with an
 38 9 intellectual disability (ICF/ID) per diem rate of \$346.39 per
 38 10 day based on the 80th percentile of all ICF/ID rates.

Prohibits the DHS from implementing the Governor's cost containment strategy relating to capping the total cost of services under the Intellectual Disabilities waiver.

38 11 (3) A measure to align individual requests for exceptions to
 38 12 policy with the capped total cost of services for a recipient
 38 13 of the home and community-based services waiver for individuals
 38 14 with an intellectual disability as computed under subparagraph
 38 15 (2).

Prohibits the DHS from implementing the Governor's cost containment strategy related to exceptions to policy for the Intellectual Disabilities waiver.

38 16 (4) A measure to utilize the supports intensity scale	Prohibits the DHS from implementing the Governor's cost containment
38 17 to determine payment amounts and a tiered payment system	strategy related the Supports Intensity Scale for the Intellectual
38 18 for the services provided to adults served under the home	Disabilities waiver.
38 19 and community-based services waiver for individuals with an	
38 20 intellectual disability.	
38 21 (5) A measure to accelerate implementation of the provision	Prohibits the DHS from implementing the Governor's cost containment
38 22 that beginning July 1, 2015, rather than July 1, 2016, the	strategy making changes to the consumer-directed attendant care
38 23 department of human services requires services through the	option.
38 24 consumer-directed attendant care option to be provided through	
38 25 an agency or consumer choices option.	
38 26 (6) A measure to reallocate funding for community-based	Prohibits the DHS from implementing the Governor's cost containment
38 27 systems of care to instead support integrated health homes.	strategy reallocating funding for systems of care initiatives under the
	Child Welfare Appropriation.
38 28 (7) A measure to increase the university of Iowa hospitals	Prohibits the DHS from implementing the Governor's cost containment
38 29 and clinics state share responsibility for the supplemental	strategy shifting the responsibility for the nonfederal share of the
38 30 disproportionate share hospital payment to the university of	disproportionate share hospital payment to the UIHC.
38 31 Iowa hospitals and clinics for the fiscal year beginning July	
38 32 1, 2015.	
38 33 d. The department shall report the implementation of	Requires the DHS to report on the implementation of the cost
38 34 any cost containment strategies under this subsection to	containment strategies in this Division on a quarterly basis to the LSA
38 35 the individuals specified in this division of this Act for	and DOM.
39 1 submission of reports on a quarterly basis.	
39 2 19. For the fiscal year beginning July 1, 2015, and ending	Allocates approximately \$1,300,000 in funding from the replacement
39 3 June 30, 2016, the replacement generation tax revenues required	generation tax revenues to the Medicaid Program.
39 4 to be deposited in the property tax relief fund pursuant to	
39 5 section 437A.8, subsection 4, paragraph "d", and section	DETAIL: This is no change compared to the FY 2015 allocation.
39 6 437A.15, subsection 3, paragraph "f", shall instead be credited	
39 7 to and supplement the appropriation made in this section and	
39 8 used for the allocations made in this section.	
39 9 20. The department shall continue to administer the state	Requires the Department to continue to administer the State Balancing
39 10 balancing incentive payments program as specified in 2012 Iowa	Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013
39 11 Acts, chapter 1133, section 14.	Health and Human Services Appropriations Act).
39 12 21. a. Of the funds appropriated in this section, \$900,000	Allocates \$900,000 to implement the Children's Mental Health Home
39 13 shall be used for continued implementation of the children's	and allows the DHS to transfer up to \$50,000 to be used for
39 14 mental health home project proposed by the department of human	administrative expenses.
39 15 services and reported to the general assembly's mental health	
39 16 and disability services study committee in December 2011. Of	DETAIL: This is no change compared to the FY 2015 allocation.
39 17 this amount, up to \$50,000 may be transferred by the department	
39 18 to the appropriation made in this division of this Act to the	
39 19 department for the same fiscal year for general administration	

39 20 to be used for associated administrative expenses and for not
39 21 more than one full-time equivalent position, in addition to
39 22 those authorized for the same fiscal year, to be assigned to
39 23 implementing the project.

39 24 b. Of the funds appropriated in this section, up to \$400,000
39 25 may be transferred by the department to the appropriation made
39 26 to the department in this division of this Act for the same
39 27 fiscal year for Medicaid program-related general administration
39 28 planning and implementation activities. The funds may be used
39 29 for contracts or for personnel in addition to the amounts
39 30 appropriated for and the positions authorized for general
39 31 administration for the fiscal year.

Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP).

DETAIL: This is no change compared to the FY 2015 allocation.

39 32 c. Of the funds appropriated in this section, up to
39 33 \$3,000,000 may be transferred by the department to the
39 34 appropriations made in this division of this Act for the same
39 35 fiscal year for general administration or medical contracts
40 1 to be used to support the development and implementation of
40 2 standardized assessment tools for persons with mental illness,
40 3 an intellectual disability, a developmental disability, or a
40 4 brain injury.

Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, and developmental disabilities.

DETAIL: This is no change compared to the FY 2015 allocation.

40 5 22. Of the funds appropriated in this section, \$250,000
40 6 shall be used for lodging expenses associated with care
40 7 provided at the university of Iowa hospitals and clinics for
40 8 patients with cancer whose travel distance is 30 miles or more
40 9 and whose income is at or below 200 percent of the federal
40 10 poverty level as defined by the most recently revised poverty
40 11 income guidelines published by the United States department of
40 12 health and human services. The department of human services
40 13 shall establish the maximum number of overnight stays and the
40 14 maximum rate reimbursed for overnight lodging, which may be
40 15 based on the state employee rate established by the department
40 16 of administrative services. The funds allocated in this
40 17 subsection shall not be used as nonfederal share matching
40 18 funds.

Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients receiving treatment for individuals that travel 30 miles or more.

DETAIL: This is no change compared to the FY 2015 allocation.

40 19 23. The department of human services shall adopt rules to
40 20 provide for coverage of telehealth under the Medicaid program.
40 21 The rules shall provide that in-person contact between a
40 22 health care professional and a patient is not required as a
40 23 prerequisite for payment for services appropriately provided
40 24 through telehealth in accordance with generally accepted health
40 25 care practices and standards prevailing in the applicable
40 26 professional community at the time the services are provided.
40 27 Health care services provided through in-person consultations
40 28 or through telehealth shall be treated as equivalent services

Requires the DHS to adopt rules to provide for coverage of telehealth services under the Medicaid Program.

40 29 for the purposes of reimbursement.

40 30 24. a. For inpatient and outpatient services provided
 40 31 by hospitals on or after July 1, 2015, the department of
 40 32 human services shall recalculate and prospectively apply an
 40 33 updated cost-to-charge ratio upon the request of a hospital to
 40 34 implement price or charge reductions, if all of the following
 40 35 criteria are met:

41 1 (1) The recalculation of an updated cost-to-charge ratio is
 41 2 budget neutral to the state funding amount appropriated for the
 41 3 respective fiscal year and maintains budget neutral payments or
 41 4 revenue to all hospitals.

41 5 (2) The hospital requesting the price or charge reduction
 41 6 submits a proforma cost report and charge master that reflects
 41 7 the anticipated cost-to-charge reduction.

41 8 b. Based upon the proforma cost report submitted by the
 41 9 requesting hospital, the department of human services shall
 41 10 prospectively apply the recalculated cost-to-charge ratio as
 41 11 appropriate to submitted claims for health care services.

41 12 25. The department of human services shall not adopt
 41 13 emergency rules to implement Medicaid managed care or the
 41 14 governor's Medicaid modernization initiative.

Permits hospitals to lower the published rate closer to the rate the patient is charged without adversely impacting Medicaid reimbursement.

Prohibits the DHS from utilizing emergency rules to implement managed care or the Governor's Medicaid Modernization Initiative.

NOTE: This section is effective upon enactment.

41 15 26. The number of home and community-based services waiver
 41 16 slots available during the fiscal year beginning July 1, 2015,
 41 17 shall not be reduced below the number of such slots available
 41 18 on January 1, 2015.

Prohibits reduction of the number of HCBS Waiver slots available in FY 2016 below the number available on January 1, 2015.

41 19 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
 41 20 general fund of the state to the department of human services
 41 21 for the fiscal year beginning July 1, 2015, and ending June 30,
 41 22 2016, the following amount, or so much thereof as is necessary,
 41 23 to be used for the purpose designated:

41 24 For medical contracts:
 41 25 \$ 22,153,584

General Fund appropriation to Medical Contracts.

DETAIL: This is an increase of \$5,005,008 compared to estimated FY 2015. The changes include:

- An increase of \$4,967,564 to replace one-time funding from the Pharmaceutical Settlement Account.
- An increase of \$1,037,444 due to increased contract, operations, and information technology (IT) costs.
- A decrease of \$1,000,000 for the Autism Treatment Program. This reduces the General Fund appropriation for the Program to \$2,000,000.

41 26 1. The department of inspections and appeals shall
 41 27 provide all state matching funds for survey and certification
 41 28 activities performed by the department of inspections
 41 29 and appeals. The department of human services is solely

Requires the Department of Inspections and Appeals (DIA) to provide the State matching funds for survey and certification activities.

41 30 responsible for distributing the federal matching funds for
41 31 such activities.

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

DETAIL: This is no change compared to the FY 2015 allocation.

41 32 2. Of the funds appropriated in this section, \$50,000 shall
41 33 be used for continuation of home and community-based services
41 34 waiver quality assurance programs, including the review and
41 35 streamlining of processes and policies related to oversight and
42 1 quality management to meet state and federal requirements.

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

DETAIL: This is no change compared to the FY 2015 allocation.

42 2 3. Of the amount appropriated in this section, up to
42 3 \$200,000 may be transferred to the appropriation for general
42 4 administration in this division of this Act to be used for
42 5 additional full-time equivalent positions in the development of
42 6 key health initiatives such as cost containment, development
42 7 and oversight of managed care programs, and development of
42 8 health strategies targeted toward improved quality and reduced
42 9 costs in the Medicaid program.

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

DETAIL: This is no change compared to the FY 2015 allocation.

42 10 4. Of the funds appropriated in this section, \$1,000,000
42 11 shall be used for planning and development, in cooperation with
42 12 the department of public health, of a phased-in program to
42 13 provide a dental home for children.

Allocates \$2,000,000 for an Autism Treatment Program.

DETAIL: This is an decrease of \$1,000,000 compared to the estimated FY 2015 appropriation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

42 14 5. Of the funds appropriated in this section, \$2,000,000
42 15 shall be used for the autism support program created in chapter
42 16 225D.

42 17 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is a decrease of \$1,123,967 compared to estimated FY 2015 due to lower caseloads.

42 18 1. There is appropriated from the general fund of the
42 19 state to the department of human services for the fiscal year
42 20 beginning July 1, 2015, and ending June 30, 2016, the following
42 21 amount, or so much thereof as is necessary, to be used for the
42 22 purpose designated:

42 23 For the state supplementary assistance program:
42 24 \$ 12,997,187

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

42 25 2. The department shall increase the personal needs
42 26 allowance for residents of residential care facilities by the
42 27 same percentage and at the same time as federal supplemental
42 28 security income and federal social security benefits are
42 29 increased due to a recognized increase in the cost of living.
42 30 The department may adopt emergency rules to implement this
42 31 subsection.

42 32 3. If during the fiscal year beginning July 1, 2015,
 42 33 the department projects that state supplementary assistance
 42 34 expenditures for a calendar year will not meet the federal
 42 35 pass-through requirement specified in Tit.XVI of the federal
 43 1 Social Security Act, section 1618, as codified in 42 U.S.C.
 43 2 §1382g, the department may take actions including but not
 43 3 limited to increasing the personal needs allowance for
 43 4 residential care facility residents and making programmatic
 43 5 adjustments or upward adjustments of the residential care
 43 6 facility or in-home health-related care reimbursement rates
 43 7 prescribed in this division of this Act to ensure that federal
 43 8 requirements are met. In addition, the department may make
 43 9 other programmatic and rate adjustments necessary to remain
 43 10 within the amount appropriated in this section while ensuring
 43 11 compliance with federal requirements. The department may adopt
 43 12 emergency rules to implement the provisions of this subsection.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

43 13 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.
 43 14 1. There is appropriated from the general fund of the
 43 15 state to the department of human services for the fiscal year
 43 16 beginning July 1, 2015, and ending June 30, 2016, the following
 43 17 amount, or so much thereof as is necessary, to be used for the
 43 18 purpose designated:
 43 19 For maintenance of the healthy and well kids in Iowa (hawk-i)
 43 20 program pursuant to chapter 514I, including supplemental dental
 43 21 services, for receipt of federal financial participation under
 43 22 Tit.XXI of the federal Social Security Act, which creates the
 43 23 children's health insurance program:
 43 24 \$ 21,163,844

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the hawk-i Program.

DETAIL: This is a net decrease of \$24,714,154 compared to estimated FY 2015. The changes include:

- An increase of \$1,713,536 due to a projected increase in premiums.
- An increase of \$1,385,273 due to a reduction in the FMAP rate.
- An increase of \$1,108,354 to maintain the current enrollment level in the health and dental program.
- An increase of \$323,639 due to growth in caseloads.
- A decrease of \$29,244,956 due to a 23.00% FMAP increase provided under the federal Affordable Care Act (ACA).

43 25 2. Of the funds appropriated in this section, \$42,800 is
 43 26 allocated for continuation of the contract for outreach with
 43 27 the department of public health.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is a decrease of \$110,700 compared to the estimated FY 2015 allocation. The decrease is due to the increased FMAP rate provided under the ACA. The total amount of State and federal dollars allocated to this contract will remain unchanged.

43 28 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 43 29 from the general fund of the state to the department of human
 43 30 services for the fiscal year beginning July 1, 2015, and ending
 43 31 June 30, 2016, the following amount, or so much thereof as is
 43 32 necessary, to be used for the purpose designated:
 43 33 For child care programs:
 43 34 \$ 56,638,030

General Fund appropriation to the DHS for [Child Care Assistance](#).

DETAIL: This is a net increase of \$9,505,950 compared to estimated FY 2015. The changes include:

- An increase of \$6,809,992 due to a one-time replacement of federal carryforward funds.

- An increase of \$7,929,362 to expand eligibility requirements to 160.00% of the Federal Poverty Level.
- An increase of \$341,510 to replace a reduction to the federal Child Care Development Fund (CCDF) grant.
- A decrease of \$5,574,914 due to lower estimated child care expenditures and use.

43 35 1. Of the funds appropriated in this section, \$48,818,603
 44 1 shall be used for state child care assistance in accordance
 44 2 with section 237A.13.

Allocates \$48,818,603 for the Child Care Assistance Program.

DETAIL: This is an increase of \$9,505,950 for the reasons outlined above.

44 3 2. Nothing in this section shall be construed or is
 44 4 intended as or shall imply a grant of entitlement for services
 44 5 to persons who are eligible for assistance due to an income
 44 6 level consistent with the waiting list requirements of section
 44 7 237A.13. Any state obligation to provide services pursuant to
 44 8 this section is limited to the extent of the funds appropriated
 44 9 in this section.

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

44 10 3. Of the funds appropriated in this section, \$432,453
 44 11 is allocated for the statewide grant program for child care
 44 12 resource and referral services under section 237A.26. A list
 44 13 of the registered and licensed child care facilities operating
 44 14 in the area served by a child care resource and referral
 44 15 service shall be made available to the families receiving state
 44 16 child care assistance in that area.

Allocates \$432,453 for the Statewide Child Care Resource and Referral Program.

DETAIL: This is no change compared to the FY 2015 allocation. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

44 17 4. Of the funds appropriated in this section, \$936,974
 44 18 is allocated for child care quality improvement initiatives
 44 19 including but not limited to the voluntary quality rating
 44 20 system in accordance with section 237A.30.

Allocates \$936,974 for the Quality Rating System (QRS).

DETAIL: This is no change compared to the FY 2015 allocation.

44 21 5. Of the funds appropriated in this section, \$6,350,000
 44 22 shall be credited to the early childhood programs grants
 44 23 account in the early childhood Iowa fund created in section
 44 24 256I.11. The moneys shall be distributed for funding of
 44 25 community-based early childhood programs targeted to children
 44 26 from birth through five years of age developed by early
 44 27 childhood Iowa areas in accordance with approved community
 44 28 plans as provided in section 256I.8.

Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the FY 2015 allocation.

44 29 6. The department may use any of the funds appropriated
 44 30 in this section as a match to obtain federal funds for use in
 44 31 expanding child care assistance and related programs. For

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

44 32 the purpose of expenditures of state and federal child care
 44 33 funding, funds shall be considered obligated at the time
 44 34 expenditures are projected or are allocated to the department's
 44 35 service areas. Projections shall be based on current and
 45 1 projected caseload growth, current and projected provider
 45 2 rates, staffing requirements for eligibility determination
 45 3 and management of program requirements including data systems
 45 4 management, staffing requirements for administration of the
 45 5 program, contractual and grant obligations and any transfers
 45 6 to other state agencies, and obligations for decategorization
 45 7 or innovation projects.

45 8 7. A portion of the state match for the federal child care
 45 9 and development block grant shall be provided as necessary to
 45 10 meet federal matching funds requirements through the state
 45 11 general fund appropriation made for child development grants
 45 12 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.

45 13 8. If a uniform reduction ordered by the governor under
 45 14 section 8.31 or other operation of law, transfer, or federal
 45 15 funding reduction reduces the appropriation made in this
 45 16 section for the fiscal year, the percentage reduction in the
 45 17 amount paid out to or on behalf of the families participating
 45 18 in the state child care assistance program shall be equal to or
 45 19 less than the percentage reduction made for any other purpose
 45 20 payable from the appropriation made in this section and the
 45 21 federal funding relating to it. The percentage reduction to
 45 22 the other allocations made in this section shall be the same as
 45 23 the uniform reduction ordered by the governor or the percentage
 45 24 change of the federal funding reduction, as applicable.
 45 25 If there is an unanticipated increase in federal funding
 45 26 provided for state child care assistance, the entire amount
 45 27 of the increase shall be used for state child care assistance
 45 28 payments. If the appropriations made for purposes of the
 45 29 state child care assistance program for the fiscal year are
 45 30 determined to be insufficient, it is the intent of the general
 45 31 assembly to appropriate sufficient funding for the fiscal year
 45 32 in order to avoid establishment of waiting list requirements.

Requires the DHS to apply any reductions to the child care assistance appropriation, either State or federal, that result in a reduction to subsidy payments to families, in amounts equal to or less than the percentage of the reduction. Also requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program. Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2016 to avoid the establishment of a waiting list.

45 33 9. Notwithstanding section 8.33, moneys advanced for
 45 34 purposes of the programs developed by early childhood Iowa
 45 35 areas, advanced for purposes of wraparound child care, or
 46 1 received from the federal appropriations made for the purposes
 46 2 of this section that remain unencumbered or unobligated at the
 46 3 close of the fiscal year shall not revert to any fund but shall
 46 4 remain available for expenditure for the purposes designated
 46 5 until the close of the succeeding fiscal year.

Permits nonreversion of FY 2016 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care, or received from federal appropriations for child care assistance.

46 6 10. Of the funds appropriated in this section, \$100,000
46 7 is transferred to the department of public health to be used
46 8 to continue a program to assist parents in this state with
46 9 costs resulting from the death of a child in accordance with
46 10 this subsection. If it is less costly than administering the
46 11 program directly, the department shall issue a request for
46 12 proposals and issue a grant to an appropriate organization to
46 13 administer the program.

Allocates \$100,000 for transfer to the DPH for a program to assist low-income parents of deceased children with grants up to \$2,000 for burial expenses. Funds transferred for this Program will not revert.

DETAIL: This is no change compared to the FY 2015 allocation.

46 14 a. The program funding shall be used to assist parents who
46 15 reside in this state with costs incurred for a funeral, burial
46 16 or cremation, cemetery costs, or grave marker costs associated
46 17 with the unintended death of a child of the parent or a child
46 18 under the care of a guardian or custodian. The department
46 19 shall consider the following eligibility factors in developing
46 20 program requirements:

46 21 (1) The child was a stillborn infant or was less than age
46 22 eighteen at the time of death.

46 23 (2) The request for assistance was approved by the local
46 24 board or department of health or the county general assistance
46 25 director and may have been referred by a local funeral home.

46 26 (3) To be eligible, the parent, guardian, or custodian must
46 27 have an annual household income that is less than 145 percent
46 28 of the federal poverty level based on the number of people
46 29 in the applicant's household as defined by the most recently
46 30 revised poverty income guidelines published by the United
46 31 States department of health and human services.

46 32 (4) The maximum amount of grant assistance provided to a
46 33 parent, guardian, or custodian associated with the death of
46 34 a child is \$2,000. If the death is a multiple death and the
46 35 infants or children are being cremated, or buried together, the
47 1 same limitation applies.

47 2 (5) To the extent the overall amount of assistance received
47 3 by a recipient for the costs addressed under this subsection
47 4 does not exceed the overall total of the costs, the recipient
47 5 may receive other public or private assistance in addition to
47 6 grant assistance under this section.

47 7 b. Notwithstanding section 8.33, moneys transferred by this
47 8 subsection that remain unencumbered or unobligated at the close
47 9 of the fiscal year shall not revert but shall remain available
47 10 for expenditure for the purposes designated until expended.

General Fund appropriation to the DHS for Juvenile Institutions.

47 11 Sec. 17. JUVENILE INSTITUTIONS. There is appropriated
47 12 from the general fund of the state to the department of human
47 13 services for the fiscal year beginning July 1, 2015, and ending
47 14 June 30, 2016, the following amounts, or so much thereof as is
47 15 necessary, to be used for the purposes designated:

47 16 1. For the costs of security, building and grounds

General Fund appropriation to the Iowa Juvenile Home at Toledo for

47 17 maintenance, utilities, salary, and support for the facilities
 47 18 located at the Iowa juvenile home at Toledo and for salaries,
 47 19 support, maintenance, and miscellaneous purposes, and for not
 47 20 more than the following full-time equivalent positions:
 47 21 \$ 372,766
 47 22 FTEs 2.00

grounds maintenance, utilities, and security.

DETAIL: This is a decrease of \$135,000 and an increase of 1.90 FTE positions compared to estimated FY 2015. The decrease is to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid. The increase of 1.90 FTE positions matches the FY 2015 appropriation.

47 23 2. For operation of the state training school at Eldora and
 47 24 for salaries, support, maintenance, and miscellaneous purposes,
 47 25 and for not more than the following full-time equivalent
 47 26 positions:
 47 27 \$ 12,445,552
 47 28 FTEs 169.30

General Fund appropriation to the [State Training School at Eldora](#).

DETAIL: This is a net increase of \$87,267 and 5.00 FTE positions compared to estimated FY 2015. The General Fund changes include:

- A decrease of \$858,187 to transfer costs of the Preparation for Adult Living (PAL) Achieving Maximum Potential (AMP) Aftercare Program to the Child and Family Services appropriation.
- A decrease of \$251,936 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- An increase of \$212,132 to replace the loss of grant funding for a substance use disorder program.
- An increase of \$292,090 to enhance education programs with 1.00 FTE Special Educator and 4.00 FTE Educational Aides.
- An increase of \$693,168 to replace educational expenses due to a decrease from the Department of Education.

47 29 Of the funds appropriated in this subsection, \$91,150 shall
 47 30 be used for distribution to licensed classroom teachers at this
 47 31 and other institutions under the control of the department of
 47 32 human services based upon the average student yearly enrollment
 47 33 at each institution as determined by the department.

General Fund allocation of \$91,150 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the FY 2015 allocation.

47 34 Sec. 18. CHILD AND FAMILY SERVICES.

General Fund appropriation for Child and Family Services.

47 35 1. There is appropriated from the general fund of the
 48 1 state to the department of human services for the fiscal year
 48 2 beginning July 1, 2015, and ending June 30, 2016, the following
 48 3 amount, or so much thereof as is necessary, to be used for the
 48 4 purpose designated:
 48 5 For child and family services:
 48 6 \$ 98,182,179

DETAIL: This is a net increase of \$3,324,625 compared to the FY 2015 appropriation. General Fund changes include:

- An increase of \$858,187 to transfer the PAL/AMP Aftercare Program from the Eldora Training School appropriation.
- An increase of \$251,438 due to the reduction in the Iowa FMAP rate.
- An increase of \$2,000,000 to transfer the Juvenile Child In Need of Assistance (CINA)/Female Adjudicated Delinquent appropriation from FY 2015.
- A decrease of \$1,000,000 to the CINA/Female Adjudicated Delinquent budget for a general reduction.
- An increase of \$115,000 to the System of Care Program in

		<p>Cerro Gordo and Linn Counties.</p> <ul style="list-style-type: none"> • A decrease of \$1,000,000 to the Family Investment Program for a general decrease. • An increase of \$2,100,000 for a 5.00% provider rate increase for resource family recruitment and retention contractors, child welfare emergency services contractors, supervised apartment living foster care providers, shelter care services, and family safety, risk, and permanency service providers.
48 7	2. Up to \$5,200,000 of the amount of federal temporary	Allocates up to \$5,200,000 of federal TANF funds for delinquency
48 8	assistance for needy families block grant funding appropriated	programs.
48 9	in this division of this Act for child and family services	
48 10	shall be made available for purposes of juvenile delinquent	DETAIL: This is no change compared to the FY 2015 allocation.
48 11	graduated sanction services.	
48 12	3. The department may transfer funds appropriated in this	Permits the Department to transfer funds appropriated for Child and
48 13	section as necessary to pay the nonfederal costs of services	Family Services to Medicaid, the FIP, General Administration, or Field
48 14	reimbursed under the medical assistance program, state child	Operations to pay for costs associated with child welfare services in
48 15	care assistance program, or the family investment program which	these areas.
48 16	are provided to children who would otherwise receive services	
48 17	paid under the appropriation in this section. The department	
48 18	may transfer funds appropriated in this section to the	
48 19	appropriations made in this division of this Act for general	
48 20	administration and for field operations for resources necessary	
48 21	to implement and operate the services funded in this section.	
48 22	4. a. Of the funds appropriated in this section, up to	Allocates up to \$35,821,786 for group foster care services and
48 23	\$35,821,786 is allocated as the statewide expenditure target	maintenance costs. Permits reallocation of excess funds.
48 24	under section 232.143 for group foster care maintenance and	
48 25	services. If the department projects that such expenditures	DETAIL: This an increase of \$76,599 compared to the FY 2015
48 26	for the fiscal year will be less than the target amount	allocation. The increase accounts for changes in the FMAP rate and
48 27	allocated in this paragraph "a", the department may reallocate	Title IV-E eligibility.
48 28	the excess to provide additional funding for shelter care	
48 29	or the child welfare emergency services addressed with the	
48 30	allocation for shelter care.	
48 31	b. If at any time after September 30, 2015, annualization	Requires the group foster care expenditure target to be reviewed
48 32	of a service area's current expenditures indicates a service	under certain conditions and requires review hearings when
48 33	area is at risk of exceeding its group foster care expenditure	appropriate.
48 34	target under section 232.143 by more than 5 percent, the	
48 35	department and juvenile court services shall examine all	
49 1	group foster care placements in that service area in order to	
49 2	identify those which might be appropriate for termination.	
49 3	In addition, any aftercare services believed to be needed	
49 4	for the children whose placements may be terminated shall be	
49 5	identified. The department and juvenile court services shall	
49 6	initiate action to set dispositional review hearings for the	

49 7 placements identified. In such a dispositional review hearing,
 49 8 the juvenile court shall determine whether needed aftercare
 49 9 services are available and whether termination of the placement
 49 10 is in the best interest of the child and the community.

Allocates \$1,717,753 for decategorization services.

49 11 5. In accordance with the provisions of section 232.188,
 49 12 the department shall continue the child welfare and juvenile
 49 13 justice funding initiative during fiscal year 2015-2016. Of
 49 14 the funds appropriated in this section, \$1,717,753 is allocated
 49 15 specifically for expenditure for fiscal year 2015-2016 through
 49 16 the decategorization services funding pools and governance
 49 17 boards established pursuant to section 232.188.

DETAIL: This is no change compared to the FY 2015 allocation.

49 18 6. A portion of the funds appropriated in this section
 49 19 may be used for emergency family assistance to provide other
 49 20 resources required for a family participating in a family
 49 21 preservation or reunification project or successor project to
 49 22 stay together or to be reunified.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

49 23 7. Notwithstanding section 234.35 or any other provision
 49 24 of law to the contrary, state funding for shelter care and
 49 25 the child welfare emergency services contracting implemented
 49 26 to provide for or prevent the need for shelter care shall be
 49 27 limited to \$8,068,474.

Limits State funding for shelter care to \$8,068,474.

DETAIL: This is a net increase of \$217,091 compared to the FY 2015 allocation due to the following:

- A decrease of \$33,561 due to changes in the FMAP rate and Title IV-E eligibility.
- An increase of \$250,652 to account for a 5.00% shelter care provider rate increase.

49 28 8. Federal funds received by the state during the fiscal
 49 29 year beginning July 1, 2015, as the result of the expenditure
 49 30 of state funds appropriated during a previous state fiscal
 49 31 year for a service or activity funded under this section are
 49 32 appropriated to the department to be used as additional funding
 49 33 for services and purposes provided for under this section.
 49 34 Notwithstanding section 8.33, moneys received in accordance
 49 35 with this subsection that remain unencumbered or unobligated at
 50 1 the close of the fiscal year shall not revert to any fund but
 50 2 shall remain available for the purposes designated until the
 50 3 close of the succeeding fiscal year.

Requires federal funds received in FY 2016 for the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2017.

50 4 9. a. Of the funds appropriated in this section, up to
 50 5 \$3,290,000 is allocated for the payment of the expenses of
 50 6 court-ordered services provided to juveniles who are under the
 50 7 supervision of juvenile court services, which expenses are a
 50 8 charge upon the state pursuant to section 232.141, subsection
 50 9 4. Of the amount allocated in this paragraph "a", up to
 50 10 \$1,556,287 shall be made available to provide school-based

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

- Allocates up to \$3,290,000 for court-ordered services provided to children that are under the supervision of juvenile court services. This is no change compared to the FY 2015 allocation. Of this amount, \$1,556,287 is allocated for school-based

50 11 supervision of children adjudicated under chapter 232, of which
 50 12 not more than \$15,000 may be used for the purpose of training.
 50 13 A portion of the cost of each school-based liaison officer
 50 14 shall be paid by the school district or other funding source as
 50 15 approved by the chief juvenile court officer.
 50 16 b. Of the funds appropriated in this section, up to \$748,985
 50 17 is allocated for the payment of the expenses of court-ordered
 50 18 services provided to children who are under the supervision
 50 19 of the department, which expenses are a charge upon the state
 50 20 pursuant to section 232.141, subsection 4.

50 21 c. Notwithstanding section 232.141 or any other provision
 50 22 of law to the contrary, the amounts allocated in this
 50 23 subsection shall be distributed to the judicial districts
 50 24 as determined by the state court administrator and to the
 50 25 department's service areas as determined by the administrator
 50 26 of the department of human services' division of child and
 50 27 family services. The state court administrator and the
 50 28 division administrator shall make the determination of the
 50 29 distribution amounts on or before June 15, 2015.

50 30 d. Notwithstanding chapter 232 or any other provision of
 50 31 law to the contrary, a district or juvenile court shall not
 50 32 order any service which is a charge upon the state pursuant
 50 33 to section 232.141 if there are insufficient court-ordered
 50 34 services funds available in the district court or departmental
 50 35 service area distribution amounts to pay for the service. The
 51 1 chief juvenile court officer and the departmental service area
 51 2 manager shall encourage use of the funds allocated in this
 51 3 subsection such that there are sufficient funds to pay for
 51 4 all court-related services during the entire year. The chief
 51 5 juvenile court officers and departmental service area managers
 51 6 shall attempt to anticipate potential surpluses and shortfalls
 51 7 in the distribution amounts and shall cooperatively request the
 51 8 state court administrator or division administrator to transfer
 51 9 funds between the judicial districts' or departmental service
 51 10 areas' distribution amounts as prudent.

51 11 e. Notwithstanding any provision of law to the contrary,
 51 12 a district or juvenile court shall not order a county to pay
 51 13 for any service provided to a juvenile pursuant to an order
 51 14 entered under chapter 232 which is a charge upon the state
 51 15 under section 232.141, subsection 4.

51 16 f. Of the funds allocated in this subsection, not more than
 51 17 \$83,000 may be used by the judicial branch for administration
 51 18 of the requirements under this subsection.

- supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to the FY 2015 allocations.

Requires allocations to the judicial districts, as determined by the Court Administrator, and to the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2015.

NOTE: This section is effective on enactment.

Prohibits a court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year and permits funds to be transferred between districts.

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

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

DETAIL: This is no change compared to the FY 2015 allocation.

51 19 g. Of the funds allocated in this subsection, \$17,000
51 20 shall be used by the department of human services to support
51 21 the interstate commission for juveniles in accordance with
51 22 the interstate compact for juveniles as provided in section
51 23 232.173.

Allocates \$17,000 of the funds allocated to the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2015 allocation.

51 24 10. Of the funds appropriated in this section, \$8,053,227 is
51 25 allocated for juvenile delinquent graduated sanctions services.
51 26 Any state funds saved as a result of efforts by juvenile court
51 27 services to earn a federal Tit.IV-E match for juvenile court
51 28 services administration may be used for the juvenile delinquent
51 29 graduated sanctions services.

Allocates \$8,053,227 for juvenile delinquent graduated sanctions services.

DETAIL: This is an increase of \$1 compared to the FY 2015 allocation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for graduated sanctions services.

51 30 11. Of the funds appropriated in this section, \$1,608,285 is
51 31 transferred to the department of public health to be used for
51 32 the child protection center grant program for child protection
51 33 centers located in Iowa in accordance with section 135.118.
51 34 The grant amounts under the program shall be equalized so that
51 35 each center receives a uniform base amount of \$245,000, and
52 1 the remaining funds shall be awarded through a funding formula
52 2 based upon the volume of children served.

Requires \$1,608,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is no change compared to the FY 2015 allocation.

52 3 12. If the department receives federal approval to
52 4 implement a waiver under Tit.IV-E of the federal Social
52 5 Security Act to enable providers to serve children who remain
52 6 in the children's families and communities, for purposes of
52 7 eligibility under the medical assistance program through 25
52 8 years of age, children who participate in the waiver shall be
52 9 considered to be placed in foster care.

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

52 10 13. Of the funds appropriated in this section, \$4,025,167 is
52 11 allocated for the preparation for adult living program pursuant
52 12 to section 234.46.

Allocates \$4,025,167 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is an increase of \$768,187 compared to the FY 2015 allocation, and no change in total funding compared to FY 2015. This accounts for the transfer of funding for this Program that was provided in the Eldora Training School appropriation in FY 2015.

52 13 14. Of the funds appropriated in this section, \$520,150
52 14 shall be used for juvenile drug courts. The amount allocated
52 15 in this subsection shall be distributed as follows:
52 16 To the judicial branch for salaries to assist with the

Allocates a total of \$520,150 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.

DETAIL: This is no change compared to the FY 2015 allocation.

52 17 operation of juvenile drug court programs operated in the
 52 18 following jurisdictions:
 52 19 a. Marshall county:
 52 20 \$ 62,708
 52 21 b. Woodbury county:
 52 22 \$ 125,682
 52 23 c. Polk county:
 52 24 \$ 195,892
 52 25 d. The third judicial district:
 52 26 \$ 67,934
 52 27 e. The eighth judicial district:
 52 28 \$ 67,934

52 29 15. Of the funds appropriated in this section, \$227,337
 52 30 shall be used for the public purpose of continuing a grant to
 52 31 a nonprofit human services organization providing services to
 52 32 individuals and families in multiple locations in southwest
 52 33 Iowa and Nebraska for support of a project providing immediate,
 52 34 sensitive support and forensic interviews, medical exams, needs
 52 35 assessments, and referrals for victims of child abuse and their
 53 1 nonoffending family members.

Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.

DETAIL: This is no change compared to the FY 2015 allocation.

53 2 16. Of the funds appropriated in this section, \$300,620
 53 3 is allocated for the foster care youth council approach of
 53 4 providing a support network to children placed in foster care.

Allocates \$300,620 to provide support for foster care youth councils.

DETAIL: This is an increase of \$90,000 compared to the FY 2015 allocation, and no change in total funding compared to FY 2015. This change is due to the transfer of funding that was provided in the Eldora Training School appropriation in FY 2015.

53 5 17. Of the funds appropriated in this section, \$202,000 is
 53 6 allocated for use pursuant to section 235A.1 for continuation
 53 7 of the initiative to address child sexual abuse implemented
 53 8 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 53 9 21.

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

DETAIL: This is no change compared to the FY 2015 allocation.

53 10 18. Of the funds appropriated in this section, \$630,240 is
 53 11 allocated for the community partnership for child protection
 53 12 sites.

Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites.

DETAIL: This is no change compared to the FY 2015 allocation.

53 13 19. Of the funds appropriated in this section, \$371,250
 53 14 is allocated for the department's minority youth and family
 53 15 projects under the redesign of the child welfare system.

Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the FY 2015 allocation.

53 16 20. Of the funds appropriated in this section, \$1,186,595

Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa.

53 17 is allocated for funding of the community circle of care	
53 18 collaboration for children and youth in northeast Iowa.	DETAIL: This is no change compared to the FY 2015 allocation.
53 19 21. Of the funds appropriated in this section, at least	
53 20 \$147,158 shall be used for the continuation of the child	Allocates \$147,158 for the child welfare provider online training academy.
53 21 welfare provider training academy, a collaboration between the	
53 22 coalition for family and children's services in Iowa and the	DETAIL: This is no change compared to the FY 2015 allocation.
53 23 department.	
53 24 22. Of the funds appropriated in this section, \$25,000	
53 25 shall be used for the public purpose of continuation of a	Allocates \$25,000 to Four Oaks for various autism spectrum disorder services.
53 26 grant to a child welfare services provider headquartered in a	
53 27 county with a population between 205,000 and 215,000 in the	DETAIL: This is no change compared to the FY 2015 allocation.
53 28 latest certified federal census that provides multiple services	
53 29 including but not limited to a psychiatric medical institution	
53 30 for children, shelter, residential treatment, after school	
53 31 programs, school-based programming, and an Asperger's syndrome	
53 32 program, to be used for support services for children with	
53 33 autism spectrum disorder and their families.	
53 34 23. Of the funds appropriated in this section, \$25,000	
53 35 shall be used for the public purpose of continuing a grant to	Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.
54 1 a hospital-based provider headquartered in a county with a	
54 2 population between 90,000 and 95,000 in the latest certified	
54 3 federal census that provides multiple services including	DETAIL: This is no change compared to the FY 2015 allocation.
54 4 but not limited to diagnostic, therapeutic, and behavioral	
54 5 services to individuals with autism spectrum disorder across	
54 6 one's lifespan. The grant recipient shall utilize the funds	
54 7 to continue the pilot project to determine the necessary	
54 8 support services for children with autism spectrum disorder and	
54 9 their families to be included in the children's disabilities	
54 10 services system. The grant recipient shall submit findings and	
54 11 recommendations based upon the results of the pilot project	
54 12 to the individuals specified in this division of this Act for	
54 13 submission of reports by December 31, 2015.	
54 14 24. Of the funds appropriated in this section, \$211,872	
54 15 shall be used for continuation of the central Iowa system of	Allocates \$211,872 for continuation of a System of Care Program in Polk County.
54 16 care program grant through June 30, 2016.	
	DETAIL: This is no change compared to the FY 2015 allocation.
54 17 25. Of the funds appropriated in this section, \$250,000	
54 18 shall be used for the public purpose of the continuation	Allocates \$250,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn Counties at Four Oaks.
54 19 and expansion of a system of care program grant implemented	
54 20 in Cerro Gordo and Linn counties to utilize a comprehensive	
54 21 and long-term approach for helping children and families by	DETAIL: This is an increase of \$115,000 compared to the FY 2015 allocation to expand the program as part of the TotalChild Initiative. The TotalChild Initiative strives to follow children through their 18th
54 22 addressing the key areas in a child's life of childhood basic	

54 23	needs, education and work, family, and community.	birthdays by addressing childhood basic needs, and providing education and work supports, family support, and community support.
54 24	26. Of the funds appropriated in this section, at least	Allocates at least \$25,000 to continue and expand to additional
54 25	\$25,000 shall be used to continue and to expand the foster	counties the Foster Care Respite Pilot Program at Wartburg College
54 26	care respite pilot program in which postsecondary students in	for students in social work and other human service-related programs.
54 27	social work and other human services-related programs receive	
54 28	experience by assisting family foster care providers with	DETAIL: This is no change compared to the FY 2015 allocation.
54 29	respite and other support.	
54 30	27. Of the funds appropriated in this section, \$110,000	Allocates \$110,000 to the Tanager Place Mental Health Clinic.
54 31	shall be used for the public purpose of funding community-based	
54 32	services and other supports with a system of care approach	DETAIL: This is no change compared to the FY 2015 allocation.
54 33	for children with a serious emotional disturbance and their	
54 34	families through a nonprofit provider of child welfare services	
54 35	that has been in existence for more than 115 years, is located	
55 1	in a county with a population of more than 200,000 but less	
55 2	than 220,000 according to the latest census information	
55 3	issued by the United States census bureau, is licensed as a	
55 4	psychiatric medical institution for children, and was a system	
55 5	of care grantee prior to July 1, 2015.	
55 6	Sec. 19. ADOPTION SUBSIDY.	General Fund appropriation to the Adoption Subsidy Program.
55 7	1. There is appropriated from the general fund of the	
55 8	state to the department of human services for the fiscal year	DETAIL: This is an increase of \$417,537 compared to estimated FY
55 9	beginning July 1, 2015, and ending June 30, 2016, the following	2015. The changes include the following:
55 10	amount, or so much thereof as is necessary, to be used for the	
55 11	purpose designated:	<ul style="list-style-type: none"> • An increase of \$271,719 due to the reduction in the Iowa FMAP rate and Title IV-E eligibility changes. • An increase of \$145,818 to fund caseload growth.
55 12	For adoption subsidy payments and services:	
55 13	..... \$ 42,998,286	
55 14	2. The department may transfer funds appropriated in	Permits the DHS to transfer funds for adoption recruitment and
55 15	this section to the appropriation made in this division of	retention. Permits the DHS to transfer funds to Child and Family
55 16	this Act for general administration for costs paid from the	Services to ensure equitable rate increases for adoption and foster
55 17	appropriation relating to adoption subsidy.	care programs.
55 18	3. Federal funds received by the state during the	Requires federal funds received in FY 2016 for the expenditure of
55 19	fiscal year beginning July 1, 2015, as the result of the	State funds in a previous fiscal year to be used for adoption subsidies.
55 20	expenditure of state funds during a previous state fiscal	Permits nonreversion of federal funds in this Subsection until the close
55 21	year for a service or activity funded under this section are	of FY 2017.
55 22	appropriated to the department to be used as additional funding	
55 23	for the services and activities funded under this section.	
55 24	Notwithstanding section 8.33, moneys received in accordance	
55 25	with this subsection that remain unencumbered or unobligated	
55 26	at the close of the fiscal year shall not revert to any fund	
55 27	but shall remain available for expenditure for the purposes	

55 28 designated until the close of the succeeding fiscal year.

55 29 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 55 30 in the juvenile detention home fund created in section 232.142
 55 31 during the fiscal year beginning July 1, 2015, and ending June
 55 32 30, 2016, are appropriated to the department of human services
 55 33 for the fiscal year beginning July 1, 2015, and ending June 30,
 55 34 2016, for distribution of an amount equal to a percentage of
 55 35 the costs of the establishment, improvement, operation, and
 56 1 maintenance of county or multicounty juvenile detention homes
 56 2 in the fiscal year beginning July 1, 2014. Moneys appropriated
 56 3 for distribution in accordance with this section shall be
 56 4 allocated among eligible detention homes, prorated on the basis
 56 5 of an eligible detention home's proportion of the costs of all
 56 6 eligible detention homes in the fiscal year beginning July
 56 7 1, 2014. The percentage figure shall be determined by the
 56 8 department based on the amount available for distribution for
 56 9 the fund. Notwithstanding section 232.142, subsection 3, the
 56 10 financial aid payable by the state under that provision for the
 56 11 fiscal year beginning July 1, 2015, shall be limited to the
 56 12 amount appropriated for the purposes of this section.

Requires funds deposited in the Juvenile Detention Fund to be distributed to the eligible juvenile detention centers. Funds are to be allocated to the detention centers based on FY 2016 projected operation budgets.

56 13 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 56 14 1. There is appropriated from the general fund of the
 56 15 state to the department of human services for the fiscal year
 56 16 beginning July 1, 2015, and ending June 30, 2016, the following
 56 17 amount, or so much thereof as is necessary, to be used for the
 56 18 purpose designated:
 56 19 For the family support subsidy program subject to the
 56 20 enrollment restrictions in section 225C.37, subsection 3:
 56 21 \$ 1,073,932

General Fund appropriation for the [Family Support Program](#).

DETAIL: This is a net decrease of \$5,807 compared to estimated FY 2015. The changes include:

- A decrease of \$107,807 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$102,000 to expand the Children-at-Home Program to three new service areas.

56 22 2. The department shall use at least \$641,500 of the moneys
 56 23 appropriated in this section for the family support center
 56 24 component of the comprehensive family support program under
 56 25 section 225C.47. Not more than \$25,000 of the amount allocated
 56 26 in this subsection shall be used for administrative costs.

Requires an allocation of \$641,500 from the Family Support Subsidy appropriation to continue the Children-at-Home Program in current counties. Permits the DHS to expand the Program to additional counties if funds are available. Administrative funding is limited to \$25,000.

DETAIL: This is an increase of \$102,000 to expand the program to three new areas.

56 27 3. If at any time during the fiscal year, the amount of
 56 28 funding available for the family support subsidy program
 56 29 is reduced from the amount initially used to establish the
 56 30 figure for the number of family members for whom a subsidy
 56 31 is to be provided at any one time during the fiscal year,
 56 32 notwithstanding section 225C.38, subsection 2, the department

Requires the Department to revise funding available to participants in the Family Support Subsidy Program if available funds are less than anticipated.

56 33 shall revise the figure as necessary to conform to the amount
56 34 of funding available.

56 35 Sec. 22. CONNER DECREE. There is appropriated from the
57 1 general fund of the state to the department of human services
57 2 for the fiscal year beginning July 1, 2015, and ending June 30,
57 3 2016, the following amount, or so much thereof as is necessary,
57 4 to be used for the purpose designated:

57 5 For building community capacity through the coordination
57 6 and provision of training opportunities in accordance with the
57 7 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
57 8 Iowa, July 14, 1994):
57 9 \$ 33,632

57 10 Sec. 23. MENTAL HEALTH INSTITUTES. There is appropriated
57 11 from the general fund of the state to the department of human
57 12 services for the fiscal year beginning July 1, 2015, and ending
57 13 June 30, 2016, the following amounts, or so much thereof as is
57 14 necessary, to be used for the purposes designated:

57 15 1. For the state mental health institute at Cherokee for
57 16 salaries, support, maintenance, and miscellaneous purposes, and
57 17 for not more than the following full-time equivalent positions:
57 18 \$ 5,545,616
57 19 FTEs 169.20

57 20 2. For the state mental health institute at Clarinda for
57 21 salaries, support, maintenance, and miscellaneous purposes, and
57 22 for not more than the following full-time equivalent positions:
57 23 \$ 1,812,899
57 24 FTEs 86.10

57 25 3. For the state mental health institute at Independence for
57 26 salaries, support, maintenance, and miscellaneous purposes, and
57 27 for not more than the following full-time equivalent positions:
57 28 \$ 10,390,773
57 29 FTEs 233.00

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

DETAIL: This is no change compared to estimated FY 2015. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

General Fund appropriation to the MHI at Cherokee.

DETAIL: This is a net decrease of \$486,318 and no change in FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$22,307 for educational expenses previously funded by the Department of Education.
- A decrease of \$508,625 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.

General Fund appropriation to the MHI at Clarinda.

DETAIL: This is a decrease of \$4,974,410 and 1.15 FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$508,625 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$4,836,507 to shift funding to the Social Services Block Grant appropriation.

General Fund appropriation to the MHI at Independence.

DETAIL: This is a net decrease of \$93,613 and no change in FTE positions compared to estimated FY 2015. The changes include:

- An increase of \$472,409 for educational expenses previously

57 30 Sec. 24. STATE RESOURCE CENTERS.
 57 31 1. There is appropriated from the general fund of the
 57 32 state to the department of human services for the fiscal year
 57 33 beginning July 1, 2015, and ending June 30, 2016, the following
 57 34 amounts, or so much thereof as is necessary, to be used for the
 57 35 purposes designated:

58 1 a. For the state resource center at Glenwood for salaries,
 58 2 support, maintenance, and miscellaneous purposes:
 58 3 \$ 22,024,482

58 4 b. For the state resource center at Woodward for salaries,
 58 5 support, maintenance, and miscellaneous purposes:
 58 6 \$ 14,933,806

58 7 2. The department may continue to bill for state resource
 58 8 center services utilizing a scope of services approach used for
 58 9 private providers of intermediate care facilities for persons
 58 10 with an intellectual disability services, in a manner which
 58 11 does not shift costs between the medical assistance program,
 58 12 counties, or other sources of funding for the state resource
 58 13 centers.

58 14 3. The state resource centers may expand the time-limited

- funded by the Department of Education.
- An increase of \$66,564 to replace federal funds due to a reduction in the FMAP rate.
 - A decrease of \$632,586 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is an increase of \$329,216 compared to estimated FY 2015. The changes include:

- An increase of \$712,293 to replace federal funds due to a reduction in the FMAP rate.
- A decrease of \$152,000 due to a declining census at the facility.
- A decrease of \$231,077 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$78,113 compared to estimated FY 2015. The changes include:

- An increase of \$481,076 to replace federal funds due to a reduction in the FMAP rate.
- A decrease of \$201,119 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$201,844 due to a declining census at the facility.

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

Permits the State Resource Centers to expand time-limited

58 15 assessment and respite services during the fiscal year.

assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual disabilities or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

58 16 4. If the department's administration and the department
58 17 of management concur with a finding by a state resource
58 18 center's superintendent that projected revenues can reasonably
58 19 be expected to pay the salary and support costs for a new
58 20 employee position, or that such costs for adding a particular
58 21 number of new positions for the fiscal year would be less
58 22 than the overtime costs if new positions would not be added,
58 23 the superintendent may add the new position or positions. If
58 24 the vacant positions available to a resource center do not
58 25 include the position classification desired to be filled, the
58 26 state resource center's superintendent may reclassify any
58 27 vacant position as necessary to fill the desired position. The
58 28 superintendents of the state resource centers may, by mutual
58 29 agreement, pool vacant positions and position classifications
58 30 during the course of the fiscal year in order to assist one
58 31 another in filling necessary positions.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions and if approved by the Department of Management.

58 32 5. If existing capacity limitations are reached in
58 33 operating units, a waiting list is in effect for a service or
58 34 a special need for which a payment source or other funding
58 35 is available for the service or to address the special need,
59 1 and facilities for the service or to address the special need
59 2 can be provided within the available payment source or other
59 3 funding, the superintendent of a state resource center may
59 4 authorize opening not more than two units or other facilities
59 5 and begin implementing the service or addressing the special
59 6 need during fiscal year 2015-2016.

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

59 7 Sec. 25. SEXUALLY VIOLENT PREDATORS.
59 8 1. There is appropriated from the general fund of the
59 9 state to the department of human services for the fiscal year
59 10 beginning July 1, 2015, and ending June 30, 2016, the following
59 11 amount, or so much thereof as is necessary, to be used for the
59 12 purpose designated:
59 13 For costs associated with the commitment and treatment of
59 14 sexually violent predators in the unit located at the state
59 15 mental health institute at Cherokee, including costs of legal
59 16 services and other associated costs, including salaries,

General Fund appropriation to the DHS for the Sexual Predator Commitment Program.

DETAIL: This is a decrease of \$30,484 and no change in FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$12,400 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$18,084 to adjust the per diem rate for the facility.

59 17 support, maintenance, and miscellaneous purposes, and for not
59 18 more than the following full-time equivalent positions:

59 19 \$ 9,893,079
59 20 FTEs 132.50

59 21 2. Unless specifically prohibited by law, if the amount
59 22 charged provides for recoupment of at least the entire amount
59 23 of direct and indirect costs, the department of human services
59 24 may contract with other states to provide care and treatment
59 25 of persons placed by the other states at the unit for sexually
59 26 violent predators at Cherokee. The moneys received under
59 27 such a contract shall be considered to be repayment receipts
59 28 and used for the purposes of the appropriation made in this
59 29 section.

59 30 Sec. 26. FIELD OPERATIONS. There is appropriated from the
59 31 general fund of the state to the department of human services
59 32 for the fiscal year beginning July 1, 2015, and ending June 30,
59 33 2016, the following amount, or so much thereof as is necessary,
59 34 to be used for the purposes designated:

59 35 For field operations, including salaries, support,
60 1 maintenance, and miscellaneous purposes, and for not more than
60 2 the following full-time equivalent positions:
60 3 \$ 58,920,976
60 4 FTEs 1,837.00

60 5 1. As a condition of this appropriation, the department
60 6 shall make every possible effort to fill the entire number of
60 7 positions authorized by this section and, unless specifically
60 8 provided otherwise by an applicable collective bargaining
60 9 agreement, the department is not subject to any approval
60 10 requirement external to the department to fill a field
60 11 operations vacancy within the number of full-time equivalent
60 12 positions authorized by this section. The department shall
60 13 report on the first of each month to the chairpersons and
60 14 ranking members of the appropriations committees of the senate
60 15 and house of representatives, and the persons designated by
60 16 this Act for submission of reports concerning the status of
60 17 filling the positions.

60 18 2. Priority in filling full-time equivalent positions
60 19 shall be given to those positions related to child protection
60 20 services and eligibility determination for low-income families.

60 21 Sec. 27. GENERAL ADMINISTRATION. There is appropriated

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

DETAIL: This is a decrease of \$6,250,000 and increase of 78.00 FTE positions compared to estimated FY 2015. The General Fund changes include:

- A decrease of \$2,250,000 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A decrease of \$4,000,000 to match the level the DHS has managed the appropriation at in FY 2015.
- An increase of 78.00 FTE positions to match the FY 2015 appropriation.

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill authorized vacant Field Operations positions, the Department is not subject to any external Department approval within the number of FTE equivalent positions authorized for Field Operations, and the Department must report to the Chairpersons and Ranking Members of the Appropriations Committees on the first of each month.

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

General Fund appropriation for General Administration.

60 22 from the general fund of the state to the department of human
 60 23 services for the fiscal year beginning July 1, 2015, and ending
 60 24 June 30, 2016, the following amount, or so much thereof as is
 60 25 necessary, to be used for the purpose designated:
 60 26 For general administration, including salaries, support,
 60 27 maintenance, and miscellaneous purposes, and for not more than
 60 28 the following full-time equivalent positions:
 60 29 \$ 15,161,741
 60 30 FTEs 309.00

DETAIL: This is a net decrease of \$910,561 and an increase of 15.98 FTE positions compared to estimated FY 2015. The changes include:

- A decrease of \$1,000,000 for a general budget reduction to match the level the DHS has managed the appropriation at in FY 2015.
- A decrease of \$410,561 to reallocate agency funds that were dedicated for the 2010 SERIP to Medicaid.
- A increase of 15.98 FTE positions to match the FY 2015 appropriation.
- An increase of \$250,000 to transfer to the ABLE Act for the ABLE Trust.
- An increase of \$250,000 for the Iowa Food Bank.

60 31 1. Of the funds appropriated in this section, \$38,543 is
 60 32 allocated for the prevention of disabilities policy council
 60 33 created in section 225B.103, if enacted in this Act.

Allocates \$38,543 for the Prevention of Disabilities Policy Council.

DETAIL: This no change compared to the FY 2015 allocation. Iowa Code chapter [225B](#) will sunset on July 1, 2015. Division XXIV of this Bill creates a Council of the same name and revises the membership and duties of the Council.

60 34 2. The department shall report at least monthly to the
 60 35 legislative services agency concerning the department's
 61 1 operational and program expenditures.

Requires the DHS to submit monthly expenditure reports to the LSA.

61 2 3. Of the funds appropriated in this section, \$150,000 shall
 61 3 be used to continue the contract for the provision of a program
 61 4 to provide technical assistance, support, and consultation to
 61 5 providers of habilitation services and home and community-based
 61 6 services waiver services for adults with disabilities under the
 61 7 medical assistance program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.

DETAIL: This is no change compared to the FY 2015 allocation.

61 8 4. Of the funds appropriated in this section, \$50,000
 61 9 is transferred to the Iowa finance authority to be used
 61 10 for administrative support of the council on homelessness
 61 11 established in section 16.2D and for the council to fulfill its
 61 12 duties in addressing and reducing homelessness in the state.

Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the FY 2015 allocation.

61 13 5. Of the funds appropriated in this section, \$250,000
 61 14 is allocated to an Iowa food bank association selected by
 61 15 the department for the purchase of food on behalf of an Iowa
 61 16 emergency feeding organization or for the distribution of
 61 17 moneys to the Iowa emergency feeding organization for the
 61 18 purchase of food. The moneys allocated in this subsection
 61 19 shall be allocated only to the extent that the allocated moneys
 61 20 are matched on a dollar-for-dollar basis. Notwithstanding

Allocates \$250,000 for an Iowa Food Bank Association.

DETAIL: This is a new allocation. Requires funds to be matched on a dollar-for-dollar basis and provides nonreversion until the end of FY 2017.

61 21 section 8.33, moneys allocated in this subsection that remain
 61 22 unencumbered or unobligated at the close of the fiscal year
 61 23 shall not revert but shall remain available for expenditure for
 61 24 the purposes designated until the close of the following fiscal
 61 25 year.

61 26 6. Of the funds appropriated in this section, \$250,000
 61 27 shall be transferred to and deposited in the administrative
 61 28 fund of the Iowa ABLE savings plan trust created in section
 61 29 121.4, if enacted in this Act, to be used for implementation
 61 30 and administration activities of the Iowa ABLE savings plan
 61 31 trust. Such activities may include the funding of a program
 61 32 manager position, the issuance of a request for proposals,
 61 33 and creation of an informational internet site, but shall not
 61 34 include funding for marketing. The appropriation made in this
 61 35 section is deemed to meet the requirement in the section of
 62 1 the division of this Act, if enacted, relating to contingent
 62 2 implementation of chapter 121.

Transfers \$250,000 to the Treasurer of State to implement the ABLE Trust Act.

DETAIL: This is a new transfer. The Act is established in Division XVI of this Bill. For more information, see the fiscal note:
<https://www.legis.iowa.gov/docs/publications/FN/662737.pdf>.

62 3 Sec. 28. VOLUNTEERS. There is appropriated from the general
 62 4 fund of the state to the department of human services for the
 62 5 fiscal year beginning July 1, 2015, and ending June 30, 2016,
 62 6 the following amount, or so much thereof as is necessary, to be
 62 7 used for the purpose designated:
 62 8 For development and coordination of volunteer services:
 62 9 \$ 84,686

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

DETAIL: This is no change compared to estimated FY 2015.

62 10 Sec. 29. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 62 11 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 62 12 DEPARTMENT OF HUMAN SERVICES.

62 13 1. a. (1) For the fiscal year beginning July 1, 2015,
 62 14 the total state funding amount for the nursing facility budget
 62 15 shall not exceed \$321,900,006.
 62 16 (2) For the fiscal year beginning July 1, 2015, the
 62 17 department shall rebase case-mix nursing facility rates
 62 18 effective July 1, 2015. However, total nursing facility budget
 62 19 expenditures, including both case-mix and noncase-mix, shall
 62 20 not exceed the amount specified in subparagraph (1). When
 62 21 calculating case-mix per diem cost and the patient-day-weighted
 62 22 medians used in rate-setting for nursing facilities effective
 62 23 July 1, 2015, the inflation factor applied from the midpoint
 62 24 of the cost report period to the first day of the state fiscal
 62 25 year rate period shall be adjusted to maintain state funding
 62 26 within the amount specified in subparagraph (1).
 62 27 (3) The department, in cooperation with nursing facility
 62 28 representatives, shall review projections for state funding
 62 29 expenditures for reimbursement of nursing facilities on a

Caps nursing facility reimbursements at \$321,900,006 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

DETAIL: The cap includes \$32,500,000 to rebase nursing facilities. The DHS is to rebase nursing facility rates effective July 1, 2015.

62 30 quarterly basis and the department shall determine if an
62 31 adjustment to the medical assistance reimbursement rate is
62 32 necessary in order to provide reimbursement within the state
62 33 funding amount for the fiscal year. Notwithstanding 2001
62 34 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
62 35 "c", and subsection 3, paragraph "a", subparagraph (2),
63 1 if the state funding expenditures for the nursing facility
63 2 budget for the fiscal year are projected to exceed the amount
63 3 specified in subparagraph (1), the department shall adjust
63 4 the reimbursement for nursing facilities reimbursed under the
63 5 case-mix reimbursement system to maintain expenditures of the
63 6 nursing facility budget within the specified amount for the
63 7 fiscal year.

63 8 (4) For the fiscal year beginning July 1, 2015, special
63 9 population nursing facilities shall be reimbursed in accordance
63 10 with the methodology in effect on June 30, 2015.

Requires methodology for calculating reimbursement for special population nursing facilities to remain the same as the methodology in effect in FY 2015.

63 11 (5) For any open or unsettled nursing facility cost report
63 12 for a fiscal year prior to and including the fiscal year
63 13 beginning July 1, 2014, including any cost report remanded on
63 14 judicial review for inclusion of prescription drug, laboratory,
63 15 or x-ray costs, the department shall offset all reported
63 16 prescription drug, laboratory, and x-ray costs with any revenue
63 17 received from Medicare or other revenue source for any purpose.
63 18 For purposes of this subparagraph, a nursing facility cost
63 19 report is not considered open or unsettled if the facility did
63 20 not initiate an administrative appeal under chapter 17A or if
63 21 any appeal rights initiated have been exhausted.

Specifies that a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal or if any appeal rights initiated have been exhausted.

63 22 b. (1) For the fiscal year beginning July 1, 2015,
63 23 the department shall establish the pharmacy dispensing fee
63 24 reimbursement at \$11.73 per prescription as determined by the
63 25 June 2014 cost of dispensing fee survey.

Requires a pharmacy dispensing fee reimbursement rate of \$11.73 per prescription.

DETAIL: This is an increase of \$1.61 compared to the FY 2015 fee.

63 26 (2) The department shall utilize an average acquisition
63 27 cost reimbursement methodology for all drugs covered under the
63 28 medical assistance program in accordance with 2012 Iowa Acts,
63 29 chapter 1133, section 33.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition cost prices that are not reflective of the actual drug cost.

63 30 (3) Notwithstanding subparagraph (2), if the centers for
63 31 Medicare and Medicaid services of the United States department
63 32 of health and human services (CMS) requires, as a condition
63 33 of federal Medicaid funding, that the department implement an

Specifies that if the Centers for Medicare and Medicaid Services (CMS) implements an aggregate federal upper payment limit for drug reimbursement, the DHS may use a reimbursement methodology based on the National Average Drug Acquisition Cost (NADAC).

63 34 aggregate federal upper limit (FUL) for drug reimbursement
 63 35 based on the average manufacturer's price (AMP), the department
 64 1 may utilize a reimbursement methodology for all drugs covered
 64 2 under the Medicaid program based on the national average drug
 64 3 acquisition cost (NADAC) methodology published by CMS, in order
 64 4 to assure compliance with the aggregate FUL, minimize outcomes
 64 5 of drug reimbursements below pharmacy acquisition costs, limit
 64 6 administrative costs, and minimize any change in the aggregate
 64 7 reimbursement for drugs. The department may adopt emergency
 64 8 rules to implement this subparagraph.

64 9 c. (1) For the fiscal year beginning July 1, 2015,
 64 10 reimbursement rates for outpatient hospital services shall
 64 11 remain at the rates in effect on June 30, 2015, subject
 64 12 to Medicaid program upper payment limit rules and adjusted
 64 13 as necessary to maintain expenditures within the amount
 64 14 appropriated to the department for this purpose for the fiscal
 64 15 year.

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2015, subject to the Medicaid Upper Payment Limit (UPL) rules.

64 16 (2) For the fiscal year beginning July 1, 2015,
 64 17 reimbursement rates for inpatient hospital services shall be
 64 18 rebased effective October 1, 2015, subject to Medicaid program
 64 19 upper payment limit rules and adjusted as necessary to maintain
 64 20 expenditures within the amount appropriated to the department
 64 21 for this purpose for the fiscal year.

Requires the rate of reimbursement for inpatient hospital services to be rebased effective October 1, 2015, subject to the Medicaid UPL rules.

DETAIL: The inpatient hospital rebase is projected to cost \$5,400,000 for FY 2016.

64 22 (3) For the fiscal year beginning July 1, 2015, the graduate
 64 23 medical education and disproportionate share hospital fund
 64 24 shall remain at the amount in effect on June 30, 2015, except
 64 25 that the portion of the fund attributable to graduate medical
 64 26 education shall be reduced in an amount that reflects the
 64 27 elimination of graduate medical education payments made to
 64 28 out-of-state hospitals.

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the FY 2015 reimbursement rate.

64 29 (4) In order to ensure the efficient use of limited state
 64 30 funds in procuring health care services for low-income lowans,
 64 31 funds appropriated in this Act for hospital services shall
 64 32 not be used for activities which would be excluded from a
 64 33 determination of reasonable costs under the federal Medicare
 64 34 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

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

64 35 d. For the fiscal year beginning July 1, 2015, reimbursement
 65 1 rates for rural health clinics, hospices, and acute mental
 65 2 hospitals shall be increased in accordance with increases under
 65 3 the federal Medicare program or as supported by their Medicare
 65 4 audited costs.

Requires rural health clinics, hospice services, and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2016.

65 5 e. For the fiscal year beginning July 1, 2015, independent

Requires reimbursement methodology for independent laboratories and

65 6 laboratories and rehabilitation agencies shall be reimbursed	rehabilitation agencies to remain the same as the methodology in FY
65 7 using the same methodology in effect on June 30, 2015.	2015.
65 8 f. (1) For the fiscal year beginning July 1, 2015,	Requires rates for home health agencies to be based on the Medicare
65 9 reimbursement rates for home health agencies shall continue to	Low Utilization Payment Amount (LUPA) and adjusted to reflect the
65 10 be based on the Medicare low utilization payment adjustment	most recent Medicare LUPA rates for FY 2016.
65 11 (LUPA) methodology with state geographic wage adjustments, and	
65 12 updated to reflect the most recent Medicare LUPA rates.	DETAIL: The LUPA is estimated to cost \$3,900,000 for FY 2016.
65 13 (2) For the fiscal year beginning July 1, 2015, rates for	Requires rates for private duty nursing and personal care services
65 14 private duty nursing and personal care services under the early	under the Early Periodic Screening, Diagnostic, and Treatment
65 15 and periodic screening, diagnostic, and treatment program	(EPSDT) Program to remain the same as the methodology in FY 2015.
65 16 benefit shall be calculated based on the methodology in effect	
65 17 on June 30, 2015.	
65 18 g. For the fiscal year beginning July 1, 2015, federally	Requires the DHS to reimburse federally qualified health centers for
65 19 qualified health centers shall receive cost-based reimbursement	100.00% of the reasonable costs for provision of services to Medical
65 20 for 100 percent of the reasonable costs for the provision of	Assistance Program recipients.
65 21 services to recipients of medical assistance.	
65 22 h. For the fiscal year beginning July 1, 2015, the	Requires the reimbursement rates for dental services to remain at the
65 23 reimbursement rates for dental services shall remain at the	rate in effect in FY 2015.
65 24 rates in effect on June 30, 2015.	
65 25 i. (1) For the fiscal year beginning July 1, 2015,	Requires the reimbursement rates for State-owned Psychiatric Medical
65 26 state-owned psychiatric medical institutions for children shall	Institutions for Children (PMICs) to be set at 100.00% of allowable
65 27 receive cost-based reimbursement for 100 percent of the actual	costs.
65 28 and allowable costs for the provision of services to recipients	
65 29 of medical assistance.	
65 30 (2) For the nonstate-owned psychiatric medical institutions	Requires nonstate-owned PMICs to be reimbursed based on the
65 31 for children, reimbursement rates shall be based on the	reimbursement methodology developed by the DHS.
65 32 reimbursement methodology developed by the department as	
65 33 required for federal compliance.	
65 34 (3) As a condition of participation in the medical	Requires PMIC providers to accept the Medicaid rate for any covered
65 35 assistance program, enrolled providers shall accept the medical	goods or services for children under the custody of the PMIC.
66 1 assistance reimbursement rate for any covered goods or services	
66 2 provided to recipients of medical assistance who are children	
66 3 under the custody of a psychiatric medical institution for	
66 4 children.	
66 5 j. For the fiscal year beginning July 1, 2015, unless	Requires the reimbursement rates for all noninstitutional Medical
66 6 otherwise specified in this Act, all noninstitutional medical	Assistance providers, with specified exceptions, to remain at the rate in
66 7 assistance provider reimbursement rates shall remain at the	effect in FY 2015.
66 8 rates in effect on June 30, 2015, except for area education	
66 9 agencies, local education agencies, infant and toddler	

66 10 services providers, home and community-based services providers
 66 11 including consumer-directed attendant care providers under a
 66 12 section 1915(c) or 1915(i) waiver, targeted case management
 66 13 providers, and those providers whose rates are required to be
 66 14 determined pursuant to section 249A.20.

66 15 k. Notwithstanding any provision to the contrary, for the
 66 16 fiscal year beginning July 1, 2015, the reimbursement rate for
 66 17 anesthesiologists shall remain at the rate in effect on June
 66 18 30, 2015.

Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2015.

66 19 l. Notwithstanding section 249A.20, for the fiscal year
 66 20 beginning July 1, 2015, the average reimbursement rate for
 66 21 health care providers eligible for use of the federal Medicare
 66 22 resource-based relative value scale reimbursement methodology
 66 23 under section 249A.20 shall remain at the rate in effect on
 66 24 June 30, 2015; however, this rate shall not exceed the maximum
 66 25 level authorized by the federal government.

Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2015, and not to exceed the maximum level authorized by the federal government.

66 26 m. For the fiscal year beginning July 1, 2015, the
 66 27 reimbursement rate for residential care facilities shall not
 66 28 be less than the minimum payment level as established by the
 66 29 federal government to meet the federally mandated maintenance
 66 30 of effort requirement. The flat reimbursement rate for
 66 31 facilities electing not to file annual cost reports shall not
 66 32 be less than the minimum payment level as established by the
 66 33 federal government to meet the federally mandated maintenance
 66 34 of effort requirement.

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

66 35 n. For the fiscal year beginning July 1, 2015, the
 67 1 reimbursement rates for inpatient mental health services
 67 2 provided at hospitals shall be rebased effective October 1,
 67 3 2015, subject to Medicaid program upper payment limit rules;
 67 4 and psychiatrists shall be reimbursed at the medical assistance
 67 5 program fee-for-service rate in effect on June 30, 2015.

Requires the rate of reimbursement for inpatient psychiatric hospital services to be rebased effective October 1, 2015, subject to the Medicaid UPL rules.

DETAIL: The inpatient psychiatric hospital rebase is projected to cost \$1,000,000 for FY 2016.

67 6 o. For the fiscal year beginning July 1, 2015, community
 67 7 mental health centers may choose to be reimbursed for the
 67 8 services provided to recipients of medical assistance through
 67 9 either of the following options:
 67 10 (1) For 100 percent of the reasonable costs of the services.
 67 11 (2) In accordance with the alternative reimbursement rate
 67 12 methodology established by the medical assistance program's
 67 13 managed care contractor for mental health services and approved
 67 14 by the department of human services.

Allows Community Mental Health Centers (CMHC) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service, and uses a cost settlement methodology. The second option is based on a fee schedule methodology through Magellan.

67 15 p. For the fiscal year beginning July 1, 2015, the
 67 16 reimbursement rate for providers of family planning services

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2015.

67 17 that are eligible to receive a 90 percent federal match shall
67 18 remain at the rates in effect on June 30, 2015.

67 19 q. For the fiscal year beginning July 1, 2015, the upper
67 20 limits on reimbursement rates for providers of home and
67 21 community-based services waiver services shall be increased by
67 22 1.5 percent over the limits in effect on June 30, 2015.

Requires the upper payment limits on reimbursement rates for home and community-based services waiver services to be increased by 1.50% compared to the FY 2015 rates.

DETAIL: This change is estimated to cost \$4,200,000.

67 23 r. For the fiscal year beginning July 1, 2015, the
67 24 reimbursement rates for emergency medical service providers
67 25 shall remain at the rates in effect on June 30, 2015.

Requires the reimbursement rates for emergency medical providers to remain at the rate in effect in FY 2015.

67 26 s. For the fiscal year beginning July 1, 2015, reimbursement
67 27 rates for substance-related disorder treatment programs
67 28 licensed under section 125.13 shall be increased by 3 percent
67 29 over the rates in effect on June 30, 2015.

Requires the reimbursement rate for substance-related disorder treatment programs to increase by 3.00%.

DETAIL: This is to be covered within the funds appropriated.

67 30 2. For the fiscal year beginning July 1, 2015, the
67 31 reimbursement rate for providers reimbursed under the
67 32 in-home-related care program shall not be less than the minimum
67 33 payment level as established by the federal government to meet
67 34 the federally mandated maintenance of effort requirement.

Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2016.

67 35 3. Unless otherwise directed in this section, when the
68 1 department's reimbursement methodology for any provider
68 2 reimbursed in accordance with this section includes an
68 3 inflation factor, this factor shall not exceed the amount
68 4 by which the consumer price index for all urban consumers
68 5 increased during the calendar year ending December 31, 2002.

Specifies that when the required reimbursement methodology for providers under this Section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.

68 6 4. For the fiscal year beginning July 1, 2015, the foster
68 7 family basic daily maintenance rate and the maximum adoption
68 8 subsidy rate for children ages 0 through 5 years shall be
68 9 \$16.78, the rate for children ages 6 through 11 years shall be
68 10 \$17.45, the rate for children ages 12 through 15 years shall
68 11 be \$19.10, and the rate for children and young adults ages 16
68 12 and older shall be \$19.35. For youth ages 18 to 21 who have
68 13 exited foster care, the preparation for adult living program
68 14 maintenance rate shall be \$602.70 per month. The maximum
68 15 payment for adoption subsidy nonrecurring expenses shall be
68 16 limited to \$500 and the disallowance of additional amounts
68 17 for court costs and other related legal expenses implemented
68 18 pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall
68 19 be continued.

Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2015.

68 20 5. For the fiscal year beginning July 1, 2015, the maximum

Requires the reimbursement rate for social services providers under

contract to remain at the rate in effect for FY 2015.

68 21 reimbursement rates for social services providers under
68 22 contract shall remain at the rates in effect on June 30, 2015,
68 23 or the provider's actual and allowable cost plus inflation for
68 24 each service, whichever is less. However, if a new service
68 25 or service provider is added after June 30, 2015, the initial
68 26 reimbursement rate for the service or provider shall be based
68 27 upon a weighted average of provider rates for similar services.

Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to be increased 5.00% compared to the rate in effect in FY 2015.

DETAIL: This is estimated to cost \$659,000.

68 28 6. For the fiscal year beginning July 1, 2015, the
68 29 reimbursement rates for resource family recruitment and
68 30 retention contractors, child welfare emergency services
68 31 contractors, and supervised apartment living foster care
68 32 providers shall be increased by 5 percent over the rates in
68 33 effect on June 30, 2015.

Requires the reimbursement rates for safety plan services and family safety, risk, and permanency services be increased 5.00% compared to the rate in effect at the beginning of FY 2015.

DETAIL: This change is estimated to cost \$1,400,000.

68 34 7. For the fiscal year beginning July 1, 2015, the
68 35 reimbursement rate for safety plan services and family safety,
69 1 risk, and permanency services (family-centered) shall be
69 2 increased as follows:
69 3 a. The statewide base monthly payment amount for all
69 4 family safety, risk, and permanency services (family-centered)
69 5 contractors shall be increased by \$25.22 per month over the
69 6 rate in effect on June 30, 2015.
69 7 (1) Family safety, risk, and permanency services
69 8 Performance Measure 1 payments shall be increased by \$5.25 per
69 9 case over the rate in effect on June 30, 2015.
69 10 (2) Family safety, risk, and permanency services
69 11 Performance Measure 2 payments shall be increased by \$13.15 per
69 12 case over the rate in effect on June 30, 2015.
69 13 (3) Family safety, risk, and permanency services
69 14 Performance Measure 3 payments shall be increased by \$26.25 per
69 15 case over the rate in effect on June 30, 2015.
69 16 (4) Family safety, risk, and permanency services
69 17 Performance Measure 4 payments shall be increased by \$26.25 per
69 18 case over the rate in effect on June 30, 2015.
69 19 b. The maximum reimbursement unit rate for safety plan
69 20 services shall be increased by \$27.61 over the rate in effect
69 21 on June 30, 2015.
69 22 (1) Safety plan services Performance Measure 1 payments
69 23 shall be increased by \$5.25 per case over the rate in effect on
69 24 June 30, 2015.
69 25 (2) Safety plan services Performance Measure 2 payments
69 26 shall be increased by \$5.25 per case over the rate in effect on
69 27 June 30, 2015.

Requires the rate for group foster care providers to remain at the rate in effect in FY 2015.

69 28 8. a. For the purposes of this subsection, "combined
69 29 reimbursement rate" means the combined service and maintenance

69 30 reimbursement rate for a service level under the department's
69 31 reimbursement methodology. Effective July 1, 2015, the
69 32 combined reimbursement rate for a group foster care service
69 33 level shall be the amount designated in this subsection.
69 34 However, if a group foster care provider's reimbursement rate
69 35 for a service level as of June 30, 2015, is more than the rate
70 1 designated in this subsection, the provider's reimbursement
70 2 shall remain at the higher rate.
70 3 b. Unless a group foster care provider is subject to the
70 4 exception provided in paragraph "a", effective July 1, 2015,
70 5 the combined reimbursement rates for the service levels under
70 6 the department's reimbursement methodology shall be as follows:
70 7 (1) For service level, community - D1, the daily rate shall
70 8 be at least \$84.17.
70 9 (2) For service level, comprehensive - D2, the daily rate
70 10 shall be at least \$119.09.
70 11 (3) For service level, enhanced - D3, the daily rate shall
70 12 be at least \$131.09.

70 13 9. The group foster care reimbursement rates paid for
70 14 placement of children out of state shall be calculated
70 15 according to the same rate-setting principles as those used for
70 16 in-state providers, unless the director of human services or
70 17 the director's designee determines that appropriate care cannot
70 18 be provided within the state. The payment of the daily rate
70 19 shall be based on the number of days in the calendar month in
70 20 which service is provided.

70 21 10. a. For the fiscal year beginning July 1, 2015, the
70 22 reimbursement rate paid for shelter care and the child welfare
70 23 emergency services implemented to provide or prevent the need
70 24 for shelter care shall be established by contract.

70 25 b. For the fiscal year beginning July 1, 2015, the combined
70 26 service and maintenance components of the reimbursement rate
70 27 paid for shelter care services shall be based on the financial
70 28 and statistical report submitted to the department. The
70 29 maximum reimbursement rate shall be \$101.83 per day. The
70 30 department shall reimburse a shelter care provider at the
70 31 provider's actual and allowable unit cost, plus inflation, not
70 32 to exceed the maximum reimbursement rate.

70 33 c. Notwithstanding section 232.141, subsection 8, for the
70 34 fiscal year beginning July 1, 2015, the amount of the statewide
70 35 average of the actual and allowable rates for reimbursement of
71 1 juvenile shelter care homes that is utilized for the limitation
71 2 on recovery of unpaid costs shall remain at the amount in
71 3 effect for this purpose in the fiscal year beginning July 1,

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

Requires the Statewide average reimbursement rates paid to shelter care providers to be established by contract.

Requires the FY 2016 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

Requires the the Statewide average reimbursement rates paid to shelter care providers to remain at the rate in effect in FY 2015.

71 4 2014.

71 5 11. For the fiscal year beginning July 1, 2015, the
71 6 department shall calculate reimbursement rates for intermediate
71 7 care facilities for persons with an intellectual disability
71 8 at the 80th percentile. Beginning July 1, 2015, the rate
71 9 calculation methodology shall utilize the consumer price index
71 10 inflation factor applicable to the fiscal year beginning July
71 11 1, 2015.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2016.

71 12 12. For the fiscal year beginning July 1, 2015, for child
71 13 care providers reimbursed under the state child care assistance
71 14 program, the department shall set provider reimbursement
71 15 rates based on the rate reimbursement survey completed in
71 16 December 2004. Effective July 1, 2015, the child care provider
71 17 reimbursement rates shall remain at the rates in effect on June
71 18 30, 2015. The department shall set rates in a manner so as
71 19 to provide incentives for a nonregistered provider to become
71 20 registered by applying the increase only to registered and
71 21 licensed providers.

Requires the DHS to set FY 2016 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December of 2004 and at the same level as FY 2015.

71 22 13. For the fiscal year beginning July 1, 2015, if the
71 23 centers for Medicare and Medicaid services of the United
71 24 States department of health and human services approves the
71 25 waivers necessary to implement medical assistance program
71 26 managed care applicable to any providers or services subject to
71 27 reimbursement under this section, notwithstanding any provision
71 28 to the contrary under this section, affected providers or
71 29 services shall instead be reimbursed as follows:
71 30 a. For fee-for-service claims, reimbursement rates shall
71 31 be calculated based on the methodology otherwise specified in
71 32 this section for the fiscal year beginning July 1, 2015, for
71 33 the respective provider or service.
71 34 b. For claims subject to a managed care contract,
71 35 reimbursement shall be based on the actuarially sound
72 1 capitation rates established under the contract. However,
72 2 any reimbursement established under such contract shall not
72 3 be lower than the reimbursement otherwise specified in this
72 4 section for the fiscal year beginning July 1, 2015, for the
72 5 respective provider or service.

Specifies that if the Centers for Medicare and Medicaid Services (CMS) approves the DHS managed care waiver, any provider subject to the contract will be reimbursed at actuarially sound capitation rates no lower than the reimbursement rates in effect on June 30, 2015.

72 6 14. The department may adopt emergency rules to implement
72 7 this section.

Permits the DHS to adopt emergency rules to implement this Section.

72 8 Sec. 30. EMERGENCY RULES.

Permits the DHS and the Mental Health and Disability Services Commission to adopt emergency rules when authorized.

72 9 1. If specifically authorized by a provision of this
72 10 division of this Act, the department of human services or
72 11 the mental health and disability services commission may

72 12 adopt administrative rules under section 17A.4, subsection
72 13 3, and section 17A.5, subsection 2, paragraph "b", to
72 14 implement the provisions of this division of this Act and
72 15 the rules shall become effective immediately upon filing or
72 16 on a later effective date specified in the rules, unless the
72 17 effective date of the rules is delayed or the applicability
72 18 of the rules is suspended by the administrative rules review
72 19 committee. Any rules adopted in accordance with this section
72 20 shall not take effect before the rules are reviewed by the
72 21 administrative rules review committee. The delay authority
72 22 provided to the administrative rules review committee under
72 23 section 17A.4, subsection 7, and section 17A.8, subsection 9,
72 24 shall be applicable to a delay imposed under this section,
72 25 notwithstanding a provision in those sections making them
72 26 inapplicable to section 17A.5, subsection 2, paragraph "b".
72 27 Any rules adopted in accordance with the provisions of this
72 28 section shall also be published as a notice of intended action
72 29 as provided in section 17A.4.

72 30 2. If during a fiscal year, the department of human
72 31 services is adopting rules in accordance with this section
72 32 or as otherwise directed or authorized by state law, and the
72 33 rules will result in an expenditure increase beyond the amount
72 34 anticipated in the budget process or if the expenditure was
72 35 not addressed in the budget process for the fiscal year, the
73 1 department shall notify the persons designated by this division
73 2 of this Act for submission of reports, the chairpersons and
73 3 ranking members of the committees on appropriations, and
73 4 the department of management concerning the rules and the
73 5 expenditure increase. The notification shall be provided at
73 6 least 30 calendar days prior to the date notice of the rules
73 7 is submitted to the administrative rules coordinator and the
73 8 administrative code editor.

73 9 Sec. 31. REPORTS. Any reports or other information
73 10 required to be compiled and submitted under this Act during the
73 11 fiscal year beginning July 1, 2015, shall be submitted to the
73 12 chairpersons and ranking members of the joint appropriations
73 13 subcommittee on health and human services, the legislative
73 14 services agency, and the legislative caucus staffs on or
73 15 before the dates specified for submission of the reports or
73 16 information.

73 17 Sec. 32. EFFECTIVE UPON ENACTMENT. The following
73 18 provisions of this division of this Act, being deemed of
73 19 immediate importance, take effect upon enactment:
73 20 1. The provision relating to section 232.141 and directing
73 21 the state court administrator and the division administrator of

Requires the DHS to report to the Chairpersons and Ranking Members of the Appropriations Committees, the LSA, and the DOM at least 30 days prior to submitting rules that have a fiscal impact that was not addressed in the budget process.

Requires any reports required by this Bill to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

The Section of the Bill that requires allocations to the judicial districts, as determined by the Court Administrator, and to the DHS districts, as determined by the Division of Child and Family Services Administrator, on before June 15, 2015, is effective on enactment.

73 22 the department of human services division of child and family
 73 23 services to make the determination, by June 15, 2015, of the
 73 24 distribution of funds allocated for the payment of the expenses
 73 25 of court-ordered services provided to juveniles which are a
 73 26 charge upon the state.

73 27 2. The provision prohibiting the department of human
 73 28 services from adopting emergency rules to implement Medicaid
 73 29 managed care or the governor's Medicaid modernization
 73 30 initiative.

The Section of the Bill that prohibits the DHS from utilizing emergency rules to implement managed care or the Governor's Medicaid Modernization Initiative is effective on enactment.

73 31 DIVISION VI
 73 32 HEALTH CARE ACCOUNTS AND FUNDS — FY 2015-2016

73 33 Sec. 33. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 73 34 appropriated from the pharmaceutical settlement account created
 73 35 in section 249A.33 to the department of human services for the
 74 1 fiscal year beginning July 1, 2015, and ending June 30, 2016,
 74 2 the following amount, or so much thereof as is necessary, to be
 74 3 used for the purpose designated:

Pharmaceutical Settlement Account appropriation to the DHS for medical contracts in Medicaid.

DETAIL: This is a decrease of \$4,967,564 compared to estimated FY 2015.

74 4 Notwithstanding any provision of law to the contrary, to
 74 5 supplement the appropriations made in this Act for medical
 74 6 contracts under the medical assistance program for the fiscal
 74 7 year beginning July 1, 2015, and ending June 30, 2016:
 74 8 \$ 500,000

74 9 Sec. 34. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 74 10 SERVICES. Notwithstanding any provision to the contrary and
 74 11 subject to the availability of funds, there is appropriated
 74 12 from the quality assurance trust fund created in section
 74 13 249L.4 to the department of human services for the fiscal year
 74 14 beginning July 1, 2015, and ending June 30, 2016, the following
 74 15 amounts, or so much thereof as is necessary, for the purposes
 74 16 designated:

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

DETAIL: This is an increase of \$7,509,555 compared to estimated FY 2015. The increase is due to raising the assessment to 3.00%.

74 17 To supplement the appropriation made in this Act from the
 74 18 general fund of the state to the department of human services
 74 19 for medical assistance for the same fiscal year:
 74 20 \$ 36,705,208

74 21 Sec. 35. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 74 22 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 74 23 the contrary and subject to the availability of funds, there is
 74 24 appropriated from the hospital health care access trust fund
 74 25 created in section 249M.4 to the department of human services
 74 26 for the fiscal year beginning July 1, 2015, and ending June
 74 27 30, 2016, the following amounts, or so much thereof as is
 74 28 necessary, for the purposes designated:
 74 29 To supplement the appropriation made in this Act from the

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

DETAIL: This is no change compared to estimated FY 2015.

74 30 general fund of the state to the department of human services
 74 31 for medical assistance for the same fiscal year:
 74 32 \$ 34,700,000

74 33 Sec. 36. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 74 34 FOR FY 2015-2016. Notwithstanding section 8.33, if moneys
 74 35 appropriated for purposes of the medical assistance program for
 75 1 the fiscal year beginning July 1, 2015, and ending June 30,
 75 2 2016, from the general fund of the state, the quality assurance
 75 3 trust fund and the hospital health care access trust fund, are
 75 4 in excess of actual expenditures for the medical assistance
 75 5 program and remain unencumbered or unobligated at the close
 75 6 of the fiscal year, the excess moneys shall not revert but
 75 7 shall remain available for expenditure for the purposes of the
 75 8 medical assistance program until the close of the succeeding
 75 9 fiscal year.

Requires nonreversion of funds from the Medicaid Program. The funds will remain within the appropriation to be used in the succeeding fiscal year.

75 10 DIVISION VII
 75 11 PATIENT-CENTERED HEALTH ADVISORY COUNCIL

CODE: Changes the name of the Medical Home System Advisory Council to the Patient-Centered Health Advisory Council.

75 12 Sec. 37. Section 135.159, subsection 2, paragraph a,
 75 13 unnumbered paragraph 1, Code 2015, is amended to read as
 75 14 follows:
 75 15 The department shall establish ~~an a patient-centered health~~
 75 16 advisory council which shall include but is not limited to
 75 17 all of the following members, selected by their respective
 75 18 organizations, and any other members the department determines
 75 19 necessary to assist in the department's duties at various
 75 20 stages of development of the medical home system:
 75 21 Sec. 38. Section 135.159, subsection 2, paragraph b, Code
 75 22 2015, is amended to read as follows:
 75 23 b. Public members of the patient-centered health advisory
 75 24 council shall receive reimbursement for actual expenses
 75 25 incurred while serving in their official capacity only if they
 75 26 are not eligible for reimbursement by the organization that
 75 27 they represent.

75 28 Sec. 39. Section 135.159, subsection 10, Code 2015, is
 75 29 amended to read as follows:
 75 30 10. The department shall integrate the recommendations and
 75 31 policies developed pursuant to section 135.161, Code 2011, into
 75 32 the medical home system and shall incorporate the development
 75 33 and implementation of the state initiative for prevention
 75 34 and chronic care management as developed pursuant to section
 75 35 135.161, Code 2011, into the duties of the ~~medical home system~~
 76 1 patient-centered health advisory council beginning January 1,
 76 2 2012.

76 3 Sec. 40. CODE EDITOR DIRECTIVE. The Code editor shall amend
 76 4 the headnote of section 135.159, Code 2015, to read Medical home
 76 5 system — patient-centered health advisory council — development

76 6 and implementation.

76 7 DIVISION VIII
76 8 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS
76 9 DECATEGORIZATION

76 10 Sec. 41. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO
76 11 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection
76 12 5, paragraph “b”, any state appropriated moneys in the funding
76 13 pool that remained unencumbered or unobligated at the close
76 14 of the fiscal year beginning July 1, 2012, and were deemed
76 15 carryover funding to remain available for the two succeeding
76 16 fiscal years that still remain unencumbered or unobligated at
76 17 the close of the fiscal year beginning July 1, 2014, shall
76 18 not revert but shall be transferred to the medical assistance
76 19 program for the fiscal year beginning July 1, 2014.

Transfers funds from the Decategorization carryforward in FY 2013 to Medicaid.

DETAIL: This is estimated to transfer \$3,000,000.

76 20 COMMUNITY MENTAL HEALTH SERVICES APPROPRIATION

76 21 Sec. 42. 2013 Iowa Acts, chapter 136, section 2, subsection
76 22 1, paragraph c, is amended to read as follows:
76 23 c. The department shall allocate not less than 95 percent
76 24 of the amount of the block grant each federal fiscal year
76 25 to eligible community mental health services providers for
76 26 carrying out the plan submitted to and approved by the federal
76 27 substance abuse and mental health services administration
76 28 for the fiscal year involved, except that for federal fiscal
76 29 year 2014-2015, \$1,643,467 of such federal block grant funds
76 30 shall be used for child and family services pursuant to 2013
76 31 Iowa Acts, chapter 138, section 148, as amended by 2014 Iowa
76 32 Acts, chapter 1140, section 25, for the purposes of 2014 Iowa
76 33 Acts, chapter 1140, section 25, subsection 20, relating to
76 34 the community circle of care collaboration for children and
76 35 youth in northeast Iowa, subsection 24 relating to the central
77 1 Iowa system of care program grant, subsection 25 relating
77 2 to the system of care grant implemented in Cerro Gordo and
77 3 Linn counties, and subsection 27 relating to a system of care
77 4 approach for children with a serious emotional disturbance and
77 5 their families through a nonprofit provider of child welfare
77 6 services licensed as a psychiatric medical institution for
77 7 children.

Allocates \$1,643,467 of the FY 2015 Community Mental Health Services Block Grant to the system of care projects under the Child and Family Services appropriation.

DETAIL: The funds allocated in this Section are replacing General Fund appropriations that will be freed up and appropriated to Medicaid.

77 8 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

77 9 Sec. 43. 2013 Iowa Acts, chapter 138, section 136,
77 10 subsections 1, 2, 6, and 13, as amended by 2014 Iowa Acts,
77 11 chapter 1140, section 9, are amended to read as follows:

77 12 1. To be credited to the family investment program account
 77 13 and used for assistance under the family investment program
 77 14 under chapter 239B:

77 15\$ 9,879,488
 77 166,281,222

Deappropriates \$3,598,266 in FY 2015 from the TANF appropriation to the Family Investment Program due to lower caseloads.

DETAIL: The funds will be redirected to TANF Child Care Assistance freeing up General Fund Child Care funds that will be used for Medicaid.

77 17 2. To be credited to the family investment program account
 77 18 and used for the job opportunities and basic skills (JOBS)
 77 19 program and implementing family investment agreements in
 77 20 accordance with chapter 239B:

77 21\$ 11,091,914
 77 2210,232,340

Deappropriates \$859,571 in FY 2015 from the TANF appropriation to the PROMISE JOBS Program due to lower caseloads.

DETAIL: The funds will be redirected to TANF Child Care Assistance freeing up General Fund Child Care funds that will be used for Medicaid.

77 23 6. For state child care assistance:
 77 24\$ 35,047,110
 77 2541,210,239

Appropriates an additional \$6,163,129 in FY 2015 from surplus TANF funds to Child Care Assistance.

DETAIL: The funds allocated in this Section are replacing General Fund appropriations that will be freed up and appropriated to Medicaid.

77 26 a. Of the funds appropriated in this subsection,
 77 27 ~~\$26,347,110~~ \$26,332,712 is transferred to the child care and
 77 28 development block grant appropriation made by the Eighty-fifth
 77 29 General Assembly, 2013 Session, in 2013 Iowa Acts, chapter 136,
 77 30 section 14 for the federal fiscal year beginning October 1,
 77 31 2014, and ending September 30, 2015. Of this amount, \$200,000
 77 32 shall be used for provision of educational opportunities to
 77 33 registered child care home providers in order to improve
 77 34 services and programs offered by this category of providers
 77 35 and to increase the number of providers. The department may
 78 1 contract with institutions of higher education or child care
 78 2 resource and referral centers to provide the educational
 78 3 opportunities. Allowable administrative costs under the
 78 4 contracts shall not exceed 5 percent. The application for a
 78 5 grant shall not exceed two pages in length.

Decreases the direct Child Care Assistance transfer by \$14,398 for FY 2015.

78 6 b. Any funds appropriated in this subsection remaining
 78 7 unallocated shall be used for state child care assistance
 78 8 payments for families who are employed, including but not
 78 9 limited to individuals enrolled in the family investment
 78 10 program ~~who are employed~~.

Permits TANF funds for Child Care Assistance to be used for any employed families in the Child Care Program and not just families enrolled in the Family Investment Program.

78 11 13. a. Notwithstanding any provision to the contrary,
 78 12 including but not limited to requirements in section 8.41 or
 78 13 provisions in 2013 or 2014 Iowa Acts regarding the receipt and
 78 14 appropriation of federal block grants, federal funds from the

Specifies that for the purposes of this Subsection, funds are considered fully expended when the full amount has been transferred.

78 15 temporary assistance for needy families block grant received
 78 16 by the state not otherwise appropriated in this section and
 78 17 remaining available for the fiscal year beginning July 1, 2014,
 78 18 are appropriated to the department of human services to the
 78 19 extent as may be necessary to be used in the following priority
 78 20 order: the family investment program, for state child care
 78 21 assistance program payments for ~~individuals enrolled in the~~
 78 22 ~~family investment program~~ families who are employed, and for
 78 23 the family investment program share of costs to develop and
 78 24 maintain a new, integrated eligibility determination system.
 78 25 The federal funds appropriated in this paragraph "a" shall be
 78 26 expended only after all other funds appropriated in subsection
 78 27 1 for the assistance under the family investment program,
 78 28 in subsection 6 for child care assistance, or in subsection
 78 29 12 for the family investment program share of the costs to
 78 30 continue to develop and maintain a new, integrated eligibility
 78 31 determination system, as applicable, have been expended. For
 78 32 the purposes of this subsection, the funds appropriated in
 78 33 subsection 6, paragraph "a", for transfer to the child care and
 78 34 development block grant are considered fully expended when the
 78 35 full amount has been transferred.

79 1 b. The department shall, on a quarterly basis, advise the
 79 2 legislative services agency and department of management of
 79 3 the amount of funds appropriated in this subsection that was
 79 4 expended in the prior quarter.

79 5 CHILD SUPPORT RECOVERY UNIT

79 6 Sec. 44. 2013 Iowa Acts, chapter 138, section 139,
 79 7 unnumbered paragraph 2, as amended by 2014 Iowa Acts, chapter
 79 8 1140, section 12, is amended to read as follows:

79 9 For child support recovery, including salaries, support,
 79 10 maintenance, and miscellaneous purposes, and for not more than
 79 11 the following full-time equivalent positions:

79 12	..... \$	14,911,230
79 13		<u>14,771,230</u>
79 14	..... FTEs	464.00

79 15 MEDICAL ASSISTANCE

79 16 Sec. 45. 2013 Iowa Acts, chapter 139, section 142,
 79 17 unnumbered paragraph 2, as amended by 2014 Iowa Acts, chapter
 79 18 1140, section 14, is amended to read as follows:

79 19 For medical assistance program reimbursement and associated
 79 20 costs as specifically provided in the reimbursement
 79 21 methodologies in effect on June 30, 2014, except as otherwise
 79 22 expressly authorized by law, consistent with options under
 79 23 federal law and regulations, and contingent upon receipt of

Deappropriates \$140,000 in FY 2015 from the Child Support Recovery Unit appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

General Fund supplemental appropriation of \$59,640,857 for the Medicaid Program in FY 2015.

DETAIL: This appropriation, in addition to other fund appropriations and DHS revenues, will provide a \$69,000,000 supplemental appropriation for FY 2015 and fund Medicaid at the midpoint of the Medicaid Forecasting Group estimates.

79 24 approval from the office of the governor of reimbursement for
 79 25 each abortion performed under the program:
 79 26 \$1,250,658,393
 79 27 1,310,299,250

79 28 MEDICAL CONTRACTS

79 29 Sec. 46. 2013 Iowa Acts, chapter 138, section 143,
 79 30 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 79 31 chapter 1140, section 19, are amended to read as follows:
 79 32 There is appropriated from the general fund of the state to
 79 33 the department of human services for the fiscal year beginning
 79 34 July 1, 2014, and ending June 30, 2015, the following amount,
 79 35 or so much thereof as is necessary, to be used for the purpose
 80 1 designated:
 80 2 For medical contracts:
 80 3 \$ 17,148,576
 80 4 12,896,400

Deappropriates \$4,252,176 in FY 2015 from the Medical Contracts appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall. The decrease reflects the following:

- A decrease of \$2,000,000 to reflect a surplus in the Autism Program.
- A decrease of \$1,502,176 due to increased funds from the Pharmaceutical Settlement Account.
- A decrease of \$750,000 to delay the implementation of a Healthy Rewards vendor for the Iowa Health and Wellness Program.

80 5 STATE SUPPLEMENTARY ASSISTANCE

80 6 Sec. 47. 2013 Iowa Acts, chapter 138, section 144,
 80 7 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 80 8 section 20, is amended to read as follows:
 80 9 1. There is appropriated from the general fund of the
 80 10 state to the department of human services for the fiscal year
 80 11 beginning July 1, 2014, and ending June 30, 2015, the following
 80 12 amount, or so much thereof as is necessary, to be used for the
 80 13 purpose designated:
 80 14 For the state supplementary assistance program:
 80 15 \$ 14,121,154
 80 16 12,965,318

Deappropriates \$1,155,836 in FY 2015 from the State Supplementary Assistance appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

80 17 CHILDREN'S HEALTH INSURANCE PROGRAM/
 80 18 HEALTHY AND WELL KIDS IN IOWA PROGRAM

80 19 Sec. 48. 2013 Iowa Acts, chapter 138, section 145,
 80 20 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 80 21 section 21, is amended to read as follows:
 80 22 1. There is appropriated from the general fund of the
 80 23 state to the department of human services for the fiscal year
 80 24 beginning July 1, 2014, and ending June 30, 2015, the following
 80 25 amount, or so much thereof as is necessary, to be used for the
 80 26 purpose designated:
 80 27 For maintenance of the healthy and well kids in Iowa (hawk-i)

Deappropriates \$780,913 in FY 2015 from the Children's Health Insurance Program appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

80 28 program pursuant to chapter 514I, including supplemental dental
 80 29 services, for receipt of federal financial participation under
 80 30 Tit.XXI of the federal Social Security Act, which creates the
 80 31 children's health insurance program:

80 32\$ 45,877,998
 80 3345,097,085

80 34 CHILD CARE ASSISTANCE

80 35 Sec. 49. 2013 Iowa Acts, chapter 138, section 146,
 81 1 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 81 2 chapter 1140, section 22, are amended to read as follows:

81 3 There is appropriated from the general fund of the state to
 81 4 the department of human services for the fiscal year beginning
 81 5 July 1, 2014, and ending June 30, 2015, the following amount,
 81 6 or so much thereof as is necessary, to be used for the purpose
 81 7 designated:

81 8 For child care programs:
 81 9\$ 47,132,080
 81 1036,303,944

81 11 CHILDREN ADJUDICATED AS DELINQUENT AND CHILD IN NEED OF 81 12 ASSISTANCE PLACEMENTS

81 13 Sec. 50. 2013 Iowa Acts, chapter 138, unnumbered paragraphs
 81 14 1 and 2, as amended by 2014 Iowa Acts, chapter 1140, section
 81 15 24, are amended to read as follows:

81 16 There is appropriated from the general fund of the state to
 81 17 the department of human services for the fiscal year beginning
 81 18 July 1, 2014, and ending June 30, 2015, the following amount,
 81 19 or so much thereof as is necessary, to be used for the purposes
 81 20 designated:

81 21 For the placement costs of female children adjudicated as
 81 22 delinquent and male and female children adjudicated as a child
 81 23 in need of assistance:
 81 24\$ 2,000,000
 81 251,400,000

81 26 CHILD AND FAMILY SERVICES

81 27 Sec. 51. 2013 Iowa Acts, chapter 138, section 148,
 81 28 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 81 29 section 25, is amended to read as follows:

81 30 1. There is appropriated from the general fund of the
 81 31 state to the department of human services for the fiscal year
 81 32 beginning July 1, 2014, and ending June 30, 2015, the following
 81 33 amount, or so much thereof as is necessary, to be used for the

Deappropriates \$10,828,136 in FY 2015 from the Child Care Assistance Program appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to Fund the FY 2015 Medicaid shortfall. The decrease reflects the following:

- A decrease of \$6,163,126 to use a one-time TANF surplus to supplant General Fund dollars.
- A decrease of \$4,665,007 due to an estimated surplus based on current enrollment. This level of funding will still meet MOE requirements.

Deappropriates \$600,000 in FY 2015 from the appropriation for adjudicated as delinquent and children in need of assistance placements.

DETAIL: The deappropriated funds in this Section are being redirected to the FY 2015 Medicaid shortfall.

Deappropriates \$3,493,467 in FY 2015 from the Child and Family Services appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall. The decrease reflects the following:

81 34 purpose designated:
 81 35 For child and family services:
 82 1\$ 94,857,554
 82 291,364,087

- A decrease of \$1,643,467 to fund system of care projects with the Community Mental Health Services Block Grant.
- A decrease of \$1,850,000 the DHS has managed the appropriation at in FY 2015.

82 3 ADOPTION SUBSIDY

82 4 Sec. 52. 2013 Iowa Acts, chapter 138, section 149,
 82 5 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 82 6 section 26, is amended to read as follows:
 82 7 1. There is appropriated from the general fund of the
 82 8 state to the department of human services for the fiscal year
 82 9 beginning July 1, 2014, and ending June 30, 2015, the following
 82 10 amount, or so much thereof as is necessary, to be used for the
 82 11 purpose designated:
 82 12 For adoption subsidy payments and services:
 82 13\$ 42,580,749
 82 1441,744,149

Deappropriates \$836,600 in FY 2015 from the Adoption Subsidy Program.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall. This decrease is due to the estimated surplus from the most recent LSA, the DHS, the DOM forecasting group consensus.

82 15 FAMILY SUPPORT SUBSIDY

82 16 Sec. 53. 2013 Iowa Acts, chapter 138, section 151,
 82 17 subsection 1, as amended by 2014 Iowa Acts, chapter 1140,
 82 18 section 27, is amended to read as follows:
 82 19 1. There is appropriated from the general fund of the
 82 20 state to the department of human services for the fiscal year
 82 21 beginning July 1, 2014, and ending June 30, 2015, the following
 82 22 amount, or so much thereof as is necessary, to be used for the
 82 23 purpose designated:
 82 24 For the family support subsidy program subject to the
 82 25 enrollment restrictions in section 225C.37, subsection 3:
 82 26\$ 1,079,739
 82 27579,739

Deappropriates \$500,000 in FY 2015 from the Family Support Subsidy Program.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall. This is due to funds that have accumulated in the Program from annual carryforwards over the past few fiscal years.

82 28 FIELD OPERATIONS

82 29 Sec. 54. 2013 Iowa Acts, chapter 138, section 156,
 82 30 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 82 31 chapter 1140, section 32, are amended to read as follows:
 82 32 There is appropriated from the general fund of the state to
 82 33 the department of human services for the fiscal year beginning
 82 34 July 1, 2014, and ending June 30, 2015, the following amount,
 82 35 or so much thereof as is necessary, to be used for the purposes
 83 1 designated:
 83 2 For field operations, including salaries, support,
 83 3 maintenance, and miscellaneous purposes, and for not more than
 83 4 the following full-time equivalent positions:
 83 5\$ 65,170,976

Deappropriates \$4,000,000 in FY 2015 from the Field Operations appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

83 6 61,170,976
 83 7 FTEs 1,837.00

83 8 GENERAL ADMINISTRATION

83 9 Sec. 55. 2013 Iowa Acts, chapter 138, section 157,
 83 10 unnumbered paragraphs 1 and 2, as amended by 2014 Iowa Acts,
 83 11 chapter 1140, section 33, are amended to read as follows:

83 12 There is appropriated from the general fund of the state to
 83 13 the department of human services for the fiscal year beginning
 83 14 July 1, 2014, and ending June 30, 2015, the following amount,
 83 15 or so much thereof as is necessary, to be used for the purpose
 83 16 designated:

83 17 For general administration, including salaries, support,
 83 18 maintenance, and miscellaneous purposes, and for not more than
 83 19 the following full-time equivalent positions:

83 20 \$ 16,072,302
 83 21 15,072,302
 83 22 FTEs 309.00

83 23 PHARMACEUTICAL SETTLEMENT ACCOUNT

83 24 Sec. 56. 2013 Iowa Acts, chapter 138, section 162, as
 83 25 amended by 2014 Iowa Acts, chapter 1140, section 47, is amended
 83 26 to read as follows:

83 27 SEC. 162. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 83 28 appropriated from the pharmaceutical settlement account created
 83 29 in section 249A.33 to the department of human services for the
 83 30 fiscal year beginning July 1, 2014, and ending June 30, 2015,
 83 31 the following amount, or so much thereof as is necessary, to be
 83 32 used for the purpose designated:

83 33 Notwithstanding any provision of law to the contrary, to
 83 34 supplement the appropriations made in this Act for medical
 83 35 contracts under the medical assistance program for the fiscal
 84 1 year beginning July 1, 2014, and ending June 30, 2015:
 84 2 \$ 5,467,564
 84 3 6,969,740

84 4 QUALITY ASSURANCE TRUST FUND

84 5 Sec. 57. 2013 Iowa Acts, chapter 138, section 163, as
 84 6 amended by 2014 Iowa Acts, chapter 1140, section 48, is amended
 84 7 to read as follows:

84 8 SEC. 163. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 84 9 HUMAN SERVICES. Notwithstanding any provision to the contrary
 84 10 and subject to the availability of funds, there is appropriated
 84 11 from the quality assurance trust fund created in section
 84 12 249L.4 to the department of human services for the fiscal year

Deappropriates \$1,000,000 in FY 2015 from the General Administration appropriation.

DETAIL: The deappropriated funds in this Section are being redirected to fund the FY 2015 Medicaid shortfall.

Pharmaceutical Settlement Account supplemental appropriation of \$1,502,176 in FY 2015 to Medical Contracts.

DETAIL: The funds allocated in this Section will replace General Fund appropriations that will be freed up and appropriated to Medicaid.

Quality Assurance Trust Fund supplemental appropriation of \$500,000 in FY 2015 to Medicaid.

DETAIL: This is part of a total \$69,000,000 supplemental to fund the FY 2015 Medicaid shortfall.

84 13 beginning July 1, 2014, and ending June 30, 2015, the following
 84 14 amounts, or so much thereof as is necessary, for the purposes
 84 15 designated:
 84 16 To supplement the appropriation made in this Act from the
 84 17 general fund of the state to the department of human services
 84 18 for medical assistance for the same fiscal year:
 84 19 \$ ~~29,195,653~~
 84 20 29,695,653

84 21 Sec. 58. EFFECTIVE UPON ENACTMENT. This division of this
 84 22 Act, being deemed of immediate importance, takes effect upon
 84 23 enactment.

This Division is effective on enactment.

84 24 Sec. 59. RETROACTIVE APPLICABILITY. This division of this
 84 25 Act is retroactively applicable to July 1, 2014.

This Division is retroactive to July 1, 2014.

84 26 DIVISION IX
 84 27 QUALITY ASSURANCE ASSESSMENT
 84 28 Sec. 60. Section 249L.3, subsection 1, paragraph d, Code
 84 29 2015, is amended to read as follows:
 84 30 d. The aggregate quality assurance assessments imposed
 84 31 under this chapter shall ~~not exceed the lower of~~ be established
 84 32 at three percent of the aggregate non-Medicare revenues of a
 84 33 nursing facility ~~or the maximum amount that may be assessed~~
 84 34 pursuant to the indirect guarantee threshold as established
 84 35 pursuant to 42 C.F.R. §433.68(f)(3)(i), and shall be stated on
 85 1 a per-patient-day basis.

CODE: Requires the Nursing Facility Quality Assurance Assessment to be set at 3.00%.

85 2 DIVISION X
 85 3 HEALTH POLICY — OVERSIGHT

85 4 Sec. 61. NEW SECTION 2.70 LEGISLATIVE HEALTH POLICY
 85 5 OVERSIGHT COMMITTEE.
 85 6 1. A legislative health policy oversight committee
 85 7 is created to provide a formal venue for oversight of
 85 8 and stakeholder engagement in, the design, development,
 85 9 implementation, administration, and funding associated
 85 10 with general state health care policy, with a particular
 85 11 focus on the Medicaid program. The overall purpose of the
 85 12 committee is to ensure that health care policy in this state
 85 13 is consumer-focused and provides for accessible, accountable,
 85 14 efficient, cost-effective, and quality health care. The goal
 85 15 of the committee is to continue to further health policy that
 85 16 improves health care, improves population health, reduces
 85 17 health care costs, and integrates medical and social services
 85 18 and supports into a holistic health system.
 85 19 2. a. The committee shall include all of the following
 85 20 members:

CODE: Creates a new Legislative Health Policy Oversight Committee for oversight of and stakeholder engagement in, the design, development, implementation, administration, and funding associated with general state health care policies, with a particular focus on the Medicaid program. This Section also specifies the membership of the Committee and permits the Committee to contract for outside expertise.

85 21 (1) The co-chairpersons and ranking members of the
85 22 legislative joint appropriations subcommittee on health
85 23 and human services, or members of the joint appropriations
85 24 subcommittee designated by the respective co-chairpersons or
85 25 ranking members.

85 26 (2) The chairpersons and ranking members of the
85 27 human resources committees of the senate and house of
85 28 representatives, or members of the respective committees
85 29 designated by the respective chairpersons or ranking members.

85 30 (3) The chairpersons and ranking members of the
85 31 appropriations committees of the senate and house of
85 32 representatives, or members of the respective committees
85 33 designated by the respective chairpersons or ranking members.

85 34 b. The members of the committee shall receive a per diem as
85 35 provided in section 2.10.

86 1 c. The committee shall meet at least quarterly, but may meet
86 2 as often as necessary. The committee may request information
86 3 from sources as deemed appropriate, and the department of human
86 4 services and other agencies of state government shall provide
86 5 information to the committee as requested. The legislative
86 6 services agency shall provide staff support to the committee.

86 7 d. The committee shall select co-chairpersons, one
86 8 representing the senate and one representing the house of
86 9 representatives, annually, from its membership. A majority of
86 10 the members of the committee shall constitute a quorum.

86 11 e. The committee may contract for the services of persons
86 12 who are qualified by education, expertise, or experience to
86 13 advise, consult with, or otherwise assist the committee in the
86 14 performance of its duties.

86 15 3. The committee shall submit a report to the governor and
86 16 the general assembly by December 15, annually.

Requires the Legislative Health Policy Oversight Committee to submit a report annually to the Governor and General Assembly by December 15.

86 17 Sec. 62.NEW SECTION 231.44 UTILIZATION OF RESOURCES
86 18 — ASSISTANCE AND ADVOCACY RELATED TO LONG-TERM SERVICES AND
86 19 SUPPORTS UNDER THE MEDICAID PROGRAM.

86 20 1. The office of long-term care ombudsman may utilize its
86 21 available resources to provide assistance and advocacy services
86 22 to potential or actual recipients, or the families or legal
86 23 representatives of such potential or actual recipients, of
86 24 long-term services and supports provided through the Medicaid
86 25 program. Such assistance and advocacy shall include but is not
86 26 limited to all of the following:

86 27 a. Providing information, education, consultation, and
86 28 assistance regarding eligibility for, enrollment in, and the

Allows the Office of Long-Term Care Ombudsman to provide assistance and advocacy services to recipients of long-term services and supports provided through the Medicaid Program and specifies the type of assistance and advocacy.

86 29 obtaining of long-term services and supports through the
86 30 Medicaid program.
86 31 b. Identifying and referring individuals who may be eligible
86 32 for and in need of long-term services and supports to the
86 33 Medicaid program.
86 34 c. Developing procedures for tracking and reporting
86 35 individual requests for assistance with the obtaining of
87 1 necessary services and supports.
87 2 d. Providing consultation for individuals transitioning into
87 3 or out of an institutional setting or across levels of care.
87 4 e. Identifying gaps in or duplication of services provided
87 5 to older individuals and persons with disabilities and
87 6 developing strategies to improve the delivery and coordination
87 7 of these services for these individuals.
87 8 f. Providing advice, assistance, and negotiation relating
87 9 to the preparation and filing of complaints, grievances, and
87 10 appeals of complaints or grievances relating to long-term
87 11 services and supports under the Medicaid program.
87 12 g. Providing individual case advocacy services in
87 13 administrative hearings and legal representation for judicial
87 14 proceedings related to long-term services and supports under
87 15 the Medicaid program.

87 16 2. A representative of the office of long-term care
87 17 ombudsman providing assistance and advocacy services authorized
87 18 under this section for an individual, shall be provided
87 19 access to the individual, and shall be provided access to
87 20 the individual's medical and social records as authorized by
87 21 the individual or the individual's legal representative, as
87 22 necessary to carry out the duties specified in this section.

Permits the Office of Long-Term Care Ombudsman to access individual medical and social records if authorized by the individual.

87 23 3. A representative of the office of long-term care
87 24 ombudsman providing assistance and advocacy services authorized
87 25 under this section for an individual, shall be provided access
87 26 to administrative records related to the provision of the
87 27 long-term services and supports to the individual, as necessary
87 28 to carry out the duties specified in this section.

Permits the Office of Long-Term Care Ombudsman to have access to administrative records.

87 29 4. For the purposes of this section:
87 30 a. "Institutional setting" includes a long-term care
87 31 facility, an elder group home, or an assisted living program.
87 32 b. "Long-term services and supports" means the broad range of
87 33 health, health-related, and personal care assistance services
87 34 and supports, provided in both institutional settings and home
87 35 and community-based settings, necessary for older individuals
88 1 and persons with disabilities who experience limitations in
88 2 their capacity for self-care due to a physical, cognitive, or
88 3 mental disability or condition.

Provides definitions for "institutional setting" and "long-term services and supports."

88 4 Sec. 63. MEDICAID MANAGED CARE ORGANIZATIONS — UTILIZATION
88 5 OF CAPITATED PAYMENTS.

88 6 1. All of the following shall apply to Medicaid managed care
88 7 contracts entered into on or after July 1, 2015:

88 8 a. Two percent of the Medicaid capitation payment amount
88 9 specified under the contract shall be withheld by the state to
88 10 be used to provide for Medicaid program oversight, including
88 11 for a health consumer ombudsman function, and for quality
88 12 improvement.

Requires 2.00% of the Medicaid capitation payment to be withheld by the state to be used to provide for Medicaid program oversight, including for a health consumer ombudsman function, and for quality improvement.

88 13 b. The minimum medical loss ratio applicable to Medicaid
88 14 managed care shall be established at no less than 85
88 15 percent. The portion of the Medicaid capitation payment paid
88 16 to a Medicaid managed care contractor that is required to be
88 17 dedicated to meeting the minimum medical loss ratio shall be
88 18 allocated to a Medicaid claims fund. Expenditures of moneys
88 19 in the Medicaid claims fund shall comply with all of the
88 20 following:

Provides requirements for funds dedicated to meeting the minimum medical loss ratio and sets the minimum ratio at no less than 85.00%.

88 21 (1) Only expenditures for medical claims shall be
88 22 considered in computing the minimum medical loss ratio
88 23 as specified in the contract. For the purposes of the
88 24 computation, "medical claims" means only the costs of claims
88 25 for direct delivery of covered benefits incurred during the
88 26 applicable minimum medical loss ratio reporting period, not
88 27 otherwise defined or designated as administrative costs,
88 28 population health benefits or quality improvement, or profit in
88 29 this section.

Permits only expenditures for medical claims to be considered in computing the minimum medical loss ratio as specified in the contract.

88 30 (2) If a Medicaid managed care contractor does not meet
88 31 the minimum medical loss ratio established under the contract
88 32 for the reporting period specified, the Medicaid managed
88 33 care contractor shall remit the excess amount, multiplied
88 34 by the total contract revenue, to the state for community
88 35 reinvestment, oversight, and quality improvement.

Requires the managed care contractor to remit funds if they do not meet the minimum medical loss ratio.

89 1 c. The portion of the Medicaid capitation payment that is
89 2 not required to be dedicated to meeting the minimum medical
89 3 loss ratio, shall be allocated to an administrative fund.
89 4 Expenditure or use of moneys in the administrative fund shall
89 5 comply with all of the following:

Provides requirements for administrative funds.

89 6 (1) Funds in the administrative fund may be used for
89 7 population health and quality improvement activities
89 8 including conflict or reinvestment free case management, care
89 9 coordination, community benefit expenditures, nontraditional
89 10 consumer-centered services that address social determinants

The remaining administrative funds are to be used for the services listed.

89 11 of health, health information technology, data collection and
89 12 analysis, and other population health and quality improvement
89 13 activities as specified by rule of the department of human
89 14 services.

89 15 (2) Administrative costs shall not exceed the percentage
89 16 applicable to the Medicaid program for administrative costs for
89 17 FY 2015 of a maximum of 4 percent calculated as a percentage of
89 18 the Medicaid capitation payment during the applicable minimum
89 19 medical loss ratio reporting period. Administrative functions
89 20 and costs shall not be shifted to providers or other entities
89 21 as a means of administrative cost avoidance.

Prohibits administrative costs from exceeding 4.00%.

89 22 (3) Profit, including reserves and earnings on reserves
89 23 such as investment income and earned interest, as a percentage
89 24 of the Medicaid capitated payment, shall be limited to a
89 25 maximum of 3 percent during the applicable minimum medical loss
89 26 ratio reporting period.

Limits profit to 3.00%.

89 27 (4) Any funds remaining in the administrative fund
89 28 following allowable expenditures or uses specified in
89 29 subparagraphs (1), (2), and (3) shall be remitted to the state
89 30 for community reinvestment, oversight, and quality improvement.
89 31 2. The department of human services shall specify by rule
89 32 reporting requirements for Medicaid managed care contractors
89 33 under this section.

Requires the managed care contractor to remit any funds remaining after all allowable expenditures are accounted for.

89 34 Sec. 64. PROPOSAL FOR A HEALTH CONSUMER OMBUDSMAN
89 35 ALLIANCE. The office of long-term care ombudsman shall
90 1 collaborate with the department on aging, the office of
90 2 substitute decision maker, the department of veterans affairs,
90 3 the department of human services, the department of public
90 4 health, the department of inspections and appeals, the
90 5 designated protection and advocacy agency as provided in
90 6 section 135C.2, subsection 4, the civil rights commission, the
90 7 senior health insurance information program, the Iowa insurance
90 8 consumer advocate, Iowa legal aid, and other consumer advocates
90 9 and consumer assistance programs, to develop a proposal for the
90 10 establishment of a health consumer ombudsman alliance. The
90 11 purpose of the alliance is to provide a permanent coordinated
90 12 system of independent consumer supports to ensure that
90 13 consumers, including consumers covered under Medicaid managed
90 14 care, obtain and maintain essential health care, are provided
90 15 unbiased information in understanding coverage models, and are
90 16 assisted in resolving problems regarding health care services,
90 17 coverage, access, and rights. The proposal developed shall
90 18 include annual budget projections and shall be submitted to the
90 19 governor and the general assembly no later than December 15,

Requires the Office of Long-Term Care Ombudsman to collaborate with the Departments and agencies listed in this Section to develop a proposal for the establishment of a health consumer ombudsman alliance and submit a proposal to the Governor and General Assembly by December 15, 2015.

90 20 2015.

90 21 Sec. 65. FUNCTIONAL, LEVEL OF CARE, AND NEEDS-BASED
90 22 ASSESSMENTS — CASE MANAGEMENT.

90 23 1. The department of human services shall contract
90 24 with a conflict free third party to conduct initial and
90 25 subsequent functional, level of care, and needs assessments and
90 26 reassessments of consumers who may be eligible for long-term
90 27 services and supports and are subject to a Medicaid managed
90 28 care contract. Such assessments and reassessments shall not
90 29 be completed by a Medicaid managed care organization under
90 30 contract with the state or by any entity that is not deemed
90 31 conflict free. If a managed care contractor becomes aware that
90 32 an applicant may require long-term services and supports or
90 33 that an enrolled consumer's functional level of care, support
90 34 needs, or medical status has changed, the Medicaid managed care
90 35 contractor shall notify the department and the conflict free
91 1 third party shall administer any assessment or reassessment
91 2 in response to the notification. A case manager or Medicaid
91 3 managed care contractor shall not alter a consumer's service
91 4 plan independent of the prior administration of an assessment
91 5 or reassessment conducted by the conflict free third party.
91 6 The department of human services shall retain authority to
91 7 determine or redetermine a consumer's categorical, financial,
91 8 level of care or needs-based eligibility based on the conflict
91 9 free third party assessment or reassessment.

91 10 2. The department of human services shall provide for
91 11 administration of non-biased, community-based, in-person
91 12 options counseling by a conflict free third party for
91 13 applicants for a Medicaid managed care plan.

91 14 3. Case management under a Medicaid managed care contract
91 15 shall be administered in a conflict free manner.

91 16 4. For the purposes of this section, "conflict free" means
91 17 conflict free pursuant to specifications of the balancing
91 18 incentive program requirements.

91 19 DIVISION XI
91 20 AUTISM

91 21 Sec. 66. Section 225D.1, subsections 3 and 8, Code 2015, are
91 22 amended to read as follows:

91 23 3. "Autism service provider" means a person providing
91 24 applied behavioral analysis, who meets all of the following
91 25 criteria:

91 26 a. Is any of the following:

91 27 (1) Is certified as a behavior analyst by the behavior
91 28 analyst certification board ~~or is a health professional~~

Requires the DHS to contract with a third party to conduct initial and subsequent functional, level of care, and needs assessments and reassessments of consumers that may be eligible for long-term services and supports and are under the Medicaid managed care contract. Prohibits assessments by a managed care organization under contract with the State.

Requires the DHS to provide for third-party administration of counseling options for individuals applying for Medicaid managed care plans.

Requires case management under Medicaid to meet Balancing Incentive Program requirements.

CODE: Makes the following changes to the Autism Program:

- Adds a board-certified assistant behavior analyst to the list of qualified providers.
- Increases the age to qualify for the Program from nine to 15 years of age.
- Permits individuals to provide a summary of insurance benefits to show applied behavioral analysis treatment is not a covered benefit.

91 29 ~~licensed under chapter 147.~~

91 30 (2) Is a board-certified assistant behavior analyst who
 91 31 performs duties, identified by and based on the standards of
 91 32 the behavior analyst certification board, under the supervision
 91 33 of a board-certified behavior analyst.

91 34 b. Is approved as a member of the provider network by the
 91 35 department.

92 1 8. "Eligible individual" means a child less than ~~nine~~
 92 2 fifteen years of age who has been diagnosed with autism based
 92 3 on a diagnostic assessment of autism, is not otherwise eligible
 92 4 for coverage for applied behavioral analysis treatment under
 92 5 the medical assistance program, section 514C.28, or private
 92 6 insurance coverage, and whose household income does not exceed
 92 7 four hundred percent of the federal poverty level.

92 8 Sec. 67. Section 225D.2, subsection 2, paragraph c, Code
 92 9 2015, is amended to read as follows:

92 10 c. Notwithstanding the age limitation for an eligible
 92 11 individual, a provision that if an eligible individual reaches
 92 12 ~~nine~~ fifteen years of age prior to completion of the maximum
 92 13 applied behavioral analysis treatment period specified in
 92 14 paragraph "b", the individual may complete such treatment in
 92 15 accordance with the individual's treatment plan, not to exceed
 92 16 the maximum treatment period.

92 17 Sec. 68. Section 225D.2, subsection 2, Code 2015, is amended
 92 18 by adding the following new paragraph:

92 19 NEW PARAGRAPH I. Proof of eligibility for the autism
 92 20 support program that includes a written denial for coverage or
 92 21 a benefits summary indicating that applied behavioral analysis
 92 22 treatment is not a covered benefit for which the applicant
 92 23 is eligible, under the Medicaid program, section 514C.28, or
 92 24 private insurance coverage.

92 25 DIVISION XII
 92 26 OFFICE OF SUBSTITUTE DECISION MAKER
 92 27 Sec. 69. Section 231E.4, subsection 3, paragraph a, Code
 92 28 2015, is amended to read as follows:

92 29 a. Select persons through a request for proposals process to
 92 30 establish local offices of substitute decision maker in each
 92 31 of the planning and service areas. Local offices shall be
 92 32 established statewide on or before July 1, ~~2015~~ 2017.

92 33 DIVISION XIII
 92 34 DEMENTIA WORKFORCE
 92 35 Sec. 70. INTERAGENCY DEMENTIA PROFICIENT WORKFORCE TASK
 93 1 FORCE. The department on aging shall convene an interagency
 93 2 task force, in collaboration with the office of long-term
 93 3 care ombudsman, the office of substitute decision maker, the
 93 4 departments of public health, human services, and inspections

CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2017.

Directs the Department on Aging to convene an interagency taskforce consisting of the DPH, the DHS, the Department of Inspections and Appeals, and in collaboration with the Alzheimers Association, to do the following:

- Review recommendations for a standard curriculum model for dementia education.

93 5 and appeals, and the Alzheimer's association, to review the
 93 6 recommendations for a standard curriculum model for dementia
 93 7 education submitted by the Alzheimer's association dementia
 93 8 education task force to the department on aging in June 2010,
 93 9 in the Iowa dementia education project final report, and the
 93 10 curricula-related recommendations submitted by the direct care
 93 11 worker task force and the direct care worker advisory council;
 93 12 identify staff, in settings in which individuals with dementia
 93 13 may seek services and care, who should have some level of
 93 14 dementia proficiency and analyze gaps in existing training
 93 15 and educational requirements; and develop an implementation
 93 16 plan to transition toward competency-based dementia curricula
 93 17 and training that achieves dementia proficiency across a
 93 18 broader care continuum. To the greatest extent possible,
 93 19 the plan shall address training strategies for different
 93 20 settings, levels of skill, and licensure. The plan shall
 93 21 include a timeline for implementation, fiscal implications of
 93 22 recommendations, and identification of key decision points
 93 23 for the general assembly. The task force shall provide
 93 24 opportunities for stakeholder input from affected industry,
 93 25 education, professional, employee, and consumer organizations.
 93 26 The task force shall submit its recommendations to the governor
 93 27 and the general assembly no later than December 15, 2015.

- Identify staff in settings that interact with individuals with dementia that should have some level of training.
- Analyze gaps in existing training and education requirements.
- Develop an implementation plan that outlines dementia training that achieves proficiency across a broad care continuum. The plan must include timeliness for implementation, fiscal implications, and key decision points for the General Assembly.

The report is due to the General Assembly and Governor by December 15, 2015.

93 28 DIVISION XIV
 93 29 PHARMACEUTICAL COLLECTION AND DISPOSAL PROGRAM
 93 30 Sec. 71. Section 155A.43, Code 2015, is amended to read as
 93 31 follows:
 93 32 155A.43 PHARMACEUTICAL COLLECTION AND DISPOSAL PROGRAM —
 93 33 ANNUAL ALLOCATION.
 93 34 Of the fees collected pursuant to sections 124.301 and
 93 35 147.80 and chapter 155A by the board of pharmacy, and retained
 94 1 by the board pursuant to section 147.82, not more than
 94 2 one hundred ~~twenty-five~~ seventy-five thousand dollars may
 94 3 be allocated annually by the board for administering the
 94 4 pharmaceutical collection and disposal program originally
 94 5 established pursuant to 2009 Iowa Acts, ch.175, §9. The
 94 6 program shall provide for the management and disposal of
 94 7 unused, excess, and expired pharmaceuticals. The board of
 94 8 pharmacy may cooperate with the Iowa pharmacy association and
 94 9 may consult with the department and sanitary landfill operators
 94 10 in administering the program.

CODE: Permits the Board of Pharmacy to allocate up to \$175,000 of the fees available to the Board for the Pharmaceutical Collection and Disposal Program.

DETAIL: This is an increase of \$50,000.

94 11 DIVISION XV
 94 12 MEDICAID STATE PLAN — FAMILY PLANNING

94 13 Sec. 72. MEDICAID STATE PLAN AMENDMENT — FAMILY
 94 14 PLANNING. The department of human services shall amend the

Requires the DHS to amend the State Medicaid Plan to include the Family Planning eligibility group. This Division is effective on enactment

94 15 medical assistance state plan to include, effective no later
 94 16 than January 1, 2016, the eligibility provisions of the Iowa
 94 17 family planning network section 1115 demonstration waiver in
 94 18 effect on January 1, 2015. The department shall implement
 94 19 the state plan amendment upon receipt of approval by the
 94 20 centers for Medicare and Medicaid services of the United States
 94 21 department of health and human services.

but implementation is contingent on approval from CMS.

94 22 Sec. 73. EFFECTIVE DATE. This division of this Act, being
 94 23 deemed of immediate importance, takes effect upon enactment.

This Division is effective on enactment.

94 24 DIVISION XVI
 94 25 IOWA ABLE SAVINGS PLAN TRUST
 94 26 Sec. 74. NEW SECTION 12I.1 PURPOSE AND DEFINITIONS.

CODE: This Division creates an Iowa ABLE (Achieving a Better Life Experience) Savings Plan Trust. The Trust will be administered by the State Treasurer. Contributions to the Trust on behalf of beneficiaries are deductible for State income tax purposes, up to a specified amount, and that amount is adjusted annually for inflation. Interest earnings on account balances are also exempt from State income tax. In addition, the accounts are not subject to State inheritance tax and the assets of the accounts are excluded from consideration under certain means-tested programs, such as Medicaid or Supplemental Security Income. This Division allows account contributions to be made on or after July 1, 2016, but the income tax provisions are not effective until January 1, 2016 (tax year 2016). The State inheritance tax exemption applies to deaths occurring on or after July 1, 2015.

94 27 1. The general assembly finds that the general welfare
 94 28 and well-being of the state are directly related to the
 94 29 health, maintenance, independence, and quality of life of its
 94 30 disabled residents, and that a vital and valid public purpose
 94 31 is served by the creation and implementation of programs that
 94 32 encourage and make possible savings to secure funding for
 94 33 disability-related expenses on behalf of individuals with
 94 34 disabilities that will supplement, but not supplant, other
 94 35 benefits provided by various federal, state, and private
 95 1 sources. The creation of the means of encouragement for
 95 2 citizens to invest in such a program represents the carrying
 95 3 out of a vital and valid public purpose. In order to make
 95 4 available to the citizens of the state an opportunity to fund
 95 5 future disability-related expenses of individuals, it is
 95 6 necessary that a public trust be established in which moneys
 95 7 may be invested for payment of future disability-related
 95 8 expenses of an individual.

DETAIL: The creation of the Iowa ABLE Savings Plan Trust is projected to reduce State General Fund revenue by \$5,900,000 for FY 2017 and local option income surtax for schools revenue by \$200,000 in FY 2017. The State Treasurer's Office will also receive an appropriation of \$250,000 in this Bill to implement the ABLE Trust. For more information please see the fiscal note available at: <https://www.legis.iowa.gov/docs/publications/FN/662737.pdf>.

95 9 2. As used in this chapter, unless the context otherwise
 95 10 requires:

95 11 a. "Account balance limit" means the maximum allowable
 95 12 aggregate balance of an account established for a designated
 95 13 beneficiary. Account earnings, if any, are included in the
 95 14 account balance limit.

95 15 b. "Account owner" means an individual who enters into a
 95 16 participation agreement under this chapter for the payment
 95 17 of qualified disability expenses on behalf of a designated
 95 18 beneficiary.

95 19 c. "Contracting state" means the same as defined in section
 95 20 529A of the Internal Revenue Code.

95 21 d. "Designated beneficiary" means an individual who is a
 95 22 resident of this state or a resident of a contracting state and
 95 23 who meets the definition of "eligible individual" in section
 95 24 529A of the Internal Revenue Code.

95 25 e. "Internal Revenue Code" means the Internal Revenue Code

95 26 of 1986, as amended, and regulations promulgated thereunder.

95 27 f. "Iowa ABLE savings plan trust" or "trust" means the trust
95 28 created under section 12I.2.

95 29 g. "Participation agreement" means an agreement between the
95 30 account owner and the trust entered into under this chapter.

95 31 h. "Qualified ABLE program" means the same as defined in
95 32 section 529A of the Internal Revenue Code.

95 33 i. "Qualified disability expenses" means the same as defined
95 34 in section 529A of the Internal Revenue Code.

95 35 j. "Resident" shall be defined by rules adopted by the
96 1 treasurer of state. The rules shall determine residency in
96 2 such manner as may be required or permitted under section
96 3 529A of the Internal Revenue Code, or, in the absence of any
96 4 guidance under federal law, as the treasurer of state deems
96 5 advisable for the purpose of satisfying the requirements of
96 6 section 529A of the Internal Revenue Code.

96 7 Sec. 75.NEW SECTION 12I.2 CREATION OF IOWA ABLE SAVINGS
96 8 PLAN TRUST.

96 9 An Iowa ABLE savings plan trust is created. The treasurer of
96 10 state is the trustee of the trust, and has all powers necessary
96 11 to carry out and effectuate the purposes, objectives, and
96 12 provisions of this chapter pertaining to the trust, including
96 13 the power to do all of the following:

96 14 1. Make and enter into contracts necessary for the
96 15 administration of the trust created under this chapter.

96 16 2. Enter into agreements with this state or any other
96 17 state, or any federal or other state agency, or other entity as
96 18 required to implement this chapter.

96 19 3. Carry out the duties and obligations of the trust
96 20 pursuant to this chapter.

96 21 4. Accept any grants, gifts, legislative appropriations,
96 22 and other moneys from the state, any unit of federal, state, or
96 23 local government, or any other person, firm, partnership, or
96 24 corporation which the treasurer of state shall deposit into the
96 25 administrative fund or program fund.

96 26 5. Participate in any federal, state, or local governmental
96 27 program for the benefit of the trust.

96 28 6. Procure insurance against any loss in connection with the
96 29 property, assets, or activities of the trust.

96 30 7. Enter into participation agreements with account owners.

96 31 8. Make payments to designated beneficiaries pursuant to
96 32 participation agreements.

96 33 9. Make refunds to account owners upon the termination
96 34 of participation agreements, and partial nonqualified
96 35 distributions to account owners, pursuant to this chapter and
97 1 the limitations and restrictions set forth in this chapter.

97 2 10. Invest moneys from the program fund in any investments
97 3 that are determined by the treasurer of state to be

97 4 appropriate.

97 5 11. Engage investment advisors, if necessary, to assist in

97 6 the investment of trust assets.

97 7 12. Contract for goods and services and engage personnel

97 8 as necessary, including consultants, actuaries, managers,

97 9 legal counsel, and auditors for the purpose of rendering

97 10 professional, managerial, and technical assistance and advice

97 11 to the treasurer of state regarding trust administration and

97 12 operation.

97 13 13. Establish, impose, and collect administrative fees

97 14 and charges in connection with transactions of the trust, and

97 15 provide for reasonable service charges, including penalties for

97 16 cancellations and late payments with respect to participation

97 17 agreements.

97 18 14. Administer the funds of the trust.

97 19 15. Prepare and file reports and notices.

97 20 16. Enter into agreements with contracting states to permit

97 21 residents of the contracting state to participate in the Iowa

97 22 ABLE savings plan trust.

97 23 17. Adopt rules pursuant to chapter 17A for the

97 24 administration of this chapter.

97 25 Sec. 76.NEW SECTION 12I.3 PARTICIPATION AGREEMENTS FOR

97 26 TRUST.

97 27 On or after July 1, 2016, the trust may enter into

97 28 participation agreements with account owners pursuant to the

97 29 following terms and agreements:

97 30 1. a. Unless otherwise permitted under section 529A of the

97 31 Internal Revenue Code, the treasurer of state shall allow only

97 32 one participation agreement per designated beneficiary.

97 33 b. Unless otherwise permitted under section 529A of the

97 34 Internal Revenue Code, the account owner must also be the

97 35 designated beneficiary of the account. However, a trustee or

98 1 legal guardian may be designated as custodian of an account for

98 2 a designated beneficiary who is a minor or who lacks capacity

98 3 to enter into a participation agreement if such designation is

98 4 not prohibited under section 529A of the Internal Revenue Code.

98 5 c. The treasurer of state shall set an annual contribution

98 6 limit and account balance limit to maintain compliance with

98 7 section 529A of the Internal Revenue Code. A contribution

98 8 shall not be permitted to the extent it exceeds the annual

98 9 contribution limit or causes the aggregate balance of the

98 10 account established for the designated beneficiary to exceed

98 11 the applicable account balance limit.

98 12 d. The maximum amount that may be deducted per year for

98 13 Iowa income tax purposes by an individual for contributions on

98 14 behalf of any one designated beneficiary that is a resident

98 15 of this state shall not exceed the maximum deductible amount

98 16 determined for the year pursuant to section 12D.3, subsection

98 17 1, paragraph "a".
98 18 e. Participation agreements may be amended to provide
98 19 for adjusted levels of contributions based upon changed
98 20 circumstances or changes in disability-related expenses.
98 21 f. Any person may make contributions pursuant to a
98 22 participation agreement on behalf of a designated beneficiary
98 23 under rules adopted by the treasurer of state.
98 24 2. The execution of a participation agreement by the trust
98 25 shall not guarantee in any way that future disability-related
98 26 expenses will be equal to projections and estimates provided by
98 27 the trust or that the account owner or designated beneficiary
98 28 is guaranteed any of the following:
98 29 a. A return of principal.
98 30 b. A rate of interest or other return from the trust.
98 31 c. Payment of interest or other return from the trust.
98 32 3. a. A designated beneficiary under a participation
98 33 agreement may be changed as permitted under rules adopted by
98 34 the treasurer of state upon written request of the account
98 35 owner as long as such change would be permitted by section 529A
99 1 of the Internal Revenue Code.
99 2 b. Participation agreements may otherwise be freely amended
99 3 throughout their terms in order to enable account owners to
99 4 increase or decrease the level of participation, change the
99 5 designated beneficiary, and carry out similar matters as
99 6 authorized by rule.
99 7 4. Each participation agreement shall provide that the
99 8 participation agreement may be canceled upon the terms and
99 9 conditions, and upon payment of applicable fees and costs set
99 10 forth and contained in the rules adopted by the treasurer of
99 11 state.
99 12 Sec. 77.NEW SECTION 12I.4 PROGRAM AND ADMINISTRATIVE
99 13 FUNDS — INVESTMENT AND PAYMENT.
99 14 1. a. The treasurer of state shall segregate moneys
99 15 received by the trust into two funds: the program fund and the
99 16 administrative fund.
99 17 b. All moneys paid by account owners or other persons
99 18 on behalf of a designated beneficiary in connection with
99 19 participation agreements shall be deposited as received into
99 20 separate accounts for each designated beneficiary within the
99 21 program fund.
99 22 c. Contributions to the trust made on behalf of designated
99 23 beneficiaries may only be made in the form of cash.
99 24 d. An account owner or designated beneficiary is
99 25 not permitted to provide investment direction regarding
99 26 contributions or earnings held by the trust.
99 27 2. Moneys accrued by account owners in the program fund
99 28 of the trust may be used for payments of qualified disability
99 29 expenses.

99 30 3. Moneys in the account of a designated beneficiary may
99 31 be claimed by the Iowa Medicaid program as provided in section
99 32 529A(f) of the Internal Revenue Code and subject to limitations
99 33 imposed by the treasurer of state.

99 34 4. The trust shall comply with Pub.L. No.113-295, §103,
99 35 regarding treatment of ABLE accounts under certain federal
100 1 programs.

100 2 5. Moneys in the funds are not subject to section 8.33.
100 3 Notwithstanding section 12C.7, interest or earnings on moneys
100 4 in the funds shall be credited to the funds.

100 5 Sec. 78.NEW SECTION 12I.5 CANCELLATION OF AGREEMENTS.
100 6 An account owner may cancel a participation agreement at
100 7 will. Upon cancellation of a participation agreement, an
100 8 account owner shall be entitled to the return of the account
100 9 owner's account balance.

100 10 Sec. 79.NEW SECTION 12I.6 REPAYMENT AND OWNERSHIP OF
100 11 PAYMENTS AND INVESTMENT INCOME — TRANSFER OF OWNERSHIP
100 12 RIGHTS. An account owner retains ownership of all
100 13 contributions made on behalf of a designated beneficiary under
100 14 a participation agreement up to the date of utilization for
100 15 payment of qualified disability expenses of the designated
100 16 beneficiary.

100 17 b. All income derived from the investment of the
100 18 contributions made on behalf of a designated beneficiary shall
100 19 be considered to be held in trust for the benefit of the
100 20 designated beneficiary.

100 21 2. In the event the trust is terminated prior to payment of
100 22 qualified disability expenses for the designated beneficiary,
100 23 the account owner is entitled to a refund of the account
100 24 owner's account balance.

100 25 3. Any amounts which may be paid to any person or persons
100 26 pursuant to the Iowa ABLE savings plan trust but which are not
100 27 listed in this section are owned by the trust.

100 28 4. An account owner may transfer ownership rights to
100 29 another designated beneficiary, including a gift of the
100 30 ownership rights to a designated beneficiary who is a minor, in
100 31 accordance with rules adopted by the treasurer of state and the
100 32 terms of the participation agreement, so long as the transfer
100 33 would be permitted by section 529A of the Internal Revenue
100 34 Code.

100 35 5. An account owner or designated beneficiary shall not be
101 1 entitled to utilize any interest in the trust as security for
101 2 a loan.

101 3 Sec. 80.NEW SECTION 12I.7 REPORTS — ANNUAL AUDITED
101 4 FINANCIAL REPORT — REPORTS UNDER FEDERAL LAW.

101 5 1. a. The treasurer of state shall submit an annual
101 6 audited financial report, prepared in accordance with generally
101 7 accepted accounting principles, on the operations of the trust

101 8 by November 1 to the governor and the general assembly.
101 9 b. The annual audit shall be made either by the auditor
101 10 of state or by an independent certified public accountant
101 11 designated by the auditor of state and shall include direct and
101 12 indirect costs attributable to the use of outside consultants,
101 13 independent contractors, and any other persons who are not
101 14 state employees.
101 15 2. The annual audit shall be supplemented by all of the
101 16 following information prepared by the treasurer of state:
101 17 a. Any related studies or evaluations prepared in the
101 18 preceding year.
101 19 b. A summary of the benefits provided by the trust,
101 20 including the number of account owners and designated
101 21 beneficiaries in the trust, or, if the trust has caused this
101 22 state to become a contracting state pursuant to section 12I.10,
101 23 a summary of the benefits provided to Iowa residents by the
101 24 contracted qualified ABLE program, including the number of
101 25 account owners and designated beneficiaries in the contracted
101 26 qualified ABLE program who are Iowa residents.
101 27 c. Any other information deemed relevant by the treasurer of
101 28 state in order to make a full, fair, and effective disclosure
101 29 of the operations of the trust or the contracted qualified ABLE
101 30 program if applicable.
101 31 3. The treasurer of state shall prepare and submit to the
101 32 secretary of the United States treasury or other required party
101 33 any reports, notices, or statements required under section 529A
101 34 of the Internal Revenue Code.
101 35 Sec. 81.NEW SECTION 12I.8 TAX CONSIDERATIONS.
102 1 1. For federal income tax purposes, the Iowa ABLE savings
102 2 plan trust shall be considered a qualified ABLE program exempt
102 3 from taxation pursuant to section 529A of the Internal Revenue
102 4 Code and shall be operated so that it meets the requirements of
102 5 section 529A of the Internal Revenue Code.
102 6 2. State income tax treatment of the Iowa ABLE savings plan
102 7 trust shall be as provided in section 422.7, subsections 34 and
102 8 34A.
102 9 3. State inheritance tax treatment of interests in Iowa ABLE
102 10 savings plans shall be as provided in section 450.4, subsection
102 11 9.
102 12 Sec. 82.NEW SECTION 12I.9 PROPERTY RIGHTS TO ASSETS IN
102 13 TRUST.
102 14 1. The assets of the trust shall at all times be preserved,
102 15 invested, and expended solely and only for the purposes of the
102 16 trust and shall be held in trust for the account owners and
102 17 designated beneficiaries.
102 18 2. Except as provided in section 12I.4, subsection 3, no
102 19 property rights in the trust shall exist in favor of the state.
102 20 3. Except as provided in section 12I.4, subsection 3, the

102 21 assets of the trust shall not be transferred or used by the
102 22 state for any purposes other than the purposes of the trust.
102 23 Sec. 83.NEW SECTION 12I.10 IMPLEMENTATION AS A
102 24 CONTRACTING STATE — TAX CONSIDERATIONS.
102 25 1. The general assembly acknowledges that section 529A of
102 26 the Internal Revenue Code permits access to qualified ABLE
102 27 programs by residents of a state without such a program. The
102 28 general assembly finds that becoming a contracting state may
102 29 accomplish the public purpose set forth in section 12I.1,
102 30 subsection 1, in the same manner as if the qualified ABLE
102 31 program under the Iowa ABLE savings plan trust were to be
102 32 implemented and administered by this state. To that end,
102 33 the treasurer of state, as trustee of the trust, may defer
102 34 implementation of the qualified ABLE program under the trust
102 35 and alternatively cause this state to become a contracting
103 1 state by entering into an agreement with another state with a
103 2 qualified ABLE program to provide Iowa residents access to that
103 3 state's qualified ABLE program. The trust shall not enter into
103 4 an agreement pursuant to this section unless the treasurer,
103 5 as trustee of the trust, determines that all of the following
103 6 requirements are satisfied:
103 7 a. The program is a qualified ABLE program.
103 8 b. The qualified ABLE program provides comparable benefits
103 9 and protections to Iowa residents as would be provided under
103 10 the Iowa ABLE savings plan trust.
103 11 c. That entering into an agreement for access to the
103 12 qualified ABLE program would not result in increased costs to
103 13 the state or to account owners and designated beneficiaries as
103 14 compared to the costs of implementing and administering the
103 15 qualified ABLE program under the Iowa ABLE savings plan trust.
103 16 d. The qualified ABLE program will be audited annually by
103 17 an independent certified public accountant or by the state
103 18 auditor, or similar public official, of the state that has
103 19 implemented the qualified ABLE program.
103 20 e. The qualified ABLE program will provide information to
103 21 the treasurer of state as trustee of the trust so as to allow
103 22 the trustee to fulfill the reporting requirements in section
103 23 12I.7.
103 24 2. a. The maximum amount that may be deducted per year for
103 25 Iowa income tax purposes by an individual for contributions on
103 26 behalf of any one designated beneficiary that is a resident of
103 27 this state to the qualified ABLE program with which the state
103 28 has contracted pursuant to this section shall not exceed the
103 29 maximum deductible amount determined for the year pursuant to
103 30 section 12D.3, subsection 1, paragraph "a".
103 31 b. State income tax treatment of the qualified ABLE program
103 32 with which the state has contracted pursuant to this section
103 33 shall be as provided in section 422.7, subsections 34 and 34A.

103 34 3. State inheritance tax treatment of interests in the
103 35 qualified ABLE program with which the state has contracted
104 1 pursuant to this section shall be as provided in section 450.4,
104 2 subsection 9.

104 3 Sec. 84. NEW SECTION 12I.11 CONSTRUCTION.
104 4 This chapter shall be construed liberally in order to
104 5 effectuate its purpose.

104 6 Sec. 85. Section 422.7, Code 2015, is amended by adding the
104 7 following new subsections:

104 8 NEW SUBSECTION 34. a. Subtract the amount contributed
104 9 during the tax year on behalf of a designated beneficiary
104 10 that is a resident of this state to the Iowa ABLE savings
104 11 plan trust or to the qualified ABLE program with which the
104 12 state has contracted pursuant to section 12I.10, not to exceed
104 13 the maximum contribution level established in section 12I.3,
104 14 subsection 1, paragraph "d", or section 12I.10, subsection 2,
104 15 paragraph "a", as applicable.

104 16 b. Add the amount resulting from the cancellation of a
104 17 participation agreement refunded to the taxpayer as an account
104 18 owner in the Iowa ABLE savings plan trust or the qualified
104 19 ABLE program with which the state has contracted pursuant to
104 20 section 12I.10 to the extent previously deducted pursuant
104 21 to this subsection by the taxpayer or any other person as a
104 22 contribution to the trust or qualified ABLE program.

104 23 c. Add the amount resulting from a withdrawal made by a
104 24 taxpayer from the Iowa ABLE savings plan trust or the qualified
104 25 ABLE program with which the state has contracted pursuant to
104 26 section 12I.10 for purposes other than the payment of qualified
104 27 disability expenses to the extent previously deducted pursuant
104 28 to this subsection by the taxpayer or any other person as a
104 29 contribution to the trust or qualified ABLE program.

104 30 NEW SUBSECTION 34A. Subtract, to the extent included,
104 31 income from interest and earnings received from the Iowa ABLE
104 32 savings plan trust created in chapter 12I, or received by a
104 33 resident account owner from a qualified ABLE program with which
104 34 the state has contracted pursuant to section 12I.10.

104 35 Sec. 86. Section 450.4, Code 2015, is amended by adding the
105 1 following new subsection:

105 2 NEW SUBSECTION 9. On the value of any interest in the Iowa
105 3 ABLE savings plan trust created in chapter 12I, or any interest
105 4 held by a resident account owner in a qualified ABLE program
105 5 with which the state has contracted pursuant to section 12I.10.

105 6 Sec. 87. CONTINGENT IMPLEMENTATION. The implementation of
105 7 chapter 12I as enacted in this division of this Act is subject
105 8 to an appropriation with the stated purpose of the Iowa ABLE
105 9 Savings Plan Trust.

105 10 Sec. 88. APPLICABILITY. The section of this division of
105 11 this Act amending section 450.4 applies to estates of decedents

105 12 dying on or after January 1, 2016.
 105 13 Sec. 89. APPLICABILITY. The section of this division of
 105 14 this Act amending section 422.7 applies to tax years beginning
 105 15 on or after January 1, 2016.

105 16 DIVISION XVII
 105 17 STATE CHILD CARE ASSISTANCE — INCOME ELIGIBILITY

105 18 Sec. 90. Section 237A.13, subsection 7, paragraph c, Code
 105 19 2015, is amended to read as follows:
 105 20 c. Families with an income of more than one hundred
 105 21 percent but not more than one hundred ~~forty-five~~ sixty percent
 105 22 of the federal poverty level whose members, for at least
 105 23 twenty-eight hours per week in the aggregate, are employed
 105 24 or are participating at a satisfactory level in an approved
 105 25 training program or educational program.

CODE: Updates the waiting list priority for State Child Care Assistance in the event that funding is insufficient for a fiscal year.

105 26 Sec. 91. DIRECTIVE TO DEPARTMENT OF HUMAN SERVICES ON
 105 27 CHILD CARE ASSISTANCE. The department of human services shall
 105 28 amend its administrative rules relating to income eligibility
 105 29 for state child care assistance, according to family size for
 105 30 children needing basic care, to families whose nonexempt gross
 105 31 monthly income does not exceed 160 percent of the federal
 105 32 poverty level.

Directs the DHS to amend the Administrative Rules for income eligibility for the Child Care Assistance Program to 160.00% of the Federal Poverty Level.

DETAIL: This would allow a single parent with two children to earn up to \$32,144 and be eligible for the Program.

FISCAL IMPACT: It is estimated that this change in eligibility will increase program expenditures by \$8,574,228 and Field Operations expenditures by \$75,335. The appropriation for Child Care Assistance was increased \$7,929,362 for this change.

105 33 DIVISION XVIII
 105 34 COUNTY MENTAL HEALTH AND DISABILITIES SERVICES FUNDING —
 105 35 EQUALIZATION AND MEDICAID OFFSET

106 1 Sec. 92. Section 331.424A, subsection 8, unnumbered
 106 2 paragraph 1, Code 2015, is amended to read as follows:
 106 3 Notwithstanding subsection 6, for the fiscal years beginning
 106 4 July 1, 2013, July 1, 2014, ~~and July 1, 2015, and July 1, 2016.~~
 106 5 county revenues from taxes levied by the county and credited
 106 6 to the county services fund shall not exceed the lower of the
 106 7 following amounts:

CODE: Extends the Mental Health and Adult Disability Services Property Tax Levy for an additional year through FY 2017. The system levies funding based on either a per capita formula or where property taxes were capped in 1996, whichever is lower.

106 8 Sec. 93. Section 426B.3, subsection 1, Code 2015, is amended
 106 9 to read as follows:
 106 10 1. For the fiscal years beginning July 1, 2013, July
 106 11 1, 2014, ~~and July 1, 2015, and July 1, 2016,~~ the state and
 106 12 county funding for the mental health and disability services
 106 13 administered or paid for by counties shall be provided based on
 106 14 a statewide per capita expenditure target amount computed in

CODE: Extends the per capita distribution formula for Mental Health and Disability Services (MH/DS) for an additional year through FY 2017.

106 15 accordance with this section and section 331.424A.

106 16 Sec. 94. Section 426B.3, subsection 4, paragraph a, Code
106 17 2015, is amended to read as follows:

106 18 a. For the fiscal years beginning July 1, 2013, July 1,
106 19 2014, ~~and July 1, 2015, and July 1, 2016,~~ a county with a county
106 20 population expenditure target amount that exceeds the amount
106 21 of the county's base year expenditures for mental health and
106 22 disabilities services shall receive an equalization payment for
106 23 the difference.

106 24 Sec. 95. Section 426B.3, subsection 5, Code 2015, is amended
106 25 by striking the subsection.

CODE: Extends the MH/DS equalization payment through FY 2017.

CODE: Strikes the Code Subsection related to the Medicaid Offset that requires counties to return a portion of the savings related to the Iowa Health and Wellness Program.

106 26 DIVISION XIX
106 27 MEDICAID OFFSET PAYMENTS — PROPERTY TAX RELIEF FUND
106 28 APPROPRIATIONS

106 29 Sec. 96. MEDICAID OFFSET PAYMENTS — PROPERTY TAX RELIEF
106 30 FUND APPROPRIATION.

106 31 1. Of the moneys credited to the property tax relief fund
106 32 pursuant to section 426B.3, subsection 5, paragraph "e",
106 33 subparagraph (1), Code 2015, in the fiscal year beginning July
106 34 1, 2014, and ending June 30, 2015, there is appropriated to the
106 35 department of human services for the fiscal year beginning July
107 1 1, 2015, and ending June 30, 2016, the following amounts, to be
107 2 used for the purposes designated, notwithstanding any contrary
107 3 provision of chapter 426B:

107 4 a. For reductions in the waiting lists of all medical
107 5 assistance home and community-based services waivers:
107 6 \$ 5,092,000

Provides appropriations from the Property Tax Relief Fund for FY 2016 from moneys returned from the counties due to savings from the Iowa Health and Wellness Program.

Property Tax Relief Fund - Medicaid Offset appropriation to the Medicaid Program.

DETAIL: This is a new appropriation for FY 2016 to buy additional slots for the Medicaid Home and Community-Based Services Waiver Program and reduce the waiting lists.

107 7 b. For allocation to the department on aging for a grant
107 8 to a nationally affiliated organization providing support and
107 9 education to people living with Alzheimer's disease and other
107 10 related dementias to be used for a statewide public awareness
107 11 campaign regarding the signs of Alzheimer's disease and other
107 12 related dementias and the resources available to such people:
107 13 \$ 100,000

Property Tax Relief Fund - Medicaid Offset appropriation to the Department on Aging.

DETAIL: This is a new appropriation for FY 2016 for a grant for education to people living with Alzheimers or dementia.

107 14 c. For development of an application for a planning
107 15 grant through the substance abuse and mental health services

Property Tax Relief Fund - Medicaid Offset appropriation to the Department of Human Services.

107 16 administration of the United States department of health and
 107 17 human services to participate in a two-year pilot project for
 107 18 certified community behavioral health clinics under the federal
 107 19 Protecting Access to Medicare Act of 2014, Pub.L. No.113-93:
 107 20 \$ 240,000
 107 21 The department may use the funds allocated pursuant to this
 107 22 paragraph to contract for necessary support to develop and
 107 23 submit the application for the planning grant. The department
 107 24 shall submit the application for the planning grant to the
 107 25 centers for Medicare and Medicaid services of the United States
 107 26 department of health and human services upon completion of the
 107 27 application.

DETAIL: This is a new appropriation for FY 2016 to pursue a two-year pilot project for certified community behavioral health clinics.

107 28 2. Of the moneys credited to the property tax relief
 107 29 fund pursuant to section 426B.3, subsection 5, paragraph e,
 107 30 subparagraph (1), Code 2015, in the fiscal year beginning July
 107 31 1, 2014, and ending June 30, 2015, there is appropriated to
 107 32 the department of human services for the fiscal year beginning
 107 33 July 1, 2015, and ending June 30, 2016, the following amount,
 107 34 or so much thereof as is necessary, to be used for the purpose
 107 35 designated:

Property Tax Relief Fund - Medicaid Offset appropriation to the Department of Human Services to distribute to the counties.

DETAIL: This is a new funding formula for FY 2016 and is intended to provide any region that does not have a 25.00% fund balance the funding to get to 25.00%. It is projected that \$4,554,651 will be distributed based on the formula, but the funds will be prorated if insufficient funds are available to meet the need.

108 1 a. For distribution to a mental health and disability
 108 2 services region where 25 percent of a region's projected
 108 3 expenditures exceeds the region's projected fund balance:
 108 4 \$ 4,554,651

Provides definitions for the distribution formula above.

108 5 b. For purposes of this section:
 108 6 (1) "Available funds" means a county mental health and
 108 7 services fund balance on June 30, 2015, plus the maximum amount
 108 8 a county was allowed to levy for the fiscal year beginning July
 108 9 1, 2015.
 108 10 (2) "Projected expenditures" means the actual expenditures
 108 11 of a mental health and disability services region as of June
 108 12 30, 2015, multiplied by an annual inflation rate equal to
 108 13 2 percent plus the projected costs for core services and
 108 14 additional core services administered by the region as provided
 108 15 in a region's regional service system management plan approved
 108 16 pursuant to section 331.393 for the fiscal year beginning July
 108 17 1, 2015.
 108 18 (3) "Projected fund balance" means the difference between a
 108 19 mental health and disability services region's available funds
 108 20 and projected expenditures.

108 21 c. If sufficient funds are not available to implement this
 108 22 subsection, the department of human services shall distribute
 108 23 funds to a region in proportion to the availability of funds.

Requires funds to be prorated if insufficient funds are available to meet the need.

108 25 PROPERTY TAX RELIEF FUND — BLOCK GRANT MONEYS — MENTAL
108 26 INSTITUTES

108 27 Sec. 97. MENTAL HEALTH INSTITUTES. The moneys transferred
108 28 to the property tax relief fund for the fiscal year beginning
108 29 July 1, 2015, from the federal social services block grant
108 30 pursuant to 2015 Iowa Acts, House File 630, if enacted, and
108 31 from the federal temporary assistance for needy families block
108 32 grant, totaling at least \$11,774,275, are appropriated to the
108 33 department of human services for the fiscal year beginning July
108 34 1, 2015, and ending June 30, 2016, to be used for the purposes
108 35 designated:

109 1 1. For the state mental health institute at Clarinda for
109 2 salaries, support, maintenance, and miscellaneous purposes:
109 3 \$ 4,836,507

Social Services Block Grant appropriation to the MHI at Clarinda.

DETAIL: This is a new appropriation for FY 2016 and is intended to supplement the General Fund appropriation.

109 4 2. For the state mental health institute at Mount Pleasant
109 5 for salaries, support, maintenance, and miscellaneous purposes,
109 6 and for not more than the following full-time equivalent
109 7 positions:
109 8 \$ 6,937,768
109 9 FTEs 97.68

Social Services Block Grant appropriation to the MHI at Mt. Pleasant.

DETAIL: This is a new appropriation for FY 2016 and replaces all General Fund appropriations.

109 10 DIVISION XXI
109 11 STUDY — CHILD WELFARE ADVISORY COMMITTEE

109 12 Sec. 98. STUDY — CHILD WELFARE ADVISORY COMMITTEE. The
109 13 child welfare advisory committee of the council on human
109 14 services established pursuant to section 217.3A shall study
109 15 procedures in the department of human services for receiving
109 16 complaints from families involved in guardianship, placement,
109 17 and custody proceedings; the specificity and clarity of court
109 18 orders issued in foster care placements pursuant to the State
109 19 of Iowa Primary Review of Tit.IV-E Foster Care Eligibility
109 20 Report of Findings for October 1, 2012, through March 31, 2013;
109 21 and caseload trends of social workers, including an analysis
109 22 of how Iowa compares nationally and with best practices as
109 23 utilized by other states. The study shall also identify
109 24 methods for decreasing social worker caseloads. The committee
109 25 shall submit a report with findings and recommendations to the
109 26 governor and general assembly on or before December 15, 2015.

Directs the Child Welfare Advisory Committee to study the procedures of the DHS for receiving complaints from families involved in guardianship, placement, and custody proceedings; the clarity of court orders issued in placements pursuant to a [Report](#) by the Children's Bureau of the U.S. Administration for Children and Families; caseload trends; and immunity provisions for social workers. The report with recommendations is due to the Governor and General Assembly by December 15, 2015.

109 27 DIVISION XXII
109 28 COVERAGE OF SERVICES PROVIDED BY A PHYSICAL THERAPIST,
109 29 OCCUPATIONAL THERAPIST, OR SPEECH PATHOLOGIST
109 30 Sec. 99. NEW SECTION 514C.30 SERVICES PROVIDED BY
109 31 A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, OR SPEECH

CODE: Provides that a policy, contract, or plan providing copayments or coinsurance of health and medical expenses charged for the services provided by physical and occupational therapists and speech pathologists cannot be greater than the copayment or coinsurance amount charged for services used to treat the same or similar

109 32 PATHOLOGIST.

109 33 1. Notwithstanding the uniformity of treatment requirements

109 34 of section 514C.6, a policy, contract, or plan providing

109 35 for third-party payment or prepayment of health or medical

110 1 expenses shall not impose a copayment or coinsurance amount

110 2 on an insured for services provided by a physical therapist

110 3 licensed pursuant to chapter 148A, by an occupational therapist

110 4 licensed pursuant to chapter 148B, or by a speech pathologist

110 5 licensed pursuant to 154F that is greater than the copayment or

110 6 coinsurance amount imposed on the insured for services provided

110 7 by a person engaged in the practice of medicine and surgery

110 8 or osteopathic medicine and surgery under chapter 148 for the

110 9 same or a similar diagnosed condition even if a different

110 10 nomenclature is used to describe the condition for which the

110 11 services are provided.

110 12 2. This section applies to the following classes of

110 13 third-party payment provider policies, contracts, or plans

110 14 delivered, issued for delivery, continued, or renewed in this

110 15 state on or after July 1, 2015:

110 16 a. Individual or group accident and sickness insurance

110 17 providing coverage on an expense-incurred basis.

110 18 b. An individual or group hospital or medical service

110 19 contract issued pursuant to chapter 509, 514, or 514A.

110 20 c. An individual or group health maintenance organization

110 21 contract regulated under chapter 514B.

110 22 d. A plan established pursuant to chapter 509A for public

110 23 employees.

110 24 e. An organized delivery system licensed by the director of

110 25 public health.

110 26 3. This section shall not apply to accident-only,

110 27 specified disease, short-term hospital or medical, hospital

110 28 confinement indemnity, credit, dental, vision, Medicare

110 29 supplement, long-term care, basic hospital and medical-surgical

110 30 expense coverage as defined by the commissioner, disability

110 31 income insurance coverage, coverage issued as a supplement

110 32 to liability insurance, workers' compensation or similar

110 33 insurance, or automobile medical payment insurance.

110 34 DIVISION XXIII

110 35 CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP

111 1 Sec. 100. CHILDREN'S MENTAL HEALTH AND WELL-BEING

111 2 WORKGROUP. The department of human services, in cooperation

111 3 with the departments of education and public health, shall

111 4 facilitate a workgroup of stakeholders to study and make

111 5 recommendations relating to children's mental health and

111 6 well-being in this state. The issues that may be considered

111 7 by the workgroup include developing a strategic plan for

111 8 data systems to provide for a comprehensive analysis of

diagnosed condition as rendered by a primary care physician (PCP) or other medical provider. This Division applies to specified individual and group policies, contracts, and plans that are issued for delivery, continued, or renewed in this state on or after July 1, 2015.

FISCAL IMPACT: There is no direct impact to the State General Fund. Enactment of this Division will cause the University of Iowa to modify its current health insurance plans. The plans will need to be adjusted to meet the proposed requirements and reduce the member cost sharing for services performed by physical and occupational therapists as well speech pathologists to those offered by a PCP. Approximately 0.05% of the University of Iowa's student plans are projected to be affected as a result of the cost impact of a premium increase to allow for additional coverage.

The University of Iowa projects that the cost of employer claims will increase approximately \$884,000 in FY 2016 and \$919,000 in FY 2017. The University also expects employer claims costs to be increasing towards \$1,000,000 as the new copayment requirements become effective.

For more information see the fiscal note:
<https://www.legis.iowa.gov/docs/publications/FN/643749.pdf>.

Directs the DHS, in cooperation with the Department of Education and the DPH, to facilitate a workgroup of stakeholders to study and make recommendations relating to children's mental health and well-being in Iowa. The report is due to the Governor and General Assembly by December 15, 2015.

111 9 the mental health and well-being of children in this state;
 111 10 creating a comprehensive system of care for children that
 111 11 incorporates a coordinated response to mental health issues
 111 12 across many disciplines including education, public health,
 111 13 mental health, child welfare, and child welfare systems
 111 14 and services and that specifically addresses the effects of
 111 15 adverse childhood experiences and extreme child poverty and
 111 16 homelessness; and building interdepartmental awareness of
 111 17 issues relating to child mental health and well-being and
 111 18 creating interdepartmental strategies for helping improve
 111 19 child mental health and well-being and understanding impacts
 111 20 on education and employment outcomes; examining child care
 111 21 quality and affordability; and determining how government can
 111 22 create community partnerships to help address issues of child
 111 23 mental health and well-being. In carrying out the charge
 111 24 of the workgroup, the workgroup shall review a 2014 report
 111 25 by the children's defense fund on the state of America's
 111 26 children containing the most recent and reliable national and
 111 27 state-by-state data on many complex issues affecting children's
 111 28 health and well-being, including data on more than 7,000
 111 29 homeless public school students in Iowa. The workgroup shall
 111 30 develop and recommend proactive strategies across state systems
 111 31 to address these most complex needs impacting children's mental
 111 32 health and well-being which will also aid different populations
 111 33 of children with fewer challenges. The workgroup shall submit
 111 34 a report on the study and make recommendations to the governor
 111 35 and the general assembly on or before December 15, 2015.

112 1 DIVISION XXIV
 112 2 PREVENTION OF DISABILITIES POLICY COUNCIL
 112 3 Sec. 101.NEW SECTION 225B.101 FINDINGS AND INTENT.
 112 4 1. The general assembly finds that:
 112 5 a. Between ten and twenty percent of Iowans have a
 112 6 disability that affects their ability to learn, work,
 112 7 communicate, perform activities of daily living, and
 112 8 participate in everyday community life. These disabilities
 112 9 are the result of genetics, environmental factors, injury, or
 112 10 illness; may occur at any point in life; may be mild, severe,
 112 11 or intermittent; and are often very costly for the individuals
 112 12 affected, their families, and government both in terms of
 112 13 quality of life and financial expenditures.
 112 14 b. Most disabilities are due to conditions that can be
 112 15 prevented, can be minimized if recognized and treated early, or
 112 16 can be reduced through appropriate accommodation.
 112 17 c. A need exists to optimize the use of cost-effective
 112 18 prevention of disability strategies in state policies and
 112 19 programs in order to reduce the cost of disabilities to Iowa's
 112 20 citizens and government.

CODE: This Division relates to the Prevention of Disabilities Policy Council and amends provisions in Code chapter 225B relating to prevention activities of the Council, Council membership, duties, and coordination efforts with state agencies and disability groups, and related definitions.

DETAIL: The new Council replaces the old Council that sunsets July 1, 2015.

112 21 2. It is the intent of the general assembly to establish
112 22 a structure and process to identify opportunities to enhance
112 23 prevention of disability efforts in Iowa, design cross-agency
112 24 strategies to address the prevention of disabilities, integrate
112 25 and coordinate proven prevention of disability strategies
112 26 within state programs, and inform the general assembly about
112 27 priority prevention of disability policies and programs.
112 28 Sec. 102.NEW SECTION 225B.102 DEFINITIONS.
112 29 As used in this chapter, unless the context otherwise
112 30 requires:
112 31 1. "Council" means the prevention of disabilities policy
112 32 council.
112 33 2. "Disability" means an individual who meets the definition
112 34 in 42 U.S.C. §12102.
112 35 3. "Prevention" activities include policies, programs, and
113 1 practices that do any of the following:
113 2 a. Prevent a disability or a condition that leads to a
113 3 disability from occurring.
113 4 b. Identify a disability or a condition that leads to a
113 5 disability early on so that intervention can eliminate the risk
113 6 of a disability or minimize the disability's effect.
113 7 c. Reduce the effects of a disability on an individual's
113 8 health and independence.
113 9 Sec. 103.NEW SECTION 225B.103 PREVENTION OF DISABILITIES
113 10 POLICY COUNCIL ESTABLISHED — MEMBERSHIP — DUTIES.
113 11 1. A prevention of disabilities policy council is
113 12 established to focus state prevention of disability efforts
113 13 and provide oversight in the development and operation of a
113 14 coordinated prevention of disabilities system. The council
113 15 shall consist of the following members:
113 16 a. Three providers of disability prevention services
113 17 appointed by the governor and confirmed by the senate. The
113 18 governor may consider recommendations from the prevention of
113 19 disabilities policy council in making appointments.
113 20 b. Three persons with expertise in priority prevention areas
113 21 appointed by the governor and confirmed by the senate. The
113 22 governor may consider recommendations from the prevention of
113 23 disabilities policy council in making appointments.
113 24 c. Three persons with disabilities or family members
113 25 of a person with disabilities appointed by the governor,
113 26 and confirmed by the senate. The governor may consider
113 27 recommendations from the prevention of disabilities policy
113 28 council in making appointments.
113 29 d. One representative each from the department on aging,
113 30 department of education, department of human services, and
113 31 department of public health appointed by the directors of the
113 32 respective agencies.
113 33 e. Two members of the senate appointed by the senate

113 34 majority leader and minority leader and two members of the
113 35 house of representatives appointed by the speaker of the house
114 1 and the house minority leader.

114 2 2. Members of the council appointed by the governor shall
114 3 serve three-year staggered terms for terms beginning and ending
114 4 as provided in section 69.19. Members representing the state
114 5 departments shall serve one-year terms and shall serve as ex
114 6 officio, nonvoting members. Members of the general assembly
114 7 appointed to the council shall serve two-year terms as provided
114 8 in section 69.16B and shall serve as ex officio, nonvoting
114 9 members. Vacancies on the council shall be filled in the same
114 10 manner as original appointments. Members are entitled to
114 11 reimbursement of actual expenses incurred in performance of
114 12 their official duties.

114 13 3. The council shall do all of the following:

114 14 a. Review the prevention of disabilities activities of
114 15 public and private entities and provide recommendations to
114 16 optimize the planning, implementation, and evaluation of
114 17 prevention of disabilities efforts.

114 18 b. Promote cooperative and complementary planning among the
114 19 public, nonpublic, and volunteer sectors involved in prevention
114 20 of disabilities activities.

114 21 c. Facilitate coordination of prevention of disabilities
114 22 activities among state departments to develop an integrated
114 23 system of care.

114 24 d. Provide support and technical assistance to public
114 25 or nonpublic entities to identify, seek, implement, and
114 26 evaluate state, federal, and private grants for prevention of
114 27 disabilities activities.

114 28 e. Encourage research into the causes and prevention of
114 29 disabilities, including methods to evaluate the effectiveness
114 30 of prevention efforts.

114 31 f. Promote professional and provider training in
114 32 evidence-based prevention of disabilities measures and assure
114 33 adequate dissemination of such to appropriate entities.

114 34 g. Submit to the governor and general assembly annually by
114 35 November 1 a report that includes all of the following:

115 1 (1) A summary of all disabilities prevention activities
115 2 conducted since the preceding annual report.

115 3 (2) Recommendations for policy and priorities for the
115 4 prevention of disabilities.

115 5 4. The council shall meet at least six times during the
115 6 year. A majority of the members of the council constitutes a
115 7 quorum and a quorum is necessary to act on matters within the
115 8 purview of the council.

115 9 Sec. 104.NEW SECTION 225B.104 RULES.

115 10 The department of human services shall adopt and update
115 11 administrative rules as necessary to implement the provisions

115 12 of this chapter. All rules adopted by the department of human
 115 13 services pursuant to this section are subject to approval by
 115 14 the council.

115 15 Sec. 105.NEW SECTION 225B.105 COORDINATION WITH STATE
 115 16 AGENCIES.

115 17 1. The directors or deputy directors of the state
 115 18 departments on aging, and of education, human services, and
 115 19 public health shall meet at least annually with the council and
 115 20 shall do all of the following:

115 21 a. Provide an update to the council regarding the status
 115 22 of prevention of disabilities policies and programs with
 115 23 each respective department and provide recommendations about
 115 24 priorities the council should consider in the next year.

115 25 b. Receive new policy and program recommendations from the
 115 26 council regarding the prevention of disabilities.

115 27 2. The council may seek and receive data from state
 115 28 departments that will aid in developing, implementing, and
 115 29 evaluating prevention of disabilities efforts and systems in
 115 30 Iowa.

115 31 Sec. 106.NEW SECTION 225B.106 COORDINATION WITH
 115 32 DISABILITY GROUPS.

115 33 The chairpersons and designated staff of chairpersons of
 115 34 public and private state disabilities prevention groups shall
 115 35 meet with the council at least annually to do all of the
 116 1 following:

116 2 1. Identify ways to incorporate prevention of disabilities
 116 3 activities within Iowa's disabilities services system.

116 4 2. Assist in developing a policy agenda for prevention of
 116 5 disabilities services system improvements.

116 6 Sec. 107.NEW SECTION 225B.107 EVALUATION.

116 7 The state's prevention of disability effort and the council
 116 8 are subject to review and evaluation by the governor and the
 116 9 general assembly.

116 10 DIVISION XXV
 116 11 FACILITY FOR PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS
 116 12 — INTERIM COMMITTEE

116 13 Sec. 108. FACILITY FOR PERSONS WITH AGGRESSIVE OR
 116 14 PSYCHIATRIC BEHAVIORS — INTERIM COMMITTEE — REPORT.

116 15 1. The legislative council is requested to establish an
 116 16 interim study committee relating to the establishment of one
 116 17 or more facilities to provide care and treatment for persons
 116 18 who are sexually aggressive, combative, or who have unmet
 116 19 geropsychiatric needs.

116 20 2. The study committee shall be composed of ten members
 116 21 of the general assembly. Five members shall be members of
 116 22 the senate, three of whom shall be appointed by the majority
 116 23 leader of the senate, and two of whom shall be appointed by

Requests the Legislative Council establish an Interim Study Committee relating to the establishment of one or more facilities to provide care and treatment for persons who are sexually aggressive or have unmet geropsychiatric needs. The Division specifies duties and membership of the Committee and requires a report and recommendations to be submitted to the General Assembly by January 1, 2016.

116 24 the minority leader of the senate. Five members shall be
 116 25 members of the house of representatives, three of whom shall
 116 26 be appointed by the speaker of the house of representatives,
 116 27 and two of whom shall be appointed by the minority leader of
 116 28 the house of representatives.

116 29 3. The study committee shall receive testimony from
 116 30 stakeholders with an interest or expertise relating to the
 116 31 care and treatment of persons who are sexually aggressive,
 116 32 combative, or who have unmet geropsychiatric needs including
 116 33 health care providers, long-term care facilities, hospitals,
 116 34 health systems, and other entities; consumers and families of
 116 35 consumers; individuals involved in the delivery and financing
 117 1 of related services and supports; and representatives of
 117 2 agencies responsible for oversight, funding, and regulation of
 117 3 such services and supports.

117 4 4. The study committee shall specifically address and
 117 5 make recommendations relating to the characteristics of the
 117 6 residents for such a facility and the size of the resident
 117 7 populations to be served; options for creating a new facility
 117 8 or expanding an existing facility; workforce recruitment,
 117 9 training, and compensation issues; requirements that the
 117 10 facility or facilities must meet in order to qualify for
 117 11 Medicaid reimbursement; and any other information deemed
 117 12 appropriate by the committee.

117 13 5. The study committee shall meet during the 2015
 117 14 legislative interim and shall submit a report and
 117 15 recommendations to the general assembly by January 1, 2016.

117 16 DIVISION XXVI
 117 17 ANATOMICAL GIFT PUBLIC AWARENESS AND TRANSPLANTATION FUND
 117 18 Sec. 109. Section 142C.15, subsection 4, paragraph c,
 117 19 unnumbered paragraph 1, Code 2015, is amended to read as
 117 20 follows:
 117 21 ~~Not more than fifty percent of the~~ Any unobligated moneys
 117 22 in the fund annually may be expended in the form of grants to
 117 23 transplant recipients, transplant candidates, living organ
 117 24 donors, or to legal representatives on behalf of transplant
 117 25 recipients, transplant candidates, or living organ donors.
 117 26 Transplant recipients, transplant candidates, living organ
 117 27 donors, or the legal representatives of transplant recipients,
 117 28 transplant candidates, or living organ donors shall submit
 117 29 grant applications with supporting documentation provided
 117 30 by a hospital that performs transplants, verifying that the
 117 31 person by or for whom the application is submitted requires a
 117 32 transplant or is a living organ donor and specifying the amount
 117 33 of the costs associated with the following, if funds are not
 117 34 available from any other third-party payor:

CODE: Permits any unobligated funds in the Anatomical Gift Public Awareness Fund to be used for grants to recipients of organ transplants.

DETAIL: Awards for this category are currently limited to 50.00% of funds available. Any unexpended funds are carried forward in the next fiscal year.

117 35 DIVISION XXVII
 118 1 HOSPITAL AND LONG-TERM CARE PHARMACY PRACTICE —
 118 2 PNEUMOCOCCAL VACCINES — BOARD OF PHARMACY RULES
 118 3 Sec. 110. HOSPITAL AND LONG-TERM CARE PHARMACY PRACTICE —
 118 4 PNEUMOCOCCAL VACCINES — BOARD OF PHARMACY RULES. The board
 118 5 of pharmacy shall adopt rules pursuant to chapter 17A relating
 118 6 to hospital and long-term care pharmacy practices that allow,
 118 7 as authorized by federal law, in addition to influenza and
 118 8 pneumococcal polysaccharide vaccines, that a written or verbal
 118 9 patient-specific medication administration order shall not
 118 10 be required prior to administration to an adult patient of
 118 11 pneumococcal conjugate vaccine pursuant to physician-approved
 118 12 hospital or facility policy and after the patient has been
 118 13 assessed for contraindications.

Directs the Board of Pharmacy to adopt administrative rules that permit a written or verbal patient-specific medication administration order not be required prior to administration to an adult patient of pneumococcal conjugate vaccine pursuant to physician-approved hospital or facility policy.

118 14 DIVISION XXVIII
 118 15 HEALTHY AND WELL KIDS IN IOWA PROGRAM — CONTINUED ENROLLMENT
 118 16 Sec. 111. Section 514I.8, subsection 3, Code 2015, is
 118 17 amended to read as follows:
 118 18 3. In accordance with the rules adopted by the board, a
 118 19 child may be determined to be presumptively eligible for the
 118 20 program pending a final eligibility determination. Following
 118 21 final determination of eligibility, a child shall be eligible
 118 22 for a twelve-month period. At the end of the twelve-month
 118 23 period, a review of the circumstances of the child's family
 118 24 shall be conducted to establish eligibility and cost sharing
 118 25 for the subsequent twelve-month period. Pending such review
 118 26 of the circumstances of the child's family, the child shall
 118 27 continue to be eligible for and remain enrolled in the same
 118 28 plan if the family complies with requirements to provide
 118 29 information and verification of income, otherwise cooperates
 118 30 in the annual review process, and submits the completed
 118 31 review form and any information necessary to establish
 118 32 continued eligibility in a timely manner in accordance with
 118 33 administrative rules.

CODE: Requires the DHS to continue to provide coverage for children under the hawk-i Program during eligibility redetermination.

118 34 DIVISION XXIX
 118 35 PERSONNEL SETTLEMENT AGREEMENT PAYMENTS
 119 1 Sec. 112. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a
 119 2 condition of the appropriations in this 2015 Act, the moneys
 119 3 appropriated and any other moneys available shall not be used
 119 4 for payment of a personnel settlement agreement that contains a
 119 5 confidentiality provision intended to prevent public disclosure
 119 6 of the agreement or any terms of the agreement.

Specifies that no money appropriated in this Bill, or any other funds available, are to be used for the payment of personnel settlement agreements that contain confidentiality provisions intended to prevent public disclosure of the agreement or any terms.

119 7 DIVISION XXX
 119 8 MEDICAID REIMBURSEMENT — PSYCHOLOGISTS
 119 9 Sec. 113. Section 249A.15, Code 2015, is amended to read as

CODE: Requires the Medicaid Program to reimburse psychologists who obtain a provisional license in the State.

119 10 follows:
 119 11 249A.15 LICENSED PSYCHOLOGISTS ELIGIBLE FOR PAYMENT.
 119 12 The department shall adopt rules pursuant to chapter 17A
 119 13 entitling psychologists who are licensed pursuant to chapter
 119 14 154B and psychologists who are licensed in the state where
 119 15 the services are provided and have a doctorate degree in
 119 16 psychology, have had at least two years of clinical experience
 119 17 in a recognized health setting, or have met the standards of a
 119 18 national register of health service providers in psychology,
 119 19 to payment for services provided to recipients of medical
 119 20 assistance, subject to limitations and exclusions the
 119 21 department finds necessary on the basis of federal laws and
 119 22 regulations and of funds available for the medical assistance
 119 23 program.

FISCAL IMPACT: This is estimated to have a minimal fiscal impact.
 There are very few psychologists with provisional licenses and it is not
 likely to have a significant impact on access for services.

119 24 DIVISION XXXI
 119 25 HOME MODIFICATION ASSISTANCE PROGRAM PLAN
 119 26 Sec. 114. HOME MODIFICATION ASSISTANCE PROGRAM PLAN.
 119 27 1. The aging and disability resource center and the mental
 119 28 health and disability services commission shall jointly
 119 29 develop a plan for a home modification assistance program to
 119 30 provide grants and individual income tax credits to assist with
 119 31 expenses related to the making of permanent home modifications
 119 32 that permit individuals with a disability in this state to
 119 33 remain in their homes and age in place. The plan shall include
 119 34 the following components:
 119 35 a. The plan shall develop criteria and procedures for
 120 1 establishing eligibility of individuals with a disability
 120 2 under the program, and in doing so the plan shall utilize the
 120 3 definition of disability found in 42 U.S.C. §12102 and shall
 120 4 require appropriate certifications from the primary health care
 120 5 providers of individuals with a disability.
 120 6 b. The plan shall establish criteria for determining the
 120 7 type of home modification expenses that will be eligible for a
 120 8 grant or tax credit award under the program.
 120 9 c. The plan shall develop criteria and procedures for
 120 10 receiving grants and tax credits under the program, and shall
 120 11 determine the maximum amount of grants and tax credits that
 120 12 may be provided to an individual with a disability under the
 120 13 program.
 120 14 d. The plan shall provide that individuals with a disability
 120 15 shall utilize any funding for home modification under the
 120 16 Medicaid program to the fullest extent possible before becoming
 120 17 eligible to participate in the home modification assistance
 120 18 program to ensure that the program's grants and tax credits do
 120 19 not supplant available Medicaid program resources.
 120 20 e. The plan shall provide that grants under the program
 120 21 shall be available to individuals with a disability with annual

Requires the Aging and Disability Resource Center (ADRC) and the
 Mental Health and Disability Services Commission to develop a plan
 for a Home Modification Assistance Program.

DETAIL: The goal of the Program is to provide grants and individual
 income tax credits to assist with expenses related to the making of
 permanent home modifications that permit individuals with a disability
 to remain in their homes. The Division specified the components of the
 plan and requires the ADRC and the Mental Health and Disability
 Services Commission to submit the plan to the members listed by
 December 15, 2015.

120 22 incomes that do not exceed 250 percent of the federal poverty
 120 23 level, and that individual income tax credits under the program
 120 24 shall be available to individuals with a disability with annual
 120 25 incomes exceeding 250 percent but not exceeding 450 percent of
 120 26 the federal poverty level.

120 27 f. The plan shall avoid placing unrealistic expectations
 120 28 and overly burdensome requirements on individuals with a
 120 29 disability and their families, particularly those living in
 120 30 rural areas.

120 31 2. In developing the plan for the home modification
 120 32 assistance program, the aging and disability resource center
 120 33 and the mental health and disability services commission shall
 120 34 seek input from and consult with the department on aging, the
 120 35 department of human services, the department of revenue, and
 121 1 other interested public and private stakeholders.

121 2 3. The aging and disability resource center and the mental
 121 3 health and disability services commission shall submit the plan
 121 4 on or before December 15, 2015, to the chairpersons and ranking
 121 5 members of the joint appropriations subcommittee on health and
 121 6 human services, to the chairpersons and ranking members of the
 121 7 senate and house standing committees on human resources, to
 121 8 the chairpersons and ranking members of the senate and house
 121 9 standing committees on ways and means, and to the governor.

121 10 DIVISION XXXII
 121 11 MEDICAID PROGRAM ELIGIBILITY VERIFICATION
 121 12 Sec. 115. MEDICAID PROGRAM-ELIGIBILITY VERIFICATION. The
 121 13 department of human services shall establish an electronic
 121 14 asset, income, and identity eligibility verification system
 121 15 for the purposes of compliance with 42 U.S.C. §1396w requiring
 121 16 determination or redetermination of the eligibility of an
 121 17 individual who is an applicant for or recipient of medical
 121 18 assistance under the Medicaid state plan on the basis of
 121 19 being aged, blind, or disabled in accordance with 42 U.S.C.
 121 20 §1396w. The department may issue a request for proposals to
 121 21 select a third-party vendor to administer such an eligibility
 121 22 verification system. If a third-party vendor is selected,
 121 23 such vendor must be able to demonstrate in writing its current
 121 24 relationships or contracts with financial institutions in the
 121 25 state and nationally. Participation by financial institutions
 121 26 in providing account balances for asset verification
 121 27 shall remain voluntary. This section shall not result in
 121 28 the displacement of existing asset, income, or identity
 121 29 verification workers.

121 30 Sec. 116. EFFECTIVE UPON ENACTMENT. This division of this
 121 31 Act, being deemed of immediate importance, takes effect upon
 121 32 enactment.

Directs the DHS to implement a computerized asset, income, and identity eligibility verification system either by contracting with a third-party vendor or developing it in-house. The system will contact financial institutions in the State and nationally to verify income for individuals that apply for Medicaid based on the applicant's age, blindness, or disability. Electronic asset verification is required by the federal Affordable Care Act.

This Division is effective on enactment.

121 33 DIVISION XXXIII
 121 34 DEPARTMENT ON AGING — FY 2016-2017
 121 35 Sec. 117. DEPARTMENT ON AGING. There is appropriated from
 122 1 the general fund of the state to the department on aging for
 122 2 the fiscal year beginning July 1, 2016, and ending June 30,
 122 3 2017, the following amount, or so much thereof as is necessary,
 122 4 to be used for the purposes designated:
 122 5 For aging programs for the department on aging and area
 122 6 agencies on aging to provide citizens of Iowa who are 60 years
 122 7 of age and older with case management for frail elders, Iowa's
 122 8 aging and disabilities resource center, and other services
 122 9 which may include but are not limited to adult day services,
 122 10 respite care, chore services, information and assistance,
 122 11 and material aid, for information and options counseling for
 122 12 persons with disabilities who are 18 years of age or older,
 122 13 and for salaries, support, administration, maintenance, and
 122 14 miscellaneous purposes, and for not more than the following
 122 15 full-time equivalent positions:
 122 16 \$ 5,718,033
 122 17 FTEs 31.00
 122 18 1. Funds appropriated in this section may be used to
 122 19 supplement federal funds under federal regulations. To
 122 20 receive funds appropriated in this section, a local area
 122 21 agency on aging shall match the funds with moneys from other
 122 22 sources according to rules adopted by the department. Funds
 122 23 appropriated in this section may be used for elderly services
 122 24 not specifically enumerated in this section only if approved
 122 25 by an area agency on aging for provision of the service within
 122 26 the area.
 122 27 2. Of the funds appropriated in this section, \$139,973 is
 122 28 transferred to the economic development authority for the Iowa
 122 29 commission on volunteer services to be used for the retired and
 122 30 senior volunteer program.
 122 31 3. a. The department on aging shall establish and enforce
 122 32 procedures relating to expenditure of state and federal funds
 122 33 by area agencies on aging that require compliance with both
 122 34 state and federal laws, rules, and regulations, including but
 122 35 not limited to all of the following:
 123 1 (1) Requiring that expenditures are incurred only for goods
 123 2 or services received or performed prior to the end of the
 123 3 fiscal period designated for use of the funds.
 123 4 (2) Prohibiting prepayment for goods or services not
 123 5 received or performed prior to the end of the fiscal period
 123 6 designated for use of the funds.
 123 7 (3) Prohibiting the prepayment for goods or services
 123 8 not defined specifically by good or service, time period, or
 123 9 recipient.

Divisions XXXIII through XL make FY 2017 General Fund, other fund,
 and FTE position appropriations. All appropriations and allocations are
 at 50.00% of the FY 2016 level with the exception of the FTE levels for
 FY 2017 matching the FY 2016 appropriations, with the exception of
 2.00 FTE positions.

123 10 (4) Prohibiting the establishment of accounts from which
 123 11 future goods or services which are not defined specifically by
 123 12 good or service, time period, or recipient, may be purchased.
 123 13 b. The procedures shall provide that if any funds are
 123 14 expended in a manner that is not in compliance with the
 123 15 procedures and applicable federal and state laws, rules, and
 123 16 regulations, and are subsequently subject to repayment, the
 123 17 area agency on aging expending such funds in contravention of
 123 18 such procedures, laws, rules and regulations, not the state,
 123 19 shall be liable for such repayment.

123 20 4. Of the funds appropriated in this section, at least
 123 21 \$125,000 shall be used to fund the unmet needs identified
 123 22 through Iowa's aging and disability resource center network.

123 23 5. Of the funds appropriated in this section, at least
 123 24 \$300,000 shall be used to fund home and community-based
 123 25 services through the area agencies on aging that enable older
 123 26 individuals to avoid more costly utilization of residential or
 123 27 institutional services and remain in their own homes.

123 28 6. Of the funds appropriated in this section, \$425,000
 123 29 shall be used for the purposes of chapter 231E and section
 123 30 231.56A, of which \$162,500 shall be used for the office of
 123 31 substitute decision maker pursuant to chapter 231E, and the
 123 32 remainder shall be distributed equally to the area agencies on
 123 33 aging to administer the prevention of elder abuse, neglect, and
 123 34 exploitation program pursuant to section 231.56A, in accordance
 123 35 with the requirements of the federal Older Americans Act of
 124 1 1965, 42 U.S.C. §3001 et seq., as amended.

124 2 DIVISION XXXIV

124 3 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

124 4 Sec. 118. OFFICE OF LONG-TERM CARE OMBUDSMAN.

124 5 1. There is appropriated from the general fund of the state
 124 6 to the office of long-term care ombudsman for the fiscal year
 124 7 beginning July 1, 2016, and ending June 30, 2017, the following
 124 8 amount, or so much thereof as is necessary, to be used for the
 124 9 purposes designated:

124 10 For salaries, support, administration, maintenance, and
 124 11 miscellaneous purposes, and for not more than the following
 124 12 full-time equivalent positions:

124 13	\$	753,392
124 14	FTEs	21.00

124 15 2. Of the funds appropriated in this section, \$225,000 shall
 124 16 be used to continue to provide for additional local long-term
 124 17 care ombudsmen.

124 18 DIVISION XXXV

124 19 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

124 20 Sec. 119. DEPARTMENT OF PUBLIC HEALTH. There is
 124 21 appropriated from the general fund of the state to the
 124 22 department of public health for the fiscal year beginning July

124 23 1, 2016, and ending June 30, 2017, the following amounts, or
 124 24 so much thereof as is necessary, to be used for the purposes
 124 25 designated:

124 26 1. ADDICTIVE DISORDERS

124 27 For reducing the prevalence of the use of tobacco, alcohol,
 124 28 and other drugs, and treating individuals affected by addictive
 124 29 behaviors, including gambling, and for not more than the
 124 30 following full-time equivalent positions:

124 31	.....	\$	13,631,845
124 32	.....	FTEs	10.00

124 33 a. (1) Of the funds appropriated in this subsection,
 124 34 \$2,624,181 shall be used for the tobacco use prevention
 124 35 and control initiative, including efforts at the state and
 125 1 local levels, as provided in chapter 142A. The commission
 125 2 on tobacco use prevention and control established pursuant
 125 3 to section 142A.3 shall advise the director of public health
 125 4 in prioritizing funding needs and the allocation of moneys
 125 5 appropriated for the programs and initiatives. Activities
 125 6 of the programs and initiatives shall be in alignment with
 125 7 the United States centers for disease control and prevention
 125 8 best practices for comprehensive tobacco control programs that
 125 9 include the goals of preventing youth initiation of tobacco
 125 10 usage, reducing exposure to secondhand smoke, and promotion of
 125 11 tobacco cessation.

125 12 (2) (a) Of the funds allocated in this paragraph "a",
 125 13 \$226,534 is transferred to the alcoholic beverages division of
 125 14 the department of commerce for enforcement of tobacco laws,
 125 15 regulations, and ordinances and to engage in tobacco control
 125 16 activities approved by the division of tobacco use prevention
 125 17 and control of the department of public health as specified
 125 18 in the memorandum of understanding entered into between the
 125 19 divisions.

125 20 (b) For the fiscal year beginning July 1, 2016, and ending
 125 21 June 30, 2017, the terms of the memorandum of understanding,
 125 22 entered into between the division of tobacco use prevention
 125 23 and control of the department of public health and the
 125 24 alcoholic beverages division of the department of commerce,
 125 25 governing compliance checks conducted to ensure licensed retail
 125 26 tobacco outlet conformity with tobacco laws, regulations, and
 125 27 ordinances relating to persons under eighteen years of age,
 125 28 shall continue to restrict the number of such checks to one
 125 29 check per retail outlet, and one additional check for any
 125 30 retail outlet found to be in violation during the first check.

125 31 b. Of the funds appropriated in this subsection,
 125 32 \$11,007,664 shall be used for problem gambling and
 125 33 substance-related disorder prevention, treatment, and recovery
 125 34 services, including a 24-hour helpline, public information
 125 35 resources, professional training, and program evaluation.

126 1 (1) Of the funds allocated in this paragraph “b”, \$9,451,857
126 2 shall be used for substance-related disorder prevention and
126 3 treatment.

126 4 (a) Of the funds allocated in this subparagraph (1),
126 5 \$449,650 shall be used for the public purpose of a grant
126 6 program to provide substance-related disorder prevention
126 7 programming for children.

126 8 (i) Of the funds allocated in this subparagraph division
126 9 (a), \$213,770 shall be used for grant funding for organizations
126 10 that provide programming for children by utilizing mentors.
126 11 Programs approved for such grants shall be certified or must
126 12 be certified within six months of receiving the grant award
126 13 by the Iowa commission on volunteer services as utilizing the
126 14 standards for effective practice for mentoring programs.

126 15 (ii) Of the funds allocated in this subparagraph division
126 16 (a), \$213,420 shall be used for grant funding for organizations
126 17 providing programming that includes youth development and
126 18 leadership services. The programs shall also be recognized as
126 19 being programs that are scientifically based with evidence of
126 20 their effectiveness in reducing substance-related disorders in
126 21 children.

126 22 (iii) The department of public health shall utilize a
126 23 request for proposals process to implement the grant program.

126 24 (iv) All grant recipients shall participate in a program
126 25 evaluation as a requirement for receiving grant funds.

126 26 (v) Of the funds allocated in this subparagraph division
126 27 (a), up to \$22,461 may be used to administer substance-related
126 28 disorder prevention grants and for program evaluations.

126 29 (b) Of the funds allocated in this subparagraph
126 30 (1), \$136,302 shall be used for culturally competent
126 31 substance-related disorder treatment pilot projects.

126 32 (i) The department shall utilize the amount allocated
126 33 in this subparagraph division (b) for at least three pilot
126 34 projects to provide culturally competent substance-related
126 35 disorder treatment in various areas of the state. Each pilot
127 1 project shall target a particular ethnic minority population.
127 2 The populations targeted shall include but are not limited to
127 3 African American, Asian, and Latino.

127 4 (ii) The pilot project requirements shall provide for
127 5 documentation or other means to ensure access to the cultural
127 6 competence approach used by a pilot project so that such
127 7 approach can be replicated and improved upon in successor
127 8 programs.

127 9 (2) Of the funds allocated in this paragraph “b”, up
127 10 to \$1,555,807 may be used for problem gambling prevention,
127 11 treatment, and recovery services.

127 12 (a) Of the funds allocated in this subparagraph (2),
127 13 \$1,286,881 shall be used for problem gambling prevention and

127 14 treatment.

127 15 (b) Of the funds allocated in this subparagraph (2), up to

127 16 \$218,926 may be used for a 24-hour helpline, public information

127 17 resources, professional training, and program evaluation.

127 18 (c) Of the funds allocated in this subparagraph (2), up

127 19 to \$50,000 may be used for the licensing of problem gambling

127 20 treatment programs.

127 21 (3) It is the intent of the general assembly that from the

127 22 moneys allocated in this paragraph "b", persons with a dual

127 23 diagnosis of substance-related disorder and gambling addiction

127 24 shall be given priority in treatment services.

127 25 c. Notwithstanding any provision of law to the contrary,

127 26 to standardize the availability, delivery, cost of delivery,

127 27 and accountability of problem gambling and substance-related

127 28 disorder treatment services statewide, the department shall

127 29 continue implementation of a process to create a system

127 30 for delivery of treatment services in accordance with the

127 31 requirements specified in 2008 Iowa Acts, chapter 1187, section

127 32 3, subsection 4. To ensure the system provides a continuum

127 33 of treatment services that best meets the needs of Iowans,

127 34 the problem gambling and substance-related disorder treatment

127 35 services in any area may be provided either by a single agency

128 1 or by separate agencies submitting a joint proposal.

128 2 (1) The system for delivery of substance-related disorder

128 3 and problem gambling treatment shall include problem gambling

128 4 prevention.

128 5 (2) The system for delivery of substance-related disorder

128 6 and problem gambling treatment shall include substance-related

128 7 disorder prevention by July 1, 2017.

128 8 (3) Of the funds allocated in paragraph "b", the department

128 9 may use up to \$50,000 for administrative costs to continue

128 10 developing and implementing the process in accordance with this

128 11 paragraph "c".

128 12 d. The requirement of section 123.53, subsection 5, is met

128 13 by the appropriations and allocations made in this division of

128 14 this Act for purposes of substance-related disorder treatment

128 15 and addictive disorders for the fiscal year beginning July 1,

128 16 2016.

128 17 e. The department of public health shall work with all

128 18 other departments that fund substance-related disorder

128 19 prevention and treatment services and all such departments

128 20 shall, to the extent necessary, collectively meet the state

128 21 maintenance of effort requirements for expenditures for

128 22 substance-related disorder services as required under the

128 23 federal substance-related disorder prevention and treatment

128 24 block grant.

128 25 2. HEALTHY CHILDREN AND FAMILIES

128 26 For promoting the optimum health status for children,

128 27 adolescents from birth through 21 years of age, and families,
 128 28 and for not more than the following full-time equivalent
 128 29 positions:
 128 30 \$ 3,665,801
 128 31 FTEs 13.00
 128 32 a. Of the funds appropriated in this subsection, not more
 128 33 than \$367,421 shall be used for the healthy opportunities for
 128 34 parents to experience success (HOPES)-healthy families Iowa
 128 35 (HFI) program established pursuant to section 135.106. The
 129 1 funding shall be distributed to renew the grants that were
 129 2 provided to the grantees that operated the program during the
 129 3 fiscal year ending June 30, 2016.
 129 4 b. In order to implement the legislative intent stated in
 129 5 sections 135.106 and 256I.9, that priority for home visitation
 129 6 program funding be given to programs using evidence-based or
 129 7 promising models for home visitation, it is the intent of the
 129 8 general assembly to phase in the funding priority in accordance
 129 9 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 129 10 paragraph 0b.
 129 11 c. Of the funds appropriated in this subsection, \$2,456,444
 129 12 shall be used to continue to expand statewide the department's
 129 13 initiative to provide for adequate developmental surveillance
 129 14 and screening during a child's first five years. The funds
 129 15 shall be used first to fully fund the current sites to ensure
 129 16 that the sites are fully operational, with the remaining
 129 17 funds to be used for expansion to additional sites. The full
 129 18 implementation and expansion shall include enhancing the scope
 129 19 of the program through collaboration with the child health
 129 20 specialty clinics to promote healthy child development through
 129 21 early identification and response to both biomedical and social
 129 22 determinants of healthy development; by monitoring child
 129 23 health metrics to inform practice, document long-term health
 129 24 impacts and savings, and provide for continuous improvement
 129 25 through training, education, and evaluation; and by providing
 129 26 for practitioner consultation particularly for children with
 129 27 behavioral conditions and needs. The department of public
 129 28 health shall also collaborate with the Iowa Medicaid enterprise
 129 29 and the child health specialty clinics to integrate the
 129 30 activities of the first five initiative into the establishment
 129 31 of patient-centered medical homes, community utilities,
 129 32 accountable care organizations, and other integrated care
 129 33 models developed to improve health quality and population
 129 34 health while reducing health care costs. To the maximum extent
 129 35 possible, funding allocated in this paragraph shall be utilized
 130 1 as matching funds for medical assistance program reimbursement.
 130 2 d. Of the funds appropriated in this subsection, \$37,320
 130 3 shall be distributed to a statewide dental carrier to provide
 130 4 funds to continue the donated dental services program patterned

130 5 after the projects developed by the lifeline network to provide
 130 6 dental services to indigent individuals who are elderly or with
 130 7 disabilities.
 130 8 e. Of the funds appropriated in this subsection, \$55,998
 130 9 shall be used for childhood obesity prevention.
 130 10 f. Of the funds appropriated in this subsection, \$81,384
 130 11 shall be used to provide audiological services and hearing
 130 12 aids for children. The department may enter into a contract
 130 13 to administer this paragraph.
 130 14 g. Of the funds appropriated in this subsection, \$12,500 is
 130 15 transferred to the university of Iowa college of dentistry for
 130 16 provision of primary dental services to children. State funds
 130 17 shall be matched on a dollar-for-dollar basis. The university
 130 18 of Iowa college of dentistry shall coordinate efforts with the
 130 19 department of public health, bureau of oral and health delivery
 130 20 systems, to provide dental care to underserved populations
 130 21 throughout the state.
 130 22 h. Of the funds appropriated in this subsection, \$25,000
 130 23 shall be used to address youth suicide prevention.
 130 24 i. Of the funds appropriated in this subsection, \$25,000
 130 25 shall be used to support the Iowa effort to address the survey
 130 26 of children who experience adverse childhood experiences known
 130 27 as ACEs.
 130 28 3. CHRONIC CONDITIONS
 130 29 For serving individuals identified as having chronic
 130 30 conditions or special health care needs, and for not more than
 130 31 the following full-time equivalent positions:
 130 32 \$ 2,552,931
 130 33 FTEs 5.00
 130 34 a. Of the funds appropriated in this subsection, \$79,966
 130 35 shall be used for grants to individual patients who have an
 131 1 inherited metabolic disorder to assist with the costs of
 131 2 medically necessary foods and formula.
 131 3 b. Of the funds appropriated in this subsection, \$445,822
 131 4 shall be used for the brain injury services program pursuant to
 131 5 section 135.22B, including for continuation of the contracts
 131 6 for resource facilitator services in accordance with section
 131 7 135.22B, subsection 9, and to enhance brain injury training and
 131 8 recruitment of service providers on a statewide basis. Of the
 131 9 amount allocated in this paragraph, \$47,500 shall be used to
 131 10 fund one full-time equivalent position to serve as the state
 131 11 brain injury services program manager.
 131 12 c. Of the funds appropriated in this subsection, \$273,991
 131 13 shall be used as additional funding to leverage federal funding
 131 14 through the federal Ryan White Care Act, Tit.II, AIDS drug
 131 15 assistance program supplemental drug treatment grants.
 131 16 d. Of the funds appropriated in this subsection, \$74,912
 131 17 shall be used for the public purpose of continuing to contract

131 18 with an existing national-affiliated organization to provide
131 19 education, client-centered programs, and client and family
131 20 support for people living with epilepsy and their families.
131 21 The amount allocated in this paragraph in excess of \$50,000
131 22 shall be matched dollar-for-dollar by the organization
131 23 specified.

131 24 e. Of the funds appropriated in this subsection, \$392,557
131 25 shall be used for child health specialty clinics.

131 26 f. Of the funds appropriated in this subsection, \$200,000
131 27 shall be used by the regional autism assistance program
131 28 established pursuant to section 256.35, and administered by
131 29 the child health specialty clinic located at the university of
131 30 Iowa hospitals and clinics. The funds shall be used to enhance
131 31 interagency collaboration and coordination of educational,
131 32 medical, and other human services for persons with autism,
131 33 their families, and providers of services, including delivering
131 34 regionalized services of care coordination, family navigation,
131 35 and integration of services through the statewide system of
132 1 regional child health specialty clinics and fulfilling other
132 2 requirements as specified in chapter 225D. The university of
132 3 Iowa shall not receive funds allocated under this paragraph for
132 4 indirect costs associated with the regional autism assistance
132 5 program.

132 6 g. Of the funds appropriated in this subsection, \$285,497
132 7 shall be used for the comprehensive cancer control program to
132 8 reduce the burden of cancer in Iowa through prevention, early
132 9 detection, effective treatment, and ensuring quality of life.
132 10 Of the funds allocated in this paragraph "g", \$75,000 shall
132 11 be used to support a melanoma research symposium, a melanoma
132 12 biorepository and registry, basic and translational melanoma
132 13 research, and clinical trials.

132 14 h. Of the funds appropriated in this subsection, \$63,225
132 15 shall be used for cervical and colon cancer screening, and
132 16 \$150,000 shall be used to enhance the capacity of the cervical
132 17 cancer screening program to include provision of recommended
132 18 prevention and early detection measures to a broader range of
132 19 low-income women.

132 20 i. Of the funds appropriated in this subsection, \$338,432
132 21 shall be used for the center for congenital and inherited
132 22 disorders including to provide for surveillance of stillbirths
132 23 as defined in section 136A.2.

132 24 j. Of the funds appropriated in this subsection, \$64,706
132 25 shall be used for the prescription drug donation repository
132 26 program created in chapter 135M.

132 27 k. Of the funds appropriated in this subsection,
132 28 \$107,632 shall be used by the department of public health
132 29 for reform-related activities, including but not limited to
132 30 facilitation of communication to stakeholders at the state and

132 31 local level, administering the patient-centered health advisory
132 32 council pursuant to section 135.159, and involvement in health
132 33 care system innovation activities occurring across the state.
132 34 I. Of the funds appropriated in this subsection, \$12,500
132 35 shall be used for administration of chapter 124D, the medical
133 1 cannabidiol Act, or other Code provisions authorizing the
133 2 compassionate medical use of cannabis, if enacted by the 2016
133 3 regular session of the Eighty-sixth General Assembly.
133 4 4. COMMUNITY CAPACITY
133 5 For strengthening the health care delivery system at the
133 6 local level, and for not more than the following full-time
133 7 equivalent positions:
133 8 \$ 4,359,858
133 9 FTEs 11.00
133 10 a. Of the funds appropriated in this subsection, \$49,707
133 11 is allocated for continuation of the child vision screening
133 12 program implemented through the university of Iowa hospitals
133 13 and clinics in collaboration with early childhood Iowa areas.
133 14 The program shall submit a report to the individuals identified
133 15 in this Act for submission of reports regarding the use of
133 16 funds allocated under this paragraph "a". The report shall
133 17 include the objectives and results for the program year
133 18 including the target population and how the funds allocated
133 19 assisted the program in meeting the objectives; the number,
133 20 age, and location within the state of individuals served;
133 21 the type of services provided to the individuals served; the
133 22 distribution of funds based on service provided; and the
133 23 continuing needs of the program.
133 24 b. Of the funds appropriated in this subsection, \$55,328 is
133 25 allocated for continuation of an initiative implemented at the
133 26 university of Iowa and \$49,952 is allocated for continuation of
133 27 an initiative at the state mental health institute at Cherokee
133 28 to expand and improve the workforce engaged in mental health
133 29 treatment and services. The initiatives shall receive input
133 30 from the university of Iowa, the department of human services,
133 31 the department of public health, and the mental health and
133 32 disability services commission to address the focus of the
133 33 initiatives.
133 34 c. Of the funds appropriated in this subsection, \$582,314
133 35 shall be used for essential public health services that promote
134 1 healthy aging throughout one's lifespan, contracted through a
134 2 formula for local boards of health, to enhance health promotion
134 3 and disease prevention services.
134 4 d. Of the funds appropriated in this section, \$49,643 shall
134 5 be deposited in the governmental public health system fund
134 6 created in section 135A.8 to be used for the purposes of the
134 7 fund.
134 8 e. Of the funds appropriated in this subsection, \$52,724

134 9 shall be used to continue to address the shortage of mental
134 10 health professionals in the state.

134 11 f. Of the funds appropriated in this subsection,
134 12 \$25,000 shall be used for a grant to a statewide association
134 13 of psychologists that is affiliated with the American
134 14 psychological association to be used for continuation of a
134 15 program to rotate intern psychologists in placements in urban
134 16 and rural mental health professional shortage areas, as defined
134 17 in section 135.180.

134 18 g. (1) Of the funds appropriated in this subsection,
134 19 \$1,441,485 shall be allocated as a grant to the Iowa primary
134 20 care association to be used pursuant to section 135.153 for
134 21 the statewide coordination of the Iowa collaborative safety
134 22 net provider network. Coordination of the network shall
134 23 focus on increasing access by underserved populations to
134 24 health care services, increasing integration of the health
134 25 system and collaboration across the continuum of care with
134 26 a focus on safety net services, and enhancing the Iowa
134 27 collaborative safety net provider network's communication and
134 28 education efforts. The amount allocated as a grant under this
134 29 subparagraph (1) shall be used as follows to support the Iowa
134 30 collaborative safety net provider network goals of increased
134 31 access, health system integration, and engagement:

134 32 (a) For distribution to safety net partners in the state
134 33 that work to increase access of the underserved population to
134 34 health services:

134 35 \$ 512,743

135 1 (i) Of the amount allocated in this subparagraph
135 2 division (a), up to \$206,708 shall be distributed to the
135 3 Iowa prescription drug corporation for continuation of the
135 4 pharmaceutical infrastructure for safety net providers as
135 5 described in 2007 Iowa Acts, chapter 218, section 108.

135 6 (ii) Of the amount allocated in this subparagraph division
135 7 (a), up to \$174,161 shall be distributed to free clinics and
135 8 free clinics of Iowa for necessary infrastructure, statewide
135 9 coordination, provider recruitment, service delivery, and
135 10 provision of assistance to patients in securing a medical home
135 11 inclusive of oral health care.

135 12 (iii) Of the amount allocated in this subparagraph
135 13 division (a), up to \$25,000 shall be distributed to the
135 14 Iowa coalition against sexual assault to continue a training
135 15 program for sexual assault response team (SART) members,
135 16 including representatives of law enforcement, victim advocates,
135 17 prosecutors, and certified medical personnel.

135 18 (iv) Of the amount allocated in this subparagraph division
135 19 (a), up to \$106,874 shall be distributed to the Polk county
135 20 medical society for continuation of the safety net provider
135 21 patient access to a specialty health care initiative as

135 22 described in 2007 Iowa Acts, chapter 218, section 109.
 135 23 (b) For distribution to safety net partners in the
 135 24 state that work to increase health system integration, care
 135 25 coordination, and collaboration across the continuum of care
 135 26 with a focus on safety net services. Such efforts shall
 135 27 include but not be limited to community care coordination team
 135 28 development and integration of medical and behavioral health
 135 29 services. Efforts shall also include working, in conjunction
 135 30 with the department of human services and the department
 135 31 of public health, to support Medicaid managed care efforts
 135 32 inclusive of the state innovation model through the continued
 135 33 development and implementation of community care coordination
 135 34 teams. Implementation of the community care coordination
 135 35 teams shall be accomplished through a statewide regionally
 136 1 based network that provides an integrated approach to health
 136 2 care delivery through care coordination that supports primary
 136 3 care providers and links patients with community resources
 136 4 necessary to empower patients in addressing biomedical and
 136 5 social determinants of health to improve health outcomes:
 136 6 \$ 836,100
 136 7 (c) For distribution to safety net partners in the state
 136 8 that work to serve as a resource for credible, accurate
 136 9 information on health care-related needs and services
 136 10 for vulnerable populations in the state including the
 136 11 Iowa association of rural health clinics for necessary
 136 12 infrastructure and service delivery transformation and the Iowa
 136 13 primary care association to support partner engagement, program
 136 14 management, and statewide coordination of the network:
 136 15 \$ 92,643
 136 16 (2) The amount allocated under this paragraph "g" shall
 136 17 not be reduced for administrative or other costs prior to
 136 18 distribution. The Iowa collaborative safety net provider
 136 19 network may continue to distribute funds allocated pursuant to
 136 20 this paragraph "g" through existing contracts or renewal of
 136 21 existing contracts.
 136 22 (3) For each goal of the Iowa collaborative safety net
 136 23 provider network, the Iowa primary care association shall
 136 24 submit a progress report to the individuals designated in this
 136 25 Act for submission of reports by December 15, 2016, including
 136 26 progress in developing and implementing the network, how the
 136 27 funds were distributed and used in developing and implementing
 136 28 the network, and the remaining needs identified to fully
 136 29 develop and implement the network.
 136 30 h. Of the funds appropriated in this subsection, \$106,700
 136 31 shall be used for continuation of the work of the direct care
 136 32 worker advisory council established pursuant to 2008 Iowa Acts,
 136 33 chapter 1188, section 69, in implementing the recommendations
 136 34 in the final report submitted by the advisory council to the

136 35 governor and the general assembly in March 2012, including
137 1 by continuing to develop, promote, and make available on a
137 2 statewide basis the prepare-to-care core curriculum and its
137 3 associated modules and specialties through various formats
137 4 including online access, community colleges, and other venues;
137 5 exploring new and maintaining existing specialties including
137 6 but not limited to oral health and dementia care; supporting
137 7 instructor training; and assessing and making recommendations
137 8 concerning the Iowa care book and information technology
137 9 systems and infrastructure uses and needs.

137 10 i. (1) Of the funds appropriated in this subsection,
137 11 \$108,188 shall be used for allocation to an independent
137 12 statewide direct care worker organization under continuation
137 13 of the contract in effect during the fiscal year ending June
137 14 30, 2016.

137 15 (2) Of the funds appropriated in this subsection,
137 16 \$52,500 shall be used to provide scholarships or other
137 17 forms of subsidization for direct care worker educational
137 18 conferences, training, or outreach activities, and for the
137 19 mouth-care-matters oral health care project.

137 20 j. Of the funds appropriated in this subsection, the
137 21 department may use up to \$29,088 for up to one full-time
137 22 equivalent position to administer the volunteer health care
137 23 provider program pursuant to section 135.24.

137 24 k. Of the funds appropriated in this subsection, \$50,000
137 25 shall be used for a matching dental education loan repayment
137 26 program to be allocated to a dental nonprofit health service
137 27 corporation to continue to develop the criteria and implement
137 28 the loan repayment program.

137 29 l. Of the funds appropriated in this subsection, \$52,912 is
137 30 transferred to the college student aid commission for deposit
137 31 in the rural Iowa primary care trust fund created in section
137 32 261.113 to be used for the purposes of the fund.

137 33 m. Of the funds appropriated in this subsection, \$125,000
137 34 shall be used for the purposes of the Iowa donor registry as
137 35 specified in section 142C.18.

138 1 n. Of the funds appropriated in this subsection, \$50,000
138 2 shall be used for continuation of a grant to a nationally
138 3 affiliated volunteer eye organization that has an established
138 4 program for children and adults and that is solely dedicated to
138 5 preserving sight and preventing blindness through education,
138 6 nationally certified vision screening and training, and
138 7 community and patient service programs. The organization
138 8 shall submit a report to the individuals identified in this
138 9 Act for submission of reports regarding the use of funds
138 10 allocated under this paragraph "n". The report shall include
138 11 the objectives and results for the program year including
138 12 the target population and how the funds allocated assisted

138 13 the program in meeting the objectives; the number, age, and
 138 14 location within the state of individuals served; the type of
 138 15 services provided to the individuals served; the distribution
 138 16 of funds based on services provided; and the continuing needs
 138 17 of the program.

138 18 o. Of the funds appropriated in this subsection, \$12,500
 138 19 shall be used for the continuation of a wellness council under
 138 20 the direction of the director of public health to increase
 138 21 support for wellness activities in the state.

138 22 p. Of the funds appropriated in this subsection, \$1,000,000
 138 23 shall be deposited in the medical residency training account
 138 24 created in section 135.175, subsection 5, paragraph "a", and
 138 25 is appropriated from the account to the department of public
 138 26 health to be used for the purposes of the medical residency
 138 27 training state matching grants program as specified in section
 138 28 135.176. However, notwithstanding any provision to the
 138 29 contrary in section 135.176, priority in the awarding of grants
 138 30 shall be given to sponsors that propose preference in the use
 138 31 of the grant funds for psychiatric residency positions and
 138 32 family practice residency positions.

138 33 5. HEALTHY AGING

138 34 To provide public health services that reduce risks and
 138 35 invest in promoting and protecting good health over the
 139 1 course of a lifetime with a priority given to older Iowans and
 139 2 vulnerable populations:

139 3 \$ 3,648,571

139 4 6. INFECTIOUS DISEASES

139 5 For reducing the incidence and prevalence of communicable
 139 6 diseases, and for not more than the following full-time
 139 7 equivalent positions:

139 8 \$ 667,578

139 9 FTEs 4.00

139 10 7. PUBLIC PROTECTION

139 11 For protecting the health and safety of the public through
 139 12 establishing standards and enforcing regulations, and for not
 139 13 more than the following full-time equivalent positions:

139 14 \$ 2,169,596

139 15 FTEs 135.50

139 16 a. Of the funds appropriated in this subsection, not more
 139 17 than \$227,350 shall be credited to the emergency medical
 139 18 services fund created in section 135.25. Moneys in the
 139 19 emergency medical services fund are appropriated to the
 139 20 department to be used for the purposes of the fund.

139 21 b. Of the funds appropriated in this subsection, \$101,516
 139 22 shall be used for sexual violence prevention programming
 139 23 through a statewide organization representing programs
 139 24 serving victims of sexual violence through the department's
 139 25 sexual violence prevention program. The amount allocated

139 26 in this paragraph "b" shall not be used to supplant funding
 139 27 administered for other sexual violence prevention or victims
 139 28 assistance programs.
 139 29 c. Of the funds appropriated in this subsection, \$299,376
 139 30 shall be used for the state poison control center. Pursuant
 139 31 to the directive under 2014 Iowa Acts, chapter 1140, section
 139 32 102, the federal matching funds available to the state poison
 139 33 control center from the department of human services under the
 139 34 federal Children's Health Insurance Program Reauthorization Act
 139 35 allotment shall be subject to the federal administrative cap
 140 1 rule of 10 percent applicable to funding provided under Tit.
 140 2 XXI of the federal Social Security Act and included within the
 140 3 department's calculations of the cap.
 140 4 d. Of the funds appropriated in this subsection, \$268,875
 140 5 shall be used for childhood lead poisoning provisions.

140 6 8. RESOURCE MANAGEMENT

140 7 For establishing and sustaining the overall ability of the
 140 8 department to deliver services to the public, and for not more
 140 9 than the following full-time equivalent positions:

140 10	\$	427,536
140 11	FTEs	4.00

140 12 The university of Iowa hospitals and clinics under the
 140 13 control of the state board of regents shall not receive
 140 14 indirect costs from the funds appropriated in this section.
 140 15 The university of Iowa hospitals and clinics billings to the
 140 16 department shall be on at least a quarterly basis.

140 17 DIVISION XXXVI

140 18 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

140 19 Sec. 120. DEPARTMENT OF VETERANS AFFAIRS. There is
 140 20 appropriated from the general fund of the state to the
 140 21 department of veterans affairs for the fiscal year beginning
 140 22 July 1, 2016, and ending June 30, 2017, the following amounts,
 140 23 or so much thereof as is necessary, to be used for the purposes
 140 24 designated:

140 25 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

140 26 For salaries, support, maintenance, and miscellaneous
 140 27 purposes, and for not more than the following full-time
 140 28 equivalent positions:

140 29	\$	600,273
140 30	FTEs	15.00

140 31 2. IOWA VETERANS HOME

140 32 For salaries, support, maintenance, and miscellaneous
 140 33 purposes:

140 34	\$	3,797,498
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140 35 a. The Iowa veterans home billings involving the department
 141 1 of human services shall be submitted to the department on at
 141 2 least a monthly basis.

141 3 b. If there is a change in the employer of employees

141 4 providing services at the Iowa veterans home under a collective
 141 5 bargaining agreement, such employees and the agreement shall
 141 6 be continued by the successor employer as though there had not
 141 7 been a change in employer.

141 8 c. Within available resources and in conformance with
 141 9 associated state and federal program eligibility requirements,
 141 10 the Iowa veterans home may implement measures to provide
 141 11 financial assistance to or on behalf of veterans or their
 141 12 spouses who are participating in the community reentry program.

141 13 d. The Iowa veterans home expenditure report shall be
 141 14 submitted monthly to the legislative services agency.

141 15 3. HOME OWNERSHIP ASSISTANCE PROGRAM

141 16 For transfer to the Iowa finance authority for the
 141 17 continuation of the home ownership assistance program for
 141 18 persons who are or were eligible members of the armed forces of
 141 19 the United States, pursuant to section 16.54:

141 20 \$ 1,250,000

141 21 Sec. 121. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
 141 22 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 141 23 standing appropriation in section 35A.16 for the fiscal year
 141 24 beginning July 1, 2016, and ending June 30, 2017, the amount
 141 25 appropriated from the general fund of the state pursuant to
 141 26 that section for the following designated purposes shall not
 141 27 exceed the following amount:

141 28 For the county commissions of veteran affairs fund under
 141 29 section 35A.16:

141 30 \$ 495,000

141 31 DIVISION XXXVII

141 32 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

141 33 Sec. 122. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK

141 34 GRANT. There is appropriated from the fund created in section
 141 35 8.41 to the department of human services for the fiscal year
 142 1 beginning July 1, 2016, and ending June 30, 2017, from moneys
 142 2 received under the federal temporary assistance for needy
 142 3 families (TANF) block grant pursuant to the federal Personal
 142 4 Responsibility and Work Opportunity Reconciliation Act of 1996,
 142 5 Pub.L.No.104-193, and successor legislation, the following
 142 6 amounts, or so much thereof as is necessary, to be used for the
 142 7 purposes designated:

142 8 1. To be credited to the family investment program account
 142 9 and used for assistance under the family investment program
 142 10 under chapter 239B:

142 11 \$ 2,568,498

142 12 2. To be credited to the family investment program account
 142 13 and used for the job opportunities and basic skills (JOBS)
 142 14 program and implementing family investment agreements in
 142 15 accordance with chapter 239B:

142 16 \$ 5,069,089

142 17 3. To be used for the family development and
 142 18 self-sufficiency grant program in accordance with section
 142 19 216A.107:
 142 20 \$ 1,449,490
 142 21 Notwithstanding section 8.33, moneys appropriated in this
 142 22 subsection that remain unencumbered or unobligated at the close
 142 23 of the fiscal year shall not revert but shall remain available
 142 24 for expenditure for the purposes designated until the close of
 142 25 the succeeding fiscal year. However, unless such moneys are
 142 26 encumbered or obligated on or before September 30, 2016, the
 142 27 moneys shall revert.
 142 28 4. For field operations:
 142 29 \$ 15,648,116
 142 30 5. For general administration:
 142 31 \$ 1,872,000
 142 32 6. For state child care assistance:
 142 33 \$ 17,523,555
 142 34 a. Of the funds appropriated in this subsection,
 142 35 \$13,164,049 is transferred to the child care and development
 143 1 block grant appropriation made by the Eighty-sixth General
 143 2 Assembly, 2016 Session, for the federal fiscal year beginning
 143 3 October 1, 2016, and ending September 30, 2017. Of this
 143 4 amount, \$100,000 shall be used for provision of educational
 143 5 opportunities to registered child care home providers in order
 143 6 to improve services and programs offered by this category
 143 7 of providers and to increase the number of providers. The
 143 8 department may contract with institutions of higher education
 143 9 or child care resource and referral centers to provide
 143 10 the educational opportunities. Allowable administrative
 143 11 costs under the contracts shall not exceed 5 percent. The
 143 12 application for a grant shall not exceed two pages in length.
 143 13 b. Any funds appropriated in this subsection remaining
 143 14 unallocated shall be used for state child care assistance
 143 15 payments for families who are employed including but not
 143 16 limited to individuals enrolled in the family investment
 143 17 program.
 143 18 7. For distribution to counties and regions through the
 143 19 property tax relief fund for mental health and disability
 143 20 services as provided in an appropriation made for this purpose:
 143 21 \$ 2,447,026
 143 22 8. For child and family services:
 143 23 \$ 16,042,215
 143 24 9. For child abuse prevention grants:
 143 25 \$ 62,500
 143 26 10. For pregnancy prevention grants on the condition that
 143 27 family planning services are funded:
 143 28 \$ 965,034
 143 29 Pregnancy prevention grants shall be awarded to programs

143 30 in existence on or before July 1, 2016, if the programs have
143 31 demonstrated positive outcomes. Grants shall be awarded to
143 32 pregnancy prevention programs which are developed after July
143 33 1, 2016, if the programs are based on existing models that
143 34 have demonstrated positive outcomes. Grants shall comply with
143 35 the requirements provided in 1997 Iowa Acts, chapter 208,
144 1 section 14, subsections 1 and 2, including the requirement that
144 2 grant programs must emphasize sexual abstinence. Priority in
144 3 the awarding of grants shall be given to programs that serve
144 4 areas of the state which demonstrate the highest percentage of
144 5 unplanned pregnancies of females of childbearing age within the
144 6 geographic area to be served by the grant.

144 7 11. For technology needs and other resources necessary
144 8 to meet federal welfare reform reporting, tracking, and case
144 9 management requirements:
144 10 \$ 518,593

144 11 12. For the family investment program share of the costs to
144 12 continue to develop and maintain a new, integrated eligibility
144 13 determination system:
144 14 \$ 3,327,440

144 15 13. a. Notwithstanding any provision to the contrary,
144 16 including but not limited to requirements in section 8.41 or
144 17 provisions in 2015 or 2016 Iowa Acts regarding the receipt and
144 18 appropriation of federal block grants, federal funds from the
144 19 temporary assistance for needy families block grant received by
144 20 the state and not otherwise appropriated in this section and
144 21 remaining available for the fiscal year beginning July 1, 2016,
144 22 are appropriated to the department of human services to the
144 23 extent as may be necessary to be used in the following priority
144 24 order: the family investment program, for state child care
144 25 assistance program payments for families who are employed, and
144 26 for the family investment program share of costs to develop and
144 27 maintain a new, integrated eligibility determination system.
144 28 The federal funds appropriated in this paragraph "a" shall be
144 29 expended only after all other funds appropriated in subsection
144 30 1 for the assistance under the family investment program,
144 31 in subsection 6 for child care assistance, or in subsection
144 32 12 for the family investment program share of the costs to
144 33 continue to develop and maintain a new, integrated eligibility
144 34 determination system, as applicable, have been expended. For
144 35 the purposes of this subsection, the funds appropriated in
145 1 subsection 6, paragraph "a", for transfer to the child care
145 2 and development block grant appropriation are considered fully
145 3 expended when the full amount has been transferred.

145 4 b. The department shall, on a quarterly basis, advise the
145 5 legislative services agency and department of management of
145 6 the amount of funds appropriated in this subsection that was
145 7 expended in the prior quarter.

145 8 14. Of the amounts appropriated in this section, \$6,481,004
145 9 for the fiscal year beginning July 1, 2016, is transferred to
145 10 the appropriation of the federal social services block grant
145 11 made to the department of human services for that fiscal year.
145 12 15. For continuation of the program providing categorical
145 13 eligibility for the food assistance program as specified for
145 14 the program in the section of this division of this 2016 Act
145 15 relating to the family investment program account:
145 16 \$ 12,500
145 17 16. The department may transfer funds allocated in this
145 18 section to the appropriations made in this division of this Act
145 19 for the same fiscal year for general administration and field
145 20 operations for resources necessary to implement and operate the
145 21 services referred to in this section and those funded in the
145 22 appropriation made in this division of this Act for the same
145 23 fiscal year for the family investment program from the general
145 24 fund of the state.
145 25 Sec. 123. FAMILY INVESTMENT PROGRAM ACCOUNT.
145 26 1. Moneys credited to the family investment program (FIP)
145 27 account for the fiscal year beginning July 1, 2016, and
145 28 ending June 30, 2017, shall be used to provide assistance in
145 29 accordance with chapter 239B.
145 30 2. The department may use a portion of the moneys credited
145 31 to the FIP account under this section as necessary for
145 32 salaries, support, maintenance, and miscellaneous purposes.
145 33 3. The department may transfer funds allocated in
145 34 subsection 4 to the appropriations made in this division of
145 35 this Act for the same fiscal year for general administration
146 1 and field operations for resources necessary to implement and
146 2 operate the family investment program services referred to in
146 3 this section and those funded in the appropriation made in this
146 4 division of this Act for the same fiscal year for the family
146 5 investment program from the general fund of the state.
146 6 4. Moneys appropriated in this division of this Act and
146 7 credited to the FIP account for the fiscal year beginning July
146 8 1, 2016, and ending June 30, 2017, are allocated as follows:
146 9 a. To be retained by the department of human services to
146 10 be used for coordinating with the department of human rights
146 11 to more effectively serve participants in FIP and other shared
146 12 clients and to meet federal reporting requirements under the
146 13 federal temporary assistance for needy families block grant:
146 14 \$ 10,000
146 15 b. To the department of human rights for staffing,
146 16 administration, and implementation of the family development
146 17 and self-sufficiency grant program in accordance with section
146 18 216A.107:
146 19 \$ 3,196,417
146 20 (1) Of the funds allocated for the family development

146 21 and self-sufficiency grant program in this paragraph "b",
146 22 not more than 5 percent of the funds shall be used for the
146 23 administration of the grant program.

146 24 (2) The department of human rights may continue to implement
146 25 the family development and self-sufficiency grant program
146 26 statewide during fiscal year 2016-2017.

146 27 (3) The department of human rights may engage in activities
146 28 to strengthen and improve family outcomes measures and
146 29 data collection systems under the family development and
146 30 self-sufficiency grant program.

146 31 c. For the diversion subaccount of the FIP account:
146 32 \$ 407,500

146 33 A portion of the moneys allocated for the subaccount may
146 34 be used for field operations, salaries, data management
146 35 system development, and implementation costs and support
147 1 deemed necessary by the director of human services in order
147 2 to administer the FIP diversion program. To the extent
147 3 moneys allocated in this paragraph "c" are not deemed by the
147 4 department to be necessary to support diversion activities,
147 5 such moneys may be used for other efforts intended to increase
147 6 engagement by family investment program participants in work,
147 7 education, or training activities.

147 8 d. For the food assistance employment and training program:
147 9 \$ 33,294

147 10 (1) The department shall apply the federal supplemental
147 11 nutrition assistance program (SNAP) employment and training
147 12 state plan in order to maximize to the fullest extent permitted
147 13 by federal law the use of the 50 percent federal reimbursement
147 14 provisions for the claiming of allowable federal reimbursement
147 15 funds from the United States department of agriculture
147 16 pursuant to the federal SNAP employment and training program
147 17 for providing education, employment, and training services
147 18 for eligible food assistance program participants, including
147 19 but not limited to related dependent care and transportation
147 20 expenses.

147 21 (2) The department shall continue the categorical federal
147 22 food assistance program eligibility at 160 percent of the
147 23 federal poverty level and continue to eliminate the asset test
147 24 from eligibility requirements, consistent with federal food
147 25 assistance program requirements. The department shall include
147 26 as many food assistance households as is allowed by federal
147 27 law. The eligibility provisions shall conform to all federal
147 28 requirements including requirements addressing individuals who
147 29 are incarcerated or otherwise ineligible.

147 30 e. For the JOBS program:
147 31 \$ 8,770,199

147 32 5. Of the child support collections assigned under FIP,
147 33 an amount equal to the federal share of support collections

147 34 shall be credited to the child support recovery appropriation
147 35 made in this division of this Act. Of the remainder of the
148 1 assigned child support collections received by the child
148 2 support recovery unit, a portion shall be credited to the FIP
148 3 account, a portion may be used to increase recoveries, and a
148 4 portion may be used to sustain cash flow in the child support
148 5 payments account. If as a consequence of the appropriations
148 6 and allocations made in this section the resulting amounts
148 7 are insufficient to sustain cash assistance payments and meet
148 8 federal maintenance of effort requirements, the department
148 9 shall seek supplemental funding. If child support collections
148 10 assigned under FIP are greater than estimated or are otherwise
148 11 determined not to be required for maintenance of effort, the
148 12 state share of either amount may be transferred to or retained
148 13 in the child support payments account.

148 14 6. The department may adopt emergency rules for the family
148 15 investment, JOBS, food assistance, and medical assistance
148 16 programs if necessary to comply with federal requirements.

148 17 Sec. 124. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
148 18 is appropriated from the general fund of the state to the
148 19 department of human services for the fiscal year beginning July
148 20 1, 2016, and ending June 30, 2017, the following amount, or
148 21 so much thereof as is necessary, to be used for the purpose
148 22 designated:

148 23 To be credited to the family investment program (FIP)
148 24 account and used for family investment program assistance under
148 25 chapter 239B:

148 26 \$ 24,546,938

148 27 1. Of the funds appropriated in this section, \$3,701,110 is
148 28 allocated for the JOBS program.

148 29 2. Of the funds appropriated in this section, \$1,756,927 is
148 30 allocated for the family development and self-sufficiency grant
148 31 program.

148 32 3. Notwithstanding section 8.39, for the fiscal year
148 33 beginning July 1, 2016, if necessary to meet federal
148 34 maintenance of effort requirements or to transfer federal
148 35 temporary assistance for needy families block grant funding
149 1 to be used for purposes of the federal social services block
149 2 grant or to meet cash flow needs resulting from delays in
149 3 receiving federal funding or to implement, in accordance with
149 4 this division of this Act, activities currently funded with
149 5 juvenile court services, county, or community moneys and state
149 6 moneys used in combination with such moneys, the department
149 7 of human services may transfer funds within or between any
149 8 of the appropriations made in this division of this Act and
149 9 appropriations in law for the federal social services block
149 10 grant to the department for the following purposes, provided
149 11 that the combined amount of state and federal temporary

149 12 assistance for needy families block grant funding for each
149 13 appropriation remains the same before and after the transfer:
149 14 a. For the family investment program.
149 15 b. For child care assistance.
149 16 c. For child and family services.
149 17 d. For field operations.
149 18 e. For general administration.
149 19 f. For distribution to counties or regions through the
149 20 property tax relief fund for mental health and disability
149 21 services as provided in an appropriation for this purpose.
149 22 This subsection shall not be construed to prohibit the use
149 23 of existing state transfer authority for other purposes. The
149 24 department shall report any transfers made pursuant to this
149 25 subsection to the legislative services agency.
149 26 4. Of the funds appropriated in this section, \$97,839 shall
149 27 be used for continuation of a grant to an Iowa-based nonprofit
149 28 organization with a history of providing tax preparation
149 29 assistance to low-income Iowans in order to expand the usage of
149 30 the earned income tax credit. The purpose of the grant is to
149 31 supply this assistance to underserved areas of the state.
149 32 5. Of the funds appropriated in this section, \$40,000 shall
149 33 be used for the continuation of an unfunded pilot project, as
149 34 defined in 441 IAC 100.1, relating to parental obligations,
149 35 in which the child support recovery unit participates, to
150 1 support the efforts of a nonprofit organization committed to
150 2 strengthening the community through youth development, healthy
150 3 living, and social responsibility headquartered in a county
150 4 with a population over 350,000. The funds allocated in this
150 5 subsection shall be used by the recipient organization to
150 6 develop a larger community effort, through public and private
150 7 partnerships, to support a broad-based multi-county fatherhood
150 8 initiative that promotes payment of child support obligations,
150 9 improved family relationships, and full-time employment.
150 10 6. Of the funds appropriated in this section, \$100,000
150 11 shall be used to continue a grant to a nonprofit organization
150 12 organized under section 501(c)(4) of the Internal Revenue Code
150 13 to continue a youth development strategy through after-school
150 14 programming that promotes academic success, healthy lifestyles,
150 15 good character, and citizenship. The organization shall meet
150 16 all of the following criteria:
150 17 a. Operate statewide and provide services through more than
150 18 one location.
150 19 b. Provide the after-school programming for students ages
150 20 five through eighteen years of age who are members of families
150 21 eligible for the federal temporary assistance for needy
150 22 families program.
150 23 c. Provide evidence, based on measurable outcomes, that the
150 24 after-school programming provided results in increased student

150 25 achievement.

150 26 7. The department may transfer funds appropriated in this
150 27 section to the appropriations made in this division of this Act
150 28 for general administration and field operations as necessary
150 29 to administer this section and the overall family investment
150 30 program.

150 31 Sec. 125. CHILD SUPPORT RECOVERY. There is appropriated
150 32 from the general fund of the state to the department of human
150 33 services for the fiscal year beginning July 1, 2016, and ending
150 34 June 30, 2017, the following amount, or so much thereof as is
150 35 necessary, to be used for the purposes designated:

151 1 For child support recovery, including salaries, support,
151 2 maintenance, and miscellaneous purposes, and for not more than
151 3 the following full-time equivalent positions:

151 4 \$ 7,331,687

151 5 FTEs 464.00

151 6 1. The department shall expend up to \$12,165, including
151 7 federal financial participation, for the fiscal year beginning
151 8 July 1, 2016, for a child support public awareness campaign.
151 9 The department and the office of the attorney general shall
151 10 cooperate in continuation of the campaign. The public
151 11 awareness campaign shall emphasize, through a variety of
151 12 media activities, the importance of maximum involvement of
151 13 both parents in the lives of their children as well as the
151 14 importance of payment of child support obligations.

151 15 2. Federal access and visitation grant moneys shall be
151 16 issued directly to private not-for-profit agencies that provide
151 17 services designed to increase compliance with the child access
151 18 provisions of court orders, including but not limited to
151 19 neutral visitation sites and mediation services.

151 20 3. The appropriation made to the department for child
151 21 support recovery may be used throughout the fiscal year in the
151 22 manner necessary for purposes of cash flow management, and for
151 23 cash flow management purposes the department may temporarily
151 24 draw more than the amount appropriated, provided the amount
151 25 appropriated is not exceeded at the close of the fiscal year.

151 26 4. With the exception of the funding amount specified, the
151 27 requirements established under 2001 Iowa Acts, chapter 191,
151 28 section 3, subsection 5, paragraph "c", subparagraph (3), shall
151 29 be applicable to parental obligation pilot projects for the
151 30 fiscal year beginning July 1, 2016, and ending June 30, 2017.
151 31 Notwithstanding 441 IAC 100.8, providing for termination of
151 32 rules relating to the pilot projects, the rules shall remain
151 33 in effect until June 30, 2017.

151 34 Sec. 126. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —

151 35 FY 2016-2017. Any funds remaining in the health care trust

152 1 fund created in section 453A.35A for the fiscal year beginning

152 2 July 1, 2016, and ending June 30, 2017, are appropriated to

152 3 the department of human services to supplement the medical
152 4 assistance program appropriations made in this division of this
152 5 Act, for medical assistance reimbursement and associated costs,
152 6 including program administration and costs associated with
152 7 program implementation.

152 8 Sec. 127. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
152 9 2016-2017. Any funds remaining in the Medicaid fraud fund
152 10 created in section 249A.50 for the fiscal year beginning
152 11 July 1, 2016, and ending June 30, 2017, are appropriated to
152 12 the department of human services to supplement the medical
152 13 assistance appropriations made in this division of this Act,
152 14 for medical assistance reimbursement and associated costs,
152 15 including program administration and costs associated with
152 16 program implementation.

152 17 Sec. 128. MEDICAL ASSISTANCE.

152 18 1. There is appropriated from the general fund of the
152 19 state to the department of human services for the fiscal year
152 20 beginning July 1, 2016, and ending June 30, 2017, the following
152 21 amount, or so much thereof as is necessary, to be used for the
152 22 purpose designated:

152 23 For medical assistance program reimbursement and associated
152 24 costs as specifically provided in the reimbursement
152 25 methodologies in effect on June 30, 2016, except as otherwise
152 26 expressly authorized by law, including reimbursement for
152 27 abortion services which shall be available under the medical
152 28 assistance program only for those abortions which are medically
152 29 necessary:

152 30 \$ 673,176,820

152 31 2. Medically necessary abortions are those performed under
152 32 any of the following conditions:

152 33 a. The attending physician certifies that continuing the
152 34 pregnancy would endanger the life of the pregnant woman.

152 35 b. The attending physician certifies that the fetus is
153 1 physically deformed, mentally deficient, or afflicted with a
153 2 congenital illness.

153 3 c. The pregnancy is the result of a rape which is reported
153 4 within 45 days of the incident to a law enforcement agency or
153 5 public or private health agency which may include a family
153 6 physician.

153 7 d. The pregnancy is the result of incest which is reported
153 8 within 150 days of the incident to a law enforcement agency
153 9 or public or private health agency which may include a family
153 10 physician.

153 11 e. Any spontaneous abortion, commonly known as a
153 12 miscarriage, if not all of the products of conception are
153 13 expelled.

153 14 3. a. Iowans support reducing the number of abortions
153 15 performed in our state. For an abortion covered under the

153 16 program, except in the case of a medical emergency, as defined
153 17 in section 135L.1, for any woman, the physician shall certify
153 18 both of the following:

153 19 (1) That the woman has been given the opportunity to view an
153 20 ultrasound image of the fetus as part of the standard of care
153 21 before an abortion is performed.

153 22 (2) That the woman has been provided information regarding
153 23 the options relative to a pregnancy, including continuing the
153 24 pregnancy to term and retaining parental rights following the
153 25 child's birth, continuing the pregnancy to term and placing the
153 26 child for adoption, and terminating the pregnancy.

153 27 b. The provisions of this section relating to abortions
153 28 shall also apply to the Iowa health and wellness plan created
153 29 pursuant to chapter 249N.

153 30 4. The department shall utilize not more than \$30,000 of
153 31 the funds appropriated in this section to continue the AIDS/HIV
153 32 health insurance premium payment program as established in 1992
153 33 Iowa Acts, Second Extraordinary Session, chapter 1001, section
153 34 409, subsection 6. Of the funds allocated in this subsection,
153 35 not more than \$2,500 may be expended for administrative
154 1 purposes.

154 2 5. Of the funds appropriated in this Act to the department
154 3 of public health for addictive disorders, \$475,000 for
154 4 the fiscal year beginning July 1, 2016, is transferred
154 5 to the department of human services for an integrated
154 6 substance-related disorder managed care system. The department
154 7 shall not assume management of the substance-related disorder
154 8 system in place of the managed care contractor unless such
154 9 a change in approach is specifically authorized in law.

154 10 The departments of human services and public health shall
154 11 work together to maintain the level of mental health and
154 12 substance-related disorder treatment services provided by the
154 13 managed care contractor through the Iowa plan for behavioral
154 14 health. Each department shall take the steps necessary to
154 15 continue the federal waivers as necessary to maintain the level
154 16 of services.

154 17 6. a. The department shall aggressively pursue options for
154 18 providing medical assistance or other assistance to individuals
154 19 with special needs who become ineligible to continue receiving
154 20 services under the early and periodic screening, diagnostic,
154 21 and treatment program under the medical assistance program
154 22 due to becoming 21 years of age who have been approved for
154 23 additional assistance through the department's exception to
154 24 policy provisions, but who have health care needs in excess
154 25 of the funding available through the exception to policy
154 26 provisions.

154 27 b. Of the funds appropriated in this section, \$50,000
154 28 shall be used for participation in one or more pilot projects

154 29 operated by a private provider to allow the individual or
154 30 individuals to receive service in the community in accordance
154 31 with principles established in *Olmstead v.L.C.*, 527 U.S.581
154 32 (1999), for the purpose of providing medical assistance or
154 33 other assistance to individuals with special needs who become
154 34 ineligible to continue receiving services under the early and
154 35 periodic screening, diagnostic, and treatment program under
155 1 the medical assistance program due to becoming 21 years of
155 2 age who have been approved for additional assistance through
155 3 the department's exception to policy provisions, but who have
155 4 health care needs in excess of the funding available through
155 5 the exception to the policy provisions.

155 6 7. Of the funds appropriated in this section, up to
155 7 \$1,525,041 may be transferred to the field operations or
155 8 general administration appropriations in this division of this
155 9 Act for operational costs associated with Part D of the federal
155 10 Medicare Prescription Drug Improvement and Modernization Act
155 11 of 2003, Pub.L.No.108-173.

155 12 8. Of the funds appropriated in this section, up to \$221,050
155 13 may be transferred to the appropriation in this division
155 14 of this Act for medical contracts to be used for clinical
155 15 assessment services and prior authorization of services.

155 16 9. A portion of the funds appropriated in this section
155 17 may be transferred to the appropriations in this division of
155 18 this Act for general administration, medical contracts, the
155 19 children's health insurance program, or field operations to be
155 20 used for the state match cost to comply with the payment error
155 21 rate measurement (PERM) program for both the medical assistance
155 22 and children's health insurance programs as developed by the
155 23 centers for Medicare and Medicaid services of the United States
155 24 department of health and human services to comply with the
155 25 federal Improper Payments Information Act of 2002, Pub.L.No.
155 26 107-300.

155 27 10. The department shall continue to implement the
155 28 recommendations of the assuring better child health and
155 29 development initiative II (ABCDII) clinical panel to the
155 30 Iowa early and periodic screening, diagnostic, and treatment
155 31 services healthy mental development collaborative board
155 32 regarding changes to billing procedures, codes, and eligible
155 33 service providers.

155 34 11. Of the funds appropriated in this section, a sufficient
155 35 amount is allocated to supplement the incomes of residents of
156 1 nursing facilities, intermediate care facilities for persons
156 2 with mental illness, and intermediate care facilities for
156 3 persons with an intellectual disability, with incomes of less
156 4 than \$50 in the amount necessary for the residents to receive a
156 5 personal needs allowance of \$50 per month pursuant to section
156 6 249A.30A.

156 7 12. Of the funds appropriated in this section, the following
156 8 amounts are transferred to the appropriations made in this
156 9 division of this Act for the state mental health institutes:

156 10	a.	Cherokee mental health institute	.....	\$	4,549,213
156 11	b.	Clarinda mental health institute	.....	\$	988,653
156 12	c.	Independence mental health institute	...	\$	4,522,947

156 13 13. a. Of the funds appropriated in this section,
156 14 \$4,298,325 is allocated for the state match for a
156 15 disproportionate share hospital payment of \$9,566,715 to
156 16 hospitals that meet both of the conditions specified in
156 17 subparagraphs (1) and (2). In addition, the hospitals that
156 18 meet the conditions specified shall either certify public
156 19 expenditures or transfer to the medical assistance program
156 20 an amount equal to provide the nonfederal share for a
156 21 disproportionate share hospital payment of \$3,750,000. The
156 22 hospitals that meet the conditions specified shall receive and
156 23 retain 100 percent of the total disproportionate share hospital
156 24 payment of \$13,316,715.

156 25 (1) The hospital qualifies for disproportionate share and
156 26 graduate medical education payments.

156 27 (2) The hospital is an Iowa state-owned hospital with more
156 28 than 500 beds and eight or more distinct residency specialty
156 29 or subspecialty programs recognized by the American college of
156 30 graduate medical education.

156 31 b. Distribution of the disproportionate share payments
156 32 shall be made on a monthly basis. The total amount of
156 33 disproportionate share payments including graduate medical
156 34 education, enhanced disproportionate share, and Iowa
156 35 state-owned teaching hospital payments shall not exceed the
157 1 amount of the state's allotment under Pub.L.No.102-234.
157 2 In addition, the total amount of all disproportionate
157 3 share payments shall not exceed the hospital-specific
157 4 disproportionate share limits under Pub.L.No.103-66.

157 5 c. The university of Iowa hospitals and clinics shall either
157 6 certify public expenditures or transfer to the appropriations
157 7 made in this division of this Act for medical assistance an
157 8 amount equal to provide the nonfederal share for increased
157 9 medical assistance payments for inpatient and outpatient
157 10 hospital services of \$4,950,000. The university of Iowa
157 11 hospitals and clinics shall receive and retain 100 percent of
157 12 the total increase in medical assistance payments.

157 13 d. Program payments for disproportionate share hospitals
157 14 and graduate medical education, and the upper payment limits
157 15 applicable to these programs shall be held harmless from the
157 16 impacts of Medicaid managed care and the governor's Medicaid
157 17 modernization initiative. Payment methodologies utilized
157 18 for these programs may be adjusted or converted to other
157 19 methodologies or payment types in order to comply with this

157 20 hold harmless requirement.

157 21 14. One hundred percent of the nonfederal share of payments
157 22 to area education agencies that are medical assistance
157 23 providers for medical assistance-covered services provided to
157 24 medical assistance-covered children, shall be made from the
157 25 appropriation made in this section.

157 26 15. Any new or renewed contract entered into by the
157 27 department with a third party to administer behavioral health
157 28 services under the medical assistance program shall provide
157 29 that any interest earned on payments from the state during
157 30 the state fiscal year shall be remitted to the department
157 31 and treated as recoveries to offset the costs of the medical
157 32 assistance program.

157 33 16. A portion of the funds appropriated in this section
157 34 may be transferred to the appropriation in this division of
157 35 this Act for medical contracts to be used for administrative
158 1 activities associated with the money follows the person
158 2 demonstration project.

158 3 17. Of the funds appropriated in this section, \$174,506
158 4 shall be used for the administration of the health insurance
158 5 premium payment program, including salaries, support,
158 6 maintenance, and miscellaneous purposes.

158 7 18. a. The department may increase the amounts allocated
158 8 for salaries, support, maintenance, and miscellaneous purposes
158 9 associated with the medical assistance program, as necessary,
158 10 to implement cost containment strategies. The department shall
158 11 report any such increase to the legislative services agency and
158 12 the department of management.

158 13 b. If the savings to the medical assistance program from
158 14 cost containment efforts exceed the cost for the fiscal
158 15 year beginning July 1, 2016, the department may transfer any
158 16 savings generated for the fiscal year due to medical assistance
158 17 program cost containment efforts to the appropriation
158 18 made in this division of this Act for medical contracts or
158 19 general administration to defray the increased contract costs
158 20 associated with implementing such efforts.

158 21 c. The department of human services shall not implement
158 22 the following cost containment measures as recommended by the
158 23 governor for the fiscal year beginning July 1, 2016:

158 24 (1) A measure to provide uniform rates of \$.575 per mile
158 25 based on the 2015 Internal Revenue Service mileage rate and
158 26 of \$9.29, the current statewide average, per one-way trip for
158 27 Medicaid program home and community-based services waivers.

158 28 (2) A measure to cap the total costs of all services
158 29 received by a recipient of the home and community-based
158 30 services waiver for individuals with an intellectual disability
158 31 at the daily intermediate care facility for persons with an
158 32 intellectual disability (ICF/ID) per diem rate of \$346.39 per

158 33 day based on the 80th percentile of all ICF/ID rates.

158 34 (3) A measure to align individual requests for exceptions to

158 35 policy with the capped total cost of services for a recipient

159 1 of the home and community-based services waiver for individuals

159 2 with an intellectual disability as computed under subparagraph

159 3 (2).

159 4 (4) A measure to utilize the supports intensity scale

159 5 to determine payment amounts and a tiered payment system

159 6 for the services provided to adults served under the home

159 7 and community-based services waiver for individuals with an

159 8 intellectual disability.

159 9 (5) A measure to reallocate funding for community-based

159 10 systems of care to instead support integrated health homes.

159 11 (6) A measure to increase the university of Iowa hospitals

159 12 and clinics state share responsibility for the supplemental

159 13 disproportionate share hospital payment to the university of

159 14 Iowa hospitals and clinics for the fiscal year beginning July

159 15 1, 2016.

159 16 d. The department shall report the implementation of

159 17 any cost containment strategies under this subsection to

159 18 the individuals specified in this division of this Act for

159 19 submission of reports on a quarterly basis.

159 20 19. For the fiscal year beginning July 1, 2016, and ending

159 21 June 30, 2017, the replacement generation tax revenues required

159 22 to be deposited in the property tax relief fund pursuant to

159 23 section 437A.8, subsection 4, paragraph "d", and section

159 24 437A.15, subsection 3, paragraph "f", shall instead be credited

159 25 to and supplement the appropriation made in this section and

159 26 used for the allocations made in this section.

159 27 20. The department shall continue to administer the state

159 28 balancing incentive payments program as specified in 2012 Iowa

159 29 Acts, chapter 1133, section 14.

159 30 21. a. Of the funds appropriated in this section, \$450,000

159 31 shall be used for continued implementation of the children's

159 32 mental health home project proposed by the department of human

159 33 services and reported to the general assembly's mental health

159 34 and disability services study committee in December 2011. Of

159 35 this amount, up to \$25,000 may be transferred by the department

160 1 to the appropriation made in this division of this Act to the

160 2 department for the same fiscal year for general administration

160 3 to be used for associated administrative expenses and for not

160 4 more than one full-time equivalent position, in addition to

160 5 those authorized for the same fiscal year, to be assigned to

160 6 implementing the project.

160 7 b. Of the funds appropriated in this section, up to \$200,000

160 8 may be transferred by the department to the appropriation made

160 9 to the department in this division of this Act for the same

160 10 fiscal year for Medicaid program-related general administration

160 11 planning and implementation activities. The funds may be used
160 12 for contracts or for personnel in addition to the amounts
160 13 appropriated for and the positions authorized for general
160 14 administration for the fiscal year.

160 15 c. Of the funds appropriated in this section, up to
160 16 \$1,500,000 may be transferred by the department to the
160 17 appropriations made in this division of this Act for the same
160 18 fiscal year for general administration or medical contracts
160 19 to be used to support the development and implementation of
160 20 standardized assessment tools for persons with mental illness,
160 21 an intellectual disability, a developmental disability, or a
160 22 brain injury.

160 23 22. Of the funds appropriated in this section, \$125,000
160 24 shall be used for lodging expenses associated with care
160 25 provided at the university of Iowa hospitals and clinics for
160 26 patients with cancer whose travel distance is 30 miles or more
160 27 and whose income is at or below 200 percent of the federal
160 28 poverty level as defined by the most recently revised poverty
160 29 income guidelines published by the United States department of
160 30 health and human services. The department of human services
160 31 shall establish the maximum number of overnight stays and the
160 32 maximum rate reimbursed for overnight lodging, which may be
160 33 based on the state employee rate established by the department
160 34 of administrative services. The funds allocated in this
160 35 subsection shall not be used as nonfederal share matching
161 1 funds.

161 2 23. a. For inpatient and outpatient services provided by
161 3 hospitals on or after July 1, 2016, the department of human
161 4 services shall continue to recalculate and prospectively
161 5 apply an updated cost-to-charge ratio upon the request of a
161 6 hospital to implement price or charge reductions, if all of the
161 7 following criteria are met:

161 8 (1) The recalculation of an updated cost-to-charge ratio is
161 9 budget neutral to the state funding amount appropriated for the
161 10 respective fiscal year and maintains budget neutral payments or
161 11 revenue to all hospitals.

161 12 (2) The hospital requesting the price or charge reduction
161 13 submits a proforma cost report and charge master that reflects
161 14 the anticipated cost-to-charge reduction.

161 15 b. Based upon the proforma cost report submitted by the
161 16 requesting hospital, the department of human services shall
161 17 prospectively apply the recalculated cost-to-charge ratio as
161 18 appropriate to submitted claims for health care services.

161 19 24. The department of human services shall not adopt
161 20 emergency rules to implement Medicaid managed care or the
161 21 governor's Medicaid modernization initiative.

161 22 25. The number of home and community-based services waiver
161 23 slots available during the fiscal year beginning July 1, 2016,

161 24 shall not be reduced below the number of such slots available
161 25 on January 1, 2015.

161 26 Sec. 129. MEDICAL CONTRACTS. There is appropriated from the
161 27 general fund of the state to the department of human services
161 28 for the fiscal year beginning July 1, 2016, and ending June 30,
161 29 2017, the following amount, or so much thereof as is necessary,
161 30 to be used for the purpose designated:

161 31 For medical contracts:

161 32 \$ 11,076,792

161 33 1. The department of inspections and appeals shall
161 34 provide all state matching funds for survey and certification
161 35 activities performed by the department of inspections
162 1 and appeals. The department of human services is solely
162 2 responsible for distributing the federal matching funds for
162 3 such activities.

162 4 2. Of the funds appropriated in this section, \$25,000 shall
162 5 be used for continuation of home and community-based services
162 6 waiver quality assurance programs, including the review and
162 7 streamlining of processes and policies related to oversight and
162 8 quality management to meet state and federal requirements.

162 9 3. Of the amount appropriated in this section, up to
162 10 \$100,000 may be transferred to the appropriation for general
162 11 administration in this division of this Act to be used for
162 12 additional full-time equivalent positions in the development of
162 13 key health initiatives such as cost containment, development
162 14 and oversight of managed care programs, and development of
162 15 health strategies targeted toward improved quality and reduced
162 16 costs in the Medicaid program.

162 17 4. Of the funds appropriated in this section, \$500,000 shall
162 18 be used for planning and development, in cooperation with the
162 19 department of public health, of a phased-in program to provide
162 20 a dental home for children.

162 21 5. Of the funds appropriated in this section, \$1,000,000
162 22 shall be used for the autism support program created in chapter
162 23 225D.

162 24 Sec. 130. STATE SUPPLEMENTARY ASSISTANCE.

162 25 1. There is appropriated from the general fund of the
162 26 state to the department of human services for the fiscal year
162 27 beginning July 1, 2016, and ending June 30, 2017, the following
162 28 amount, or so much thereof as is necessary, to be used for the
162 29 purpose designated:

162 30 For the state supplementary assistance program:

162 31 \$ 6,498,594

162 32 2. The department shall increase the personal needs
162 33 allowance for residents of residential care facilities by the
162 34 same percentage and at the same time as federal supplemental
162 35 security income and federal social security benefits are
163 1 increased due to a recognized increase in the cost of living.

163 2 The department may adopt emergency rules to implement this
163 3 subsection.

163 4 3. If during the fiscal year beginning July 1, 2016,
163 5 the department projects that state supplementary assistance
163 6 expenditures for a calendar year will not meet the federal
163 7 pass-through requirement specified in Tit.XVI of the federal
163 8 Social Security Act, section 1618, as codified in 42 U.S.C.
163 9 §1382g, the department may take actions including but not
163 10 limited to increasing the personal needs allowance for
163 11 residential care facility residents and making programmatic
163 12 adjustments or upward adjustments of the residential care
163 13 facility or in-home health-related care reimbursement rates
163 14 prescribed in this division of this Act to ensure that federal
163 15 requirements are met. In addition, the department may make
163 16 other programmatic and rate adjustments necessary to remain
163 17 within the amount appropriated in this section while ensuring
163 18 compliance with federal requirements. The department may adopt
163 19 emergency rules to implement the provisions of this subsection.

163 20 Sec. 131. CHILDREN'S HEALTH INSURANCE PROGRAM.

163 21 1. There is appropriated from the general fund of the
163 22 state to the department of human services for the fiscal year
163 23 beginning July 1, 2016, and ending June 30, 2017, the following
163 24 amount, or so much thereof as is necessary, to be used for the
163 25 purpose designated:

163 26 For maintenance of the healthy and well kids in Iowa (hawk-i)
163 27 program pursuant to chapter 514I, including supplemental dental
163 28 services, for receipt of federal financial participation under
163 29 Tit.XXI of the federal Social Security Act, which creates the
163 30 children's health insurance program:

163 31 \$ 10,581,922

163 32 2. Of the funds appropriated in this section, \$21,400 is
163 33 allocated for continuation of the contract for outreach with
163 34 the department of public health.

163 35 Sec. 132. CHILD CARE ASSISTANCE. There is appropriated

164 1 from the general fund of the state to the department of human
164 2 services for the fiscal year beginning July 1, 2016, and ending
164 3 June 30, 2017, the following amount, or so much thereof as is
164 4 necessary, to be used for the purpose designated:

164 5 For child care programs:

164 6 \$ 28,319,015

164 7 1. Of the funds appropriated in this section, \$24,409,301
164 8 shall be used for state child care assistance in accordance
164 9 with section 237A.13.

164 10 2. Nothing in this section shall be construed or is
164 11 intended as or shall imply a grant of entitlement for services
164 12 to persons who are eligible for assistance due to an income
164 13 level consistent with the waiting list requirements of section
164 14 237A.13. Any state obligation to provide services pursuant to

164 15 this section is limited to the extent of the funds appropriated
164 16 in this section.

164 17 3. Of the funds appropriated in this section, \$216,227
164 18 is allocated for the statewide grant program for child care
164 19 resource and referral services under section 237A.26. A list
164 20 of the registered and licensed child care facilities operating
164 21 in the area served by a child care resource and referral
164 22 service shall be made available to the families receiving state
164 23 child care assistance in that area.

164 24 4. Of the funds appropriated in this section, \$468,487
164 25 is allocated for child care quality improvement initiatives
164 26 including but not limited to the voluntary quality rating
164 27 system in accordance with section 237A.30.

164 28 5. Of the funds appropriated in this section, \$3,175,000
164 29 shall be credited to the early childhood programs grants
164 30 account in the early childhood Iowa fund created in section
164 31 256I.11. The moneys shall be distributed for funding of
164 32 community-based early childhood programs targeted to children
164 33 from birth through five years of age developed by early
164 34 childhood Iowa areas in accordance with approved community
164 35 plans as provided in section 256I.8.

165 1 6. The department may use any of the funds appropriated
165 2 in this section as a match to obtain federal funds for use in
165 3 expanding child care assistance and related programs. For
165 4 the purpose of expenditures of state and federal child care
165 5 funding, funds shall be considered obligated at the time
165 6 expenditures are projected or are allocated to the department's
165 7 service areas. Projections shall be based on current and
165 8 projected caseload growth, current and projected provider
165 9 rates, staffing requirements for eligibility determination
165 10 and management of program requirements including data systems
165 11 management, staffing requirements for administration of the
165 12 program, contractual and grant obligations and any transfers
165 13 to other state agencies, and obligations for decategorization
165 14 or innovation projects.

165 15 7. A portion of the state match for the federal child care
165 16 and development block grant shall be provided as necessary to
165 17 meet federal matching funds requirements through the state
165 18 general fund appropriation made for child development grants
165 19 and other programs for at-risk children in section 279.51.

165 20 8. If a uniform reduction ordered by the governor under
165 21 section 8.31 or other operation of law, transfer, or federal
165 22 funding reduction reduces the appropriation made in this
165 23 section for the fiscal year, the percentage reduction in the
165 24 amount paid out to or on behalf of the families participating
165 25 in the state child care assistance program shall be equal to or
165 26 less than the percentage reduction made for any other purpose
165 27 payable from the appropriation made in this section and the

165 28 federal funding relating to it. The percentage reduction to
165 29 the other allocations made in this section shall be the same as
165 30 the uniform reduction ordered by the governor or the percentage
165 31 change of the federal funding reduction, as applicable.
165 32 If there is an unanticipated increase in federal funding
165 33 provided for state child care assistance, the entire amount
165 34 of the increase shall be used for state child care assistance
165 35 payments. If the appropriations made for purposes of the
166 1 state child care assistance program for the fiscal year are
166 2 determined to be insufficient, it is the intent of the general
166 3 assembly to appropriate sufficient funding for the fiscal year
166 4 in order to avoid establishment of waiting list requirements.
166 5 9. Notwithstanding section 8.33, moneys advanced for
166 6 purposes of the programs developed by early childhood Iowa
166 7 areas, advanced for purposes of wraparound child care, or
166 8 received from the federal appropriations made for the purposes
166 9 of this section that remain unencumbered or unobligated at the
166 10 close of the fiscal year shall not revert to any fund but shall
166 11 remain available for expenditure for the purposes designated
166 12 until the close of the succeeding fiscal year.
166 13 10. Of the funds appropriated in this section, \$50,000
166 14 is transferred to the department of public health to be used
166 15 to continue a program to assist parents in this state with
166 16 costs resulting from the death of a child in accordance with
166 17 this subsection. If it is less costly than administering the
166 18 program directly, the department shall issue a request for
166 19 proposals and issue a grant to an appropriate organization to
166 20 administer the program.
166 21 a. The program funding shall be used to assist parents who
166 22 reside in this state with costs incurred for a funeral, burial
166 23 or cremation, cemetery costs, or grave marker costs associated
166 24 with the unintended death of a child of the parent or a child
166 25 under the care of a guardian or custodian. The department
166 26 shall consider the following eligibility factors in developing
166 27 program requirements:
166 28 (1) The child was a stillborn infant or was less than age
166 29 eighteen at the time of death.
166 30 (2) The request for assistance was approved by the local
166 31 board or department of health or the county general assistance
166 32 director and may have been referred by a local funeral home.
166 33 (3) To be eligible, the parent, guardian, or custodian must
166 34 have an annual household income that is less than 145 percent
166 35 of the federal poverty level based on the number of people
167 1 in the applicant's household as defined by the most recently
167 2 revised poverty income guidelines published by the United
167 3 States department of health and human services.
167 4 (4) The maximum amount of grant assistance provided to a
167 5 parent, guardian, or custodian associated with the death of

167 6 a child is \$2,000. If the death is a multiple death and the
 167 7 infants or children are being cremated, or buried together, the
 167 8 same limitation applies.
 167 9 (5) To the extent the overall amount of assistance received
 167 10 by a recipient for the costs addressed under this subsection
 167 11 does not exceed the overall total of the costs, the recipient
 167 12 may receive other public or private assistance in addition to
 167 13 grant assistance under this section.
 167 14 b. Notwithstanding section 8.33, moneys transferred by this
 167 15 subsection that remain unencumbered or unobligated at the close
 167 16 of the fiscal year shall not revert but shall remain available
 167 17 for expenditure for the purposes designated until expended.
 167 18 Sec. 133. JUVENILE INSTITUTIONS. There is appropriated
 167 19 from the general fund of the state to the department of human
 167 20 services for the fiscal year beginning July 1, 2016, and ending
 167 21 June 30, 2017, the following amounts, or so much thereof as is
 167 22 necessary, to be used for the purposes designated:
 167 23 1. For the costs of security, building and grounds
 167 24 maintenance, utilities, salary, and support for the facilities
 167 25 located at the Iowa juvenile home at Toledo and for salaries,
 167 26 support, maintenance, and miscellaneous purposes, and for not
 167 27 more than the following full-time equivalent positions:
 167 28 \$ 186,383
 167 29 FTEs 2.00
 167 30 2. For operation of the state training school at Eldora and
 167 31 for salaries, support, maintenance, and miscellaneous purposes,
 167 32 and for not more than the following full-time equivalent
 167 33 positions:
 167 34 \$ 6,222,776
 167 35 FTEs 169.30
 168 1 Of the funds appropriated in this subsection, \$45,575 shall
 168 2 be used for distribution to licensed classroom teachers at this
 168 3 and other institutions under the control of the department of
 168 4 human services based upon the average student yearly enrollment
 168 5 at each institution as determined by the department.
 168 6 Sec. 134. CHILD AND FAMILY SERVICES.
 168 7 1. There is appropriated from the general fund of the
 168 8 state to the department of human services for the fiscal year
 168 9 beginning July 1, 2016, and ending June 30, 2017, the following
 168 10 amount, or so much thereof as is necessary, to be used for the
 168 11 purpose designated:
 168 12 For child and family services:
 168 13 \$ 49,091,090
 168 14 2. Up to \$2,600,000 of the amount of federal temporary
 168 15 assistance for needy families block grant funding appropriated
 168 16 in this division of this Act for child and family services
 168 17 shall be made available for purposes of juvenile delinquent
 168 18 graduated sanction services.

168 19 3. The department may transfer funds appropriated in this
168 20 section as necessary to pay the nonfederal costs of services
168 21 reimbursed under the medical assistance program, state child
168 22 care assistance program, or the family investment program which
168 23 are provided to children who would otherwise receive services
168 24 paid under the appropriation in this section. The department
168 25 may transfer funds appropriated in this section to the
168 26 appropriations made in this division of this Act for general
168 27 administration and for field operations for resources necessary
168 28 to implement and operate the services funded in this section.

168 29 4. a. Of the funds appropriated in this section, up to
168 30 \$17,910,893 is allocated as the statewide expenditure target
168 31 under section 232.143 for group foster care maintenance and
168 32 services. If the department projects that such expenditures
168 33 for the fiscal year will be less than the target amount
168 34 allocated in this paragraph "a", the department may reallocate
168 35 the excess to provide additional funding for shelter care
169 1 or the child welfare emergency services addressed with the
169 2 allocation for shelter care.

169 3 b. If at any time after September 30, 2016, annualization
169 4 of a service area's current expenditures indicates a service
169 5 area is at risk of exceeding its group foster care expenditure
169 6 target under section 232.143 by more than 5 percent, the
169 7 department and juvenile court services shall examine all
169 8 group foster care placements in that service area in order to
169 9 identify those which might be appropriate for termination.
169 10 In addition, any aftercare services believed to be needed
169 11 for the children whose placements may be terminated shall be
169 12 identified. The department and juvenile court services shall
169 13 initiate action to set dispositional review hearings for the
169 14 placements identified. In such a dispositional review hearing,
169 15 the juvenile court shall determine whether needed aftercare
169 16 services are available and whether termination of the placement
169 17 is in the best interest of the child and the community.

169 18 5. In accordance with the provisions of section 232.188,
169 19 the department shall continue the child welfare and juvenile
169 20 justice funding initiative during fiscal year 2016-2017. Of
169 21 the funds appropriated in this section, \$858,877 is allocated
169 22 specifically for expenditure for fiscal year 2016-2017 through
169 23 the decategorization services funding pools and governance
169 24 boards established pursuant to section 232.188.

169 25 6. A portion of the funds appropriated in this section
169 26 may be used for emergency family assistance to provide other
169 27 resources required for a family participating in a family
169 28 preservation or reunification project or successor project to
169 29 stay together or to be reunified.

169 30 7. Notwithstanding section 234.35 or any other provision
169 31 of law to the contrary, state funding for shelter care and

169 32 the child welfare emergency services contracting implemented
169 33 to provide for or prevent the need for shelter care shall be
169 34 limited to \$4,034,237.

169 35 8. Federal funds received by the state during the fiscal
170 1 year beginning July 1, 2016, as the result of the expenditure
170 2 of state funds appropriated during a previous state fiscal
170 3 year for a service or activity funded under this section are
170 4 appropriated to the department to be used as additional funding
170 5 for services and purposes provided for under this section.
170 6 Notwithstanding section 8.33, moneys received in accordance
170 7 with this subsection that remain unencumbered or unobligated at
170 8 the close of the fiscal year shall not revert to any fund but
170 9 shall remain available for the purposes designated until the
170 10 close of the succeeding fiscal year.

170 11 9. a. Of the funds appropriated in this section, up to
170 12 \$1,645,000 is allocated for the payment of the expenses of
170 13 court-ordered services provided to juveniles who are under
170 14 the supervision of juvenile court services, which expenses
170 15 are a charge upon the state pursuant to section 232.141,
170 16 subsection 4. Of the amount allocated in this paragraph "a",
170 17 up to \$778,144 shall be made available to provide school-based
170 18 supervision of children adjudicated under chapter 232, of which
170 19 not more than \$7,500 may be used for the purpose of training.
170 20 A portion of the cost of each school-based liaison officer
170 21 shall be paid by the school district or other funding source as
170 22 approved by the chief juvenile court officer.

170 23 b. Of the funds appropriated in this section, up to \$374,493
170 24 is allocated for the payment of the expenses of court-ordered
170 25 services provided to children who are under the supervision
170 26 of the department, which expenses are a charge upon the state
170 27 pursuant to section 232.141, subsection 4.

170 28 c. Notwithstanding section 232.141 or any other provision
170 29 of law to the contrary, the amounts allocated in this
170 30 subsection shall be distributed to the judicial districts
170 31 as determined by the state court administrator and to the
170 32 department's service areas as determined by the administrator
170 33 of the department of human services' division of child and
170 34 family services. The state court administrator and the
170 35 division administrator shall make the determination of the
171 1 distribution amounts on or before June 15, 2016.

171 2 d. Notwithstanding chapter 232 or any other provision of
171 3 law to the contrary, a district or juvenile court shall not
171 4 order any service which is a charge upon the state pursuant
171 5 to section 232.141 if there are insufficient court-ordered
171 6 services funds available in the district court or departmental
171 7 service area distribution amounts to pay for the service. The
171 8 chief juvenile court officer and the departmental service area
171 9 manager shall encourage use of the funds allocated in this

171 10 subsection such that there are sufficient funds to pay for
171 11 all court-related services during the entire year. The chief
171 12 juvenile court officers and departmental service area managers
171 13 shall attempt to anticipate potential surpluses and shortfalls
171 14 in the distribution amounts and shall cooperatively request the
171 15 state court administrator or division administrator to transfer
171 16 funds between the judicial districts' or departmental service
171 17 areas' distribution amounts as prudent.

171 18 e. Notwithstanding any provision of law to the contrary,
171 19 a district or juvenile court shall not order a county to pay
171 20 for any service provided to a juvenile pursuant to an order
171 21 entered under chapter 232 which is a charge upon the state
171 22 under section 232.141, subsection 4.

171 23 f. Of the funds allocated in this subsection, not more than
171 24 \$41,500 may be used by the judicial branch for administration
171 25 of the requirements under this subsection.

171 26 g. Of the funds allocated in this subsection, \$8,500
171 27 shall be used by the department of human services to support
171 28 the interstate commission for juveniles in accordance with
171 29 the interstate compact for juveniles as provided in section
171 30 232.173.

171 31 10. Of the funds appropriated in this section, \$4,026,614 is
171 32 allocated for juvenile delinquent graduated sanctions services.
171 33 Any state funds saved as a result of efforts by juvenile court
171 34 services to earn a federal Tit.IV-E match for juvenile court
171 35 services administration may be used for the juvenile delinquent
172 1 graduated sanctions services.

172 2 11. Of the funds appropriated in this section, \$804,143 is
172 3 transferred to the department of public health to be used for
172 4 the child protection center grant program for child protection
172 5 centers located in Iowa in accordance with section 135.118.
172 6 The grant amounts under the program shall be equalized so that
172 7 each center receives a uniform base amount of \$122,500, and
172 8 the remaining funds shall be awarded through a funding formula
172 9 based upon the volume of children served.

172 10 12. If the department receives federal approval to
172 11 implement a waiver under Tit.IV-E of the federal Social
172 12 Security Act to enable providers to serve children who remain
172 13 in the children's families and communities, for purposes of
172 14 eligibility under the medical assistance program through 25
172 15 years of age, children who participate in the waiver shall be
172 16 considered to be placed in foster care.

172 17 13. Of the funds appropriated in this section, \$2,012,584 is
172 18 allocated for the preparation for adult living program pursuant
172 19 to section 234.46.

172 20 14. Of the funds appropriated in this section, \$260,075
172 21 shall be used for juvenile drug courts. The amount allocated
172 22 in this subsection shall be distributed as follows:

172 23 To the judicial branch for salaries to assist with the
 172 24 operation of juvenile drug court programs operated in the
 172 25 following jurisdictions:
 172 26 a. Marshall county:
 172 27 \$ 31,354
 172 28 b. Woodbury county:
 172 29 \$ 62,841
 172 30 c. Polk county:
 172 31 \$ 97,946
 172 32 d. The third judicial district:
 172 33 \$ 33,967
 172 34 e. The eighth judicial district:
 172 35 \$ 33,967
 173 1 15. Of the funds appropriated in this section, \$113,669
 173 2 shall be used for the public purpose of continuing a grant to
 173 3 a nonprofit human services organization providing services to
 173 4 individuals and families in multiple locations in southwest
 173 5 Iowa and Nebraska for support of a project providing immediate,
 173 6 sensitive support and forensic interviews, medical exams, needs
 173 7 assessments, and referrals for victims of child abuse and their
 173 8 nonoffending family members.
 173 9 16. Of the funds appropriated in this section, \$150,310
 173 10 is allocated for the foster care youth council approach of
 173 11 providing a support network to children placed in foster care.
 173 12 17. Of the funds appropriated in this section, \$101,000 is
 173 13 allocated for use pursuant to section 235A.1 for continuation
 173 14 of the initiative to address child sexual abuse implemented
 173 15 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 173 16 21.
 173 17 18. Of the funds appropriated in this section, \$315,120 is
 173 18 allocated for the community partnership for child protection
 173 19 sites.
 173 20 19. Of the funds appropriated in this section, \$185,625
 173 21 is allocated for the department's minority youth and family
 173 22 projects under the redesign of the child welfare system.
 173 23 20. Of the funds appropriated in this section, \$593,298
 173 24 is allocated for funding of the community circle of care
 173 25 collaboration for children and youth in northeast Iowa.
 173 26 21. Of the funds appropriated in this section, at least
 173 27 \$73,579 shall be used for the continuation of the child
 173 28 welfare provider training academy, a collaboration between the
 173 29 coalition for family and children's services in Iowa and the
 173 30 department.
 173 31 22. Of the funds appropriated in this section, \$12,500
 173 32 shall be used for the public purpose of continuation of a
 173 33 grant to a child welfare services provider headquartered in a
 173 34 county with a population between 205,000 and 215,000 in the
 173 35 latest certified federal census that provides multiple services

174 1 including but not limited to a psychiatric medical institution
174 2 for children, shelter, residential treatment, after school
174 3 programs, school-based programming, and an Asperger's syndrome
174 4 program, to be used for support services for children with
174 5 autism spectrum disorder and their families.

174 6 23. Of the funds appropriated in this section, \$12,500
174 7 shall be used for the public purpose of continuing a grant to
174 8 a hospital-based provider headquartered in a county with a
174 9 population between 90,000 and 95,000 in the latest certified
174 10 federal census that provides multiple services including
174 11 but not limited to diagnostic, therapeutic, and behavioral
174 12 services to individuals with autism spectrum disorder across
174 13 one's lifespan. The grant recipient shall utilize the funds
174 14 to continue the pilot project to determine the necessary
174 15 support services for children with autism spectrum disorder and
174 16 their families to be included in the children's disabilities
174 17 services system. The grant recipient shall submit findings and
174 18 recommendations based upon the results of the pilot project
174 19 to the individuals specified in this division of this Act for
174 20 submission of reports by December 31, 2016.

174 21 24. Of the funds appropriated in this section, \$105,936
174 22 shall be used for continuation of the central Iowa system of
174 23 care program grant through June 30, 2017.

174 24 25. Of the funds appropriated in this section, \$125,000
174 25 shall be used for the public purpose of the continuation
174 26 and expansion of a system of care program grant implemented
174 27 in Cerro Gordo and Linn counties to utilize a comprehensive
174 28 and long-term approach for helping children and families by
174 29 addressing the key areas in a child's life of childhood basic
174 30 needs, education and work, family, and community.

174 31 26. Of the funds appropriated in this section, at least
174 32 \$12,500 shall be used to continue and to expand the foster
174 33 care respite pilot program in which postsecondary students in
174 34 social work and other human services-related programs receive
174 35 experience by assisting family foster care providers with
175 1 respite and other support.

175 2 27. Of the funds appropriated in this section, \$55,000
175 3 shall be used for the public purpose of funding community-based
175 4 services and other supports with a system of care approach
175 5 for children with a serious emotional disturbance and their
175 6 families through a nonprofit provider of child welfare services
175 7 that has been in existence for more than 115 years, is located
175 8 in a county with a population of more than 200,000 but less
175 9 than 220,000 according to the latest census information
175 10 issued by the United States census bureau, is licensed as a
175 11 psychiatric medical institution for children, and was a system
175 12 of care grantee prior to July 1, 2016.

175 13 Sec. 135. ADOPTION SUBSIDY.

175 14 1. There is appropriated from the general fund of the
175 15 state to the department of human services for the fiscal year
175 16 beginning July 1, 2016, and ending June 30, 2017, the following
175 17 amount, or so much thereof as is necessary, to be used for the
175 18 purpose designated:
175 19 For adoption subsidy payments and services:
175 20 \$ 21,499,143
175 21 2. The department may transfer funds appropriated in
175 22 this section to the appropriation made in this division of
175 23 this Act for general administration for costs paid from the
175 24 appropriation relating to adoption subsidy.
175 25 3. Federal funds received by the state during the
175 26 fiscal year beginning July 1, 2016, as the result of the
175 27 expenditure of state funds during a previous state fiscal
175 28 year for a service or activity funded under this section are
175 29 appropriated to the department to be used as additional funding
175 30 for the services and activities funded under this section.
175 31 Notwithstanding section 8.33, moneys received in accordance
175 32 with this subsection that remain unencumbered or unobligated
175 33 at the close of the fiscal year shall not revert to any fund
175 34 but shall remain available for expenditure for the purposes
175 35 designated until the close of the succeeding fiscal year.

176 1 Sec. 136. JUVENILE DETENTION HOME FUND. Moneys deposited
176 2 in the juvenile detention home fund created in section 232.142
176 3 during the fiscal year beginning July 1, 2016, and ending June
176 4 30, 2017, are appropriated to the department of human services
176 5 for the fiscal year beginning July 1, 2016, and ending June 30,
176 6 2017, for distribution of an amount equal to a percentage of
176 7 the costs of the establishment, improvement, operation, and
176 8 maintenance of county or multicounty juvenile detention homes
176 9 in the fiscal year beginning July 1, 2015. Moneys appropriated
176 10 for distribution in accordance with this section shall be
176 11 allocated among eligible detention homes, prorated on the basis
176 12 of an eligible detention home's proportion of the costs of all
176 13 eligible detention homes in the fiscal year beginning July
176 14 1, 2015. The percentage figure shall be determined by the
176 15 department based on the amount available for distribution for
176 16 the fund. Notwithstanding section 232.142, subsection 3, the
176 17 financial aid payable by the state under that provision for the
176 18 fiscal year beginning July 1, 2016, shall be limited to the
176 19 amount appropriated for the purposes of this section.

176 20 Sec. 137. FAMILY SUPPORT SUBSIDY PROGRAM.
176 21 1. There is appropriated from the general fund of the
176 22 state to the department of human services for the fiscal year
176 23 beginning July 1, 2016, and ending June 30, 2017, the following
176 24 amount, or so much thereof as is necessary, to be used for the
176 25 purpose designated:
176 26 For the family support subsidy program subject to the

176 27 enrollment restrictions in section 225C.37, subsection 3:
 176 28 \$ 536,966
 176 29 2. The department shall use at least \$320,750 of the moneys
 176 30 appropriated in this section for the family support center
 176 31 component of the comprehensive family support program under
 176 32 section 225C.47. Not more than \$12,500 of the amount allocated
 176 33 in this subsection shall be used for administrative costs.

176 34 3. If at any time during the fiscal year, the amount of
 176 35 funding available for the family support subsidy program
 177 1 is reduced from the amount initially used to establish the
 177 2 figure for the number of family members for whom a subsidy
 177 3 is to be provided at any one time during the fiscal year,
 177 4 notwithstanding section 225C.38, subsection 2, the department
 177 5 shall revise the figure as necessary to conform to the amount
 177 6 of funding available.

177 7 Sec. 138. CONNER DECREE. There is appropriated from the
 177 8 general fund of the state to the department of human services
 177 9 for the fiscal year beginning July 1, 2016, and ending June 30,
 177 10 2017, the following amount, or so much thereof as is necessary,
 177 11 to be used for the purpose designated:

177 12 For building community capacity through the coordination
 177 13 and provision of training opportunities in accordance with the
 177 14 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 177 15 Iowa, July 14, 1994):

177 16 \$ 16,816

177 17 Sec. 139. MENTAL HEALTH INSTITUTES. There is appropriated
 177 18 from the general fund of the state to the department of human
 177 19 services for the fiscal year beginning July 1, 2016, and ending
 177 20 June 30, 2017, the following amounts, or so much thereof as is
 177 21 necessary, to be used for the purposes designated:

177 22 1. For the state mental health institute at Cherokee for
 177 23 salaries, support, maintenance, and miscellaneous purposes, and
 177 24 for not more than the following full-time equivalent positions:

177 25 \$ 2,772,808

177 26 FTEs 169.20

177 27 2. For the state mental health institute at Clarinda for
 177 28 salaries, support, maintenance, and miscellaneous purposes, and
 177 29 for not more than the following full-time equivalent positions:

177 30 \$ 906,450

177 31 FTEs 86.10

177 32 3. For the state mental health institute at Independence for
 177 33 salaries, support, maintenance, and miscellaneous purposes, and
 177 34 for not more than the following full-time equivalent positions:

177 35 \$ 5,195,387

178 1 FTEs 233.00

178 2 Sec. 140. STATE RESOURCE CENTERS.

178 3 1. There is appropriated from the general fund of the
 178 4 state to the department of human services for the fiscal year

178 5 beginning July 1, 2016, and ending June 30, 2017, the following
178 6 amounts, or so much thereof as is necessary, to be used for the
178 7 purposes designated:

178 8 a. For the state resource center at Glenwood for salaries,
178 9 support, maintenance, and miscellaneous purposes:
178 10 \$ 11,012,241

178 11 b. For the state resource center at Woodward for salaries,
178 12 support, maintenance, and miscellaneous purposes:
178 13 \$ 7,466,903

178 14 2. The department may continue to bill for state resource
178 15 center services utilizing a scope of services approach used for
178 16 private providers of intermediate care facilities for persons
178 17 with an intellectual disability services, in a manner which
178 18 does not shift costs between the medical assistance program,
178 19 counties, or other sources of funding for the state resource
178 20 centers.

178 21 3. The state resource centers may expand the time-limited
178 22 assessment and respite services during the fiscal year.

178 23 4. If the department's administration and the department
178 24 of management concur with a finding by a state resource
178 25 center's superintendent that projected revenues can reasonably
178 26 be expected to pay the salary and support costs for a new
178 27 employee position, or that such costs for adding a particular
178 28 number of new positions for the fiscal year would be less
178 29 than the overtime costs if new positions would not be added,
178 30 the superintendent may add the new position or positions. If
178 31 the vacant positions available to a resource center do not
178 32 include the position classification desired to be filled, the
178 33 state resource center's superintendent may reclassify any
178 34 vacant position as necessary to fill the desired position. The
178 35 superintendents of the state resource centers may, by mutual
179 1 agreement, pool vacant positions and position classifications
179 2 during the course of the fiscal year in order to assist one
179 3 another in filling necessary positions.

179 4 5. If existing capacity limitations are reached in
179 5 operating units, a waiting list is in effect for a service or
179 6 a special need for which a payment source or other funding
179 7 is available for the service or to address the special need,
179 8 and facilities for the service or to address the special need
179 9 can be provided within the available payment source or other
179 10 funding, the superintendent of a state resource center may
179 11 authorize opening not more than two units or other facilities
179 12 and begin implementing the service or addressing the special
179 13 need during fiscal year 2016-2017.

179 14 Sec. 141. SEXUALLY VIOLENT PREDATORS.

179 15 1. There is appropriated from the general fund of the
179 16 state to the department of human services for the fiscal year
179 17 beginning July 1, 2016, and ending June 30, 2017, the following

179 18 amount, or so much thereof as is necessary, to be used for the
179 19 purpose designated:

179 20 For costs associated with the commitment and treatment of
179 21 sexually violent predators in the unit located at the state
179 22 mental health institute at Cherokee, including costs of legal
179 23 services and other associated costs, including salaries,
179 24 support, maintenance, and miscellaneous purposes, and for not
179 25 more than the following full-time equivalent positions:

179 26	.....	\$	4,946,540
179 27	.....	FTEs	132.50

179 28 2. Unless specifically prohibited by law, if the amount
179 29 charged provides for recoupment of at least the entire amount
179 30 of direct and indirect costs, the department of human services
179 31 may contract with other states to provide care and treatment
179 32 of persons placed by the other states at the unit for sexually
179 33 violent predators at Cherokee. The moneys received under
179 34 such a contract shall be considered to be repayment receipts
179 35 and used for the purposes of the appropriation made in this
180 1 section.

180 2 Sec. 142. FIELD OPERATIONS. There is appropriated from the
180 3 general fund of the state to the department of human services
180 4 for the fiscal year beginning July 1, 2016, and ending June 30,
180 5 2017, the following amount, or so much thereof as is necessary,
180 6 to be used for the purposes designated:

180 7 For field operations, including salaries, support,
180 8 maintenance, and miscellaneous purposes, and for not more than
180 9 the following full-time equivalent positions:

180 10	.....	\$	29,460,488
180 11	.....	FTEs	1,837.00

180 12 1. As a condition of this appropriation, the department
180 13 shall make every possible effort to fill the entire number of
180 14 positions authorized by this section and, unless specifically
180 15 provided otherwise by an applicable collective bargaining
180 16 agreement, the department is not subject to any approval
180 17 requirement external to the department to fill a field
180 18 operations vacancy within the number of full-time equivalent
180 19 positions authorized by this section. The department shall
180 20 report on the first of each month to the chairpersons and
180 21 ranking members of the appropriations committees of the senate
180 22 and house of representatives, and the persons designated by
180 23 this Act for submission of reports concerning the status of
180 24 filling the positions.

180 25 2. Priority in filling full-time equivalent positions
180 26 shall be given to those positions related to child protection
180 27 services and eligibility determination for low-income families.

180 28 Sec. 143. GENERAL ADMINISTRATION. There is appropriated
180 29 from the general fund of the state to the department of human
180 30 services for the fiscal year beginning July 1, 2016, and ending

180 31 June 30, 2017, the following amount, or so much thereof as is
180 32 necessary, to be used for the purpose designated:
180 33 For general administration, including salaries, support,
180 34 maintenance, and miscellaneous purposes, and for not more than
180 35 the following full-time equivalent positions:

181 1	.....	\$	7,580,871
181 2	.....	FTEs	309.00

181 3 1. Of the funds appropriated in this section, \$19,272 is
181 4 allocated for the prevention of disabilities policy council
181 5 created in section 225B.103, if enacted in this or any other
181 6 Act.

181 7 2. The department shall report at least monthly to the
181 8 legislative services agency concerning the department's
181 9 operational and program expenditures.

181 10 3. Of the funds appropriated in this section, \$75,000 shall
181 11 be used to continue the contract for the provision of a program
181 12 to provide technical assistance, support, and consultation to
181 13 providers of habilitation services and home and community-based
181 14 services waiver services for adults with disabilities under the
181 15 medical assistance program.

181 16 4. Of the funds appropriated in this section, \$25,000
181 17 is transferred to the Iowa finance authority to be used
181 18 for administrative support of the council on homelessness
181 19 established in section 16.2D and for the council to fulfill its
181 20 duties in addressing and reducing homelessness in the state.

181 21 5. Of the funds appropriated in this section, \$125,000
181 22 is allocated to an Iowa food bank association selected by
181 23 the department for the purchase of food on behalf of an Iowa
181 24 emergency feeding organization or for the distribution of
181 25 moneys to the Iowa emergency feeding organization for the
181 26 purchase of food. The moneys allocated in this subsection
181 27 shall be allocated only to the extent that the allocated moneys
181 28 are matched on a dollar-for-dollar basis. Notwithstanding
181 29 section 8.33, moneys allocated in this subsection that remain
181 30 unencumbered or unobligated at the close of the fiscal year
181 31 shall not revert but shall remain available for expenditure for
181 32 the purposes designated until the close of the following fiscal
181 33 year.

181 34 6. Of the funds appropriated in this section, \$125,000 shall
181 35 be transferred to and deposited in the administrative fund of
182 1 the Iowa ABLE savings plan trust created in section 121.4, if
182 2 enacted in this or any other Act, to be used for implementation
182 3 and administration activities of the Iowa ABLE savings plan
182 4 trust.

182 5 Sec. 144. VOLUNTEERS. There is appropriated from the
182 6 general fund of the state to the department of human services
182 7 for the fiscal year beginning July 1, 2016, and ending June 30,
182 8 2017, the following amount, or so much thereof as is necessary,

182 9 to be used for the purpose designated:
182 10 For development and coordination of volunteer services:
182 11 \$ 42,343
182 12 Sec. 145. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
182 13 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
182 14 DEPARTMENT OF HUMAN SERVICES.
182 15 1. a. (1) For the fiscal year beginning July 1, 2016,
182 16 the total state funding amount for the nursing facility budget
182 17 shall not exceed \$160,950,003.
182 18 (2) The department, in cooperation with nursing facility
182 19 representatives, shall review projections for state funding
182 20 expenditures for reimbursement of nursing facilities on a
182 21 quarterly basis and the department shall determine if an
182 22 adjustment to the medical assistance reimbursement rate is
182 23 necessary in order to provide reimbursement within the state
182 24 funding amount for the fiscal year. Notwithstanding 2001
182 25 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
182 26 "c", and subsection 3, paragraph "a", subparagraph (2),
182 27 if the state funding expenditures for the nursing facility
182 28 budget for the fiscal year are projected to exceed the amount
182 29 specified in subparagraph (1), the department shall adjust
182 30 the reimbursement for nursing facilities reimbursed under the
182 31 case-mix reimbursement system to maintain expenditures of the
182 32 nursing facility budget within the specified amount for the
182 33 fiscal year.
182 34 (3) For the fiscal year beginning July 1, 2016, special
182 35 population nursing facilities shall be reimbursed in accordance
183 1 with the methodology in effect on June 30, 2016.
183 2 (4) For any open or unsettled nursing facility cost report
183 3 for a fiscal year prior to and including the fiscal year
183 4 beginning July 1, 2015, including any cost report remanded on
183 5 judicial review for inclusion of prescription drug, laboratory,
183 6 or x-ray costs, the department shall offset all reported
183 7 prescription drug, laboratory, and x-ray costs with any revenue
183 8 received from Medicare or other revenue source for any purpose.
183 9 For purposes of this subparagraph, a nursing facility cost
183 10 report is not considered open or unsettled if the facility did
183 11 not initiate an administrative appeal under chapter 17A or if
183 12 any appeal rights initiated have been exhausted.
183 13 b. (1) For the fiscal year beginning July 1, 2016,
183 14 the department shall establish the pharmacy dispensing fee
183 15 reimbursement at \$11.73 per prescription, until a cost of
183 16 dispensing survey is completed. The actual dispensing fee
183 17 shall be determined by a cost of dispensing survey performed
183 18 by the department and required to be completed by all medical
183 19 assistance program participating pharmacies every two years,
183 20 adjusted as necessary to maintain expenditures within the
183 21 amount appropriated to the department for this purpose for the

183 22 fiscal year.

183 23 (2) The department shall utilize an average acquisition
183 24 cost reimbursement methodology for all drugs covered under the
183 25 medical assistance program in accordance with 2012 Iowa Acts,
183 26 chapter 1133, section 33.

183 27 (3) Notwithstanding subparagraph (2), if the centers for
183 28 Medicare and Medicaid services of the United States department
183 29 of health and human services (CMS) requires, as a condition
183 30 of federal Medicaid funding, that the department implement an
183 31 aggregate federal upper limit (FUL) for drug reimbursement
183 32 based on the average manufacturer's price (AMP), the department
183 33 may utilize a reimbursement methodology for all drugs covered
183 34 under the Medicaid program based on the national average drug
183 35 acquisition cost (NADAC) methodology published by CMS, in order
184 1 to assure compliance with the aggregate FUL, minimize outcomes
184 2 of drug reimbursements below pharmacy acquisition costs, limit
184 3 administrative costs, and minimize any change in the aggregate
184 4 reimbursement for drugs. The department may adopt emergency
184 5 rules to implement this subparagraph.

184 6 c. (1) For the fiscal year beginning July 1, 2016,
184 7 reimbursement rates for outpatient hospital services shall
184 8 remain at the rates in effect on June 30, 2016, subject
184 9 to Medicaid program upper payment limit rules and adjusted
184 10 as necessary to maintain expenditures within the amount
184 11 appropriated to the department for this purpose for the fiscal
184 12 year.

184 13 (2) For the fiscal year beginning July 1, 2016,
184 14 reimbursement rates for inpatient hospital services shall
184 15 remain at the rates in effect on June 30, 2016, subject
184 16 to Medicaid program upper payment limit rules and adjusted
184 17 as necessary to maintain expenditures within the amount
184 18 appropriated to the department for this purpose for the fiscal
184 19 year.

184 20 (3) For the fiscal year beginning July 1, 2016, the graduate
184 21 medical education and disproportionate share hospital fund
184 22 shall remain at the amount in effect on June 30, 2016, except
184 23 that the portion of the fund attributable to graduate medical
184 24 education shall be reduced in an amount that reflects the
184 25 elimination of graduate medical education payments made to
184 26 out-of-state hospitals.

184 27 (4) In order to ensure the efficient use of limited state
184 28 funds in procuring health care services for low-income Iowans,
184 29 funds appropriated in this Act for hospital services shall
184 30 not be used for activities which would be excluded from a
184 31 determination of reasonable costs under the federal Medicare
184 32 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

184 33 d. For the fiscal year beginning July 1, 2016, reimbursement
184 34 rates for rural health clinics, hospices, and acute mental

184 35 hospitals shall be increased in accordance with increases under
185 1 the federal Medicare program or as supported by their Medicare
185 2 audited costs.

185 3 e. For the fiscal year beginning July 1, 2016, independent
185 4 laboratories and rehabilitation agencies shall be reimbursed
185 5 using the same methodology in effect on June 30, 2016.

185 6 f. (1) For the fiscal year beginning July 1, 2016,
185 7 reimbursement rates for home health agencies shall continue to
185 8 be based on the Medicare low utilization payment adjustment
185 9 (LUPA) methodology with state geographic wage adjustments, and
185 10 updated to reflect the most recent Medicare LUPA rates.

185 11 (2) For the fiscal year beginning July 1, 2016, rates for
185 12 private duty nursing and personal care services under the early
185 13 and periodic screening, diagnostic, and treatment program
185 14 benefit shall be calculated based on the methodology in effect
185 15 on June 30, 2016.

185 16 g. For the fiscal year beginning July 1, 2016, federally
185 17 qualified health centers shall receive cost-based reimbursement
185 18 for 100 percent of the reasonable costs for the provision of
185 19 services to recipients of medical assistance.

185 20 h. For the fiscal year beginning July 1, 2016, the
185 21 reimbursement rates for dental services shall remain at the
185 22 rates in effect on June 30, 2016.

185 23 i. (1) For the fiscal year beginning July 1, 2016,
185 24 state-owned psychiatric medical institutions for children shall
185 25 receive cost-based reimbursement for 100 percent of the actual
185 26 and allowable costs for the provision of services to recipients
185 27 of medical assistance.

185 28 (2) For the nonstate-owned psychiatric medical institutions
185 29 for children, reimbursement rates shall be based on the
185 30 reimbursement methodology developed by the department as
185 31 required for federal compliance.

185 32 (3) As a condition of participation in the medical
185 33 assistance program, enrolled providers shall accept the medical
185 34 assistance reimbursement rate for any covered goods or services
185 35 provided to recipients of medical assistance who are children

186 1 under the custody of a psychiatric medical institution for
186 2 children.

186 3 j. For the fiscal year beginning July 1, 2016, unless
186 4 otherwise specified in this Act, all noninstitutional medical
186 5 assistance provider reimbursement rates shall remain at the
186 6 rates in effect on June 30, 2016, except for area education
186 7 agencies, local education agencies, infant and toddler
186 8 services providers, home and community-based services providers
186 9 including consumer-directed attendant care providers under a
186 10 section 1915(c) or 1915(i) waiver, targeted case management
186 11 providers, and those providers whose rates are required to be
186 12 determined pursuant to section 249A.20.

186 13 k. Notwithstanding any provision to the contrary, for the
186 14 fiscal year beginning July 1, 2016, the reimbursement rate for
186 15 anesthesiologists shall remain at the rate in effect on June
186 16 30, 2016.

186 17 l. Notwithstanding section 249A.20, for the fiscal year
186 18 beginning July 1, 2016, the average reimbursement rate for
186 19 health care providers eligible for use of the federal Medicare
186 20 resource-based relative value scale reimbursement methodology
186 21 under section 249A.20 shall remain at the rate in effect on
186 22 June 30, 2016; however, this rate shall not exceed the maximum
186 23 level authorized by the federal government.

186 24 m. For the fiscal year beginning July 1, 2016, the
186 25 reimbursement rate for residential care facilities shall not
186 26 be less than the minimum payment level as established by the
186 27 federal government to meet the federally mandated maintenance
186 28 of effort requirement. The flat reimbursement rate for
186 29 facilities electing not to file annual cost reports shall not
186 30 be less than the minimum payment level as established by the
186 31 federal government to meet the federally mandated maintenance
186 32 of effort requirement.

186 33 n. For the fiscal year beginning July 1, 2016, the
186 34 reimbursement rates for inpatient mental health services
186 35 provided at hospitals shall remain at the rates in effect on
187 1 June 30, 2016, subject to Medicaid program upper payment limit
187 2 rules; and psychiatrists shall be reimbursed at the medical
187 3 assistance program fee-for-service rate in effect on June 30,
187 4 2016.

187 5 o. For the fiscal year beginning July 1, 2016, community
187 6 mental health centers may choose to be reimbursed for the
187 7 services provided to recipients of medical assistance through
187 8 either of the following options:

187 9 (1) For 100 percent of the reasonable costs of the services.
187 10 (2) In accordance with the alternative reimbursement rate
187 11 methodology established by the medical assistance program's
187 12 managed care contractor for mental health services and approved
187 13 by the department of human services.

187 14 p. For the fiscal year beginning July 1, 2016, the
187 15 reimbursement rate for providers of family planning services
187 16 that are eligible to receive a 90 percent federal match shall
187 17 remain at the rates in effect on June 30, 2016.

187 18 q. For the fiscal year beginning July 1, 2016, the upper
187 19 limits on reimbursement rates for providers of home and
187 20 community-based services waiver services shall remain at the
187 21 limits in effect on June 30, 2016.

187 22 r. For the fiscal year beginning July 1, 2016, the
187 23 reimbursement rates for emergency medical service providers
187 24 shall remain at the rates in effect on June 30, 2016.

187 25 s. For the fiscal year beginning July 1, 2016, reimbursement

187 26 rates for substance-related disorder treatment programs
187 27 licensed under section 125.13 shall remain at the rates in
187 28 effect on June 30, 2016.

187 29 2. For the fiscal year beginning July 1, 2016, the
187 30 reimbursement rate for providers reimbursed under the
187 31 in-home-related care program shall not be less than the minimum
187 32 payment level as established by the federal government to meet
187 33 the federally mandated maintenance of effort requirement.

187 34 3. Unless otherwise directed in this section, when the
187 35 department's reimbursement methodology for any provider
188 1 reimbursed in accordance with this section includes an
188 2 inflation factor, this factor shall not exceed the amount
188 3 by which the consumer price index for all urban consumers
188 4 increased during the calendar year ending December 31, 2002.

188 5 4. For the fiscal year beginning July 1, 2016, the foster
188 6 family basic daily maintenance rate and the maximum adoption
188 7 subsidy rate for children ages 0 through 5 years shall be
188 8 \$16.78, the rate for children ages 6 through 11 years shall be
188 9 \$17.45, the rate for children ages 12 through 15 years shall
188 10 be \$19.10, and the rate for children and young adults ages 16
188 11 and older shall be \$19.35. For youth ages 18 to 21 who have
188 12 exited foster care, the preparation for adult living program
188 13 maintenance rate shall be \$602.70 per month. The maximum
188 14 payment for adoption subsidy nonrecurring expenses shall be
188 15 limited to \$500 and the disallowance of additional amounts
188 16 for court costs and other related legal expenses implemented
188 17 pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall
188 18 be continued.

188 19 5. For the fiscal year beginning July 1, 2016, the maximum
188 20 reimbursement rates for social services providers under
188 21 contract shall remain at the rates in effect on June 30, 2016,
188 22 or the provider's actual and allowable cost plus inflation for
188 23 each service, whichever is less. However, if a new service
188 24 or service provider is added after June 30, 2016, the initial
188 25 reimbursement rate for the service or provider shall be based
188 26 upon a weighted average of provider rates for similar services.

188 27 6. For the fiscal year beginning July 1, 2016, the
188 28 reimbursement rates for resource family recruitment and
188 29 retention contractors, child welfare emergency services
188 30 contractors, and supervised apartment living foster care
188 31 providers shall remain at the rates in effect on June 30, 2016.

188 32 7. For the fiscal year beginning July 1, 2016, the
188 33 reimbursement rate for safety plan services and family safety,
188 34 risk, and permanency services (family-centered) shall be as
188 35 follows:

189 1 a. The statewide base monthly payment amount for all
189 2 family safety, risk, and permanency services (family-centered)
189 3 contractors shall be the rate in effect on June 30, 2016.

189 4 (1) Family safety, risk, and permanency services
189 5 Performance Measure 1 payments shall be the rate in effect on
189 6 June 30, 2016.
189 7 (2) Family safety, risk, and permanency services
189 8 Performance Measure 2 payments shall be the rate in effect on
189 9 June 30, 2016.
189 10 (3) Family safety, risk, and permanency services
189 11 Performance Measure 3 payments shall be the rate in effect on
189 12 June 30, 2016.
189 13 (4) Family safety, risk, and permanency services
189 14 Performance Measure 4 payments shall be the rate in effect on
189 15 June 30, 2016.
189 16 b. The maximum reimbursement unit rate for safety plan
189 17 services shall be the rate in effect on June 30, 2016.
189 18 (1) Safety plan services Performance Measure 1 payments
189 19 shall be the rate in effect on June 30, 2016.
189 20 (2) Safety plan services Performance Measure 2 payments
189 21 shall be the rate in effect on June 30, 2016.
189 22 8. a. For the purposes of this subsection, "combined
189 23 reimbursement rate" means the combined service and maintenance
189 24 reimbursement rate for a service level under the department's
189 25 reimbursement methodology. Effective July 1, 2016, the
189 26 combined reimbursement rate for a group foster care service
189 27 level shall be the amount designated in this subsection.
189 28 However, if a group foster care provider's reimbursement rate
189 29 for a service level as of June 30, 2016, is more than the rate
189 30 designated in this subsection, the provider's reimbursement
189 31 shall remain at the higher rate.
189 32 b. Unless a group foster care provider is subject to the
189 33 exception provided in paragraph "a", effective July 1, 2016,
189 34 the combined reimbursement rates for the service levels under
189 35 the department's reimbursement methodology shall be as follows:
190 1 (1) For service level, community - D1, the daily rate shall
190 2 be at least \$84.17.
190 3 (2) For service level, comprehensive - D2, the daily rate
190 4 shall be at least \$119.09.
190 5 (3) For service level, enhanced - D3, the daily rate shall
190 6 be at least \$131.09.
190 7 9. The group foster care reimbursement rates paid for
190 8 placement of children out of state shall be calculated
190 9 according to the same rate-setting principles as those used for
190 10 in-state providers, unless the director of human services or
190 11 the director's designee determines that appropriate care cannot
190 12 be provided within the state. The payment of the daily rate
190 13 shall be based on the number of days in the calendar month in
190 14 which service is provided.
190 15 10. a. For the fiscal year beginning July 1, 2016, the
190 16 reimbursement rate paid for shelter care and the child welfare

190 17 emergency services implemented to provide or prevent the need
190 18 for shelter care shall be established by contract.

190 19 b. For the fiscal year beginning July 1, 2016, the combined
190 20 service and maintenance components of the reimbursement rate
190 21 paid for shelter care services shall be based on the financial
190 22 and statistical report submitted to the department. The
190 23 maximum reimbursement rate shall be \$101.83 per day. The
190 24 department shall reimburse a shelter care provider at the
190 25 provider's actual and allowable unit cost, plus inflation, not
190 26 to exceed the maximum reimbursement rate.

190 27 c. Notwithstanding section 232.141, subsection 8, for the
190 28 fiscal year beginning July 1, 2016, the amount of the statewide
190 29 average of the actual and allowable rates for reimbursement of
190 30 juvenile shelter care homes that is utilized for the limitation
190 31 on recovery of unpaid costs shall remain at the amount in
190 32 effect for this purpose in the fiscal year beginning July 1,
190 33 2015.

190 34 11. For the fiscal year beginning July 1, 2016, the
190 35 department shall calculate reimbursement rates for intermediate
191 1 care facilities for persons with an intellectual disability
191 2 at the 80th percentile. Beginning July 1, 2016, the rate
191 3 calculation methodology shall utilize the consumer price index
191 4 inflation factor applicable to the fiscal year beginning July
191 5 1, 2016.

191 6 12. For the fiscal year beginning July 1, 2016, for child
191 7 care providers reimbursed under the state child care assistance
191 8 program, the department shall set provider reimbursement
191 9 rates based on the rate reimbursement survey completed in
191 10 December 2004. Effective July 1, 2016, the child care provider
191 11 reimbursement rates shall remain at the rates in effect on June
191 12 30, 2016. The department shall set rates in a manner so as
191 13 to provide incentives for a nonregistered provider to become
191 14 registered by applying the increase only to registered and
191 15 licensed providers.

191 16 13. For the fiscal year beginning July 1, 2016, if the
191 17 centers for Medicare and Medicaid services of the United
191 18 States department of health and human services approves the
191 19 waivers necessary to implement medical assistance program
191 20 managed care applicable to any providers or services subject to
191 21 reimbursement under this section, notwithstanding any provision
191 22 to the contrary under this section, affected providers or
191 23 services shall instead be reimbursed as follows:

191 24 a. For fee-for-service claims, reimbursement rates shall
191 25 be calculated based on the methodology otherwise specified in
191 26 this section for the fiscal year beginning July 1, 2016, for
191 27 the respective provider or service.

191 28 b. For claims subject to a managed care contract,
191 29 reimbursement shall be based on the actuarially sound

191 30 capitation rates established under the contract. However,
191 31 any reimbursement established under such contract shall not
191 32 be lower than the reimbursement otherwise specified in this
191 33 section for the fiscal year beginning July 1, 2016, for the
191 34 respective provider or service.

191 35 14. The department may adopt emergency rules to implement
192 1 this section.

192 2 Sec. 146. EMERGENCY RULES.

192 3 1. If specifically authorized by a provision of this
192 4 division of this Act, the department of human services or
192 5 the mental health and disability services commission may
192 6 adopt administrative rules under section 17A.4, subsection
192 7 3, and section 17A.5, subsection 2, paragraph "b", to
192 8 implement the provisions of this division of this Act and
192 9 the rules shall become effective immediately upon filing or
192 10 on a later effective date specified in the rules, unless the
192 11 effective date of the rules is delayed or the applicability
192 12 of the rules is suspended by the administrative rules review
192 13 committee. Any rules adopted in accordance with this section
192 14 shall not take effect before the rules are reviewed by the
192 15 administrative rules review committee. The delay authority
192 16 provided to the administrative rules review committee under
192 17 section 17A.4, subsection 7, and section 17A.8, subsection 9,
192 18 shall be applicable to a delay imposed under this section,
192 19 notwithstanding a provision in those sections making them
192 20 inapplicable to section 17A.5, subsection 2, paragraph "b".
192 21 Any rules adopted in accordance with the provisions of this
192 22 section shall also be published as a notice of intended action
192 23 as provided in section 17A.4.

192 24 2. If during a fiscal year, the department of human
192 25 services is adopting rules in accordance with this section
192 26 or as otherwise directed or authorized by state law, and the
192 27 rules will result in an expenditure increase beyond the amount
192 28 anticipated in the budget process or if the expenditure was
192 29 not addressed in the budget process for the fiscal year, the
192 30 department shall notify the persons designated by this division
192 31 of this Act for submission of reports, the chairpersons and
192 32 ranking members of the committees on appropriations, and
192 33 the department of management concerning the rules and the
192 34 expenditure increase. The notification shall be provided at
192 35 least 30 calendar days prior to the date notice of the rules
193 1 is submitted to the administrative rules coordinator and the
193 2 administrative code editor.

193 3 Sec. 147. REPORTS. Any reports or other information
193 4 required to be compiled and submitted under this Act during the
193 5 fiscal year beginning July 1, 2016, shall be submitted to the
193 6 chairpersons and ranking members of the joint appropriations
193 7 subcommittee on health and human services, the legislative

193 8 services agency, and the legislative caucus staffs on or
193 9 before the dates specified for submission of the reports or
193 10 information.
193 11 Sec. 148. EFFECTIVE UPON ENACTMENT. The following
193 12 provisions of this division of this Act, being deemed of
193 13 immediate importance, take effect upon enactment:
193 14 1. The provision relating to section 232.141 and directing
193 15 the state court administrator and the division administrator of
193 16 the department of human services division of child and family
193 17 services to make the determination, by June 15, 2016, of the
193 18 distribution of funds allocated for the payment of the expenses
193 19 of court-ordered services provided to juveniles which are a
193 20 charge upon the state.

193 21 DIVISION XXXVIII

193 22 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017

193 23 Sec. 149. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
193 24 appropriated from the pharmaceutical settlement account created
193 25 in section 249A.33 to the department of human services for the
193 26 fiscal year beginning July 1, 2016, and ending June 30, 2017,
193 27 the following amount, or so much thereof as is necessary, to be
193 28 used for the purpose designated:

193 29 Notwithstanding any provision of law to the contrary, to
193 30 supplement the appropriations made in this Act for medical
193 31 contracts under the medical assistance program for the fiscal
193 32 year beginning July 1, 2016, and ending June 30, 2017:

193 33 \$ 250,000

193 34 Sec. 150. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
193 35 HUMAN SERVICES. Notwithstanding any provision to the contrary
194 1 and subject to the availability of funds, there is appropriated
194 2 from the quality assurance trust fund created in section
194 3 249L.4 to the department of human services for the fiscal year
194 4 beginning July 1, 2016, and ending June 30, 2017, the following
194 5 amounts, or so much thereof as is necessary, for the purposes
194 6 designated:

194 7 To supplement the appropriation made in this Act from the
194 8 general fund of the state to the department of human services
194 9 for medical assistance for the same fiscal year:

194 10 \$ 18,352,604

194 11 Sec. 151. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
194 12 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
194 13 the contrary and subject to the availability of funds, there is
194 14 appropriated from the hospital health care access trust fund
194 15 created in section 249M.4 to the department of human services
194 16 for the fiscal year beginning July 1, 2016, and ending June
194 17 30, 2017, the following amounts, or so much thereof as is
194 18 necessary, for the purposes designated:

194 19 To supplement the appropriation made in this Act from the
194 20 general fund of the state to the department of human services

194 21 for medical assistance for the same fiscal year:
 194 22 \$ 17,350,000
 194 23 Sec. 152. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 194 24 FOR FY 2016-2017. Notwithstanding section 8.33, if moneys
 194 25 appropriated for purposes of the medical assistance program for
 194 26 the fiscal year beginning July 1, 2016, and ending June 30,
 194 27 2017, from the general fund of the state, the quality assurance
 194 28 trust fund and the hospital health care access trust fund, are
 194 29 in excess of actual expenditures for the medical assistance
 194 30 program and remain unencumbered or unobligated at the close
 194 31 of the fiscal year, the excess moneys shall not revert but
 194 32 shall remain available for expenditure for the purposes of the
 194 33 medical assistance program until the close of the succeeding
 194 34 fiscal year.
 194 35 DIVISION XXXIX
 195 1 PROPERTY TAX RELIEF FUND — BLOCK GRANT MONEYS — MENTAL
 195 2 INSTITUTES
 195 3 Sec. 153. MENTAL HEALTH INSTITUTES. The moneys transferred
 195 4 to the property tax relief fund for the fiscal year beginning
 195 5 July 1, 2016, from the federal social services block grant
 195 6 pursuant to 2015 Iowa Acts, House File 630, if enacted, and
 195 7 from the federal temporary assistance for needy families block
 195 8 grant, totaling at least \$11,774,275, are appropriated to the
 195 9 department of human services for the fiscal year beginning July
 195 10 1, 2016, and ending June 30, 2017, to be used for the purposes
 195 11 designated:
 195 12 1. For the state mental health institute at Clarinda for
 195 13 salaries, support, maintenance, and miscellaneous purposes:
 195 14 \$ 2,418,254
 195 15 2. For the state mental health institute at Mount Pleasant
 195 16 for salaries, support, maintenance, and miscellaneous purposes,
 195 17 and for not more than the following full-time equivalent
 195 18 positions:
 195 19 \$ 3,468,884
 195 20 FTEs 97.68
 195 21 DIVISION XXXX
 195 22 PERSONNEL SETTLEMENT AGREEMENT PAYMENTS
 195 23 Sec. 154. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a
 195 24 condition of the appropriations in this 2016 Act, the moneys
 195 25 appropriated and any other moneys available shall not be used
 195 26 for payment of a personnel settlement agreement that contains a
 195 27 confidentiality provision intended to prevent public disclosure
 195 28 of the agreement or any terms of the agreement.

Summary Data
General Fund

	<div>Actual</div> <div>FY 2014</div> <div>(1)</div>	<div>Estimated</div> <div>FY 2015</div> <div>(2)</div>	<div>Senate Action</div> <div>FY 2016</div> <div>(3)</div>	<div>Senate Action</div> <div>vs. Est 2015</div> <div>(4)</div>	<div>Senate Action YR2</div> <div>FY 2017</div> <div>(5)</div>	<div>Senate FY17 vs</div> <div>Senate FY16</div> <div>(6)</div>
Health and Human Services	\$ 1,750,974,923	\$ 1,858,603,019	\$ 1,904,413,758	\$ 45,810,739	\$ 952,206,885	\$ -952,206,873
Grand Total	\$ 1,750,974,923	\$ 1,858,603,019	\$ 1,904,413,758	\$ 45,810,739	\$ 952,206,885	\$ -952,206,873

Health and Human Services

General Fund

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Aging Programs	\$ 10,606,066	\$ 11,419,732	\$ 11,436,066	\$ 16,334	\$ 5,718,033	\$ -5,718,033
Office of LTC Resident's Advocate	1,021,707	929,315	1,506,783	577,468	753,392	-753,391
Food Security for Older Individuals	0	250,000	0	-250,000	0	0
Total Aging, Dept. on	\$ 11,627,773	\$ 12,599,047	\$ 12,942,849	\$ 343,802	\$ 6,471,425	\$ -6,471,424
<u>Public Health, Dept. of</u>						
Public Health, Dept. of						
Addictive Disorders	\$ 27,163,690	\$ 27,263,690	\$ 27,263,690	\$ 0	\$ 13,631,845	\$ -13,631,845
Healthy Children and Families	3,653,559	4,046,602	7,331,602	3,285,000	3,665,801	-3,665,801
Chronic Conditions	5,080,692	5,155,692	5,105,861	-49,831	2,552,931	-2,552,930
Community Capacity	8,562,617	8,737,910	8,719,716	-18,194	4,359,858	-4,359,858
Healthy Aging	7,297,142	7,297,142	7,297,142	0	3,648,571	-3,648,571
Environmental Hazards	803,870	803,870	0	-803,870	0	0
Infectious Diseases	1,335,155	1,335,155	1,335,155	0	667,578	-667,577
Public Protection	3,278,771	3,287,127	4,339,191	1,052,064	2,169,596	-2,169,595
Resource Management	855,072	855,072	855,072	0	427,536	-427,536
Total Public Health, Dept. of	\$ 58,030,568	\$ 58,782,260	\$ 62,247,429	\$ 3,465,169	\$ 31,123,716	\$ -31,123,713
<u>Human Services, Dept. of</u>						
Assistance						
Family Investment Program/JOBS	\$ 48,503,875	\$ 48,693,875	\$ 49,093,875	\$ 400,000	\$ 24,546,938	\$ -24,546,937
Medical Assistance	1,144,208,805	1,250,658,393	1,346,353,640	95,695,247	673,176,820	-673,176,820
Medical Contracts	12,320,048	17,148,576	22,153,584	5,005,008	11,076,792	-11,076,792
State Supplementary Assistance	16,516,858	14,121,154	12,997,187	-1,123,967	6,498,594	-6,498,593
State Children's Health Insurance	36,817,261	45,877,998	21,163,844	-24,714,154	10,581,922	-10,581,922
Child Care Assistance	62,735,563	47,132,080	56,638,030	9,505,950	28,319,015	-28,319,015
Child and Family Services	91,329,427	94,857,554	98,182,179	3,324,625	49,091,090	-49,091,089
Adoption Subsidy	40,729,282	42,580,749	42,998,286	417,537	21,499,143	-21,499,143
Family Support Subsidy	1,093,288	1,079,739	1,073,932	-5,807	536,966	-536,966
Connors Training	33,632	33,632	33,632	0	16,816	-16,816
Volunteers	84,686	84,686	84,686	0	42,343	-42,343
MHDS Equalization	29,820,478	30,555,823	0	-30,555,823	0	0
Juv CINA/Female Adjud Delinquent Placements	0	2,000,000	0	-2,000,000	0	0
Total Assistance	\$ 1,484,193,203	\$ 1,594,824,259	\$ 1,650,772,875	\$ 55,948,616	\$ 825,386,439	\$ -825,386,436

Health and Human Services

General Fund

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
Toledo Juvenile Home						
Toledo Juvenile Home	\$ 8,867,121	\$ 507,766	\$ 372,766	\$ -135,000	\$ 186,383	\$ -186,383
Eldora Training School						
Eldora Training School	\$ 11,268,202	\$ 12,358,285	\$ 12,445,552	\$ 87,267	\$ 6,222,776	\$ -6,222,776
Cherokee						
Cherokee MHI	\$ 5,964,737	\$ 6,031,934	\$ 5,545,616	\$ -486,318	\$ 2,772,808	\$ -2,772,808
Clarinda						
Clarinda MHI	\$ 6,757,689	\$ 6,787,309	\$ 1,812,899	\$ -4,974,410	\$ 906,450	\$ -906,449
Independence						
Independence MHI	\$ 10,334,082	\$ 10,484,386	\$ 10,390,773	\$ -93,613	\$ 5,195,387	\$ -5,195,386
Mt Pleasant						
Mt Pleasant MHI	\$ 1,374,061	\$ 1,417,796	\$ 0	\$ -1,417,796	\$ 0	\$ 0
Glenwood						
Glenwood Resource Center	\$ 20,349,122	\$ 21,695,266	\$ 22,024,482	\$ 329,216	\$ 11,012,241	\$ -11,012,241
Woodward						
Woodward Resource Center	\$ 14,286,191	\$ 14,855,693	\$ 14,933,806	\$ 78,113	\$ 7,466,903	\$ -7,466,903
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	\$ 9,425,568	\$ 9,923,563	\$ 9,893,079	\$ -30,484	\$ 4,946,540	\$ -4,946,539
Field Operations						
Child Support Recoveries	\$ 14,215,081	\$ 14,911,230	\$ 14,663,373	\$ -247,857	\$ 7,331,687	\$ -7,331,686
Field Operations	66,670,976	65,170,976	58,920,976	-6,250,000	29,460,488	-29,460,488
Total Field Operations	<u>\$ 80,886,057</u>	<u>\$ 80,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ -6,497,857</u>	<u>\$ 36,792,175</u>	<u>\$ -36,792,174</u>
General Administration						
General Administration	\$ 16,329,602	\$ 16,072,302	\$ 15,161,741	\$ -910,561	\$ 7,580,871	\$ -7,580,870
Total Human Services, Dept. of	<u>\$ 1,670,035,635</u>	<u>\$ 1,775,040,765</u>	<u>\$ 1,816,937,938</u>	<u>\$ 41,897,173</u>	<u>\$ 908,468,973</u>	<u>\$ -908,468,965</u>
<u>Veterans Affairs, Dept. of</u>						
Veterans Affairs, Department of						
General Administration	\$ 1,095,951	\$ 1,095,951	\$ 1,200,546	\$ 104,595	\$ 600,273	\$ -600,273
Vets Home Ownership Program	1,600,000	2,500,000	2,500,000	0	1,250,000	-1,250,000
Veterans County Grants	990,000	990,000	990,000	0	495,000	-495,000
Total Veterans Affairs, Department of	<u>\$ 3,685,951</u>	<u>\$ 4,585,951</u>	<u>\$ 4,690,546</u>	<u>\$ 104,595</u>	<u>\$ 2,345,273</u>	<u>\$ -2,345,273</u>

Health and Human Services
General Fund

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
Veterans Affairs, Dept. of						
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	\$ 3,797,498	\$ -3,797,498
Total Veterans Affairs, Dept. of	\$ 11,280,947	\$ 12,180,947	\$ 12,285,542	\$ 104,595	\$ 6,142,771	\$ -6,142,771
Total Health and Human Services	\$ 1,750,974,923	\$ 1,858,603,019	\$ 1,904,413,758	\$ 45,810,739	\$ 952,206,885	\$ -952,206,873

Summary Data
Other Funds

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
Health and Human Services	\$ 534,443,666	\$ 433,526,222	\$ 450,968,244	\$ 17,442,022	\$ 331,635,798	\$ -119,332,446
Grand Total	\$ 534,443,666	\$ 433,526,222	\$ 450,968,244	\$ 17,442,022	\$ 331,635,798	\$ -119,332,446

Health and Human Services

Other Funds

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Alzheimer's Education Program - PTRF	\$ 0	\$ 0	\$ 100,000	\$ 100,000	\$ 0	\$ -100,000
Total Aging, Dept. on	\$ 0	\$ 0	\$ 100,000	\$ 100,000	\$ 0	\$ -100,000
<u>Human Services, Dept. of</u>						
General Administration						
FIP-TANF	\$ 18,116,948	\$ 9,879,488	\$ 5,136,995	\$ -4,742,493	\$ 2,568,498	\$ -2,568,497
Promise Jobs-TANF	11,866,439	11,091,911	10,138,178	-953,733	5,069,089	-5,069,089
FaDDS-TANF	2,898,980	2,898,980	2,898,980	0	1,449,490	-1,449,490
Field Operations-TANF	31,296,232	31,296,232	31,296,232	0	15,648,116	-15,648,116
General Administration-TANF	3,744,000	3,744,000	3,744,000	0	1,872,000	-1,872,000
Child Care Assistance -TANF	25,732,687	35,047,110	35,047,110	0	17,523,555	-17,523,555
MH/DD Comm. Services-TANF	4,894,052	4,894,052	4,894,052	0	2,447,026	-2,447,026
Child & Family Services-TANF	32,084,430	32,084,430	32,084,430	0	16,042,215	-16,042,215
Child Abuse Prevention-TANF	125,000	125,000	125,000	0	62,500	-62,500
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	0	518,593	-518,593
FIP Eligibility System-TANF	5,050,451	6,549,549	6,654,880	105,331	3,327,440	-3,327,440
Total General Administration	\$ 136,846,405	\$ 138,647,938	\$ 133,057,043	\$ -5,590,895	\$ 66,528,522	\$ -66,528,521
Clarinda						
Clarinda MHI - SSBG	\$ 0	\$ 0	\$ 4,836,507	\$ 4,836,507	\$ 2,418,254	\$ -2,418,253
Mt Pleasant						
Mt Pleasant MHI - SSBG	\$ 0	\$ 0	\$ 6,937,768	\$ 6,937,768	\$ 3,468,884	\$ -3,468,884

Health and Human Services

Other Funds

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
Assistance						
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 965,034	\$ -965,033
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	0	12,500	-12,500
Medical Assistance - HCTF	225,591,447	223,060,000	221,790,000	-1,270,000	221,790,000	0
Medical Contracts-Pharm Settlement - PhSA	6,650,000	5,467,564	500,000	-4,967,564	250,000	-250,000
Broadlawns Hospital - ICA	35,500,000	0	0	0	0	0
Regional Provider Network - ICA	2,993,183	0	0	0	0	0
Nonparticipating Providers - NPPR	1,000,000	0	0	0	0	0
Medical Assistance - QATF	28,788,917	29,195,653	36,705,208	7,509,555	18,352,604	-18,352,604
Medical Assistance-HHCAT	34,288,000	34,700,000	34,700,000	0	17,350,000	-17,350,000
Nonparticipating Provider Reimb Fund-HHCAT	412,000	0	0	0	0	0
IowaCare Fund - Admin	371,552	0	0	0	0	0
Lab Test & Radiology Pool - ICA	1,500,000	0	0	0	0	0
Medicaid Supplemental - MFF	8,717,020	500,000	500,000	0	500,000	0
Medicaid HCBS Waiting List - PTRF	0	0	5,092,000	5,092,000	0	-5,092,000
MHDS Regional allocation - PTRF	0	0	4,554,651	4,554,651	0	-4,554,651
Certified Behavioral Health Clinics -PTRF	0	0	240,000	240,000	0	-240,000
Total Assistance	\$ 347,767,186	\$ 294,878,284	\$ 306,036,926	\$ 11,158,642	\$ 259,220,138	\$ -46,816,788
Total Human Services, Dept. of	\$ 484,613,591	\$ 433,526,222	\$ 450,868,244	\$ 17,342,022	\$ 331,635,798	\$ -119,232,446
Regents, Board of						
Regents, Board of						
UI - UIHC IowaCares Program - ICA	\$ 13,642,292	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
UI - UIHC IowaCares Expansion Pop - ICA	26,284,600	0	0	0	0	0
UI - UIHC IowaCares Physicians - ICA	9,903,183	0	0	0	0	0
Total Regents, Board of	\$ 49,830,075	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Health and Human Services	\$ 534,443,666	\$ 433,526,222	\$ 450,968,244	\$ 17,442,022	\$ 331,635,798	\$ -119,332,446

Summary Data
FTE Positions

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
Health and Human Services	4,735.42	5,119.14	5,238.87	119.73	5,236.87	-2.00
Grand Total	4,735.42	5,119.14	5,238.87	119.73	5,236.87	-2.00

Health and Human Services

FTE Positions

	Actual FY 2014 (1)	Estimated FY 2015 (2)	Senate Action FY 2016 (3)	Senate Action vs. Est 2015 (4)	Senate Action YR2 FY 2017 (5)	Senate FY17 vs Senate FY16 (6)
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Aging Programs	22.42	28.10	31.00	2.90	31.00	0.00
Office of LTC Resident's Advocate	10.44	11.90	21.00	9.10	20.00	-1.00
Total Aging, Dept. on	32.87	40.00	52.00	12.00	51.00	-1.00
<u>Public Health, Dept. of</u>						
Public Health, Dept. of						
Addictive Disorders	6.62	10.00	10.00	0.00	10.00	0.00
Healthy Children and Families	10.64	12.00	13.00	1.00	12.00	-1.00
Chronic Conditions	3.95	5.00	5.00	0.00	5.00	0.00
Community Capacity	7.58	11.00	11.00	0.00	11.00	0.00
Environmental Hazards	3.12	4.00	0.00	-4.00	0.00	0.00
Infectious Diseases	2.04	4.00	4.00	0.00	4.00	0.00
Public Protection	125.08	131.50	135.50	4.00	135.50	0.00
Resource Management	3.45	4.00	4.00	0.00	4.00	0.00
Total Public Health, Dept. of	162.47	181.50	182.50	1.00	181.50	-1.00
<u>Human Services, Dept. of</u>						
Assistance						
Medical Contracts	3.01	0.00	0.00	0.00	0.00	0.00
Toledo Juvenile Home						
Toledo Juvenile Home	55.46	0.10	2.00	1.90	2.00	0.00
Eldora Training School						
Eldora Training School	159.28	164.30	169.30	5.00	169.30	0.00
Cherokee						
Cherokee MHI	168.42	169.20	169.20	0.00	169.20	0.00
Clarinda						
Clarinda MHI	77.96	87.25	86.10	-1.15	86.10	0.00
Independence						
Independence MHI	222.76	233.00	233.00	0.00	233.00	0.00

Health and Human Services

FTE Positions

	Actual FY 2014	Estimated FY 2015	Senate Action FY 2016	Senate Action vs. Est 2015	Senate Action YR2 FY 2017	Senate FY17 vs Senate FY16
	(1)	(2)	(3)	(4)	(5)	(6)
Mt Pleasant						
Mt Pleasant MHI	90.19	97.68	97.68	0.00	97.68	0.00
Glenwood						
Glenwood Resource Center	803.47	846.12	846.12	0.00	846.12	0.00
Woodward						
Woodward Resource Center	609.85	643.47	643.47	0.00	643.47	0.00
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	89.83	132.50	132.50	0.00	132.50	0.00
Field Operations						
Child Support Recoveries	438.55	459.00	464.00	5.00	464.00	0.00
Field Operations	1,559.35	1,759.00	1,837.00	78.00	1,837.00	0.00
Total Field Operations	1,997.91	2,218.00	2,301.00	83.00	2,301.00	0.00
General Administration						
General Administration	249.14	293.02	309.00	15.98	309.00	0.00
Total Human Services, Dept. of	4,527.27	4,884.64	4,989.37	104.73	4,989.37	0.00
<u>Veterans Affairs, Dept. of</u>						
Veterans Affairs, Department of						
General Administration	12.82	13.00	15.00	2.00	15.00	0.00
Total Veterans Affairs, Dept. of	12.82	13.00	15.00	2.00	15.00	0.00
Total Health and Human Services	4,735.42	5,119.14	5,238.87	119.73	5,236.87	-2.00

Summary Data
General Fund

	Estimated FY 2015 (1)	Supp-Senate Action FY 2015 (2)	Estimated Net FY 2015 (3)
Health and Human Services	\$ 1,858,603,019	\$ 32,053,729	\$ 1,890,656,748
Grand Total	\$ 1,858,603,019	\$ 32,053,729	\$ 1,890,656,748

Health and Human Services

General Fund

	Estimated FY 2015 (1)	Supp-Senate Action FY 2015 (2)	Estimated Net FY 2015 (3)
<u>Aging, Dept. on</u>			
Aging, Dept. on			
Aging Programs	\$ 11,419,732	\$ 0	\$ 11,419,732
Office of LTC Resident's Advocate	929,315	0	929,315
Food Security for Older Individuals	250,000	0	250,000
Total Aging, Dept. on	\$ 12,599,047	\$ 0	\$ 12,599,047
<u>Public Health, Dept. of</u>			
Public Health, Dept. of			
Addictive Disorders	\$ 27,263,690	\$ 0	\$ 27,263,690
Healthy Children and Families	4,046,602	0	4,046,602
Chronic Conditions	5,155,692	0	5,155,692
Community Capacity	8,737,910	0	8,737,910
Healthy Aging	7,297,142	0	7,297,142
Environmental Hazards	803,870	0	803,870
Infectious Diseases	1,335,155	0	1,335,155
Public Protection	3,287,127	0	3,287,127
Resource Management	855,072	0	855,072
Total Public Health, Dept. of	\$ 58,782,260	\$ 0	\$ 58,782,260
<u>Human Services, Dept. of</u>			
Assistance			
Family Investment Program/JOBS	\$ 48,693,875	\$ 0	\$ 48,693,875
Medical Assistance	1,250,658,393	59,640,857	1,310,299,250
Medical Contracts	17,148,576	-4,252,176	12,896,400
State Supplementary Assistance	14,121,154	-1,155,836	12,965,318
State Children's Health Insurance	45,877,998	-780,913	45,097,085
Child Care Assistance	47,132,080	-10,828,136	36,303,944
Child and Family Services	94,857,554	-3,493,467	91,364,087
Adoption Subsidy	42,580,749	-836,600	41,744,149
Family Support Subsidy	1,079,739	-500,000	579,739
Connors Training	33,632	0	33,632
Volunteers	84,686	0	84,686
MHDS Equalization	30,555,823	0	30,555,823
Juv CINA/Female Adjud Delinquent Placements	2,000,000	-600,000	1,400,000
Total Assistance	\$ 1,594,824,259	\$ 37,193,729	\$ 1,632,017,988

Health and Human Services

General Fund

	Estimated FY 2015 (1)	Supp-Senate Action FY 2015 (2)	Estimated Net FY 2015 (3)
Toledo Juvenile Home			
Toledo Juvenile Home	\$ 507,766	\$ 0	\$ 507,766
Eldora Training School			
Eldora Training School	\$ 12,358,285	\$ 0	\$ 12,358,285
Cherokee			
Cherokee MHI	\$ 6,031,934	\$ 0	\$ 6,031,934
Clarinda			
Clarinda MHI	\$ 6,787,309	\$ 0	\$ 6,787,309
Independence			
Independence MHI	\$ 10,484,386	\$ 0	\$ 10,484,386
Mt Pleasant			
Mt Pleasant MHI	\$ 1,417,796	\$ 0	\$ 1,417,796
Glenwood			
Glenwood Resource Center	\$ 21,695,266	\$ 0	\$ 21,695,266
Woodward			
Woodward Resource Center	\$ 14,855,693	\$ 0	\$ 14,855,693
Cherokee CCUSO			
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 0	\$ 9,923,563
Field Operations			
Child Support Recoveries	\$ 14,911,230	\$ -140,000	\$ 14,771,230
Field Operations	65,170,976	-4,000,000	61,170,976
Total Field Operations	<u>\$ 80,082,206</u>	<u>\$ -4,140,000</u>	<u>\$ 75,942,206</u>
General Administration			
General Administration	\$ 16,072,302	\$ -1,000,000	\$ 15,072,302
Total Human Services, Dept. of	<u>\$ 1,775,040,765</u>	<u>\$ 32,053,729</u>	<u>\$ 1,807,094,494</u>
<u>Veterans Affairs, Dept. of</u>			
Veterans Affairs, Department of			
General Administration	\$ 1,095,951	\$ 0	\$ 1,095,951
Vets Home Ownership Program	2,500,000	0	2,500,000
Veterans County Grants	990,000	0	990,000
Total Veterans Affairs, Department of	<u>\$ 4,585,951</u>	<u>\$ 0</u>	<u>\$ 4,585,951</u>

Health and Human Services
General Fund

	Estimated FY 2015	Supp-Senate Action FY 2015	Estimated Net FY 2015
	(1)	(2)	(3)
Veterans Affairs, Dept. of			
Iowa Veterans Home	\$ 7,594,996	\$ 0	\$ 7,594,996
Total Veterans Affairs, Dept. of	\$ 12,180,947	\$ 0	\$ 12,180,947
Total Health and Human Services	\$ 1,858,603,019	\$ 32,053,729	\$ 1,890,656,748

Summary Data
Other Funds

	Estimated FY 2015 (1)	Supp-Senate Action FY 2015 (2)	Estimated Net FY 2015 (3)
Health and Human Services	\$ 433,526,222	\$ 3,707,468	\$ 437,233,690
Grand Total	\$ 433,526,222	\$ 3,707,468	\$ 437,233,690

Health and Human Services

Other Funds

	Estimated FY 2015 (1)	Supp-Senate Action FY 2015 (2)	Estimated Net FY 2015 (3)
Human Services, Dept. of			
General Administration			
FIP-TANF	\$ 9,879,488	\$ -3,598,266	\$ 6,281,222
Promise Jobs-TANF	11,091,911	-859,571	10,232,340
FaDDS-TANF	2,898,980	0	2,898,980
Field Operations-TANF	31,296,232	0	31,296,232
General Administration-TANF	3,744,000	0	3,744,000
Child Care Assistance -TANF	35,047,110	6,163,129	41,210,239
MH/DD Comm. Services-TANF	4,894,052	0	4,894,052
Child & Family Services-TANF	32,084,430	0	32,084,430
Child Abuse Prevention-TANF	125,000	0	125,000
Training & Technology-TANF	1,037,186	0	1,037,186
FIP Eligibility System-TANF	6,549,549	0	6,549,549
Total General Administration	\$ 138,647,938	\$ 1,705,292	\$ 140,353,230
Assistance			
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 0	\$ 1,930,067
Promoting Healthy Marriage - TANF	25,000	0	25,000
Medical Assistance - HCTF	223,060,000	0	223,060,000
Medical Contracts-Pharm Settlement - PhSA	5,467,564	1,502,176	6,969,740
Medical Assistance - QATF	29,195,653	500,000	29,695,653
Medical Assistance-HHCAT	34,700,000	0	34,700,000
Medicaid Supplemental - MFF	500,000	0	500,000
Total Assistance	\$ 294,878,284	\$ 2,002,176	\$ 296,880,460
Total Human Services, Dept. of	\$ 433,526,222	\$ 3,707,468	\$ 437,233,690
Total Health and Human Services	\$ 433,526,222	\$ 3,707,468	\$ 437,233,690