

Health and Human Services Appropriations Bill Senate File 446

Last Action:
**Senate Appropriations
Subcommittee**
April 10, 2013

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

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available on line at <http://www.legis.iowa.gov/LSAReports/noba.aspx>
LSA Contacts: Jess Benson (515-281-4611) and Estelle Montgomery (515-281-6764)

FUNDING SUMMARY***Appropriations Total***

General Fund FY 2014: Appropriates a total of \$1,894.0 million from the General Fund and 5,2344.0 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 \$172.0 million and 69.1 FTE positions compared to estimated net FY 2013.

Other Funds FY 2014: Appropriates a total of \$410.3 million from other funds. This is a decrease of \$77.8 million compared to estimated net FY 2013.

FY 2013 Supplemental Appropriations: Appropriates \$54.3 million in supplemental appropriations from the General Fund to the DHS for the Medicaid, IowaCare and Adoption Subsidy Programs.

Department of Veterans Affairs and Iowa Veterans Home

\$11.7 million and 13.0 FTE positions. This is an increase of \$68,000 and no change in FTE positions compared to estimated FY 2013.

Page 20, Line 27

General Fund - Department of Human Services

\$1,805.1 million and 5,101.0 FTE positions. This is an increase of \$153.4 million and a decrease of 57.7 FTE positions compared to estimated net FY 2013.

Page 22, Line 5

General Fund - Department of Public Health

A General Fund increase of \$63.0 million and 186.0 FTE positions. This is an increase of \$14.7 million and an increase of 4.0 FTE positions compared to estimated FY 2013.

Page 3, Line 28

General Fund - Department on Aging

\$12.8 million and 25.0 FTE positions. This is an increase of \$2.5 million and a decrease of 8.6 FTE positions compared to estimated FY 2013.

Page 1, Line 3

General Fund - Office of Long-Term Care Resident's Advocates

EXECUTIVE SUMMARY

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\$1.3 million and 16.0 FTE positions. This is new appropriation for FY 2014. Page 3, Line 5

Other Fund Appropriations

\$133.8 million from the Temporary Assistance for Needy Families (TANF) Block Grant. This is an increase of \$800,000 compared to estimated FY 2013. Page 22, Line 7

\$106.0 million from the Health Care Trust Fund. This is no change compared to estimated FY 2013. Page 31, Line 12

\$6.7 million from the Pharmaceutical Settlement Account. This is an increase of \$1.8 million compared to estimated FY 2013. Page 70, Line 8

\$88.1 million from the IowaCare Account. This is a decrease of \$78.6 million compared to FY 2013. Page 70, Line 19

\$1.0 million from the Nonparticipating Provider Reimbursement Fund. This is a decrease of \$1.0 million compared to FY 2013. Page 75, Line 20

\$28.8 million from the Quality Assurance Trust Fund. This is an increase of \$2.3 million compared to estimated FY 2013. Page 75, Line 33

\$34.7 million from the Hospital Health Care Access Trust Fund. This is no change compared to estimated FY 2013. Page 76, Line 10

\$11.3 million from the Children's Health Insurance Program Reauthorization Act (CHIPRA) Child Enrollment Contingency Fund. This is a new appropriation for FY 2013. Page 77, Line 6

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

Allocates \$40,000 for a fatherhood initiative pilot project in Polk County. Page 29, Line 26

Allocates \$3.3 million for an autism treatment program to be administered by Magellan to provide Applied Behavior Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage. Page 41, Line 24

Allocates \$135,200 for federally-required national criminal history check of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI). Page 43, Line 31

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Allocates \$100,000 for the establishment of a Children's Mental Health Cabinet pending the enactment of SF 440 (County Mental Health System Appropriations Bill). Page 53, Line 28

Directs the DHS to submit a Medicaid State Plan amendment to add men to the Breast and Cervical Cancer Program. Page 99, Line 29

Department of Public Health

A General Fund increase of \$2.3 million compared to the FY 2013 allocation for the Iowa First Five Healthy Mental Development Initiative programs. The increase is due to the intent to plan and implement Statewide operations. Page 8, Line 18

Allocates \$2.0 million to expand the I-Smile Oral Health program to include at-risk adults statewide. Priority is given to individuals 60 years of age and older and other individuals with disabilities, behavioral limitations, or complex chronic conditions. Currently, this Program only connects children with dental services. Page 9, Line 27

Allocates \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by the Child Health Speciality Clinic located at the University of Iowa Hospitals and Clinics. The University is prohibited from receiving any funds for indirect costs associated with the allocation. Page 10, Line 31

Allocates \$140,000 for a comprehensive Alzheimers disease response strategy pending the enactment of SF 269 (Alzheimer's Disease Response Strategy Bill). Page 12, Line 2

Allocates \$185,000 for the establishment of a Direct Care Professionals Board for the purposes of providing for implementation and making penalties applicable pending the enactment of SF 232 (Direct Care Professionals Bill). Allocates \$115,500 to be spent incrementally after the initial amount according to the volume of applicants. Page 16, Line 11

Allocates \$25,000 for the establishment of a Wellness Council to increase support for wellness activities. Page 17, Line 18

Allocates \$1.2 million to the Iowa Collaborative Safety Net Provider Network to develop and implement a statewide regionally-based network that will provide integrated health care delivery for patients addressing biomedical and social determinants of health. Page 17, Line 22

Allocates \$500,000 for the establishment of an area health education fund to subcontract with area health Page 18, Line 2

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education centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the state pending the enactment of SF 377.

Allocates \$50,000 for a Program entitled "Reach Out and Read" that supports partnerships between medical providers and parents through community health centers to promote reading and encourage literacy skills for children entering school.

Page 18, Line 5

Allocates \$29,000 for the establishment of an Emergency Services (EMS) Task Force pending the enactment of SF 346 (Emergency Medical Services Task Force Bill).

Page 19, Line 28

Allocates \$56,000 for the establishment of a licensure program for substance abuse and addictive disorder counseling and services pending the enactment of HF 569 (Behavioral Science Board Bill).

Page 19, Line 31

Department on Aging

Allocates \$2.2 million to administer the Office of Substitute Decision Maker.

Page 2, Line 32

Allocates \$40,000 for a Guardianship and Conservatorship pilot project in collaboration with the National Health Law and Policy Resource Center at the University of Iowa.

Page 3, Line 1

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Human Services

A General Fund increase of \$497,000 for the Family Investment Program (FIP).

Page 28, Line 11

A General Fund increase of \$1.0 million for the Child Support Recovery Unit.

Page 30, Line 9

A General Fund increase of \$324.7 million for the Medicaid Program. Of this amount, \$255.5 million is due to shifting Mental Health appropriations previously funded through a separate appropriation to the Medicaid appropriation.

Page 31, Line 21

A General Fund increase of \$7.9 million for Medical Contracts.

Page 40, Line 6

A General Fund increase of \$1.1 million for the State Supplementary Assistance Program.

Page 41, Line 27

A General Fund increase of \$1.1 million for Juvenile Institutions.

Page 46, Line 12

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A General Fund increase of \$12.0 million for the Child and Family Services.	Page 47, Line 3
A General Fund increase of \$3.9 million for Adoption Subsidy.	Page 53, Line 32
A General Fund increase of \$1.8 million for the four Mental Health Institutes.	Page 56, Line 1
A General Fund increase of \$3.2 million for the two State Resource Centers.	Page 56, Line 27
A General Fund increase of \$2.2 million for the Civil Commitment Unit for Sexual Offenders.	Page 58, Line 2
A General Fund increase of \$5.4 million for Field Operations and 56.0 FTE positions.	Page 58, Line 25
A General Fund increase of \$130,000 for General Administration and 2.0 FTE positions.	Page 59, Line 16
Requires the Department to change the standard period of Program participant eligibility for Child Care Assistance from six months to 12 months and increases eligibility to 148.0% of the FPL from 145.0% for employed families in the Program.	Page 79, Line 22

Department of Public Health

A General Fund increase of \$5.9 million for Addictive Disorders.	Page 3, Line 35
A General Fund increase of \$4.4 million for Healthy Children and Families.	Page 7, Line 32
A General Fund increase of \$1.3 million for Chronic Conditions.	Page 10, Line 1
A General Fund increase of \$2.6 million for Community Capacity.	Page 12, Line 5
A General Fund increase of \$480,000 and 4.0 FTE positions for Public Protection.	Page 18, Line 34

Department of Veterans Affairs

A General Fund increase of \$68,000 for Veterans Affairs General Administration.	Page 20, Line 27
Transfers funding for the Home Ownership Assistance Program to the Iowa Finance Authority for the continuation of services.	Page 21, Line 24

Department on Aging

A General Fund increase of \$2.5 million and a decrease of 8.6 FTE positions for Aging Programs.

Page 1, Line 8

Office of Long-Term Care Resident's Advocates

A General Fund increase of \$1.3 million and 16.0 FTE positions for the Office of Long-Term Care Resident's Advocates.

Page 3, Line 7

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services

Appropriates \$53.3 million in FY 2013 supplemental appropriations from the General Fund to the DHS for the Medicaid and IowaCare Programs.

Page 78, Line 4

Appropriates a \$1.0 million supplemental appropriation from the General Fund to the DHS for the Adoption Subsidy Program.

Page 78, Line 21

STUDIES AND INTENT

Department of Human Services

Specifies that it is the intent of the General Assembly to provide sufficient funding for the Child Care Assistance Program for FY 2014 to avoid the establishment of a waiting list.

Page 45, Line 19

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill Field Operations vacancies positions authorized,

Page 58, Line 35

Department of Inspections and Appeals

The Department of Inspections and Appeals, in conjunction with the DHS, is directed to facilitate a Task Force to address the facility placement and housing for individuals that are sexually aggressive or combative or that have unmet psychiatric needs. The Task Force is to submit their findings and recommendations to the Governor and General Assembly by December 15, 2013.

Page 113, Line 17

Department of Public Health

Specifies it is the intent of the General Assembly that individuals with a diagnosis of both substance abuse

Page 6, Line 29

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and gambling addiction be given priority in treatment services from the funds appropriated for substance abuse and problem gambling.

Implements legislative intent for Iowa Code section 135.106, 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.

Page 8, Line 11

Directs the Direct Care Worker Advisory Council to collaborate with the Board of Direct Care Professionals pending the enactment of SF 232 (Direct Care Professionals Bill).

Page 15, Line 14

Requests a municipal youth sports injury prevention study be conducted by the National Center for Sports Safety in conjunction with the DPH.

Page 114, Line 30

Department on Aging

Requires the Department on Aging to convene a task force on elder abuse prevention and intervention to continue the work of the previous task force. The task force final report is due to the Governor and General Assembly by December 31, 2013. The Legislative Council is requested to establish an interim committee to monitor the work of the task force.

Page 80, Line 33

SIGNIFICANT CODE CHANGES

Department of Human Services

Extends the repeal of the Hospital Provider Assessment to June, 30, 2016.

Page 87, Line 34

Increases the monthly payment a trustee can receive from \$10 to \$25 for a Medicaid Special Needs Trust.

Page 88, Line 15

Increases the income limit for Medical Assistance Income Trusts to 125.0% of the statewide average charge.

Page 88, Line 34

Expands Medicaid eligibility to foster care children up to the age of 26 as required by the federal Affordable Care Act.

Page 109, Line 21

Extends the repeal of IowaCare to December 31, 2013, when the federal waiver expires.

Page 109, Line 34

Makes changes to hawk-i application and eligibility provisions as required by the Affordable Care Act.

Page 110, Line 2

EFFECTIVE DATE

Department of Human Services

The Division amending the FY 2013 nursing facility expenditure cap is effective on enactment. Page 79, Line 5

The Section relating to Medicaid Therapy Management is effective on enactment. Page 87, Line 29

The Division extending the repeal of the Hospital Provider Assessment to June, 30, 2016, is effective on enactment. Page 88, Line 3

The Sections relating to the Family Planning Waiver and the State Plan amendment are effective on enactment and are only to be implemented with federal approval. Page 90, Line 21

The provision relating to Foster Care eligible Medicaid children is effective on December 31, 2013. Page 113, Line 11

Department on Aging

The Section establishing a task force on elder abuse and prevention is effective on enactment. Page 84, Line 6

The Section that allows an employee of a Area Agency on Aging (AAA) that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in Iowa Public Employees Retirement System (IPERS) is effective on enactment. Page 84, Line 10

Senate File 446 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
79	10	44	Amend	232.142.5
79	20	45	Amend	237A.13.7.c
79	26	46	Amend	237A.13.8
80	6	47	Add	231.33.21
80	17	48	Amend	231.42.7.a
80	32	49	Repeal	231E.13
87	34	59	Amend	249M.5
88	9	61	Amend	423.3.18.f.(1)
88	15	62	Amend	633C.2
88	34	63	Amend	633C.3.1
89	9	64	Amend	633C.3.1.a
89	14	65	Amend	633C.3.2
89	23	66	Amend	633C.3.2.a
89	33	68	Amend	249A.3.2.a.(10)
90	32	72	Strike	249A.2.1
90	34	73	Amend	249A.2.4,7
91	25	74	Add	249A.2.6A,7A
92	8	75	Amend	249A.3.1
92	14	76	Amend	249A.3.1.1.(2)
92	22	77	Amend	249A.3.2.a
92	32	78	Amend	249A.3.2.a.(1).(a)
93	18	79	Amend	249A.3.2.a.(3)
93	31	80	Amend	249A.3.2.b
94	5	81	Amend	249A.3.3
94	15	82	Amend	249A.4.9
94	22	83	Amend	249B.1.6
94	29	84	Amend	249F.1.1
95	2	85	Amend	509.1.7
95	9	86	Amend	514.1.2
95	26	87	New	135P.1
96	2	88	New	135P.2
98	21	89	Repeal	135.171
98	29	91	New	135.179
99	29	93	Amend	249A.3.2.a.(2)
101	6	95	Strike	135.164.1.d
101	8	96	Strike	135.164.4
101	20	98	New	225D.1
103	12	99	New	225D.2
107	23	102	Amend	225C.38.1.c
107	32	103	Amend	225C.42.1
108	6	104	Amend	225C.47.5
108	12	105	Amend	225C.49.4
108	19	106	Add	239B.5.4
109	8	107	Amend	239B.14.1
109	21	108	Add	249A.3.1.v
109	31	109	Strike	249A.3.2.a.(9)
109	34	110	Amend	249J.26.2
110	2	111	Strike	514I.4.5.a
110	4	112	Amend	514I.5.7.f

Senate File 446 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
110	17	113	Strike	514I.5.8.b,f
110	19	114	Amend	514I.7.2.a,g
110	34	115	Strike	514I.7.2.c,d,e,f,k
111	1	116	Amend	514I.8.1
111	27	117	Amend	514I.8.2.c
112	3	118	Amend	514I.8.3,4
112	25	119	Strike	514I.8.5,6
112	27	120	Amend	514I.9
113	10	121	Repeal	225C.48

1 1 DIVISION I
 1 2 DEPARTMENT ON AGING — FY 2013-2014
 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, 2013, and ending June 30,
 1 6 2014, 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 \$ 12,831,025
 1 20 FTEs 28.00

General Fund appropriation to the Department on Aging for FY 2014.

DETAIL: This is a net increase of \$2,488,939 and a decrease of 8.62 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$600,000 to replace a shortfall for Home and Community-Based Services provided by the Area Agencies on Aging (AAA).
- An increase of \$250,000 for the AAAs to provide additional services for unmet needs.
- An increase of \$2,210,646 to implement the Office of Substitute Decision Maker statewide.
- An increase of \$40,000 for a guardianship and conservatorship pilot project.
- An increase of \$100,000 for the Retired Senior Volunteer Program (RSVP).
- A decrease of 10.00 FTE positions to move the positions to the Office of Long-Term Care Resident Advocate.
- A decrease of \$711,707 to move the Office of Long-Term Care Resident Advocate to a separate appropriation.
- A decrease of 1.62 FTE positions to adjust to the correct level.
- An increase of 3.00 FTE positions for the Office of Substitute Decision Maker.

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.

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

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

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).

- 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
 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, \$250,000
 2 24 shall be used to fund services to meet the unmet needs of older
 2 25 individuals as identified in the annual compilation of unmet
 2 26 service units by the area agencies on aging.
- 2 27 5. Of the funds appropriated in this section, \$600,000
 2 28 shall be used to fund home and community-based services through
 2 29 the area agencies on aging that enable older individuals to
 2 30 avoid more costly utilization of residential or institutional
 2 31 services and remain in their own homes.
- 2 32 6. Of the funds appropriated in this section, \$2,210,646
 2 33 shall be used to administer the office of substitute decision
 2 34 maker established pursuant to chapter 231E, on a statewide
 2 35 basis.
- 3 1 7. Of the funds appropriated in this subsection, \$40,000
 3 2 shall be used for implementation of a guardianship and

DETAIL: This is an increase of \$100,000 compared to the FY 2013 allocation.

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

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

DETAIL: This is a new allocation for FY 2014.

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

DETAIL: This is a new allocation for FY 2014.

Allocates \$2,210,646 to administer the Office of Substitute Decision Maker.

DETAIL: This is a new allocation for FY 2014.

Allocates \$40,000 of the funds for the Office of Substitute Decision Maker for implementation of a guardianship and conservatorship

3 3 conservatorship monitoring and assistance pilot project as
3 4 specified in this Act.

monitoring and assistance pilot project.

DETAIL: This is a new allocation for FY 2014.

3 5 DIVISION II
3 6 OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE — FY 2013-2014

3 7 Sec. 2. OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE. There
3 8 is appropriated from the general fund of the state to the
3 9 office of long-term care resident's advocate for the fiscal
3 10 year beginning July 1, 2013, and ending June 30, 2014, the
3 11 following amount, or so much thereof as is necessary, to be
3 12 used for the purposes designated:

General Fund appropriation to the Office of Long-Term Care Resident's Advocate for FY 2014.

DETAIL: This is a new appropriation for FY 2014. Details include:

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 \$ 1,321,707
3 17 FTEs 16.00

- \$711,707 and 10.00 FTE positions for Resident's Advocate positions and related programs previously funded under the Department on Aging.
- \$500,000 and 5.00 FTE positions for five additional resident advocates.
- An increase of \$110,000 and 1.0 FTE position for the Certified Volunteer Long Term Care Resident's Advocate Program.

3 18 1. Of the funds appropriated in this section, \$500,000
3 19 shall be used to provide five additional local long-term care
3 20 resident's advocates to continue moving toward the national
3 21 recommendation of one full-time equivalent paid staff ombudsman
3 22 per 2,000 long-term care beds in the state.

Allocates \$500,000 to fund five additional Long-Term Care Resident's Advocates.

DETAIL: There are currently eight Resident's Advocates and this will bring the total to 13.

3 23 2. Of the funds appropriated in this section, \$210,000
3 24 shall be used to provide two local long-term care resident's
3 25 advocates to administer the certified volunteer long-term
3 26 care resident's advocate program pursuant to section 231.45,
3 27 including operational certification and training costs.

Allocates \$210,000 for Local Long-Term Care Resident's Advocates to administer the Certified Volunteer Long-Term Care Resident Advocates Program.

DETAIL: This is an increase of \$110,000 compared to the FY 2013 allocation.

3 28 DIVISION III
3 29 DEPARTMENT OF PUBLIC HEALTH — FY 2013-2014

3 30 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
3 31 from the general fund of the state to the department of public
3 32 health for the fiscal year beginning July 1, 2013, and ending
3 33 June 30, 2014, the following amounts, or so much thereof as is
3 34 necessary, to be used for the purposes designated:

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

3 35 1. ADDICTIVE DISORDERS
4 1 For reducing the prevalence of use of tobacco, alcohol, and

General Fund appropriation to Addictive Disorders programs.

4 2 other drugs, and treating individuals affected by addictive
 4 3 behaviors, including gambling, and for not more than the
 4 4 following full-time equivalent positions:
 4 5 \$ 29,763,690
 4 6 FTEs 13.00

DETAIL: This is an increase of \$5,900,000 and no change in FTE positions compared to estimated net FY 2013. The General Fund changes include:

- An increase of \$4,100,000 for the Tobacco Use, Prevention, and Control Initiative.
- An increase of \$1,800,000 for substance related disorder prevention and treatment.

4 7 a. (1) Of the funds appropriated in this subsection,
 4 8 \$7,753,830 shall be used for the tobacco use prevention
 4 9 and control initiative, including efforts at the state and
 4 10 local levels, as provided in chapter 142A. The commission
 4 11 on tobacco use prevention and control established pursuant
 4 12 to section 142A.3 shall advise the director of public health
 4 13 in prioritizing funding needs and the allocation of moneys
 4 14 appropriated for the programs and activities of the initiative
 4 15 under this subparagraph (1) and shall make recommendations to
 4 16 the director in the development of budget requests relating to
 4 17 the initiative.

Allocates \$7,753,830 for tobacco use, prevention, cessation, and treatment.

DETAIL: This is an increase of \$4,100,000 compared to the FY 2013 allocation.

4 18 (2) Of the funds allocated in this paragraph "a", \$50,000
 4 19 shall be used for a social media campaign to address tobacco
 4 20 use reduction.

Allocates \$50,000 to be used for a social media campaign to address tobacco use reduction.

4 21 (3) (a) Of the funds allocated in this paragraph "a",
 4 22 \$453,830 shall be transferred to the alcoholic beverages
 4 23 division of the department of commerce for enforcement of
 4 24 tobacco laws, regulations, and ordinances and to engage in
 4 25 tobacco control activities approved by the division of tobacco
 4 26 use prevention and control as specified in the memorandum of
 4 27 understanding entered into between the divisions.

Transfers \$453,830 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 2013 allocation.

4 28 (b) For the fiscal year beginning July 1, 2013, and ending
 4 29 June 30, 2014, the terms of the memorandum of understanding,
 4 30 entered into between the division of tobacco use prevention
 4 31 and control of the department of public health and the
 4 32 alcoholic beverages division of the department of commerce,
 4 33 governing compliance checks conducted to ensure licensed retail
 4 34 tobacco outlet conformity with tobacco laws, regulations, and
 4 35 ordinances relating to persons under eighteen years of age,
 5 1 shall restrict the number of such checks to one check per
 5 2 retail outlet, and one additional check for any retail outlet
 5 3 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 4 b. Of the funds appropriated in this subsection,
 5 5 \$22,049,360 shall be used for problem gambling and
 5 6 substance-related disorder prevention, treatment, and recovery

Allocates \$22,049,360 for problem gambling and substance abuse treatment and prevention.

<p>5 7 services, including a 24-hour helpline, public information 5 8 resources, professional training, and program evaluation.</p>	<p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>5 9 (1) Of the funds allocated in this paragraph "b", 5 10 \$18,932,508 shall be used for substance-related disorder 5 11 prevention and treatment.</p>	<p>Allocates \$18,932,508 for substance abuse prevention and treatment.</p> <p>DETAIL: This is an increase of \$1,800,000 compared to the FY 2013 allocation.</p>
<p>5 12 (a) Of the funds allocated in this subparagraph (1), 5 13 \$899,300 shall be used for the public purpose of a grant 5 14 program to provide substance-related disorder prevention 5 15 programming for children.</p>	<p>Allocates \$899,300 for substance abuse prevention programs for children and youth.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>5 16 (i) Of the funds allocated in this subparagraph division 5 17 (a), \$427,539 shall be used for grant funding for organizations 5 18 that provide programming for children by utilizing mentors. 5 19 Programs approved for such grants shall be certified or will 5 20 be certified within six months of receiving the grant award 5 21 by the Iowa commission on volunteer services as utilizing the 5 22 standards for effective practice for mentoring programs.</p>	<p>Allocates \$427,539 for children's substance abuse prevention to be used for programs that utilize mentors. Requires the programs receiving funding to be verified within six months of receiving grants by the Iowa Commission on Volunteer Services as using effective standards for mentoring programs.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>5 23 (ii) Of the funds allocated in this subparagraph division 5 24 (a), \$426,839 shall be used for grant funding for organizations 5 25 that provide programming that includes youth development and 5 26 leadership. The programs shall also be recognized as being 5 27 programs that are scientifically based with evidence of their 5 28 effectiveness in reducing substance-related disorders in 5 29 children.</p>	<p>Allocates \$426,839 for children's substance abuse prevention programs that provide services that include youth and character development and leadership. Requires the programs to be recognized as scientifically-based with evidence of effectiveness in reducing substance abuse in children.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>5 30 (iii) The department of public health shall utilize a 5 31 request for proposals process to implement the grant program.</p>	<p>Requires the Department to issue a Request for Proposals (RFP) to determine grant recipients for the funds allocated for substance abuse prevention programs for children.</p>
<p>5 32 (iv) All grant recipients shall participate in a program 5 33 evaluation as a requirement for receiving grant funds.</p>	<p>Requires substance abuse prevention programs for children grant recipients to participate in program evaluations.</p>
<p>5 34 (v) Of the funds allocated in this subparagraph division 5 35 (a), up to \$44,922 may be used to administer substance-related 6 1 disorder prevention grants and for program evaluations.</p>	<p>Allows up to \$44,922 of the amount allocated for substance abuse prevention programs for children to be used to administer prevention program grants and program evaluations.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>6 2 (b) Of the funds allocated in this subparagraph</p>	<p>Allocates \$273,062 for at least three culturally competent substance</p>

<p>6 3 (1), \$273,062 shall be used for culturally competent 6 4 substance-related disorder treatment pilot projects. 6 5 (i) The department shall utilize the amount allocated 6 6 in this subparagraph division (b) for at least three pilot 6 7 projects to provide culturally competent substance-related 6 8 disorder treatment in various areas of the state. Each pilot 6 9 project shall target a particular ethnic minority population. 6 10 The populations targeted shall include but are not limited to 6 11 African American, Asian, and Latino.</p> <p>6 12 (ii) The pilot project requirements shall provide for 6 13 documentation or other means to ensure access to the cultural 6 14 competence approach used by a pilot project so that such 6 15 approach can be replicated and improved upon in successor 6 16 programs.</p> <p>6 17 (2) Of the funds allocated in this paragraph "b", up 6 18 to \$3,116,852 may be used for problem gambling prevention, 6 19 treatment, and recovery services.</p> <p>6 20 (a) Of the funds allocated in this subparagraph (2), 6 21 \$2,579,000 shall be used for problem gambling prevention and 6 22 treatment.</p> <p>6 23 (b) Of the funds allocated in this subparagraph (2), up to 6 24 \$437,852 may be used for a 24-hour helpline, public information 6 25 resources, professional training, and program evaluation.</p> <p>6 26 (c) Of the funds allocated in this subparagraph (2), up 6 27 to \$100,000 may be used for the licensing of problem gambling 6 28 treatment programs.</p> <p>6 29 (3) It is the intent of the general assembly that from the 6 30 moneys allocated in this paragraph "b", persons with a dual 6 31 diagnosis of substance-related disorder and gambling addiction 6 32 shall be given priority in treatment services.</p> <p>6 33 c. Notwithstanding any provision of law to the contrary, 6 34 to standardize the availability, delivery, cost of delivery, 6 35 and accountability of problem gambling and substance-related 7 1 disorder treatment services statewide, the department shall 7 2 continue implementation of a process to create a system</p>	<p>abuse treatment pilot projects. Each pilot project is required to target a particular ethnic minority population, including but not limited to African American, Asian, and Latino.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>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.</p> <p>Allocates \$3,116,852 for problem gambling treatment, prevention, and recovery services.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$2,579,000 for problem gambling prevention and treatment.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates up to \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Permits the Department to use up to \$100,000 for licensing of problem gambling treatment programs.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>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.</p> <p>Requires the DPH to implement a process to create a standardized system for delivery of treatment services. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs.</p>
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7 3 for delivery of treatment services in accordance with the
 7 4 requirements specified in 2008 Iowa Acts, chapter 1187, section
 7 5 3, subsection 4. To ensure the system provides a continuum
 7 6 of treatment services that best meets the needs of Iowans,
 7 7 the problem gambling and substance-related disorder treatment
 7 8 services in any area may be provided either by a single agency
 7 9 or by separate agencies submitting a joint proposal.

7 10 (1) The system for delivery of substance-related disorder
 7 11 and problem gambling treatment shall include problem gambling
 7 12 prevention.

7 13 (2) The system for delivery of substance-related disorder
 7 14 and problem gambling treatment shall include substance-related
 7 15 disorder prevention by July 1, 2014.

7 16 (3) Of the funds allocated in paragraph "b", the department
 7 17 may use up to \$100,000 for administrative costs to continue
 7 18 developing and implementing the process in accordance with this
 7 19 paragraph "c".

7 20 d. The requirement of section 123.53, subsection 5, is met
 7 21 by the appropriations and allocations made in this Act for
 7 22 purposes of substance-related disorder treatment and addictive
 7 23 disorders for the fiscal year beginning July 1, 2013.

7 24 e. The department of public health shall work with all
 7 25 other departments that fund substance-related disorder
 7 26 prevention and treatment services and all such departments
 7 27 shall, to the extent necessary, collectively meet the state
 7 28 maintenance of effort requirements for expenditures for
 7 29 substance-related disorder services as required under the
 7 30 federal substance-related disorder prevention and treatment
 7 31 block grant.

7 32 2. HEALTHY CHILDREN AND FAMILIES

7 33 For promoting the optimum health status for children,
 7 34 adolescents from birth through 21 years of age, and families,
 7 35 and for not more than the following full-time equivalent
 8 1 positions:

8 2	.....	\$	6,996,099
8 3	.....	FTEs	10.00

Requires the system of delivery of substance abuse and problem gambling treatment to include problem gambling prevention.

Requires the DPH to expand the system for delivery of substance abuse and problem gambling treatment and prevention to include substance abuse prevention by July 1, 2014.

Permits the DPH to use up to \$100,000 for administrative costs to continue the process of developing the system for delivery of substance abuse and problem gambling treatment and prevention programming.

DETAIL: This is no change compared to the FY 2013 allocation.

Specifies the requirements of Iowa Code Section 123.53(5) are met by the appropriations made in this Act.

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.

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is an increase of \$4,392,540 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$50,000 for a youth suicide prevention program.
- An increase of \$2,342,540 to plan and implement statewide

operations of Iowa First Five Healthy Mental Development Initiative programs.

- An increase of \$2,000,000 to expand the I-Smile Oral Health program to at-risk adults statewide.

8 4 a. Of the funds appropriated in this subsection, not more
8 5 than \$739,318 shall be used for the healthy opportunities to
8 6 experience success (HOPES)-healthy families Iowa (HFI) program
8 7 established pursuant to section 135.106. The funding shall
8 8 be distributed to renew the grants that were provided to the
8 9 grantees that operated the program during the fiscal year
8 10 ending June 30, 2013.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) program to \$739,318. The funds are required to be distributed to the grantees that received funding in FY 2013.

DETAIL: This is no change compared to the FY 2013 allocation.

8 11 b. In order to implement the legislative intent stated in
8 12 sections 135.106 and 256I.9, that priority for home visitation
8 13 program funding be given to programs using evidence-based or
8 14 promising models for home visitation, it is the intent of the
8 15 general assembly to phase-in the funding priority in accordance
8 16 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
8 17 paragraph 0b.

Implements legislative intent for Iowa Code Section 135.106, 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 18 c. Of the funds appropriated in this subsection, \$2,672,425
8 19 shall be used to expand the department's initiative to
8 20 provide for adequate developmental surveillance and screening
8 21 during a child's first five years statewide. The expansion
8 22 shall include enhancing the scope of the program through
8 23 collaboration with the child health specialty clinics to
8 24 promote healthy child development through early identification
8 25 and response to both biomedical and social determinants
8 26 of healthy development; by developing child health metrics
8 27 to inform practice, document long-term health impacts and
8 28 savings, and provide for continuous improvement through
8 29 training, education, and evaluation; and by providing for
8 30 practitioner consultation particularly for children with
8 31 behavioral conditions and needs. The department of public
8 32 health shall also collaborate with the Iowa Medicaid enterprise
8 33 and the child health specialty clinics to integrate the
8 34 activities of the first five initiative into the establishment
8 35 of patient-centered medical homes, community utilities,
9 1 accountable care organizations, and other integrated care
9 2 models developed to improve health quality and population
9 3 health while reducing health care costs. To the maximum extent
9 4 possible, funding allocated in this paragraph shall be utilized
9 5 as matching funds for medical assistance program reimbursement.

Allocates \$2,672,425 for the Iowa First Five Healthy Mental Development Initiative programs. 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.

DETAIL: This is an increase of \$2,342,540 compared to the FY 2013 allocation. The increase is due to the intent to plan and implement Statewide operations.

9 6 d. Of the funds appropriated in this subsection, \$31,597
9 7 shall be distributed to a statewide dental carrier to provide

Allocates \$31,597 for dental services for indigent elderly and disabled individuals.

9 8 funds to continue the donated dental services program patterned
9 9 after the projects developed by the lifeline network to provide
9 10 dental services to indigent elderly and disabled individuals.

DETAIL: This is no change compared to the FY 2013 allocation.

9 11 e. Of the funds appropriated in this subsection, \$112,677
9 12 shall be used for childhood obesity prevention.

Allocates \$112,677 for childhood obesity programs.

DETAIL: This is no change compared to the FY 2013 allocation.

9 13 f. Of the funds appropriated in this subsection, \$163,760
9 14 shall be used to provide audiological services and hearing
9 15 aids for children. The department may enter into a contract
9 16 to administer this paragraph.

Allocates \$163,760 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is no change compared to the FY 2013 allocation.

9 17 g. Of the funds appropriated in this subsection, \$25,000
9 18 shall be transferred to the university of iowa college of
9 19 dentistry for provision of primary dental services to children.
9 20 State funds shall be matched on a dollar-for-dollar basis.
9 21 The university of iowa college of dentistry shall coordinate
9 22 efforts with the department of public health, bureau of
9 23 oral and health delivery systems, to provide dental care to
9 24 underserved populations throughout the state.

Transfers \$25,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the Department's Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the FY 2013 allocation.

9 25 h. Of the funds appropriated in this subsection, \$50,000
9 26 shall be used to address youth suicide prevention.

Allocates \$50,000 for a youth suicide prevention program.

DETAIL: This is no change in the amount of the allocation compared to the FY 2013 allocation. However, this program has been allocated through the Standing Appropriations Bill in previous years. This is the first year it has been located in the Health and Human Services appropriation budget.

9 27 i. Of the funds appropriated in this subsection, \$2,000,000
9 28 shall be used to expand the I-smile oral health program to
9 29 at-risk adults with a priority to serve individuals 60 years
9 30 of age or older to improve systemic health and quality of
9 31 life, including to individuals with disabilities and older
9 32 individuals with physical, cognitive, or behavioral limitations
9 33 or chronic or complex conditions that adversely affect oral
9 34 self-care, result in greater susceptibility to oral disease, or
9 35 limit accessibility to professional oral care.

Allocates \$2,000,000 to expand the I-Smile Oral Health program to include at-risk adults statewide. Priority is given to individuals 60 years of age and older and other individuals with disabilities, behavioral limitations, or complex chronic conditions. Currently, this Program only connects children with dental services.

DETAIL: This is a new allocation for FY 14.

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is an increase of \$1,314,982 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$410,000 for the continuation of contracts in the

10 1	3. CHRONIC CONDITIONS		
10 2	For serving individuals identified as having chronic		
10 3	conditions or special health care needs, and for not more than		
10 4	the following full-time equivalent positions:		
10 5	..... \$	5,220,411	
10 6	..... FTEs	4.00	

	<p>DPH Brain Injury Services Program.</p> <ul style="list-style-type: none"> • An increase of \$50,000 for epilepsy education and support. • An increase of \$100,000 for the Iowa Comprehensive Cancer Control (ICCC) program. • An increase of \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by the child health speciality clinic located at the University of Iowa Hospitals and Clinics (UIHC). • An increase of \$215,263 for the Medical Home System Advisory Council. • An increase of \$139,719 for a comprehensive Alzheimer's disease response strategy pending the enactment of SF 269 (Alzheimer's Disease Response Strategy Bill).
<p>10 7 a. Of the funds appropriated in this subsection, \$160,582 10 8 shall be used for grants to individual patients who have 10 9 phenylketonuria (PKU) to assist with the costs of necessary 10 10 special foods.</p>	<p>Allocates \$160,582 for grants to individual patients with phenylketonuria (PKU) to assist with necessary costs for special foods.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>10 11 b. Of the funds appropriated in this subsection, \$893,600 10 12 shall be used for the brain injury services program pursuant to 10 13 section 135.22B, including for continuation of the contracts 10 14 for resource facilitator services in accordance with section 10 15 135.22B, subsection 9, and to enhance brain injury training and 10 16 recruitment of service providers on a statewide basis. Of the 10 17 amount allocated in this paragraph, \$95,000 shall be used to 10 18 fund one full-time equivalent position to serve as the state 10 19 brain injury service program manager.</p>	<p>Allocates \$893,600 for continuation of the two contracts in the Department's Brain Injury Services Program for facilitator services, training services, and provider recruitment. Of the amount, \$95,000 is allocated to fund a state brain injury service program manager FTE position.</p> <p>DETAIL: This is a net increase of \$410,000 compared to the FY 2013 allocation.</p>
<p>10 20 c. Of the funds appropriated in this subsection, \$550,000 10 21 shall be used as additional funding to leverage federal funding 10 22 through the federal Ryan White Care Act, Tit.II, AIDS drug 10 23 assistance program supplemental drug treatment grants.</p>	<p>Allocates \$550,000 to the AIDS Drug Assistance Program (ADAP).</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>10 24 d. Of the funds appropriated in this subsection, \$100,000 10 25 shall be used for the public purpose of continuing a grant 10 26 with an existing national-affiliated organization to provide 10 27 education, client-centered programs, and client and family 10 28 support for people living with epilepsy and their families.</p>	<p>Allocates \$100,000 for epilepsy education and support.</p> <p>DETAIL: This an increase of \$50,000 compared to the FY 2013 allocation.</p>
<p>10 29 e. Of the funds appropriated in this subsection, \$788,303 10 30 shall be used for child health specialty clinics.</p>	<p>Allocates \$788,303 for Child Health Specialty Clinics.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>10 31 f. Of the funds appropriated in this subsection, \$400,000 10 32 shall be used by the regional autism assistance program</p>	<p>Allocates \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by</p>

10 33 established pursuant to section 256.35, and administered by
 10 34 the child health specialty clinic located at the university of
 10 35 iowa hospitals and clinics. The funds shall be used to enhance
 11 1 interagency collaboration and coordination of educational,
 11 2 medical, and other human services for persons with autism,
 11 3 their families, and providers of services, including delivering
 11 4 regionalized services of care coordination, family navigation,
 11 5 and integration of services through the statewide system of
 11 6 regional child health specialty clinics and fulfilling other
 11 7 requirements as specified in chapter 225D, creating the autism
 11 8 support program, as enacted in this Act. The university of
 11 9 iowa shall not receive funds allocated under this paragraph for
 11 10 indirect costs associated with the regional autism assistance
 11 11 program.

the child health speciality clinic located at the UIHC. The University is prohibited from receiving any funds for indirect costs associated with the allocation.

DETAIL: This is a new allocation for FY 2014.

11 12 g. Of the funds appropriated in this subsection, \$597,065
 11 13 shall be used for the comprehensive cancer control program to
 11 14 reduce the burden of cancer in iowa through prevention, early
 11 15 detection, effective treatment, and ensuring quality of life.
 11 16 Of the funds allocated in this lettered paragraph, \$150,000
 11 17 shall be used to support a melanoma research symposium, a
 11 18 melanoma biorepository and registry, basic and translational
 11 19 melanoma research, and clinical trials.

Allocates \$597,065 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 a net increase of \$100,000 compared to the FY 2013 allocation.

11 20 h. Of the funds appropriated in this subsection, \$126,450
 11 21 shall be used for colon cancer screening, and \$500,000 shall
 11 22 be used to enhance the capacity of the breast and cervical
 11 23 cancer screening program to include provision of recommended
 11 24 prevention and early detection measures to a broader range of
 11 25 low-income women.

Allocates \$126,450 for colon cancer screening and \$500,000 for cervical cancer screening for a total of \$626,450.

DETAIL: This is no change compared to the FY 2013 allocation.

11 26 i. Of the funds appropriated in this subsection, \$528,834
 11 27 shall be used for the center for congenital and inherited
 11 28 disorders.

Allocates \$528,834 for the Center for Congenital and Inherited Disorders central registry.

DETAIL: This is no change compared to the FY 2013 allocation.

11 29 j. Of the funds appropriated in this subsection, \$129,937
 11 30 shall be used for the prescription drug donation repository
 11 31 program created in chapter 135M.

Allocates \$129,937 for the Prescription Drug Donation Repository program.

DETAIL: This no change compared to the FY 2013 allocation.

11 32 k. Of the funds appropriated in this subsection, \$215,263
 11 33 shall be used for the costs of the medical home system advisory
 11 34 council established pursuant to section 135.159 including
 11 35 incorporation of the development and implementation of the
 12 1 prevention and chronic care management state initiative.

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 2013 allocation. However, this program was previously funded through the Health Care

Transformation Account.

12 2 I. Of the funds appropriated in this subsection, \$139,719
12 3 shall be used to fund the state comprehensive Alzheimer's
12 4 disease response strategy as enacted in this Act.

Allocates \$139,719 for a comprehensive Alzheimers disease response strategy pending the enactment of SF 269 (Alzheimer's Disease Response Strategy Bill).

DETAIL: This is a new allocation for FY 2014.

12 5 4. COMMUNITY CAPACITY
12 6 For strengthening the health care delivery system at the
12 7 local level, and for not more than the following full-time
12 8 equivalent positions:
12 9 \$ 7,514,110
12 10 FTEs 14.00

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net increase of \$2,644,130 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$125,950 for free clinics to assist patients in finding an appropriate medical home.
- An increase of \$140,000 for the safety net provider patient access to specialty care initiative.
- An increase of \$95,000 for the pharmaceutical infrastructure for safety net providers..
- An increase of \$100,000 to permit the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute funds.
- An increase of \$57,750 for continued work for the Direct Care Worker Advisory Council.
- An increase of \$57,750 for the continuation of an independent statewide Direct Care Worker Association.
- An increase of \$184,530 for the establishment of a Direct Care Professionals Board pending the enactment of SF 232.
- An increase of \$100,000 for the Iowa Donor Registry.
- An increase of \$50,000 to Prevent Blindness Iowa for a vision screening and training program.
- An increase of \$25,000 for the establishment of a Wellness Council.
- An increase of \$1,158,150 to the Iowa Collaborative Safety Net Provider Network.
- An increase of \$500,000 for the establishment of an area health education fund to subcontract with area health education centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the state pending the enactment of SF 377 (Area Health Education Center Bill).
- An increase of \$50,000 for a program entitled "Reach out and Read".

12 11 a. Of the funds appropriated in this subsection, \$100,000
12 12 is allocated for continuation of the child vision screening

Allocates \$100,000 for the Iowa KidSight Child Vision screening program through the University of Iowa Hospitals and Clinics (UIHC) in

<p>12 13 program implemented through the university of Iowa hospitals 12 14 and clinics in collaboration with early childhood Iowa areas. 12 15 The program shall submit a report to the individuals identified 12 16 in this Act for submission of reports regarding the use of 12 17 funds allocated under this paragraph "a". The report shall 12 18 include the objectives and results for the program year 12 19 including the target population and how the funds allocated 12 20 assisted the program in meeting the objectives; the number, 12 21 age, and location within the state of individuals served; 12 22 the type of services provided to the individuals served; the 12 23 distribution of funds based on service provided; and the 12 24 continuing needs of the program.</p>	<p>collaboration with the Lions Club and Early Childhood Iowa areas. The Program is required to submit a report outlining program objectives, target population and locations, services provided, and other details.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>12 25 b. Of the funds appropriated in this subsection, \$111,308 is 12 26 allocated for continuation of an initiative implemented at the 12 27 university of Iowa and \$100,493 is allocated for continuation 12 28 of an initiative at the state mental health institute at 12 29 Cherokee to expand and improve the workforce engaged in mental 12 30 health treatment and services. The initiatives shall receive 12 31 input from the university of Iowa, the department of human 12 32 services, the department of public health, and the mental 12 33 health and disability services commission to address the focus 12 34 of the initiatives.</p>	<p>Allocates \$111,308 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates \$100,493 for a similar initiative at the Mental Health Institute (MHI) at Cherokee.</p> <p>DETAIL: This is no change compared to the FY 2013 allocations.</p>
<p>12 35 c. Of the funds appropriated in this subsection, \$1,171,491 13 1 shall be used for essential public health services that promote 13 2 healthy aging throughout the lifespan, contracted through a 13 3 formula for local boards of health, to enhance health promotion 13 4 and disease prevention services.</p>	<p>Requires the DPH to use \$1,171,491 for core public health functions, including home health care and public health nursing services.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 5 d. Of the funds appropriated in this section, \$100,000 shall 13 6 be deposited in the governmental public health system fund 13 7 created in section 135A.8 to be used for the purposes of the 13 8 fund.</p>	<p>Allocates \$100,000 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 9 e. Of the funds appropriated in this subsection, \$144,542 13 10 shall be used for the mental health professional shortage area 13 11 program implemented pursuant to section 135.180.</p>	<p>Allocates \$144,542 for the Mental Health Professional Shortage Area Program.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 12 f. Of the funds appropriated in this subsection, 13 13 \$38,263 shall be used for a grant to a statewide association 13 14 of psychologists that is affiliated with the American 13 15 psychological association to be used for continuation of a 13 16 program to rotate intern psychologists in placements in urban 13 17 and rural mental health professional shortage areas, as defined 13 18 in section 135.180.</p>	<p>Allocates \$38,263 for a rotation program for intern psychologists in urban and rural mental health professional shortage areas.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>

<p>13 19 g. Of the funds appropriated in this subsection, the 13 20 following amounts shall be allocated to the Iowa collaborative 13 21 safety net provider network established pursuant to section 13 22 135.153 to be used for the purposes designated. The following 13 23 amounts allocated under this lettered paragraph shall be 13 24 distributed to the specified provider and shall not be reduced 13 25 for administrative or other costs prior to distribution:</p> <p>13 26 (1) For distribution to the Iowa primary care association 13 27 for statewide coordination of the Iowa collaborative safety net 13 28 provider network: 13 29 \$ 146,563</p> <p>13 30 (2) For distribution to the Iowa primary care association 13 31 to be used to continue a training program for sexual assault 13 32 response team (SART) members, including representatives of 13 33 law enforcement, victim advocates, prosecutors, and certified 13 34 medical personnel: 13 35 \$ 50,000</p> <p>14 1 (3) For distribution to federally qualified health centers 14 2 for necessary infrastructure, statewide coordination, provider 14 3 recruitment, service delivery, and provision of assistance to 14 4 patients in determining an appropriate medical home: 14 5 \$ 75,000</p> <p>14 6 (4) For distribution to the local boards of health that 14 7 provide direct services for pilot programs in three counties to 14 8 assist patients in securing a medical home inclusive of dental 14 9 care: 14 10 \$ 77,609</p> <p>14 11 (5) For distribution to maternal and child health centers 14 12 for pilot programs in three service areas to assist patients in 14 13 securing a medical home inclusive of dental care: 14 14 \$ 95,582</p> <p>14 15 (6) For distribution to free clinics for necessary 14 16 infrastructure, statewide coordination, provider recruitment, 14 17 service delivery, and provision of assistance to patients in 14 18 securing a medical home inclusive of dental care: 14 19 \$ 400,000</p>	<p>Provides for allocations to the Iowa Collaborative Safety Net Provider Network. 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.</p> <p>Allocates \$146,563 to the Iowa Primary Care Association for coordination of the Iowa Collaborative Safety Net Provider Network. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$50,000 to continue a grant program in collaboration with Sexual Assault Response Teams (SART) members to expand the response room model throughout Iowa. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$75,000 for distribution to Federally Qualified Health Centers (FQHCs) for infrastructure, coordination, provider recruitment, service delivery, and assistance to patients in determining an appropriate medical home. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$77,609 for local board of health pilot programs in three counties to assist patients in finding an appropriate medical home inclusive of dental care. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$95,582 for three child and maternal health center pilot programs to assist patients in finding an appropriate medical home inclusive of dental care. DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Allocates \$400,000 for free clinics to assist patients in finding an appropriate medical home. DETAIL: This is an increase of \$125,950 compared to the FY 2013 allocation.</p>
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<p>14 20 (7) For distribution to rural health clinics for necessary 14 21 infrastructure, statewide coordination, provider recruitment, 14 22 service delivery, and provision of assistance to patients in 14 23 determining an appropriate medical home: 14 24 \$ 142,192</p>	<p>Allocates \$142,192 for rural health clinics to assist patients in finding an appropriate medical home. DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>14 25 (8) For continuation of the safety net provider patient 14 26 access to a specialty health care initiative as described in 14 27 2007 Iowa Acts, chapter 218, section 109: 14 28 \$ 450,000</p>	<p>Allocates \$450,000 for the safety net provider patient access to specialty care initiative. DETAIL: This is an increase of \$140,000 compared to the FY 2013 allocation.</p>
<p>14 29 (9) For continuation of the pharmaceutical infrastructure 14 30 for safety net providers as described in 2007 Iowa Acts, 14 31 chapter 218, section 108: 14 32 \$ 415,000</p>	<p>Allocates \$415,000 for the pharmaceutical infrastructure for safety net providers. DETAIL: This is an increase of \$95,000 compared to the FY 2013 allocation.</p>
<p>14 33 (10) For distribution to the Iowa family planning network 14 34 agencies for necessary infrastructure, statewide coordination, 14 35 provider recruitment, service delivery, and provision of 15 1 assistance to patients in determining an appropriate medical 15 2 home: 15 3 \$ 100,000</p>	<p>Allocates \$100,000 to permit the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute funds. DETAIL: This is a new allocation for FY 2014.</p>
<p>15 4 The Iowa collaborative safety net provider network may 15 5 continue to distribute funds allocated pursuant to this 15 6 lettered paragraph through existing contracts or renewal of 15 7 existing contracts.</p>	<p>Allocates \$100,000 to permit the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute funds. DETAIL: This is a new allocation for FY 2014.</p>
<p>15 8 h. (1) Of the funds appropriated in this subsection, 15 9 \$206,750 shall be used for continuation of the work of the 15 10 direct care worker advisory council established pursuant to 15 11 2008 Iowa Acts, chapter 1188, section 69, in implementing the 15 12 recommendations in the final report submitted by the advisory 15 13 council to the governor and the general assembly in March 2012.</p>	<p>Allocates \$206,750 for continued work for the Direct Care Worker Advisory Council. DETAIL: This is an increase of \$57,750 compared to the FY 2013 allocation.</p>
<p>15 14 (2) The advisory council, in collaboration with the board 15 15 of direct care professionals created in chapter 152F, if 15 16 enacted in 2013 Iowa Acts, Senate File 232, or 2013 successor 15 17 legislation, shall do all of the following:</p>	<p>Directs the Direct Care Worker Advisory Council to collaborate with the Board of Direct Care Professionals pending the enactment of SF 232 (Direct Care Professionals Bill).</p>
<p>15 18 (a) Develop and conduct necessary outreach and education 15 19 for individuals providing direct care services, consumers, 15 20 training providers including but not limited to community 15 21 college health occupation and training centers, employers, and 15 22 other interested parties to provide information about and the</p>	<p>Directs the Direct Care Worker Advisory Council to conduct outreach and education for individuals providing direct care services to provide information and the process for participating in a voluntary direct care professional certification pending the enactment of SF 232 (Direct Care Professionals Bill).</p>

<p>15 23 process for participation in direct care professional voluntary 15 24 certification.</p>	
<p>15 25 (b) Determine data collection needs, collect data, and 15 26 track and analyze data to determine the effect of certification 15 27 on recruitment and retention, turnover rates, the cost of 15 28 turnover, consumer and employer satisfaction, and public 15 29 protection. The analysis of the data collected shall also be 15 30 used to inform changes in the certification system to provide 15 31 for continuous improvement for direct care professionals, 15 32 consumers and employers, and the public.</p>	<p>Directs the Direct Care Worker Advisory Council to collect data and information to determine the industry effect of a voluntary direct care professional certification on recruitment, retention, turnover, consumer satisfaction, employer satisfaction, and public protection pending the enactment of SF 232 (Direct Care Professionals Bill).</p>
<p>15 33 i. (1) Of the funds appropriated in this subsection, 15 34 \$207,750 shall be used for allocation to an independent 15 35 statewide direct care worker association under continuation 16 1 of the contract in effect during the fiscal year ending June 16 2 30, 2013, with terms determined by the director of public 16 3 health relating to education, outreach, leadership development, 16 4 mentoring, and other initiatives intended to enhance the 16 5 recruitment and retention of direct care workers in health care 16 6 and long-term care settings.</p>	<p>Allocates \$207,750 for the continuation of an existing contract for an independent statewide Direct Care Worker Association for the recruitment and retention of direct care workers in health and long-term care.</p> <p>DETAIL: This is an increase of \$57,750 compared to the FY 2013 allocation.</p>
<p>16 7 (2) Of the funds appropriated in this subsection, \$75,000 16 8 shall be used to provide scholarships or other forms of 16 9 subsidization for direct care worker educational conferences, 16 10 training, or outreach activities.</p>	<p>Allocates \$75,000 for scholarships for direct care worker educational conferences, training, or outreach activities.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>16 11 (3) Of the funds appropriated in this subsection, up 16 12 to \$300,000 shall be used for the board of direct care 16 13 professionals created pursuant to chapter 152F, if enacted 16 14 in 2013 Iowa Acts, Senate File 232, or 2013 successor 16 15 legislation. However, expenditure of the funds allocated 16 16 in this subparagraph (3) shall be limited to \$184,530 for 16 17 the initial 5,000 applications for certification received. 16 18 Expenditure of the remainder shall be expended incrementally, 16 19 according to the number of additional applications received.</p>	<p>Allocates \$184,530 for the establishment of a Direct Care Professionals Board for the purposes of providing for implementation and making penalties applicable pending the enactment of SF 232 (Direct Care Professionals Bill). Allocates \$115,470 to be spent incrementally after the initial amount according to the volume of applicants.</p> <p>DETAIL: This is a new allocation for FY 2014.</p>
<p>16 20 j. Of the funds appropriated in this subsection, the 16 21 department may use up to \$58,518 for up to one full-time 16 22 equivalent position to administer the volunteer health care 16 23 provider program pursuant to section 135.24.</p>	<p>Permits the Department to utilize up to \$58,518 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>16 24 k. Of the funds appropriated in this subsection, \$50,000 16 25 shall be used for a matching dental education loan repayment 16 26 program to be allocated to a dental nonprofit health service 16 27 corporation to develop the criteria and implement the loan 16 28 repayment program.</p>	<p>Allocates \$50,000 for a dental education loan repayment program.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>

16 29 l. Of the funds appropriated in this subsection, \$105,823
16 30 shall be transferred to the college student aid commission for
16 31 deposit in the rural Iowa primary care trust fund created in
16 32 section 261.113 to be used for the purposes of the fund.

Transfers \$105,823 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 2013 allocation.

16 33 m. Of the funds appropriated in this subsection, \$150,000
16 34 shall be used for the purposes of the Iowa donor registry as
16 35 specified in section 142C.18.

Allocates \$150,000 to the Iowa Donor Registry.

DETAIL: This is an increase of \$100,000 compared to the FY 2013 allocation.

17 1 n. Of the funds appropriated in this subsection, \$100,000
17 2 shall be used for continuation of a grant to a nationally
17 3 affiliated volunteer eye organization that has an established
17 4 program for children and adults and that is solely dedicated to
17 5 preserving sight and preventing blindness through education,
17 6 nationally certified vision screening and training, and
17 7 community and patient service programs. The organization
17 8 shall submit a report to the individuals identified in this
17 9 Act for submission of reports regarding the use of funds
17 10 allocated under this paragraph "n". The report shall include
17 11 the objectives and results for the program year including
17 12 the target population and how the funds allocated assisted
17 13 the program in meeting the objectives; the number, age, and
17 14 location within the state of individuals served; the type of
17 15 services provided to the individuals served; the distribution
17 16 of funds based on service provided; and the continuing needs
17 17 of the program.

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program. The Program is required to submit a report outlining program objectives, target population and locations, services provided, and other details.

DETAIL: This is an increase of \$50,000 compared to the FY 2013 allocation. Prevent Blindness Iowa is an affiliate of Prevent Blindness America.

17 18 o. Of the funds appropriated in this subsection, \$25,000
17 19 shall be used for the establishment of wellness council under
17 20 the direction of the director of public health to increase
17 21 support for wellness activities in the state.

Allocates \$25,000 for the establishment of a Wellness Council to increase support for wellness activities.

DETAIL: This is a new allocation for FY 2013.

17 22 p. Of the funds appropriated in this section, \$1,158,150
17 23 is allocated to the Iowa collaborative safety net provider
17 24 network established pursuant to section 135.153 to be used for
17 25 development and implementation of a statewide regionally-based
17 26 network to provide an integrated approach to health care
17 27 delivery through care coordination that supports primary
17 28 care providers and links patients with community resources
17 29 necessary to empower patients in addressing biomedical and
17 30 social determinants of health to improve health outcomes. The
17 31 Iowa collaborative safety net provider network shall submit a

Allocates \$1,158,150 to the Iowa Collaborative Safety Net Provider Network to develop and implement a Statewide regionally-based network that would provide integrated health care delivery for patients addressing biomedical and social determinants of health.

DETAIL: This is a new allocation for FY 2014.

17 32 report to the individuals designated in this Act for submission
 17 33 of reports by June 30, 2013, including progress in developing
 17 34 and implementing the network, how the funds were distributed
 17 35 and used in developing and implementing the network, and the
 18 1 remaining needs in developing and implementing the network.

18 2 q. Of the funds appropriated in this section, \$500,000 shall
 18 3 be deposited in the area health education centers fund, as
 18 4 enacted by this Act, to be used for the purposes of the fund.

Allocates \$500,000 for the establishment of an Area Health Education Fund to subcontract with area health education centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the State pending the enactment of SF 377 (Area Health Education Center Bill).

18 5 r. Of the funds appropriated in this section, \$50,000 shall
 18 6 be used for the public purpose of supporting a partnership
 18 7 between medical providers and parents through community health
 18 8 centers to promote reading and encourage literacy skills so
 18 9 children enter school prepared for success in reading.

Allocates \$50,000 for a Program entitled "Reach Out and Read" that supports partnerships between medical providers and parents through community health centers to promote reading and encourage literacy skills for children entering school.

18 10 5. HEALTHY AGING

General Fund appropriation to Healthy Aging programs.

18 11 To provide public health services that reduce risks and
 18 12 invest in promoting and protecting good health over the
 18 13 course of a lifetime with a priority given to older lowans and
 18 14 vulnerable populations:
 18 15 \$ 7,297,142

DETAIL: This is no change compared to estimated FY 2013.

18 16 a. Of the funds appropriated in this subsection, \$2,009,187
 18 17 shall be used for local public health nursing services.

Allocates \$2,009,187 to the Local Public Health Nursing Program.

DETAIL: This is no change compared to the FY 2013 allocation.

18 18 b. Of the funds appropriated in this subsection, \$5,287,955
 18 19 shall be used for home care aide services.

Allocates \$5,287,955 for the Home Care Aide Services Program.

DETAIL: This is no change compared to the FY 2013 allocation.

18 20 6. ENVIRONMENTAL HAZARDS

General Fund appropriation to Environmental Hazards programs.

18 21 For reducing the public's exposure to hazards in the
 18 22 environment, primarily chemical hazards, and for not more than
 18 23 the following full-time equivalent positions:
 18 24 \$ 803,870
 18 25 FTEs 4.00

DETAIL: This is no change compared to estimated FY 2013.

18 26 Of the funds appropriated in this subsection, \$544,377 shall
 18 27 be used for childhood lead poisoning provisions.

Allocates \$544,377 for childhood lead poisoning testing.

DETAIL: This is no change compared to the FY 2013 allocation.

18 28 7. INFECTIOUS DISEASES

General Fund appropriation to Infectious Diseases programs.

18 29 For reducing the incidence and prevalence of communicable

18 30 diseases, and for not more than the following full-time
 18 31 equivalent positions:
 18 32 \$ 1,335,155
 18 33 FTEs 4.00

DETAIL: This is no change compared to estimated FY 2013.

18 34 8. PUBLIC PROTECTION
 18 35 For protecting the health and safety of the public through
 19 1 establishing standards and enforcing regulations, and for not
 19 2 more than the following full-time equivalent positions:
 19 3 \$ 3,259,571
 19 4 FTEs 130.00

General Fund appropriation to Public Protection programs.

DETAIL: This is an increase of \$480,444 and 4.00 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$28,644 for the establishment of an Emergency Medical Services (EMS) task force pending the enactment of SF 346 (Emergency Medical Services Task Force Bill).
- An increase of \$368,000 for the maintenance of public safety environmental health programs.
- An increase of \$28,000 for one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee supported model.
- An increase of \$55,800 for the establishment of a licensure program for substance abuse and addictive disorder counseling and services pending the enactment of HF 569 (Behavioral Science Board Bill).

19 5 a. Of the funds appropriated in this subsection, not more
 19 6 than \$500,334 shall be credited to the emergency medical
 19 7 services fund created in section 135.25. Moneys in the
 19 8 emergency medical services fund are appropriated to the
 19 9 department to be used for the purposes of the fund.

Allocates up to \$500,334 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is no change form the FY 2013 allocation.

19 10 b. Of the funds appropriated in this subsection, \$210,619
 19 11 shall be used for sexual violence prevention programming
 19 12 through a statewide organization representing programs serving
 19 13 victims of sexual violence through the department's sexual
 19 14 violence prevention program. The amount allocated in this
 19 15 lettered paragraph shall not be used to supplant funding
 19 16 administered for other sexual violence prevention or victims
 19 17 assistance programs.

Allocates \$210,619 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the FY 2013 allocation.

19 18 c. Of the funds appropriated in this subsection, not more
 19 19 than \$539,477 shall be used for the state poison control
 19 20 center.

Allocates up to \$539,477 for the State Poison Control Center.

DETAIL: This is no change compared to the FY 2013 allocation.

19 21 d. Of the funds appropriated in this section, \$368,000 shall
 19 22 be used for maintenance of environmental health programs to
 19 23 ensure public safety.

Allocates \$368,000 for the maintenance of public safety environmental health programs.

DETAIL. This is a new allocation for FY 2014. Specific programs

affected include the inspection program for Iowa's public pools and spas to ensure safety requirements are met to prevent illness, injury, and drowning; certification of laboratories and professionals to decrease the exposure to radon in homes, daycare/schools, and businesses; registration and inspection of tanning facilities to protect consumers from acute and chronic skin reactions; and licensing and inspection of tattoo artists and establishments.

19 24 e. Of the funds appropriated in this section, \$28,000 shall
19 25 be used as one-time funding to transition the licensing of
19 26 orthotists, prosthetists, and pedorthists to a fee-supported
19 27 licensing model.

Allocates \$28,000 for one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee supported model.

DETAIL. This is a new allocation for FY 2014.

19 28 f. Of the funds appropriated in this section, \$28,644 shall
19 29 be used for the costs of the emergency medical services task
19 30 force as enacted in this Act.

Allocates \$28,644 for the operational costs of an Emergency Medical Services (EMS) task force pending the enactment of 2013 SF 346 (FY 2014 Emergency Medical Services Task Force Bill).

DETAIL. This is a new allocation for FY 2014.

19 31 g. Of the funds appropriated in this section, \$55,800 shall
19 32 be used as one-time funding for the board of behavioral science
19 33 to incorporate the provisions of 2013 Iowa Acts, House File
19 34 569, if enacted, relating to the licensure of professionals
19 35 practicing substance and addictive disorder counseling or
20 1 providing substance and addictive disorder prevention services.

Allocates \$55,800 for the establishment of a licensure program for substance abuse and addictive disorder counseling and services pending the enactment of HF 569 (Behavioral Science Board Bill).

DETAIL: This is a new allocation for FY 2014.

20 2 9. RESOURCE MANAGEMENT

General Fund appropriation for Resource Management activities.

20 3 For establishing and sustaining the overall ability of the
20 4 department to deliver services to the public, and for not more
20 5 than the following full-time equivalent positions:
20 6 \$ 804,054
20 7 FTEs 7.00

DETAIL: This is no change compared to estimated FY 2013.

20 8 The university of Iowa hospitals and clinics under the
20 9 control of the state board of regents shall not receive
20 10 indirect costs from the funds appropriated in this section.
20 11 The university of Iowa hospitals and clinics billings to the
20 12 department shall be on at least a quarterly basis.
20 13 The department of public health shall submit a report to the
20 14 individuals specified in this Act for submission of reports by
20 15 December 15, 2013, providing recommendations for improvements
20 16 in the intraoperability and interoperability of communications
20 17 technology under the purview of the department to improve
20 18 efficiency and reduce costs.

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

<p>20 20 DEPARTMENT OF VETERANS AFFAIRS — FY 2013-2014 20 21 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is 20 22 appropriated from the general fund of the state to the 20 23 department of veterans affairs for the fiscal year beginning 20 24 July 1, 2013, and ending June 30, 2014, the following amounts, 20 25 or so much thereof as is necessary, to be used for the purposes 20 26 designated:</p>	<p>20 27 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION 20 28 For salaries, support, maintenance, and miscellaneous 20 29 purposes, including the war orphans educational assistance fund 20 30 created in section 35.8, or a successor funding provision for 20 31 war orphans educational assistance, if enacted, and for not 20 32 more than the following full-time equivalent positions: 20 33 \$ 1,093,508 20 34 FTEs 13.00</p>	<p>General Fund appropriation to the Department of Veteran Affairs. DETAIL: This is an increase of \$67,689 and and no change in FTE positions compared to estimated FY 2013. The General Fund increase is attributable to increased rent costs at Camp Dodge and increased accounting, budget, and IT service expenses.</p>
<p>20 35 2. IOWA VETERANS HOME 21 1 For salaries, support, maintenance, and miscellaneous 21 2 purposes: 21 3 \$ 8,025,714</p>	<p>21 4 a. The Iowa veterans home billings involving the department 21 5 of human services shall be submitted to the department on at 21 6 least a monthly basis.</p> <p>21 7 b. If there is a change in the employer of employees 21 8 providing services at the Iowa veterans home under a collective 21 9 bargaining agreement, such employees and the agreement shall 21 10 be continued by the successor employer as though there had not 21 11 been a change in employer.</p>	<p>General Fund appropriation to the Iowa Veterans Home (IVH). DETAIL: This is no change compared to the FY 2013 appropriation. Requires the IVH to submit monthly claims relating to Medicaid to the DHS. Requires a new employer to honor an existing collective bargaining agreement at the IVH.</p>
<p>21 12 c. Within available resources and in conformance with 21 13 associated state and federal program eligibility requirements, 21 14 the Iowa veterans home may implement measures to provide 21 15 financial assistance to or on behalf of veterans or their 21 16 spouses who are participating in the community reentry program.</p>	<p>21 17 d. The Iowa veterans home expenditure report shall be 21 18 submitted monthly to the legislative services agency.</p>	<p>Permits the IVH to provide financial assistance to support participation in the community reentry program within State and federal eligibility requirements. Requires the Veterans Home to submit a monthly expenditure report to the Legislative Services Agency.</p>
<p>21 19 3. STATE EDUCATIONAL ASSISTANCE — CHILDREN OF DECEASED 21 20 VETERANS 21 21 For provision of educational assistance pursuant to section 21 22 35A.20: 21 23 \$ 12,416</p>	<p>21 24 4. HOME OWNERSHIP ASSISTANCE PROGRAM</p>	<p>General Fund appropriation for the State Educational Assistance for Children of Deceased Veterans program. DETAIL: This is no change compared to estimated FY 2013. General Fund appropriation for the Home Ownership Assistance</p>

21 25 For transfer to the Iowa finance authority for the
 21 26 continuation of the home ownership assistance program for
 21 27 persons who are or were eligible members of the armed forces of
 21 28 the United States, pursuant to section 16.54:
 21 29 \$ 1,600,000

Program for military members.

DETAIL: This is no change compared to estimated FY 2013. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

21 30 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
 21 31 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
 21 32 appropriation in the following designated section for the
 21 33 fiscal year beginning July 1, 2013, and ending June 30, 2014,
 21 34 the amounts appropriated from the general fund of the state
 21 35 pursuant to that section for the following designated purposes
 22 1 shall not exceed the following amount:
 22 2 For the county commissions of veteran affairs fund under
 22 3 section 35A.16:
 22 4 \$ 990,000

General Fund appropriation for the County Commissions of Veterans Affairs Fund.

DETAIL: This is no change compared to estimated net FY 2013.

22 5 DIVISION V
 22 6 DEPARTMENT OF HUMAN SERVICES — FY 2013-2014

22 7 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 22 8 GRANT. There is appropriated from the fund created in section
 22 9 8.41 to the department of human services for the fiscal year
 22 10 beginning July 1, 2013, and ending June 30, 2014, from moneys
 22 11 received under the federal temporary assistance for needy
 22 12 families (TANF) block grant pursuant to the federal Personal
 22 13 Responsibility and Work Opportunity Reconciliation Act of 1996,
 22 14 Pub.L.No.104-193, and successor legislation, the following
 22 15 amounts, or so much thereof as is necessary, to be used for the
 22 16 purposes designated:

TANF Block Grant Fund appropriations for FY 2014.

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 grant remains the same at \$131,524,959 per year.

22 17 1. To be credited to the family investment program account
 22 18 and used for assistance under the family investment program
 22 19 under chapter 239B:
 22 20 \$ 18,116,948

TANF FY 2014 Block Grant appropriation for the FIP Account.

DETAIL: This is a decrease of \$1,673,417 compared to estimated FY 2013. The decrease is due to a declining caseload and shifting funds to the General Fund to meet Maintenance of Effort (MOE) requirements.

22 21 2. To be credited to the family investment program account
 22 22 and used for the job opportunities and basic skills (JOBS)
 22 23 program and implementing family investment agreements in
 22 24 accordance with chapter 239B:
 22 25 \$ 11,866,439

TANF FY 2014 Block Grant appropriation for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$545,089 compared to estimated FY 2013. The decrease is due to a declining caseload and shifting funds to the General Fund to meet MOE requirements.

22 26 3. To be used for the family development and

TANF FY 2014 Block Grant appropriation for the Family Development

<p>22 27 self-sufficiency grant program in accordance with section 22 28 216A.107: 22 29</p>	<p>\$ 2,898,980</p>	<p>and Self Sufficiency (FaDSS) Program. DETAIL: This is no change compared to the current level of TANF support.</p>
<p>22 30 Notwithstanding section 8.33, moneys appropriated in this 22 31 subsection that remain unencumbered or unobligated at the close 22 32 of the fiscal year shall not revert but shall remain available 22 33 for expenditure for the purposes designated until the close of 22 34 the succeeding fiscal year. However, unless such moneys are 22 35 encumbered or obligated on or before September 30, 2014, the 23 1 moneys shall revert.</p>		<p>Requires nonreversion of funds allocated for the FaDSS Grant Program.</p>
<p>23 2 4. For field operations: 23 3</p>	<p>\$ 31,296,232</p>	<p>TANF FY 2014 Block Grant appropriation for Field Operations. DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 4 5. For general administration: 23 5</p>	<p>\$ 3,744,000</p>	<p>TANF FY 2014 Block Grant appropriation for General Administration. DETAIL: This is no change compared to the current level of TANF support.</p>
<p>23 6 6. For state child care assistance: 23 7</p>	<p>\$ 19,382,687</p>	<p>TANF FY 2014 Block Grant appropriation for Child Care Assistance. DETAIL: This is an increase of \$3,000,000 compared to the FY 2013 appropriation.</p>
<p>23 8 The funds appropriated in this subsection shall be 23 9 transferred to the child care and development block grant 23 10 appropriation made by the Eighty-fifth General Assembly, 2013 23 11 Session, for the federal fiscal year beginning October 1, 23 12 2013, and ending September 30, 2014. Of this amount, \$200,000 23 13 shall be used for provision of educational opportunities to 23 14 registered child care home providers in order to improve 23 15 services and programs offered by this category of providers 23 16 and to increase the number of providers. The department may 23 17 contract with institutions of higher education or child care 23 18 resource and referral centers to provide the educational 23 19 opportunities. Allowable administrative costs under the 23 20 contracts shall not exceed 5 percent. The application for a 23 21 grant shall not exceed two pages in length.</p>		<p>Requires the DHS to transfer \$19,382,687 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers and specifies requirements for funding the grants and the application form for the grant. Caps contractor's administrative costs at 5.00%.</p>
<p>23 22 7. For transfer to the property tax relief fund and 23 23 distribution to counties for mental health and disability 23 24 services as provided in an appropriation made for this purpose:</p>		<p>TANF FY 2014 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.</p>

23 25	.....	\$ 4,894,052	DETAIL: This is no change compared to the current level of TANF support.
23 26	8. For child and family services:		TANF FY 2014 Block Grant appropriation for Child and Family Services.
23 27	.....	\$ 32,084,430	DETAIL: This is no change compared to the current level of TANF support.
23 28	9. For child abuse prevention grants:		TANF FY 2014 Block Grant appropriation for Child Abuse Prevention Grants.
23 29	.....	\$ 125,000	DETAIL: This is no change compared to the current level of TANF support.
23 30	10. For pregnancy prevention grants on the condition that		TANF FY 2014 Block Grant appropriation for pregnancy prevention grants if family planning services are funded.
23 31	family planning services are funded:		
23 32	.....	\$ 1,930,067	DETAIL: This is no change compared to the current level of TANF support.
23 33	Pregnancy prevention grants shall be awarded to programs		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 the State that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.
23 34	in existence on or before July 1, 2013, if the programs have		
23 35	demonstrated positive outcomes. Grants shall be awarded to		
24 1	pregnancy prevention programs which are developed after July		
24 2	1, 2013, if the programs are based on existing models that		
24 3	have demonstrated positive outcomes. Grants shall comply with		
24 4	the requirements provided in 1997 Iowa Acts, chapter 208,		
24 5	section 14, subsections 1 and 2, including the requirement that		
24 6	grant programs must emphasize sexual abstinence. Priority in		
24 7	the awarding of grants shall be given to programs that serve		
24 8	areas of the state which demonstrate the highest percentage of		
24 9	unplanned pregnancies of females of childbearing age within the		
24 10	geographic area to be served by the grant.		
24 11	11. For technology needs and other resources necessary		TANF FY 2014 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.
24 12	to meet federal welfare reform reporting, tracking, and case		
24 13	management requirements:		
24 14	.....	\$ 1,037,186	DETAIL: This is no change compared to the current level of TANF support.
24 15	12. To be credited to the state child care assistance		TANF FY 2013 Block Grant appropriation to fund community-based programs for children from birth to age five as developed by community empowerment areas.
24 16	appropriation made in this section to be used for funding of		
24 17	community-based early childhood programs targeted to children		

24 18 from birth through five years of age developed by early
 24 19 childhood Iowa areas as provided in section 256I.8:
 24 20 \$ 6,350,000

DETAIL: This is no change compared to the current level of TANF support.

24 21 The department shall transfer TANF block grant funding
 24 22 appropriated and allocated in this subsection to the child care
 24 23 and development block grant appropriation in accordance with
 24 24 federal law as necessary to comply with the provisions of this
 24 25 subsection.

Requires the DHS to transfer TANF funds to the Child Care and Development Block Grant.

24 26 13. a. Notwithstanding any provision to the contrary,
 24 27 including but not limited to requirements in section 8.41 or
 24 28 provisions in 2012 or 2013 Iowa Acts regarding the receipt and
 24 29 appropriation of federal block grants, federal funds from the
 24 30 temporary assistance for needy families block grant received
 24 31 by the state not otherwise appropriated in this section and
 24 32 remaining available for the fiscal year beginning July 1,
 24 33 2013, are appropriated to the department of human services to
 24 34 the extent as may be necessary to be used in the following
 24 35 priority order:the family investment program for the fiscal
 25 1 year and for state child care assistance program payments for
 25 2 individuals enrolled in the family investment program who are
 25 3 employed. The federal funds appropriated in this paragraph "a"
 25 4 shall be expended only after all other funds appropriated in
 25 5 subsection 1 for the assistance under the family investment
 25 6 program under chapter 239B have been expended.

Allows the DHS to carryforward TANF funds.

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

25 7 b. The department shall, on a quarterly basis, advise the
 25 8 legislative services agency and department of management of
 25 9 the amount of funds appropriated in this subsection that was
 25 10 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.

25 11 14. Of the amounts appropriated in this section,
 25 12 \$12,962,008 for the fiscal year beginning July 1, 2013, shall
 25 13 be transferred to the appropriation of the federal social
 25 14 services block grant made to the department of human services
 25 15 for that 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 the current level of TANF support.

25 16 15. For continuation of the program providing categorical
 25 17 eligibility for the food assistance program:
 25 18 \$ 25,000

TANF FY 2014 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to the current level of TANF support.

25 19 16. The department may transfer funds allocated in this

Permits the DHS to transfer funds to General Administration and Field

25 20 section to the appropriations made in this division of this Act
 25 21 for the same fiscal year for general administration and field
 25 22 operations for resources necessary to implement and operate the
 25 23 services referred to in this section and those funded in the
 25 24 appropriation made in this division of this Act for the same
 25 25 fiscal year for the family investment program from the general
 25 26 fund of the state.
 25 27 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

Operations for costs associated with TANF-funded programs and the FIP.

25 28 1. Moneys credited to the family investment program (FIP)
 25 29 account for the fiscal year beginning July 1, 2013, and
 25 30 ending June 30, 2014, shall be used to provide assistance in
 25 31 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2014 to be used as specified.

25 32 2. The department may use a portion of the moneys credited
 25 33 to the FIP account under this section as necessary for
 25 34 salaries, support, maintenance, and miscellaneous purposes.

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

25 35 3. The department may transfer funds allocated in this
 26 1 section to the appropriations made in this division of this Act
 26 2 for the same fiscal year for general administration and field
 26 3 operations for resources necessary to implement and operate the
 26 4 services referred to in this section and those funded in the
 26 5 appropriation made in this division of this Act for the same
 26 6 fiscal year for the family investment program from the general
 26 7 fund of the state.

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

26 8 4. Moneys appropriated in this division of this Act and
 26 9 credited to the FIP account for the fiscal year beginning July
 26 10 1, 2013, and ending June 30, 2014, are allocated as follows:

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

26 11 a. To be retained by the department of human services to
 26 12 be used for coordinating with the department of human rights
 26 13 to more effectively serve participants in the FIP program and
 26 14 other shared clients and to meet federal reporting requirements
 26 15 under the federal temporary assistance for needy families block
 26 16 grant:
 26 17 \$ 20,000

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

DETAIL: This is no change compared to the current level of support.

26 18 b. To the department of human rights for staffing,
 26 19 administration, and implementation of the family development
 26 20 and self-sufficiency grant program in accordance with section
 26 21 216A.107:
 26 22 \$ 6,500,000

Allocates \$6,500,000 of the FY 2014 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is an increase of \$957,166 compared to the FY 2013 allocation.

26 23 (1) Of the funds allocated for the family development and
 26 24 self-sufficiency grant program in this lettered paragraph,

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

26 25 not more than 5 percent of the funds shall be used for the
 26 26 administration of the grant program.

26 27 (2) The department of human rights may continue to implement
 26 28 the family development and self-sufficiency grant program
 26 29 statewide during fiscal year 2013-2014.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2014.

26 30 c. For the diversion subaccount of the FIP account:
 26 31 \$ 1,698,400

Allocates \$1,698,400 of FY 2014 TANF funds for the FIP Diversion Subaccount.

26 32 A portion of the moneys allocated for the subaccount may
 26 33 be used for field operations salaries, data management system
 26 34 development, and implementation costs and support deemed
 26 35 necessary by the director of human services in order to
 27 1 administer the FIP diversion program.

DETAIL: This is no change compared to the FY 2013 allocation.

27 2 d. For the food assistance employment and training program:
 27 3 \$ 66,588

Allocates \$66,588 of FY 2014 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to the FY 2013 allocation.

27 4 (1) The department shall apply the federal supplemental
 27 5 nutrition assistance program (SNAP) employment and training
 27 6 state plan in order to maximize to the fullest extent permitted
 27 7 by federal law the use of the 50 percent federal reimbursement
 27 8 provisions for the claiming of allowable federal reimbursement
 27 9 funds from the United States department of agriculture
 27 10 pursuant to the federal SNAP employment and training program
 27 11 for providing education, employment, and training services
 27 12 for eligible food assistance program participants, including
 27 13 but not limited to related dependent care and transportation
 27 14 expenses.

Requires the Department to amend the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

27 15 (2) The department shall continue the categorical federal
 27 16 food assistance program eligibility at 160 percent of the
 27 17 federal poverty level and continue to eliminate the asset test
 27 18 from eligibility requirements, consistent with federal food
 27 19 assistance program requirements. The department shall include
 27 20 as many food assistance households as is allowed by federal
 27 21 law. The eligibility provisions shall conform to all federal
 27 22 requirements including requirements addressing individuals who
 27 23 are incarcerated or otherwise ineligible.

Requires the DHS to continue food assistance program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements including requirements addressing individuals that are incarcerated.

27 24 e. For the JOBS program:
 27 25 \$ 19,690,816

Permits the DHS to allocate \$19,690,816 of the FY 2014 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$549,089 compared to the FY 2013 allocation due to declining caseloads.

27 26 5. Of the child support collections assigned under FIP,
 27 27 an amount equal to the federal share of support collections
 27 28 shall be credited to the child support recovery appropriation
 27 29 made in this division of this Act. Of the remainder of the
 27 30 assigned child support collections received by the child
 27 31 support recovery unit, a portion shall be credited to the FIP
 27 32 account, a portion may be used to increase recoveries, and a
 27 33 portion may be used to sustain cash flow in the child support
 27 34 payments account. If as a consequence of the appropriations
 27 35 and allocations made in this section the resulting amounts
 28 1 are insufficient to sustain cash assistance payments and meet
 28 2 federal maintenance of effort requirements, the department
 28 3 shall seek supplemental funding. If child support collections
 28 4 assigned under FIP are greater than estimated or are otherwise
 28 5 determined not to be required for maintenance of effort, the
 28 6 state share of either amount may be transferred to or retained
 28 7 in the child support payment 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.

28 8 6. The department may adopt emergency rules for the family
 28 9 investment, JOBS, food assistance, and medical assistance
 28 10 programs if necessary to comply with federal requirements.

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

28 11 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 28 12 is appropriated from the general fund of the state to the
 28 13 department of human services for the fiscal year beginning July
 28 14 1, 2013, and ending June 30, 2014, the following amount, or
 28 15 so much thereof as is necessary, to be used for the purpose
 28 16 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. 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 17 To be credited to the family investment program (FIP)
 28 18 account and used for family investment program assistance under
 28 19 chapter 239B:

DETAIL: This is a net increase of \$497,166 compared to estimated FY 2013. The changes include:

28 20 \$ 48,894,380

- An increase of \$957,166 for the FaDSS Program.
- A decrease of \$2,355,185 due to a reduction in FIP caseloads.
- An increase of \$681,768 for operation and maintenance costs for a new eligibility system.
- An increase of \$1,673,417 for FIP to shift additional funding to the General Fund to meet MOE requirements.
- A decrease of \$545,089 due to a reduction the Promise Jobs caseload.
- A decrease of \$500,000 to reflect the Governor's FY 2013 veto for a Food Bank Program.
- An increase of \$545,089 for Promise Jobs to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$40,000 for a fatherhood initiative.

28 21 1. Of the funds appropriated in this section, \$7,824,377 is

General Fund allocation of \$7,824,377 for the PROMISE JOBS

28 22 allocated for the JOBS program.	Program. DETAIL: This is no change compared to the FY 2013 allocation.
28 23 2. Of the funds appropriated in this section, \$3,621,020 is 28 24 allocated for the family development and self-sufficiency grant 28 25 program.	General Fund allocation of \$3,621,020 for the FaDSS Program. DETAIL: This is an increase of \$957,166 compared to the FY 2013 allocation.
28 26 3. Notwithstanding section 8.39, for the fiscal year 28 27 beginning July 1, 2013, if necessary to meet federal 28 28 maintenance of effort requirements or to transfer federal 28 29 temporary assistance for needy families block grant funding 28 30 to be used for purposes of the federal social services block 28 31 grant or to meet cash flow needs resulting from delays in 28 32 receiving federal funding or to implement, in accordance with 28 33 this division of this Act, activities currently funded with 28 34 juvenile court services, county, or community moneys and state 28 35 moneys used in combination with such moneys, the department 29 1 of human services may transfer funds within or between any 29 2 of the appropriations made in this division of this Act and 29 3 appropriations in law for the federal social services block 29 4 grant to the department for the following purposes, provided 29 5 that the combined amount of state and federal temporary 29 6 assistance for needy families block grant funding for each 29 7 appropriation remains the same before and after the transfer: 29 8 a. For the family investment program. 29 9 b. For child care assistance. 29 10 c. For child and family services. 29 11 d. For field operations. 29 12 e. For general administration. 29 13 f. For distribution to counties for state case services for 29 14 persons with mental illness, an intellectual disability, or a 29 15 developmental disability. 29 16 This subsection shall not be construed to prohibit the use 29 17 of existing state transfer authority for other purposes. The 29 18 department shall report any transfers made pursuant to this 29 19 subsection to the legislative services agency.	Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.
29 20 4. Of the funds appropriated in this section, \$195,678 shall 29 21 be used for continuation of a grant to an Iowa-based nonprofit 29 22 organization with a history of providing tax preparation 29 23 assistance to low-income Iowans in order to expand the usage of 29 24 the earned income tax credit. The purpose of the grant is to 29 25 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 2013 allocation.
29 26 5. Of the funds appropriated in this section, \$40,000	General Fund allocation of \$40,000 for a fatherhood initiative pilot

29 27 shall be used to fund the expansion of an existing unfunded
 29 28 pilot project, as defined in 441 IAC 100.1, relating to
 29 29 parental obligations, in which the child support recovery
 29 30 unit participates, to support the efforts of a nonprofit
 29 31 organization committed to strengthening the community through
 29 32 youth development, healthy living, and social responsibility in
 29 33 a county with a population over 350,000. The funds allocated
 29 34 in this subsection shall be used by the recipient organization
 29 35 to develop a larger community effort, through public and
 30 1 private partnerships, to support a broad-based fatherhood
 30 2 initiative that promotes payment of child support obligations,
 30 3 improved family relationships, and full-time employment.

project.

DETAIL: This is a new allocation for a fatherhood initiative pilot project in Polk County.

30 4 6. The department may transfer funds appropriated in this
 30 5 section to the appropriations made in this division of this Act
 30 6 for general administration and field operations as necessary
 30 7 to administer this section and the overall family investment
 30 8 program.

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

30 9 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
 30 10 from the general fund of the state to the department of human
 30 11 services for the fiscal year beginning July 1, 2013, and ending
 30 12 June 30, 2014, the following amount, or so much thereof as is
 30 13 necessary, to be used for the purposes designated:

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

DETAIL: This is an increase of \$1,024,229 and no change in FTE positions compared to estimated FY 2013. The changes include:

30 14 For child support recovery, including salaries, support,
 30 15 maintenance, and miscellaneous purposes, and for not more than
 30 16 the following full-time equivalent positions:
 30 17 \$ 14,173,770
 30 18 FTEs 464.00

- An increase of \$311,814 due to increased costs of service.
- An increase of \$712,415 to replace lost federal incentives and other one-time funding.

30 19 1. The department shall expend up to \$24,329, including
 30 20 federal financial participation, for the fiscal year beginning
 30 21 July 1, 2013, for a child support public awareness campaign.
 30 22 The department and the office of the attorney general shall
 30 23 cooperate in continuation of the campaign. The public
 30 24 awareness campaign shall emphasize, through a variety of
 30 25 media activities, the importance of maximum involvement of
 30 26 both parents in the lives of their children as well as the
 30 27 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2014 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 to the current level of support.

30 28 2. Federal access and visitation grant moneys shall be
 30 29 issued directly to private not-for-profit agencies that provide
 30 30 services designed to increase compliance with the child access
 30 31 provisions of court orders, including but not limited to
 30 32 neutral visitation sites and mediation services.

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

30 33 3. The appropriation made to the department for child
 30 34 support recovery may be used throughout the fiscal year in the

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided

30 35 manner necessary for purposes of cash flow management, and for
 31 1 cash flow management purposes the department may temporarily
 31 2 draw more than the amount appropriated, provided the amount
 31 3 appropriated is not exceeded at the close of the fiscal year.

the amount appropriated is not exceeded at the end of the fiscal year.

31 4 4. With the exception of the funding amount specified, the
 31 5 requirements established under 2001 Iowa Acts, chapter 191,
 31 6 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 31 7 be applicable to parental obligation pilot projects for the
 31 8 fiscal year beginning July 1, 2013, and ending June 30, 2014.
 31 9 Notwithstanding 441 IAC 100.8, providing for termination of
 31 10 rules relating to the pilot projects, the rules shall remain
 31 11 in effect until June 30, 2014.

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 12 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 31 13 FY 2013-2014. Any funds remaining in the health care trust
 31 14 fund created in section 453A.35A for the fiscal year beginning
 31 15 July 1, 2013, and ending June 30, 2014, are appropriated to
 31 16 the department of human services to supplement the medical
 31 17 assistance program appropriations made in this division of this
 31 18 Act, for medical assistance reimbursement and associated costs,
 31 19 including program administration and costs associated with
 31 20 program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2014.

DETAIL: It is estimated that there will be \$106,046,400 available. This is no change compared to estimated FY 2013.

31 21 Sec. 11. MEDICAL ASSISTANCE. There is appropriated from the
 31 22 general fund of the state to the department of human services
 31 23 for the fiscal year beginning July 1, 2013, and ending June 30,
 31 24 2014, the following amount, or so much thereof as is necessary,
 31 25 to be used for the purpose designated:

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$324,709,234 compared to estimated FY 2013. The changes include:

31 26 For medical assistance program reimbursement and associated
 31 27 costs as specifically provided in the reimbursement
 31 28 methodologies in effect on June 30, 2013, except as otherwise
 31 29 expressly authorized by law, and consistent with options under
 31 30 federal law and regulations:
 31 31 \$1,292,985,748

- An increase of \$255,459,813 to move Mental Health Medicaid funds previously funded under a separate appropriation to Medicaid.
- An increase of \$7,684,655 to replace various one-time revenues, a funding shortfall in FY 2013, and increased Program growth.
- An increase of \$43,206,760 to replace federal funds due to a reduction in the federal FMAP rate.
- An increase of \$14,268,148 to rebase nursing facility rates.
- An increase of \$10,450,000 to cover the cost of individuals currently eligible for Medicaid that will enroll as part of Medicaid Expansion.
- An increase of \$7,041,689 to buy down the Home and Community-Based Services (HCBS) waiver waiting lists.
- An increase of \$7,130,445 for a 3.00% provider rate increase for HCBS waiver providers.
- An increase of \$6,841,880 to provide a 1.50% provider rate increase for all providers with the exception of HCBS, nursing facilities, and Home Health Services.

- An increase of \$3,236,896 for the IowaCare Program to fund the Program through December 31, 2013.
- An increase of \$2,765,655 to increase provider rates for Home Health Services and reimburse them using the Lower Utilization Payment Adjustment (LUPA) methodology.
- An increase of \$2,000,000 to implement a Medication Therapy Management Program.
- A decrease of \$80,861 due to various changes in the Affordable Care Act.
- A decrease of \$5,410,846 to adjust the appropriation to the bottom end of the forecasting group's range.
- A decrease of \$29,885,000 to implement all of the Governor's recommended cost containment initiatives except for the one relating to chiropractors.

31 32 1. The funds appropriated in this section shall be used
31 33 in accordance with 2011 Iowa Acts, chapter 129, section 10,
31 34 subsection 1.

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

31 35 2. The department shall utilize not more than \$60,000 of
32 1 the funds appropriated in this section to continue the AIDS/HIV
32 2 health insurance premium payment program as established in 1992
32 3 Iowa Acts, Second Extraordinary Session, chapter 1001, section
32 4 409, subsection 6. Of the funds allocated in this subsection,
32 5 not more than \$5,000 may be expended for administrative
32 6 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 to the current level of General Fund support.

32 7 3. Of the funds appropriated in this Act to the department
32 8 of public health for addictive disorders, \$950,000 for the
32 9 fiscal year beginning July 1, 2013, shall be transferred
32 10 to the department of human services for an integrated
32 11 substance-related disorder managed care system. The department
32 12 shall not assume management of the substance-related disorder
32 13 system in place of the managed care contractor unless such
32 14 a change in approach is specifically authorized in law.
32 15 The departments of human services and public health shall
32 16 work together to maintain the level of mental health and
32 17 substance-related disorder treatment services provided by the
32 18 managed care contractor through the Iowa plan for behavioral
32 19 health. Each department shall take the steps necessary to
32 20 continue the federal waivers as necessary to maintain the level
32 21 of services.

Requires \$950,000 of the Substance Abuse Grants appropriation to the DPH to be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program. Also, requires the DHS to assume management of the 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.

32 22 4. a. The department shall aggressively pursue options for

Requires the DHS to aggressively pursue options for assisting special

<p>32 23 providing medical assistance or other assistance to individuals 32 24 with special needs who become ineligible to continue receiving 32 25 services under the early and periodic screening, diagnostic, 32 26 and treatment program under the medical assistance program 32 27 due to becoming 21 years of age who have been approved for 32 28 additional assistance through the department's exception to 32 29 policy provisions, but who have health care needs in excess 32 30 of the funding available through the exception to policy 32 31 provisions.</p> <p>32 32 b. Of the funds appropriated in this section, \$100,000 32 33 shall be used for participation in one or more pilot projects 32 34 operated by a private provider to allow the individual or 32 35 individuals to receive service in the community in accordance 33 1 with principles established in <i>Olmstead v.L.C.</i>, 527 U.S.581 33 2 (1999), for the purpose of providing medical assistance or 33 3 other assistance to individuals with special needs who become 33 4 ineligible to continue receiving services under the early and 33 5 periodic screening, diagnostic, and treatment program under 33 6 the medical assistance program due to becoming 21 years of 33 7 age who have been approved for additional assistance through 33 8 the department's exception to policy provisions, but who have 33 9 health care needs in excess of the funding available through 33 10 the exception to the policy provisions.</p> <p>33 11 5. Of the funds appropriated in this section, up to 33 12 \$3,050,082 may be transferred to the field operations or 33 13 general administration appropriations in this division of this 33 14 Act for operational costs associated with Part D of the federal 33 15 Medicare Prescription Drug Improvement and Modernization Act 33 16 of 2003, Pub.L.No.108-173.</p> <p>33 17 6. Of the funds appropriated in this section, up to \$442,100 33 18 may be transferred to the appropriation in this division 33 19 of this Act for medical contracts to be used for clinical 33 20 assessment services and prior authorization of services.</p> <p>33 21 7. A portion of the funds appropriated in this section 33 22 may be transferred to the appropriations in this division of 33 23 this Act for general administration, medical contracts, the 33 24 children's health insurance program, or field operations to be 33 25 used for the state match cost to comply with the payment error 33 26 rate measurement (PERM) program for both the medical assistance 33 27 and children's health insurance programs as developed by the 33 28 centers for Medicare and Medicaid services of the United States 33 29 department of health and human services to comply with the</p>	<p>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.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p> <p>Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p> <p>Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p> <p>Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.</p>
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33 30 federal Improper Payments Information Act of 2002, Pub.L.No.
33 31 107-300.

33 32 8. It is the intent of the general assembly that the
33 33 department continue to implement the recommendations of
33 34 the assuring better child health and development initiative
33 35 II (ABCDII) clinical panel to the Iowa early and periodic
34 1 screening, diagnostic, and treatment services healthy mental
34 2 development collaborative board regarding changes to billing
34 3 procedures, codes, and eligible service providers.

Specifies legislative intent that the DHS continue to implement the recommendations of the ABCD II Clinical Panel for changes to billing procedures, codes, and eligible service providers.

34 4 9. Of the funds appropriated in this section, a sufficient
34 5 amount is allocated to supplement the incomes of residents of
34 6 nursing facilities, intermediate care facilities for persons
34 7 with mental illness, and intermediate care facilities for
34 8 persons with an intellectual disability, with incomes of less
34 9 than \$50 in the amount necessary for the residents to receive a
34 10 personal needs allowance of \$50 per month pursuant to section
34 11 249A.30A.

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

DETAIL: There are no changes in this provision from FY 2013.

34 12 10. Of the funds appropriated in this section, the following
34 13 amounts shall be transferred to the appropriations made in this
34 14 division of this Act for the state mental health institutes:
34 15 a. Cherokee mental health institute \$ 9,098,425
34 16 b. Clarinda mental health institute \$ 1,977,305
34 17 c. Independence mental health institute ... \$ 9,045,894
34 18 d. Mount Pleasant mental health institute \$ 5,752,587

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

DETAIL: This is no change to the current level of General Fund support.

34 19 11. a. Of the funds appropriated in this section,
34 20 \$7,969,074 is allocated for the state match for a
34 21 disproportionate share hospital payment of \$19,133,430 to
34 22 hospitals that meet both of the conditions specified in
34 23 subparagraphs (1) and (2). In addition, the hospitals that
34 24 meet the conditions specified shall either certify public
34 25 expenditures or transfer to the medical assistance program
34 26 an amount equal to provide the nonfederal share for a
34 27 disproportionate share hospital payment of \$7,500,000. The
34 28 hospitals that meet the conditions specified shall receive and
34 29 retain 100 percent of the total disproportionate share hospital
34 30 payment of \$26,633,430.
34 31 (1) The hospital qualifies for disproportionate share and
34 32 graduate medical education payments.
34 33 (2) The hospital is an Iowa state-owned hospital with more
34 34 than 500 beds and eight or more distinct residency specialty
34 35 or subspecialty programs recognized by the American college of
35 1 graduate medical education.

Allocates \$7,969,074 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.

35 2 b. Distribution of the disproportionate share payments

Specifies that DSH payments are to be distributed on a monthly basis

<p>35 3 shall be made on a monthly basis. The total amount of 35 4 disproportionate share payments including graduate medical 35 5 education, enhanced disproportionate share, and Iowa 35 6 state-owned teaching hospital payments shall not exceed the 35 7 amount of the state's allotment under Pub.L.No.102-234. 35 8 In addition, the total amount of all disproportionate 35 9 share payments shall not exceed the hospital-specific 35 10 disproportionate share limits under Pub.L.No.103-66.</p>	<p>and the DSH payments are not to exceed the federal limit.</p>
<p>35 11 12. The university of Iowa hospitals and clinics shall 35 12 either certify public expenditures or transfer to the 35 13 appropriations made in this division of this Act for medical 35 14 assistance an amount equal to provide the nonfederal share 35 15 for increased medical assistance payments for inpatient and 35 16 outpatient hospital services of \$9,900,000. The university of 35 17 Iowa hospitals and clinics shall receive and retain 100 percent 35 18 of the total increase in medical assistance payments.</p>	<p>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.</p>
<p>35 19 13. Of the funds appropriated in this section, up to 35 20 \$11,921,225 may be transferred to the IowaCare account created 35 21 in section 249J.24.</p>	<p>Transfers up to \$11,921,225 of Medicaid funds to the IowaCare Program.</p> <p>DETAIL: This is an decrease of \$4,083,197 compared to the net FY 2013 transfer.</p>
<p>35 22 14. Of the funds appropriated in this section, \$200,000 35 23 shall be used for the Iowa chronic care consortium pursuant to 35 24 2003 Iowa Acts, chapter 112, section 12, as amended by 2003 35 25 Iowa Acts, chapter 179, sections 166 and 167.</p>	<p>Allocates \$200,000 of Medicaid funds to the Iowa Chronic Care Consortium.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p>
<p>35 26 15. One hundred percent of the nonfederal share of payments 35 27 to area education agencies that are medical assistance 35 28 providers for medical assistance-covered services provided to 35 29 medical assistance-covered children, shall be made from the 35 30 appropriation made in this section.</p>	<p>Allocates Medicaid funds to Area Education Agencies.</p>
<p>35 31 16. Any new or renewed contract entered into by the 35 32 department with a third party to administer behavioral health 35 33 services under the medical assistance program shall provide 35 34 that any interest earned on payments from the state during 35 35 the state fiscal year shall be remitted to the department 36 1 and treated as recoveries to offset the costs of the medical 36 2 assistance program.</p>	<p>Specifies that any new or renewed contract with a third party behavioral health administrator requires interest earned to be remitted to the DHS to offset costs of the Medicaid Program.</p>
<p>36 3 17. The department shall continue to implement the 36 4 provisions in 2007 Iowa Acts, chapter 218, section 124 and 36 5 section 126, as amended by 2008 Iowa Acts, chapter 1188,</p>	<p>Requires the DHS to continue the implementation of the federal Family Opportunity Act.</p>

36 6 section 55, relating to eligibility for certain persons with 36 7 disabilities under the medical assistance program in accordance 36 8 with the federal Family Opportunity Act.	DETAIL: The Family Opportunity Act is a Medicaid buy-in Program for children with family income of up to 300.00% of the FPL and that also meet Supplementary Security Income (SSI) eligibility requirements.
36 9 18. A portion of the funds appropriated in this section 36 10 may be transferred to the appropriation in this division of 36 11 this Act for medical contracts to be used for administrative 36 12 activities associated with the money follows the person 36 13 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.
36 14 19. Of the funds appropriated in this section, \$349,011 36 15 shall be used for the administration of the health insurance 36 16 premium payment program, including salaries, support, 36 17 maintenance, and miscellaneous purposes.	Allocates \$349,011 to the Health Insurance Premium Payment Program. DETAIL: No change to the current level of General Fund support.
36 18 20. a. The department shall implement the following cost 36 19 containment strategies for the medical assistance program and 36 20 shall adopt emergency rules for such implementation:	
36 21 (1) Notwithstanding any provision of law to the contrary, 36 22 the department shall integrate medical assistance program 36 23 habilitation services into the Iowa plan contract for the 36 24 fiscal year beginning July 1, 2013.	Requires the DHS to move habilitation services under the Iowa Plan managed care contract. DETAIL: The increased coordination is estimated to save the State \$2,100,000 annually.
36 25 (2) The department shall require prior authorization for 36 26 provision of any home health services for adults in excess of 36 27 one hundred visits per year.	Requires prior authorization for home health services in excess of one hundred visits per year. DETAIL: More visits than 100 per year will still be allowed, however, only with prior authorization to confirm medical necessity. This change is estimated to save \$1,000,000 annually.
36 28 (3) The department shall prohibit coverage for elective, 36 29 nonmedically necessary cesarean sections.	Prohibits the coverage of nonmedically necessary cesarean sections. DETAIL: This change is estimated to save the State \$500,000 annually.
36 30 (4) The department shall require prior authorization based 36 31 on specified criteria before providing reimbursement for 36 32 hospital swing bed placements and continued stays.	Requires prior authorization based on specified criteria before providing reimbursement for hospital swing bed placements and continued stays. DETAIL: This change is estimated to save the State \$1,000,000 annually.
36 33 (5) The department shall align payment methodologies and	Requires the DHS to align rates for both medical and nonmedical

36 34 rates between medical and nonmedical transportation services	transportation rates through rates of the transportation brokerage
36 35 through the transportation brokerage provider.	provider.
	DETAIL: This change is estimated to save the State \$500,000 annually.
37 1 (6) The department shall require that all fees for employee	Limits the number of background checks paid for individual HCBS,
37 2 records checks shall be paid by the medical assistance home and	Consumer Directed Attendant Care (CDAC), and Consumer Choices
37 3 community-based waiver services consumer-directed attendant	Option (CCO) to one.
37 4 care or consumer choices option provider, with the exception	
37 5 of one initial state records check per employee which shall be	DETAIL: This change is estimated to save the State \$100,000
37 6 paid by the Iowa Medicaid enterprise.	annually.
37 7 (7) The department shall require transition of the	Replaces Individual CDAC services with agency provided personal care
37 8 provision by individual providers of personal care under the	and permits HCBS and CCO for self-directed services.
37 9 consumer-directed attendant care option to agency-provided	
37 10 personal care services and shall retain the consumer choice	DETAIL: This change is estimated to save \$1,100,000 annually.
37 11 option for those individuals able and desiring to self-direct	
37 12 services.	
37 13 (8) The department shall require that persons with an	Implements a standardized assessment with tiered service funding
37 14 intellectual disability receiving services under the medical	levels for individuals on the Intellectual Disability (ID) Waiver using the
37 15 assistance program receive a functional assessment utilizing	Supports Intensity Scale (SIS).
37 16 the supports intensity scale tool. The department shall	
37 17 contract with an independent entity to perform the functional	DETAIL: This change is estimated to save the State \$8,500,000
37 18 assessments. The department shall implement a tiered resource	annually.
37 19 allocation methodology for service plans under the medical	
37 20 assistance home and community-based services waiver for persons	
37 21 with an intellectual disability.	
37 22 (9) The department shall develop a new reimbursement	Requires Development of uniform independent assessments for
37 23 methodology for medical assistance targeted case management	individuals with Intellectual Disability (ID).
37 24 that applies appropriate cost limits.	
	DETAIL: Currently, individuals on the HCBS ID Waiver are assessed
	by their Targeted Case Manager (TCM) using a state-developed
	Comprehensive Assessment. This change is estimated to save the
	State \$3,000,000 annually.
37 25 (10) The department shall implement an integrated health	Replaces TCM with Integrated Health Home for adults with chronic
37 26 home approach under the medical assistance program for persons	mental illness.
37 27 with chronic mental illness. The approach shall integrate the	
37 28 functions of medical assistance targeted case management.	DETAIL: This change is estimated to save the State \$2,100,000
	annually.
37 29 (11) The department shall expand the categories of diabetic	Requires the DHS to expand categories of diabetic supplies for which

<p>37 30 supplies for which a rebate may be received.</p>	<p>a rebate can be received.</p> <p>DETAIL: Current rules limit rebates to monitors and test strips. This change is estimated to save the State \$100,000 annually.</p>
<p>37 31 (12) The department shall limit authorizations for 37 32 institutional-based care to 30 days for members following 37 33 discharge from a hospital if the member previously lived in a 37 34 community-based setting.</p>	<p>Implements a short-term initial authorization of no more than 30 days if the member previously lived in their own home or apartment and is being discharged from the hospital to a nursing facility.</p> <p>DETAIL: This change is estimated to save the State \$1,000,000 annually.</p>
<p>37 35 b. The department shall not implement the cost containment 38 1 strategy to require a primary care referral for the provision 38 2 of chiropractic services.</p>	<p>Prohibits the DHS from implementing the cost containment provision recommended by the Governor relating to chiropractic services.</p>
<p>38 3 c. The department may increase the amounts allocated for 38 4 salaries, support, maintenance, and miscellaneous purposes 38 5 associated with the medical assistance program, as necessary, 38 6 to implement the cost containment strategies. The department 38 7 shall report any such increase to the legislative services 38 8 agency and the department of management.</p>	<p>Allows the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.</p> <p>DETAIL: The Department is required to report any increase to the LSA and the DOM.</p>
<p>38 9 d. If the savings to the medical assistance program exceed 38 10 the cost for the fiscal year, the department may transfer any 38 11 savings generated for the fiscal year due to medical assistance 38 12 program cost containment efforts to the appropriation 38 13 made in this division of this Act for medical contracts or 38 14 general administration to defray the increased contract costs 38 15 associated with implementing such efforts.</p>	<p>Allows the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2014.</p>
<p>38 16 e. The department shall report the implementation of 38 17 any cost containment strategies under this subsection to 38 18 the individuals specified in this division of this Act for 38 19 submission of reports on a quarterly basis.</p>	<p>Requires the DHS to report on the implementation of the cost containment strategies in this Division on a quarterly basis the LSA and DOM.</p>
<p>38 20 21. Notwithstanding any provision of law to the contrary, 38 21 the department of human services shall continue implementation 38 22 of the amended section 1915(b) waiver and Iowa plan contract 38 23 for inclusion of remedial services under the Iowa plan contract 38 24 for the fiscal year beginning July 1, 2013.</p>	<p>Requires the DHS to amend the federal waiver and the Iowa Plan contract to include remedial services beginning July 1, 2013.</p>
<p>38 25 22. Of the funds appropriated in this section, \$7,041,689 38 26 shall be used to implement reductions in the waiting lists 38 27 of all medical assistance home and community-based services 38 28 waivers.</p>	<p>Allocates \$7,041,689 to reduce the Medicaid HCBS waiver waiting lists.</p>

<p>38 29 23. a. Of the funds appropriated in this section, \$900,000 38 30 shall be used to implement the children's mental health 38 31 home project proposed by the department of human services 38 32 and reported to the general assembly's mental health and 38 33 disability services study committee in December 2011. Of this 38 34 amount, up to \$50,000 may be transferred by the department to 38 35 the appropriation made in this division of this Act to the 39 1 department for the same fiscal year for general administration 39 2 to be used for associated administrative expenses and for not 39 3 more than one full-time equivalent position, in addition to 39 4 those authorized for the same fiscal year, to be assigned to 39 5 implementing the project.</p>	<p>Allocates \$900,000 to implement the Children's Mental Health Home and allows the DHS to transfer up to \$50,000 to be used for administrative expenses.</p>
<p>39 6 b. Of the funds appropriated in this section, up to \$400,000 39 7 may be transferred by the department to the appropriation 39 8 made to the department in this division of this Act for 39 9 the same fiscal year for general administration to support 39 10 the redesign of mental health and disability services and 39 11 the state balancing incentive payments program planning and 39 12 implementation activities. The funds may be used for contracts 39 13 or for personnel in addition to the amounts appropriated for 39 14 and the positions authorized for general administration for the 39 15 same fiscal year.</p>	<p>Allows 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).</p>
<p>39 16 c. Of the funds appropriated in this section, up to 39 17 \$3,000,000 may be transferred by the department to the 39 18 appropriations made to the department in this division of 39 19 this Act for the same fiscal year for general administration 39 20 or medical contracts to be used to support the development 39 21 and implementation of standardized assessment tools for 39 22 persons with mental illness, an intellectual disability, a 39 23 developmental disability, or a brain injury.</p>	<p>Allows 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.</p>
<p>39 24 d. For the fiscal year beginning July 1, 2013, and ending 39 25 June 30, 2014, the replacement generation tax revenues required 39 26 to be deposited in the property tax relief fund pursuant to 39 27 section 437A.8, subsection 4, paragraph "d", and section 39 28 437A.15, subsection 3, paragraph "f", shall instead be credited 39 29 to and supplement the appropriation made in this section and 39 30 used for the allocations made in this subsection.</p>	<p>Allocates approximately \$1,300,000 in funding from the replacement generation tax revenues to the Medicaid Program.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>39 31 24. Of the funds appropriated in this section, \$250,000 39 32 shall be used for lodging expenses associated with patient 39 33 care provided at the university of Iowa hospitals and clinics 39 34 under chapter 249J. The department of human services shall 39 35 establish the maximum number of overnight stays and the maximum 40 1 rate reimbursed for overnight lodging, which may be based 40 2 on the state employee rate established by the department</p>	<p>Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare patients receiving treatment.</p> <p>DETAIL: This no change compared to the FY 2013 allocation.</p>

40 3 of administrative services. The funds allocated in this
 40 4 subsection shall not be used as nonfederal share matching
 40 5 funds.

40 6 Sec. 12. MEDICAL CONTRACTS. There is appropriated from the
 40 7 general fund of the state to the department of human services
 40 8 for the fiscal year beginning July 1, 2013, and ending June 30,
 40 9 2014, the following amount, or so much thereof as is necessary,
 40 10 to be used for the purpose designated:
 40 11 For medical contracts:
 40 12 \$ 13,691,569

General Fund appropriation to Medical Contracts.

DETAIL: This an increase of \$7,899,575 compared to estimated FY 2013. The changes include:

- An increase of \$3,300,000 for a new autism treatment program.
- An increase of \$2,400,000 to replace one-time funding from the Health Care Transformation Account (HCTA).
- An increase of \$1,883,842 to fund items formerly funded by the HCTA.
- An increase of \$1,293,889 due to increased costs related to Medicaid Expansion.
- An increase of \$715,538 due to increased contract, operations, and IT costs.
- An increase of \$111,758 due to increased costs related to the Affordable Care Act provider enrollment.
- An increase of \$38,744 due to increased ITE mainframe usage.
- A decrease of \$1,844,196 due to additional funds available in the Pharmaceutical Settlement Account.

40 13 1. The department of inspections and appeals shall
 40 14 provide all state matching funds for survey and certification
 40 15 activities performed by the department of inspections
 40 16 and appeals. The department of human services is solely
 40 17 responsible for distributing the federal matching funds for
 40 18 such activities.

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

40 19 2. Of the funds appropriated in this section, \$50,000 shall
 40 20 be used for continuation of home and community-based services
 40 21 waiver quality assurance programs, including the review and
 40 22 streamlining of processes and policies related to oversight and
 40 23 quality management to meet state and federal requirements.

Allocates \$50,000 to be used 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 2013 allocation.

40 24 3. Of the amount appropriated in this section, up to
 40 25 \$200,000 may be transferred to the appropriation for general
 40 26 administration in this division of this Act to be used for
 40 27 additional full-time equivalent positions in the development of
 40 28 key health initiatives such as cost containment, development
 40 29 and oversight of managed care programs, and development of
 40 30 health strategies targeted toward improved quality and reduced
 40 31 costs in the Medicaid program.

Allows 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.

40 32 4. Of the funds appropriated in this section, \$64,398 shall

Allocates \$64,398 for the IowaCare Program nurses helpline.

<p>40 33 be used for provision of the IowaCare program nurse helpline 40 34 for the expansion population as provided in section 249J.6.</p>	<p>DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$100,000.</p>
<p>40 35 5. Of the funds appropriated in this section, \$80,000 shall 41 1 be used for costs related to audits, performance evaluations, 41 2 and studies required pursuant to chapter 249J.</p>	<p>Allocates \$80,000 for the IowaCare Program audits, performance evaluations and studies.</p> <p>DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$125,000.</p>
<p>41 3 6. Of the funds appropriated in this section, \$194,654 shall 41 4 be used for administrative costs associated with chapter 249J.</p>	<p>Allocates \$194,654 for administrative costs associated with the IowaCare Program.</p> <p>DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$1,132,412.</p>
<p>41 5 7. Of the funds appropriated in this section, \$1,000,000 41 6 shall be used for planning and development, in cooperation with 41 7 the department of public health, of a phased-in program to 41 8 provide a dental home for children in accordance with section 41 9 249J.14.</p>	<p>Allocates \$1,000,000 for the I-Smile Program.</p> <p>DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$1,000,000.</p>
<p>41 10 8. Of the funds appropriated in this section, \$270,000 shall 41 11 be used for payment to the publicly owned acute care teaching 41 12 hospital located in a county with a population of over 350,000 41 13 that is a participating provider pursuant to chapter 249J. 41 14 Disbursements under this subsection shall be made monthly. 41 15 The hospital shall submit a report following the close of 41 16 the fiscal year regarding use of the funds allocated in this 41 17 subsection to the persons specified in this Act to receive 41 18 reports.</p>	<p>Allocates \$270,000 for administrative costs at Broadlawns hospital related to the IowaCare Program.</p> <p>DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$540,000.</p>
<p>41 19 9. Of the funds appropriated in this section, \$100,000 shall 41 20 be used for continuation of an accountable care organization 41 21 pilot project.</p>	<p>Allocates \$100,000 for the continuation of an Accountable Care Organization (ACO) pilot project.</p> <p>DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$100,000.</p>
<p>41 22 10. Of the funds appropriated in this section, \$75,000 shall 41 23 be used for continued implementation of a uniform cost report.</p>	<p>Allocates \$75,000 for the continued implementation of uniform cost reports.</p> <p>DETAIL: This is a new allocation for FY 2014. This initiative was previously funded through the HCTA at \$150,000.</p>
<p>41 24 11. Of the funds appropriated in this section, \$3,300,000</p>	<p>Allocates \$3,300,000 for an autism treatment program.</p>

41 25 shall be used for the autism support program created in chapter
41 26 225D, as enacted in this Act.

DETAIL: This is a new allocation for FY 2013. The funds are to be used to provide Applied Behavior Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

41 27 Sec. 13. STATE SUPPLEMENTARY ASSISTANCE.
41 28 1. There is appropriated from the general fund of the
41 29 state to the department of human services for the fiscal year
41 30 beginning July 1, 2013, and ending June 30, 2014, the following
41 31 amount, or so much thereof as is necessary, to be used for the
41 32 purpose designated:
41 33 For the state supplementary assistance program:
41 34 \$ 16,512,174

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is an increase of \$1,061,427 compared to estimated FY 2013 due to increased caseload.

41 35 2. The department shall increase the personal needs
42 1 allowance for residents of residential care facilities by the
42 2 same percentage and at the same time as federal supplemental
42 3 security income and federal social security benefits are
42 4 increased due to a recognized increase in the cost of living.
42 5 The department may adopt emergency rules to implement this
42 6 subsection.

Requires the DHS to increase the personal needs allowance of residential care facilities 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 7 3. If during the fiscal year beginning July 1, 2013,
42 8 the department projects that state supplementary assistance
42 9 expenditures for a calendar year will not meet the federal
42 10 pass-through requirement specified in Tit.XVI of the federal
42 11 Social Security Act, section 1618, as codified in 42 U.S.C.
42 12 §1382g, the department may take actions including but not
42 13 limited to increasing the personal needs allowance for
42 14 residential care facility residents and making programmatic
42 15 adjustments or upward adjustments of the residential care
42 16 facility or in-home health-related care reimbursement rates
42 17 prescribed in this division of this Act to ensure that federal
42 18 requirements are met. In addition, the department may make
42 19 other programmatic and rate adjustments necessary to remain
42 20 within the amount appropriated in this section while ensuring
42 21 compliance with federal requirements. The department may adopt
42 22 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.

42 23 Sec. 14. CHILDREN'S HEALTH INSURANCE PROGRAM.
42 24 1. There is appropriated from the general fund of the
42 25 state to the department of human services for the fiscal year
42 26 beginning July 1, 2013, and ending June 30, 2014, the following
42 27 amount, or so much thereof as is necessary, to be used for the
42 28 purpose designated:
42 29 For maintenance of the healthy and well kids in Iowa (hawk-i)

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

DETAIL: This is no change compared to the estimated FY 2013 appropriation.

42 30 program pursuant to chapter 514I, including supplemental dental
 42 31 services, for receipt of federal financial participation under
 42 32 Tit.XXI of the federal Social Security Act, which creates the
 42 33 children's health insurance program:
 42 34 \$ 36,806,102

42 35 2. Of the funds appropriated in this section, \$141,450 is
 43 1 allocated for continuation of the contract for outreach with
 43 2 the department of public health.

43 3 Sec. 15. CHILD CARE ASSISTANCE. There is appropriated
 43 4 from the general fund of the state to the department of human
 43 5 services for the fiscal year beginning July 1, 2013, and ending
 43 6 June 30, 2014, the following amount, or so much thereof as is
 43 7 necessary, to be used for the purpose designated:

43 8 For child care programs:
 43 9 \$ 72,931,661

43 10 1. Of the funds appropriated in this section, \$71,327,056
 43 11 shall be used for state child care assistance in accordance
 43 12 with section 237A.13.

43 13 2. Nothing in this section shall be construed or is
 43 14 intended as or shall imply a grant of entitlement for services
 43 15 to persons who are eligible for assistance due to an income
 43 16 level consistent with the waiting list requirements of section
 43 17 237A.13. Any state obligation to provide services pursuant to
 43 18 this section is limited to the extent of the funds appropriated
 43 19 in this section.

43 20 3. Of the funds appropriated in this section, \$432,453 is
 43 21 allocated for the statewide program for child care resource
 43 22 and referral services under section 237A.26. A list of the
 43 23 registered and licensed child care facilities operating in the
 43 24 area served by a child care resource and referral service shall
 43 25 be made available to the families receiving state child care
 43 26 assistance in that area.

43 27 4. Of the funds appropriated in this section, \$936,974
 43 28 is allocated for child care quality improvement initiatives
 43 29 including but not limited to the voluntary quality rating
 43 30 system in accordance with section 237A.30.

43 31 5. Of the funds appropriated in this section, \$135,178
 43 32 shall be used for the cost of a child care provider conducting
 43 33 a federally-required national criminal history check of a
 43 34 person's fingerprints through the United States department of
 43 35 justice, federal bureau of investigation.

Allocates \$141,450 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the FY 2013 allocation.

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.

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

DETAIL: This is no change compared to the FY 2013 allocation.

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

DETAIL: This is no change compared to the FY 2013 allocation.

Allocates \$135,178 for federally-required national criminal history checks of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI).

DETAIL: This is a new allocation for FY 2014.

44 1 6. Of the amount appropriated in this section, up to 44 2 \$25,000 shall be used to implement a searchable internet-based 44 3 application as part of the consumer information made available 44 4 under section 237A.25. The application shall provide a listing 44 5 of the child care providers in this state that have received 44 6 a rating under the quality rating system implemented pursuant 44 7 to section 237A.30 and information on whether a provider 44 8 specializes in child care for infants, school-age children, 44 9 children with special needs, or other populations or provides 44 10 any other specialized services to support family needs.	Allocates \$25,000 to implement a searchable, internet-based database for consumers to view child care provider information and rates. DETAIL: This is a new allocation for FY 2014.
44 11 7. Of the amount appropriated in this section, up to \$75,000 44 12 shall be used by the department to conduct an independent 44 13 evaluation of Iowa's child care quality rating system. The 44 14 evaluation shall address the system's strengths and weaknesses, 44 15 and shall provide recommendations for change. The department 44 16 shall submit a final report on or before December 16, 2013, to 44 17 the governor and general assembly concerning the evaluation. 44 18 The evaluation shall also include but is not limited to all of 44 19 the following: 44 20 a. An assessment of the validity of the system's key 44 21 underlying concepts. 44 22 b. An assessment of the techniques utilized and 44 23 psychometric properties of the measures used in the system to 44 24 assess quality. 44 25 c. An analysis of the outputs quantified by the rating 44 26 process. 44 27 d. An analysis of the relationship between the ratings 44 28 utilized and child outcomes realized.	Allocates up to \$75,000 for an independent evaluation of Iowa's child care quality rating system. The final report to the Governor and the General Assembly is due December 16, 2013. DETAIL: This is a new allocation for FY 2014.
44 29 8. The department shall change the standard period for 44 30 redetermining the eligibility of a state child care assistance 44 31 program participant to 12 months and increase the income 44 32 eligibility for employed families under the program to 148 44 33 percent of the federal poverty level, in accordance with the 44 34 amendments in this Act to section 237A.13.	Requires the Department to change the standard period of program participant eligibility for child care assistance from six months to 12 months and increases eligibility to 148.00% of the FPL for employed families in the program. DETAIL: This is a new provision for FY 2014.
44 35 9. The department may use any of the funds appropriated 45 1 in this section as a match to obtain federal funds for use in 45 2 expanding child care assistance and related programs. For 45 3 the purpose of expenditures of state and federal child care 45 4 funding, funds shall be considered obligated at the time 45 5 expenditures are projected or are allocated to the department's 45 6 service areas. Projections shall be based on current and 45 7 projected caseload growth, current and projected provider 45 8 rates, staffing requirements for eligibility determination 45 9 and management of program requirements including data systems	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. DETAIL: This provision was also in effect for FY 2013.

45 10 management, staffing requirements for administration of the
 45 11 program, contractual and grant obligations and any transfers
 45 12 to other state agencies, and obligations for decategorization
 45 13 or innovation projects.

45 14 10. A portion of the state match for the federal child care
 45 15 and development block grant shall be provided as necessary to
 45 16 meet federal matching funds requirements through the state
 45 17 general fund appropriation made for child development grants
 45 18 and other programs for at-risk children in section 279.51.

45 19 11. If a uniform reduction ordered by the governor under
 45 20 section 8.31 or other operation of law, transfer, or federal
 45 21 funding reduction reduces the appropriation made in this
 45 22 section for the fiscal year, the percentage reduction in the
 45 23 amount paid out to or on behalf of the families participating
 45 24 in the state child care assistance program shall be equal to or
 45 25 less than the percentage reduction made for any other purpose
 45 26 payable from the appropriation made in this section and the
 45 27 federal funding relating to it. The percentage reduction to
 45 28 the other allocations made in this section shall be the same as
 45 29 the uniform reduction ordered by the governor or the percentage
 45 30 change of the federal funding reduction, as applicable.
 45 31 If there is an unanticipated increase in federal funding
 45 32 provided for state child care assistance, the entire amount
 45 33 of the increase shall be used for state child care assistance
 45 34 payments. If the appropriations made for purposes of the
 45 35 state child care assistance program for the fiscal year are
 46 1 determined to be insufficient, it is the intent of the general
 46 2 assembly to appropriate sufficient funding for the fiscal year
 46 3 in order to avoid establishment of waiting list requirements.

46 4 12. Notwithstanding section 8.33, moneys advanced for
 46 5 purposes of the programs developed by early childhood Iowa
 46 6 areas, advanced for purposes of wraparound child care, or
 46 7 received from the federal appropriations made for the purposes
 46 8 of this section that remain unencumbered or unobligated at the
 46 9 close of the fiscal year shall not revert to any fund but shall
 46 10 remain available for expenditure for the purposes designated
 46 11 until the close of the succeeding fiscal year.

46 12 Sec. 16. JUVENILE INSTITUTIONS. There is appropriated
 46 13 from the general fund of the state to the department of human
 46 14 services for the fiscal year beginning July 1, 2013, and ending
 46 15 June 30, 2014, the following amounts, or so much thereof as is
 46 16 necessary, to be used for the purposes designated:

46 17 1. For operation of the Iowa juvenile home at Toledo and for

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.

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 for FY 2014 to avoid the establishment of a waiting list.

Permits nonreversion of FY 2014 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.

General Fund appropriation to the DHS for Juvenile Institutions.

General Fund appropriation to the Iowa Juvenile Home at Toledo.

46 18 salaries, support, maintenance, and miscellaneous purposes, and
 46 19 for not more than the following full-time equivalent positions:
 46 20 \$ 8,859,355
 46 21 FTEs 114.00

DETAIL: This is an increase of \$561,590 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$72,660 due to a transfer to General Administration.
- An increase of \$21,235 due to cost increases for pharmacy, food, transportation, utilities, and Workers' Compensation.
- An increase of \$22,883 for office supplies and equipment, printing, and postage.
- An increase of \$443,812 to sustain the same funding level approved in FY 2013.

46 22 2. For operation of the state training school at Eldora and
 46 23 for salaries, support, maintenance, and miscellaneous purposes,
 46 24 and for not more than the following full-time equivalent
 46 25 positions:
 46 26 \$ 11,256,969
 46 27 FTEs 164.30

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$576,826 and no change in FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$60,355 due to costs increases for pharmacy, food, transportation, utilities, and Workers' Compensation.
- An increase of \$444,811 to sustain the the current number of beds at the institution.

46 28 Of the funds appropriated in this subsection, \$91,150 shall
 46 29 be used for distribution to licensed classroom teachers at this
 46 30 and other institutions under the control of the department of
 46 31 human services based upon the average student yearly enrollment
 46 32 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 2013 allocation.

46 33 3. A portion of the moneys appropriated in this section
 46 34 shall be used by the state training school and by the Iowa
 46 35 juvenile home for grants for adolescent pregnancy prevention
 47 1 activities at the institutions in the fiscal year beginning
 47 2 July 1, 2013.

Requires a portion of the funds appropriated for the two juvenile institutions to be used for pregnancy prevention in FY 2014.

DETAIL: This provision was also in effect for FY 2013.

47 3 Sec. 17. CHILD AND FAMILY SERVICES.

47 4 1. There is appropriated from the general fund of the
 47 5 state to the department of human services for the fiscal year
 47 6 beginning July 1, 2013, and ending June 30, 2014, the following
 47 7 amount, or so much thereof as is necessary, to be used for the
 47 8 purpose designated:

47 9 For child and family services:

Allocates \$93,188,770 to provide child care assistance for low-income,

47 10 \$ 93,188,770

employed lowans.

DETAIL: This is an increase of \$11,957,209 compared to the FY 2013 allocation. General Fund changes include:

- An increase of \$280,025 due to the reduction in Iowa's federal medical assistance percentage (FMAP) rate.
- An increase of \$201,608 due to a transfer from the Adoption Subsidy program.
- An increase of \$5,992,590 for a 5.00% provider rate increase.
- An increase of \$1,227,512 for court-ordered services provided to children that are under the supervision of juvenile court services.
- An increase of \$645,000 for the Child Protection Center (CPC) Grant Program.
- An increase of \$3,030,624 for juvenile delinquent graduated sanctions services.
- An increase of \$479,850 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.
- An increase of \$100,000 for the establishment of a Children's Mental Health Cabinet pending the enactment of SF 415 (Mental Health and Disability Service Redesign Bill).

47 11 2. In order to address a reduction of \$5,200,000 from the
 47 12 amount allocated under the appropriation made for the purposes
 47 13 of this section in prior years for purposes of juvenile
 47 14 delinquent graduated sanction services, up to \$5,200,000 of the
 47 15 amount of federal temporary assistance for needy families block
 47 16 grant funding appropriated in this division of this Act for
 47 17 child and family services shall be made available for purposes
 47 18 of juvenile delinquent graduated sanction services.

Allocates up to \$5,200,000 of federal Temporary Assistance for Needy Families (TANF) funds for delinquency programs.

DETAIL: This is no change compared to the FY 2013 allocation.

47 19 3. The department may transfer funds appropriated in this
 47 20 section as necessary to pay the nonfederal costs of services
 47 21 reimbursed under the medical assistance program, state child
 47 22 care assistance program, or the family investment program which
 47 23 are provided to children who would otherwise receive services
 47 24 paid under the appropriation in this section. The department
 47 25 may transfer funds appropriated in this section to the
 47 26 appropriations made in this division of this Act for general
 47 27 administration and for field operations for resources necessary
 47 28 to implement and operate the services funded in this section.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

47 29 4. a. Of the funds appropriated in this section, up to
 47 30 \$32,242,363 is allocated as the statewide expenditure target
 47 31 under section 232.143 for group foster care maintenance and
 47 32 services. If the department projects that such expenditures

Allocates up to \$32,242,363 for group foster care services and maintenance costs. Permits reallocation of excess funds.

47 33 for the fiscal year will be less than the target amount
 47 34 allocated in this lettered paragraph, the department may
 47 35 reallocate the excess to provide additional funding for shelter
 48 1 care or the child welfare emergency services addressed with the
 48 2 allocation for shelter care.

48 3 b. If at any time after September 30, 2013, annualization
 48 4 of a service area's current expenditures indicates a service
 48 5 area is at risk of exceeding its group foster care expenditure
 48 6 target under section 232.143 by more than 5 percent, the
 48 7 department and juvenile court services shall examine all
 48 8 group foster care placements in that service area in order to
 48 9 identify those which might be appropriate for termination.
 48 10 In addition, any aftercare services believed to be needed
 48 11 for the children whose placements may be terminated shall be
 48 12 identified. The department and juvenile court services shall
 48 13 initiate action to set dispositional review hearings for the
 48 14 placements identified. In such a dispositional review hearing,
 48 15 the juvenile court shall determine whether needed aftercare
 48 16 services are available and whether termination of the placement
 48 17 is in the best interest of the child and the community.

Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.

48 18 5. In accordance with the provisions of section 232.188,
 48 19 the department shall continue the child welfare and juvenile
 48 20 justice funding initiative during fiscal year 2013-2014. Of
 48 21 the funds appropriated in this section, \$1,717,753 is allocated
 48 22 specifically for expenditure for fiscal year 2013-2014 through
 48 23 the decategorization service funding pools and governance
 48 24 boards established pursuant to section 232.188.

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

DETAIL: This is no change compared to the FY 2013 allocation.

48 25 6. A portion of the funds appropriated in this section
 48 26 may be used for emergency family assistance to provide other
 48 27 resources required for a family participating in a family
 48 28 preservation or reunification project or successor project to
 48 29 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.

48 30 7. Notwithstanding section 234.35 or any other provision
 48 31 of law to the contrary, state funding for shelter care and
 48 32 the child welfare emergency services contracting implemented
 48 33 to provide for or prevent the need for shelter care shall be
 48 34 limited to \$7,616,048.

Limits State funding for shelter care to \$7,616,048.

DETAIL: This is a \$745,932 increase compared to the FY 2013 allocation.

48 35 8. Federal funds received by the state during the fiscal
 49 1 year beginning July 1, 2013, as the result of the expenditure
 49 2 of state funds appropriated during a previous state fiscal
 49 3 year for a service or activity funded under this section are
 49 4 appropriated to the department to be used as additional funding
 49 5 for services and purposes provided for under this section.

Requires federal funds received in FY 2014 for the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2015.

49 6 Notwithstanding section 8.33, moneys received in accordance
 49 7 with this subsection that remain unencumbered or unobligated at
 49 8 the close of the fiscal year shall not revert to any fund but
 49 9 shall remain available for the purposes designated until the
 49 10 close of the succeeding fiscal year.

49 11 9. a. Of the funds appropriated in this section, up to
 49 12 \$3,290,000 is allocated for the payment of the expenses of
 49 13 court-ordered services provided to juveniles who are under the
 49 14 supervision of juvenile court services, which expenses are a
 49 15 charge upon the state pursuant to section 232.141, subsection
 49 16 4. Of the amount allocated in this lettered paragraph, up to
 49 17 \$1,556,287 shall be made available to provide school-based
 49 18 supervision of children adjudicated under chapter 232, of which
 49 19 not more than \$15,000 may be used for the purpose of training.
 49 20 A portion of the cost of each school-based liaison officer
 49 21 shall be paid by the school district or other funding source as
 49 22 approved by the chief juvenile court officer.
 49 23 b. Of the funds appropriated in this section, up to \$748,985
 49 24 is allocated for the payment of the expenses of court-ordered
 49 25 services provided to children who are under the supervision
 49 26 of the department, which expenses are a charge upon the state
 49 27 pursuant to section 232.141, subsection 4.

49 28 c. Notwithstanding section 232.141 or any other provision
 49 29 of law to the contrary, the amounts allocated in this
 49 30 subsection shall be distributed to the judicial districts
 49 31 as determined by the state court administrator and to the
 49 32 department's service areas as determined by the administrator
 49 33 of the department's division of child and family services. The
 49 34 state court administrator and the division administrator shall
 49 35 make the determination of the distribution amounts on or before
 50 1 June 15, 2013.

50 2 d. Notwithstanding chapter 232 or any other provision of
 50 3 law to the contrary, a district or juvenile court shall not
 50 4 order any service which is a charge upon the state pursuant
 50 5 to section 232.141 if there are insufficient court-ordered
 50 6 services funds available in the district court or departmental
 50 7 service area distribution amounts to pay for the service. The
 50 8 chief juvenile court officer and the departmental service area
 50 9 manager shall encourage use of the funds allocated in this
 50 10 subsection such that there are sufficient funds to pay for
 50 11 all court-related services during the entire year. The chief
 50 12 juvenile court officers and departmental service area managers
 50 13 shall attempt to anticipate potential surpluses and shortfalls
 50 14 in the distribution amounts and shall cooperatively request the
 50 15 state court administrator or division administrator to transfer

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 2013 allocation. Of this amount, \$1,556,287 is allocated for school-based 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. This is no change compared to the FY 2013 allocation.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS. This is no change compared to the FY 2012 allocation.

DETAIL: This is an increase of \$1,227,512 compared to FY 2013.

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, 2013.

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.

50 16 funds between the judicial districts' or departmental service
50 17 areas' distribution amounts as prudent.

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

50 18 e. Notwithstanding any provision of law to the contrary,
50 19 a district or juvenile court shall not order a county to pay
50 20 for any service provided to a juvenile pursuant to an order
50 21 entered under chapter 232 which is a charge upon the state
50 22 under section 232.141, subsection 4.

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

50 23 f. Of the funds allocated in this subsection, not more than
50 24 \$83,000 may be used by the judicial branch for administration
50 25 of the requirements under this subsection.

DETAIL: This is no change compared to the FY 2013 allocation.

50 26 g. Of the funds allocated in this subsection, \$17,000
50 27 shall be used by the department of human services to support
50 28 the interstate commission for juveniles in accordance with
50 29 the interstate compact for juveniles as provided in section
50 30 232.173.

Allocates \$17,000 for 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 2013 allocation.

50 31 10. Of the funds appropriated in this section, \$9,053,226 is
50 32 allocated for juvenile delinquent graduated sanctions services.
50 33 Any state funds saved as a result of efforts by juvenile court
50 34 services to earn federal Tit.IV-E match for juvenile court
50 35 services administration may be used for the juvenile delinquent
51 1 graduated sanctions services.

Allocates \$9,053,266 for juvenile delinquent graduated sanctions services. Permits 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, to be used for graduated sanctions services.

DETAIL: This is an increase of \$3,030,624 compared to the FY 2013 allocation.

51 2 11. Of the funds appropriated in this section, \$1,933,285
51 3 shall be transferred to the department of public health to be
51 4 used for equalization and renewal of the grants under the child
51 5 protection center grant program in accordance with section
51 6 135.118.

Requires \$1,933,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is an increase of \$645,000 compared to the FY 2013

51 7 12. If the department receives federal approval to
51 8 implement a waiver under Tit.IV-E of the federal Social
51 9 Security Act to enable providers to serve children who remain
51 10 in the children's families and communities, for purposes of
51 11 eligibility under the medical assistance program, children who
51 12 participate in the waiver shall be considered to be placed in
51 13 foster care.

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

51 14 13. Of the funds appropriated in this section, \$3,092,375 is
51 15 allocated for the preparation for adult living program pursuant
51 16 to section 234.46.

Allocates \$3,092,375 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is no change compared to the FY 2013 allocation.

51 17 14. Of the funds appropriated in this section, \$1,000,000
 51 18 shall be used for juvenile drug courts. The amount allocated
 51 19 in this subsection shall be distributed as follows:
 51 20 To the judicial branch for salaries to assist with the
 51 21 operation of juvenile drug court programs operated in the
 51 22 following jurisdictions:
 51 23 a. Marshall county:
 51 24 \$ 99,540
 51 25 b. Woodbury county:
 51 26 \$ 258,804
 51 27 c. Polk county:
 51 28 \$ 430,843
 51 29 d. The third judicial district:
 51 30 \$ 111,274
 51 31 e. The eighth judicial district:
 51 32 \$ 99,539

Allocates a total of \$1,000,000 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.

DETAIL: This is an increase of \$479,850 compared to the FY 2013 allocation.

51 33 15. Of the funds appropriated in this section, \$227,337
 51 34 shall be used for the public purpose of continuing a grant to
 51 35 a nonprofit human services organization providing services to
 52 1 individuals and families in multiple locations in southwest
 52 2 Iowa and Nebraska for support of a project providing immediate,
 52 3 sensitive support and forensic interviews, medical exams, needs
 52 4 assessments, and referrals for victims of child abuse and their
 52 5 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 2013 allocation.

52 6 16. Of the funds appropriated in this section, \$200,590
 52 7 is allocated for the foster care youth council approach of
 52 8 providing a support network to children placed in foster care.

Allocates \$200,590 to provide support for foster care youth councils.

DETAIL: This is no change compared to the FY 2013 allocation.

52 9 17. Of the funds appropriated in this section, \$202,000 is
 52 10 allocated for use pursuant to section 235A.1 for continuation
 52 11 of the initiative to address child sexual abuse implemented
 52 12 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 52 13 21.

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

DETAIL: This is no change compared to the FY 2013 allocation.

52 14 18. Of the funds appropriated in this section, \$630,240 is
 52 15 allocated for the community partnership for child protection
 52 16 sites.

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

DETAIL: This is no change compared to the FY 2013 allocation.

52 17 19. Of the funds appropriated in this section, \$371,250
 52 18 is allocated for the department's minority youth and family
 52 19 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 2013 allocation.

52 20	20. Of the funds appropriated in this section, \$1,436,595	Allocates \$1,436,595 for the Circle of Care grant in Northeast Iowa.
52 21	is allocated for funding of the community circle of care	
52 22	collaboration for children and youth in northeast Iowa.	DETAIL: This is no change compared to the FY 2013 allocation
52 23	21. Of the funds appropriated in this section, at least	Allocates \$147,158 for the child welfare provider online training
52 24	\$147,158 shall be used for the child welfare training academy.	academy.
		DETAIL: This is no change compared to the FY 2013 allocation.
52 25	22. Of the funds appropriated in this section, \$25,000	Allocates \$25,000 to Four Oaks for various autism spectrum disorders
52 26	shall be used for the public purpose of continuation of a	services.
52 27	grant to a child welfare services provider headquartered in a	
52 28	county with a population between 205,000 and 215,000 in the	DETAIL: This is no change compared to the FY 2013 allocation.
52 29	latest certified federal census that provides multiple services	
52 30	including but not limited to a psychiatric medical institution	
52 31	for children, shelter, residential treatment, after school	
52 32	programs, school-based programming, and an Asperger's syndrome	
52 33	program, to be used for support services for children with	
52 34	autism spectrum disorder and their families.	
52 35	23. Of the funds appropriated in this section, \$25,000	Allocates \$25,000 to a hospital-based provider in Dubuque County for
53 1	shall be used for the public purpose of continuing a grant to	support services for children with autism spectrum disorder and their
53 2	a hospital-based provider headquartered in a county with a	families.
53 3	population between 90,000 and 95,000 in the latest certified	
53 4	federal census that provides multiple services including	DETAIL: This is no change compared to the FY 2013 allocation.
53 5	but not limited to diagnostic, therapeutic, and behavioral	
53 6	services to individuals with autism spectrum disorder across	
53 7	the lifespan. The grant recipient shall utilize the funds	
53 8	to continue the pilot project to determine the necessary	
53 9	support services for children with autism spectrum disorder and	
53 10	their families to be included in the children's disabilities	
53 11	services system. The grant recipient shall submit findings and	
53 12	recommendations based upon the results of the pilot project	
53 13	to the individuals specified in this division of this Act for	
53 14	submission of reports by December 31, 2013.	
53 15	24. Of the funds appropriated in this section, \$327,947	Allocates \$327,947 for continuation of a System of Care Program in
53 16	shall be used for continuation of the central Iowa system of	Polk County.
53 17	care program grant through June 30, 2014.	DETAIL: This is no change compared to the FY 2013 allocation.
53 18	25. Of the funds appropriated in this section, \$160,000	Allocates \$160,000 for continuation of a System of Care Program in
53 19	shall be used for the public purpose of the continuation of	Cerro Gordo and Linn Counties.
53 20	a system of care grant implemented in Cerro Gordo and Linn	
53 21	counties.	DETAIL: This is no change compared to the FY 2013 allocation.

53 22 26. Of the funds appropriated in this section, at least
 53 23 \$25,000 shall be used to continue and to expand the foster
 53 24 care respite pilot program in which postsecondary students in
 53 25 social work and other human services-related programs receive
 53 26 experience by assisting family foster care providers with
 53 27 respite and other support.

Allocates at least \$25,000 to continue and expand to additional counties the Foster Care Respite Pilot Program at Wartburg College for students in social work and other Human Services-related programs.

53 28 27. Of the funds appropriated in this section, up to
 53 29 \$100,000 shall be used to implement a children's cabinet under
 53 30 the department of human services, if enacted by 2013 Iowa Acts,
 53 31 Senate File 415 or successor legislation.

Allocates \$100,000 for the establishment of a Children's Mental Health Cabinet pending the enactment of SF 415 (Mental Health and Disability Service Redesign Bill).

53 32 Sec. 18. ADOPTION SUBSIDY.

53 33 1. There is appropriated from the general fund of the
 53 34 state to the department of human services for the fiscal year
 53 35 beginning July 1, 2013, and ending June 30, 2014, the following
 54 1 amount, or so much thereof as is necessary, to be used for the
 54 2 purpose designated:

54 3 For adoption subsidy payments and services:
 54 4 \$ 40,729,282

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is an increase of \$3,940,706 compared to estimated net FY 2013. The changes include:

- A decrease of \$201,608 due to a transfer from the Child and Family Services.
- A general increase of \$998,628 to fund program shortfalls.
- A increase of \$790,660 to fund caseload growth.
- An increase of \$780,576 due to the reduction in Iowa's FMAP rate.
- An increase of \$1,572,450 for a 5.00% provider rate increase.

54 5 2. The department may transfer funds appropriated in
 54 6 this section to the appropriation made in this division of
 54 7 this Act for general administration for costs paid from the
 54 8 appropriation relating to adoption subsidy.

Permits the DHS to transfer funds for adoption recruitment and retention. Allows the DHS to transfer funds to Child and Family Services to ensure equitable rate increases for adoption and foster care programs.

54 9 3. Federal funds received by the state during the
 54 10 fiscal year beginning July 1, 2013, as the result of the
 54 11 expenditure of state funds during a previous state fiscal
 54 12 year for a service or activity funded under this section are
 54 13 appropriated to the department to be used as additional funding
 54 14 for the services and activities funded under this section.
 54 15 Notwithstanding section 8.33, moneys received in accordance
 54 16 with this subsection that remain unencumbered or unobligated
 54 17 at the close of the fiscal year shall not revert to any fund
 54 18 but shall remain available for expenditure for the purposes

Requires federal funds received in FY 2014 for the expenditure of State funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2015.

54 19 designated until the close of the succeeding fiscal year.

54 20 Sec. 19. JUVENILE DETENTION HOME FUND. Moneys deposited
54 21 in the juvenile detention home fund created in section 232.142
54 22 during the fiscal year beginning July 1, 2013, and ending June
54 23 30, 2014, are appropriated to the department of human services
54 24 for the fiscal year beginning July 1, 2013, and ending June 30,
54 25 2014, for distribution of an amount equal to a percentage of
54 26 the costs of the establishment, improvement, operation, and
54 27 maintenance of county or multicounty juvenile detention homes
54 28 in the fiscal year beginning July 1, 2012. Moneys appropriated
54 29 for distribution in accordance with this section shall be
54 30 allocated among eligible detention homes, prorated on the basis
54 31 of an eligible detention home's proportion of the costs of all
54 32 eligible detention homes in the fiscal year beginning July
54 33 1, 2012. The percentage figure shall be determined by the
54 34 department based on the amount available for distribution for
54 35 the fund. Notwithstanding section 232.142, subsection 3, the
55 1 financial aid payable by the state under that provision for the
55 2 fiscal year beginning July 1, 2013, shall be limited to the
55 3 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 2014 projected operations budgets.

55 4 Sec. 20. FAMILY SUPPORT SUBSIDY PROGRAM.
55 5 1. There is appropriated from the general fund of the
55 6 state to the department of human services for the fiscal year
55 7 beginning July 1, 2013, and ending June 30, 2014, the following
55 8 amount, or so much thereof as is necessary, to be used for the
55 9 purpose designated:
55 10 For the family support subsidy program subject to the
55 11 enrollment restrictions in section 225C.37, subsection 3:
55 12 \$ 1,092,955

General Fund appropriation for the Family Support Program.

DETAIL: This is a decrease of \$3,829 compared to estimated FY 2013. The changes include:

- A decrease of \$101,829 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$98,000 to expand the Children-at-Home Program to two new areas.

55 13 2. The department shall use at least \$483,500 of the moneys
55 14 appropriated in this section for the family support center
55 15 component of the comprehensive family support program under
55 16 section 225C.47. Not more than \$25,000 of the amount allocated
55 17 in this subsection shall be used for administrative costs.

Requires an allocation of \$483,500 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 \$98,000 to expand the program to two new areas.

55 18 3. If at any time during the fiscal year, the amount of
55 19 funding available for the family support subsidy program
55 20 is reduced from the amount initially used to establish the
55 21 figure for the number of family members for whom a subsidy
55 22 is to be provided at any one time during the fiscal year,
55 23 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.

55 24 shall revise the figure as necessary to conform to the amount
55 25 of funding available.

55 26 Sec. 21. CONNER DECREE. There is appropriated from the
55 27 general fund of the state to the department of human services
55 28 for the fiscal year beginning July 1, 2013, and ending June 30,
55 29 2014, the following amount, or so much thereof as is necessary,
55 30 to be used for the purpose designated:

55 31 For building community capacity through the coordination
55 32 and provision of training opportunities in accordance with the
55 33 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
55 34 Iowa, July 14, 1994):
55 35 \$ 33,622

56 1 Sec. 22. MENTAL HEALTH INSTITUTES. There is appropriated
56 2 from the general fund of the state to the department of human
56 3 services for the fiscal year beginning July 1, 2013, and ending
56 4 June 30, 2014, the following amounts, or so much thereof as is
56 5 necessary, to be used for the purposes designated:

56 6 1. For the state mental health institute at Cherokee for
56 7 salaries, support, maintenance, and miscellaneous purposes, and
56 8 for not more than the following full-time equivalent positions:
56 9 \$ 5,954,464
56 10 FTEs 169.20

56 11 2. For the state mental health institute at Clarinda for
56 12 salaries, support, maintenance, and miscellaneous purposes, and
56 13 for not more than the following full-time equivalent positions:
56 14 \$ 6,751,868
56 15 FTEs 86.10

56 16 3. For the state mental health institute at Independence for
56 17 salaries, support, maintenance, and miscellaneous purposes, and
56 18 for not more than the following full-time equivalent positions:
56 19 \$ 10,318,778
56 20 FTEs 233.00

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

DETAIL: This is no change compared to estimated FY 2013. 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 an increase of \$418,726 and an increase of 0.70 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$346,066 to sustain the current number of beds at the institution.
- An increase of 0.70 FTE positions to adjust to the appropriate level.

General Fund appropriation to the MHI at Clarinda.

DETAIL: This is an increase of \$309,180 and no change in FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$236,520 to sustain the current number of beds at the institution.

General Fund appropriation to the MHI at Independence.

DETAIL: This is an increase of \$580,258 and no change in FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$466,512 to sustain the current number of beds at the institution.
- An increase of \$41,086 due to a reduction in the federal FMAP rate.

56 21 4. For the state mental health institute at Mount Pleasant
 56 22 for salaries, support, maintenance, and miscellaneous purposes,
 56 23 and for not more than the following full-time equivalent
 56 24 positions:

56 25	.....	\$	1,366,686
56 26	.....	FTEs	97.32

56 27 Sec. 23. STATE RESOURCE CENTERS.

56 28 1. There is appropriated from the general fund of the
 56 29 state to the department of human services for the fiscal year
 56 30 beginning July 1, 2013, and ending June 30, 2014, the following
 56 31 amounts, or so much thereof as is necessary, to be used for the
 56 32 purposes designated:

56 33 a. For the state resource center at Glenwood for salaries,
 56 34 support, maintenance, and miscellaneous purposes:
 56 35

56 35	\$	20,502,425
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57 1 b. For the state resource center at Woodward for salaries,
 57 2 support, maintenance, and miscellaneous purposes:
 57 3

57 3	\$	14,631,359
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General Fund appropriation to the MHI at Mt. Pleasant.

DETAIL: This is an increase of \$481,227 and no change in FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$326,082 to sustain the current number of beds at the institution.
- An increase of \$82,485 to sustain pharmacy staffing at the MHI. The Department of Corrections is centralizing their pharmacy and the shared position will be lost.

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is an increase of \$1,636,309 compared to estimated FY 2013. The General Fund changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$57,703 due to increased costs of food, transportation, and utilities.
- An increase of \$1,050,040 due to a reduction in the federal FMAP rate.
- An increase of \$455,906 to maintain funding for fixed costs with a lower census.

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$1,598,244 compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$25,726 due to increased costs of food, transportation, and utilities.
- An increase of \$678,065 due to a reduction in the federal FMAP

		rate.	
		<ul style="list-style-type: none"> • An increase of \$821,793 to maintain funding for fixed costs with a lower census. 	
57	4	2. The department may continue to bill for state resource	
57	5	center services utilizing a scope of services approach used for	Permits the DHS to continue billing practices that do not include cost
57	6	private providers of ICFID services, in a manner which does not	shifting.
57	7	shift costs between the medical assistance program, counties,	
57	8	or other sources of funding for the state resource centers.	
57	9	3. The state resource centers may expand the time-limited	Permits the State Resource Centers to expand time-limited
57	10	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.
57	11	4. If the department's administration and the department	Specifies that FTE positions may be added at the two State Resource
57	12	of management concur with a finding by a state resource	Centers if projected revenues are sufficient to pay the salary and
57	13	center's superintendent that projected revenues can reasonably	support costs of the additional positions.
57	14	be expected to pay the salary and support costs for a new	
57	15	employee position, or that such costs for adding a particular	
57	16	number of new positions for the fiscal year would be less	
57	17	than the overtime costs if new positions would not be added,	
57	18	the superintendent may add the new position or positions. If	
57	19	the vacant positions available to a resource center do not	
57	20	include the position classification desired to be filled, the	
57	21	state resource center's superintendent may reclassify any	
57	22	vacant position as necessary to fill the desired position. The	
57	23	superintendents of the state resource centers may, by mutual	
57	24	agreement, pool vacant positions and position classifications	
57	25	during the course of the fiscal year in order to assist one	
57	26	another in filling necessary positions.	
57	27	5. If existing capacity limitations are reached in	Permits a State Resource Center to open certain facilities if a service
57	28	operating units, a waiting list is in effect for a service or	waiting list exists and funding is available.
57	29	a special need for which a payment source or other funding	
57	30	is available for the service or to address the special need,	
57	31	and facilities for the service or to address the special need	
57	32	can be provided within the available payment source or other	
57	33	funding, the superintendent of a state resource center may	
57	34	authorize opening not more than two units or other facilities	
57	35	and begin implementing the service or addressing the special	
58	1	need during fiscal year 2013-2014.	

58 2 Sec. 24. SEXUALLY VIOLENT PREDATORS.
 58 3 1. There is appropriated from the general fund of the
 58 4 state to the department of human services for the fiscal year
 58 5 beginning July 1, 2013, and ending June 30, 2014, the following
 58 6 amount, or so much thereof as is necessary, to be used for the
 58 7 purpose designated:

58 8 For costs associated with the commitment and treatment of
 58 9 sexually violent predators in the unit located at the state
 58 10 mental health institute at Cherokee, including costs of legal
 58 11 services and other associated costs, including salaries,
 58 12 support, maintenance, and miscellaneous purposes, and for not
 58 13 more than the following full-time equivalent positions:

58 14	.....	\$	11,142,979
58 15	.....	FTEs	115.50

58 16 2. Unless specifically prohibited by law, if the amount
 58 17 charged provides for recoupment of at least the entire amount
 58 18 of direct and indirect costs, the department of human services
 58 19 may contract with other states to provide care and treatment
 58 20 of persons placed by the other states at the unit for sexually
 58 21 violent predators at Cherokee. The moneys received under
 58 22 such a contract shall be considered to be repayment receipts
 58 23 and used for the purposes of the appropriation made in this
 58 24 section.

58 25 Sec. 25. FIELD OPERATIONS. There is appropriated from the
 58 26 general fund of the state to the department of human services
 58 27 for the fiscal year beginning July 1, 2013, and ending June 30,
 58 28 2014, the following amount, or so much thereof as is necessary,
 58 29 to be used for the purposes designated:

58 30 For field operations, including salaries, support,
 58 31 maintenance, and miscellaneous purposes, and for not more than
 58 32 the following full-time equivalent positions:

58 33	.....	\$	67,008,683
58 34	.....	FTEs	1,837.00

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

DETAIL: This is an increase of \$2,243,293 and no change in FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of \$444,623 for 10 additional court-ordered sex offenders.
- An increase of \$1,726,010 to annualize the cost of FY 2013 increase in offenders.

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

DETAIL: This is a net increase of \$5,372,370 and 56.00 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$1,357,864 to restore the appropriation to the FY 2013 service level.
- An increase of \$241,050 to maintain field staff and cases per worker at FY 2013 levels.
- An increase of \$1,581,656 to maintain the FY 2013 case per worker level.
- An increase of \$2,191,800 for Medicaid expansion pending the enactment of SF 296 (Medicaid Expansion Bill).
- An increase of 56.00 FTE positions due to additional staff needed to implement Medicaid Expansion.

58 35 1. As a condition of this appropriation, the department
 59 1 shall make every possible effort to fill the entire number of
 59 2 positions authorized by this section and, unless specifically
 59 3 provided otherwise by an applicable collective bargaining
 59 4 agreement, the department is not subject to any approval
 59 5 requirement external to the department to fill a field
 59 6 operations vacancy within the number of full-time equivalent
 59 7 positions authorized by this section. The department shall
 59 8 report on the first of each month to the chairpersons and
 59 9 ranking members of the appropriations committees of the senate
 59 10 and house of representatives, and the persons designated by
 59 11 this Act for submission of reports concerning the status of
 59 12 filling the positions.

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.

59 13 2. Priority in filling full-time equivalent positions
 59 14 shall be given to those positions related to child protection
 59 15 services and eligibility determination for low-income families.

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

59 16 Sec. 26. GENERAL ADMINISTRATION. There is appropriated
 59 17 from the general fund of the state to the department of human
 59 18 services for the fiscal year beginning July 1, 2013, and ending
 59 19 June 30, 2014, the following amount, or so much thereof as is
 59 20 necessary, to be used for the purpose designated:

59 21 For general administration, including salaries, support,
 59 22 maintenance, and miscellaneous purposes, and for not more than
 59 23 the following full-time equivalent positions:
 59 24 \$ 16,231,171
 59 25 FTEs 309.00

General Fund appropriation for General Administration.

DETAIL: This is a net increase of \$130,486 and 2.0 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$689,000 for general administration.
- An increase of \$475,710 due to increased costs of services through the Department of Administration (DAS).
- An increase of \$25,000 for a Prevention of Disabilities Council summit.
- An increase of \$57,716 for Medicaid Expansion pending the enactment of SF 296.
- A decrease of \$653,940 due to a transfer of funds to the institutions.
- A decrease of \$463,000 to remove an allocation for costs to place sexually violent predators in need of medical treatment.
- An increase of 2.0 FTE positions due the implementation of Medicaid Expansion.

59 26 1. Of the funds appropriated in this section, \$63,543
 59 27 allocated for the prevention of disabilities policy council
 59 28 established in section 225B.3. Of the amount allocated
 59 29 in this subsection, \$25,000 shall be passed through to the

Allocates \$63,543 to the Prevention of Disabilities Policy Council.

DETAIL: This is an increase of \$25,000 compared to the FY 2013 allocation.

59 30 council for the costs involved with holding a summit meeting
 59 31 of the multiple entities providing services to persons with
 59 32 disabilities. The focus of the summit meeting shall be to
 59 33 review existing disability prevention activities in order to
 59 34 identify cost effective public policy options for reaching
 59 35 the greatest number of children and adults in order to
 60 1 eliminate the risk of disabilities. The review shall also
 60 2 address options for health care services available to youth
 60 3 transitioning to the adult system of health care.

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

60 4 2. The department shall report at least monthly to the
 60 5 legislative services agency concerning the department's
 60 6 operational and program expenditures.

Allocates \$132,300 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.

60 7 3. Of the funds appropriated in this section, \$132,300 shall
 60 8 be used to continue the contract for the provision of a program
 60 9 to provide technical assistance, support, and consultation to
 60 10 providers of habilitation services and home and community-based
 60 11 services waiver services for adults with disabilities under the
 60 12 medical assistance program.

DETAIL: This is no change compared to the FY 2013 allocation.

60 13 4. Of the funds appropriated in this section, \$176,400 shall
 60 14 be used to continue the contract to expand the provision of
 60 15 nationally accredited and recognized internet-based training to
 60 16 include mental health and disability services providers.

Allocates \$176,400 to continue the contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is no change compared to the FY 2013 allocation.

60 17 5. Of the funds appropriated in this section, \$50,000
 60 18 shall be transferred to the Iowa finance authority to be used
 60 19 for administrative support of the council on homelessness
 60 20 established in section 16.100A and for the council to fulfill
 60 21 its duties in addressing and reducing homelessness in the
 60 22 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 2013 allocation.

60 23 Sec. 27. VOLUNTEERS. There is appropriated from the general
 60 24 fund of the state to the department of human services for the
 60 25 fiscal year beginning July 1, 2013, and ending June 30, 2014,
 60 26 the following amount, or so much thereof as is necessary, to be
 60 27 used for the purpose designated:

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

DETAIL: This is no change compared to estimated net FY 2013.

60 28 For development and coordination of volunteer services:
 60 29 \$ 84,660

60 30 Sec. 28. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 60 31 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 60 32 DEPARTMENT OF HUMAN SERVICES.

60 33 1. a. (1) For the fiscal year beginning July 1, 2013,
 60 34 the total state funding amount for the nursing facility budget

Caps nursing facility reimbursements at \$267,712,511 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if

<p>60 35 shall not exceed \$267,712,511.</p> <p>61 1 (2) For the fiscal year beginning July 1, 2013, the</p> <p>61 2 department shall rebase case-mix nursing facility rates</p> <p>61 3 effective July 1, 2013. However, total nursing facility budget</p> <p>61 4 expenditures, including both case-mix and noncase-mix, shall</p> <p>61 5 not exceed the amount specified in subparagraph (1). When</p> <p>61 6 calculating case-mix per diem cost and the patient-day-weighted</p> <p>61 7 medians used in rate-setting for nursing facilities effective</p> <p>61 8 July 1, 2013, the inflation factor applied from the midpoint</p> <p>61 9 of the cost report period to the first day of the state fiscal</p> <p>61 10 year rate period shall be adjusted to maintain state funding</p> <p>61 11 within the amount specified in subparagraph (1).</p> <p>61 12 (3) The department, in cooperation with nursing facility</p> <p>61 13 representatives, shall review projections for state funding</p> <p>61 14 expenditures for reimbursement of nursing facilities on a</p> <p>61 15 quarterly basis and the department shall determine if an</p> <p>61 16 adjustment to the medical assistance reimbursement rate is</p> <p>61 17 necessary in order to provide reimbursement within the state</p> <p>61 18 funding amount for the fiscal year. Notwithstanding 2001</p> <p>61 19 Iowa Acts, chapter 192, section 4, subsection 2, paragraph</p> <p>61 20 "c", and subsection 3, paragraph "a", subparagraph (2),</p> <p>61 21 if the state funding expenditures for the nursing facility</p> <p>61 22 budget for the fiscal year is projected to exceed the amount</p> <p>61 23 specified in subparagraph (1), the department shall adjust</p> <p>61 24 the reimbursement for nursing facilities reimbursed under the</p> <p>61 25 case-mix reimbursement system to maintain expenditures of the</p> <p>61 26 nursing facility budget within the specified amount for the</p> <p>61 27 fiscal year.</p> <p>61 28 (4) For the fiscal year beginning July 1, 2013, special</p> <p>61 29 population nursing facilities shall be reimbursed in accordance</p> <p>61 30 with the methodology in effect on June 30, 2013.</p> <p>61 31 b. (1) For the fiscal year beginning July 1, 2013,</p> <p>61 32 the department shall establish the pharmacy dispensing fee</p> <p>61 33 reimbursement at \$10.02 per prescription. Any subsequent</p> <p>61 34 actual dispensing fee shall be established within the range</p> <p>61 35 determined by a cost of dispensing survey performed by</p> <p>62 1 the department and required to be completed by all medical</p> <p>62 2 assistance program participating pharmacies every two years</p> <p>62 3 beginning in FY 2014-2015.</p> <p>62 4 (2) The department shall continue to implement an average</p> <p>62 5 acquisition cost reimbursement methodology for pharmacy</p> <p>62 6 ingredient cost reimbursement of all drugs covered under the</p> <p>62 7 medical assistance program in accordance with 2012 Iowa Acts,</p> <p>62 8 chapter 1133, section 33.</p>	<p>expenditures exceed the cap.</p> <p>DETAIL: The cap includes \$14,268,148 to rebase nursing facilities. The DHS is to rebase nursing facility rates effective July 1, 2013.</p> <p>Requires methodology for calculating reimbursement for special population nursing facilities to remain the same as the methodology in effect in FY 2013.</p> <p>Requires a reimbursement rate of \$10.02 per prescription for pharmacist services for FY 2014. The fee is to be determined by a dispensing survey.</p> <p>DETAIL: This is no change compared to FY 2013 rate.</p> <p>Requires the DHS to continue to implement 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</p>
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that are not reflective of the actual drug cost.

Requires the rate of reimbursement for outpatient services to be increased by 1.50% compared to the rate in effect in FY 2013.

Requires the rate of reimbursement for inpatient services to be increased by 1.50% compared to the rate in effect in FY 2013.

Requires the rate of reimbursement for graduate medical education and Disproportionate Share Hospital (DSH) Fund to remain the same as the FY 2013 reimbursement rate and specifies that the Graduate Medical Education (GME) rates reflect the elimination of payment to out-of-state hospitals.

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

Requires rural health clinics, hospice services, and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2014.

Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2013.

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA). The DHS is required to update the rates every two years.

DETAIL: The Bill provides an additional \$2,765,655 to rebase the rate to the LUPA for FY 2014.

62 9 c. (1) For the fiscal year beginning July 1, 2013,
62 10 reimbursement rates for outpatient hospital services shall be
62 11 increased 1.5 percent over the rates in effect on June 30,
62 12 2013.

62 13 (2) For the fiscal year beginning July 1, 2013,
62 14 reimbursement rates for inpatient hospital services shall by
62 15 increased by 1.5 percent over the rates in effect on June 30,
62 16 2013.

62 17 (3) For the fiscal year beginning July 1, 2013, the graduate
62 18 medical education and disproportionate share hospital fund
62 19 shall remain at the amount in effect on June 30, 2013, except
62 20 that the portion of the fund attributable to graduate medical
62 21 education shall be reduced in an amount that reflects the
62 22 elimination of graduate medical education payments made to
62 23 out-of-state hospitals.

62 24 (4) In order to ensure the efficient use of limited state
62 25 funds in procuring health care services for low-income lowans,
62 26 funds appropriated in this Act for hospital services shall
62 27 not be used for activities which would be excluded from a
62 28 determination of reasonable costs under the federal Medicare
62 29 program pursuant to 42 U.S.C.§1395X(v)(1)(N).

62 30 d. For the fiscal year beginning July 1, 2013, reimbursement
62 31 rates for rural health clinics, hospices, and acute mental
62 32 hospitals shall be increased in accordance with increases under
62 33 the federal Medicare program or as supported by their Medicare
62 34 audited costs.

62 35 e. For the fiscal year beginning July 1, 2013, independent
63 1 laboratories and rehabilitation agencies shall be reimbursed
63 2 using the same methodology in effect on June 30, 2013.

63 3 f. For the fiscal year beginning July 1, 2013, rates for
63 4 home health services shall be reimbursed based on the Medicare
63 5 low utilization payment amount (LUPA) methodology with state
63 6 geographic wage adjustments. The Medicare LUPA per-visit
63 7 rates in effect on July 1, 2013, shall be utilized as the
63 8 basis for establishing the initial reimbursement schedule.
63 9 The department shall update the rates every two years to
63 10 reflect the most recent Medicare LUPA rates. For the fiscal
63 11 year beginning July 1, 2013, the department shall adjust the
63 12 reimbursement rate as calculated under this paragraph to

63 13 distribute an additional \$2,765,655 over the rates in effect on
63 14 June 30, 2013, in state reimbursement for home health services
63 15 with the exception of early and periodic screening, diagnostic
63 16 and treatment program private duty nursing and personal care
63 17 services.

63 18 g. (1) For the fiscal year beginning July 1, 2013,
63 19 federally qualified health centers shall receive cost-based
63 20 reimbursement for 100 percent of the reasonable costs for the
63 21 provision of services to recipients of medical assistance.

Requires the DHS to reimburse federally qualified health centers (FQHCs) for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.

63 22 (2) The department of human services shall amend the medical
63 23 assistance state plan to allow reimbursement of a federally
63 24 qualified health center for provision of multiple medical,
63 25 behavioral health, or dental services provided at the federally
63 26 qualified health center to a medical assistance program
63 27 recipient during the course of the same calendar day.

Requires the DHS to amend the Medicaid State Plan to allow FQHCs to be reimbursed for behavioral, dental, and medical health for the same day visit.

DETAIL: Currently the FQHCs receive one rate regardless of the type health care the individual accesses. This change is estimated to cost \$2,000,000 in FY 2014.

63 28 h. For the fiscal year beginning July 1, 2013, the
63 29 reimbursement rates for dental services shall be increased by
63 30 1.5 percent over the rates in effect on June 30, 2013.

Requires the reimbursement rates for dental services to be increased by 1.50% compared to the rate in effect in FY 2013.

63 31 i. (1) For the fiscal year beginning July 1, 2013,
63 32 state-owned psychiatric medical institutions for children shall
63 33 receive cost-based reimbursement for 100 percent of the actual
63 34 and allowable costs for the provision of services to recipients
63 35 of medical assistance.

Requires the reimbursement rates for State-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.

64 1 (2) For the nonstate-owned psychiatric medical institutions
64 2 for children, reimbursement rates shall be based on the
64 3 reimbursement methodology developed by the department as
64 4 required for federal compliance.

Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology developed by the DHS.

64 5 (3) As a condition of participation in the medical
64 6 assistance program, enrolled providers shall accept the medical
64 7 assistance reimbursement rate for any covered goods or services
64 8 provided to recipients of medical assistance who are children
64 9 under the custody of a psychiatric medical institution for
64 10 children.

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

64 11 j. For the fiscal year beginning July 1, 2013, unless
64 12 otherwise specified in this Act, all noninstitutional medical
64 13 assistance provider reimbursement rates shall be increased by
64 14 1.5 percent over the rates in effect on June 30, 2013, except
64 15 for area education agencies, local education agencies, infant
64 16 and toddler services providers, and those providers whose rates
64 17 are required to be determined pursuant to section 249A.20.

Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to be increased by 1.50% compared to the FY 2013 rates.

64 18 k. Notwithstanding any provision to the contrary, for the 64 19 fiscal year beginning July 1, 2013, the reimbursement rate for 64 20 anesthesiologists shall be increased by 1.5 percent over the 64 21 rate in effect on June 30, 2013.	Requires the reimbursement rates for anesthesiologist to be increased by 1.50% compared to the rate in effect in FY 2013.
64 22 l. Notwithstanding section 249A.20, for the fiscal year 64 23 beginning July 1, 2013, the average reimbursement rate for 64 24 health care providers eligible for use of the federal Medicare 64 25 resource-based relative value scale reimbursement methodology 64 26 under that section shall be increased by 1.5 percent over the 64 27 rate in effect on June 30, 2013; however, this rate shall not 64 28 exceed the maximum level authorized by the federal government.	Requires the rates for health care providers eligible for the average rate reimbursement to be increased by 1.50% compared to the rates in effect in FY 2013.
64 29 m. For the fiscal year beginning July 1, 2013, the 64 30 reimbursement rate for residential care facilities shall not 64 31 be less than the minimum payment level as established by the 64 32 federal government to meet the federally mandated maintenance 64 33 of effort requirement. The flat reimbursement rate for 64 34 facilities electing not to file annual cost reports shall not 64 35 be less than the minimum payment level as established by the 65 1 federal government to meet the federally mandated maintenance 65 2 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.
65 3 n. For the fiscal year beginning July 1, 2013, inpatient 65 4 mental health services provided at hospitals shall be increased 65 5 by 1.5 percent over the rates in effect on June 30, 2013, 65 6 subject to Medicaid program upper payment limit rules; 65 7 community mental health centers and providers of mental health 65 8 services to county residents pursuant to a waiver approved 65 9 under section 225C.7, subsection 3, shall be reimbursed at 100 65 10 percent of the reasonable costs for the provision of services 65 11 to recipients of medical assistance; and psychiatrists shall be 65 12 reimbursed at the medical assistance program fee-for-service 65 13 rate.	Requires the reimbursement rate of mental health services provided at hospitals to be increased by 1.50% compared to the rates in effect in FY 2013 and community mental health centers to be reimbursed at 100.00% of costs.
65 14 o. For the fiscal year beginning July 1, 2013, the 65 15 reimbursement rate for consumer-directed attendant care shall 65 16 be increased by 1.5 percent over the rates in effect on June 65 17 30, 2013.	Requires the reimbursement rates for Consumer-Directed Attendant Care to be increased by 1.50% compared to the rate in effect in FY 2013.
65 18 p. For the fiscal year beginning July 1, 2013, the 65 19 reimbursement rate for providers of family planning services 65 20 that are eligible to receive a 90 percent federal match shall 65 21 be increased by 1.5 percent over the rates in effect on June 65 22 30, 2013.	Requires the reimbursement rates for family planning services to be increased by 1.50% compared to the rate in effect in FY 2013.
65 23 q. For the fiscal year beginning July 1, 2013, the upper 65 24 limits on reimbursement rates for providers of home and	Provides a 3.00% rate increase beginning July 1, 2013, compared to the rate in effect for FY 2013 for HCBS Waiver providers.

65 25 community-based services waiver services shall be the limits
 65 26 in effect on June 30, 2013, pursuant to 441 IAC 79.1(2) based
 65 27 on federal Medicare rates, federal veterans administration
 65 28 rates, or the dollar amount specified in the rule, increased
 65 29 by 3 percent.

DETAIL: This increase is projected to cost \$7,130,445 for the final six months of FY 2013.

65 30 2. For the fiscal year beginning July 1, 2013, the
 65 31 reimbursement rate for providers reimbursed under the
 65 32 in-home-related care program shall not be less than the minimum
 65 33 payment level as established by the federal government to meet
 65 34 the federally mandated maintenance of effort requirement.

Provides that the minimum reimbursement payment for providers for the In-Home-Related Care Program be no less than the minimum payment established by the federal government for FY 2014.

65 35 3. Unless otherwise directed in this section, when the
 66 1 department's reimbursement methodology for any provider
 66 2 reimbursed in accordance with this section includes an
 66 3 inflation factor, this factor shall not exceed the amount
 66 4 by which the consumer price index for all urban consumers
 66 5 increased during the calendar year ending December 31, 2002.

66 6 4. a. For the fiscal year beginning July 1, 2013,
 66 7 notwithstanding section 234.38, the foster family basic daily
 66 8 maintenance rate and the maximum adoption subsidy rate for
 66 9 children ages 0 through 5 years shall be \$16.78, the rate for
 66 10 children ages 6 through 11 years shall be \$17.45, the rate for
 66 11 children ages 12 through 15 years shall be \$19.10, and the
 66 12 rate for children and young adults ages 16 and older shall be
 66 13 \$19.35. For youth ages 18 to 21 who have exited foster care,
 66 14 the maximum preparation for adult living program maintenance
 66 15 rate shall be \$602.70 per month. The maximum payment for
 66 16 adoption subsidy nonrecurring expenses shall be limited to \$500
 66 17 and the disallowance of additional amounts for court costs and
 66 18 other related legal expenses implemented pursuant to 2010 Iowa
 66 19 Acts, chapter 1031, section 408 shall be continued.

Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages zero through 21 years old to be increased by 5.00% compared to the rate in effect in FY 2013.

66 20 b. (1) For the fiscal year beginning July 1, 2013, the
 66 21 reimbursement rates for child welfare services providers shall
 66 22 be increased by 5 percent over the rates in effect on June
 66 23 30, 2013, and the maximum reimbursement rate for group foster
 66 24 care providers, including service and maintenance costs, shall
 66 25 be rebased to be equal to the maximum rate allowed for each
 66 26 service level as of June 30, 2013, and the rebased rate shall
 66 27 be increased by 5 percent.

Requires the reimbursement rates for child welfare services providers to be increased by 5.00% compared to the rates in effect in FY 2013.

66 28 (2) For purposes of this lettered paragraph, "child welfare
 66 29 services providers" means the resource family recruitment and
 66 30 retention contractors, the family safety, risk, and permanency
 66 31 services (family-centered) contractors, the child welfare
 66 32 emergency services contractors, and supervised apartment living
 66 33 foster care providers. The reimbursement rates for child
 66 34 welfare services providers and group foster care providers in

66 35 succeeding fiscal years, including base rates and incentive
 67 1 payments, shall incorporate an inflation factor. The inflation
 67 2 factor shall be equal to the percentage amount by which the
 67 3 annual average consumer price index for all urban consumers,
 67 4 United States city average, issued by the United States
 67 5 department of labor, bureau of labor statistics, increased
 67 6 during the average of the three preceding calendar years ending
 67 7 December 31.

67 8 c. For the fiscal year beginning July 1, 2013, the maximum
 67 9 reimbursement rates under the supervised apartment living
 67 10 program other than foster care-related, and for social services
 67 11 providers under contract, shall be increased by 5 percent over
 67 12 the rates in effect on June 30, 2013, or the provider's actual
 67 13 and allowable cost plus inflation for each service, whichever
 67 14 is less. However, if a new service or service provider is
 67 15 added after June 30, 2013, the initial reimbursement rate for
 67 16 the service or provider shall be based upon a weighted average
 67 17 of provider rates for similar services.

Requires the reimbursement rates for the Supervised Apartment Living Program (other than foster care-related) providers to be increased by 5.00% compared to the rate in effect in FY 2013.

67 18 d. The group foster care reimbursement rates paid for
 67 19 placement of children out of state shall be calculated
 67 20 according to the same rate-setting principles as those used for
 67 21 in-state providers, unless the director of human services or
 67 22 the director's designee determines that appropriate care cannot
 67 23 be provided within the state. The payment of the daily rate
 67 24 shall be based on the number of days in the calendar month in
 67 25 which service is provided.

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

67 26 5. a. For the fiscal year beginning July 1, 2013, the
 67 27 reimbursement rate paid for shelter care and the child welfare
 67 28 emergency services implemented to provide or prevent the need
 67 29 for shelter care shall be established by contract.

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

67 30 b. For the fiscal year beginning July 1, 2013, the combined
 67 31 service and maintenance components of the reimbursement rate
 67 32 paid for shelter care services shall be based on the financial
 67 33 and statistical report submitted to the department. The
 67 34 maximum reimbursement rate shall be \$96.98 per day. The
 67 35 department shall reimburse a shelter care provider at the
 68 1 provider's actual and allowable unit cost, plus inflation, not
 68 2 to exceed the maximum reimbursement rate.

Requires the FY 2014 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 \$96.98 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.

68 3 c. Notwithstanding section 232.141, subsection 8, for the
 68 4 fiscal year beginning July 1, 2013, the amount of the statewide
 68 5 average of the actual and allowable rates for reimbursement of
 68 6 juvenile shelter care homes that is utilized for the limitation
 68 7 on recovery of unpaid costs shall be increased by \$4.62 over

Increases the limit of the Statewide average reimbursement rates paid to shelter care providers that are received in FY 2014 to \$4.62 more than the amount in effect for the same purpose in FY 2013. This impacts the amount of charges that are reimbursed.

68 8 the amount in effect for this purpose in the preceding fiscal
68 9 year.

68 10 6. For the fiscal year beginning July 1, 2013, the
68 11 department shall calculate reimbursement rates for intermediate
68 12 care facilities for persons with intellectual disabilities
68 13 at the 80th percentile. Beginning July 1, 2013, the rate
68 14 calculation methodology shall utilize the consumer price index
68 15 inflation factor applicable to the fiscal year beginning July
68 16 1, 2013.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2014.

68 17 7. For the fiscal year beginning July 1, 2013, for child
68 18 care providers reimbursed under the state child care assistance
68 19 program, the department shall set provider reimbursement
68 20 rates based on the rate reimbursement survey completed
68 21 in December 2006. Effective July 1, 2013, the child care
68 22 provider reimbursement rates shall be increased by 5 percent
68 23 over the rates in effect on June 30, 2013. The department
68 24 shall set rates in a manner so as to provide incentives for a
68 25 nonregistered provider to become registered by applying the
68 26 increase only to registered and licensed providers.

Requires the DHS to set FY 2014 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December of 2006. Requires a 5.00% rate increase to providers over the FY 2013 rates. Requires rates to be set in a manner that will provide incentives for nonregistered providers to become registered.

68 27 8. Any increase specified in a provider's reimbursement
68 28 rate in accordance with this section shall be used to increase
68 29 compensation and costs of employment, including benefits, for
68 30 nonadministrative staff.

68 31 9. The department may adopt emergency rules to implement
68 32 this section.

Specifies that the DHS may adopt emergency rules to implement this Section.

68 33 Sec. 29. EMERGENCY RULES.

68 34 1. If specifically authorized by a provision of this
68 35 division of this Act for the fiscal year beginning July 1,
69 1 2013, the department of human services or the mental health
69 2 and disability services commission may adopt administrative
69 3 rules under section 17A.4, subsection 3, and section 17A.5,
69 4 subsection 2, paragraph "b", to implement the provisions and
69 5 the rules shall become effective immediately upon filing or
69 6 on a later effective date specified in the rules, unless the
69 7 effective date is delayed by the administrative rules review
69 8 committee. Any rules adopted in accordance with this section
69 9 shall not take effect before the rules are reviewed by the
69 10 administrative rules review committee. The delay authority
69 11 provided to the administrative rules review committee under
69 12 section 17A.4, subsection 7, and section 17A.8, subsection 9,
69 13 shall be applicable to a delay imposed under this section,
69 14 notwithstanding a provision in those sections making them
69 15 inapplicable to section 17A.5, subsection 2, paragraph "b".
69 16 Any rules adopted in accordance with the provisions of this

Permits the DHS and the Mental Health, and Disability Services Commission to adopt emergency rules when authorized.

69 17 section shall also be published as notice of intended action
69 18 as provided in section 17A.4.

69 19 2. If during the fiscal year beginning July 1, 2013, the
69 20 department of human services is adopting rules in accordance
69 21 with this section or as otherwise directed or authorized by
69 22 state law, and the rules will result in an expenditure increase
69 23 beyond the amount anticipated in the budget process or if the
69 24 expenditure was not addressed in the budget process for the
69 25 fiscal year, the department shall notify the persons designated
69 26 by this division of this Act for submission of reports,
69 27 the chairpersons and ranking members of the committees on
69 28 appropriations, and the department of management concerning the
69 29 rules and the expenditure increase. The notification shall be
69 30 provided at least 30 calendar days prior to the date notice of
69 31 the rules is submitted to the administrative rules coordinator
69 32 and the administrative code editor.

Requires the DHS to report to the Chairpersons and Ranking Members of the Appropriations Committees, the LSA, and the Department of Management (DOM) at least 30 days prior to submitting rules that have a fiscal impact that was not addressed in the budget process.

69 33 Sec. 30. REPORTS. Any reports or other information
69 34 required to be compiled and submitted under this Act during the
69 35 fiscal year beginning July 1, 2013, shall be submitted to the
70 1 chairpersons and ranking members of the joint appropriations
70 2 subcommittee on health and human services, the legislative
70 3 services agency, and the legislative caucus staffs on or
70 4 before the dates specified for submission of the reports or
70 5 information.

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.

70 6 DIVISION VI
70 7 HEALTH CARE ACCOUNTS AND FUNDS — FY 2013-2014

70 8 Sec. 31. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
70 9 appropriated from the pharmaceutical settlement account created
70 10 in section 249A.33 to the department of human services for the
70 11 fiscal year beginning July 1, 2013, and ending June 30, 2014,
70 12 the following amount, or so much thereof as is necessary, to be
70 13 used for the purpose designated:

Pharmaceutical Settlement Account appropriation to the DHS for medical contracts in Medicaid.

DETAIL: This is an increase of \$1,844,196 compared to estimated FY 2013.

70 14 Notwithstanding any provision of law to the contrary, to
70 15 supplement the appropriations made in this Act for medical
70 16 contracts under the medical assistance program for the fiscal
70 17 year beginning July 1, 2013, and ending June 30, 2014:
70 18 \$ 6,650,000

70 19 Sec. 32. APPROPRIATIONS FROM IOWACARE ACCOUNT.
70 20 1. There is appropriated from the IowaCare account
70 21 created in section 249J.24 to the state board of regents for
70 22 distribution to the university of iowa hospitals and clinics
70 23 for the fiscal year beginning July 1, 2013, and ending June 30,
70 24 2014, for the program period beginning July 1, 2013, and ending

IowaCare Account appropriation to the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is a decrease of \$13,642,292 compared to estimated FY 2013. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014. IowaCare is an indigent care program

70 25 December 31, 2013, the following amount, or so much thereof as
 70 26 is necessary, to be used for the purposes designated:
 70 27 For salaries, support, maintenance, equipment, and
 70 28 miscellaneous purposes, for the provision of medical and
 70 29 surgical treatment of indigent patients, for provision of
 70 30 services to members of the expansion population pursuant to
 70 31 chapter 249J, and for medical education:
 70 32 \$ 13,642,292

for uninsured adults with incomes up to 200.00% of the FPL. It was created during the 2005 Legislative Session in response to the elimination of federal Intergovernmental Transfers (IGTs). The appropriation was first funded in FY 2006. A portion of the funds are to be used for graduate medical education.

70 33 a. Funds appropriated in this subsection shall be used
 70 34 in accordance with 2011 Iowa Acts, chapter 129, section 35,
 70 35 subsection 1, paragraph "a".

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

DETAIL: The rules regarding abortion that apply to the Medical Assistance Program also apply to IowaCare.

71 1 b. Notwithstanding any provision of law to the contrary,
 71 2 the amount appropriated in this subsection shall be distributed
 71 3 based on claims submitted, adjudicated, and paid by the Iowa
 71 4 Medicaid enterprise.

Specifies the amount appropriated is to be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid Enterprise (IME).

71 5 c. The university of Iowa hospitals and clinics shall
 71 6 certify public expenditures in an amount equal to provide
 71 7 the nonfederal share on total expenditures not to exceed
 71 8 \$10,000,000.

Specifies the UIHC is to use Certified Public Expenditures as the nonfederal share to match for a total amount of \$10,000,000.

71 9 2. There is appropriated from the IowaCare account
 71 10 created in section 249J.24 to the state board of regents for
 71 11 distribution to the university of Iowa hospitals and clinics
 71 12 for the fiscal year beginning July 1, 2013, and ending June 30,
 71 13 2014, for the program period beginning July 1, 2013, and ending
 71 14 December 31, 2013, the following amount, or so much thereof as
 71 15 is necessary, to be used for the purposes designated:
 71 16 For salaries, support, maintenance, equipment, and
 71 17 miscellaneous purposes, for the provision of medical and
 71 18 surgical treatment of indigent patients, for provision of
 71 19 services to members of the expansion population pursuant to
 71 20 chapter 249J, and for medical education:
 71 21 \$ 26,284,600

IowaCare Account appropriation of an additional \$26,284,600 to the State Board of Regents to be distributed to the UIHC.

DETAIL: This is a decrease of \$19,369,533 compared to the estimated FY 2013 appropriation. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

71 22 Notwithstanding any provision of law to the contrary, the
 71 23 amount appropriated in this subsection shall be distributed
 71 24 based on claims submitted, adjudicated, and paid by the Iowa
 71 25 Medicaid enterprise.

Specifies the amount appropriated is to be distributed based on claims submitted, adjudicated, and paid by the IME.

71 26 3. There is appropriated from the IowaCare account
 71 27 created in section 249J.24 to the state board of regents for
 71 28 distribution to university of Iowa physicians for the fiscal
 71 29 year beginning July 1, 2013, and ending June 30, 2014, for the

IowaCare appropriation to the physicians at the UIHC to reimburse physicians for their services.

DETAIL: This is a decrease of \$6,374,570 compared to the estimated

71 30 program period beginning July 1, 2013, and ending December 31,
 71 31 2013, the following amount, or so much thereof as is necessary
 71 32 to be used for the purposes designated:
 71 33 For salaries, support, maintenance, equipment, and
 71 34 miscellaneous purposes for the provision of medical and
 71 35 surgical treatment of indigent patients, for provision of
 72 1 services to members of the expansion population pursuant to
 72 2 chapter 249J, and for medical education:
 72 3 \$ 9,903,183

FY 2013 appropriation. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

72 4 Notwithstanding any provision of law to the contrary, the
 72 5 amount appropriated in this subsection shall be distributed
 72 6 based on claims submitted, adjudicated, and paid by the Iowa
 72 7 Medicaid enterprise. Once the entire amount appropriated in
 72 8 this subsection has been distributed, claims shall continue to
 72 9 be submitted and adjudicated by the Iowa Medicaid enterprise;
 72 10 however, no payment shall be made based upon such claims.

Requires all appropriations in this Subsection to be distributed based on claims adjudicated and paid by the IME. Funds distributed in this subsection are limited to the appropriation provided.

72 11 4. There is appropriated from the IowaCare account created
 72 12 in section 249J.24 to the department of human services for
 72 13 the fiscal year beginning July 1, 2013, and ending June 30,
 72 14 2014, for the program period beginning July 1, 2013, and ending
 72 15 December 31, 2013, the following amount, or so much thereof as
 72 16 is necessary, to be used for the purposes designated:
 72 17 For distribution to a publicly owned acute care teaching
 72 18 hospital located in a county with a population over 350,000 for
 72 19 the provision of medical and surgical treatment of indigent
 72 20 patients, for provision of services to members of the expansion
 72 21 population pursuant to chapter 249J, and for medical education:
 72 22 \$ 33,750,000

IowaCare Account appropriation to Polk County Broadlawns Medical Center.

DETAIL: This is a decrease of \$37,250,000 compared to estimated FY 2013. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

72 23 a. Notwithstanding any provision of law to the contrary,
 72 24 the amount appropriated in this subsection shall be distributed
 72 25 based on claims submitted, adjudicated, and paid by the Iowa
 72 26 Medicaid enterprise plus a monthly disproportionate share
 72 27 hospital payment. Any amount appropriated in this subsection
 72 28 in excess of \$32,000,000 shall be distributed only if the sum
 72 29 of the expansion population claims adjudicated and paid by the
 72 30 Iowa Medicaid enterprise plus the estimated disproportionate
 72 31 share hospital payments exceeds \$32,000,000. The amount paid
 72 32 in excess of \$32,000,000 shall not adjust the original monthly
 72 33 payment amount but shall be distributed monthly based on actual
 72 34 claims adjudicated and paid by the Iowa Medicaid enterprise
 72 35 plus the estimated disproportionate share hospital amount. Any
 73 1 amount appropriated in this subsection in excess of \$32,000,000
 73 2 shall be allocated only if federal funds are available to match
 73 3 the amount allocated. Pursuant to paragraph "b", of the amount
 73 4 appropriated in this subsection, not more than \$2,000,000 shall
 73 5 be distributed for prescription drugs, podiatry services,

Broadlawns will transfer \$21,000,000 of Polk County property tax proceeds to the State to draw down the federal match that funds the IowaCare Program for FY 2014.

73 6 optometric services, and durable medical equipment.
 73 7 b. Notwithstanding any provision of law to the contrary, the
 73 8 hospital identified in this subsection shall be reimbursed for
 73 9 outpatient prescription drugs, podiatry services, optometric
 73 10 services, and durable medical equipment provided to members
 73 11 of the expansion population pursuant to all applicable
 73 12 medical assistance program rules, in an amount not to exceed
 73 13 \$2,000,000.

73 14 c. Notwithstanding the total amount of proceeds distributed
 73 15 pursuant to section 249J.24, subsection 4, paragraph "a",
 73 16 unnumbered paragraph 1, for the fiscal year beginning July
 73 17 1, 2013, and ending June 30, 2014, the county treasurer of a
 73 18 county with a population of over 350,000 in which a publicly
 73 19 owned acute care teaching hospital is located shall distribute
 73 20 the proceeds collected pursuant to section 347.7 between
 73 21 July 1, 2013, and December 31, 2013, in a total amount of
 73 22 \$19,000,000, which would otherwise be distributed to the county
 73 23 hospital, to the treasurer of state for deposit in the IowaCare
 73 24 account.

73 25 d. Notwithstanding the amount collected and distributed
 73 26 for deposit in the IowaCare account pursuant to section
 73 27 249J.24, subsection 4, paragraph "a", subparagraph (1), the
 73 28 first \$19,000,000 in proceeds collected pursuant to section
 73 29 347.7 between July 1, 2013, and December 31, 2013, shall be
 73 30 distributed to the treasurer of state for deposit in the
 73 31 IowaCare account and collections during this time period in
 73 32 excess of \$19,000,000 shall be distributed to the acute care
 73 33 teaching hospital identified in this subsection. Of the
 73 34 collections in excess of the \$19,000,000 received by the acute
 73 35 care teaching hospital under this paragraph "d", \$2,000,000
 74 1 shall be distributed by the acute care teaching hospital to the
 74 2 treasurer of state for deposit in the IowaCare account in the
 74 3 month of January 2014, following the July 1 through December
 74 4 31, 2013, period.

74 5 5. There is appropriated from the IowaCare account created
 74 6 in section 249J.24 to the department of human services for
 74 7 the fiscal year beginning July 1, 2013, and ending June 30,
 74 8 2014, for the program period beginning July 1, 2013, and ending
 74 9 December 31, 2013, the following amount, or so much thereof as
 74 10 is necessary to be used for the purpose designated:

74 11 For payment to the regional provider network specified
 74 12 by the department pursuant to section 249J.7 for provision
 74 13 of covered services to members of the expansion population
 74 14 pursuant to chapter 249J:
 74 15 \$ 2,993,183

74 16 Notwithstanding any provision of law to the contrary, the

IowaCare regional provider network appropriation for FY 2014.

DETAIL: This is a decrease of \$1,993,183 compared to the estimated FY 2013 appropriation. The decrease is due to the shift from IowaCare to Medicaid Expansion on January 1, 2014.

Specifies the amount appropriated is to be distributed based on claims

74 17 amount appropriated in this subsection shall be distributed
 74 18 based on claims submitted, adjudicated, and paid by the Iowa
 74 19 Medicaid enterprise. Once the entire amount appropriated in
 74 20 this subsection has been distributed, claims shall continue to
 74 21 be submitted and adjudicated by the Iowa Medicaid enterprise;
 74 22 however, no payment shall be made based upon such claims.

submitted, adjudicated, and paid by the IME. Claims are to be submitted even after all funds have been distributed so the DHS may collect data on the demand and types of services provided.

74 23 6. There is appropriated from the IowaCare account created
 74 24 in section 249J.24 to the department of human services for
 74 25 the fiscal year beginning July 1, 2013, and ending June 30,
 74 26 2014, for the program period beginning July 1, 2013, and ending
 74 27 December 31, 2013, the following amount, or so much thereof as
 74 28 is necessary, to be used for the purposes designated:
 74 29 For a laboratory test and radiology pool for services
 74 30 authorized by a federally qualified health center designated
 74 31 by the department as part of the IowaCare regional provider
 74 32 network that does not have the capability to provide these
 74 33 services on site:
 74 34 \$ 1,500,000

IowaCare Care laboratory test and radiology pool appropriation for FY 2014.

DETAIL: This is no change compared to the estimated FY 2013 appropriation. This funding is for the first half of FY 2014 until the IowaCare Program expires on December 31, 2013.

74 35 Notwithstanding sections 249J.6 and 249J.7, the amount
 75 1 appropriated in this subsection is intended to provide
 75 2 reimbursement for services provided to expansion population
 75 3 members that have previously been paid for through expenditure
 75 4 by designated regional provider network providers of their
 75 5 own funds, not to expand coverage under the IowaCare program
 75 6 or to expand the expansion population provider network. The
 75 7 department shall designate the laboratory and radiology
 75 8 provider associated with each designated regional provider
 75 9 network provider that may receive reimbursement. The
 75 10 department shall adopt administrative rules pursuant to chapter
 75 11 17A to establish a prior authorization process and to identify
 75 12 covered services for reimbursement under this subsection.
 75 13 All other medical assistance program payment policies and
 75 14 rules for laboratory and radiology services shall apply to
 75 15 services provided under this subsection. If the entire amount
 75 16 appropriated under this subsection is expended, laboratory
 75 17 tests and radiology services ordered by a designated regional
 75 18 provider network provider shall be the financial responsibility
 75 19 of the regional provider network provider.

Specifies that the amount appropriated in this Section is intended to provide reimbursement for services provided to IowaCare members that have previously been paid for by IowaCare providers.

DETAIL: The DHS has designated laboratories and radiology providers associated with each region.

75 20 Sec. 33. APPROPRIATIONS FROM NONPARTICIPATING
 75 21 PROVIDER REIMBURSEMENT FUND — DEPARTMENT OF HUMAN
 75 22 SERVICES. Notwithstanding any provision to the contrary, and
 75 23 subject to the availability of funds, there is appropriated
 75 24 from the nonparticipating provider reimbursement fund created
 75 25 in section 249J.24A to the department of human services for
 75 26 the fiscal year beginning July 1, 2013, and ending June 30,

IowaCare nonparticipating provider appropriation for FY 2014.

DETAIL: This is a decrease of \$1,000,000 compared to the FY 2013 appropriation.

75 27 2014, for the program period beginning July 1, 2013, and ending
 75 28 December 31, 2013, the following amount, or so much thereof as
 75 29 is necessary, for the purposes designated:
 75 30 To reimburse nonparticipating providers in accordance with
 75 31 section 249J.24A:
 75 32 \$ 1,000,000

75 33 Sec. 34. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 75 34 SERVICES. Notwithstanding any provision to the contrary and
 75 35 subject to the availability of funds, there is appropriated
 76 1 from the quality assurance trust fund created in section
 76 2 249L.4 to the department of human services for the fiscal year
 76 3 beginning July 1, 2013, and ending June 30, 2014, the following
 76 4 amounts, or so much thereof as is necessary, for the purposes
 76 5 designated:
 76 6 To supplement the appropriation made in this Act from the
 76 7 general fund of the state to the department of human services
 76 8 for medical assistance for the same fiscal year:
 76 9 \$ 28,788,917

Appropriation from the Quality Assurance Trust Fund to supplement Nursing Facilities under the Medicaid Program.

DETAIL: This is an increase of \$2,288,917 compared to estimated FY 2013. The increase is due to more revenue available in the Fund.

76 10 Sec. 35. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 76 11 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 76 12 the contrary and subject to the availability of funds, there is
 76 13 appropriated from the hospital health care access trust fund
 76 14 created in section 249M.4 to the department of human services
 76 15 for the fiscal year beginning July 1, 2013, and ending June
 76 16 30, 2014, the following amounts, or so much thereof as is
 76 17 necessary, for the purposes designated:

76 18 1. To supplement the appropriation made in this Act from the
 76 19 general fund of the state to the department of human services
 76 20 for medical assistance for the same fiscal year:
 76 21 \$ 34,288,000

Appropriation from the Hospital Health Care Access Trust Fund to the Medicaid Program.

DETAIL: This is a increase of \$389,600 compared to estimated FY 2013.

76 22 2. For deposit in the nonparticipating provider
 76 23 reimbursement fund created in section 249J.24A to be used for
 76 24 the purposes of the fund:
 76 25 \$ 412,000

Appropriation from the Hospital Health Care Access Trust Fund to the IowaCare Nonparticipating Provider Reimbursement Fund.

DETAIL: This is a decrease of \$389,600 compared to estimated FY 2013. These funds are matched with federal dollars for a \$1,000,000 appropriation from the Nonparticipating Provider Reimbursement Fund to providers, that are not part of the IowaCare network, that care for IowaCare patients.

76 26 Sec. 36. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 76 27 FOR FY 2013-2014. Notwithstanding section 8.33, if moneys
 76 28 appropriated for purposes of the medical assistance program for

Requires nonreversion of funds from the Medicaid Program. The funds will remain within the appropriation to be used in the succeeding fiscal year.

76 29 the fiscal year beginning July 1, 2013, and ending June 30,
 76 30 2014, from the general fund of the state, the quality assurance
 76 31 trust fund and the hospital health care access trust fund, are
 76 32 in excess of actual expenditures for the medical assistance
 76 33 program and remain unencumbered or unobligated at the close
 76 34 of the fiscal year, the excess moneys shall not revert but
 76 35 shall remain available for expenditure for the purposes of the
 77 1 medical assistance program until the close of the succeeding
 77 2 fiscal year.

77 3 DIVISION VII
 77 4 CHILDREN'S HEALTH INSURANCE PROGRAM — CHILD ENROLLMENT
 77 5 CONTINGENCY FUND — FY 2013-2014

77 6 Sec. 37. CHILDREN'S HEALTH INSURANCE PROGRAM — CHILD Child Health Enrollment Contingency Fund appropriation to the Rebuild
 77 7 ENROLLMENT CONTINGENCY FUND — DIRECTIVES FOR USE OF FUNDS — Iowa Infrastructure Fund (RIIF).
 77 8 FY 2013-2014.

77 9 1. Any funds remaining on June 30, 2013, from moneys
 77 10 received from the federal government through the child
 77 11 enrollment contingency fund established pursuant to section
 77 12 103 of the federal Children's Health Insurance Program
 77 13 Reauthorization Act of 2009, Pub.L. No.111-3, are transferred
 77 14 to the rebuild Iowa infrastructure fund established pursuant
 77 15 to section 8.57 and are appropriated to the department of
 77 16 administrative services for the fiscal year beginning July 1,
 77 17 2013, and ending June 30, 2014, to be used for projects related
 77 18 to major repairs and major maintenance for state buildings and
 77 19 facilities. The department of human services shall work with
 77 20 the department of administrative services in drawing down the
 77 21 federal funds.

DETAIL: This is a new appropriation for FY 2014. It is estimated that \$11,310,648 will be transferred to the RIIF.

77 22 DIVISION VIII
 77 23 PRIOR YEAR APPROPRIATIONS
 77 24 RESPITE

77 25 Sec. 38. 2011 Iowa Acts, chapter 129, section 128, as
 77 26 amended by 2012 Iowa Acts, chapter 1133, section 22, subsection
 77 27 26, is amended to read as follows:

77 28 26. Of the funds appropriated in this section, at least
 77 29 \$25,000 shall be used to continue and to expand the foster
 77 30 care respite pilot program in which postsecondary students in
 77 31 social work and other human services-related programs receive
 77 32 experience by assisting family foster care providers with
 77 33 respite and other support. Notwithstanding section 8.33,
 77 34 moneys allocated in this subsection that remain unencumbered or
 77 35 unobligated at the close of the fiscal year shall not revert
 78 1 but shall remain available for expenditure for the purposes
 78 2 designated until the close of the succeeding fiscal year.

Allocates \$25,000 for the Iowa Foster Care Respite Pilot program to continue and expand operations.

78 3 MEDICAL ASSISTANCE — GENERAL FUND

78 4 Sec. 39. 2011 Iowa Acts, chapter 129, section 122,
 78 5 unnumbered paragraph 2, is amended to read as follows:
 78 6 For medical assistance program reimbursement and associated
 78 7 costs as specifically provided in the reimbursement
 78 8 methodologies in effect on June 30, 2012, except as otherwise
 78 9 expressly authorized by law, and consistent with options under
 78 10 federal law and regulations:
 78 11 \$ 914,993,424
 78 12 968,276,514

Supplemental appropriation of \$53,320,093 for the Medicaid Program.

DETAIL: The supplemental appropriation provides \$46,000,000 to fund Medicaid at the Medicaid forecasting group's estimated midpoint and \$7,320,093 to provide a supplemental appropriation for the IowaCare Program.

78 13 MEDICAL ASSISTANCE — IOWACARE TRANSFER ALLOCATION

78 14 Sec. 40. 2011 Iowa Acts, chapter 129, section 122,
 78 15 subsection 13, as amended by 2012 Iowa Acts, chapter 1133,
 78 16 section 10, is amended to read as follows:
 78 17 13. Of the funds appropriated in this section, up to
 78 18 ~~\$8,684,329~~ \$16,004,422 may be transferred to the IowaCare
 78 19 account created in section 249J.24.

Increases the allocation for the IowaCare Program for FY 2013.

DETAIL: The increase is due to increased enrollment and patient utilization at the UIHC.

78 20 ADOPTION SUBSIDY — GENERAL FUND

78 21 Sec. 41. 2011 Iowa Acts, chapter 129, section 129, as
 78 22 amended by 2012 Iowa Acts, chapter 1133, section 23, subsection
 78 23 1, is amended to read as follows:
 78 24 1. There is appropriated from the general fund of the
 78 25 state to the department of human services for the fiscal year
 78 26 beginning July 1, 2012, and ending June 30, 2013, the following
 78 27 amount, or so much thereof as is necessary, to be used for the
 78 28 purpose designated:
 78 29 For adoption subsidy payments and services:
 78 30 \$ 36,788,576
 78 31 37,780,672

Supplemental appropriation of \$992,096 for the Adoption Subsidy program for FY 2013.

DETAIL: The increase is due to increased enrollment and need.

78 32 NURSING FACILITY REIMBURSEMENT

78 33 Sec. 42. 2011 Iowa Acts, chapter 129, section 141,
 78 34 subsection 1, paragraph a, subparagraph (1), as amended by
 78 35 2012 Iowa Acts, chapter 1133, section 32, is amended to read
 79 1 as follows:
 79 2 (1) For the fiscal year beginning July 1, 2012, the total

Increases the Nursing Facility funding cap for FY 2013 by \$2,000,000.

DETAIL: The increase is included as part of the Medicaid forecasting groups midpoint.

79 3 state funding amount for the nursing facility budget shall not
79 4 exceed ~~\$237,226,901~~ \$239,226,901.

79 5 Sec. 43. EFFECTIVE UPON ENACTMENT. This division of this
79 6 Act, being deemed of immediate importance, takes effect upon
79 7 enactment.

The Division is effective on enactment.

79 8 DIVISION IX
79 9 CHILD WELFARE AND CHILD CARE

79 10 Sec. 44. Section 232.142, subsection 5, Code 2013, is
79 11 amended to read as follows:

Directs the DHS director to annually approve all homes and not allow the statewide number of beds to exceed the allotted annual amount.

79 12 5. The director shall approve annually all such homes
79 13 established and maintained under the provisions of this
79 14 chapter. A home shall not be approved unless it complies with
79 15 minimal rules and standards adopted by the director and has
79 16 been inspected by the department of inspections and appeals.
79 17 The statewide number of beds in the homes approved by the
79 18 director shall not exceed the number of beds in approved homes
79 19 as of July 1, 2012.

79 20 Sec. 45. Section 237A.13, subsection 7, paragraph c, Code
79 21 2013, is amended to read as follows:
79 22 c. Families with an income of more than one hundred percent
79 23 but not more than one hundred ~~forty-five~~ forty-eight percent of
79 24 the federal poverty level whose members are employed at least
79 25 twenty-eight hours per week.

CODE: Requires the Department to change the standard period of Program participant eligibility for Child Care Assistance from six months to 12 months and increases eligibility families with income up to 148.00% of the FPL from 145.00% for employed families in the Program.

79 26 Sec. 46. Section 237A.13, subsection 8, Code 2013, is
79 27 amended to read as follows:

79 28 8. Nothing in this section shall be construed as or is
79 29 intended as, or shall imply, a grant of entitlement for
79 30 services to persons who are eligible for assistance due to
79 31 an income level or other eligibility circumstance addressed
79 32 in this section. Any state obligation to provide services
79 33 pursuant to this section is limited to the extent of the funds
79 34 appropriated for the purposes of state child care assistance.
79 35 The standard period for redetermining the eligibility of a
80 1 program participant is twelve months after the date of the
80 2 initial determination of eligibility and every twelve months
80 3 thereafter.

80 4 DIVISION X
80 5 AGING

80 6 Sec. 47. Section 231.33, subsection 21, Code 2013, if
80 7 enacted by 2013 Iowa Acts, Senate File 184, section 22, is
80 8 amended to read as follows:

CODE: Allows an employee of an AAA that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in Iowa Public Employees

80 9 21. Comply with all applicable requirements of the Iowa
 80 10 public employees' retirement system established pursuant to
 80 11 chapter 97B. Notwithstanding any provision to the contrary,
 80 12 an employee of an area agency on aging that was enrolled in
 80 13 an alternative qualified plan prior to July 1, 2012, may
 80 14 continue participation in that alternative qualified plan in
 80 15 lieu of mandatory participation in the Iowa public employees'
 80 16 retirement system.

Retirement System (IPERS).

80 17 Sec. 48. Section 231.42, subsection 7, paragraph a, Code
 80 18 2013, is amended to read as follows:
 80 19 a. An officer, owner, director, or employee of a long-term
 80 20 care facility, assisted living program, or elder group home who
 80 21 intentionally prevents, interferes with, or attempts to impede
 80 22 the work of the state or a local long-term care resident's
 80 23 advocate is subject to a penalty imposed by the director of not
 80 24 more than one thousand five hundred dollars for each violation.
 80 25 If the director imposes a penalty for a violation under this
 80 26 paragraph, no other state agency shall impose a penalty for the
 80 27 same interference violation. Any moneys collected pursuant
 80 28 to this subsection shall be deposited in the general fund of
 80 29 the state and are appropriated to the office of long-term care
 80 30 ombudsman to be used for administration and the duties of the
 80 31 office.

CODE: Requires penalties levied by the Director against a long-term care facility, assisted living program, or elder group home to be appropriated to the Office of Long-Term Care Ombudsman.

80 32 Sec. 49. REPEAL. Section 231E.13, Code 2013, is repealed.

CODE: Repeals the Section that specifies the implementation of the Office of Substitute Maker is subject to availability of funding as determined by the Department.

DETAIL: Funding for the Office is provided in this Bill.

80 33 Sec. 50. TASK FORCE ON ELDER ABUSE PREVENTION AND
 80 34 INTERVENTION.

Directs the Department on Aging to convene an Elder Abuse Prevention and Intervention Task Force and specifies membership.

80 35 1. The department on aging shall convene a task force
 81 1 on elder abuse prevention and intervention to continue the
 81 2 work of the elder abuse task force established pursuant to
 81 3 2012 Iowa Acts, chapter 1056. The task force shall include
 81 4 representatives of the department on aging, the office of
 81 5 long-term care resident's advocate, the department of human
 81 6 services, the department of inspections and appeals, the
 81 7 department of public health, the office of the attorney
 81 8 general, the department of veterans affairs, the department
 81 9 of public safety, the insurance division of the department
 81 10 of commerce, a county attorney's office with experience
 81 11 in prosecuting elder abuse, the superintendent of banking,
 81 12 the courts, the elder law section of the Iowa state bar
 81 13 association, and other affected stakeholders. The task force

81 14 shall form workgroups as necessary to address the specific
81 15 recommendations.

Specifies duties and responsibilities of the Task Force.

81 16 2. The task force shall review the report of the elder
81 17 abuse task force submitted in December 2012, develop an
81 18 implementation plan for the recommendations, and make any
81 19 additional recommendations as necessary. The implementation
81 20 plan and additional recommendations shall address all of the
81 21 following:

81 22 a. The design of the comprehensive approach to elder
81 23 abuse prevention and intervention in the state utilizing the
81 24 prevention of elder abuse program pursuant to section 231.56A
81 25 and the office of substitute decision maker created pursuant
81 26 to chapter 231E. The design shall also address all of the
81 27 following:

81 28 (1) Harmonization of the approach design with the
81 29 existing dependent adult abuse system pursuant to chapter
81 30 235B, including but not limited to standardized training,
81 31 collaboration between the elder abuse approach and the
81 32 department of human services when a report of dependent adult
81 33 abuse involves an older individual, and the membership of
81 34 multidisciplinary teams.

81 35 (2) Incorporation of the approach design into other
82 1 existing and developing components of the system including
82 2 the area agencies on aging, the mental health and disability
82 3 services regions, local public health departments, the local
82 4 offices of the department on human services, the courts, and
82 5 other appropriate entities, to most effectively and efficiently
82 6 address the needs of older individuals.

82 7 (3) A determination as to whether to provide specialized
82 8 elder abuse units in police departments, the office of the
82 9 attorney general, prosecutors' offices, and other sectors.

82 10 (4) A determination as to whether to develop specialized
82 11 elder law courts as a mechanism for addressing elder abuse and
82 12 the needs of older individuals in the court system.

82 13 b. The definition of elder abuse to be used in the approach
82 14 to elder abuse. The task force shall address continued use
82 15 of the definition of "elder abuse" as specified under the
82 16 federal Older Americans Act and utilized by the prevention of
82 17 elder abuse program under section 231.56A, or shall provide a
82 18 specific alternative definition.

82 19 c. The designation of a single point of contact to report
82 20 elder abuse. The task force shall specifically address
82 21 utilizing the aging and disability resource center network as
82 22 the single point of contact.

82 23 d. The means of addressing financial exploitation of older
82 24 individuals, including those relating to powers of attorney and
82 25 conservatorships as described in the 2012 task force report.

82 26 The task force shall do all of the following:
 82 27 (1) Enlist the involvement of the elder law and probate
 82 28 sections of the Iowa state bar association to review, develop,
 82 29 and submit as proposed legislation for the 2014 legislative
 82 30 session, the uniform power of attorney Act.
 82 31 (2) Determine whether and what specific crimes should
 82 32 be established to address financial exploitation of older
 82 33 individuals.
 82 34 e. Promotion of public awareness of elder abuse and the
 82 35 services and support available to older individuals at risk of
 83 1 or experiencing elder abuse.
 83 2 f. Any specific changes in statute and rules necessary to
 83 3 achieve the recommendations of the task force.

83 4 3. The task force shall submit a progress report to the
 83 5 elder abuse prevention and intervention legislative interim
 83 6 committee established pursuant to this Act for review, by
 83 7 October 31, 2013, and shall submit a final report of its
 83 8 recommendations and proposed legislation following approval
 83 9 by the legislative interim committee to the governor and the
 83 10 general assembly no later than December 31, 2013.

83 11 Sec. 51. LEGISLATIVE INTERIM COMMITTEE. The legislative
 83 12 council is requested to establish a legislative interim
 83 13 committee on elder abuse prevention and intervention for the
 83 14 2013 legislative interim to monitor the progress of, and
 83 15 provide direction to, the task force on elder abuse prevention
 83 16 and intervention created in this Act. The legislative
 83 17 committee shall review the progress report and approve the
 83 18 final report of the task force and shall submit the committee's
 83 19 recommendations and a final report to the general assembly
 83 20 following completion of the committee's work.

83 21 Sec. 52. PILOT PROJECT — GUARDIANSHIP AND CONSERVATORSHIP
 83 22 MONITORING. The department on aging shall collaborate
 83 23 with the national health law and policy resource center
 83 24 at the university of Iowa college of law to establish a
 83 25 three-year pilot project to train, recruit, and oversee
 83 26 volunteers to assist the courts in monitoring guardianships and
 83 27 conservatorships and to provide assistance to guardians and
 83 28 conservators. The pilot project shall be implemented initially
 83 29 in the sixth judicial district. The pilot project shall be
 83 30 utilized to establish a basis for an ongoing guardianship and
 83 31 conservatorship monitoring and assistance program administered
 83 32 through the department on aging. The department on aging
 83 33 shall submit an annual report to the individuals identified
 83 34 in this Act for submission of reports. The annual report
 83 35 shall include the objectives and results for the pilot project

Requires the Task Force to submit a progress report to the Legislative Interim Committee by October 31, 2013, and a final report to the General Assembly by December 31, 2013.

Requests the Legislative Council to establish an interim committee on elder abuse prevention and intervention.

DETAIL: The Committee is to review the progress report, approve the final report of the task force, and submit recommendations to the General Assembly.

Requires the Department on Aging, in collaboration with the National Health Law and Policy Resource Center at the U of I, to establish a three-year pilot project to train, recruit, and oversee volunteers to assist the courts in monitoring guardianships and conservatorships and to provide assistance to guardians and conservators.

84 1 year, how the funds allocated were utilized in meeting the
 84 2 pilot project's objectives, the number of individuals served,
 84 3 the types of services provided, any other sources of funding
 84 4 utilized or identified as available for the pilot project, and
 84 5 the continuing needs of the pilot project.

84 6 Sec. 53. EFFECTIVE UPON ENACTMENT. The section of this
 84 7 division of this Act establishing a task force on elder abuse
 84 8 prevention, being deemed of immediate importance, takes effect
 84 9 upon enactment.

The Section establishing a Task Force on Elder Abuse and Prevention is effective on enactment.

84 10 Sec. 54. EFFECTIVE UPON ENACTMENT. The section of this
 84 11 division of this Act amending section 231.33, subsection 21,
 84 12 if enacted by 2013 Iowa Acts, Senate File 184, being deemed of
 84 13 immediate importance, takes effect upon enactment.

The Section that allows an employee of an AAA that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in IPERS is effective on enactment.

84 14 Sec. 55. RETROACTIVE APPLICABILITY. The section of this
 84 15 division of this Act amending section 231.33, subsection 21,
 84 16 if enacted by 2013 Iowa Acts, applies retroactively to July 1,
 84 17 2012.

The Section that allows an employee of an AAA that was enrolled in an alternative retirement plan prior to July 1, 2012, to continue to use that plan instead of being required to enroll in IPERS is retroactive to July 1, 2012.

84 18 DIVISION XI
 84 19 EMS TASK FORCE

84 20 Sec. 56. EMERGENCY MEDICAL SERVICES TASK FORCE AND REPORT.

84 21 1. The department of public health shall establish a task
 84 22 force to ensure the future availability of quality emergency
 84 23 medical services for the state.

84 24 2. The members of the task force shall be appointed by the
 84 25 director of the department of public health, or the director's
 84 26 designee, as follows:

84 27 a. A manager of a rural volunteer emergency medical
 84 28 transport service.

84 29 b. A manager of a rural paid emergency medical transport
 84 30 service.

84 31 c. A manager of an urban emergency medical transport
 84 32 service.

84 33 d. A manager of a nontransport emergency medical service.

84 34 e. A representative of a fire department-based emergency
 84 35 medical service.

85 1 f. A representative of a hospital-based emergency medical
 85 2 service.

85 3 g. A representative of a private, for-profit emergency
 85 4 medical transport service.

85 5 h. A representative of a not-for-profit emergency medical
 85 6 transport service.

This Division establishes a 24-member task force charged with conducting six meetings concerning the Emergency Medical Services (EMS) issues effecting rural and urban parts of Iowa, private services, public services, hospital services, volunteer and employed professionals, delivery of services, issues, and necessary system improvements. Requires the task force to submit a report of its findings by April 30, 2014, to the Governor, the General Assembly, the DPH, and the Emergency Medical Services Advisory Council.

85 7 i. A representative of the Iowa emergency medical services
85 8 association board of directors.
85 9 j. A representative of an emergency medical services
85 10 training agency.
85 11 k. An urban emergency department physician.
85 12 l. A rural emergency department physician.
85 13 m. A representative of the Iowa emergency nurses
85 14 association.
85 15 n. A representative of the Iowa alliance in home care.
85 16 o. A representative of an emergency medical service air
85 17 ambulance.
85 18 p. A representative of the Iowa hospital association.
85 19 q. A representative of the private insurance industry.
85 20 r. A representative of the Iowa Medicaid enterprise
85 21 division of the department of human services.
85 22 s. A representative of city government.
85 23 t. A representative of county government.
85 24 u. A representative of the nursing facility industry.
85 25 v. A representative of the Iowa behavioral health
85 26 association.
85 27 w. A consumer of emergency medical services.
85 28 x. An advanced registered nurse practitioner.
85 29 3. The task force shall discuss the current state of
85 30 emergency medical services in Iowa and make recommendations for
85 31 enhancement of Iowa's emergency medical services system. The
85 32 recommendations shall address issues facing volunteer and paid
85 33 rural emergency medical services, cost projections including
85 34 administration costs for all recommendations, the Medicaid
85 35 reimbursement fee schedule for ambulance services, and the
86 1 nature and scope of any recommended changes in regulations
86 2 governing emergency medical services.
86 3 4. The task force shall, by April 30, 2014, submit a final
86 4 report of its findings and recommendations to the governor,
86 5 the general assembly, the department of public health, and the
86 6 emergency medical services advisory council. The emergency
86 7 medical services advisory council shall review the report and
86 8 make recommendations related to implementation of the report's
86 9 recommendations to the director of the department of public
86 10 health.

86 11 DIVISION XII
86 12 MEDICATION THERAPY MANAGEMENT

86 13 Sec. 57. MEDICATION THERAPY MANAGEMENT — MEDICAID.
86 14 1. As used in this section, "medication therapy management"
86 15 means a systematic process performed by a licensed pharmacist,
86 16 designed to improve quality outcomes for patients and lower

Creates a Medication Therapy Management Program for individuals on Medicaid that take four or more prescription drugs, individuals with prescription drug therapy problems, and individuals that meet other criteria established by the Iowa Medicaid Enterprise.

86 17 health care costs, including emergency room, hospital,
86 18 provider, and other costs, by optimizing appropriate medication
86 19 use linked directly to achievement of the clinical goals of
86 20 therapy. Medication therapy management shall include all of
86 21 the following services:

86 22 a. A medication therapy review and in-person consultation
86 23 relating to all medications, vitamins, and herbal supplements
86 24 currently being taken by an eligible individual.

86 25 b. A medication action plan, subject to the limitations
86 26 specified in this section, communicated to the individual and
86 27 the individual's primary care physician or other appropriate
86 28 prescriber to address issues including appropriateness,
86 29 effectiveness, safety, drug interactions, and adherence. The
86 30 medication action plan may include drug therapy recommendations
86 31 to prescribers that are needed to meet clinical goals and
86 32 achieve optimal patient outcomes.

86 33 c. Documentation and follow-up to ensure consistent levels
86 34 of pharmacy services and positive outcomes.

86 35 2. a. The department of human services shall utilize a
87 1 request for proposals process and shall enter into a contract
87 2 for the provision of medication therapy management services for
87 3 eligible medical assistance program recipients who meet any of
87 4 the following criteria:

87 5 (1) An individual who takes four or more prescription drugs
87 6 to treat or prevent two or more chronic medical conditions.

87 7 (2) An individual with a prescription drug therapy problem
87 8 who is identified by the prescribing physician or other
87 9 appropriate prescriber, and referred to a pharmacist for
87 10 medication therapy management services.

87 11 (3) An individual who meets other criteria established by
87 12 the Iowa Medicaid enterprise.

87 13 b. The fees for pharmacist-delivered medication therapy
87 14 management services shall be separate from the reimbursement
87 15 for prescription drug product or dispensing services, and
87 16 shall be reasonable based on the resources and time required
87 17 to provide the service.

87 18 c. A fee shall be established for physician reimbursement
87 19 for services delivered for medication therapy management and
87 20 shall be reasonable based on the resources and time required
87 21 to provide the service.

87 22 d. If any part of the medication therapy management
87 23 plan developed by a pharmacist incorporates services which
87 24 are outside the pharmacist's independent scope of practice
87 25 including the initiation of therapy, modification of dosages,
87 26 therapeutic interchange, or changes in drug therapy, the
87 27 express authorization of the individual's physician or other
87 28 appropriate prescriber shall be required.

DETAIL: The Program provides in-person consultation with a pharmacist or physician to address issues and to create a medication action plan to optimize patient outcomes. A fee schedule will be created to reimburse pharmacists and physicians for the consultation.

<p>87 29 Sec. 58. EFFECTIVE UPON ENACTMENT. This division of this 87 30 Act, being deemed of immediate importance, takes effect upon 87 31 enactment.</p>	<p>The Section relating to Medicaid Therapy Management is effective on enactment.</p>
<p>87 32 DIVISION XIII 87 33 HOSPITAL PROVIDER TAX</p>	
<p>87 34 Sec. 59. Section 249M.5, Code 2013, is amended to read as 87 35 follows: 88 1 249M.5 FUTURE REPEAL. 88 2 This chapter is repealed June 30, 2013 <u>2016</u>.</p>	<p>CODE: Extends the repeal of the Hospital Provider Assessment to June, 30, 2016.</p>
<p>88 3 Sec. 60. EFFECTIVE UPON ENACTMENT. The section of this 88 4 division of this Act relating to the future repeal of the 88 5 hospital health care access assessment program chapter, being 88 6 deemed of immediate importance, takes effect upon enactment.</p>	<p>The Division extending the repeal of the Hospital Provider Assessment to June, 30, 2016, is effective on enactment.</p>
<p>88 7 DIVISION XIV 88 8 ILL AND HANDICAPPED WAIVER NAME CHANGE</p>	
<p>88 9 Sec. 61. Section 423.3, subsection 18, paragraph f, 88 10 subparagraph (1), Code 2013, is amended to read as follows: 88 11 (1)—Ill and handicapped <u>Health and disability</u> waiver 88 12 service providers, described in 441 IAC 77.30.</p>	<p>CODE: Changes the name of the Ill and Handicapped waiver to the Health and Disability Waiver.</p>
<p>88 13 DIVISION XV 88 14 MILLER TRUST</p>	
<p>88 15 Sec. 62. Section 633C.2, Code 2013, is amended to read as 88 16 follows: 88 17 633C.2 DISPOSITION OF MEDICAL ASSISTANCE SPECIAL NEEDS 88 18 TRUSTS. 88 19 Regardless of the terms of a medical assistance special 88 20 needs trust, any income received or asset added to the trust 88 21 during a one-month period shall be expended as provided for 88 22 medical assistance income trusts under section 633C.3, on 88 23 a monthly basis, during the life of the beneficiary. Any 88 24 increase in income or principal retained in the trust from 88 25 a previous month may be expended, during the life of the 88 26 beneficiary, only for reasonable and necessary expenses of 88 27 the trust, not to exceed ten <u>twenty-five</u> dollars per month 88 28 without court approval, for special needs of the beneficiary 88 29 attributable to the beneficiary's disability and approved by 88 30 the district court, for medical care or services that would 88 31 otherwise be covered by medical assistance under chapter 249A, 88 32 or to reimburse the state for medical assistance paid on behalf 88 33 of the beneficiary.</p>	<p>CODE: Increases the monthly payment a trustee can receive from a trust from \$10 to \$25 for a Medical Assistance Special Needs Trust.</p>

<p>88 34 Sec. 63. Section 633C.3, subsection 1, unnumbered paragraph 88 35 1, Code 2013, is amended to read as follows: 89 1 Regardless of the terms of a medical assistance income 89 2 trust, if the beneficiary's total monthly income is less 89 3 than <u>one hundred and twenty-five percent</u> of the average 89 4 statewide charge for nursing facility services to a private 89 5 pay resident of a nursing facility, then, during the life of 89 6 the beneficiary, any property received or held by the trust 89 7 shall be expended only as follows, as applicable, and in the 89 8 following order of priority:</p> <p>89 9 Sec. 64. Section 633C.3, subsection 1, paragraph a, Code 89 10 2013, is amended to read as follows: 89 11 a. A reasonable amount may be paid or set aside each 89 12 month for necessary expenses of the trust, not to exceed ten 89 13 <u>twenty-five</u> dollars per month without court approval.</p> <p>89 14 Sec. 65. Section 633C.3, subsection 2, unnumbered paragraph 89 15 1, Code 2013, is amended to read as follows: 89 16 Regardless of the terms of a medical assistance income 89 17 trust, if the beneficiary's total monthly income is at or above 89 18 <u>one hundred and twenty-five percent of</u> the average statewide 89 19 charge for nursing facility services to a private-pay resident, 89 20 then, during the life of the beneficiary, any property received 89 21 or held by the trust shall be expended only as follows, as 89 22 applicable, in the following order of priority:</p> <p>89 23 Sec. 66. Section 633C.3, subsection 2, paragraph a, Code 89 24 2013, is amended to read as follows: 89 25 a. A reasonable amount may be paid or set aside each 89 26 month for necessary expenses of the trust, not to exceed ten 89 27 <u>twenty-five</u> dollars per month without court approval.</p> <p>89 28 Sec. 67. APPLICABILITY. The sections of this division of 89 29 this Act amending sections 633C.2 and 633C.3 apply to trusts in 89 30 existence on or after July 1, 2013.</p> <p>89 31 89 32 DIVISION XVI FAMILY PLANNING WAIVER — STATE PLAN</p> <p>89 33 Sec. 68. Section 249A.3, subsection 2, paragraph a, 89 34 subparagraph (10), Code 2013, is amended to read as follows: 89 35 (10) Individuals eligible for family planning services 90 1 under a federally approved demonstration waiver <u>or state plan</u>.</p> <p>90 2 Sec. 69. MEDICAID STATE PLAN AMENDMENT — FAMILY 90 3 PLANNING. The department of human services shall amend the</p>	<p>CODE: Increases the income limit for Medical Assistance Income Trusts to 125.00% of the statewide average charge.</p> <p>CODE: Increases the monthly payment a trustee can receive from a trust from \$10 to \$25 for a Medical Assistance Income Trust.</p> <p>CODE: Increases the income limit for Medical Assistance Income Trusts to 125.00% of the statewide average charge.</p> <p>CODE: Increases the monthly payment a trustee can receive from a trust from \$10 to \$25 for a Medical Assistance Income Trust.</p> <p>This Division applies only to trusts in existence on or after July 1, 2013.</p> <p>CODE: Amends the Family Planning Waiver to allow the DHS to add the Program to the State Plan.</p> <p>Requires the DHS to amend the State Plan for Medicaid to include the Family Planning Waiver.</p>
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90 4 medical assistance state plan to include, effective no later
 90 5 than January 1, 2014, the eligibility provisions of the Iowa
 90 6 family planning network section 1115 demonstration waiver in
 90 7 effect on January 1, 2013, as the criteria is amended to be
 90 8 applicable to individuals who are uninsured or who have health
 90 9 insurance coverage subject to the medical assistance program
 90 10 being the payer of last resort. The department shall implement
 90 11 the state plan amendment upon receipt of approval by the
 90 12 centers for Medicare and Medicaid services of the United States
 90 13 department of health and human services.

DETAIL: This change is to be effective by January 1, 2014.

90 14 Sec. 70. 2010 Iowa Acts, chapter 1192, section 11,
 90 15 subsection 24, paragraph a, subparagraph (1), subparagraph
 90 16 division (a), is amended to read as follows:
 90 17 (a) Are uninsured or have health insurance coverage ~~that~~
 90 18 ~~does not include coverage for benefits provided under the Iowa~~
 90 19 ~~family planning network~~ subject to the medical assistance
 90 20 program being the payer of last resort.

CODE: Amends HF 2526 (FY 2011 Health and Human Services Appropriations Act), to clarify that the Medicaid Program is the payor of last resort.

90 21 Sec. 71. EFFECTIVE UPON ENACTMENT AND CONTINGENT
 90 22 IMPLEMENTATION. The sections of this division of this
 90 23 Act relating to the family planning waiver and state plan
 90 24 amendment, being deemed of immediate importance, take effect
 90 25 upon enactment. However, the department of human services
 90 26 shall only implement those sections to the extent the
 90 27 department receives federal approval of the requests relating
 90 28 to the waiver and the medical assistance state plan amendment
 90 29 necessary to implement those sections.

The Sections relating to the Family Planning Waiver and the State Plan amendment are effective on enactment.

DETAIL: The DHS is only to implement these Sections with federal approval.

90 30 DIVISION XVII
 90 31 MISCELLANEOUS HEALTH CARE AMENDMENTS

90 32 Sec. 72. Section 249A.2, subsection 1, Code 2013, is amended
 90 33 by striking the subsection.

CODE: This Division is technical cleanup to the Medical Assistance eligibility chapter. The changes more clearly define discretionary, mandatory, and optional eligibility under the Program.

90 34 Sec. 73. Section 249A.2, subsections 4 and 7, Code 2013, are
 90 35 amended to read as follows:

91 1 4. "Discretionary medical assistance" means mandatory
 91 2 medical assistance or ~~additional~~ optional medical assistance
 91 3 provided to medically needy individuals whose income and
 91 4 resources are in excess of eligibility limitations but are
 91 5 insufficient to meet all of the costs of necessary medical
 91 6 care and services, provided that if the assistance includes
 91 7 services in institutions for mental diseases or intermediate
 91 8 care facilities for persons with an intellectual disability,
 91 9 or both, for any group of such individuals, the assistance
 91 10 also includes for all covered groups of such individuals at
 91 11 least the care and services enumerated in Tit.XIX of the

DETAIL: This change will help to clarify current mandatory and optional categories.

91 12 federal Social Security Act, section 1905(a), paragraphs (1)
91 13 through (5), and (17), as codified in 42 U.S.C. §1396d(a),
91 14 pars.(1) through (5), and (17), or any seven of the care and
91 15 services enumerated in Tit.XIX of the federal Social Security
91 16 Act, section 1905(a), paragraphs (1) through ~~(7) and (9)~~
91 17 ~~through (18) (24)~~, as codified in 42 U.S.C. §1396d(a), ~~pars.~~
91 18 ~~paragraphs (1) through (7), and (9) through (18) (24)~~.
91 19 7. "Medical assistance" means payment of all or part of
91 20 the costs of the care and services ~~required to be provided by~~
91 21 made in accordance with Tit.XIX of the federal Social Security
91 22 Act, ~~section 1905(a), paragraphs (1) through (5), and (17), as~~
91 23 ~~codified in 42 U.S.C. §1396d(a), pars.(1) through (5), and~~
91 24 ~~(17) and authorized pursuant to this chapter.~~
91 25 Sec. 74. Section 249A.2, Code 2013, is amended by adding the
91 26 following new subsections:
91 27 NEW SUBSECTION 6A. "Mandatory medical assistance" means
91 28 payment of all or part of the costs of the care and services
91 29 required to be provided by Tit.XIX of the federal Social
91 30 Security Act, section 1905(a), paragraphs (1) through (5),
91 31 (17),(21), and (28), as codified in 42 U.S.C. § 1396d(a),
91 32 paragraphs (1) through (5), (17), (21), and (28).
91 33 NEW SUBSECTION 7A. "Medical assistance program" means
91 34 the program established under this chapter to provide medical
91 35 assistance.
92 1 NEW SUBSECTION 8A. "Optional medical assistance" means
92 2 payment of all or part of the costs of any or all of the care
92 3 and services authorized to be provided by Tit.XIX of the
92 4 federal Social Security Act, section 1905(a), paragraphs (6)
92 5 through (16), (18) through (20), (22) through (27), and (29),
92 6 as codified in 42 U.S.C. §1396d(a), paragraphs (6) through
92 7 (16), and (18) through (20), (22) through (27), and (29).
92 8 Sec. 75. Section 249A.3, subsection 1, unnumbered paragraph
92 9 1, Code 2013, is amended to read as follows:
92 10 ~~Medical~~ Mandatory medical assistance shall be provided to,
92 11 or on behalf of, any individual or family residing in the state
92 12 of Iowa, including those residents who are temporarily absent
92 13 from the state, who:
92 14 Sec. 76. Section 249A.3, subsection 1, paragraph I,
92 15 subparagraph (2), Code 2013, is amended to read as follows:
92 16 (2) ~~Additionally, effective July 1, 2009, medical~~
92 17 ~~assistance shall be provided to~~ is a pregnant woman or infant
92 18 whose family income is at or below three hundred percent of the
92 19 federal poverty level, as defined by the most recently revised
92 20 poverty income guidelines published by the United States
92 21 department of health and human services, if otherwise eligible.
92 22 Sec. 77. Section 249A.3, subsection 2, paragraph a,
92 23 unnumbered paragraph 1, Code 2013, is amended to read as
92 24 follows:

92 25 —~~Medical~~ Mandatory medical assistance may also, within the
92 26 limits of available funds and in accordance with section
92 27 249A.4, subsection 1, be provided to, or on behalf of,
92 28 other individuals and families who are not excluded under
92 29 subsection 5 of this section and whose incomes and resources
92 30 are insufficient to meet the cost of necessary medical care and
92 31 services in accordance with the following order of priorities:
92 32 Sec. 78. Section 249A.3, subsection 2, paragraph a,
92 33 subparagraph (1), subparagraph division (a), Code 2013, is
92 34 amended to read as follows:
92 35 (a) As allowed under 42 U.S.C. §1396a(a)(10)(A)(ii)(XIII),
93 1 individuals with disabilities, who are less than sixty-five
93 2 years of age, who are members of families whose income is less
93 3 than two hundred fifty percent of the most recently revised
93 4 official poverty guidelines published by the United States
93 5 department of health and human services for the family, who
93 6 have earned income and who are eligible for mandatory medical
93 7 assistance or ~~additional~~ optional medical assistance under this
93 8 section if earnings are disregarded. As allowed by 42 U.S.C.
93 9 §1396a(r)(2), unearned income shall also be disregarded in
93 10 determining whether an individual is eligible for assistance
93 11 under this subparagraph. For the purposes of determining the
93 12 amount of an individual's resources under this subparagraph
93 13 and as allowed by 42 U.S.C. §1396a(r)(2), a maximum of ten
93 14 thousand dollars of available resources shall be disregarded,
93 15 and any additional resources held in a retirement account, in a
93 16 medical savings account, or in any other account approved under
93 17 rules adopted by the department shall also be disregarded.
93 18 Sec. 79. Section 249A.3, subsection 2, paragraph a,
93 19 subparagraph (3), Code 2013, is amended to read as follows:
93 20 (3) Individuals who are receiving care in a hospital or
93 21 in a basic nursing home, intermediate nursing home, skilled
93 22 nursing home or extended care facility, as defined by section
93 23 135C.1, and who meet all eligibility requirements for federal
93 24 supplemental security income except that their income exceeds
93 25 the allowable maximum ~~therefor~~ for such eligibility, but
93 26 whose income is not in excess of the maximum established
93 27 ~~by subsection 4~~ for eligibility for discretionary medical
93 28 assistance and is insufficient to meet the full cost of their
93 29 care in the hospital or health care facility on the basis of
93 30 standards established by the department.
93 31 Sec. 80. Section 249A.3, subsection 2, paragraph b, Code
93 32 2013, is amended to read as follows:
93 33 b. Notwithstanding the provisions of this subsection
93 34 establishing priorities for individuals and families to
93 35 receive mandatory medical assistance, the department may
94 1 determine within the priorities listed in this subsection which
94 2 persons shall receive mandatory medical assistance based on

94 3 income levels established by the department, subject to the
94 4 limitations provided in subsection 4.

94 5 Sec. 81. Section 249A.3, subsection 3, Code 2013, is amended
94 6 to read as follows:

94 7 3.—~~Additional~~ Optional medical assistance may, within
94 8 the limits of available funds and in accordance with section
94 9 249A.4, subsection 1, be provided to, or on behalf of, either
94 10 of the following groups of individuals and families:

94 11 a. Only those individuals and families described in
94 12 subsection 1 ~~of this section; or,~~

94 13 b. Those individuals and families described in both
94 14 subsections 1 and 2.

94 15 Sec. 82. Section 249A.4, subsection 9, unnumbered paragraph
94 16 1, Code 2013, is amended to read as follows:

94 17 Adopt rules pursuant to chapter 17A in determining the
94 18 method and level of reimbursement for all medical and health
94 19 services ~~referred to in section 249A.2, subsection 1 or 7~~
94 20 to be provided under the medical assistance program, after
94 21 considering all of the following:

94 22 Sec. 83. Section 249B.1, subsection 6, Code 2013, is amended
94 23 to read as follows:

94 24 6. "Medical assistance" means "mandatorymedical assistance",
94 25 ~~additional~~ optional medical assistance", "discretionary medical
94 26 assistance" or "medicare cost sharing" as defined in section
94 27 249A.2 which is provided to an individual pursuant to chapter
94 28 249A and Tit.XIX of the federal Social Security Act.

94 29 Sec. 84. Section 249F.1, subsection 1, Code 2013, is amended
94 30 to read as follows:

94 31 1. "Medical assistance" means "mandatorymedical
94 32 assistance", ~~additional~~ optional medical assistance",
94 33 "discretionary medical assistance", or "Medicare cost sharing"
94 34 as each is defined in section 249A.2 which is provided to an
94 35 individual pursuant to chapter 249A and Tit.XIX of the federal
95 1 Social Security Act.

95 2 Sec. 85. Section 509.1, subsection 7, Code 2013, is amended
95 3 to read as follows:

95 4 7. A policy issued to the department of human services,
95 5 which shall be deemed the policyholder, to insure eligible
95 6 persons for medical assistance, or for both mandatory medical
95 7 assistance and ~~additional~~ optional medical assistance, as
95 8 defined by chapter 249A as hereafter amended.

95 9 Sec. 86. Section 514.1, subsection 2, Code 2013, is amended
95 10 to read as follows:

95 11 2. For the purposes of this chapter, "subscriber" means an
95 12 individual who enters into a contract for health care services
95 13 with a corporation subject to this chapter and includes a
95 14 person eligible for mandatory medical assistance or ~~additional~~
95 15 optional medical assistance as defined under chapter 249A, with

95 16 respect to whom the department of human services has entered
 95 17 into a contract with a firm operating under this chapter. For
 95 18 purposes of this chapter, "provider" means a person as defined
 95 19 in section 4.1, subsection 20, which is licensed or authorized
 95 20 in this state to furnish health care services. "Health care"
 95 21 means that care necessary for the purpose of preventing,
 95 22 alleviating, curing, or healing human physical or mental
 95 23 illness, injury, or disability.

95 24 DIVISION XVIII
 95 25 ALZHEIMER'S COORDINATION AND STRATEGY

95 26 Sec. 87.NEW SECTION 135P.1 DEFINITIONS.

95 27 As used in this chapter, unless the context otherwise
 95 28 requires:

95 29 1. "Alzheimer's disease" or "Alzheimer's" means a
 95 30 progressive, degenerative, fatal disorder that results in loss
 95 31 of memory, loss of thinking and language skills, and behavioral
 95 32 changes. "Alzheimer's disease" includes related dementias
 95 33 including vascular dementia, Parkinson's disease, dementia
 95 34 with Lewy bodies, frontotemporal dementia, Creutzfeldt-Jacob
 95 35 disease, normal pressure hydrocephalus, and mixed dementia.

96 1 2. "Department" means the department of public health.

96 2 Sec. 88.NEW SECTION 135P.2 ALZHEIMER'S DISEASE —
 96 3 STATE-LEVEL COORDINATION AND COMPREHENSIVE RESPONSE STRATEGY.

96 4 1. The department shall develop and administer, and
 96 5 provide for state-level coordination of, a comprehensive
 96 6 Alzheimer's disease response strategy in accordance with the
 96 7 recommendations of the stakeholder workgroup convened pursuant
 96 8 to 2011 Iowa Acts, chapter 61. The response strategy shall
 96 9 include development and monitoring of short-term and long-term
 96 10 objectives and action steps to ensure that individuals with
 96 11 Alzheimer's disease have access to the highest quality and
 96 12 most appropriate care at all stages of the disease and in
 96 13 all settings across the service and supports continuum. The
 96 14 response strategy may include prioritization of objectives
 96 15 and action steps to most efficiently utilize resources and
 96 16 funding. The department shall update the initial response
 96 17 strategy biennially and shall submit a progress report annually
 96 18 in January to the governor and the general assembly.

96 19 2. In providing state-level coordination, the department
 96 20 shall integrate public and private resources and programs,
 96 21 reduce duplication, evaluate programs and services to ensure
 96 22 that evidence-based, high-quality programs and services are
 96 23 available to maximize the positive impact for individuals with
 96 24 Alzheimer's and their families and caregivers, and promote
 96 25 public awareness.

96 26 3. In developing the comprehensive Alzheimer's disease
 96 27 response strategy, the department shall do all of the

CODE: Directs the DPH to develop, administer, and provide for State-level coordination of, a comprehensive Alzheimer's disease response strategy and to submit an annual report in January to the Governor and General Assembly concerning development and monitoring of short-term and long-term objectives, action steps to ensure that individuals have access to high-quality care at all stages of the disease and in all settings across the service and supports continuum, and include prioritization of objectives and action steps to most efficiently utilize resources and funding.

96 28 following:

96 29 a. Establish an Alzheimer's disease coordinator position
96 30 in the department in a manner similar to those positions
96 31 that address other chronic conditions in the state. The
96 32 coordinator, in partnership with public and private entities
96 33 and the multidisciplinary advisory council convened pursuant to
96 34 paragraph "b", shall do all of the following:

96 35 (1) Implement the recommendations of the Alzheimer's
97 1 disease stakeholder workgroup convened pursuant to 2011 Iowa
97 2 Acts, chapter 61, and establish standards for the comprehensive
97 3 Alzheimer's disease response strategy.

97 4 (2) Inform, educate, and empower the public regarding the
97 5 impact of Alzheimer's disease, in order to increase awareness
97 6 of the disease and in particular the benefits of early
97 7 detection, while working to decrease the stigma associated with
97 8 Alzheimer's disease.

97 9 (3) Monitor the prevalence of Alzheimer's disease and
97 10 cognitive impairment in the state through data collection and
97 11 coordination efforts. Such data shall be made available to
97 12 and used to assist public and private efforts in developing
97 13 evidence-based programs and policies that address Alzheimer's
97 14 disease.

97 15 (4) Evaluate, and promote the improved effectiveness,
97 16 accessibility, and quality of, clinical and population-based
97 17 Alzheimer's services. The evaluation and promotion efforts
97 18 shall include coordination of services to reach rural and
97 19 underserved areas of the state.

97 20 (5) Ensure a competent public and private sector workforce
97 21 specific to the challenges of Alzheimer's disease. The effort
97 22 shall include coordinating existing state efforts to develop,
97 23 implement, and evaluate curricula and training requirements
97 24 for providers of services who interact with individuals with
97 25 Alzheimer's disease.

97 26 (6) Act as a liaison to the aging and disabilities resource
97 27 centers, area agencies on aging, Alzheimer's association
97 28 chapters, the health and long-term care access advisory council
97 29 created by the department to implement the directives of
97 30 sections 135.163 and 135.164, and other entities to ensure
97 31 Alzheimer's disease is appropriately addressed in the state.

97 32 (7) Secure public and private funding relating to dementia
97 33 to fulfill the duties specified under this chapter.

97 34 b. Convene a multidisciplinary advisory council. The
97 35 council shall assist and advise the department and the
98 1 coordinator; develop partnerships to provide coordination,
98 2 collaboration, and support for Alzheimer's-related services
98 3 and programs throughout the state; and advocate on behalf of
98 4 persons with Alzheimer's disease and their families. The
98 5 advisory council shall, at a minimum, include representation

98 6 from individuals with Alzheimer's disease and their families;
 98 7 caregivers and other providers of services and supports;
 98 8 medical providers including primary and specialty care
 98 9 providers, which shall include geriatricians, neurologists,
 98 10 and others with expertise in Alzheimer's disease; the
 98 11 Alzheimer's association; community-based organizations and
 98 12 other organizations with interest or expertise in Alzheimer's
 98 13 disease; academic institutions and programs with a focus
 98 14 on Alzheimer's disease and dementia; and appropriate state
 98 15 agencies including but not limited to the department on
 98 16 aging, the department of human services, the department of
 98 17 inspections and appeals, the department of public safety, and
 98 18 the department of workforce development. The department shall
 98 19 enlist private entities in providing staff support for the
 98 20 council.

98 21 Sec. 89. REPEAL. Section 135.171, Code 2013, is repealed.

98 22 Sec. 90. INCORPORATION OF EXISTING STATE DUTIES. The
 98 23 department of public health shall incorporate the requirements
 98 24 specified in section 135.171, Code 2013, into the comprehensive
 98 25 Alzheimer's disease strategy developed and administered
 98 26 pursuant to this division of this Act.

98 27 DIVISION XIX
 98 28 AREA HEALTH EDUCATION CENTERS
 98 29 Sec. 91. NEW SECTION 135.179 AREA HEALTH EDUCATION CENTERS
 98 30 FUND.

98 31 An area health education centers fund is created in the
 98 32 state treasury as a separate fund under the control of the
 98 33 department. The department may receive appropriations,
 98 34 contributions, grants, and in-kind contributions to support
 98 35 the purposes of the fund. The fund shall be separate from the
 99 1 general fund of the state and shall not be considered part of
 99 2 the general fund of the state. The moneys in the fund shall
 99 3 not be considered revenue of the state, but rather shall be
 99 4 moneys of the fund. The moneys in the fund are appropriated
 99 5 to the department to be distributed to a publicly owned acute
 99 6 care teaching hospital located in a county with a population
 99 7 over three hundred fifty thousand that shall subcontract
 99 8 with health care entities that host regional area health
 99 9 education centers to recruit and retain a skilled health care
 99 10 workforce in rural and underserved areas of the state. The
 99 11 funds distributed shall be used to provide the nonfederal
 99 12 funding match requirement for receipt of federal grants for
 99 13 area health education centers from the federal health resources
 99 14 and services administration of the United States department of
 99 15 health and human services and to assist with continuation of
 99 16 existing educational health care programs and activities. The
 99 17 moneys in the fund are not subject to section 8.33 and shall

CODE: Directs the DPH to establish an area health education fund to subcontract with Area Health Education Centers (AHECs) to recruit and retain health care providers in rural and underserved areas of the state.

99 18 not be transferred, used, obligated, appropriated, or otherwise
 99 19 encumbered, except to provide for the purposes of this section.
 99 20 Notwithstanding section 12C.7, subsection 2, interest or
 99 21 earnings on moneys deposited in the fund shall be credited to
 99 22 the fund.
 99 23 Sec. 92. CODE EDITOR DIRECTIVE. The Code editor shall
 99 24 create a new division in chapter 135 codifying section 135.179,
 99 25 as enacted in this division of this Act, as the area health
 99 26 education centers fund.

99 27 DIVISION XX
 99 28 MEDICAID BREAST AND CERVICAL CANCER

99 29 Sec. 93. Section 249A.3, subsection 2, paragraph a,
 99 30 subparagraph (2), Code 2013, is amended to read as follows:
 99 31 (2) (a) As provided under the federal Breast and Cervical
 99 32 Cancer Prevention and Treatment Act of 2000, Pub.L. No.
 99 33 106-354, ~~women~~ individuals who meet all of the following
 99 34 criteria:

99 35 (i) Are not described in 42 U.S.C. §1396a(a)(10)(A)(i).

100 1 (ii) Have not attained age sixty-five.

100 2 (iii) Have been screened for breast and cervical cancer
 100 3 under the United States centers for disease control and
 100 4 prevention breast and cervical cancer early detection program
 100 5 established under 42 U.S.C. §300k et seq., in accordance
 100 6 with the requirements of 42 U.S.C. §300n, and need treatment
 100 7 for breast or cervical cancer. ~~A woman~~ An individual is
 100 8 considered screened for breast and cervical cancer under this
 100 9 subparagraph subdivision if the ~~woman~~ individual is screened
 100 10 by any provider or entity, and the state grantee of the United
 100 11 States centers for disease control and prevention funds under
 100 12 Tit.XV of the federal Public Health Services Act has elected
 100 13 to include screening activities by that provider or entity
 100 14 as screening activities pursuant to Tit.XV of the federal
 100 15 Public Health Services Act. This screening includes ~~but is~~
 100 16 ~~not limited to~~ breast or cervical cancer screenings or related
 100 17 diagnostic services provided or funded by family planning ~~or~~
 100 18 ~~centers, community health centers and breast cancer screenings~~
 100 19 ~~funded by the Susan G. Komen foundation which, or nonprofit~~
 100 20 organizations, and the screenings or services are provided
 100 21 to ~~women~~ individuals who meet the eligibility requirements
 100 22 established by the state grantee of the United States centers
 100 23 for disease control and prevention funds under Tit.XV of the
 100 24 federal Public Health Services Act.

100 25 (iv) Are not otherwise covered under creditable coverage as
 100 26 defined in 42 U.S.C. §300gg(c).

100 27 (b)—~~A woman~~ An individual who meets the criteria of this

CODE: Adds men to the Breast and Cervical Cancer Program under the Medicaid Program. Also, covers screening services provided by any nonprofit organization, not just the Susan G. Komen foundation, to individuals that meet the federal requirements.

100 28 subparagraph (2) shall be presumptively eligible for medical
100 29 assistance.

100 30 Sec. 94. MEDICAID STATE PLAN AMENDMENT. The department of
100 31 human services shall submit a medical assistance state plan
100 32 amendment to the centers for Medicare and Medicaid services of
100 33 the United States department of health and human services to
100 34 provide for applicability of the federal Breast and Cervical
100 35 Cancer Prevention and Treatment Act of 2000, Pub.L. No.
101 1 106-354, to both men and women. The department shall implement
101 2 applicability of the program to both men and women upon receipt
101 3 of federal approval.

Requires the DHS to apply for a State Plan Amendment to add men to the Breast and Cervical Cancer Program. The DHS is to implement the change only upon federal approval.

101 4
101 5 DIVISION XXI
101 6 HEALTH AND LONG-TERM CARE
101 7 Sec. 95. Section 135.164, subsection 1, paragraph d, Code
101 8 2013, is amended by striking the paragraph.
101 9 Sec. 96. Section 135.164, subsection 4, Code 2013, is
101 10 amended by striking the subsection.
101 11 Sec. 97. COST PROJECTION REPORT — STRATEGIC PLAN. The
101 12 department of public health shall develop cost projections
101 13 for implementing the strategic plan for health care delivery
101 14 infrastructure and health care workforce resources as specified
101 15 in section 135.164, and shall submit a report of such cost
101 16 projections and any recommendations to the individuals
101 17 identified in this Act for submission of reports by December
15, 2013.

CODE: Requires the DPH to develop a cost projections strategic plan for implementing health care delivery infrastructure and health care workforce resources. The plan is to submitted in a report by December 15, 2013.

101 18
101 19 DIVISION XXII
101 20 AUTISM SUPPORT PROGRAM
101 21 Sec. 98. NEW SECTION 225D.1 DEFINITIONS.
101 22 As used in this chapter unless the context otherwise
101 23 requires:
101 24 1. "Applied behavioral analysis", "autism service provider",
101 25 "pharmacy care", "psychiatric care", "psychological care",
101 26 "rehabilitative care", "therapeutic care", and "treatment plan"
101 27 mean the same as defined in section 514C.28.
101 28 2. "Autism" means autism spectrum disorders as defined in
101 29 section 514C.28.
101 30 3. "Autism support fund" or "fund" means the autism support
101 31 fund created in section 225D.2.
101 32 4. "Behavioral health treatment" means clinically relevant
101 33 counseling and treatment programs, including applied behavioral
101 34 analysis, that meet both of the following requirements:
101 35 a. Are necessary to develop, maintain, or restore, to the
102 1 maximum extent practicable, the functioning of an individual.
102 2 b. Are provided or supervised by a board-certified
behavior analyst or a licensed psychologist, as long as the

CODE: Directs the DHS to implement an autism support program within 120 days of enactment of this Bill to provide payment for the treatment of eligible individuals with autism. Only individuals that are not eligible for coverage of the same treatments under the medical assistance program and that have applied for and been denied private insurance for the same treatment may qualify. Maximum annual benefits per individual are capped at \$36,000 and are applied through a graduated cost-sharing schedule for individuals with household incomes exceeding 200.00% of the FPL. Individuals may receive applied behavioral analysis treatment for up to 24 months before review of continued need. State obligation is limited to the extent of the funds available and an annual report concerning the program must be submitted to the Governor and General Assembly by January 1.

102 3 services performed by a psychologist are commensurate with
102 4 the psychologist's formal university training and supervised
102 5 experience.

102 6 5. "Clinically relevant" means medically necessary and
102 7 resulting in an improved clinical status as determined by
102 8 department guidelines for managed care entities.

102 9 6. "Department" means the department of human services.

102 10 7. "Diagnostic assessment of autism spectrum disorders" means
102 11 medically necessary assessment, evaluations, or tests performed
102 12 by a licensed physician, licensed physician assistant, licensed
102 13 psychologist, or licensed registered nurse practitioner, with
102 14 expertise and special training in developmental disabilities or
102 15 autism, to diagnose whether an individual has autism.

102 16 8. "Eligible individual" means a child less than nine years
102 17 of age who has been diagnosed with autism based on a diagnostic
102 18 assessment of autism spectrum disorders, is not otherwise
102 19 eligible for coverage under the medical assistance program, is
102 20 not eligible for coverage under section 514C.28 or for private
102 21 insurance coverage, and whose household income does not exceed
102 22 four hundred percent of the federal poverty level.

102 23 9. "Federal poverty level" means the most recently revised
102 24 poverty income guidelines published by the United States
102 25 department of health and human services.

102 26 10. "Household income" means household income as determined
102 27 using the modified adjusted gross income methodology pursuant
102 28 to section 2002 of the federal Patient Protection and
102 29 Affordable Care Act, Pub.L. No.111-148.

102 30 11. "Medical assistance" or "Medicaid" means assistance
102 31 provided under the medical assistance program pursuant to
102 32 chapter 249A.

102 33 12. "Regional autism assistance program" means the regional
102 34 autism assistance program created in section 256.35.

102 35 13. "Treatment of autism" means treatment that is
103 1 identified in a treatment plan and includes medically necessary
103 2 behavioral health treatment, pharmacy care, psychiatric care,
103 3 psychological care, rehabilitative care, and therapeutic care
103 4 that is one of the following:

103 5 a. Prescribed, ordered, or provided by a licensed
103 6 physician, licensed physician assistant, licensed psychologist,
103 7 licensed social worker, or licensed advanced registered nurse
103 8 practitioner.

103 9 b. Provided by an autism service provider.

103 10 c. Provided by a person, entity, or group that works under
103 11 the direction of an autism service provider.

103 12 Sec. 99.NEW SECTION 225D.2 AUTISM SUPPORT PROGRAM ———
103 13 FUND.

103 14 1. The department shall implement an autism support
103 15 program to provide payment for the treatment of autism for

103 16 eligible individuals. The department shall adopt rules,
103 17 including standards and guidelines pursuant to chapter 17A to
103 18 implement and administer the program. In adopting the rules,
103 19 standards, and guidelines for the program, the department shall
103 20 consult with and incorporate the recommendations of an expert
103 21 panel convened by the regional autism assistance program to
103 22 provide expert opinion on clinically relevant practices and
103 23 guidance on program implementation and administration. The
103 24 expert panel shall consist of families of individuals with
103 25 autism; educational, medical, and human services specialists,
103 26 professionals, and providers; and others with interest in or
103 27 expertise related to autism. The program shall be implemented
103 28 and administered in a manner so that services are available
103 29 throughout the state, including in rural and under-resourced
103 30 areas.

103 31 2. At a minimum, the rules, standards, and guidelines for
103 32 the program shall address all of the following:

- 103 33 a. A maximum annual benefit amount for an eligible
103 34 individual of thirty-six thousand dollars.
- 103 35 b. A maximum of twenty-four months of applied behavioral
104 1 analysis treatment.
- 104 2 c. Notwithstanding the age limitation for an eligible
104 3 individual, a provision that if an eligible individual reaches
104 4 nine years of age prior to completion of the maximum applied
104 5 behavioral analysis treatment period specified in paragraph
104 6 "b", the individual may complete such treatment in accordance
104 7 with the individual's treatment plan, not to exceed the maximum
104 8 treatment period.
- 104 9 d. A graduated schedule for cost-sharing by an eligible
104 10 individual based on a percentage of the total benefit amount
104 11 expended for the eligible individual, annually. Cost-sharing
104 12 shall be applicable to eligible individuals with household
104 13 incomes at or above two hundred percent of the federal poverty
104 14 level in incrementally increased amounts up to a maximum of
104 15 ten percent. The rules shall provide a financial hardship
104 16 exemption from payment of the cost-sharing based on criteria
104 17 established by rule of the department.
- 104 18 e. Application, approval, compliance, and appeal processes
104 19 for eligible individuals as necessary to operate and manage the
104 20 program.
- 104 21 f. Enrollment, renewal, and reimbursement of claims
104 22 provisions for autism service providers participating in the
104 23 program.
- 104 24 g. A requirement of family engagement and participation as
104 25 part of the eligible individual's treatment plan.
- 104 26 h. A requirement that the administrator of the program
104 27 utilize the regional autism assistance program to coordinate
104 28 interventions between eligible individuals and their families

104 29 receiving support through the autism support program with
104 30 appropriate medical, educational, and treatment providers,
104 31 including integrated health homes. The regional autism
104 32 assistance program shall provide for family navigation and
104 33 coordination and integration of services through the statewide
104 34 system of regional child health specialty clinics, utilizing
104 35 the community child health team model. As necessitated by
105 1 the availability of resources in the community where services
105 2 are delivered, telehealth may be used in delivering and
105 3 coordinating interventions with appropriate providers. To the
105 4 extent available and accessible to an eligible individual,
105 5 the eligible individual shall be enrolled in an integrated
105 6 health home that is an approved provider enrolled in the
105 7 medical assistance program. Health home services that are
105 8 covered services under the medical assistance program shall be
105 9 reimbursed under the autism support program at rates consistent
105 10 with those established under the medical assistance program.

105 11 i. Requirements related to review of treatment plans,
105 12 which may require review once every six months, subject to
105 13 utilization review requirements established by rule. A more
105 14 or less frequent review may be agreed upon by the eligible
105 15 individual and the licensed physician or licensed psychologist
105 16 developing the treatment plan.

105 17 j. Recognition of the results of a diagnostic assessment of
105 18 autism as valid for a period of not less than twelve months,
105 19 unless a licensed physician or licensed psychologist determines
105 20 that a more frequent assessment is necessary.

105 21 3. Moneys in the autism support fund created under
105 22 subsection 5 shall be expended only for eligible individuals
105 23 who are not eligible for coverage for the same treatment
105 24 services under the medical assistance program, section 514C.28,
105 25 or private insurance. Payment for treatment services through
105 26 the fund shall be limited to only those services that are
105 27 clinically relevant and only to the extent approved under the
105 28 guidelines established by rule of the department.

105 29 4. This section shall not be construed as granting an
105 30 entitlement for any program, service, or other support for
105 31 eligible individuals. Any state obligation to provide a
105 32 program, service, or other support pursuant to this section
105 33 is limited to the extent of the funds appropriated for the
105 34 purposes of the program. The department may establish a
105 35 waiting list or terminate participation of eligible individuals
106 1 if the department determines that moneys in the autism support
106 2 fund are insufficient to cover future claims for reimbursement
106 3 beyond ninety days.

106 4 5. a. An autism support fund is created in the state
106 5 treasury under the authority of the department. Moneys
106 6 appropriated to and all other moneys specified for deposit

106 7 in the fund shall be deposited in the fund and used for the
106 8 purposes of the program.

106 9 b. The fund shall be separate from the general fund of the
106 10 state and shall not be considered part of the general fund of
106 11 the state. The moneys in the fund shall not be considered
106 12 revenue of the state, but rather shall be funds of the autism
106 13 support program. The moneys deposited in the fund are not
106 14 subject to section 8.33 and shall not be transferred, used,
106 15 obligated, appropriated, or otherwise encumbered, except to
106 16 provide for the purposes of this section. Notwithstanding
106 17 section 12C.7, subsection 2, interest or earnings on moneys
106 18 deposited in the fund shall be credited to the fund.

106 19 c. The department shall adopt rules pursuant to chapter 17A
106 20 to administer the fund and reimbursements made from the fund.

106 21 d. Moneys in the fund are appropriated to the department and
106 22 shall be used by the department for the purposes of the autism
106 23 support program. The department shall be the administrator of
106 24 the fund for auditing purposes.

106 25 e. The department shall submit an annual report to the
106 26 governor and the general assembly no later than January 1
106 27 of each year that includes but is not limited to all of the
106 28 following:

106 29 (1) The total number of applications received under the
106 30 program for the immediately preceding fiscal year.

106 31 (2) The number of applications approved and the total amount
106 32 of funding expended for reimbursements under the program in the
106 33 immediately preceding fiscal year.

106 34 (3) The cost of administering the program in the immediately
106 35 preceding fiscal year.

107 1 (4) The number of eligible individuals on a waiting list, if
107 2 any, and the amount of funding necessary to reduce the existing
107 3 waiting list.

107 4 (5) Recommendations for any changes to the program.

107 5 Sec. 100. IMPLEMENTATION.

107 6 1. The department of human services shall implement the
107 7 autism support program within one hundred twenty days of
107 8 the effective date of this division of this Act, subject to
107 9 available funding.

107 10 2. Notwithstanding section 8.47 or any other provision of
107 11 law to the contrary, the department may utilize a sole-source
107 12 contract and utilize the managed care entity under contract
107 13 with the department to manage behavioral health services under
107 14 the medical assistance program to administer the program.

107 15 Total administrative costs of the program shall not exceed ten
107 16 percent of the funds expended through the program, annually.

107 17 Sec. 101. EFFECTIVE UPON ENACTMENT. This division of this
107 18 Act, being deemed of immediate importance, takes effect upon
107 19 enactment.

107 20 DIVISION XXIII
 107 21 DEPARTMENT OF HUMAN SERVICES — CHILD, ADULT, AND FAMILY
 107 22 SERVICES

107 23 Sec. 102. Section 225C.38, subsection 1, paragraph c, Code
 107 24 2013, is amended to read as follows:

107 25 c. Except as provided in section 225C.41, a family support
 107 26 subsidy for a fiscal year shall be in an amount determined by
 107 27 the department ~~in consultation with the comprehensive family~~
 107 28 ~~support council created in section 225C.48~~. The parent or
 107 29 legal guardian receiving a family support subsidy may elect
 107 30 to receive a payment amount which is less than the amount
 107 31 determined in accordance with this paragraph.

107 32 Sec. 103. Section 225C.42, subsection 1, Code 2013, is
 107 33 amended to read as follows:

107 34 1. The department shall conduct an annual evaluation of
 107 35 the family support subsidy program ~~in conjunction with the~~
 108 1 ~~comprehensive family support council~~ and shall submit the
 108 2 evaluation report with recommendations to the governor and
 108 3 general assembly. The report shall be submitted on or before
 108 4 October 30 and provide an evaluation of the latest completed
 108 5 fiscal year.

108 6 Sec. 104. Section 225C.47, subsection 5, unnumbered
 108 7 paragraph 1, Code 2013, is amended to read as follows:

108 8 The department shall design the program ~~in consultation with~~
 108 9 ~~the comprehensive family support council created in section~~
 108 10 ~~225C.48~~. The department shall adopt rules to implement the
 108 11 program which provide for all of the following:

108 12 Sec. 105. Section 225C.49, subsection 4, Code 2013, is
 108 13 amended to read as follows:

108 14 4. The department shall designate one individual whose sole
 108 15 duties are to provide central coordination of the programs
 108 16 under sections 225C.36 and 225C.47 and ~~to work with the~~
 108 17 ~~comprehensive family support council~~ to oversee development and
 108 18 implementation of the programs.

108 19 Sec. 106. Section 239B.5, Code 2013, is amended by adding
 108 20 the following new subsection:

108 21 NEW SUBSECTION 4. a. The department shall implement
 108 22 policies and procedures as necessary to comply with provisions
 108 23 of the federal Middle Class Tax Relief and Job Creation Act
 108 24 of 2012, Pub.L. No.112-96, to prevent assistance provided
 108 25 under this chapter from being used in any electronic benefit
 108 26 transfer transaction in any liquor store; any casino, gambling
 108 27 casino, or gaming establishment; or any retail establishment
 108 28 which provides adult-oriented entertainment in which performers
 108 29 disrobe or perform in an unclothed state for entertainment.
 108 30 For purposes of this paragraph, the definitions found in the

CODE: Specifies that the DHS has sole authority to determine a family support subsidy for a fiscal year, conduct annual evaluations, design programs, and conduct coordination of services.

CODE: Amends Sections relating to the the Family Investment Program (FIP) to prohibit individuals from using their Electronic Benefits Transfer (EBT) cards in certain locations.

DETAIL: This change is required by the federal Middle Class Tax Relief and Job Creation Act of 2012.

108 31 federal Middle Class Tax Relief and Job Creation Act and
 108 32 related rules and statutes apply.
 108 33 b. Unless otherwise precluded by federal law or regulation,
 108 34 policies and procedures implemented under this subsection shall
 108 35 at a minimum impose the prohibition described in paragraph "a"
 109 1 as a condition for continued eligibility for assistance under
 109 2 this chapter.
 109 3 c. The department may implement additional measures as may
 109 4 be necessary to comply with federal regulations in implementing
 109 5 paragraph "a".
 109 6 d. The department shall adopt rules as necessary to
 109 7 implement this subsection.

109 8 Sec. 107. Section 239B.14, subsection 1, Code 2013, is
 109 9 amended to read as follows:

109 10 1. a. An individual who obtains, or attempts to obtain,
 109 11 or aids or abets an individual to obtain, by means of a
 109 12 willfully false statement or representation, by knowingly
 109 13 failing to disclose a material fact, or by impersonation, or
 109 14 any fraudulent device, any assistance or other benefits under
 109 15 this chapter to which the individual is not entitled, commits
 109 16 a fraudulent practice.
 109 17 b. An individual who accesses benefits provided under
 109 18 this chapter in violation of any prohibition imposed by the
 109 19 department pursuant to section 239B.5, subsection 4, commits
 109 20 a fraudulent practice.

109 21 Sec. 108. Section 249A.3, subsection 1, Code 2013, is
 109 22 amended by adding the following new paragraph:

109 23 NEW PARAGRAPH v. Beginning January 1, 2014, is an
 109 24 individual who meets all of the following requirements:
 109 25 (1) Is under twenty-six years of age.
 109 26 (2) Was in foster care under the responsibility of the state
 109 27 on the date of attaining eighteen years of age or such higher
 109 28 age to which foster care is provided.
 109 29 (3) Was enrolled in the medical assistance program under
 109 30 this chapter while in such foster care.

109 31 Sec. 109. Section 249A.3, subsection 2, paragraph a,
 109 32 subparagraph (9), Code 2013, is amended by striking the
 109 33 subparagraph.

109 34 Sec. 110. Section 249J.26, subsection 2, Code 2013, is
 109 35 amended to read as follows:

110 1 2. This chapter is repealed ~~October~~ December 31, 2013.

CODE: Amends Sections relating to FIP overpayment recovery due to fraud to recover funds used in locations prohibited by federal law.

CODE: Expands Medicaid eligibility to foster care children up to the age of 26.

DETAIL: This change is required by the federal Patient Protection and Affordable Care Act (ACA) of 2010.

FISCAL IMPACT: This change is estimated to cost the State \$265,000 in FY 2014 and \$1,500,000 in FY 2015.

CODE: Strikes the paragraph that currently covers foster care children under the Medicaid Program up to the age of 21.

CODE: Extends the repeal of the IowaCare Program to December 31, 2013.

DETAIL: This conforms the Iowa Code to the federal waiver that also expires December 31, 2013.

110 2 Sec. 111. Section 514I.4, subsection 5, paragraph a, Code
110 3 2013, is amended by striking the paragraph.

CODE: Eliminates provisions relating to application development and the application process under the hawk-i Program.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

110 4 Sec. 112. Section 514I.5, subsection 7, paragraph f, Code
110 5 2013, is amended to read as follows:
110 6 f. Review, in consultation with the department, and take
110 7 necessary steps to improve interaction between the program and
110 8 other public and private programs which provide services to the
110 9 population of eligible children. ~~The board, in consultation
110 10 with the department, shall also develop and implement a plan
110 11 to improve the medical assistance program in coordination with
110 12 the hawk-i program, including but not limited to a provision to
110 13 coordinate eligibility between the medical assistance program
110 14 and the hawk-i program, and to provide for common processes
110 15 and procedures under both programs to reduce duplication and
110 16 bureaucracy.~~

CODE: Strikes duties of the hawk-i Board relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

110 17 Sec. 113. Section 514I.5, subsection 8, paragraphs b and f,
110 18 Code 2013, are amended by striking the paragraphs.

CODE: Strikes duties of the hawk-i Board relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

110 19 Sec. 114. Section 514I.7, subsection 2, paragraphs a and g,
110 20 Code 2013, are amended to read as follows:
110 21 a. Determine ~~individual~~ eligibility for program enrollment
110 22 ~~based upon review of completed applications and supporting~~
110 23 ~~documentation as prescribed by federal law and regulation,~~
110 24 ~~using policies and procedures adopted by rule of the department~~
110 25 ~~pursuant to chapter 17A.~~ The administrative contractor shall
110 26 not enroll a child who has group health coverage, ~~unless~~
110 27 ~~expressly authorized by such rules.~~
110 28 ~~g.—Create and Utilize the department's eligibility system~~
110 29 ~~to maintain eligibility files that are compatible with the~~
110 30 ~~data system of the department with pertinent eligibility~~
110 31 ~~determination and ongoing enrollment information~~ including; but
110 32 not limited to; data regarding beneficiaries, enrollment dates,
110 33 disenrollments, and annual financial redeterminations.

CODE: Strikes duties of the third party contractor relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

110 34 Sec. 115. Section 514I.7, subsection 2, paragraphs c, d, e,
110 35 f, and k, Code 2013, are amended by striking the paragraphs.

CODE: Strikes duties of the third party contractor relating to the eligibility and application process.

DETAIL: These changes will conform Iowa Code with the federal ACA requirements relating to determination of eligibility and the application process.

111 1 Sec. 116. Section 514I.8, subsection 1, Code 2013, is
 111 2 amended to read as follows:
 111 3 1. a. Effective July 1, 1998, and notwithstanding any
 111 4 medical assistance program eligibility criteria to the
 111 5 contrary, medical assistance shall be provided to, or on behalf
 111 6 of, an eligible child under the age of nineteen whose family
 111 7 income does not exceed one hundred thirty-three percent of the
 111 8 federal poverty level, as defined by the most recently revised
 111 9 poverty income guidelines published by the United States
 111 10 department of health and human services.
 111 11 ~~b.~~ b. ~~Additionally, effective~~ Effective July 1, 2000, and
 111 12 notwithstanding any medical assistance program eligibility
 111 13 criteria to the contrary, medical assistance shall be provided
 111 14 to, or on behalf of, an eligible infant whose family income
 111 15 does not exceed two hundred percent of the federal poverty
 111 16 level, as defined by the most recently revised poverty income
 111 17 guidelines published by the United States department of health
 111 18 and human services.
 111 19 c. Effective July 1, 2009, and notwithstanding any medical
 111 20 assistance program eligibility criteria to the contrary,
 111 21 medical assistance shall be provided to, or on behalf of, a
 111 22 pregnant woman or an eligible child who is an infant and whose
 111 23 family income is at or below three hundred percent of the
 111 24 federal poverty level, as defined by the most recently revised
 111 25 poverty income guidelines published by the United States
 111 26 department of health and human services.

CODE: Makes technical changes to the hawk-i Chapter.

111 27 Sec. 117. Section 514I.8, subsection 2, paragraph c, Code
 111 28 2013, is amended to read as follows:
 111 29 c. Is a member of a family whose income does not exceed
 111 30 three hundred percent of the federal poverty level, as defined
 111 31 in 42 U.S.C. §9902(2), including any revision required by
 111 32 such section, and in accordance with the federal Children's
 111 33 Health Insurance Program Reauthorization Act of 2009, Pub.L.
 111 34 No.111-3. The modified adjusted gross income methodology
 111 35 prescribed in section 2101 of the federal Patient Protection
 112 1 and Affordable Care Act, Pub.L. No.111-148, to determine
 112 2 family income under this paragraph.

CODE: Requires the DHS to implement Modified Adjusted Gross Income (MAGI) to calculate eligibility for hawk-i.

DETAIL: This change is required by the ACA.

112 3 Sec. 118. Section 514I.8, subsections 3 and 4, Code 2013,
 112 4 are amended to read as follows:
 112 5 3. In accordance with the rules adopted by the board,
 112 6 a child may be determined to be presumptively eligible for

CODE: Makes changes to hawk-i eligibility and conforms eligibility standards to federal law.

DETAIL: These changes are required by the ACA.

112 7 the program pending a final eligibility determination.
 112 8 Following final determination of eligibility ~~by the~~
 112 9 ~~administrative contractor~~, a child shall be eligible for a
 112 10 twelve-month period. At the end of the twelve-month period,
 112 11 ~~the administrative contractor shall conduct~~ a review of the
 112 12 circumstances of the eligible child's family shall be conducted
 112 13 to establish eligibility and cost sharing for the subsequent
 112 14 twelve-month period.

112 15 4. Once an eligible child is enrolled in a plan, the
 112 16 ~~eligible child shall remain enrolled in the plan unless a~~
 112 17 ~~determination is made, according to criteria established by the~~
 112 18 ~~board, that the eligible child should be allowed to enroll in~~
 112 19 ~~another qualified child health plan or should be disenrolled.~~
 112 20 An enrollee may request to change plans within ninety days of
 112 21 initial enrollment for any reason and at any time for cause, as
 112 22 defined in 42 C.F.R. § 438.56(d)(2). Otherwise, an enrollee
 112 23 may change plan enrollment once a year on the enrollee's
 112 24 anniversary date.

112 25 Sec. 119. Section 514I.8, subsections 5 and 6, Code 2013,
 112 26 are amended by striking the subsections.

CODE: Strikes Subsections relating to duties of the hawk-i Board, including recommendations on level of family income and coordination with the Medicaid Program.

112 27 Sec. 120. Section 514I.9, Code 2013, is amended to read as
 112 28 follows:

112 29 514I.9 PROGRAM BENEFITS.

112 30 1.—~~Until June 30, 1999, the benefits provided under the~~
 112 31 ~~program shall be those benefits established by rule of the~~
 112 32 ~~board and in compliance with Tit.XXI of the federal Social~~
 112 33 ~~Security Act.~~

112 34 —~~2. On or before June 30, 1999, the hawk-i board shall adopt~~
 112 35 ~~rules to amend the benefits package based upon review of the~~
 113 1 ~~results of the initial benefits package used.~~

113 2 —~~3. Subsequent to June 30, 1999, the The~~ hawk-i board shall
 113 3 review the benefits package annually and shall determine
 113 4 additions to or deletions from the benefits package offered.
 113 5 The hawk-i board shall submit the recommendations to the
 113 6 general assembly for any amendment to the benefits package.

113 7 —~~4.~~ 2. Benefits, in addition to those required by rule, may
 113 8 be provided to eligible children by a participating insurer if
 113 9 the benefits are provided at no additional cost to the state.

CODE: Allows the hawk-i Board to review the benefits package annually and submit recommendations for changes to the General Assembly.

113 10 Sec. 121. REPEAL. Section 225C.48, Code 2013, is repealed.

CODE: Eliminates the Comprehensive Family Support Council within the DHS.

113 11 Sec. 122. EFFECTIVE DATE. The following provision or
 113 12 provisions of this Act take effect December 31, 2013:

The provision relating to Foster Care eligible Medicaid children takes effect on December 31, 2013.

113 13 1. The section of this Act amending section 249A.3,
113 14 subsection 2, paragraph "a", subparagraph (9).

113 15 DIVISION XXIV
113 16 OPTIONS — PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS

113 17 Sec. 123. FACILITY FOR PERSONS WITH AGGRESSIVE OR
113 18 PSYCHIATRIC BEHAVIORS — COMMITTEE — REPORT.

113 19 1. The department of inspections and appeals, in
113 20 conjunction with the department of human services, shall
113 21 establish and facilitate a committee of stakeholders to examine
113 22 options for designating a facility to provide care for persons
113 23 in this state who are sexually aggressive, combative, or have
113 24 unmet psychiatric needs.

113 25 2. The membership of the committee shall include but is not
113 26 limited to the following:

113 27 a. Representatives of the departments of inspections and
113 28 appeals, human services, corrections, and public health, the
113 29 department on aging, the state public defender, the office of
113 30 the citizens' aide, the office of the state long-term care
113 31 resident's advocate, and the judicial branch.

113 32 b. Consumers of services provided by long-term care
113 33 facilities and family members of consumers.

113 34 c. Representatives from leadingage Iowa, the Iowa health
113 35 care association, and the Iowa association of community
114 1 providers.

114 2 d. Direct care workers employed by long-term care
114 3 facilities.

114 4 e. Representatives from Iowa legal aid.

114 5 f. Representatives from AARP Iowa.

114 6 g. Representatives from the Iowa civil liberties union.

114 7 h. Other stakeholders as the department of inspections and
114 8 appeals and the department of human services deem appropriate.

114 9 3. The committee shall discuss whether a long-term care
114 10 facility, as defined in section 142D.2, should have the
114 11 ability to refuse admission to, or discharge, residents who
114 12 are sexually aggressive, combative, or have unmet psychiatric
114 13 needs. The committee shall consider options for establishment
114 14 of a facility to provide care for persons who are sexually
114 15 aggressive, combative, or have unmet psychiatric needs. The
114 16 committee shall identify the characteristics of residents
114 17 for such a facility, options for creating a new facility
114 18 to house such residents, options for the expansion of an
114 19 existing facility to house such residents, options for using
114 20 any alternative facilities for such residents, the workforce
114 21 and training necessary for the workforce in such facility,
114 22 options to qualify a facility for Medicaid reimbursement, cost

Requires the DHS in conjunction with the Department of Inspections and Appeals to establish and facilitate a stakeholders group on facilities for persons in the State who are sexually aggressive, combative or have unmet psychiatric needs.

DETAIL: The stakeholders group is to consider issues regarding placement in long-term care facilities for these individuals and submit a report with recommendations to the Governor and the General Assembly by December 15, 2013.

114 23 projections for any recommendations, and other information
114 24 deemed relevant by the department of inspections and appeals.
114 25 4. The committee shall provide a report detailing its
114 26 findings and recommendations to the governor and the general
114 27 assembly by December 15, 2013.

114 28 DIVISION XXV
114 29 SPORTS INJURY PREVENTION

114 30 Sec. 124. MUNICIPAL YOUTH SPORTS INJURY PREVENTION STUDY
114 31 AND REPORT.

114 32 1. A municipal youth sports injury prevention study is
114 33 established to make recommendations regarding how cities can
114 34 most effectively prevent concussions and other sports-related
114 35 injuries in children participating in municipal youth
115 1 sports programs. The national center for sports safety is
115 2 requested to administer the study in coordination with the
115 3 department of public health and interested parties representing
115 4 cities, municipal youth sports programs, parents, coaches,
115 5 trainers, and other stakeholders. The study shall include
115 6 recommendations for safety equipment for participants and
115 7 training for employees and volunteers to be required by cities
115 8 as part of municipal youth sports programs.
115 9 2. The national center for sports safety is requested to
115 10 submit a report on its findings and recommendations to the
115 11 general assembly by January 10, 2014.

Requests a municipal youth sports injury prevention study to be conducted by the National Center for Sports Safety in conjunction with the DPH.

DETAIL: The study is to include recommendations for safety equipment for participants and training for employees and volunteers. The National Center for Sports and Safety is requested to submit a report to the General Assembly by January 10, 2014.

Summary Data

General Fund

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Approp FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Approp FY 2014 <u>(4)</u>	FY 14 Sen. Approp. vs. FY 13 Est. Net <u>(5)</u>
Health and Human Services	\$ 1,667,772,557	\$ 54,275,189	\$ 1,722,047,746	\$ 1,894,017,902	\$ 171,970,156
Grand Total	<u>\$ 1,667,772,557</u>	<u>\$ 54,275,189</u>	<u>\$ 1,722,047,746</u>	<u>\$ 1,894,017,902</u>	<u>\$ 171,970,156</u>

Health and Human Services General Fund

	Estimated FY 2013 (1)	Supp-Senate Approp FY 2013 (2)	Est. Net FY 2013 (3)	Senate Approp FY 2014 (4)	FY 14 Sen. Approp. vs. FY 13 Est. Net (5)
<u>Aging, Dept. on</u>					
Aging, Dept. on					
Aging Programs	\$ 10,342,086	\$ 0	\$ 10,342,086	\$ 12,831,025	\$ 2,488,939
Office LTC Resident Advocate	0	0	0	1,321,707	1,321,707
Total Aging, Dept. on	\$ 10,342,086	\$ 0	\$ 10,342,086	\$ 14,152,732	\$ 3,810,646
<u>Public Health, Dept. of</u>					
Public Health, Dept. of					
Addictive Disorders	\$ 23,863,690	\$ 0	\$ 23,863,690	\$ 29,763,690	\$ 5,900,000
Healthy Children and Families	2,603,559	0	2,603,559	6,996,099	4,392,540
Chronic Conditions	3,905,429	0	3,905,429	5,220,411	1,314,982
Community Capacity	4,869,980	0	4,869,980	7,514,110	2,644,130
Healthy Aging	7,297,142	0	7,297,142	7,297,142	0
Environmental Hazards	803,870	0	803,870	803,870	0
Infectious Diseases	1,335,155	0	1,335,155	1,335,155	0
Public Protection	2,779,127	0	2,779,127	3,259,571	480,444
Resource Management	804,054	0	804,054	804,054	0
Iowa Youth Suicide Prevention	50,000	0	50,000	0	-50,000
Total Public Health, Dept. of	\$ 48,312,006	\$ 0	\$ 48,312,006	\$ 62,994,102	\$ 14,682,096
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of					
General Administration	\$ 1,025,819	\$ 0	\$ 1,025,819	\$ 1,093,508	\$ 67,689
War Orphans Educational Assistance	12,416	0	12,416	12,416	0
Vets Home Ownership Program	1,600,000	0	1,600,000	1,600,000	0
Veterans County Grants	990,000	0	990,000	990,000	0
Total Veterans Affairs, Department of	\$ 3,628,235	\$ 0	\$ 3,628,235	\$ 3,695,924	\$ 67,689
Veterans Affairs, Dept. of					
Iowa Veterans Home	\$ 8,025,714	\$ 0	\$ 8,025,714	\$ 8,025,714	\$ 0
Total Veterans Affairs, Dept. of	\$ 11,653,949	\$ 0	\$ 11,653,949	\$ 11,721,638	\$ 67,689

Health and Human Services General Fund

	Estimated FY 2013 (1)	Supp-Senate Approp FY 2013 (2)	Est. Net FY 2013 (3)	Senate Approp FY 2014 (4)	FY 14 Sen. Approp. vs. FY 13 Est. Net (5)
Human Services, Dept. of					
Assistance					
Family Investment Program/JOBS	\$ 48,397,214	\$ 0	\$ 48,397,214	\$ 48,894,380	\$ 497,166
Medical Assistance	914,993,421	53,283,093	968,276,514	1,292,985,748	324,709,234
Medical Contracts	5,791,994	0	5,791,994	13,691,569	7,899,575
State Supplementary Assistance	15,450,747	0	15,450,747	16,512,174	1,061,427
State Children's Health Insurance	36,806,102	0	36,806,102	36,806,102	0
Child Care Assistance	62,264,342	0	62,264,342	72,931,661	10,667,319
Child and Family Services	81,231,561	0	81,231,561	93,188,770	11,957,209
Adoption Subsidy	36,788,576	992,096	37,780,672	40,729,282	2,948,610
Family Support Subsidy	1,096,784	0	1,096,784	1,092,955	-3,829
Connors Training	33,622	0	33,622	33,622	0
MI/MR/DD State Cases	11,150,820	0	11,150,820	0	-11,150,820
MH/DD Community Services	14,211,100	0	14,211,100	0	-14,211,100
Volunteers	84,660	0	84,660	84,660	0
MH/DD Growth Factor	74,697,893	0	74,697,893	0	-74,697,893
MH Property Tax Relief	81,199,911	0	81,199,911	0	-81,199,911
Mental Health Redesign	40,000,000	0	40,000,000	0	-40,000,000
Total Assistance	\$ 1,424,198,747	\$ 54,275,189	\$ 1,478,473,936	\$ 1,616,950,923	\$ 138,476,987
Toledo Juvenile Home					
Toledo Juvenile Home	\$ 8,297,765	\$ 0	\$ 8,297,765	\$ 8,859,355	\$ 561,590
Eldora Training School					
Eldora Training School	\$ 10,680,143	\$ 0	\$ 10,680,143	\$ 11,256,969	\$ 576,826
Cherokee					
Cherokee MHI	\$ 5,535,738	\$ 0	\$ 5,535,738	\$ 5,954,464	\$ 418,726
Clarinda					
Clarinda MHI	\$ 6,442,688	\$ 0	\$ 6,442,688	\$ 6,751,868	\$ 309,180
Independence					
Independence MHI	\$ 9,738,520	\$ 0	\$ 9,738,520	\$ 10,318,778	\$ 580,258
Mt Pleasant					
Mt Pleasant MHI	\$ 885,459	\$ 0	\$ 885,459	\$ 1,366,686	\$ 481,227
Glenwood					
Glenwood Resource Center	\$ 18,866,116	\$ 0	\$ 18,866,116	\$ 20,502,425	\$ 1,636,309

Health and Human Services General Fund

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Approp FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Approp FY 2014 <u>(4)</u>	FY 14 Sen. Approp. vs. FY 13 Est. Net <u>(5)</u>
Woodward					
Woodward Resource Center	\$ 13,033,115	\$ 0	\$ 13,033,115	\$ 14,631,359	\$ 1,598,244
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	\$ 8,899,686	\$ 0	\$ 8,899,686	\$ 11,142,979	\$ 2,243,293
Field Operations					
Child Support Recoveries	\$ 13,149,541	\$ 0	\$ 13,149,541	\$ 14,173,770	\$ 1,024,229
Field Operations	61,636,313	0	61,636,313	67,008,683	5,372,370
Total Field Operations	<u>\$ 74,785,854</u>	<u>\$ 0</u>	<u>\$ 74,785,854</u>	<u>\$ 81,182,453</u>	<u>\$ 6,396,599</u>
General Administration					
General Administration	\$ 16,100,685	\$ 0	\$ 16,100,685	\$ 16,231,171	\$ 130,486
Total Human Services, Dept. of	<u>\$ 1,597,464,516</u>	<u>\$ 54,275,189</u>	<u>\$ 1,651,739,705</u>	<u>\$ 1,805,149,430</u>	<u>\$ 153,409,725</u>
Total Health and Human Services	<u>\$ 1,667,772,557</u>	<u>\$ 54,275,189</u>	<u>\$ 1,722,047,746</u>	<u>\$ 1,894,017,902</u>	<u>\$ 171,970,156</u>

Summary Data

Other Funds

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Approp FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Approp FY 2014 <u>(4)</u>	FY 14 Sen. Approp. vs. FY 13 Est. Net <u>(5)</u>
Health and Human Services	\$ 488,126,457	\$ 0	\$ 488,126,457	\$ 410,320,244	\$ -77,806,213
Grand Total	<u>\$ 488,126,457</u>	<u>\$ 0</u>	<u>\$ 488,126,457</u>	<u>\$ 410,320,244</u>	<u>\$ -77,806,213</u>

Health and Human Services

Other Funds

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Approp FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Approp FY 2014 <u>(4)</u>	FY 14 Sen. Approp. vs. FY 13 Est. Net <u>(5)</u>
<u>Human Services, Dept. of</u>					
General Administration					
FIP-TANF	\$ 19,790,365	\$ 0	\$ 19,790,365	\$ 18,116,948	\$ -1,673,417
Promise Jobs-TANF	12,411,528	0	12,411,528	11,866,439	-545,089
FaDDS-TANF	2,898,980	0	2,898,980	2,898,980	0
Field Operations-TANF	31,296,232	0	31,296,232	31,296,232	0
General Administration-TANF	3,744,000	0	3,744,000	3,744,000	0
State Day Care-TANF	16,382,687	0	16,382,687	19,382,687	3,000,000
MH/DD Comm. Services-TANF	4,894,052	0	4,894,052	4,894,052	0
Child & Family Services-TANF	32,084,430	0	32,084,430	32,084,430	0
Child Abuse Prevention-TANF	125,000	0	125,000	125,000	0
Training & Technology-TANF	1,037,186	0	1,037,186	1,037,186	0
0-5 Children-TANF	6,350,000	0	6,350,000	6,350,000	0
Total General Administration	\$ 131,014,460	\$ 0	\$ 131,014,460	\$ 131,795,954	\$ 781,494

Health and Human Services

Other Funds

	Estimated FY 2013 (1)	Supp-Senate Approp FY 2013 (2)	Est. Net FY 2013 (3)	Senate Approp FY 2014 (4)	FY 14 Sen. Approp. vs. FY 13 Est. Net (5)
Assistance					
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 0	\$ 1,930,067	\$ 1,930,067	\$ 0
Promoting Healthy Marriage - TANF	25,000	0	25,000	25,000	0
Medical Assistance - HCTF	106,046,400	0	106,046,400	106,046,400	0
Medical Contracts-Pharm Settlement - PhSA	4,805,804	0	4,805,804	6,650,000	1,844,196
Broadlawns Hospital - ICA	71,000,000	0	71,000,000	33,750,000	-37,250,000
Regional Provider Network - ICA	4,986,366	0	4,986,366	2,993,183	-1,993,183
Nonparticipating Providers - NPPR	2,000,000	0	2,000,000	1,000,000	-1,000,000
Medical Information Hotline - HCTA	100,000	0	100,000	0	-100,000
Health Partnership Activities - HCTA	600,000	0	600,000	0	-600,000
Audits, Performance Eval., Studies - HCTA	125,000	0	125,000	0	-125,000
IowaCare Admin. Costs - HCTA	1,132,412	0	1,132,412	0	-1,132,412
Dental Home for Children - HCTA	1,000,000	0	1,000,000	0	-1,000,000
MH/DD Workforce Development - HCTA	50,000	0	50,000	0	-50,000
Medical Contracts - HCTA	2,400,000	0	2,400,000	0	-2,400,000
Broadlawns Admin - HCTA	540,000	0	540,000	0	-540,000
Medical Assistance - QATF	26,500,000	0	26,500,000	28,788,917	2,288,917
Medical Assistance - HHCAT	33,898,400	0	33,898,400	34,288,000	389,600
Nonparticipating Prov Reimb Fund - HHCAT	801,600	0	801,600	412,000	-389,600
Electronic Medical Records - HCTA	100,000	0	100,000	0	-100,000
Medical Assistance - HCTA	6,872,920	0	6,872,920	0	-6,872,920
Care Coordination - ICA	500,000	0	500,000	0	-500,000
Lab Test & Radiology Pool - ICA	1,500,000	0	1,500,000	1,500,000	0
Uniform Cost Report - HCTA	150,000	0	150,000	0	-150,000
Health Care Access Council - HCTA	134,214	0	134,214	0	-134,214
Accountable Care Pilot - HCTA	100,000	0	100,000	0	-100,000
DPH Transfer e-Health - HCTA	363,987	0	363,987	0	-363,987
DPH Transfer Medical Home - HCTA	233,357	0	233,357	0	-233,357
Rebuild Iowa Infrastructure - CECF	0	0	0	11,310,648	11,310,648
Total Assistance	\$ 267,895,527	\$ 0	\$ 267,895,527	\$ 228,694,215	\$ -39,201,312
Total Human Services, Dept. of	\$ 398,909,987	\$ 0	\$ 398,909,987	\$ 360,490,169	\$ -38,419,818

Health and Human Services

Other Funds

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Approp FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Approp FY 2014 <u>(4)</u>	FY 14 Sen. Approp. vs. FY 13 Est. Net <u>(5)</u>
<u>Regents, Board of</u>					
Regents, Board of					
UI - UIHC IowaCares Program - ICA	\$ 27,284,584	\$ 0	\$ 27,284,584	\$ 13,642,292	\$ -13,642,292
UI - UIHC IowaCares Expansion Pop - ICA	45,654,133	0	45,654,133	26,284,600	-19,369,533
UI - UIHC IowaCares Physicians - ICA	<u>16,277,753</u>	<u>0</u>	<u>16,277,753</u>	<u>9,903,183</u>	<u>-6,374,570</u>
Total Regents, Board of	<u>\$ 89,216,470</u>	<u>\$ 0</u>	<u>\$ 89,216,470</u>	<u>\$ 49,830,075</u>	<u>\$ -39,386,395</u>
Total Health and Human Services	<u>\$ 488,126,457</u>	<u>\$ 0</u>	<u>\$ 488,126,457</u>	<u>\$ 410,320,244</u>	<u>\$ -77,806,213</u>

Summary Data

FTE Positions

	Estimated FY 2013 <u>(1)</u>	Supp-Senate Approp FY 2013 <u>(2)</u>	Est. Net FY 2013 <u>(3)</u>	Senate Approp FY 2014 <u>(4)</u>	FY 14 Sen. Approp. vs. FY 13 Est. Net <u>(5)</u>
Health and Human Services	5,274.93	0.00	5,274.93	5,344.01	69.08
Grand Total	<u>5,274.93</u>	<u>0.00</u>	<u>5,274.93</u>	<u>5,344.01</u>	<u>69.08</u>

Health and Human Services

FTE Positions

	Estimated FY 2013 (1)	Supp-Senate Approp FY 2013 (2)	Est. Net FY 2013 (3)	Senate Approp FY 2014 (4)	FY 14 Sen. Approp. vs. FY 13 Est. Net (5)
<u>Aging, Dept. on</u>					
Aging, Dept. on					
Aging Programs	36.62	0.00	36.62	28.00	-8.62
Office LTC Resident Advocate	0.00	0.00	0.00	16.00	16.00
Total Aging, Dept. on	36.62	0.00	36.62	44.00	7.38
<u>Public Health, Dept. of</u>					
Public Health, Dept. of					
Addictive Disorders	13.00	0.00	13.00	13.00	0.00
Healthy Children and Families	10.00	0.00	10.00	10.00	0.00
Chronic Conditions	4.00	0.00	4.00	4.00	0.00
Community Capacity	14.00	0.00	14.00	14.00	0.00
Environmental Hazards	4.00	0.00	4.00	4.00	0.00
Infectious Diseases	4.00	0.00	4.00	4.00	0.00
Public Protection	126.00	0.00	126.00	130.00	4.00
Resource Management	7.00	0.00	7.00	7.00	0.00
Total Public Health, Dept. of	182.00	0.00	182.00	186.00	4.00
<u>Human Services, Dept. of</u>					
Toledo Juvenile Home					
Toledo Juvenile Home	114.00	0.00	114.00	114.00	0.00
Eldora Training School					
Eldora Training School	164.30	0.00	164.30	164.30	0.00
Cherokee					
Cherokee MHI	168.50	0.00	168.50	169.20	0.70
Clarinda					
Clarinda MHI	86.10	0.00	86.10	86.10	0.00
Independence					
Independence MHI	233.00	0.00	233.00	233.00	0.00
Mt Pleasant					
Mt Pleasant MHI	97.32	0.00	97.32	97.32	0.00

Health and Human Services

FTE Positions

	Estimated FY 2013 (1)	Supp-Senate Approp FY 2013 (2)	Est. Net FY 2013 (3)	Senate Approp FY 2014 (4)	FY 14 Sen. Approp. vs. FY 13 Est. Net (5)
Glenwood					
Glenwood Resource Center	860.12	0.00	860.12	859.12	-1.00
Woodward					
Woodward Resource Center	652.47	0.00	652.47	652.47	0.00
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	115.50	0.00	115.50	115.50	0.00
Field Operations					
Child Support Recoveries	464.00	0.00	464.00	464.00	0.00
Field Operations	1,781.00	0.00	1,781.00	1,837.00	56.00
Total Field Operations	<u>2,245.00</u>	<u>0.00</u>	<u>2,245.00</u>	<u>2,301.00</u>	<u>56.00</u>
General Administration					
General Administration	307.00	0.00	307.00	309.00	2.00
Total Human Services, Dept. of	<u>5,043.31</u>	<u>0.00</u>	<u>5,043.31</u>	<u>5,101.01</u>	<u>57.70</u>
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of General Administration	13.00	0.00	13.00	13.00	0.00
Total Veterans Affairs, Dept. of	<u>13.00</u>	<u>0.00</u>	<u>13.00</u>	<u>13.00</u>	<u>0.00</u>
Total Health and Human Services	<u><u>5,274.93</u></u>	<u><u>0.00</u></u>	<u><u>5,274.93</u></u>	<u><u>5,344.01</u></u>	<u><u>69.08</u></u>