

Health and Human Services Appropriations Bill Senate File 446

Last Action:

FINAL ACTION

May 23, 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>
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FUNDING SUMMARY***Appropriations Total***

FY 2013 Supplemental Appropriations: Appropriates \$62.0 million in supplemental appropriations from the General Fund to the DHS for the Medicaid, IowaCare, and Adoption Subsidy Programs.

General Fund FY 2014: Appropriates a total of \$1,720.0 million from the General Fund and 5,359.9 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is a decrease of \$9.7 million and 84.9 FTE positions compared to estimated net FY 2013.

General Fund FY 2015: Appropriates a total of \$1,431.9 million from the General Fund and 5,359.9 FTE positions. This is an decrease of \$288.1 million and no change in FTE positions compared to FY 2014.

Other Funds FY 2014: Appropriates a total of \$528.7 million from other funds. This is a increase of \$40.6 million compared to estimated FY 2013.

Other Funds FY 2015: Appropriates a total of \$364.8 million from other funds. This is a decrease of \$163.9 million compared to FY 2014.

Department of Veterans Affairs and Iowa Veterans Home

Appropriates a total of \$11.2 million and 13.0 FTE positions. This is a decrease of \$445,000 and no change in FTE positions compared to estimated FY 2013.

Page 16, Line 43

General Fund - Department of Human Services

Appropriates a total of \$1,639.2 million and 5,110.6 FTE positions. This is a decrease of \$20.2 million and an increase of 67.3 FTE positions compared to estimated net FY 2013.

Page 18, Line 6

General Fund - Department of Public Health

Appropriates a total of \$58.0 million and 195.3 FTE positions. This is an increase of \$9.7 million and 13.25 FTE positions compared to estimated FY 2013.

Page 3, Line 27

EXECUTIVE SUMMARY**HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL*****General Fund - Department on Aging***

Appropriates a total of \$10.6 million and 28.0 FTE positions. This is an increase of \$258,000 and a decrease of 8.6 FTE positions compared to estimated FY 2013.

Page 1, Line 8

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

Appropriates a total of \$1.0 million and 13.0 FTE positions. This is new appropriation for FY 2014. The Office of Long-Term Care Resident's Advocate was previously funded through the Department on Aging Appropriation.

Page 3, Line 4

Other Fund Appropriations

Appropriates a total of \$138.8 million from the Temporary Assistance for Needy Families (TANF) Block Grant. This is an increase of \$5.8 million compared to estimated FY 2013.

Page 18, Line 8

Appropriates a total of \$224.4 million from the Health Care Trust Fund (HCTF). This is an increase of \$118.4 million compared to estimated FY 2013.

Page 25, Line 38

Appropriates a total of \$4.2 million from the Medicaid Fraud Fund. This is a new appropriation for FY 2014.

Page 26, Line 4

Appropriates a total of \$6.7 million from the Pharmaceutical Settlement Account. This is an increase of \$1.8 million compared to estimated FY 2013.

Page 58, Line 32

Appropriates a total of \$90.2 million from the IowaCare Account. This is a decrease of \$77.0 million compared to FY 2013.

Page 58, Line 43

Appropriates a total of \$1.0 million from the Nonparticipating Provider Reimbursement Fund. This is a decrease of \$1.0 million compared to FY 2013.

Page 64, Line 8

Appropriates a total of \$28.8 million from the Quality Assurance Trust Fund. This is an increase of \$2.3 million compared to estimated FY 2013.

Page 64, Line 21

Appropriates a total of \$34.7 million from the Hospital Health Care Access Trust Fund. This is no change compared to estimated FY 2013.

Page 64, Line 33

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

Allocates \$40,000 for a Fatherhood Initiative Pilot Project in Polk County. Page 24, Line 17

Allocates \$135,200 for federally-required national fingerprint-based criminal history check of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI). Page 37, Line 3

Directs the DHS to submit a Medicaid State Plan amendment to add men to the Breast and Cervical Cancer Program. Page 77, Line 11

Division XXXIII creates the Iowa Health and Wellness Plan to replace the expiring IowaCare Program and provide Health Coverage to individuals with income between 0.0% - 133.0% of the federal poverty level (FPL). Page 150, Line 24

Department of Public Health

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 9, Line 23

Allocates \$25,000 for the establishment of a Wellness Council to increase support for wellness activities. Page 14, Line 25

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. The Collaborative is required to work with the DHS and report its progress by December 31, 2013. Page 14, Line 29

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 15, Line 6

Allocates \$29,000 for the establishment of an Emergency Medical Services (EMS) Task Force. Page 16, Line 23

Department on Aging

Allocates \$20,000 for a Guardianship and Conservatorship Pilot Project in collaboration with the National Health Law and Policy Resource Center at the University of Iowa.

Page 2, Line 43

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Human Services

A General Fund increase of \$40,000 for the Family Investment Program (FIP).

Page 23, Line 11

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

Page 24, Line 43

A General Fund increase of \$167.8 million for the Medicaid Program.

Page 26, Line 13

A General Fund increase of \$6.5 million for Medical Contracts.

Page 34, Line 3

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

Page 35, Line 15

A General Fund increase of \$445,000 for Child Care Assistance.

Page 36, Line 18

Adds \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund. This transfer was previously made from TANF. The funds will be distributed for community-based early childhood programs targeted to children from birth through five years of age.

Page 37, Line 37

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

Page 39, Line 6

A General Fund increase of \$10.1 million for the Child and Family Services.

Page 39, Line 32

A General Fund increase of \$3.9 million for Adoption Subsidy.

Page 45, Line 18

A General Fund increase of \$1.8 million and 1.3 FTE positions for the four Mental Health Institutes.

Page 47, Line 6

A General Fund increase of \$2.6 million for the two State Resource Centers.

Page 47, Line 36

A General Fund increase of \$517,000 and 9.0 FTE positions for the Civil Commitment Unit for Sexual Offenders.

Page 48, Line 38

EXECUTIVE SUMMARY**HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL**

A General Fund increase of \$4.9 million for Field Operations and 56.0 FTE positions. Page 49, Line 18

A General Fund increase of \$204,000 for General Administration and 2.0 FTE positions. Page 50, Line 1

Allocates \$250,000 to the DHS for transfer to the Department of Inspections and Appeals for a new Mental Health Advocate Division. Page 50, Line 43

Department of Public Health

A General Fund increase of \$3.3 million for Addictive Disorders. Page 3, Line 34

A General Fund increase of \$1.0 million and 4.0 FTE positions for Healthy Children and Families. Page 7, Line 11

A General Fund increase of \$1.2 million and 2.0 FTE positions for Chronic Conditions. Page 8, Line 36

A General Fund increase of \$3.7 million and 4.25 FTE positions for Community Capacity. Page 10, Line 21

A General Fund increase of \$500,000 and 5.00 FTE positions for Public Protection. Page 15, Line 39

Department of Veterans Affairs

A General Fund increase of \$68,000 for Veterans Affairs General Administration. Page 17, Line 8

Department on Aging

A General Fund increase of \$258,000 and a decrease of 8.6 FTE positions for Aging Programs. Page 1, Line 13

Iowa Veterans Home

A General Fund decrease of \$500,000 for due to available carryforward. Page 17, Line 14

Office of Long-Term Care Resident's Advocates

A new appropriation of \$1.0 million and 13.0 FTE positions for the Office of Long-Term Care Resident's Advocate. Page 3, Line 6

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services

Appropriates \$61.0 million in FY 2013 supplemental appropriations from the General Fund to the DHS for the Medicaid and IowaCare Programs. Page 65, Line 35

Appropriates a \$955,000 million supplemental appropriation from the General Fund to the DHS for the Adoption Subsidy Program. Page 66, Line 16

STUDIES AND INTENT

Department of Education

Requires the Department of Education in conjunction with the DHS and DPH to develop recommendations for required training for educators on suicide prevention and trauma-informed care. Page 89, Line 38

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 38, Line 21

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill Field Operations vacancies positions authorized. The Department is to report on the first of each month on the status of filling positions. Page 49, Line 28

Department of Inspections and Appeals

Directs the Department of Inspections and Appeals, in conjunction with the DHS, 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 88, Line 14

Department of Public Health

Specifies it is the intent of the General Assembly that individuals with a diagnosis of both substance abuse and gambling addiction be given priority in treatment services from the funds appropriated for substance abuse and problem gambling. Page 6, Line 16

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Implements legislative intent for Iowa Code section 135.106, Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (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 7, Line 25

Requires a report providing recommendations for resource management improvements in the interoperability of communications technology under the Department to improve efficiency and reduce costs by December 15, 2013.

Page 16, Line 37

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

Page 89, Line 19

Department of Public Health

Directs the Board of Pharmacy to adopt rules and procedures for the extension and renewal of telepharmacy projects. Requires a report on laws and actions necessary to implement telepharmacies by December 15, 2013.

Page 96, Line 3

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 68, Line 26

Legislative Advisory Council

Requires the Legislative Council to establish a Legislative Advisory Council to guide the development of the design and implementation for the State Innovation Models Initiative Grant within 30 days.

Page 163, Line 15

Legislative Interim Committee

Requests the Legislative Council to direct a new or existing legislative interim committee to study the Medicaid offset of county mental health expenditures and make recommendations to address funding insufficiencies.

Page 163, Line 4

Creates a Legislative Interim Committee on Integrated Care Models to review and make recommendations

Page 165, Line 35

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

relating to the formation and operation of integrated care models in the State.

Requests the Legislative Council establish an Interim Study Committee to review the submission of certificate-of-merit affidavits by plaintiffs and defendants in malpractice actions and limitations on the number of expert witnesses that may be called involving health care providers.

Page 167, Line 11

SIGNIFICANT CODE CHANGES

Department of Human Services

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

Page 72, Line 29

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

Page 85, Line 6

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

Page 85, Line 19

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

Page 85, Line 22

EFFECTIVE DATE

Department of Human Services

The Division providing supplemental appropriations, amending the FY 2013 nursing facility expenditure cap, and Replacement Generation Tax is effective on enactment.

Page 67, Line 23

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

Page 72, Line 33

The Division relating to the Family Planning Waiver is effective on enactment.

Page 73, Line 9

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

Page 88, Line 7

The Division making changes related to the repeal of the IowaCare Program is effective January 1, 2014.

Page 96, Line 1

The Division creating the Iowa Health and Wellness Plan is effective on enactment but is to be implemented only with federal approval.

Page 169, Line 4

Department on Aging

The Section establishing a task force on elder abuse and prevention is effective on enactment.

Page 70, Line 38

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

Page #	Line #	Bill Section	Action	Code Section
67	32	47	Amend	232.142.5
67	43	48	Add	231.33.21
68	11	49	Amend	231.42.7.a
72	29	57	Amend	249M.5
72	39	59	Amend	423.3.18.f.(1)
73	14	62	Strike	249A.2.1
73	16	63	Amend	249A.2.4,7
73	42	64	Add	249A.2.6A,7A,8A
74	17	65	Amend	249A.3.1
74	23	66	Amend	249A.3.1.1.(2)
74	31	67	Amend	249A.3.2.a
74	41	68	Amend	249A.3.2.a.(1),(a)
75	19	69	Amend	249A.3.2.a.(3)
75	32	70	Amend	249A.3.2.b
75	41	71	Amend	249A.3.3
76	8	72	Amend	249A.4.9
76	15	73	Amend	249B.1.6
76	22	74	Amend	249F.1.1
76	30	75	Amend	509.1.7
76	37	76	Amend	514.1.2
77	11	77	Amend	249A.3.2.a.(2)
78	15	79	Strike	135.164.1.d
78	17	80	Strike	135.164.4
78	29	82	New	225D.1
79	41	83	New	225D.2
83	24	86	Amend	225C.38.1.c
83	33	87	Amend	225C.42.1
83	42	88	Amend	225C.47.5
84	5	89	Amend	225C.49.4
84	12	90	Add	239B.5.4
84	36	91	Amend	239B.14.1
85	6	92	Add	249A.3.1.v
85	16	93	Strike	249A.3.2.a.(9)
85	19	94	Amend	249J.26.2
85	22	95	Strike	514I.4.5.a
85	24	96	Amend	514I.5.7.f
85	37	97	Strike	514I.5.8.b,f
85	39	98	Amend	514I.7.2.a,g
86	11	99	Strike	514I.7.2.c,d,e,f,k
86	13	100	Amend	514I.8.1
86	39	101	Amend	514I.8.2.c
87	7	102	Amend	514I.8.3,4
87	29	103	Strike	514I.8.5,6
87	31	104	Amend	514I.9
88	6	105	Repeal	225C.48
90	18	110	Amend	249J.8.1.k
90	24	111	Amend	249J.23.1
90	36	112	Amend	249J.24.1
91	19	113	Amend	8A.504.1.c.(1)

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

Page #	Line #	Bill Section	Action	Code Section
91	30	114	Amend	21.5.1.1
92	7	115	Amend	97B.52A.1.c.(2).(b)
92	18	116	Amend	135.152.5.a,c
93	2	117	Amend	135.153.1
93	14	118	Amend	135.153.1.a,c
93	33	119	Amend	135.153.2
93	43	120	Amend	135.154.15
94	8	121	Add	135.157.1A
94	15	122	Amend	217.34
94	38	123	Amend	249K.2.3
94	42	124	Amend	249M.4.2
95	21	125	Amend	263.18.4
95	32	126	Amend	476B.1.4.d.(2)
96	32	130	Amend	453A.35
150	26	166	New	249N.1
150	29	167	New	249N.2
152	12	168	New	249N.3
153	16	169	New	249N.4
154	16	170	New	249N.5
154	36	171	New	249N.6
156	42	172	New	249N.7
157	20	173	New	249N.8
157	32	174	Amend	135.157.4,6
158	10	175	Amend	135.158.2.b,c,d
158	42	176	Amend	135.159.1,9,11
160	23	177	Add	249A.3.1.v
161	23	178	Amend	249A.3.2.a.(7)
161	29	179	Amend	249J.26.2
161	32	180	Add	426B.3.5

1 6 DIVISION I
 1 7 DEPARTMENT ON AGING — FY 2013-2014
 1 8 Section 1. DEPARTMENT ON AGING. There is appropriated from
 1 9 the general fund of the state to the department on aging for
 1 10 the fiscal year beginning July 1, 2013, and ending June 30,
 1 11 2014, the following amount, or so much thereof as is necessary,
 1 12 to be used for the purposes designated:

1 13 For aging programs for the department on aging and area
 1 14 agencies on aging to provide citizens of Iowa who are 60 years
 1 15 of age and older with case management for frail elders, Iowa's
 1 16 aging and disabilities resource center, and other services
 1 17 which may include but are not limited to adult day services,
 1 18 respite care, chore services, information and assistance,
 1 19 and material aid, for information and options counseling for
 1 20 persons with disabilities who are 18 years of age or older,
 1 21 and for salaries, support, administration, maintenance, and
 1 22 miscellaneous purposes, and for not more than the following
 1 23 full-time equivalent positions:
 1 24 \$ 10,600,379
 1 25 FTEs 28.00

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

DETAIL: This is a net increase of \$258,293 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 (AAAs).
- An increase of \$250,000 for the AAAs to provide additional services for unmet needs.
- An increase of \$100,000 for the Retired Senior Volunteer Program (RSVP).
- An increase of \$20,000 for a guardianship and conservatorship pilot project.
- A decrease of \$711,707 and 10.00 FTE positions to move the Office of Long-Term Care Resident Advocate to a separate appropriation.
- An increase of 1.28 FTE positions for a budget adjustment.

1 26 1. Funds appropriated in this section may be used to
 1 27 supplement federal funds under federal regulations. To
 1 28 receive funds appropriated in this section, a local area
 1 29 agency on aging shall match the funds with moneys from other
 2 1 sources according to rules adopted by the department. Funds
 2 2 appropriated in this section may be used for elderly services
 2 3 not specifically enumerated in this section only if approved
 2 4 by an area agency on aging for provision of the service within
 2 5 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.

2 6 2. Of the funds appropriated in this section, \$279,946 is
 2 7 transferred to the economic development authority for the Iowa
 2 8 commission on volunteer services to be used for the retired and
 2 9 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).

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

2 10 3. a. The department on aging shall establish and enforce
 2 11 procedures relating to expenditure of state and federal funds
 2 12 by area agencies on aging that require compliance with both
 2 13 state and federal laws, rules, and regulations, including but
 2 14 not limited to all of the following:

2 15 (1) Requiring that expenditures are incurred only for goods
 2 16 or services received or performed prior to the end of the
 2 17 fiscal period designated for use of the funds.

2 18 (2) Prohibiting prepayment for goods or services not
 2 19 received or performed prior to the end of the fiscal period
 2 20 designated for use of the funds.

2 21 (3) Prohibiting the prepayment for goods or services
 2 22 not defined specifically by good or service, time period, or
 2 23 recipient.

2 24 (4) Prohibiting the establishment of accounts from which
 2 25 future goods or services which are not defined specifically by
 2 26 good or service, time period, or recipient, may be purchased.

2 27 b. The procedures shall provide that if any funds are
 2 28 expended in a manner that is not in compliance with the
 2 29 procedures and applicable federal and state laws, rules, and
 2 30 regulations, and are subsequently subject to repayment, the
 2 31 area agency on aging expending such funds in contravention of
 2 32 such procedures, laws, rules and regulations, not the state,
 2 33 shall be liable for such repayment.

2 34 4. Of the funds appropriated in this section, \$250,000
 2 35 shall be used to fund services to meet the unmet needs of older
 2 36 individuals as identified in the annual compilation of unmet
 2 37 service units by the area agencies on aging.

2 38 5. Of the funds appropriated in this section, \$600,000
 2 39 shall be used to fund home and community-based services through
 2 40 the area agencies on aging that enable older individuals to
 2 41 avoid more costly utilization of residential or institutional
 2 42 services and remain in their own homes.

2 43 6. Of the funds appropriated in this subsection, \$20,000
 3 1 shall be used for implementation of a guardianship and
 3 2 conservatorship monitoring and assistance pilot project as
 3 3 specified in this Act.

3 4 DIVISION II
 3 5 OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE — FY 2013-2014

3 6 Sec. 2. OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE. There
 3 7 is appropriated from the general fund of the state to the

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 \$20,000 for implementation of a guardianship and
 conservatorship monitoring and assistance pilot project.

DETAIL: This is a new allocation for FY 2014.

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

3 8 office of long-term care resident's advocate for the fiscal
 3 9 year beginning July 1, 2013, and ending June 30, 2014, the
 3 10 following amount, or so much thereof as is necessary, to be
 3 11 used for the purposes designated:
 3 12 For salaries, support, administration, maintenance, and
 3 13 miscellaneous purposes, and for not more than the following
 3 14 full-time equivalent positions:
 3 15 \$ 1,021,707
 3 16 FTEs 13.00

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

- \$711,707 and 10.00 FTE positions for Resident's Advocate positions and related programs previously funded under the Department on Aging.
- \$200,000 and 2.00 FTE positions for two 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 17 1. Of the funds appropriated in this section, \$200,000
 3 18 shall be used to provide two additional local long-term care
 3 19 resident's advocates to continue moving toward the national
 3 20 recommendation of one full-time equivalent paid staff ombudsman
 3 21 per 2,000 long-term care beds in the state.

Allocates \$200,000 to fund two additional Long-Term Care Resident's Advocates.

DETAIL: There are currently eight Resident's Advocates and this will bring the total to 10 Resident's Advocates.

3 22 2. Of the funds appropriated in this section, \$210,000
 3 23 shall be used to provide two local long-term care resident's
 3 24 advocates to administer the certified volunteer long-term
 3 25 care resident's advocate program pursuant to section 231.45,
 3 26 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 27 DIVISION III
 3 28 DEPARTMENT OF PUBLIC HEALTH — FY 2013-2014

3 29 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 3 30 from the general fund of the state to the department of public
 3 31 health for the fiscal year beginning July 1, 2013, and ending
 3 32 June 30, 2014, the following amounts, or so much thereof as is
 3 33 necessary, to be used for the purposes designated:

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

3 34 1. ADDICTIVE DISORDERS
 3 35 For reducing the prevalence of use of tobacco, alcohol, and
 3 36 other drugs, and treating individuals affected by addictive
 3 37 behaviors, including gambling, and for not more than the
 3 38 following full-time equivalent positions:
 3 39 \$ 27,163,690
 3 40 FTEs 13.00

General Fund appropriation to the DPH for the Addictive Disorders programs.

DETAIL: This is an increase of \$3,300,000 and no change in FTE positions compared to estimated net FY 2013. The General Fund changes include:

- An increase of \$1,500,000 for the Tobacco Use, Prevention, and Control Initiative.
- An increase of \$1,800,000 for substance-related disorder prevention and treatment.

<p>3 41 a. (1) Of the funds appropriated in this subsection, 3 42 \$5,148,361 shall be used for the tobacco use prevention 3 43 and control initiative, including efforts at the state and 4 1 local levels, as provided in chapter 142A. The commission 4 2 on tobacco use prevention and control established pursuant 4 3 to section 142A.3 shall advise the director of public health 4 4 in prioritizing funding needs and the allocation of moneys 4 5 appropriated for the programs and activities of the initiative 4 6 under this subparagraph (1) and shall make recommendations to 4 7 the director in the development of budget requests relating to 4 8 the initiative.</p>	<p>Allocates \$5,148,361 for tobacco use, prevention, cessation, and treatment.</p> <p>DETAIL: This is an increase of \$1,500,000 compared to the FY 2013 allocation.</p>
<p>4 9 (2) Of the funds allocated in this paragraph "a", \$75,000 4 10 shall be used to develop a social media structure to engage 4 11 youth and prevent youth initiation of tobacco use. Of the 4 12 amount allocated in this subparagraph (2), \$25,000 shall be 4 13 used for a youth summit.</p>	<p>Allocates \$75,000 to be used for a social media campaign to address tobacco use reduction. Of this amount, directs \$25,000 to be used for a youth summit.</p> <p>DETAIL: The \$25,000 youth summit is a new allocation for FY 2014.</p>
<p>4 14 (3) Of the funds allocated in this paragraph "a", \$200,000 4 15 shall be used to increase the efficacy of local tobacco 4 16 control efforts by community partnerships, including through 4 17 professional development, regional trainings and round table 4 18 planning efforts, and a training opportunity involving all 4 19 community partnerships.</p>	<p>Allocates \$200,000 to increase the efficiency of local tobacco control community partnerships.</p> <p>DETAIL: This is a new allocation for FY 2014.</p>
<p>4 20 (4) Of the funds allocated in this paragraph "a", \$1,200,000 4 21 shall be used to promote smoking cessation and to reduce the 4 22 number of tobacco users in the state by offering nicotine 4 23 replacement therapy to uninsured and underinsured lowans.</p>	<p>Allocates \$1,200,000 to be used for smoking cessation nicotine replacement therapy for uninsured and underinsured lowans.</p> <p>DETAIL: This is a new allocation for FY 2014.</p>
<p>4 24 (5) (a) Of the funds allocated in this paragraph "a", 4 25 \$453,067 is transferred to the alcoholic beverages division of 4 26 the department of commerce for enforcement of tobacco laws, 4 27 regulations, and ordinances and to engage in tobacco control 4 28 activities approved by the division of tobacco use prevention 4 29 and control as specified in the memorandum of understanding 4 30 entered into between the divisions.</p>	<p>Transfers \$453,067 to the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter 63.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>4 31 (b) For the fiscal year beginning July 1, 2013, and ending 4 32 June 30, 2014, the terms of the memorandum of understanding, 4 33 entered into between the division of tobacco use prevention 4 34 and control of the department of public health and the 4 35 alcoholic beverages division of the department of commerce, 4 36 governing compliance checks conducted to ensure licensed retail 4 37 tobacco outlet conformity with tobacco laws, regulations, and 4 38 ordinances relating to persons under eighteen years of age, 4 39 shall restrict the number of such checks to one check per</p>	<p>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.</p>

<p>4 40 retail outlet, and one additional check for any retail outlet 4 41 found to be in violation during the first check.</p>	
<p>4 42 b. Of the funds appropriated in this subsection, 4 43 \$22,015,329 shall be used for problem gambling and 5 1 substance-related disorder prevention, treatment, and recovery 5 2 services, including a 24-hour helpline, public information 5 3 resources, professional training, and program evaluation.</p>	<p>Allocates \$22,015,329 for problem gambling and substance abuse treatment and prevention.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>5 4 (1) Of the funds allocated in this paragraph "b", 5 5 \$18,903,715 shall be used for substance-related disorder 5 6 prevention and treatment.</p>	<p>Allocates \$18,903,715 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 7 (a) Of the funds allocated in this subparagraph (1), 5 8 \$899,300 shall be used for the public purpose of a grant 5 9 program to provide substance-related disorder prevention 5 10 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 11 (i) Of the funds allocated in this subparagraph division 5 12 (a), \$427,539 shall be used for grant funding for organizations 5 13 that provide programming for children by utilizing mentors. 5 14 Programs approved for such grants shall be certified or will 5 15 be certified within six months of receiving the grant award 5 16 by the Iowa commission on volunteer services as utilizing the 5 17 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 certified 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 18 (ii) Of the funds allocated in this subparagraph division 5 19 (a), \$426,839 shall be used for grant funding for organizations 5 20 that provide programming that includes youth development and 5 21 leadership. The programs shall also be recognized as being 5 22 programs that are scientifically based with evidence of their 5 23 effectiveness in reducing substance-related disorders in 5 24 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 25 (iii) The department of public health shall utilize a 5 26 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 27 (iv) All grant recipients shall participate in a program 5 28 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 29 (v) Of the funds allocated in this subparagraph division 5 30 (a), up to \$44,922 may be used to administer substance-related 5 31 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>

	DETAIL: This is no change compared to the FY 2013 allocation.
5 32 (b) Of the funds allocated in this subparagraph 5 33 (1), \$272,603 shall be used for culturally competent 5 34 substance-related disorder treatment pilot projects. 5 35 (i) The department shall utilize the amount allocated 5 36 in this subparagraph division (b) for at least three pilot 5 37 projects to provide culturally competent substance-related 5 38 disorder treatment in various areas of the state. Each pilot 5 39 project shall target a particular ethnic minority population. 5 40 The populations targeted shall include but are not limited to 5 41 African American, Asian, and Latino.	Allocates \$273,063 for at least three culturally competent substance 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.
	DETAIL: This is no change compared to the FY 2013 allocation.
5 42 (ii) The pilot project requirements shall provide for 5 43 documentation or other means to ensure access to the cultural 6 1 competence approach used by a pilot project so that such 6 2 approach can be replicated and improved upon in successor 6 3 programs.	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.
6 4 (2) Of the funds allocated in this paragraph "b", up 6 5 to \$3,111,614 may be used for problem gambling prevention, 6 6 treatment, and recovery services.	Allocates \$3,111,614 for problem gambling treatment, prevention, and recovery services.
	DETAIL: This is no change compared to the FY 2013 allocation.
6 7 (a) Of the funds allocated in this subparagraph (2), 6 8 \$2,573,762 shall be used for problem gambling prevention and 6 9 treatment.	Allocates \$2,573,762 for problem gambling prevention and treatment.
	DETAIL: This is no change compared to the FY 2013 allocation.
6 10 (b) Of the funds allocated in this subparagraph (2), up to 6 11 \$437,852 may be used for a 24-hour helpline, public information 6 12 resources, professional training, and program evaluation.	Allocates up to \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.
	DETAIL: This is no change compared to the FY 2013 allocation.
6 13 (c) Of the funds allocated in this subparagraph (2), up 6 14 to \$100,000 may be used for the licensing of problem gambling 6 15 treatment programs.	Permits the Department to use up to \$100,000 for licensing of problem gambling treatment programs.
	DETAIL: This is no change compared to the FY 2013 allocation.
6 16 (3) It is the intent of the general assembly that from the 6 17 moneys allocated in this paragraph "b", persons with a dual 6 18 diagnosis of substance-related disorder and gambling addiction 6 19 shall be given priority in treatment services.	Specifies that it is the intent of the General Assembly for individuals with a diagnosis of both substance abuse and gambling addiction to be given priority in treatment services from the funds appropriated to substance abuse and problem gambling.

<p>6 20 c. Notwithstanding any provision of law to the contrary, 6 21 to standardize the availability, delivery, cost of delivery, 6 22 and accountability of problem gambling and substance-related 6 23 disorder treatment services statewide, the department shall 6 24 continue implementation of a process to create a system 6 25 for delivery of treatment services in accordance with the 6 26 requirements specified in 2008 Iowa Acts, chapter 1187, section 6 27 3, subsection 4. To ensure the system provides a continuum 6 28 of treatment services that best meets the needs of Iowans, 6 29 the problem gambling and substance-related disorder treatment 6 30 services in any area may be provided either by a single agency 6 31 or by separate agencies submitting a joint proposal.</p> <p>6 32 (1) The system for delivery of substance-related disorder 6 33 and problem gambling treatment shall include problem gambling 6 34 prevention.</p> <p>6 35 (2) The system for delivery of substance-related disorder 6 36 and problem gambling treatment shall include substance-related 6 37 disorder prevention by July 1, 2014.</p> <p>6 38 (3) Of the funds allocated in paragraph "b", the department 6 39 may use up to \$100,000 for administrative costs to continue 6 40 developing and implementing the process in accordance with this 6 41 paragraph "c".</p> <p>6 42 d. The requirement of section 123.53, subsection 5, is met 6 43 by the appropriations and allocations made in this Act for 7 1 purposes of substance-related disorder treatment and addictive 7 2 disorders for the fiscal year beginning July 1, 2013.</p> <p>7 3 e. The department of public health shall work with all 7 4 other departments that fund substance-related disorder 7 5 prevention and treatment services and all such departments 7 6 shall, to the extent necessary, collectively meet the state 7 7 maintenance of effort requirements for expenditures for 7 8 substance-related disorder services as required under the 7 9 federal substance-related disorder prevention and treatment 7 10 block grant.</p> <p>7 11 2. HEALTHY CHILDREN AND FAMILIES 7 12 For promoting the optimum health status for children, 7 13 adolescents from birth through 21 years of age, and families, 7 14 and for not more than the following full-time equivalent 7 15 positions:</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> <p>Requires the system of delivery of substance abuse and problem gambling treatment to include problem gambling prevention.</p> <p>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.</p> <p>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.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Specifies the requirements of Iowa Code section 123.53(5) are met by the appropriations made in this Act.</p> <p>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.</p> <p>General Fund appropriation to Healthy Children and Families programs.</p> <p>DETAIL: This is an increase of \$1,050,000 and 4.0 FTE positions</p>
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7 16	\$	3,653,559
7 17	FTEs	14.00

compared to estimated FY 2013. The General Fund changes include:

- An increase of \$50,000 for a youth suicide prevention program.
- An increase of \$1,000,000 and 4.0 FTE positions to stabilize current sites and expand new area operations of Iowa First Five Healthy Mental Development Initiative programs.

7 18 a. Of the funds appropriated in this subsection, not more
 7 19 than \$734,841 shall be used for the healthy opportunities for
 7 20 parents to experience success (HOPES)-healthy families Iowa
 7 21 (HFI) program established pursuant to section 135.106. The
 7 22 funding shall be distributed to renew the grants that were
 7 23 provided to the grantees that operated the program during the
 7 24 fiscal year 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 \$734,841. 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.

7 25 b. In order to implement the legislative intent stated in
 7 26 sections 135.106 and 256I.9, that priority for home visitation
 7 27 program funding be given to programs using evidence-based or
 7 28 promising models for home visitation, it is the intent of the
 7 29 general assembly to phase in the funding priority in accordance
 7 30 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 7 31 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.

7 32 c. Of the funds appropriated in this subsection, \$1,327,887
 7 33 shall be used for the department's initiative to provide for
 7 34 adequate developmental surveillance and screening during a
 7 35 child's first five years statewide. The funds shall be used
 7 36 first to fully fund the current sites to ensure that the
 7 37 sites are fully operational, with the remaining funds to be
 7 38 used for expansion to additional sites. Full implementation
 7 39 and expansion shall include enhancing the scope of the
 7 40 program through collaboration with the child health specialty
 7 41 clinics to promote healthy child development through early
 7 42 identification and response to both biomedical and social
 7 43 determinants of healthy development; by developing child
 8 1 health metrics to inform practice, document long-term health
 8 2 impacts and savings, and provide for continuous improvement
 8 3 through training, education, and evaluation; and by providing
 8 4 for practitioner consultation particularly for children with
 8 5 behavioral conditions and needs. The department of public
 8 6 health shall also collaborate with the Iowa Medicaid enterprise
 8 7 and the child health specialty clinics to integrate the
 8 8 activities of the first five initiative into the establishment
 8 9 of patient-centered medical homes, community utilities,
 8 10 accountable care organizations, and other integrated care
 8 11 models developed to improve health quality and population
 8 12 health while reducing health care costs. To the maximum extent

Allocates \$1,327,887 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 \$1,000,000 compared to the FY 2013 allocation. The increase is due to the intent to stabilize current sites and then expand new program operations.

8 13 possible, funding allocated in this paragraph shall be utilized
8 14 as matching funds for medical assistance program reimbursement.

8 15 d. Of the funds appropriated in this subsection, \$31,597
8 16 shall be distributed to a statewide dental carrier to provide
8 17 funds to continue the donated dental services program patterned
8 18 after the projects developed by the lifeline network to provide
8 19 dental services to indigent elderly and disabled individuals.

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

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

8 20 e. Of the funds appropriated in this subsection, \$111,995
8 21 shall be used for childhood obesity prevention.

Allocates \$111,995 for childhood obesity programs.

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

8 22 f. Of the funds appropriated in this subsection, \$162,768
8 23 shall be used to provide audiological services and hearing
8 24 aids for children. The department may enter into a contract
8 25 to administer this paragraph.

Allocates \$162,768 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.

8 26 g. Of the funds appropriated in this subsection, \$25,000 is
8 27 transferred to the university of iowa college of dentistry for
8 28 provision of primary dental services to children. State funds
8 29 shall be matched on a dollar-for-dollar basis. The university
8 30 of iowa college of dentistry shall coordinate efforts with the
8 31 department of public health, bureau of oral and health delivery
8 32 systems, to provide dental care to underserved populations
8 33 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.

8 34 h. Of the funds appropriated in this subsection, \$50,000
8 35 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 funded in the Health and Human Services appropriation budget.

8 36 3. CHRONIC CONDITIONS

8 37 For serving individuals identified as having chronic
8 38 conditions or special health care needs, and for not more than
8 39 the following full-time equivalent positions:

8 40	.....	\$	5,080,692
8 41	.....	FTEs	6.00

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is an increase of \$1,175,263 and 2.0 FTE positions compared to estimated FY 2013. The General Fund changes include:

- An increase of \$410,000 and one FTE position for the continuation of contracts in the DPH Brain Injury Services Program.
- 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.

8 42 a. Of the funds appropriated in this subsection, \$159,932
8 43 shall be used for grants to individual patients who have
9 1 phenylketonuria (PKU) to assist with the costs of necessary
9 2 special foods.

Allocates \$159,932 for grants to individual patients with phenylketonuria (PKU) to assist with necessary costs for special foods.

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

9 3 b. Of the funds appropriated in this subsection, \$891,644
9 4 shall be used for the brain injury services program pursuant to
9 5 section 135.22B, including for continuation of the contracts
9 6 for resource facilitator services in accordance with section
9 7 135.22B, subsection 9, and to enhance brain injury training and
9 8 recruitment of service providers on a statewide basis. Of the
9 9 amount allocated in this paragraph, \$95,000 shall be used to
9 10 fund one full-time equivalent position to serve as the state
9 11 brain injury service program manager.

Allocates \$891,644 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.

DETAIL: This is a net increase of \$410,000 compared to the FY 2013 allocation.

9 12 c. Of the funds appropriated in this subsection, \$547,982
9 13 shall be used as additional funding to leverage federal funding
9 14 through the federal Ryan White Care Act, Tit.II, AIDS drug
9 15 assistance program supplemental drug treatment grants.

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

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

9 16 d. Of the funds appropriated in this subsection, \$99,823
9 17 shall be used for the public purpose of continuing to contract
9 18 with an existing national-affiliated organization to provide
9 19 education, client-centered programs, and client and family
9 20 support for people living with epilepsy and their families.

Allocates \$99,823 for epilepsy education and support.

DETAIL: This an increase of \$50,000 compared to the FY 2013 allocation.

9 21 e. Of the funds appropriated in this subsection, \$785,114
9 22 shall be used for child health specialty clinics.

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

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

9 23 f. Of the funds appropriated in this subsection, \$400,000
9 24 shall be used by the regional autism assistance program
9 25 established pursuant to section 256.35, and administered by
9 26 the child health speciality clinic located at the university of
9 27 Iowa hospitals and clinics. The funds shall be used to enhance
9 28 interagency collaboration and coordination of educational,
9 29 medical, and other human services for persons with autism,
9 30 their families, and providers of services, including delivering
9 31 regionalized services of care coordination, family navigation,
9 32 and integration of services through the statewide system of

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 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.

9 33 regional child health specialty clinics and fulfilling other
 9 34 requirements as specified in chapter 225D, creating the autism
 9 35 support program, as enacted in this Act. The university of
 9 36 iowa shall not receive funds allocated under this paragraph for
 9 37 indirect costs associated with the regional autism assistance
 9 38 program.

9 39 g. Of the funds appropriated in this subsection, \$570,993
 9 40 shall be used for the comprehensive cancer control program to
 9 41 reduce the burden of cancer in iowa through prevention, early
 9 42 detection, effective treatment, and ensuring quality of life.
 9 43 Of the funds allocated in this lettered paragraph, \$150,000
 10 1 shall be used to support a melanoma research symposium, a
 10 2 melanoma biorepository and registry, basic and translational
 10 3 melanoma research, and clinical trials.

10 4 h. Of the funds appropriated in this subsection, \$126,450
 10 5 shall be used for cervical and colon cancer screening, and
 10 6 \$500,000 shall be used to enhance the capacity of the cervical
 10 7 cancer screening program to include provision of recommended
 10 8 prevention and early detection measures to a broader range of
 10 9 low-income women.

10 10 i. Of the funds appropriated in this subsection, \$526,695
 10 11 shall be used for the center for congenital and inherited
 10 12 disorders.

10 13 j. Of the funds appropriated in this subsection, \$129,411
 10 14 shall be used for the prescription drug donation repository
 10 15 program created in chapter 135M.

10 16 k. Of the funds appropriated in this subsection, \$215,263
 10 17 shall be used for the costs of the medical home system advisory
 10 18 council established pursuant to section 135.159 including
 10 19 incorporation of the development and implementation of the
 10 20 prevention and chronic care management state initiative.

10 21 4. COMMUNITY CAPACITY
 10 22 For strengthening the health care delivery system at the
 10 23 local level, and for not more than the following full-time
 10 24 equivalent positions:
 10 25 \$ 8,562,617

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

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

Allocates \$126,450 for cervical and 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.

Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry.

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

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

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

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.

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net increase of \$3,692,637 and an increase of 4.25 FTE positions compared to estimated FY 2013. The General Fund changes include:

10 26 FTEs 18.25

- An increase of \$95,000 for the pharmaceutical infrastructure for safety net providers.
- An increase of \$28,875 for continued work for the Direct Care Worker Advisory Council.
- An increase of \$28,875 for the continuation of an independent statewide Direct Care Worker Association.
- An increase of \$11,737 for a rotation program for intern psychologists in urban and rural mental health professional shortage areas.
- 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 for the Iowa Collaborative Safety Net Provider Network.
- An increase of \$2,000,000 for medical residency training state matching grants.
- An increase of \$50,000 for a program entitled "Reach out and Read".
- An increase of \$75,000 for free clinics to assist patients in finding an appropriate medical home.
- An increase of \$70,000 for the safety net provider patient access to specialty care initiative.

10 27 a. Of the funds appropriated in this subsection, \$99,414
 10 28 is allocated for continuation of the child vision screening
 10 29 program implemented through the university of Iowa hospitals
 10 30 and clinics in collaboration with early childhood Iowa areas.
 10 31 The program shall submit a report to the individuals identified
 10 32 in this Act for submission of reports regarding the use of
 10 33 funds allocated under this paragraph "a". The report shall
 10 34 include the objectives and results for the program year
 10 35 including the target population and how the funds allocated
 10 36 assisted the program in meeting the objectives; the number,
 10 37 age, and location within the state of individuals served;
 10 38 the type of services provided to the individuals served; the
 10 39 distribution of funds based on service provided; and the
 10 40 continuing needs of the program.

Allocates \$99,414 for the Iowa KidSight Child Vision screening program through the University of Iowa Hospitals and Clinics (UIHC) in 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.

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

10 41 b. Of the funds appropriated in this subsection, \$110,656 is
 10 42 allocated for continuation of an initiative implemented at the
 10 43 university of Iowa and \$99,904 is allocated for continuation of
 11 1 an initiative at the state mental health institute at Cherokee
 11 2 to expand and improve the workforce engaged in mental health
 11 3 treatment and services. The initiatives shall receive input

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

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

11 4 from the university of Iowa, the department of human services,
11 5 the department of public health, and the mental health and
11 6 disability services commission to address the focus of the
11 7 initiatives.

Requires the DPH to use \$1,164,628 for core public health functions, including home health care and public health nursing services.

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

11 8 c. Of the funds appropriated in this subsection, \$1,164,628
11 9 shall be used for essential public health services that promote
11 10 healthy aging throughout the lifespan, contracted through a
11 11 formula for local boards of health, to enhance health promotion
11 12 and disease prevention services.

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

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

11 13 d. Of the funds appropriated in this section, \$99,286 shall
11 14 be deposited in the governmental public health system fund
11 15 created in section 135A.8 to be used for the purposes of the
11 16 fund.

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

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

11 17 e. Of the funds appropriated in this subsection, \$105,448
11 18 shall be used to address the shortage of mental health
11 19 professionals in the state.

11 20 f. Of the funds appropriated in this subsection,
11 21 \$50,000 shall be used for a grant to a statewide association
11 22 of psychologists that is affiliated with the American
11 23 psychological association to be used for continuation of a
11 24 program to rotate intern psychologists in placements in urban
11 25 and rural mental health professional shortage areas, as defined
11 26 in section 135.180.

Allocates \$50,000 for a rotation program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is an increase of \$11,737 compared to the FY 2013 allocation.

11 27 g. Of the funds appropriated in this subsection, the
11 28 following amounts shall be allocated to the Iowa collaborative
11 29 safety net provider network established pursuant to section
11 30 135.153 to be used for the purposes designated. The following
11 31 amounts allocated under this lettered paragraph shall be
11 32 distributed to the specified provider and shall not be reduced
11 33 for administrative or other costs prior to distribution:

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.

11 34 (1) For distribution to the Iowa primary care association
11 35 for statewide coordination of the Iowa collaborative safety net
11 36 provider network:
11 37 \$ 145,785

Allocates \$145,785 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.

11 38 (2) For distribution to the Iowa primary care association
11 39 to be used to continue a training program for sexual assault
11 40 response team (SART) members, including representatives of
11 41 law enforcement, victim advocates, prosecutors, and certified
11 42 medical personnel:

Allocates \$50,000 to continue a grant program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.

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

11	43	.....	\$	50,000	
12	1	(3) For distribution to federally qualified health centers			Allocates \$75,000 for distribution to Federally Qualified Health Centers
12	2	for necessary infrastructure, statewide coordination, provider			(FQHCs) for infrastructure, coordination, provider recruitment, service
12	3	recruitment, service delivery, and provision of assistance to			delivery, and assistance to patients in determining an appropriate
12	4	patients in securing a medical home inclusive of oral health			medical home.
12	5	care:			
12	6	.....	\$	75,000	DETAIL: This is no change compared to the FY 2013 allocation.
12	7	(4) For distribution to the local boards of health that			Allocates \$77,153 for local board of health pilot programs in three
12	8	provide direct services for pilot programs in three counties to			counties to assist patients in finding an appropriate medical home
12	9	assist patients in securing a medical home inclusive of oral			inclusive of dental care.
12	10	health care:			
12	11	.....	\$	77,153	DETAIL: This is no change compared to the FY 2013 allocation.
12	12	(5) For distribution to maternal and child health centers			Allocates \$95,126 for three child and maternal health center pilot
12	13	for pilot programs in three service areas to assist patients in			programs to assist patients in finding an appropriate medical home
12	14	securing a medical home inclusive of oral health care:			inclusive of dental care.
12	15	.....	\$	95,126	DETAIL: This is no change compared to the FY 2013 allocation.
12	16	(6) For distribution to free clinics for necessary			Allocates \$348,322 for free clinics to assist patients in finding an
12	17	infrastructure, statewide coordination, provider recruitment,			appropriate medical home.
12	18	service delivery, and provision of assistance to patients in			
12	19	securing a medical home inclusive of oral health care:			DETAIL: This is an increase of \$75,000 compared to the FY 2013
12	20	.....	\$	348,322	allocation.
12	21	(7) For distribution to rural health clinics for necessary			Allocates \$141,544 for rural health clinics to assist patients in finding
12	22	infrastructure, statewide coordination, provider recruitment,			an appropriate medical home.
12	23	service delivery, and provision of assistance to patients in			
12	24	securing a medical home inclusive of oral health care:			DETAIL: This is no change compared to the FY 2013 allocation.
12	25	.....	\$	141,544	
12	26	(8) For continuation of the safety net provider patient			Allocates \$378,474 for the safety net provider patient access to
12	27	access to a specialty health care initiative as described in			specialty care initiative.
12	28	2007 Iowa Acts, chapter 218, section 109:			
12	29	.....	\$	378,474	DETAIL: This is an increase of \$140,000 compared to the FY 2013
12	30	(9) For continuation of the pharmaceutical infrastructure			allocation.
12	31	for safety net providers as described in 2007 Iowa Acts,			Allocates \$413,415 for the pharmaceutical infrastructure for safety net
12	32	chapter 218, section 108:			providers.
12	33	.....	\$	413,415	DETAIL: This is an increase of \$95,000 compared to the FY 2013
12	34	The Iowa collaborative safety net provider network may			allocation.
12	35	continue to distribute funds allocated pursuant to this			

12 36 lettered paragraph through existing contracts or renewal of
12 37 existing contracts.

12 38 h. Of the funds appropriated in this subsection, \$175,900
12 39 shall be used for continuation of the work of the direct care
12 40 worker advisory council established pursuant to 2008 Iowa Acts,
12 41 chapter 1188, section 69, in implementing the recommendations
12 42 in the final report submitted by the advisory council to the
12 43 governor and the general assembly in March 2012. During the
13 1 fiscal year beginning July 1, 2013, the advisory council shall
13 2 focus on doing all of the following:
13 3 (1) Finalizing core and advanced competencies and curricula
13 4 and making them available statewide.
13 5 (2) Conducting education and outreach about the
13 6 competencies and curricula to direct care professionals,
13 7 community colleges health occupations, training centers,
13 8 employers, the public, and other stakeholders.
13 9 (3) Establishing a means of tracking and evaluating the
13 10 impact of the training, including retention and direct care
13 11 professional job satisfaction.
13 12 (4) Working with statewide associations of stakeholders,
13 13 including providers, to promote adoption and utilization of
13 14 the competencies, curricula, training programs, and impact
13 15 tracking.
13 16 (5) Conducting an initial study of differential
13 17 reimbursement rates in cooperation with the department of
13 18 human services and the Iowa Medicaid enterprise. The study
13 19 shall include research on provider reimbursements and worker
13 20 compensation based on demonstrated knowledge and skill of the
13 21 worker.

Allocates \$175,900 and directs the Council to finalize core and advanced statewide curriculum, conduct education and outreach, establish a way to track and evaluate training and retention, and conduct a study of reimbursement rates.

DETAIL: This is an increase of \$28,875 and a new mission directive compared to the FY 2013 allocation.

13 22 i. (1) Of the funds appropriated in this subsection,
13 23 \$178,875 shall be used for allocation to an independent
13 24 statewide direct care worker organization under continuation
13 25 of the contract in effect during the fiscal year ending June
13 26 30, 2013, with terms determined by the director of public
13 27 health relating to education, outreach, leadership development,
13 28 mentoring, and other initiatives intended to enhance the
13 29 recruitment and retention of direct care workers in health care
13 30 and long-term care settings.

Allocates \$178,875 and directs a mission change under the supervision of the Department of Public Health (DPH) to create education, outreach, leadership development, mentoring, and other initiatives to enhance recruitment and retention of direct care workers in long-term care settings.

DETAIL: This is an increase of \$28,875 compared to the FY 2013 allocation.

13 31 (2) Of the funds appropriated in this subsection, \$75,000
13 32 shall be used to provide scholarships or other forms of
13 33 subsidization for direct care worker educational conferences,
13 34 training, or outreach activities.

Allocates \$75,000 for scholarships for direct care worker educational conferences, training, or outreach activities.

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

13 35 j. Of the funds appropriated in this subsection, the

Permits the Department to utilize up to \$58,175 and 1.00 FTE position

<p>13 36 department may use up to \$58,175 for up to one full-time 13 37 equivalent position to administer the volunteer health care 13 38 provider program pursuant to section 135.24.</p>	<p>for administration of the Voluntary Health Care Provider Program. DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>13 39 k. Of the funds appropriated in this subsection, \$49,707 13 40 shall be used for a matching dental education loan repayment 13 41 program to be allocated to a dental nonprofit health service 13 42 corporation to develop the criteria and implement the loan 13 43 repayment program.</p>	<p>Allocates \$49,707 for a dental education loan repayment program. DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>14 1 l. Of the funds appropriated in this subsection, \$105,823 is 14 2 transferred to the college student aid commission for deposit 14 3 in the rural Iowa primary care trust fund created in section 14 4 261.113 to be used for the purposes of the fund.</p>	<p>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.</p>
<p>14 5 m. Of the funds appropriated in this subsection, \$150,000 14 6 shall be used for the purposes of the Iowa donor registry as 14 7 specified in section 142C.18.</p>	<p>Allocates \$150,000 to the Iowa Donor Registry. DETAIL: This is an increase of \$100,000 compared to the FY 2013 allocation.</p>
<p>14 8 n. Of the funds appropriated in this subsection, \$100,000 14 9 shall be used for continuation of a grant to a nationally 14 10 affiliated volunteer eye organization that has an established 14 11 program for children and adults and that is solely dedicated to 14 12 preserving sight and preventing blindness through education, 14 13 nationally certified vision screening and training, and 14 14 community and patient service programs. The organization 14 15 shall submit a report to the individuals identified in this 14 16 Act for submission of reports regarding the use of funds 14 17 allocated under this paragraph "n". The report shall include 14 18 the objectives and results for the program year including 14 19 the target population and how the funds allocated assisted 14 20 the program in meeting the objectives; the number, age, and 14 21 location within the state of individuals served; the type of 14 22 services provided to the individuals served; the distribution 14 23 of funds based on services provided; and the continuing needs 14 24 of the program.</p>	<p>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.</p>
<p>14 25 o. Of the funds appropriated in this subsection, \$25,000 14 26 shall be used for the establishment of a wellness council under 14 27 the direction of the director of public health to increase 14 28 support for wellness activities in the state.</p>	<p>Allocates \$25,000 to establish a Wellness Council to increase support for wellness activities. DETAIL: This is a new allocation for FY 2013.</p>

14 29 p. Of the funds appropriated in this section, \$1,158,150
 14 30 is allocated to the Iowa collaborative safety net provider
 14 31 network established pursuant to section 135.153 to be used for
 14 32 the development and implementation of a statewide regionally
 14 33 based network to provide an integrated approach to health
 14 34 care delivery through care coordination that supports primary
 14 35 care providers and links patients with community resources
 14 36 necessary to empower patients in addressing biomedical and
 14 37 social determinants of health to improve health outcomes. The
 14 38 Iowa collaborative safety net provider network shall work in
 14 39 conjunction with the department of human services to align the
 14 40 integrated network with the health care delivery system model
 14 41 developed under the state innovation models initiative grant.
 14 42 The Iowa collaborative safety net provider network shall submit
 14 43 a progress report to the individuals designated in this Act for
 15 1 submission of reports by December 31, 2013, including progress
 15 2 in developing and implementing the network, how the funds
 15 3 were distributed and used in developing and implementing the
 15 4 network, and the remaining needs in developing and implementing
 15 5 the network.

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. The Collaborative is required to work with DHS and report the progress on December 31, 2013.

DETAIL: This is a new allocation for FY 2014.

15 6 q. Of the funds appropriated in this section, \$50,000 shall
 15 7 be distributed to a statewide nonprofit organization to be used
 15 8 for the public purpose of supporting a partnership between
 15 9 medical providers and parents through community health centers
 15 10 to promote reading and encourage literacy skills so children
 15 11 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.

DETAIL: This is a new allocation for FY 2014.

15 12 r. Of the funds appropriated in this subsection, \$2,000,000
 15 13 shall be deposited in the medical residency training account
 15 14 created in section 135.175, subsection 5, paragraph "a", and
 15 15 is appropriated from the account to the department of public
 15 16 health to be used for the purposes of the medical residency
 15 17 training state matching grants program as specified in section
 15 18 135.176.

General Fund appropriation to Healthy Aging programs.

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

15 19 5. HEALTHY AGING

15 20 To provide public health services that reduce risks and
 15 21 invest in promoting and protecting good health over the
 15 22 course of a lifetime with a priority given to older Iowans and
 15 23 vulnerable populations:
 15 24 \$ 7,297,142

15 25 6. ENVIRONMENTAL HAZARDS

15 26 For reducing the public's exposure to hazards in the
 15 27 environment, primarily chemical hazards, and for not more than
 15 28 the following full-time equivalent positions:
 15 29 \$ 803,870
 15 30 FTEs 4.00

General Fund appropriation to Environmental Hazards programs.

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

15 31 Of the funds appropriated in this subsection, \$537,750 shall
15 32 be used for childhood lead poisoning provisions.

Allocates \$537,750 for childhood lead poisoning testing.

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

15 33 7. INFECTIOUS DISEASES

General Fund appropriation to Infectious Diseases programs.

15 34 For reducing the incidence and prevalence of communicable
15 35 diseases, and for not more than the following full-time
15 36 equivalent positions:

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

15 37 \$ 1,335,155
15 38 FTEs 4.00

15 39 8. PUBLIC PROTECTION

General Fund appropriation to Public Protection programs.

15 40 For protecting the health and safety of the public through
15 41 establishing standards and enforcing regulations, and for not
15 42 more than the following full-time equivalent positions:

DETAIL: This is an increase of \$499,644 and 5.0 FTE positions compared to estimated FY 2013. The General Fund changes include:

15 43 \$ 3,278,771
16 1 FTEs 131.00

- An increase of \$28,644 for the establishment of an Emergency Medical Services (EMS) task force.
- 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 \$75,000 for the State Poison Control Center.
- An increase of \$368,000 for the maintenance of public safety environmental health programs.

16 2 a. Of the funds appropriated in this subsection, not more
16 3 than \$454,700 shall be credited to the emergency medical
16 4 services fund created in section 135.25. Moneys in the
16 5 emergency medical services fund are appropriated to the
16 6 department to be used for the purposes of the fund.

Allocates up to \$454,700 for the Emergency Medical Services (EMS) Fund.

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

16 7 b. Of the funds appropriated in this subsection, \$203,032
16 8 shall be used for sexual violence prevention programming
16 9 through a statewide organization representing programs serving
16 10 victims of sexual violence through the department's sexual
16 11 violence prevention program. The amount allocated in this
16 12 lettered paragraph shall not be used to supplant funding
16 13 administered for other sexual violence prevention or victims
16 14 assistance programs.

Allocates \$203,032 to provide program funding for sexual violence prevention.

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

16 15 c. Of the funds appropriated in this subsection, \$598,751
16 16 shall be used for the state poison control center.

Allocates up to \$598,751 for the State Poison Control Center.

DETAIL: This is a \$75,000 increase compared to the FY 2013 allocation. The increase is to assist with increased operational costs for the Iowa Statewide Poison Control Center (ISPCC).

16 17 d. Of the funds appropriated in this section, \$28,000 shall
 16 18 be used as one-time funding to transition the licensing of
 16 19 orthotists, prosthetists, and pedorthists to a fee-supported
 16 20 licensing model. The fee-supported model shall provide for
 16 21 repayment of the funds allocated under this paragraph to the
 16 22 general fund of the state by June 30, 2015.

Allocates \$28,000 for one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee supported model. Requires repayment of the funds to the General Fund that are allocated for one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee-supported model by June 30, 2015.

DETAIL. This is a new allocation for FY 2014.

16 23 e. Of the funds appropriated in this section, \$28,644 shall
 16 24 be used for the costs of the emergency medical services task
 16 25 force as enacted in this Act.

Allocates \$28,644 for the operational costs of an Emergency Medical Services (EMS) task force.

DETAIL. This is a new allocation for FY 2014.

16 26 9. RESOURCE MANAGEMENT

General Fund appropriation for Resource Management activities.

16 27 For establishing and sustaining the overall ability of the
 16 28 department to deliver services to the public, and for not more
 16 29 than the following full-time equivalent positions:

DETAIL: This is no change in funding and a decrease of 2.00 FTE positions compared to estimated FY 2013.

16 30	.....	\$	804,054
16 31	.....	FTEs	5.00

16 32 The university of Iowa hospitals and clinics under the
 16 33 control of the state board of regents shall not receive
 16 34 indirect costs from the funds appropriated in this section.
 16 35 The university of Iowa hospitals and clinics billings to the
 16 36 department shall be on at least a quarterly basis.

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.

16 37 The department of public health shall submit a report to the
 16 38 individuals specified in this Act for submission of reports by
 16 39 December 15, 2013, providing recommendations for improvements
 16 40 in the intraoperability and interoperability of communications
 16 41 technology under the purview of the department to improve
 16 42 efficiency and reduce costs.

Requires a report providing recommendations for resource management improvements in the interoperability of communications technology under the control of the Department to improve efficiency and reduce costs by December 15, 2013.

16 43 DIVISION IV
 17 1 DEPARTMENT OF VETERANS AFFAIRS — FY 2013-2014

17 2 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
 17 3 appropriated from the general fund of the state to the
 17 4 department of veterans affairs for the fiscal year beginning
 17 5 July 1, 2013, and ending June 30, 2014, the following amounts,
 17 6 or so much thereof as is necessary, to be used for the purposes
 17 7 designated:

17 8 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 17 9 For salaries, support, maintenance, and miscellaneous

General Fund appropriation to the Department of Veteran Affairs.

<p>17 10 purposes, and for not more than the following full-time 17 11 equivalent positions: 17 12 \$ 1,093,508 17 13 FTEs 13.00</p>	<p>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 for increased rent costs at Camp Dodge and increased accounting, budget, and IT service expenses.</p>
<p>17 14 2. IOWA VETERANS HOME 17 15 For salaries, support, maintenance, and miscellaneous 17 16 purposes: 17 17 \$ 7,525,714</p>	<p>General Fund appropriation to the Iowa Veterans Home (IVH). DETAIL: This is a decrease of \$500,000 compared to the FY 2013 appropriation due to available carryforward.</p>
<p>17 18 a. The Iowa veterans home billings involving the department 17 19 of human services shall be submitted to the department on at 17 20 least a monthly basis.</p>	<p>Requires the IVH to submit monthly claims relating to Medicaid to the DHS.</p>
<p>17 21 b. If there is a change in the employer of employees 17 22 providing services at the Iowa veterans home under a collective 17 23 bargaining agreement, such employees and the agreement shall 17 24 be continued by the successor employer as though there had not 17 25 been a change in employer.</p>	<p>Requires a new employer to honor an existing collective bargaining agreement at the IVH.</p>
<p>17 26 c. Within available resources and in conformance with 17 27 associated state and federal program eligibility requirements, 17 28 the Iowa veterans home may implement measures to provide 17 29 financial assistance to or on behalf of veterans or their 17 30 spouses who are participating in the community reentry program.</p>	<p>Permits the IVH to provide financial assistance to support participation in the community reentry program within State and federal eligibility requirements.</p>
<p>17 31 d. The Iowa veterans home expenditure report shall be 17 32 submitted monthly to the legislative services agency.</p>	<p>Requires the Veterans Home to submit a monthly expenditure report to the Legislative Services Agency.</p>
<p>17 33 3. HOME OWNERSHIP ASSISTANCE PROGRAM 17 34 For transfer to the Iowa finance authority for the 17 35 continuation of the home ownership assistance program for 17 36 persons who are or were eligible members of the armed forces of 17 37 the United States, pursuant to section 16.54: 17 38 \$ 1,600,000</p>	<p>General Fund appropriation for the Home Ownership Assistance 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.</p>
<p>17 39 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS 17 40 FUND STANDING APPROPRIATIONS. Notwithstanding the standing 17 41 appropriation in the following designated section for the 17 42 fiscal year beginning July 1, 2013, and ending June 30, 2014, 17 43 the amounts appropriated from the general fund of the state 18 1 pursuant to that section for the following designated purposes 18 2 shall not exceed the following amount: 18 3 For the county commissions of veteran affairs fund under 18 4 section 35A.16: 18 5 \$ 990,000</p>	<p>General Fund appropriation for the County Commissions of Veterans Affairs Fund. DETAIL: This is no change compared to estimated net FY 2013.</p>

18 6 DIVISION V
 18 7 DEPARTMENT OF HUMAN SERVICES — FY 2013-2014

18 8 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 18 9 GRANT. There is appropriated from the fund created in section
 18 10 8.41 to the department of human services for the fiscal year
 18 11 beginning July 1, 2013, and ending June 30, 2014, from moneys
 18 12 received under the federal temporary assistance for needy
 18 13 families (TANF) block grant pursuant to the federal Personal
 18 14 Responsibility and Work Opportunity Reconciliation Act of 1996,
 18 15 Pub.L.No.104-193, and successor legislation, the following
 18 16 amounts, or so much thereof as is necessary, to be used for the
 18 17 purposes designated:

18 18 1. To be credited to the family investment program account
 18 19 and used for assistance under the family investment program
 18 20 under chapter 239B:
 18 21 \$ 18,116,948

18 22 2. To be credited to the family investment program account
 18 23 and used for the job opportunities and basic skills (JOBS)
 18 24 program and implementing family investment agreements in
 18 25 accordance with chapter 239B:
 18 26 \$ 11,866,439

18 27 3. To be used for the family development and
 18 28 self-sufficiency grant program in accordance with section
 18 29 216A.107:
 18 30 \$ 2,898,980

18 31 Notwithstanding section 8.33, moneys appropriated in this
 18 32 subsection that remain unencumbered or unobligated at the close
 18 33 of the fiscal year shall not revert but shall remain available
 18 34 for expenditure for the purposes designated until the close of
 18 35 the succeeding fiscal year. However, unless such moneys are
 18 36 encumbered or obligated on or before September 30, 2014, the
 18 37 moneys shall revert.

18 38 4. For field operations:
 18 39 \$ 31,296,232

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.

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.

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.

TANF FY 2014 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.

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

Requires nonreversion of funds allocated for the FaDSS Grant Program.

TANF FY 2014 Block Grant appropriation for Field Operations.

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

support.

TANF FY 2014 Block Grant appropriation for General Administration.

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

TANF FY 2014 Block Grant appropriation for Child Care Assistance.

DETAIL: This is an increase of \$9,350,000 compared to the FY 2013 appropriation.

Requires the DHS to transfer \$25,732,687 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%.

TANF FY 2014 Block Grant appropriation for mental health and disability services for distribution to counties and regions through the Property Tax Relief Fund.

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

TANF FY 2014 Block Grant appropriation for Child and Family Services.

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

TANF FY 2014 Block Grant appropriation for Child Abuse Prevention Grants.

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

18 40 5. For general administration:
18 41 \$ 3,744,000

18 42 6. For state child care assistance:
18 43 \$ 25,732,687

19 1 The funds appropriated in this subsection are transferred
19 2 to the child care and development block grant appropriation
19 3 made by the Eighty-fifth General Assembly, 2013 Session, for
19 4 the federal fiscal year beginning October 1, 2013, and ending
19 5 September 30, 2014. Of this amount, \$200,000 shall be used
19 6 for provision of educational opportunities to registered
19 7 child care home providers in order to improve services and
19 8 programs offered by this category of providers and to increase
19 9 the number of providers. The department may contract with
19 10 institutions of higher education or child care resource and
19 11 referral centers to provide the educational opportunities.
19 12 Allowable administrative costs under the contracts shall not
19 13 exceed 5 percent. The application for a grant shall not exceed
19 14 two pages in length.

19 15 7. For distribution to counties and regions through the
19 16 property tax relief fund for mental health and disability
19 17 services as provided in an appropriation made for this purpose:
19 18 \$ 4,894,052

19 19 8. For child and family services:
19 20 \$ 32,084,430

19 21 9. For child abuse prevention grants:
19 22 \$ 125,000

19 23 10. For pregnancy prevention grants on the condition that
 19 24 family planning services are funded:
 19 25 \$ 1,930,067

TANF FY 2014 Block Grant appropriation for pregnancy prevention grants if family planning services are funded.

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

19 26 Pregnancy prevention grants shall be awarded to programs
 19 27 in existence on or before July 1, 2013, if the programs have
 19 28 demonstrated positive outcomes. Grants shall be awarded to
 19 29 pregnancy prevention programs which are developed after July
 19 30 1, 2013, if the programs are based on existing models that
 19 31 have demonstrated positive outcomes. Grants shall comply with
 19 32 the requirements provided in 1997 Iowa Acts, chapter 208,
 19 33 section 14, subsections 1 and 2, including the requirement that
 19 34 grant programs must emphasize sexual abstinence. Priority in
 19 35 the awarding of grants shall be given to programs that serve
 19 36 areas of the state which demonstrate the highest percentage of
 19 37 unplanned pregnancies of females of childbearing age within the
 19 38 geographic area to be served by the grant.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of the State that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

19 39 11. For technology needs and other resources necessary
 19 40 to meet federal welfare reform reporting, tracking, and case
 19 41 management requirements:
 19 42 \$ 1,037,186

TANF FY 2014 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

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

19 43 12. For the family investment program share of the
 20 1 costs to develop and maintain a new, integrated eligibility
 20 2 determination system:
 20 3 \$ 5,050,451

TANF FY 2014 Block Grant appropriation to the DHS to implement the new FIP eligibility system.

DETAIL: This is a new appropriation for FY 2014.

20 4 13. a. Notwithstanding any provision to the contrary,
 20 5 including but not limited to requirements in section 8.41 or
 20 6 provisions in 2012 or 2013 Iowa Acts regarding the receipt and
 20 7 appropriation of federal block grants, federal funds from the
 20 8 temporary assistance for needy families block grant received
 20 9 by the state not otherwise appropriated in this section and
 20 10 remaining available for the fiscal year beginning July 1,
 20 11 2013, are appropriated to the department of human services to
 20 12 the extent as may be necessary to be used in the following
 20 13 priority order:the family investment program, for state child
 20 14 care assistance program payments for individuals enrolled
 20 15 in the family investment program who are employed, and for
 20 16 the family investment program share of costs to develop and

Allows the DHS to carryforward TANF funds.

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

20 17 maintain a new, integrated eligibility determination system.
 20 18 The federal funds appropriated in this paragraph "a" shall be
 20 19 expended only after all other funds appropriated in subsection
 20 20 1 for the assistance under the family investment program, in
 20 21 subsection 6 for child care assistance, or in subsection 12 for
 20 22 the family investment program share of the costs to develop and
 20 23 maintain a new, integrated eligibility determination system, as
 20 24 applicable, have been expended.

20 25 b. The department shall, on a quarterly basis, advise the
 20 26 legislative services agency and department of management of
 20 27 the amount of funds appropriated in this subsection that was
 20 28 expended in the prior quarter.

20 29 14. Of the amounts appropriated in this section,
 20 30 \$12,962,008 for the fiscal year beginning July 1, 2013, is
 20 31 transferred to the appropriation of the federal social services
 20 32 block grant made to the department of human services for that
 20 33 fiscal year.

20 34 15. For continuation of the program providing categorical
 20 35 eligibility for the food assistance program as specified for
 20 36 the program in the section of this division relating to the
 20 37 family investment program account:
 20 38 \$ 25,000

20 39 16. The department may transfer funds allocated in this
 20 40 section to the appropriations made in this division of this Act
 20 41 for the same fiscal year for general administration and field
 20 42 operations for resources necessary to implement and operate the
 20 43 services referred to in this section and those funded in the
 21 1 appropriation made in this division of this Act for the same
 21 2 fiscal year for the family investment program from the general
 21 3 fund of the state.

21 4 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

21 5 1. Moneys credited to the family investment program (FIP)
 21 6 account for the fiscal year beginning July 1, 2013, and
 21 7 ending June 30, 2014, shall be used to provide assistance in
 21 8 accordance with chapter 239B.

21 9 2. The department may use a portion of the moneys credited
 21 10 to the FIP account under this section as necessary for
 21 11 salaries, support, maintenance, and miscellaneous purposes.

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

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.

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.

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

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

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

21 12 3. The department may transfer funds allocated in this
 21 13 section to the appropriations made in this division of this Act
 21 14 for the same fiscal year for general administration and field
 21 15 operations for resources necessary to implement and operate the
 21 16 services referred to in this section and those funded in the
 21 17 appropriation made in this division of this Act for the same
 21 18 fiscal year for the family investment program from the general
 21 19 fund of the state.

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

21 20 4. Moneys appropriated in this division of this Act and
 21 21 credited to the FIP account for the fiscal year beginning July
 21 22 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.

21 23 a. To be retained by the department of human services to
 21 24 be used for coordinating with the department of human rights
 21 25 to more effectively serve participants in FIP and other shared
 21 26 clients and to meet federal reporting requirements under the
 21 27 federal temporary assistance for needy families block grant:
 21 28 \$ 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.

21 29 b. To the department of human rights for staffing,
 21 30 administration, and implementation of the family development
 21 31 and self-sufficiency grant program in accordance with section
 21 32 216A.107:
 21 33 \$ 6,042,834

Allocates \$6,042,834 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 \$500,000 compared to the FY 2013 allocation.

21 34 (1) Of the funds allocated for the family development and
 21 35 self-sufficiency grant program in this lettered paragraph,
 21 36 not more than 5 percent of the funds shall be used for the
 21 37 administration of the grant program.

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

21 38 (2) The department of human rights may continue to implement
 21 39 the family development and self-sufficiency grant program
 21 40 statewide during fiscal year 2013-2014.

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

21 41 c. For the diversion subaccount of the FIP account:
 21 42 \$ 1,698,400

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

21 43 A portion of the moneys allocated for the subaccount may
 22 1 be used for field operations, salaries, data management
 22 2 system development, and implementation costs and support
 22 3 deemed necessary by the director of human services in order to
 22 4 administer the FIP diversion program. To the extent moneys
 22 5 allocated in this lettered paragraph are not deemed by the
 22 6 department to be necessary to support diversion activities,
 22 7 such moneys may be used for other efforts intended to increase
 22 8 engagement by family investment program participants in work,
 22 9 education, or training activities.

DETAIL: This is no change compared to the FY 2013 allocation. A portion of the funds in this Subaccount may be transferred, and the Department may use any excess funds to support work activity.

22 10 d. For the food assistance employment and training program:
 22 11 \$ 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.

22 12 (1) The department shall apply the federal supplemental
 22 13 nutrition assistance program (SNAP) employment and training
 22 14 state plan in order to maximize to the fullest extent permitted
 22 15 by federal law the use of the 50 percent federal reimbursement
 22 16 provisions for the claiming of allowable federal reimbursement
 22 17 funds from the United States department of agriculture
 22 18 pursuant to the federal SNAP employment and training program
 22 19 for providing education, employment, and training services
 22 20 for eligible food assistance program participants, including
 22 21 but not limited to related dependent care and transportation
 22 22 expenses.

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

22 23 (2) The department shall continue the categorical federal
 22 24 food assistance program eligibility at 160 percent of the
 22 25 federal poverty level and continue to eliminate the asset test
 22 26 from eligibility requirements, consistent with federal food
 22 27 assistance program requirements. The department shall include
 22 28 as many food assistance households as is allowed by federal
 22 29 law. The eligibility provisions shall conform to all federal
 22 30 requirements including requirements addressing individuals who
 22 31 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.

22 32 e. For the JOBS program:
 22 33 \$ 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.

22 34 5. Of the child support collections assigned under FIP,
 22 35 an amount equal to the federal share of support collections
 22 36 shall be credited to the child support recovery appropriation
 22 37 made in this division of this Act. Of the remainder of the
 22 38 assigned child support collections received by the child
 22 39 support recovery unit, a portion shall be credited to the FIP
 22 40 account, a portion may be used to increase recoveries, and a
 22 41 portion may be used to sustain cash flow in the child support
 22 42 payments account. If as a consequence of the appropriations
 22 43 and allocations made in this section the resulting amounts
 23 1 are insufficient to sustain cash assistance payments and meet
 23 2 federal maintenance of effort requirements, the department
 23 3 shall seek supplemental funding. If child support collections

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.

23 4 assigned under FIP are greater than estimated or are otherwise
 23 5 determined not to be required for maintenance of effort, the
 23 6 state share of either amount may be transferred to or retained
 23 7 in the child support payment account.

23 8 6. The department may adopt emergency rules for the family
 23 9 investment, JOBS, food assistance, and medical assistance
 23 10 programs if necessary to comply with federal requirements.

23 11 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 23 12 is appropriated from the general fund of the state to the
 23 13 department of human services for the fiscal year beginning July
 23 14 1, 2013, and ending June 30, 2014, the following amount, or
 23 15 so much thereof as is necessary, to be used for the purpose
 23 16 designated:
 23 17 To be credited to the family investment program (FIP)
 23 18 account and used for family investment program assistance under
 23 19 chapter 239B:
 23 20 \$ 48,437,214

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

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).

DETAIL: This is a net increase of \$40,000 compared to estimated FY 2013. The changes include:

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

23 21 1. Of the funds appropriated in this section, \$7,824,377 is
 23 22 allocated for the JOBS program.

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

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

23 23 2. Of the funds appropriated in this section, \$3,163,854 is
 23 24 allocated for the family development and self-sufficiency grant
 23 25 program.

General Fund allocation of \$3,163,854 for the FaDSS Program.

DETAIL: This is an increase of \$500,000 compared to the FY 2013 allocation.

23 26 3. Notwithstanding section 8.39, for the fiscal year
 23 27 beginning July 1, 2013, if necessary to meet federal
 23 28 maintenance of effort requirements or to transfer federal

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

23 29 temporary assistance for needy families block grant funding
 23 30 to be used for purposes of the federal social services block
 23 31 grant or to meet cash flow needs resulting from delays in
 23 32 receiving federal funding or to implement, in accordance with
 23 33 this division of this Act, activities currently funded with
 23 34 juvenile court services, county, or community moneys and state
 23 35 moneys used in combination with such moneys, the department
 23 36 of human services may transfer funds within or between any
 23 37 of the appropriations made in this division of this Act and
 23 38 appropriations in law for the federal social services block
 23 39 grant to the department for the following purposes, provided
 23 40 that the combined amount of state and federal temporary
 23 41 assistance for needy families block grant funding for each
 23 42 appropriation remains the same before and after the transfer:
 23 43 a. For the family investment program.
 24 1 b. For child care assistance.
 24 2 c. For child and family services.
 24 3 d. For field operations.
 24 4 e. For general administration.
 24 5 f. For distribution to counties or regions for services to
 24 6 persons with mental illness or an intellectual disability.
 24 7 This subsection shall not be construed to prohibit the use
 24 8 of existing state transfer authority for other purposes. The
 24 9 department shall report any transfers made pursuant to this
 24 10 subsection to the legislative services agency.

24 11 4. Of the funds appropriated in this section, \$195,678 shall
 24 12 be used for continuation of a grant to an Iowa-based nonprofit
 24 13 organization with a history of providing tax preparation
 24 14 assistance to low-income lowans in order to expand the usage of
 24 15 the earned income tax credit. The purpose of the grant is to
 24 16 supply this assistance to underserved areas of the state.

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

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

24 17 5. Of the funds appropriated in this section, \$40,000 shall
 24 18 be used to fund the expansion of an unfunded pilot project, as
 24 19 defined in 441 IAC 100.1, that has been in existence for at
 24 20 least six months, relating to parental obligations, in which
 24 21 the child support recovery unit participates, to support the
 24 22 efforts of a nonprofit organization committed to strengthening
 24 23 the community through youth development, healthy living, and
 24 24 social responsibility in a county with a population over
 24 25 350,000. The funds allocated in this subsection shall be used
 24 26 by the recipient organization to develop a larger community
 24 27 effort, through public and private partnerships, to support
 24 28 a broad-based fatherhood initiative that promotes payment of
 24 29 child support obligations, improved family relationships, and
 24 30 full-time employment. The department shall collaborate with
 24 31 other state agencies to compile a comprehensive inventory of

General Fund allocation of \$40,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is a new allocation for a Fatherhood Initiative Pilot Project in Polk County.

24 32 the parenthood support programs in the state. The inventory
 24 33 shall provide a description of each program, the population
 24 34 served, outcomes to date, and funding sources and funding
 24 35 expended for each program. The inventory shall be submitted
 24 36 to the individuals identified in this Act for submission of
 24 37 reports by December 15, 2013.

24 38 6. The department may transfer funds appropriated in this
 24 39 section to the appropriations made in this division of this Act
 24 40 for general administration and field operations as necessary
 24 41 to administer this section and the overall family investment
 24 42 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.

24 43 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
 25 1 from the general fund of the state to the department of human
 25 2 services for the fiscal year beginning July 1, 2013, and ending
 25 3 June 30, 2014, the following amount, or so much thereof as is
 25 4 necessary, to be used for the purposes designated:
 25 5 For child support recovery, including salaries, support,
 25 6 maintenance, and miscellaneous purposes, and for not more than
 25 7 the following full-time equivalent positions:
 25 8 \$ 14,173,770
 25 9 FTEs 464.00

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:

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

25 10 1. The department shall expend up to \$24,329, including
 25 11 federal financial participation, for the fiscal year beginning
 25 12 July 1, 2013, for a child support public awareness campaign.
 25 13 The department and the office of the attorney general shall
 25 14 cooperate in continuation of the campaign. The public
 25 15 awareness campaign shall emphasize, through a variety of
 25 16 media activities, the importance of maximum involvement of
 25 17 both parents in the lives of their children as well as the
 25 18 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.

25 19 2. Federal access and visitation grant moneys shall be
 25 20 issued directly to private not-for-profit agencies that provide
 25 21 services designed to increase compliance with the child access
 25 22 provisions of court orders, including but not limited to
 25 23 neutral visitation sites and mediation services.

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

25 24 3. The appropriation made to the department for child
 25 25 support recovery may be used throughout the fiscal year in the
 25 26 manner necessary for purposes of cash flow management, and for
 25 27 cash flow management purposes the department may temporarily
 25 28 draw more than the amount appropriated, provided the amount
 25 29 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

25 30 4. With the exception of the funding amount specified, the
 25 31 requirements established under 2001 Iowa Acts, chapter 191,
 25 32 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 25 33 be applicable to parental obligation pilot projects for the
 25 34 fiscal year beginning July 1, 2013, and ending June 30, 2014.
 25 35 Notwithstanding 441 IAC 100.8, providing for termination of
 25 36 rules relating to the pilot projects, the rules shall remain
 25 37 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).

25 38 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 25 39 FY 2013-2014. Any funds remaining in the health care trust
 25 40 fund created in section 453A.35A for the fiscal year beginning
 25 41 July 1, 2013, and ending June 30, 2014, are appropriated to
 25 42 the department of human services to supplement the medical
 25 43 assistance program appropriations made in this division of this
 26 1 Act, for medical assistance reimbursement and associated costs,
 26 2 including program administration and costs associated with
 26 3 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 \$224,446,400 available. This is an increase of \$118,400,000 compared to estimated FY 2013. The increase is due to all tobacco tax revenues being deposited into the HCTF.

26 4 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE —
 26 5 FY 2013-2014. Any funds remaining in the Medicaid fraud
 26 6 fund created in section 249A.7 for the fiscal year beginning
 26 7 July 1, 2013, and ending June 30, 2014, are appropriated to
 26 8 the department of human services to supplement the medical
 26 9 assistance appropriations made in this division of this Act,
 26 10 for medical assistance reimbursement and associated costs,
 26 11 including program administration and costs associated with
 26 12 program implementation.

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2014.

DETAIL: It is estimated that there will be \$4,160,796 available. This is a new appropriation for FY 2014.

26 13 Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the
 26 14 general fund of the state to the department of human services
 26 15 for the fiscal year beginning July 1, 2013, and ending June 30,
 26 16 2014, the following amount, or so much thereof as is necessary,
 26 17 to be used for the purpose designated:

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$167,816,890 compared to estimated net FY 2013. The changes include:

26 18 For medical assistance program reimbursement and associated
 26 19 costs as specifically provided in the reimbursement
 26 20 methodologies in effect on June 30, 2013, except as otherwise
 26 21 expressly authorized by law, consistent with options under
 26 22 federal law and regulations, and contingent upon receipt of
 26 23 approval from the office of the governor of reimbursement for
 26 24 each abortion performed under the program:

26 25 \$1,143,810,311

- An increase of \$255,459,813 to move Mental Health Medicaid funds previously funded under a separate appropriation to Medicaid.
- An increase of \$43,206,760 to replace federal funds due to a reduction in the federal FMAP rate.
- An increase of \$33,982,677 to replace one-time funding sources and other revenue changes from FY 2013.
- An increase of \$26,985,071 to fund the FY 2013 shortfall in FY 2014.
- An increase of \$15,268,148 to rebase nursing facility rates.
- An increase of \$9,000,000 to cover the cost of individuals currently eligible for Medicaid that will enroll as part of Medicaid Expansion.

- An increase of \$8,715,473 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 \$4,538,558 to provide a 1.00% provider rate increase for all providers with the exception of HCBS, nursing facilities, Ambulance, 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 \$1,000,000 to repeal the Site of Services cost containment measure implemented in FY 2013.
 - An increase of \$300,000 to reimburse HCBS provider training costs as a direct cost on the cost report beginning January 1, 2014.
 - An increase of \$226,950 to increase Ambulance reimbursement rates by 10.00%.
 - A decrease of \$80,861 due to various changes in the Affordable Care Act.
 - A decrease of \$2,657,189 to capture Mental Health Risk Pool funds returned from counties.
 - A decrease of \$4,160,796 to shift funding to the Medicaid Fraud Fund.
 - A decrease of \$12,490,701 due to an adjustment in the Medicaid funding level.
 - A decrease of \$16,300,000 due to shifting Medicaid for Employed Persons with Disabilities (MEPD), Dependent Persons, and Pregnant Women to other coverage beginning January 1, 2014.
 - A decrease of \$28,910,009 to implement select cost containment initiatives recommended by the Governor, except for the one relating to chiropractors and Home Health.
 - A decrease of \$61,000,000 to adjust for the FY 2013 supplemental appropriation.
 - A decrease of \$118,400,000 to shift funding to the Health Care Trust Fund.

26 26 1. a. Iowans support reducing the number of abortions
 26 27 performed in our state. For an abortion covered under the
 26 28 program, except in the case of a medical emergency, as defined
 26 29 in section 135L.1, for any woman, the physician shall certify
 26 30 both of the following:
 26 31 (1) That the woman has been given the opportunity to view an
 26 32 ultrasound image of the fetus as part of the standard of care
 26 33 before an abortion is performed.

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

26 34 (2) That the woman has been provided information regarding
 26 35 the options relative to a pregnancy, including continuing the
 26 36 pregnancy to term and retaining parental rights following the
 26 37 child's birth, continuing the pregnancy to term and placing the
 26 38 child for adoption, and terminating the pregnancy.

26 39 b. Funds appropriated under this section shall not be used
 26 40 for abortions, unless otherwise authorized under this section.

26 41 c. The provisions of this section relating to abortions
 26 42 shall also apply to the Iowa health and wellness plan created
 26 43 pursuant to chapter 249N, as enacted in this Act.

27 1 2. The department shall utilize not more than \$60,000 of
 27 2 the funds appropriated in this section to continue the AIDS/HIV
 27 3 health insurance premium payment program as established in 1992
 27 4 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 27 5 409, subsection 6. Of the funds allocated in this subsection,
 27 6 not more than \$5,000 may be expended for administrative
 27 7 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.

27 8 3. Of the funds appropriated in this Act to the department
 27 9 of public health for addictive disorders, \$950,000 for
 27 10 the fiscal year beginning July 1, 2013, is transferred
 27 11 to the department of human services for an integrated
 27 12 substance-related disorder managed care system. The department
 27 13 shall not assume management of the substance-related disorder
 27 14 system in place of the managed care contractor unless such
 27 15 a change in approach is specifically authorized in law.
 27 16 The departments of human services and public health shall
 27 17 work together to maintain the level of mental health and
 27 18 substance-related disorder treatment services provided by the
 27 19 managed care contractor through the Iowa plan for behavioral
 27 20 health. Each department shall take the steps necessary to
 27 21 continue the federal waivers as necessary to maintain the level
 27 22 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.

27 23 4. a. The department shall aggressively pursue options for
 27 24 providing medical assistance or other assistance to individuals
 27 25 with special needs who become ineligible to continue receiving
 27 26 services under the early and periodic screening, diagnostic,
 27 27 and treatment program under the medical assistance program
 27 28 due to becoming 21 years of age who have been approved for
 27 29 additional assistance through the department's exception to
 27 30 policy provisions, but who have health care needs in excess
 27 31 of the funding available through the exception to policy
 27 32 provisions.

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

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

27 33 b. Of the funds appropriated in this section, \$100,000

<p>27 34 shall be used for participation in one or more pilot projects 27 35 operated by a private provider to allow the individual or 27 36 individuals to receive service in the community in accordance 27 37 with principles established in <i>Olmstead v.L.C.</i>, 527 U.S.581 27 38 (1999), for the purpose of providing medical assistance or 27 39 other assistance to individuals with special needs who become 27 40 ineligible to continue receiving services under the early and 27 41 periodic screening, diagnostic, and treatment program under 27 42 the medical assistance program due to becoming 21 years of 27 43 age who have been approved for additional assistance through 28 1 the department's exception to policy provisions, but who have 28 2 health care needs in excess of the funding available through 28 3 the exception to the policy provisions.</p>	<p>support.</p>
<p>28 4 5. Of the funds appropriated in this section, up to 28 5 \$3,050,082 may be transferred to the field operations or 28 6 general administration appropriations in this division of this 28 7 Act for operational costs associated with Part D of the federal 28 8 Medicare Prescription Drug Improvement and Modernization Act 28 9 of 2003, Pub.L.No.108-173.</p>	<p>Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p>
<p>28 10 6. Of the funds appropriated in this section, up to \$442,100 28 11 may be transferred to the appropriation in this division 28 12 of this Act for medical contracts to be used for clinical 28 13 assessment services and prior authorization of services.</p>	<p>Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p>
<p>28 14 7. A portion of the funds appropriated in this section 28 15 may be transferred to the appropriations in this division of 28 16 this Act for general administration, medical contracts, the 28 17 children's health insurance program, or field operations to be 28 18 used for the state match cost to comply with the payment error 28 19 rate measurement (PERM) program for both the medical assistance 28 20 and children's health insurance programs as developed by the 28 21 centers for Medicare and Medicaid services of the United States 28 22 department of health and human services to comply with the 28 23 federal Improper Payments Information Act of 2002, Pub.L.No. 28 24 107-300.</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>
<p>28 25 8. It is the intent of the general assembly that the 28 26 department continue to implement the recommendations of 28 27 the assuring better child health and development initiative 28 28 II (ABCDII) clinical panel to the Iowa early and periodic 28 29 screening, diagnostic, and treatment services healthy mental 28 30 development collaborative board regarding changes to billing 28 31 procedures, codes, and eligible service providers.</p>	<p>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.</p>

28 32 9. Of the funds appropriated in this section, a sufficient
 28 33 amount is allocated to supplement the incomes of residents of
 28 34 nursing facilities, intermediate care facilities for persons
 28 35 with mental illness, and intermediate care facilities for
 28 36 persons with an intellectual disability, with incomes of less
 28 37 than \$50 in the amount necessary for the residents to receive a
 28 38 personal needs allowance of \$50 per month pursuant to section
 28 39 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.

28 40 10. Of the funds appropriated in this section, the following
 28 41 amounts are transferred to the appropriations made in this
 28 42 division of this Act for the state mental health institutes:
 28 43 a. Cherokee mental health institute \$ 9,098,425
 29 1 b. Clarinda mental health institute \$ 1,977,305
 29 2 c. Independence mental health institute ... \$ 9,045,894
 29 3 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.

29 4 11. a. Of the funds appropriated in this section,
 29 5 \$7,969,074 is allocated for the state match for a
 29 6 disproportionate share hospital payment of \$19,133,430 to
 29 7 hospitals that meet both of the conditions specified in
 29 8 subparagraphs (1) and (2). In addition, the hospitals that
 29 9 meet the conditions specified shall either certify public
 29 10 expenditures or transfer to the medical assistance program
 29 11 an amount equal to provide the nonfederal share for a
 29 12 disproportionate share hospital payment of \$7,500,000. The
 29 13 hospitals that meet the conditions specified shall receive and
 29 14 retain 100 percent of the total disproportionate share hospital
 29 15 payment of \$26,633,430.
 29 16 (1) The hospital qualifies for disproportionate share and
 29 17 graduate medical education payments.
 29 18 (2) The hospital is an Iowa state-owned hospital with more
 29 19 than 500 beds and eight or more distinct residency specialty
 29 20 or subspecialty programs recognized by the American college of
 29 21 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.

29 22 b. Distribution of the disproportionate share payments
 29 23 shall be made on a monthly basis. The total amount of
 29 24 disproportionate share payments including graduate medical
 29 25 education, enhanced disproportionate share, and Iowa
 29 26 state-owned teaching hospital payments shall not exceed the
 29 27 amount of the state's allotment under Pub.L.No.102-234.
 29 28 In addition, the total amount of all disproportionate
 29 29 share payments shall not exceed the hospital-specific
 29 30 disproportionate share limits under Pub.L.No.103-66.

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

29 31 12. The university of Iowa hospitals and clinics shall

Requires the UIHC to use Certified Public Expenditures or transfer

<p>29 32 either certify public expenditures or transfer to the 29 33 appropriations made in this division of this Act for medical 29 34 assistance an amount equal to provide the nonfederal share 29 35 for increased medical assistance payments for inpatient and 29 36 outpatient hospital services of \$9,900,000. The university of 29 37 Iowa hospitals and clinics shall receive and retain 100 percent 29 38 of the total increase in medical assistance payments.</p>	<p>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>29 39 13. Of the funds appropriated in this section, up to 29 40 \$11,921,225 may be transferred to the IowaCare account created 29 41 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>29 42 14. One hundred percent of the nonfederal share of payments 29 43 to area education agencies that are medical assistance 30 1 providers for medical assistance-covered services provided to 30 2 medical assistance-covered children, shall be made from the 30 3 appropriation made in this section.</p>	<p>Allocates Medicaid funds to Area Education Agencies.</p>
<p>30 4 15. Any new or renewed contract entered into by the 30 5 department with a third party to administer behavioral health 30 6 services under the medical assistance program shall provide 30 7 that any interest earned on payments from the state during 30 8 the state fiscal year shall be remitted to the department 30 9 and treated as recoveries to offset the costs of the medical 30 10 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>30 11 16. The department shall continue to implement the 30 12 provisions in 2007 Iowa Acts, chapter 218, section 124 and 30 13 section 126, as amended by 2008 Iowa Acts, chapter 1188, 30 14 section 55, relating to eligibility for certain persons with 30 15 disabilities under the medical assistance program in accordance 30 16 with the federal Family Opportunity Act.</p>	<p>Requires the DHS to continue the implementation of the federal Family Opportunity Act.</p> <p>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.</p>
<p>30 17 17. A portion of the funds appropriated in this section 30 18 may be transferred to the appropriation in this division of 30 19 this Act for medical contracts to be used for administrative 30 20 activities associated with the money follows the person 30 21 demonstration project.</p>	<p>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.</p>
<p>30 22 18. Of the funds appropriated in this section, \$349,011 30 23 shall be used for the administration of the health insurance 30 24 premium payment program, including salaries, support, 30 25 maintenance, and miscellaneous purposes.</p>	<p>Allocates \$349,011 to the Health Insurance Premium Payment Program.</p> <p>DETAIL: This is no change to the current level of General Fund support.</p>

30 26	19. a. The department shall implement the following cost	
30 27	containment strategies for the medical assistance program and	
30 28	shall adopt emergency rules for such implementation:	
30 29	(1) Notwithstanding any provision of law to the contrary,	Requires the DHS to move habilitation services under the Iowa Plan
30 30	the department shall integrate medical assistance program	managed care contract.
30 31	habilitation services into the Iowa plan contract for the	
30 32	fiscal year beginning July 1, 2013.	DETAIL: The increased coordination is estimated to save the State
		\$2,100,000 annually.
30 33	(2) The department shall only provide coverage for	Prohibits the coverage of nonmedically necessary cesarean sections.
30 34	medically necessary, elective cesarean sections.	
		DETAIL: This change is estimated to save the State \$500,000
		annually.
30 35	(3) The department shall require prior authorization based	Requires prior authorization based on specified criteria before
30 36	on specified criteria before providing reimbursement for	providing reimbursement for hospital swing bed placements and
30 37	hospital swing bed placements and continued stays.	continued stays.
		DETAIL: This change is estimated to save the State \$1,000,000
		annually.
30 38	(4) The department shall align payment methodologies and	Requires the DHS to align rates for both medical and nonmedical
30 39	rates between medical and nonmedical transportation services	transportation rates through rates of the transportation brokerage
30 40	through the transportation brokerage provider.	provider.
		DETAIL: This change is estimated to save the State \$500,000
		annually.
30 41	(5) The department shall require that all fees for employee	Limits the number of background checks paid for individual HCBS,
30 42	records checks shall be paid by the medical assistance home and	Consumer Directed Attendant Care (CDAC), and Consumer Choices
30 43	community-based waiver services consumer-directed attendant	Option (CCO) to one.
31 1	care or consumer choices option provider, with the exception	
31 2	of one initial state records check per employee which shall be	DETAIL: This change is estimated to save the State \$100,000
31 3	paid by the Iowa Medicaid enterprise.	annually.
31 4	(6) The department shall require transition of the	Replaces Individual CDAC services with agency provided personal care
31 5	provision by individual providers of personal care under the	and permits HCBS and CCO for self-directed services.
31 6	consumer-directed attendant care option to agency-provided	
31 7	personal care services and shall retain the consumer choice	DETAIL: This change is estimated to save the State \$1,100,000
31 8	option for those individuals able and desiring to self-direct	annually.
31 9	services.	
31 10	(7) The department shall require that persons with an	Implements a standardized assessment with tiered service funding
31 11	intellectual disability receiving services under the medical	levels for individuals on the Intellectual Disability (ID) Waiver using the

31 12	assistance program receive a functional assessment utilizing	Supports Intensity Scale (SIS).
31 13	the supports intensity scale tool. The department shall	
31 14	contract with an independent entity to perform the functional	DETAIL: This change is estimated to save the State \$8,500,000
31 15	assessments. The department shall implement a tiered resource	annually.
31 16	allocation methodology for service plans under the medical	
31 17	assistance home and community-based services waiver for persons	
31 18	with an intellectual disability.	
31 19	(8) The department shall develop a new reimbursement	Requires development of uniform independent assessments for
31 20	methodology for medical assistance targeted case management	individuals with an Intellectual Disability (ID).
31 21	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.
31 22	(9) The department shall implement an integrated health	Replaces TCM with Integrated Health Home for adults with chronic
31 23	home approach under the medical assistance program for persons	mental illness.
31 24	with chronic mental illness. The approach shall integrate the	
31 25	functions of medical assistance targeted case management.	DETAIL: This change is estimated to save the State \$2,100,000
		annually.
31 26	(10) The department shall expand the categories of diabetic	Requires the DHS to expand categories of diabetic supplies for which
31 27	supplies for which a rebate may be received.	a rebate can be received.
		DETAIL: Current rules limit rebates to monitors and test strips. This
		change is estimated to save the State \$100,000 annually.
31 28	(11) The department shall limit initial authorizations	Implements a short-term initial authorization of no more than 30 days if
31 29	for institutional-based care to 30 days for members following	the member previously lived in their own home or apartment and is
31 30	discharge from a hospital if the member previously lived in a	being discharged from the hospital to a nursing facility.
31 31	community-based setting.	DETAIL: This change is estimated to save the State \$1,000,000
		annually.
31 32	b. The department shall not implement the cost containment	Prohibits the DHS from implementing the cost containment provision
31 33	strategies to require a primary care referral for the provision	recommended by the Governor relating to chiropractic services and
31 34	of chiropractic services or to require prior authorization of	home health services.
31 35	the provision of any home health services for adults in excess	
31 36	of 100 visits per year.	
31 37	c. The department may increase the amounts allocated for	Allows the DHS to increase amounts allocated for staff to implement
31 38	salaries, support, maintenance, and miscellaneous purposes	the cost containment strategies in this Division.
31 39	associated with the medical assistance program, as necessary,	
31 40	to implement the cost containment strategies. The department	DETAIL: The Department is required to report any increase to the LSA

31 41 shall report any such increase to the legislative services	and the DOM.
31 42 agency and the department of management.	
31 43 d. If the savings to the medical assistance program exceed	Allows the DHS to transfer funds to Medical Contracts or General
32 1 the cost for the fiscal year, the department may transfer any	Administration to hire additional staff to implement the cost containment
32 2 savings generated for the fiscal year due to medical assistance	strategies for FY 2014.
32 3 program cost containment efforts to the appropriation	
32 4 made in this division of this Act for medical contracts or	
32 5 general administration to defray the increased contract costs	
32 6 associated with implementing such efforts.	
32 7 e. The department shall report the implementation of	Requires the DHS to report on the implementation of the cost
32 8 any cost containment strategies under this subsection to	containment strategies in this Division on a quarterly basis to the LSA
32 9 the individuals specified in this division of this Act for	and DOM.
32 10 submission of reports on a quarterly basis.	
32 11 20. Of the funds appropriated in this section, \$8,715,473	Allocates \$8,715,473 to reduce the Medicaid HCBS waiver waiting
32 12 shall be used to implement reductions in the waiting lists	lists.
32 13 of all medical assistance home and community-based services	
32 14 waivers.	
32 15 21. a. Of the funds appropriated in this section, \$900,000	Allocates \$900,000 to implement the Children's Mental Health Home
32 16 shall be used to implement the children's mental health	and allows the DHS to transfer up to \$50,000 to be used for
32 17 home project proposed by the department of human services	administrative expenses.
32 18 and reported to the general assembly's mental health and	
32 19 disability services study committee in December 2011. Of this	
32 20 amount, up to \$50,000 may be transferred by the department to	
32 21 the appropriation made in this division of this Act to the	
32 22 department for the same fiscal year for general administration	
32 23 to be used for associated administrative expenses and for not	
32 24 more than one full-time equivalent position, in addition to	
32 25 those authorized for the same fiscal year, to be assigned to	
32 26 implementing the project.	
32 27 b. Of the funds appropriated in this section, up to \$400,000	Allows the DHS to transfer up to \$400,000 to be used for
32 28 may be transferred by the department to the appropriation	administrative support to implement Mental Health Redesign and the
32 29 made to the department in this division of this Act for	Balancing Incentive Payment Program (BIPP).
32 30 the same fiscal year for general administration to support	
32 31 the redesign of mental health and disability services and	
32 32 the state balancing incentive payments program planning and	
32 33 implementation activities. The funds may be used for contracts	
32 34 or for personnel in addition to the amounts appropriated for	
32 35 and the positions authorized for general administration for the	
32 36 same fiscal year.	
32 37 c. Of the funds appropriated in this section, up to	Allows the DHS to transfer up to \$3,000,000 to be used for the
32 38 \$3,000,000 may be transferred by the department to the	implementation of standardized assessment tools for persons with
32 39 appropriations made to the department in this division of	mental illness, intellectual disabilities, and developmental disabilities.

<p>32 40 this Act for the same fiscal year for general administration 32 41 or medical contracts to be used to support the development 32 42 and implementation of standardized assessment tools for 32 43 persons with mental illness, an intellectual disability, a 33 1 developmental disability, or a brain injury.</p>	
<p>33 2 d. For the fiscal year beginning July 1, 2013, and ending 33 3 June 30, 2014, the replacement generation tax revenues required 33 4 to be deposited in the property tax relief fund pursuant to 33 5 section 437A.8, subsection 4, paragraph "d", and section 33 6 437A.15, subsection 3, paragraph "f", shall instead be credited 33 7 to and supplement the appropriation made in this section and 33 8 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>33 9 e. The moneys reimbursed and credited to the risk pool 33 10 in the property tax relief fund pursuant to 2012 Iowa Acts, 33 11 chapter 1128, section 6, subsection 5, as amended by 2012 33 12 Iowa Acts, chapter 1133, section 67, are appropriated to the 33 13 department of human services for the fiscal year beginning July 33 14 1, 2013, and ending June 30, 2014, to be used to supplement the 33 15 appropriation made in this section for the medical assistance 33 16 program.</p>	<p>Specifies that any money that is returned to the State from the FY 2012 Mental Health Risk Pool allocation is to revert to supplement the Medicaid Program.</p> <p>DETAIL: It is estimated that \$2,657,189 will revert to the Medicaid Program.</p>
<p>33 17 22. Of the funds appropriated in this section, \$250,000 33 18 shall be used for lodging expenses associated with care 33 19 provided at the university of Iowa hospitals and clinics 33 20 under chapter 249J for patients with cancer whose travel 33 21 distance is 30 miles or more from the university of Iowa 33 22 hospitals and clinics. The department of human services 33 23 shall establish the maximum number of overnight stays and 33 24 the maximum rate reimbursed for overnight lodging, which 33 25 may be based on the state employee rate established by the 33 26 department of administrative services. The funds allocated 33 27 in this subsection shall not be used as nonfederal share 33 28 matching funds. Any funds allocated in this subsection that 33 29 remain unencumbered or unobligated on December 31, 2013, 33 30 shall continue to be used in accordance with departmental 33 31 specifications established in this subsection for lodging 33 32 expenses associated with care provided at the university of 33 33 Iowa hospitals and clinics for patients with cancer whose 33 34 travel distance is 30 miles or more and whose income is at or 33 35 below 200 percent of the federal poverty level as defined by 33 36 the most recently revised poverty income guidelines published 33 37 by the United States department of health and human services.</p>	<p>Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients receiving treatment for individuals that would have to travel 30 miles or more.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>33 38 23. The department shall continue to administer the state 33 39 balancing incentive payments program as specified in 2012 Iowa 33 40 Acts, chapter 1133, section 14.</p>	<p>Requires the Department is to continue to administer the State Balancing Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013 Health and Human Services Appropriations Act).</p>

33 41 24. Of the funds appropriated in this section, \$300,000
 33 42 shall be used for reimbursement of staff training as direct
 33 43 costs for home and community-based services providers beginning
 34 1 January 1, 2014, as provided under 2013 Iowa Acts, House File
 34 2 198 or 2013 successor legislation, if enacted.

Allocates \$300,000 for reimbursement of staff training as direct costs for HCBS providers. This allocation is effective January 1, 2014.

DETAIL: This is a new allocation for FY 2014.

34 3 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
 34 4 general fund of the state to the department of human services
 34 5 for the fiscal year beginning July 1, 2013, and ending June 30,
 34 6 2014, the following amount, or so much thereof as is necessary,
 34 7 to be used for the purpose designated:
 34 8 For medical contracts:
 34 9 \$ 12,291,569

General Fund appropriation to Medical Contracts.

DETAIL: This an increase of \$6,499,575 compared to estimated FY 2013. The changes include:

- An increase of \$2,400,000 to replace one-time funding from the Health Care Transformation Account (HCTA).
- An increase of \$2,000,000 for a new autism treatment program.
- An increase of \$1,783,842 to fund items formerly funded by the HCTA.
- An increase of \$1,293,889 due to increased costs related to Affordable Care Act implementation.
- 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.

34 10 1. The department of inspections and appeals shall
 34 11 provide all state matching funds for survey and certification
 34 12 activities performed by the department of inspections
 34 13 and appeals. The department of human services is solely
 34 14 responsible for distributing the federal matching funds for
 34 15 such activities.

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

34 16 2. Of the funds appropriated in this section, \$50,000 shall
 34 17 be used for continuation of home and community-based services
 34 18 waiver quality assurance programs, including the review and
 34 19 streamlining of processes and policies related to oversight and
 34 20 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.

34 21 3. Of the amount appropriated in this section, up to
 34 22 \$200,000 may be transferred to the appropriation for general
 34 23 administration in this division of this Act to be used for
 34 24 additional full-time equivalent positions in the development of
 34 25 key health initiatives such as cost containment, development
 34 26 and oversight of managed care programs, and development of
 34 27 health strategies targeted toward improved quality and reduced

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.

34 28	costs in the Medicaid program.	
34 29	4. Of the funds appropriated in this section, \$64,398 shall	Allocates \$64,398 for the IowaCare Program nurses helpline.
34 30	be used for provision of the IowaCare program nurse helpline	
34 31	for the expansion population as provided in section 249J.6.	DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$100,000.
34 32	5. Of the funds appropriated in this section, \$80,000 shall	Allocates \$80,000 for the IowaCare Program audits, performance evaluations and studies.
34 33	be used for costs related to audits, performance evaluations,	
34 34	and studies required pursuant to chapter 249J.	DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$125,000.
34 35	6. Of the funds appropriated in this section, \$194,654 shall	Allocates \$194,654 for administrative costs associated with the IowaCare Program.
34 36	be used for administrative costs associated with chapter 249J.	
		DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$1,132,412.
34 37	7. Of the funds appropriated in this section, \$1,000,000	Allocates \$1,000,000 for the I-Smile Program.
34 38	shall be used for planning and development, in cooperation with	
34 39	the department of public health, of a phased-in program to	DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$1,000,000.
34 40	provide a dental home for children.	
34 41	8. Of the funds appropriated in this section, \$270,000 shall	Allocates \$270,000 for administrative costs at Broadlawns hospital related to the IowaCare Program.
34 42	be used for payment to the publicly owned acute care teaching	
34 43	hospital located in a county with a population of over 350,000	
35 1	that is a participating provider pursuant to chapter 249J.	DETAIL: This is a new allocation for FY 2014. This Program was previously funded through the HCTA at \$540,000.
35 2	Disbursements under this subsection shall be made monthly.	
35 3	The hospital shall submit a report following the close of	
35 4	the fiscal year regarding use of the funds allocated in this	
35 5	subsection to the persons specified in this Act to receive	
35 6	reports.	
35 7	9. Of the funds appropriated in this section, \$75,000 shall	Allocates \$75,000 for the continued implementation of uniform cost reports.
35 8	be used for continued implementation of a uniform cost report.	
		DETAIL: This is a new allocation for FY 2014. This initiative was previously funded through the HCTA at \$150,000.
35 9	10. Of the funds appropriated in this section, \$2,000,000	Allocates \$2,000,000 for the Autism Support Program created in Division XVII of this Bill. The Program will begin January 1, 2014.
35 10	shall be used for the autism support program created in chapter	
35 11	225D, as enacted in this Act, beginning January 1, 2014.	DETAIL: This is a new allocation for FY 2014.

35 12 11. Of the funds appropriated in this section, \$99,790 shall
35 13 be used for continued implementation of an electronic medical
35 14 records system.

Allocates \$99,790 for the continued implementation of Electronic Medical Records system.

DETAIL: This is a new allocation for FY 2014. This initiative was previously funded through the HCTA at \$100,000.

35 15 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.
35 16 1. There is appropriated from the general fund of the
35 17 state to the department of human services for the fiscal year
35 18 beginning July 1, 2013, and ending June 30, 2014, the following
35 19 amount, or so much thereof as is necessary, to be used for the
35 20 purpose designated:
35 21 For the state supplementary assistance program:
35 22 \$ 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.

35 23 2. The department shall increase the personal needs
35 24 allowance for residents of residential care facilities by the
35 25 same percentage and at the same time as federal supplemental
35 26 security income and federal social security benefits are
35 27 increased due to a recognized increase in the cost of living.
35 28 The department may adopt emergency rules to implement this
35 29 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.

35 30 3. If during the fiscal year beginning July 1, 2013,
35 31 the department projects that state supplementary assistance
35 32 expenditures for a calendar year will not meet the federal
35 33 pass-through requirement specified in Tit.XVI of the federal
35 34 Social Security Act, section 1618, as codified in 42 U.S.C.
35 35 §1382g, the department may take actions including but not
35 36 limited to increasing the personal needs allowance for
35 37 residential care facility residents and making programmatic
35 38 adjustments or upward adjustments of the residential care
35 39 facility or in-home health-related care reimbursement rates
35 40 prescribed in this division of this Act to ensure that federal
35 41 requirements are met. In addition, the department may make
35 42 other programmatic and rate adjustments necessary to remain
35 43 within the amount appropriated in this section while ensuring
36 1 compliance with federal requirements. The department may adopt
36 2 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.

36 3 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.
36 4 1. There is appropriated from the general fund of the
36 5 state to the department of human services for the fiscal year
36 6 beginning July 1, 2013, and ending June 30, 2014, the following
36 7 amount, or so much thereof as is necessary, to be used for the
36 8 purpose designated:
36 9 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.

36 10 program pursuant to chapter 514I, including supplemental dental
 36 11 services, for receipt of federal financial participation under
 36 12 Tit.XXI of the federal Social Security Act, which creates the
 36 13 children's health insurance program:
 36 14 \$ 36,806,102

36 15 2. Of the funds appropriated in this section, \$141,450 is
 36 16 allocated for continuation of the contract for outreach with
 36 17 the department of public health.

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

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

36 18 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 36 19 from the general fund of the state to the department of human
 36 20 services for the fiscal year beginning July 1, 2013, and ending
 36 21 June 30, 2014, the following amount, or so much thereof as is
 36 22 necessary, to be used for the purpose designated:
 36 23 For child care programs:
 36 24 \$ 62,709,794
 36 25 1. Of the funds appropriated in this section, \$54,755,189
 36 26 shall be used for state child care assistance in accordance
 36 27 with section 237A.13.

General Fund appropriation to the Child Care Assistance program.

DETAIL: This is an increase of \$445,452 compared to estimated FY 2013. The General Fund changes include:

- An increase of \$3,445,452 for a 4.00% provider rate increase.
- An increase of \$135,178 for federally-required national finger print-based national criminal history checks of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI).
- An increase of \$529,427 to restore service levels to the FY 2013 point.
- An increase of \$1,895,652 to provide for caseload growth.
- A decrease of \$3,000,000 due to an increase in TANF funding.
- A decrease of \$2,560,257 due to a TANF carryforward from FY 2013.

36 28 2. Nothing in this section shall be construed or is
 36 29 intended as or shall imply a grant of entitlement for services
 36 30 to persons who are eligible for assistance due to an income
 36 31 level consistent with the waiting list requirements of section
 36 32 237A.13. Any state obligation to provide services pursuant to
 36 33 this section is limited to the extent of the funds appropriated
 36 34 in this section.

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

36 35 3. Of the funds appropriated in this section, \$432,453 is
 36 36 allocated for the statewide program for child care resource
 36 37 and referral services under section 237A.26. A list of the
 36 38 registered and licensed child care facilities operating in the
 36 39 area served by a child care resource and referral service shall
 36 40 be made available to the families receiving state child care
 36 41 assistance in that area.

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.

36 42 4. Of the funds appropriated in this section, \$936,974
 36 43 is allocated for child care quality improvement initiatives

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

<p>37 1 including but not limited to the voluntary quality rating 37 2 system in accordance with section 237A.30.</p>	<p>DETAIL: This is no change compared to the FY 2013 allocation.</p>
<p>37 3 5. Of the funds appropriated in this section, \$135,178 shall 37 4 be used to conduct fingerprint-based national criminal history 37 5 record checks of home-based child care providers pursuant 37 6 to section 237A.5, subsection 2, through the United States 37 7 department of justice, federal bureau of investigation.</p>	<p>Allocates \$135,178 for federally-required national fingerprint-based national criminal history checks of child care provider employees through the United States Department of Justice, Federal Bureau of Investigation (FBI).</p> <p>DETAIL: This is a new allocation for FY 2014.</p>
<p>37 8 6. Of the amount appropriated in this section, up to 37 9 \$25,000 shall be used to implement a searchable internet-based 37 10 application as part of the consumer information made available 37 11 under section 237A.25. The application shall provide a listing 37 12 of the child care providers in this state that have received a 37 13 rating under the voluntary quality rating system implemented 37 14 pursuant to section 237A.30 and information on whether a 37 15 provider specializes in child care for infants, school-age 37 16 children, children with special needs, or other populations 37 17 or provides any other specialized services to support family 37 18 needs.</p>	<p>Allocates \$25,000 to implement a searchable, internet-based database for consumers to view child care provider information and rates.</p> <p>DETAIL: This is a new allocation for FY 2014.</p>
<p>37 19 7. Of the amount appropriated in this section, up to \$75,000 37 20 shall be used by the department to conduct an independent 37 21 evaluation of Iowa's child care quality rating system. The 37 22 evaluation shall address the system's strengths and weaknesses, 37 23 and shall provide recommendations for change. The department 37 24 shall submit a final report on or before December 16, 2013, to 37 25 the governor and general assembly concerning the evaluation. 37 26 The evaluation shall also include but is not limited to all of 37 27 the following: 37 28 a. An assessment of the validity of the system's key 37 29 underlying concepts. 37 30 b. An assessment of the techniques utilized and 37 31 psychometric properties of the measures used in the system to 37 32 assess quality. 37 33 c. An analysis of the outputs quantified by the rating 37 34 process. 37 35 d. An analysis of the relationship between the ratings 37 36 utilized and child outcomes realized.</p>	<p>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.</p> <p>DETAIL: This is a new allocation for FY 2014.</p>
<p>37 37 8. Of the funds appropriated in this section, \$6,350,000 37 38 shall be credited to the early childhood programs grants 37 39 account in the early childhood Iowa fund created in section 37 40 256I.11. The moneys shall be distributed for funding of 37 41 community-based early childhood programs targeted to children 37 42 from birth through five years of age developed by early</p>	<p>Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.</p> <p>DETAIL: This transfer was previously made from TANF. The funds will be distributed for community-based early childhood programs targeted to children from birth through five years.</p>

37 43 childhood Iowa areas in accordance with approved community
38 1 plans as provided in section 256I.8.

38 2 9. The department may use any of the funds appropriated
38 3 in this section as a match to obtain federal funds for use in
38 4 expanding child care assistance and related programs. For
38 5 the purpose of expenditures of state and federal child care
38 6 funding, funds shall be considered obligated at the time
38 7 expenditures are projected or are allocated to the department's
38 8 service areas. Projections shall be based on current and
38 9 projected caseload growth, current and projected provider
38 10 rates, staffing requirements for eligibility determination
38 11 and management of program requirements including data systems
38 12 management, staffing requirements for administration of the
38 13 program, contractual and grant obligations and any transfers
38 14 to other state agencies, and obligations for decategorization
38 15 or innovation projects.

38 16 10. A portion of the state match for the federal child care
38 17 and development block grant shall be provided as necessary to
38 18 meet federal matching funds requirements through the state
38 19 general fund appropriation made for child development grants
38 20 and other programs for at-risk children in section 279.51.

38 21 11. If a uniform reduction ordered by the governor under
38 22 section 8.31 or other operation of law, transfer, or federal
38 23 funding reduction reduces the appropriation made in this
38 24 section for the fiscal year, the percentage reduction in the
38 25 amount paid out to or on behalf of the families participating
38 26 in the state child care assistance program shall be equal to or
38 27 less than the percentage reduction made for any other purpose
38 28 payable from the appropriation made in this section and the
38 29 federal funding relating to it. The percentage reduction to
38 30 the other allocations made in this section shall be the same as
38 31 the uniform reduction ordered by the governor or the percentage
38 32 change of the federal funding reduction, as applicable.
38 33 If there is an unanticipated increase in federal funding
38 34 provided for state child care assistance, the entire amount
38 35 of the increase shall be used for state child care assistance
38 36 payments. If the appropriations made for purposes of the
38 37 state child care assistance program for the fiscal year are
38 38 determined to be insufficient, it is the intent of the general
38 39 assembly to appropriate sufficient funding for the fiscal year
38 40 in order to avoid establishment of waiting list requirements.

38 41 12. Notwithstanding section 8.33, moneys advanced for
38 42 purposes of the programs developed by early childhood Iowa
38 43 areas, advanced for purposes of wraparound child care, or

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.

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.

Requires 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

39 1 received from the federal appropriations made for the purposes
 39 2 of this section that remain unencumbered or unobligated at the
 39 3 close of the fiscal year shall not revert to any fund but shall
 39 4 remain available for expenditure for the purposes designated
 39 5 until the close of the succeeding fiscal year.

care assistance.

39 6 Sec. 17. JUVENILE INSTITUTIONS. There is appropriated
 39 7 from the general fund of the state to the department of human
 39 8 services for the fiscal year beginning July 1, 2013, and ending
 39 9 June 30, 2014, the following amounts, or so much thereof as is
 39 10 necessary, to be used for the purposes designated:

General Fund appropriation to the DHS for Juvenile Institutions.

39 11 1. For operation of the Iowa juvenile home at Toledo and for
 39 12 salaries, support, maintenance, and miscellaneous purposes, and
 39 13 for not more than the following full-time equivalent positions:

General Fund appropriation to the Iowa Juvenile Home at Toledo.

39 14	.....	\$	8,859,355
39 15	.....	FTEs	114.00

DETAIL: This is an increase of \$560,590 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.

39 16 2. For operation of the state training school at Eldora and
 39 17 for salaries, support, maintenance, and miscellaneous purposes,
 39 18 and for not more than the following full-time equivalent
 39 19 positions:

General Fund appropriation to the State Training School at Eldora.

39 20	.....	\$	11,256,969
39 21	.....	FTEs	164.30

DETAIL: This is an increase of \$577,826 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.

39 22 Of the funds appropriated in this subsection, \$91,150 shall
 39 23 be used for distribution to licensed classroom teachers at this
 39 24 and other institutions under the control of the department of
 39 25 human services based upon the average student yearly enrollment
 39 26 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.

39 27 3. A portion of the moneys appropriated in this section

Requires a portion of the funds appropriated for the two juvenile

39 28 shall be used by the state training school and by the Iowa
 39 29 juvenile home for grants for adolescent pregnancy prevention
 39 30 activities at the institutions in the fiscal year beginning
 39 31 July 1, 2013.

institutions to be used for pregnancy prevention in FY 2014.

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

39 32 Sec. 18. CHILD AND FAMILY SERVICES.
 39 33 1. There is appropriated from the general fund of the
 39 34 state to the department of human services for the fiscal year
 39 35 beginning July 1, 2013, and ending June 30, 2014, the following
 39 36 amount, or so much thereof as is necessary, to be used for the
 39 37 purpose designated:

39 38 For child and family services:
 39 39 \$ 91,283,920

Allocates \$91,283,920 to provide child care assistance for low-income, employed lowans.

DETAIL: This is an increase of \$10,052,359 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 \$320,000 for the Child Protection Center (CPC) Grant Program.
- An increase of \$2,030,624 for juvenile delinquent graduated sanctions services.

39 40 2. Up to \$5,200,000 of the amount of federal temporary
 39 41 assistance for needy families block grant funding appropriated
 39 42 in this division of this Act for child and family services
 39 43 shall be made available for purposes of juvenile delinquent
 40 1 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.

40 2 3. The department may transfer funds appropriated in this
 40 3 section as necessary to pay the nonfederal costs of services
 40 4 reimbursed under the medical assistance program, state child
 40 5 care assistance program, or the family investment program which
 40 6 are provided to children who would otherwise receive services
 40 7 paid under the appropriation in this section. The department
 40 8 may transfer funds appropriated in this section to the
 40 9 appropriations made in this division of this Act for general
 40 10 administration and for field operations for resources necessary
 40 11 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.

40 12 4. a. Of the funds appropriated in this section, up to

Allocates up to \$32,242,236 for group foster care services and

<p>40 13 \$32,242,236 is allocated as the statewide expenditure target 40 14 under section 232.143 for group foster care maintenance and 40 15 services. If the department projects that such expenditures 40 16 for the fiscal year will be less than the target amount 40 17 allocated in this lettered paragraph, the department may 40 18 reallocate the excess to provide additional funding for shelter 40 19 care or the child welfare emergency services addressed with the 40 20 allocation for shelter care.</p> <p>40 21 b. If at any time after September 30, 2013, annualization 40 22 of a service area's current expenditures indicates a service 40 23 area is at risk of exceeding its group foster care expenditure 40 24 target under section 232.143 by more than 5 percent, the 40 25 department and juvenile court services shall examine all 40 26 group foster care placements in that service area in order to 40 27 identify those which might be appropriate for termination. 40 28 In addition, any aftercare services believed to be needed 40 29 for the children whose placements may be terminated shall be 40 30 identified. The department and juvenile court services shall 40 31 initiate action to set dispositional review hearings for the 40 32 placements identified. In such a dispositional review hearing, 40 33 the juvenile court shall determine whether needed aftercare 40 34 services are available and whether termination of the placement 40 35 is in the best interest of the child and the community.</p> <p>40 36 5. In accordance with the provisions of section 232.188, 40 37 the department shall continue the child welfare and juvenile 40 38 justice funding initiative during fiscal year 2013-2014. Of 40 39 the funds appropriated in this section, \$1,717,753 is allocated 40 40 specifically for expenditure for fiscal year 2013-2014 through 40 41 the decategorization service funding pools and governance 40 42 boards established pursuant to section 232.188.</p> <p>40 43 6. A portion of the funds appropriated in this section 41 1 may be used for emergency family assistance to provide other 41 2 resources required for a family participating in a family 41 3 preservation or reunification project or successor project to 41 4 stay together or to be reunified.</p> <p>41 5 7. Notwithstanding section 234.35 or any other provision 41 6 of law to the contrary, state funding for shelter care and 41 7 the child welfare emergency services contracting implemented 41 8 to provide for or prevent the need for shelter care shall be 41 9 limited to \$7,616,048.</p> <p>41 10 8. Federal funds received by the state during the fiscal 41 11 year beginning July 1, 2013, as the result of the expenditure 41 12 of state funds appropriated during a previous state fiscal</p>	<p>maintenance costs. Permits reallocation of excess funds.</p> <p>Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.</p> <p>Allocates \$1,717,753 for decategorization services.</p> <p>DETAIL: This is no change compared to the FY 2013 allocation.</p> <p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p> <p>Limits State funding for shelter care to \$7,616,048.</p> <p>DETAIL: This is a \$745,932 increase compared to the FY 2013 allocation.</p> <p>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.</p>
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41 13 year for a service or activity funded under this section are
 41 14 appropriated to the department to be used as additional funding
 41 15 for services and purposes provided for under this section.
 41 16 Notwithstanding section 8.33, moneys received in accordance
 41 17 with this subsection that remain unencumbered or unobligated at
 41 18 the close of the fiscal year shall not revert to any fund but
 41 19 shall remain available for the purposes designated until the
 41 20 close of the succeeding fiscal year.

41 21 9. a. Of the funds appropriated in this section, up to
 41 22 \$3,290,000 is allocated for the payment of the expenses of
 41 23 court-ordered services provided to juveniles who are under the
 41 24 supervision of juvenile court services, which expenses are a
 41 25 charge upon the state pursuant to section 232.141, subsection
 41 26 4. Of the amount allocated in this lettered paragraph, up to
 41 27 \$1,556,287 shall be made available to provide school-based
 41 28 supervision of children adjudicated under chapter 232, of which
 41 29 not more than \$15,000 may be used for the purpose of training.
 41 30 A portion of the cost of each school-based liaison officer
 41 31 shall be paid by the school district or other funding source as
 41 32 approved by the chief juvenile court officer.

41 33 b. Of the funds appropriated in this section, up to \$748,985
 41 34 is allocated for the payment of the expenses of court-ordered
 41 35 services provided to children who are under the supervision
 41 36 of the department, which expenses are a charge upon the state
 41 37 pursuant to section 232.141, subsection 4.

41 38 c. Notwithstanding section 232.141 or any other provision
 41 39 of law to the contrary, the amounts allocated in this
 41 40 subsection shall be distributed to the judicial districts
 41 41 as determined by the state court administrator and to the
 41 42 department's service areas as determined by the administrator
 41 43 of the department's division of child and family services. The
 42 1 state court administrator and the division administrator shall
 42 2 make the determination of the distribution amounts on or before
 42 3 June 15, 2013.

42 4 d. Notwithstanding chapter 232 or any other provision of
 42 5 law to the contrary, a district or juvenile court shall not
 42 6 order any service which is a charge upon the state pursuant
 42 7 to section 232.141 if there are insufficient court-ordered
 42 8 services funds available in the district court or departmental
 42 9 service area distribution amounts to pay for the service. The
 42 10 chief juvenile court officer and the departmental service area
 42 11 manager shall encourage use of the funds allocated in this
 42 12 subsection such that there are sufficient funds to pay for
 42 13 all court-related services during the entire year. The chief
 42 14 juvenile court officers and departmental service area managers

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.

42 15 shall attempt to anticipate potential surpluses and shortfalls
 42 16 in the distribution amounts and shall cooperatively request the
 42 17 state court administrator or division administrator to transfer
 42 18 funds between the judicial districts' or departmental service
 42 19 areas' distribution amounts as prudent.

42 20 e. Notwithstanding any provision of law to the contrary,
 42 21 a district or juvenile court shall not order a county to pay
 42 22 for any service provided to a juvenile pursuant to an order
 42 23 entered under chapter 232 which is a charge upon the state
 42 24 under section 232.141, subsection 4.

42 25 f. Of the funds allocated in this subsection, not more than
 42 26 \$83,000 may be used by the judicial branch for administration
 42 27 of the requirements under this subsection.

42 28 g. Of the funds allocated in this subsection, \$17,000
 42 29 shall be used by the department of human services to support
 42 30 the interstate commission for juveniles in accordance with
 42 31 the interstate compact for juveniles as provided in section
 42 32 232.173.

42 33 10. Of the funds appropriated in this section, \$8,053,226 is
 42 34 allocated for juvenile delinquent graduated sanctions services.
 42 35 Any state funds saved as a result of efforts by juvenile court
 42 36 services to earn federal Tit.IV-E match for juvenile court
 42 37 services administration may be used for the juvenile delinquent
 42 38 graduated sanctions services.

42 39 11. Of the funds appropriated in this section, \$1,608,285
 42 40 is transferred to the department of public health to be used
 42 41 for equalization and renewal of the grants under the child
 42 42 protection center grant program in accordance with section
 42 43 135.118. The grant amounts shall be equalized so that each
 43 1 center receives a uniform amount of at least \$245,000.

43 2 12. If the department receives federal approval to
 43 3 implement a waiver under Tit.IV-E of the federal Social
 43 4 Security Act to enable providers to serve children who remain
 43 5 in the children's families and communities, for purposes of
 43 6 eligibility under the medical assistance program through 25
 43 7 years of age, children who participate in the waiver shall be
 43 8 considered to be placed in foster care.

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

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

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

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.

Allocates \$8,053,266 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 \$2,030,624 compared to the FY 2013 allocation.

Requires \$1,608,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program. Requires at least \$245,000 to be used for each center.

DETAIL: This is an increase of \$320,000 compared to the FY 2013 allocation.

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.

43 9 13. Of the funds appropriated in this section, \$3,256,980 is
43 10 allocated for the preparation for adult living program pursuant
43 11 to section 234.46.

Allocates \$3,256,980 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is an increase of \$164,605 compared to the FY 2013 allocation.

43 12 14. Of the funds appropriated in this section, \$520,150
43 13 shall be used for juvenile drug courts. The amount allocated
43 14 in this subsection shall be distributed as follows:
43 15 To the judicial branch for salaries to assist with the
43 16 operation of juvenile drug court programs operated in the
43 17 following jurisdictions:
43 18 a. Marshall county:
43 19 \$ 62,708
43 20 b. Woodbury county:
43 21 \$ 125,682
43 22 c. Polk county:
43 23 \$ 195,892
43 24 d. The third judicial district:
43 25 \$ 67,934
43 26 e. The eighth judicial district:
43 27 \$ 67,934

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

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

43 28 15. Of the funds appropriated in this section, \$227,337
43 29 shall be used for the public purpose of continuing a grant to
43 30 a nonprofit human services organization providing services to
43 31 individuals and families in multiple locations in southwest
43 32 Iowa and Nebraska for support of a project providing immediate,
43 33 sensitive support and forensic interviews, medical exams, needs
43 34 assessments, and referrals for victims of child abuse and their
43 35 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.

43 36 16. Of the funds appropriated in this section, \$200,590
43 37 is allocated for the foster care youth council approach of
43 38 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.

43 39 17. Of the funds appropriated in this section, \$202,000 is
43 40 allocated for use pursuant to section 235A.1 for continuation
43 41 of the initiative to address child sexual abuse implemented
43 42 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
43 43 21.

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

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

44 1 18. Of the funds appropriated in this section, \$630,240 is
44 2 allocated for the community partnership for child protection
44 3 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.

44 4 19. Of the funds appropriated in this section, \$371,250	Allocates \$371,250 for minority youth and family projects included in
44 5 is allocated for the department's minority youth and family	the child welfare redesign.
44 6 projects under the redesign of the child welfare system.	
	DETAIL: This is no change compared to the FY 2013 allocation.
44 7 20. Of the funds appropriated in this section, up to	Allocates \$1,436,595 for the Circle of Care grant in Northeast Iowa.
44 8 \$1,436,595 is allocated for funding of the community circle of	
44 9 care collaboration for children and youth in northeast Iowa.	DETAIL: This is no change compared to the FY 2013 allocation.
44 10 The department may determine the appropriate allocation of	
44 11 funding to ensure there is not duplication of services and that	
44 12 the needs of children and youth are met as they transition to	
44 13 an integrated health home.	
44 14 21. Of the funds appropriated in this section, at least	Allocates \$147,158 for the child welfare provider online training
44 15 \$147,158 shall be used for the child welfare training academy.	academy.
	DETAIL: This is no change compared to the FY 2013 allocation.
44 16 22. Of the funds appropriated in this section, \$25,000	Allocates \$25,000 to Four Oaks for various autism spectrum disorders
44 17 shall be used for the public purpose of continuation of a	services.
44 18 grant to a child welfare services provider headquartered in a	
44 19 county with a population between 205,000 and 215,000 in the	DETAIL: This is no change compared to the FY 2013 allocation.
44 20 latest certified federal census that provides multiple services	
44 21 including but not limited to a psychiatric medical institution	
44 22 for children, shelter, residential treatment, after school	
44 23 programs, school-based programming, and an Asperger's syndrome	
44 24 program, to be used for support services for children with	
44 25 autism spectrum disorder and their families.	
44 26 23. Of the funds appropriated in this section, \$25,000	Allocates \$25,000 to a hospital-based provider in Dubuque County for
44 27 shall be used for the public purpose of continuing a grant to	support services for children with autism spectrum disorder and their
44 28 a hospital-based provider headquartered in a county with a	families.
44 29 population between 90,000 and 95,000 in the latest certified	
44 30 federal census that provides multiple services including	DETAIL: This is no change compared to the FY 2013 allocation.
44 31 but not limited to diagnostic, therapeutic, and behavioral	
44 32 services to individuals with autism spectrum disorder across	
44 33 the lifespan. The grant recipient shall utilize the funds	
44 34 to continue the pilot project to determine the necessary	
44 35 support services for children with autism spectrum disorder and	
44 36 their families to be included in the children's disabilities	
44 37 services system. The grant recipient shall submit findings and	
44 38 recommendations based upon the results of the pilot project	
44 39 to the individuals specified in this division of this Act for	
44 40 submission of reports by December 31, 2013.	
44 41 24. Of the funds appropriated in this section, \$327,947	Allocates \$327,947 for continuation of a System of Care Program in
44 42 shall be used for continuation of the central Iowa system of	Polk County.

44 43 care program grant through June 30, 2014. The department may
 45 1 determine the appropriate allocation of funding to ensure there
 45 2 is not duplication of services and that the needs of children
 45 3 and youth are met as they transition to an integrated health
 45 4 home.

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

45 5 25. Of the funds appropriated in this section, \$160,000
 45 6 shall be used for the public purpose of the continuation
 45 7 of a system of care grant implemented in Cerro Gordo and
 45 8 Linn counties. The department may determine the appropriate
 45 9 allocation of funding to ensure there is not duplication of
 45 10 services and that the needs of children and youth are met as
 45 11 they transition to an integrated health home.

Allocates \$160,000 for continuation of a System of Care Program in Cerro Gordo and Linn Counties.

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

45 12 26. Of the funds appropriated in this section, at least
 45 13 \$25,000 shall be used to continue and to expand the foster
 45 14 care respite pilot program in which postsecondary students in
 45 15 social work and other human services-related programs receive
 45 16 experience by assisting family foster care providers with
 45 17 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.

45 18 Sec. 19. ADOPTION SUBSIDY.

45 19 1. There is appropriated from the general fund of the
 45 20 state to the department of human services for the fiscal year
 45 21 beginning July 1, 2013, and ending June 30, 2014, the following
 45 22 amount, or so much thereof as is necessary, to be used for the
 45 23 purpose designated:

45 24 For adoption subsidy payments and services:
 45 25 \$ 40,729,282

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is an increase of \$2,985,853 compared to estimated net FY 2013. The changes include:

- A decrease of \$201,608 due to a transfer from the Child and Family Services.
- An increase of \$780,576 due to the reduction in Iowa's federal medical assistance percentage (FMAP) rate.
- An increase of \$1,572,450 for a 5.00% provider rate increase.

45 26 2. The department may transfer funds appropriated in
 45 27 this section to the appropriation made in this division of
 45 28 this Act for general administration for costs paid from the
 45 29 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.

45 30 3. Federal funds received by the state during the
 45 31 fiscal year beginning July 1, 2013, as the result of the
 45 32 expenditure of state funds during a previous state fiscal

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

45 33 year for a service or activity funded under this section are
 45 34 appropriated to the department to be used as additional funding
 45 35 for the services and activities funded under this section.
 45 36 Notwithstanding section 8.33, moneys received in accordance
 45 37 with this subsection that remain unencumbered or unobligated
 45 38 at the close of the fiscal year shall not revert to any fund
 45 39 but shall remain available for expenditure for the purposes
 45 40 designated until the close of the succeeding fiscal year.

of FY 2015.

45 41 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 45 42 in the juvenile detention home fund created in section 232.142
 45 43 during the fiscal year beginning July 1, 2013, and ending June
 46 1 30, 2014, are appropriated to the department of human services
 46 2 for the fiscal year beginning July 1, 2013, and ending June 30,
 46 3 2014, for distribution of an amount equal to a percentage of
 46 4 the costs of the establishment, improvement, operation, and
 46 5 maintenance of county or multicounty juvenile detention homes
 46 6 in the fiscal year beginning July 1, 2012. Moneys appropriated
 46 7 for distribution in accordance with this section shall be
 46 8 allocated among eligible detention homes, prorated on the basis
 46 9 of an eligible detention home's proportion of the costs of all
 46 10 eligible detention homes in the fiscal year beginning July
 46 11 1, 2012. The percentage figure shall be determined by the
 46 12 department based on the amount available for distribution for
 46 13 the fund. Notwithstanding section 232.142, subsection 3, the
 46 14 financial aid payable by the state under that provision for the
 46 15 fiscal year beginning July 1, 2013, shall be limited to the
 46 16 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.

46 17 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 46 18 1. There is appropriated from the general fund of the
 46 19 state to the department of human services for the fiscal year
 46 20 beginning July 1, 2013, and ending June 30, 2014, the following
 46 21 amount, or so much thereof as is necessary, to be used for the
 46 22 purpose designated:
 46 23 For the family support subsidy program subject to the
 46 24 enrollment restrictions in section 225C.37, subsection 3:
 46 25 \$ 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.

46 26 2. The department shall use at least \$483,500 of the moneys
 46 27 appropriated in this section for the family support center
 46 28 component of the comprehensive family support program under
 46 29 section 225C.47. Not more than \$25,000 of the amount allocated
 46 30 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.

46 31 3. If at any time during the fiscal year, the amount of
 46 32 funding available for the family support subsidy program
 46 33 is reduced from the amount initially used to establish the
 46 34 figure for the number of family members for whom a subsidy
 46 35 is to be provided at any one time during the fiscal year,
 46 36 notwithstanding section 225C.38, subsection 2, the department
 46 37 shall revise the figure as necessary to conform to the amount
 46 38 of funding available.

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

46 39 Sec. 22. CONNER DECREE. There is appropriated from the
 46 40 general fund of the state to the department of human services
 46 41 for the fiscal year beginning July 1, 2013, and ending June 30,
 46 42 2014, the following amount, or so much thereof as is necessary,
 46 43 to be used for the purpose designated:

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.

47 1 For building community capacity through the coordination
 47 2 and provision of training opportunities in accordance with the
 47 3 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 47 4 Iowa, July 14, 1994):
 47 5 \$ 33,622

47 6 Sec. 23. MENTAL HEALTH INSTITUTES. There is appropriated
 47 7 from the general fund of the state to the department of human
 47 8 services for the fiscal year beginning July 1, 2013, and ending
 47 9 June 30, 2014, the following amounts, or so much thereof as is
 47 10 necessary, to be used for the purposes designated:

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:

47 11 1. For the state mental health institute at Cherokee for
 47 12 salaries, support, maintenance, and miscellaneous purposes, and
 47 13 for not more than the following full-time equivalent positions:
 47 14 \$ 5,954,464
 47 15 FTEs 169.20

47 16 If recommended by the superintendent, the department may
 47 17 sell or transfer ownership of unused facilities at the state
 47 18 mental health institute to the city in which the institute is
 47 19 located.

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

47 20 2. For the state mental health institute at Clarinda for
 47 21 salaries, support, maintenance, and miscellaneous purposes, and
 47 22 for not more than the following full-time equivalent positions:
 47 23 \$ 6,751,868
 47 24 FTEs 86.10

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

47 25 3. For the state mental health institute at Independence for
 47 26 salaries, support, maintenance, and miscellaneous purposes, and
 47 27 for not more than the following full-time equivalent positions:
 47 28 \$ 10,318,778
 47 29 FTEs 233.00

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

47 30 4. For the state mental health institute at Mount Pleasant
 47 31 for salaries, support, maintenance, and miscellaneous purposes,
 47 32 and for not more than the following full-time equivalent
 47 33 positions:
 47 34 \$ 1,366,686
 47 35 FTEs 97.92

General Fund appropriation to the MHI at Mt. Pleasant.

DETAIL: This is an increase of \$481,227 and 0.60 FTE positions compared to estimated FY 2013. The changes include:

- An increase of \$326,082 to sustain the current number of beds at the institution.
- An increase of \$82,485 and 0.60 FTE positions to sustain pharmacy staffing at the MHI. The Department of Corrections is centralizing their pharmacy and the shared position will be lost.
- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.

47 36 Sec. 24. STATE RESOURCE CENTERS.

47 37 1. There is appropriated from the general fund of the
 47 38 state to the department of human services for the fiscal year
 47 39 beginning July 1, 2013, and ending June 30, 2014, the following
 47 40 amounts, or so much thereof as is necessary, to be used for the
 47 41 purposes designated:

47 42 a. For the state resource center at Glenwood for salaries,
 47 43 support, maintenance, and miscellaneous purposes:
 48 1 \$ 20,274,472

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is an increase of \$1,408,356 compared to estimated FY 2013. The General Fund changes include:

- An increase of \$1,050,040 due to a reduction in the federal FMAP rate.
- An increase of \$227,953 to maintain funding for fixed costs with a lower census.
- 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.

48 2 b. For the state resource center at Woodward for salaries,
 48 3 support, maintenance, and miscellaneous purposes:
 48 4 \$ 14,220,463

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$1,187,348 compared to estimated FY 2013. The changes include:

- An increase of \$678,065 due to a reduction in the federal FMAP rate.
- An increase of \$410,897 to maintain funding for fixed costs with a lower census.
- 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.

48 5 2. The department may continue to bill for state resource
 48 6 center services utilizing a scope of services approach used for
 48 7 private providers of ICFID services, in a manner which does not
 48 8 shift costs between the medical assistance program, counties,
 48 9 or other sources of funding for the state resource centers.

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

48 10 3. The state resource centers may expand the time-limited
 48 11 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual 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.

48 12 4. If the department's administration and the department
 48 13 of management concur with a finding by a state resource
 48 14 center's superintendent that projected revenues can reasonably
 48 15 be expected to pay the salary and support costs for a new
 48 16 employee position, or that such costs for adding a particular
 48 17 number of new positions for the fiscal year would be less
 48 18 than the overtime costs if new positions would not be added,
 48 19 the superintendent may add the new position or positions. If
 48 20 the vacant positions available to a resource center do not
 48 21 include the position classification desired to be filled, the
 48 22 state resource center's superintendent may reclassify any
 48 23 vacant position as necessary to fill the desired position. The
 48 24 superintendents of the state resource centers may, by mutual
 48 25 agreement, pool vacant positions and position classifications

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

48 26 during the course of the fiscal year in order to assist one
48 27 another in filling necessary positions.

48 28 5. If existing capacity limitations are reached in
48 29 operating units, a waiting list is in effect for a service or
48 30 a special need for which a payment source or other funding
48 31 is available for the service or to address the special need,
48 32 and facilities for the service or to address the special need
48 33 can be provided within the available payment source or other
48 34 funding, the superintendent of a state resource center may
48 35 authorize opening not more than two units or other facilities
48 36 and begin implementing the service or addressing the special
48 37 need during fiscal year 2013-2014.

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

48 38 Sec. 25. SEXUALLY VIOLENT PREDATORS.
48 39 1. There is appropriated from the general fund of the
48 40 state to the department of human services for the fiscal year
48 41 beginning July 1, 2013, and ending June 30, 2014, the following
48 42 amount, or so much thereof as is necessary, to be used for the
48 43 purpose designated:

49 1 For costs associated with the commitment and treatment of
49 2 sexually violent predators in the unit located at the state
49 3 mental health institute at Cherokee, including costs of legal
49 4 services and other associated costs, including salaries,
49 5 support, maintenance, and miscellaneous purposes, and for not
49 6 more than the following full-time equivalent positions:
49 7 \$ 9,416,969
49 8 FTEs 124.50

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

DETAIL: This is an increase of \$517,283 and 9.00 FTE positions compared to estimated FY 2013. The changes include:

49 9 2. Unless specifically prohibited by law, if the amount
49 10 charged provides for recoupment of at least the entire amount
49 11 of direct and indirect costs, the department of human services
49 12 may contract with other states to provide care and treatment
49 13 of persons placed by the other states at the unit for sexually
49 14 violent predators at Cherokee. The moneys received under
49 15 such a contract shall be considered to be repayment receipts
49 16 and used for the purposes of the appropriation made in this
49 17 section.

- An increase of \$444,623 for 10 additional court-ordered sex offenders.
- An increase of \$72,660 due to a transfer of funds from the DHS General Administration appropriation.
- An increase of 9.00 FTE positions to provide the appropriate staffing level for the increase.

49 18 Sec. 26. FIELD OPERATIONS. There is appropriated from the
49 19 general fund of the state to the department of human services
49 20 for the fiscal year beginning July 1, 2013, and ending June 30,
49 21 2014, the following amount, or so much thereof as is necessary,
49 22 to be used for the purposes designated:

49 23 For field operations, including salaries, support,
49 24 maintenance, and miscellaneous purposes, and for not more than
49 25 the following full-time equivalent positions:

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

49 26	.....	\$	66,522,388
49 27	.....	FTEs	1,837.00

DETAIL: This is an increase of \$4,886,075 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 \$1,095,361 to maintain the FY 2013 case per worker level.
- An increase of \$2,191,800 for health care implementation.
- An increase of 56.00 FTE positions due to additional staff needed for health care implementation.

49 28 1. As a condition of this appropriation, the department
 49 29 shall make every possible effort to fill the entire number of
 49 30 positions authorized by this section and, unless specifically
 49 31 provided otherwise by an applicable collective bargaining
 49 32 agreement, the department is not subject to any approval
 49 33 requirement external to the department to fill a field
 49 34 operations vacancy within the number of full-time equivalent
 49 35 positions authorized by this section. The department shall
 49 36 report on the first of each month to the chairpersons and
 49 37 ranking members of the appropriations committees of the senate
 49 38 and house of representatives, and the persons designated by
 49 39 this Act for submission of reports concerning the status of
 49 40 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.

49 41 2. Priority in filling full-time equivalent positions
 49 42 shall be given to those positions related to child protection
 49 43 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.

50 1 Sec. 27. GENERAL ADMINISTRATION. There is appropriated
 50 2 from the general fund of the state to the department of human
 50 3 services for the fiscal year beginning July 1, 2013, and ending
 50 4 June 30, 2014, the following amount, or so much thereof as is
 50 5 necessary, to be used for the purpose designated:

General Fund appropriation for General Administration.

50 6	For general administration, including salaries, support,		
50 7	maintenance, and miscellaneous purposes, and for not more than		
50 8	the following full-time equivalent positions:		
50 9	.....	\$	16,304,771
50 10	.....	FTEs	309.00

DETAIL: This is a net increase of \$204,086 and 2.00 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 \$250,000 to transfer to the Department of Inspections and Appeals for an Office of Mental Health Advocate.

- An increase of \$57,716 and 2.0 FTE positions for health care implementation.
- An increase of \$25,000 for a Prevention of Disabilities Council summit.
- A decrease of \$176,400 to move the College of Direct Support allocation to Medicaid.
- A decrease of \$463,000 to remove an allocation for costs to place sexually violent predators in need of medical treatment.
- A decrease of \$653,940 due to a transfer of funds to the institutions.

50 11 1. Of the funds appropriated in this section, \$63,543 is
 50 12 allocated for the prevention of disabilities policy council
 50 13 established in section 225B.3. Of the amount allocated
 50 14 in this subsection, \$25,000 shall be passed through to the
 50 15 council for the costs involved with holding a summit meeting
 50 16 of the multiple entities providing services to persons with
 50 17 disabilities. The focus of the summit meeting shall be to
 50 18 review existing disability prevention activities in order to
 50 19 identify cost effective public policy options for reaching
 50 20 the greatest number of children and adults in order to
 50 21 eliminate the risk of disabilities. The review shall also
 50 22 address options for health care services available to youth
 50 23 transitioning to the adult system of health care. The council
 50 24 shall report to the individuals identified in this Act for
 50 25 submission of reports within 60 calendar days of completing
 50 26 the summit meeting concerning the review, policy options
 50 27 identified, and recommendations made.

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

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

50 28 2. The department shall report at least monthly to the
 50 29 legislative services agency concerning the department's
 50 30 operational and program expenditures.

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

50 31 3. Of the funds appropriated in this section, \$132,300 shall
 50 32 be used to continue the contract for the provision of a program
 50 33 to provide technical assistance, support, and consultation to
 50 34 providers of habilitation services and home and community-based
 50 35 services waiver services for adults with disabilities under the
 50 36 medical assistance program.

Allocates \$132,300 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

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

50 37 4. Of the funds appropriated in this section, \$50,000
 50 38 is transferred to the Iowa finance authority to be used
 50 39 for administrative support of the council on homelessness
 50 40 established in section 16.100A and for the council to fulfill
 50 41 its duties in addressing and reducing homelessness in the
 50 42 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.

50 43 5. Of the funds appropriated in this section, \$250,000 is
 51 1 transferred to the department of inspections and appeals to be
 51 2 used to implement a new mental health advocate division in the
 51 3 department in accordance with 2013 Iowa Acts, Senate File 406,
 51 4 if enacted.

Allocates \$250,000 to the DHS for transfer to the Department of Inspections and Appeals for a new Mental Health Advocate Division, if SF 406 is enacted.

51 5 Sec. 28. VOLUNTEERS. There is appropriated from the general
 51 6 fund of the state to the department of human services for the
 51 7 fiscal year beginning July 1, 2013, and ending June 30, 2014,
 51 8 the following amount, or so much thereof as is necessary, to be
 51 9 used for the purpose designated:

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

51 10 For development and coordination of volunteer services:
 51 11 \$ 84,660

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

51 12 Sec. 29. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 51 13 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 51 14 DEPARTMENT OF HUMAN SERVICES.

51 15 1. a. (1) For the fiscal year beginning July 1, 2013,
 51 16 the total state funding amount for the nursing facility budget
 51 17 shall not exceed \$268,712,511.

Caps nursing facility reimbursements at \$268,712,511 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

51 18 (2) For the fiscal year beginning July 1, 2013, the
 51 19 department shall rebase case-mix nursing facility rates
 51 20 effective July 1, 2013. However, total nursing facility budget
 51 21 expenditures, including both case-mix and noncase-mix, shall
 51 22 not exceed the amount specified in subparagraph (1). When
 51 23 calculating case-mix per diem cost and the patient-day-weighted
 51 24 medians used in rate-setting for nursing facilities effective
 51 25 July 1, 2013, the inflation factor applied from the midpoint
 51 26 of the cost report period to the first day of the state fiscal
 51 27 year rate period shall be adjusted to maintain state funding
 51 28 within the amount specified in subparagraph (1).

DETAIL: The cap includes \$15,268,148 to rebase nursing facilities. The DHS is to rebase nursing facility rates effective July 1, 2013.

51 29 (3) The department, in cooperation with nursing facility
 51 30 representatives, shall review projections for state funding
 51 31 expenditures for reimbursement of nursing facilities on a
 51 32 quarterly basis and the department shall determine if an
 51 33 adjustment to the medical assistance reimbursement rate is
 51 34 necessary in order to provide reimbursement within the state
 51 35 funding amount for the fiscal year. Notwithstanding 2001
 51 36 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
 51 37 "c", and subsection 3, paragraph "a", subparagraph (2),
 51 38 if the state funding expenditures for the nursing facility
 51 39 budget for the fiscal year are projected to exceed the amount
 51 40 specified in subparagraph (1), the department shall adjust
 51 41 the reimbursement for nursing facilities reimbursed under the
 51 42 case-mix reimbursement system to maintain expenditures of the
 51 43 nursing facility budget within the specified amount for the
 52 1 fiscal year.

52 2 (4) For the fiscal year beginning July 1, 2013, special	Requires methodology for calculating reimbursement for special
52 3 population nursing facilities shall be reimbursed in accordance	population nursing facilities to remain the same as the methodology in
52 4 with the methodology in effect on June 30, 2013.	effect in FY 2013.
52 5 b. (1) For the fiscal year beginning July 1, 2013,	Requires a reimbursement rate of \$10.12 per prescription for
52 6 the department shall establish the pharmacy dispensing fee	pharmacist services for FY 2014.
52 7 reimbursement at \$10.12 per prescription. Any subsequent	
52 8 actual dispensing fee shall be established within the range	DETAIL: This is and increase of 1.00% compared to the FY 2013 rate.
52 9 determined by a cost of dispensing survey performed by	
52 10 the department and required to be completed by all medical	
52 11 assistance program participating pharmacies every two years	
52 12 beginning in FY 2014-2015.	
52 13 (2) The department shall utilize an average acquisition	Requires the DHS to continue an Average Acquisition Cost (AAC)
52 14 cost reimbursement methodology for pharmacy ingredient cost	reimbursement methodology for all drugs covered under the Medicaid
52 15 reimbursement of all drugs covered under the medical assistance	Program. The methodology is to utilize a survey of pharmacy invoices
52 16 program in accordance with 2012 Iowa Acts, chapter 1133,	to determine the AAC. The Department is to provide a process for
52 17 section 33.	pharmacies to address average acquisition cost prices that are not
	reflective of the actual drug cost.
52 18 c. (1) For the fiscal year beginning July 1, 2013,	Requires the rate of reimbursement for outpatient services to be
52 19 reimbursement rates for outpatient hospital services shall be	increased by 1.00% compared to the rate in effect in FY 2013 subject
52 20 increased 1 percent over the rates in effect on June 30, 2013,	to the Medicaid Upper Payment Limit (UPL) rules.
52 21 subject to Medicaid program upper payment limit rules.	
52 22 (2) For the fiscal year beginning July 1, 2013,	Requires the rate of reimbursement for inpatient services to be
52 23 reimbursement rates for inpatient hospital services shall be	increased by 1.00% compared to the rate in effect in FY 2013 subject
52 24 increased by 1 percent over the rates in effect on June 30,	to the Medicaid UPL rules.
52 25 2013, subject to Medicaid program upper payment limit rules.	
52 26 (3) For the fiscal year beginning July 1, 2013, the graduate	Requires the rate of reimbursement for graduate medical education
52 27 medical education and disproportionate share hospital fund	and Disproportionate Share Hospital (DSH) Fund to be increased by
52 28 shall be increased by 1 percent over the amount in effect on	1.00% compared to the ending FY 2013 reimbursement rate and
52 29 June 30, 2013, except that the portion of the fund attributable	specifies that the Graduate Medical Education (GME) rates reflect the
52 30 to graduate medical education shall be reduced in an amount	elimination of payment to out-of-state hospitals.
52 31 that reflects the elimination of graduate medical education	
52 32 payments made to out-of-state hospitals.	
52 33 (4) In order to ensure the efficient use of limited state	Requires funds appropriated for hospital activities to be used for
52 34 funds in procuring health care services for low-income lowans,	activities pursuant to the federal Medicare program.
52 35 funds appropriated in this Act for hospital services shall	
52 36 not be used for activities which would be excluded from a	
52 37 determination of reasonable costs under the federal Medicare	
52 38 program pursuant to 42 U.S.C.§1395X(v)(1)(N).	
52 39 d. For the fiscal year beginning July 1, 2013, reimbursement	Requires rural health clinics, hospice services, and acute mental
52 40 rates for rural health clinics, hospices, and acute mental	hospitals to be reimbursed at the rate established under the federal

52 41 hospitals shall be increased in accordance with increases under
52 42 the federal Medicare program or as supported by their Medicare
52 43 audited costs.

Medicare Program for FY 2014.

53 1 e. For the fiscal year beginning July 1, 2013, independent
53 2 laboratories shall be reimbursed using the same methodology in
53 3 effect on June 30, 2013, and reimbursement for rehabilitation
53 4 agencies shall be increased by 1 percent over the rates in
53 5 effect on June 30, 2013.

Requires reimbursement methodology for independent laboratories to remain the same as the methodology in FY 2013 and rehabilitation agency reimbursements to be increased by 1.00% compared to the rate in effect in FY 2013.

53 6 f. (1) For the fiscal year beginning July 1, 2013, rates
53 7 for home health services shall be reimbursed based on the
53 8 Medicare low utilization payment amount (LUPA) methodology
53 9 with state geographic wage adjustments. The Medicare LUPA
53 10 per-visit rates in effect on July 1, 2013, shall be utilized as
53 11 the basis for establishing the initial reimbursement schedule.
53 12 The department shall update the rates every two years to
53 13 reflect the most recent Medicare LUPA rates. For the fiscal
53 14 year beginning July 1, 2013, the department shall adjust the
53 15 reimbursement rates as calculated under this paragraph to
53 16 reflect the most recent Medicare LUPA rates for home health
53 17 services, not to exceed an additional \$2,765,655.

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 up to an additional \$2,765,655 to rebase the rate to the LUPA for FY 2014.

53 18 (2) For the fiscal year beginning July 1, 2013, rates for
53 19 private duty nursing and personal care services under the early
53 20 and periodic screening, diagnostic, and treatment program
53 21 benefit shall be established based on an hourly interim rate
53 22 subject to cost settlement up to a limit calculated by the
53 23 department, and subject to approval by the centers for Medicare
53 24 and Medicaid services of the United States department of health
53 25 and human services.

Requires rates for private duty nursing and personal care services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program to be established based on an hourly interim rate and subject to cost settlement up to a limit calculated by DHS.

DETAIL: This change must also be approved by the federal Centers for Medicare and Medicaid Services.

53 26 g. For the fiscal year beginning July 1, 2013, federally
53 27 qualified health centers shall receive cost-based reimbursement
53 28 for 100 percent of the reasonable costs for the provision of
53 29 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.

53 30 h. For the fiscal year beginning July 1, 2013, the
53 31 reimbursement rates for dental services shall be increased by 1
53 32 percent over the rates in effect on June 30, 2013.

Requires the reimbursement rates for dental services to be increased by 1.00% compared to the rate in effect in FY 2013.

53 33 i. (1) For the fiscal year beginning July 1, 2013,
53 34 state-owned psychiatric medical institutions for children shall
53 35 receive cost-based reimbursement for 100 percent of the actual
53 36 and allowable costs for the provision of services to recipients
53 37 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.

53 38 (2) For the nonstate-owned psychiatric medical institutions

Requires nonstate-owned PMICs to be reimbursed based on the

53 39 for children, reimbursement rates shall be based on the	reimbursement methodology developed by the DHS.
53 40 reimbursement methodology developed by the department as	
53 41 required for federal compliance.	
53 42 (3) As a condition of participation in the medical	Requires PMIC providers to accept the Medicaid rate for any covered
53 43 assistance program, enrolled providers shall accept the medical	goods or services for children under the custody of the PMIC.
54 1 assistance reimbursement rate for any covered goods or services	
54 2 provided to recipients of medical assistance who are children	
54 3 under the custody of a psychiatric medical institution for	
54 4 children.	
54 5 j. For the fiscal year beginning July 1, 2013, unless	Requires the reimbursement rates for all noninstitutional Medical
54 6 otherwise specified in this Act, all noninstitutional medical	Assistance providers, with specified exceptions, to be increased by
54 7 assistance provider reimbursement rates shall be increased by	1.00% compared to the FY 2013 rates.
54 8 1 percent over the rates in effect on June 30, 2013, except	
54 9 for area education agencies, local education agencies, infant	
54 10 and toddler services providers, home and community-based	
54 11 services providers including consumer-directed attendant care	
54 12 providers under a section 1915(c) or 1915(i) waiver, targeted	
54 13 case management providers, and those providers whose rates are	
54 14 required to be determined pursuant to section 249A.20.	
54 15 k. Notwithstanding any provision to the contrary, for the	Requires the reimbursement rates for anesthesiologists to be increased
54 16 fiscal year beginning July 1, 2013, the reimbursement rate for	by 1.00% compared to the rate in effect in FY 2013.
54 17 anesthesiologists shall be increased by 1 percent over the rate	
54 18 in effect on June 30, 2013.	
54 19 l. Notwithstanding section 249A.20, for the fiscal year	Requires the rates for health care providers eligible for the average
54 20 beginning July 1, 2013, the average reimbursement rate for	rate reimbursement to be increased by 1.00% compared to the rates in
54 21 health care providers eligible for use of the federal Medicare	effect in FY 2013.
54 22 resource-based relative value scale reimbursement methodology	
54 23 under that section shall be increased by 1 percent over the	
54 24 rate in effect on June 30, 2013; however, this rate shall not	
54 25 exceed the maximum level authorized by the federal government.	
54 26 m. For the fiscal year beginning July 1, 2013, the	Requires the reimbursement rates for residential care facilities to be no
54 27 reimbursement rate for residential care facilities shall not	less than the minimum payment level required to meet the federal
54 28 be less than the minimum payment level as established by the	requirement.
54 29 federal government to meet the federally mandated maintenance	
54 30 of effort requirement. The flat reimbursement rate for	
54 31 facilities electing not to file annual cost reports shall not	
54 32 be less than the minimum payment level as established by the	
54 33 federal government to meet the federally mandated maintenance	
54 34 of effort requirement.	
54 35 n. For the fiscal year beginning July 1, 2013, the	Requires the reimbursement rate of mental health services provided at
54 36 reimbursement rates for inpatient mental health services	hospitals to be increased by 1.00% compared to the rates in effect in
54 37 provided at hospitals shall be increased by 1 percent over the	FY 2013 and community mental health centers to be reimbursed at

<p>54 38 rates in effect on June 30, 2013, subject to Medicaid program 54 39 upper payment limit rules; community mental health centers 54 40 and providers of mental health services to county residents 54 41 pursuant to a waiver approved under section 225C.7, subsection 54 42 3, shall be reimbursed at 100 percent of the reasonable 54 43 costs for the provision of services to recipients of medical 55 1 assistance; and psychiatrists shall be reimbursed at the 55 2 medical assistance program fee-for-service rate. 55 3 o. For the fiscal year beginning July 1, 2013, the 55 4 reimbursement rate for providers of family planning services 55 5 that are eligible to receive a 90 percent federal match shall 55 6 be increased by 1 percent over the rates in effect on June 30, 55 7 2013.</p> <p>55 8 p. For the fiscal year beginning July 1, 2013, the upper 55 9 limits on reimbursement rates for providers of home and 55 10 community-based services waiver services shall be the limits 55 11 in effect on June 30, 2013, pursuant to 441 IAC 79.1(2) based 55 12 on federal Medicare rates, federal veterans administration 55 13 rates, or the dollar amount specified in the rule, increased 55 14 by 3 percent.</p> <p>55 15 q. For the fiscal year beginning July 1, 2013, the 55 16 reimbursement rate for emergency medical services providers 55 17 shall be increased by 10 percent over the rates in effect on 55 18 June 30, 2013.</p> <p>55 19 2. For the fiscal year beginning July 1, 2013, the 55 20 reimbursement rate for providers reimbursed under the 55 21 in-home-related care program shall not be less than the minimum 55 22 payment level as established by the federal government to meet 55 23 the federally mandated maintenance of effort requirement. 55 24 3. Unless otherwise directed in this section, when the 55 25 department's reimbursement methodology for any provider 55 26 reimbursed in accordance with this section includes an 55 27 inflation factor, this factor shall not exceed the amount 55 28 by which the consumer price index for all urban consumers 55 29 increased during the calendar year ending December 31, 2002.</p> <p>55 30 4. a. For the fiscal year beginning July 1, 2013, 55 31 notwithstanding section 234.38, the foster family basic daily 55 32 maintenance rate and the maximum adoption subsidy rate for 55 33 children ages 0 through 5 years shall be \$16.78, the rate for 55 34 children ages 6 through 11 years shall be \$17.45, the rate for 55 35 children ages 12 through 15 years shall be \$19.10, and the 55 36 rate for children and young adults ages 16 and older shall be</p>	<p>100.00% of costs.</p> <p>Provides a 3.00% rate increase beginning July 1, 2013, compared to the rate in effect for FY 2013 for HCBS Waiver providers.</p> <p>DETAIL: This increase is projected to cost \$7,130,445 for the final six months of FY 2013.</p> <p>Provides a 10.00% rate increase beginning July 1, 2013, compared to the rate in effect for FY 2013 for Emergency Medical Services (EMS) providers.</p> <p>DETAIL: This increase is projected to cost \$226,995.</p> <p>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.</p> <p>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.</p>
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55 37 \$19.35. For youth ages 18 to 21 who have exited foster care,
 55 38 the maximum preparation for adult living program maintenance
 55 39 rate shall be \$602.70 per month. The maximum payment for
 55 40 adoption subsidy nonrecurring expenses shall be limited to \$500
 55 41 and the disallowance of additional amounts for court costs and
 55 42 other related legal expenses implemented pursuant to 2010 Iowa
 55 43 Acts, chapter 1031, section 408 shall be continued.

56 1 b. (1) For the fiscal year beginning July 1, 2013, the
 56 2 reimbursement rates for child welfare services providers shall
 56 3 be increased by 5 percent over the rates in effect on June 30,
 56 4 2013, and the maximum reimbursement rate for group foster care
 56 5 providers, including service and maintenance costs, shall be
 56 6 increased by 5 percent.

56 7 (2) For purposes of this lettered paragraph, "child welfare
 56 8 services providers" means the resource family recruitment and
 56 9 retention contractors, the family safety, risk, and permanency
 56 10 services (family-centered) contractors, the child welfare
 56 11 emergency services contractors, and supervised apartment living
 56 12 foster care providers.

56 13 c. For the fiscal year beginning July 1, 2013, the maximum
 56 14 reimbursement rates under the supervised apartment living
 56 15 program other than foster care-related, and for social services
 56 16 providers under contract, shall be increased by 5 percent over
 56 17 the rates in effect on June 30, 2013, or the provider's actual
 56 18 and allowable cost plus inflation for each service, whichever
 56 19 is less. However, if a new service or service provider is
 56 20 added after June 30, 2013, the initial reimbursement rate for
 56 21 the service or provider shall be based upon a weighted average
 56 22 of provider rates for similar services.

56 23 d. The group foster care reimbursement rates paid for
 56 24 placement of children out of state shall be calculated
 56 25 according to the same rate-setting principles as those used for
 56 26 in-state providers, unless the director of human services or
 56 27 the director's designee determines that appropriate care cannot
 56 28 be provided within the state. The payment of the daily rate
 56 29 shall be based on the number of days in the calendar month in
 56 30 which service is provided.

56 31 5. a. For the fiscal year beginning July 1, 2013, the
 56 32 reimbursement rate paid for shelter care and the child welfare
 56 33 emergency services implemented to provide or prevent the need
 56 34 for shelter care shall be established by contract.

56 35 b. For the fiscal year beginning July 1, 2013, the combined
 56 36 service and maintenance components of the reimbursement rate

Requires the reimbursement rates for child welfare services providers to be increased by 5.00%, or another percentage as determined by the DHS, compared to the rates in effect in FY 2013.

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.

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.

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

Requires the FY 2014 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based

<p>56 37 paid for shelter care services shall be based on the financial 56 38 and statistical report submitted to the department. The 56 39 maximum reimbursement rate shall be \$96.98 per day. The 56 40 department shall reimburse a shelter care provider at the 56 41 provider's actual and allowable unit cost, plus inflation, not 56 42 to exceed the maximum reimbursement rate.</p>	<p>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.</p>
<p>56 43 c. Notwithstanding section 232.141, subsection 8, for the 57 1 fiscal year beginning July 1, 2013, the amount of the statewide 57 2 average of the actual and allowable rates for reimbursement of 57 3 juvenile shelter care homes that is utilized for the limitation 57 4 on recovery of unpaid costs shall be increased by \$4.62 over 57 5 the amount in effect for this purpose in the preceding fiscal 57 6 year.</p>	<p>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.</p>
<p>57 7 6. For the fiscal year beginning July 1, 2013, the 57 8 department shall calculate reimbursement rates for intermediate 57 9 care facilities for persons with intellectual disabilities 57 10 at the 80th percentile. Beginning July 1, 2013, the rate 57 11 calculation methodology shall utilize the consumer price index 57 12 inflation factor applicable to the fiscal year beginning July 57 13 1, 2013.</p>	<p>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.</p>
<p>57 14 7. For the fiscal year beginning July 1, 2013, for child 57 15 care providers reimbursed under the state child care assistance 57 16 program, the department shall set provider reimbursement 57 17 rates based on the rate reimbursement survey completed 57 18 in December 2004. Effective July 1, 2013, the child care 57 19 provider reimbursement rates shall be increased by 4 percent 57 20 over the rates in effect on June 30, 2013. The department 57 21 shall set rates in a manner so as to provide incentives for a 57 22 nonregistered provider to become registered by applying the 57 23 increase only to registered and licensed providers.</p>	<p>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 4.00% 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.</p>
<p>57 24 8. Any increase specified in a provider's reimbursement 57 25 rate in accordance with this section shall be used to increase 57 26 compensation and costs of employment, including benefits, for 57 27 nonadministrative staff.</p>	<p></p>
<p>57 28 9. The department may adopt emergency rules to implement 57 29 this section.</p>	<p>Specifies that the DHS may adopt emergency rules to implement this Section.</p>
<p>57 30 Sec. 30. EMERGENCY RULES. 57 31 1. If specifically authorized by a provision of this 57 32 division of this Act for the fiscal year beginning July 1, 57 33 2013, the department of human services or the mental health 57 34 and disability services commission may adopt administrative 57 35 rules under section 17A.4, subsection 3, and section 17A.5, 57 36 subsection 2, paragraph "b", to implement the provisions and</p>	<p>Permits the DHS and the Mental Health and Disability Services Commission to adopt emergency rules when authorized.</p>

57 37 the rules shall become effective immediately upon filing or
 57 38 on a later effective date specified in the rules, unless the
 57 39 effective date is delayed by the administrative rules review
 57 40 committee. Any rules adopted in accordance with this section
 57 41 shall not take effect before the rules are reviewed by the
 57 42 administrative rules review committee. The delay authority
 57 43 provided to the administrative rules review committee under
 58 1 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 58 2 shall be applicable to a delay imposed under this section,
 58 3 notwithstanding a provision in those sections making them
 58 4 inapplicable to section 17A.5, subsection 2, paragraph "b".
 58 5 Any rules adopted in accordance with the provisions of this
 58 6 section shall also be published as notice of intended action
 58 7 as provided in section 17A.4.

58 8 2. If during the fiscal year beginning July 1, 2013, the
 58 9 department of human services is adopting rules in accordance
 58 10 with this section or as otherwise directed or authorized by
 58 11 state law, and the rules will result in an expenditure increase
 58 12 beyond the amount anticipated in the budget process or if the
 58 13 expenditure was not addressed in the budget process for the
 58 14 fiscal year, the department shall notify the persons designated
 58 15 by this division of this Act for submission of reports,
 58 16 the chairpersons and ranking members of the committees on
 58 17 appropriations, and the department of management concerning the
 58 18 rules and the expenditure increase. The notification shall be
 58 19 provided at least 30 calendar days prior to the date notice of
 58 20 the rules is submitted to the administrative rules coordinator
 58 21 and the administrative code editor.

58 22 Sec. 31. REPORTS. Any reports or other information
 58 23 required to be compiled and submitted under this Act during the
 58 24 fiscal year beginning July 1, 2013, shall be submitted to the
 58 25 chairpersons and ranking members of the joint appropriations
 58 26 subcommittee on health and human services, the legislative
 58 27 services agency, and the legislative caucus staffs on or
 58 28 before the dates specified for submission of the reports or
 58 29 information.

58 30 DIVISION VI
 58 31 HEALTH CARE ACCOUNTS AND FUNDS — FY 2013-2014

58 32 Sec. 32. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 58 33 appropriated from the pharmaceutical settlement account created
 58 34 in section 249A.33 to the department of human services for the
 58 35 fiscal year beginning July 1, 2013, and ending June 30, 2014,
 58 36 the following amount, or so much thereof as is necessary, to be

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 were not addressed in the budget process.

Requires any reports required by this Bill to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

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.

58 37 used for the purpose designated:
 58 38 Notwithstanding any provision of law to the contrary, to
 58 39 supplement the appropriations made in this Act for medical
 58 40 contracts under the medical assistance program for the fiscal
 58 41 year beginning July 1, 2013, and ending June 30, 2014:
 58 42 \$ 6,650,000

58 43 Sec. 33. APPROPRIATIONS FROM IOWACARE ACCOUNT.
 59 1 1. There is appropriated from the IowaCare account
 59 2 created in section 249J.24 to the state board of regents for
 59 3 distribution to the university of Iowa hospitals and clinics
 59 4 for the fiscal year beginning July 1, 2013, and ending June 30,
 59 5 2014, for the program period beginning July 1, 2013, and ending
 59 6 December 31, 2013, the following amount, or so much thereof as
 59 7 is necessary, to be used for the purposes designated:
 59 8 For salaries, support, maintenance, equipment, and
 59 9 miscellaneous purposes, for the provision of medical and
 59 10 surgical treatment of indigent patients, for provision of
 59 11 services to members of the expansion population pursuant to
 59 12 chapter 249J, for medical education and contingent upon receipt
 59 13 of approval from the office of the governor of reimbursement
 59 14 for each abortion performed under chapter 249J:
 59 15 \$ 13,642,292

59 16 a. (1) Funds appropriated in this subsection used for
 59 17 abortions shall be used in a manner consistent with options
 59 18 under federal Medicaid law and regulation. Funds appropriated
 59 19 in this subsection shall not be used for abortions, unless
 59 20 otherwise authorized under the appropriation in this Act for
 59 21 the medical assistance program.
 59 22 (2) Iowans support reducing the number of abortions
 59 23 performed in our state. For an abortion covered under this
 59 24 subsection, except in the case of a medical emergency, as
 59 25 defined in section 135L.1, for any woman, the physician shall
 59 26 certify both of the following:
 59 27 (a) That the woman has been given the opportunity to view an
 59 28 ultrasound image of the fetus as part of the standard of care
 59 29 before an abortion is performed.
 59 30 (b) That the woman has been provided information regarding
 59 31 the options relative to a pregnancy, including continuing the
 59 32 pregnancy to term and retaining parental rights following the
 59 33 child's birth, continuing the pregnancy to term and placing the
 59 34 child for adoption, and terminating the pregnancy.

59 35 b. Notwithstanding any provision of law to the contrary,
 59 36 the amount appropriated in this subsection shall be distributed
 59 37 based on claims submitted, adjudicated, and paid by the Iowa
 59 38 Medicaid enterprise.

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 the Iowa Health and Wellness Plan on January 1, 2014. IowaCare is an indigent care program 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.

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.

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

59 39 c. The university of Iowa hospitals and clinics shall
 59 40 certify public expenditures in an amount equal to provide
 59 41 the nonfederal share on total expenditures not to exceed
 59 42 \$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.

59 43 2. There is appropriated from the IowaCare account
 60 1 created in section 249J.24 to the state board of regents for
 60 2 distribution to the university of Iowa hospitals and clinics
 60 3 for the fiscal year beginning July 1, 2013, and ending June 30,
 60 4 2014, for the program period beginning July 1, 2013, and ending
 60 5 December 31, 2013, the following amount, or so much thereof as
 60 6 is necessary, to be used for the purposes designated:
 60 7 For salaries, support, maintenance, equipment, and
 60 8 miscellaneous purposes, for the provision of medical and
 60 9 surgical treatment of indigent patients, for provision of
 60 10 services to members of the expansion population pursuant to
 60 11 chapter 249J, and for medical education:
 60 12 \$ 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 the Iowa Health and Wellness Plan on January 1, 2014.

60 13 Notwithstanding any provision of law to the contrary, the
 60 14 amount appropriated in this subsection shall be distributed
 60 15 based on claims submitted, adjudicated, and paid by the Iowa
 60 16 Medicaid enterprise.

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

60 17 3. There is appropriated from the IowaCare account
 60 18 created in section 249J.24 to the state board of regents for
 60 19 distribution to university of Iowa physicians for the fiscal
 60 20 year beginning July 1, 2013, and ending June 30, 2014, for the
 60 21 program period beginning July 1, 2013, and ending December 31,
 60 22 2013, the following amount, or so much thereof as is necessary
 60 23 to be used for the purposes designated:
 60 24 For salaries, support, maintenance, equipment, and
 60 25 miscellaneous purposes for the provision of medical and
 60 26 surgical treatment of indigent patients, for provision of
 60 27 services to members of the expansion population pursuant to
 60 28 chapter 249J, and for medical education:
 60 29 \$ 9,903,183

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 FY 2013 appropriation. The decrease is due to the shift from IowaCare to the Iowa Health and Wellness Plan on January 1, 2014.

60 30 Notwithstanding any provision of law to the contrary, the
 60 31 amount appropriated in this subsection shall be distributed
 60 32 based on claims submitted, adjudicated, and paid by the Iowa
 60 33 Medicaid enterprise. Once the entire amount appropriated in
 60 34 this subsection has been distributed, claims shall continue to
 60 35 be submitted and adjudicated by the Iowa Medicaid enterprise;
 60 36 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.

60 37 4. There is appropriated from the IowaCare account created
 60 38 in section 249J.24 to the department of human services for

IowaCare Account appropriation to Polk County Broadlawns Medical Center.

60 39 the fiscal year beginning July 1, 2013, and ending June 30,
60 40 2014, for the program period beginning July 1, 2013, and ending
60 41 December 31, 2013, the following amount, or so much thereof as
60 42 is necessary, to be used for the purposes designated:
60 43 For distribution to a publicly owned acute care teaching
61 1 hospital located in a county with a population over 350,000 for
61 2 the provision of medical and surgical treatment of indigent
61 3 patients, for provision of services to members of the expansion
61 4 population pursuant to chapter 249J, and for medical education:
61 5 \$ 35,500,000
61 6 a. Notwithstanding any provision of law to the contrary,
61 7 the amount appropriated in this subsection shall be distributed
61 8 based on claims submitted, adjudicated, and paid by the Iowa
61 9 Medicaid enterprise plus a monthly disproportionate share
61 10 hospital payment. Any amount appropriated in this subsection
61 11 in excess of \$32,500,000 shall be distributed only if the sum
61 12 of the expansion population claims adjudicated and paid by the
61 13 Iowa Medicaid enterprise plus the estimated disproportionate
61 14 share hospital payments exceeds \$32,500,000. The amount paid
61 15 in excess of \$32,500,000 shall not adjust the original monthly
61 16 payment amount but shall be distributed monthly based on actual
61 17 claims adjudicated and paid by the Iowa Medicaid enterprise
61 18 plus the estimated disproportionate share hospital amount. Any
61 19 amount appropriated in this subsection in excess of \$32,500,000
61 20 shall be allocated only if federal funds are available to match
61 21 the amount allocated. Pursuant to paragraph "b", of the amount
61 22 appropriated in this subsection, not more than \$2,000,000 shall
61 23 be distributed for prescription drugs, podiatry services,
61 24 optometric services, and durable medical equipment.
61 25 b. Notwithstanding any provision of law to the contrary, the
61 26 hospital identified in this subsection shall be reimbursed for
61 27 outpatient prescription drugs, podiatry services, optometric
61 28 services, and durable medical equipment provided to members
61 29 of the expansion population pursuant to all applicable
61 30 medical assistance program rules, in an amount not to exceed
61 31 \$2,000,000.
61 32 c. Notwithstanding the total amount of proceeds distributed
61 33 pursuant to section 249J.24, subsection 4, paragraph "a",
61 34 unnumbered paragraph 1, for the fiscal year beginning July
61 35 1, 2013, and ending June 30, 2014, the county treasurer of a
61 36 county with a population of over 350,000 in which a publicly
61 37 owned acute care teaching hospital is located shall distribute
61 38 the proceeds collected pursuant to section 347.7 between
61 39 July 1, 2013, and December 31, 2013, in a total amount of
61 40 \$19,000,000, which would otherwise be distributed to the county
61 41 hospital, to the treasurer of state for deposit in the IowaCare
61 42 account.
61 43 d. Notwithstanding the amount collected and distributed

DETAIL: This is a decrease of \$35,500,000 compared to estimated FY 2013. The decrease is due to the shift from IowaCare to the Iowa Health and Wellness Plan on January 1, 2014.

Broadlawns Medical Center 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.

62 1 for deposit in the IowaCare account pursuant to section
 62 2 249J.24, subsection 4, paragraph "a", subparagraph (1), the
 62 3 first \$19,000,000 in proceeds collected pursuant to section
 62 4 347.7 between July 1, 2013, and December 31, 2013, shall be
 62 5 distributed to the treasurer of state for deposit in the
 62 6 IowaCare account and collections during this time period in
 62 7 excess of \$19,000,000 shall be distributed to the acute care
 62 8 teaching hospital identified in this subsection. Of the
 62 9 collections in excess of the \$19,000,000 received by the acute
 62 10 care teaching hospital under this paragraph "d", \$2,000,000
 62 11 shall be distributed by the acute care teaching hospital to the
 62 12 treasurer of state for deposit in the IowaCare account in the
 62 13 month of January 2014, following the July 1 through December
 62 14 31, 2013, period.

62 15 5. There is appropriated from the IowaCare account created
 62 16 in section 249J.24 to the department of human services for
 62 17 the fiscal year beginning July 1, 2013, and ending June 30,
 62 18 2014, for the program period beginning July 1, 2013, and ending
 62 19 December 31, 2013, the following amount, or so much thereof as
 62 20 is necessary to be used for the purpose designated:
 62 21 For payment to the regional provider network specified
 62 22 by the department pursuant to section 249J.7 for provision
 62 23 of covered services to members of the expansion population
 62 24 pursuant to chapter 249J:
 62 25 \$ 2,993,183

62 26 Notwithstanding any provision of law to the contrary, the
 62 27 amount appropriated in this subsection shall be distributed
 62 28 based on claims submitted, adjudicated, and paid by the Iowa
 62 29 Medicaid enterprise. Once the entire amount appropriated in
 62 30 this subsection has been distributed, claims shall continue to
 62 31 be submitted and adjudicated by the Iowa Medicaid enterprise;
 62 32 however, no payment shall be made based upon such claims.

62 33 6. There is appropriated from the IowaCare account created
 62 34 in section 249J.24 to the department of human services for
 62 35 the fiscal year beginning July 1, 2013, and ending June 30,
 62 36 2014, for the program period beginning July 1, 2013, and ending
 62 37 December 31, 2013, the following amount, or so much thereof as
 62 38 is necessary, to be used for the purposes designated:
 62 39 For a care coordination pool to pay the expansion population
 62 40 providers consisting of the university of Iowa hospitals and
 62 41 clinics, the publicly owned acute care teaching hospital as
 62 42 specified in section 249J.7, and current medical assistance
 62 43 program providers that are not expansion population network
 63 1 providers pursuant to section 249J.7, for services covered by
 63 2 the full benefit medical assistance program but not under 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 the Iowa Health and Wellness Plan on January 1, 2014.

Specifies the amount appropriated is to be distributed based on 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.

IowaCare Care Coordination Pool appropriation for FY 2014.

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

63 3 IowaCare program pursuant to section 249J.6, that are provided
 63 4 to expansion population members:
 63 5 \$ 1,500,000

63 6 a. Notwithstanding sections 249J.6 and 249J.7, the amount
 63 7 appropriated in this subsection is intended to provide
 63 8 payment for medically necessary services provided to expansion
 63 9 population members for continuation of care provided by the
 63 10 university of Iowa hospitals and clinics or the publicly owned
 63 11 acute care teaching hospital as specified in section 249J.7.
 63 12 Payment may only be made for services that are not otherwise
 63 13 covered under section 249J.6, and which are follow-up services
 63 14 to covered services provided by the hospitals specified in this
 63 15 paragraph "a".

63 16 b. The funds appropriated in this subsection are intended
 63 17 to provide limited payment for continuity of care services for
 63 18 an expansion population member, and are intended to cover the
 63 19 costs of services to expansion population members, regardless
 63 20 of the member's county of residence or medical home assignment,
 63 21 if the care is related to specialty or hospital services
 63 22 provided by the hospitals specified in paragraph "a".

63 23 c. The funds appropriated in this subsection are
 63 24 not intended to provide for expanded coverage under the
 63 25 IowaCare program, and shall not be used to cover emergency
 63 26 transportation services.

63 27 d. The department shall adopt administrative rules pursuant
 63 28 to chapter 17A to establish a prior authorization process and
 63 29 to identify covered services for reimbursement under this
 63 30 subsection.

63 31 7. There is appropriated from the IowaCare account created
 63 32 in section 249J.24 to the department of human services for
 63 33 the fiscal year beginning July 1, 2013, and ending June 30,
 63 34 2014, for the program period beginning July 1, 2013, and ending
 63 35 December 31, 2013, the following amount, or so much thereof as
 63 36 is necessary, for the purposes designated:
 63 37 For transfer to the medical contracts appropriation in
 63 38 this division of this Act to be used for administrative
 63 39 costs associated with chapter 249J including eligibility
 63 40 determinations:
 63 41 \$ 371,552

63 42 8. For the fiscal year beginning July 1, 2013, and ending
 63 43 June 30, 2014, for the program period beginning July 1, 2013,
 64 1 and ending December 31, 2013, the state board of regents shall

Specifies that the funds appropriated in this Subsection are to provide for the continuation of care provided by the UIHC or Broadlawns and specifies the conditions in which payments can be made.

Specifies that funds appropriated in this Subsection are to provide limited payment for the continuity of care for IowaCare members and not for the costs of services.

Specifies the funds appropriated in this Subsection are not to be used to expand coverage under IowaCare or cover emergency transportation services.

Requires the DHS to adopt administrative rules to establish a prior authorization process to identify covered services for reimbursement under this Subsection.

IowaCare administrative appropriation for FY 2014.

DETAIL: This is a new appropriation for FY 2014. These funds will be transferred to the Medical Contracts appropriations to administer the IowaCare Program. Administrative costs were previously funded by the Health Care Transformation Account (HCTA).

Requires the Board of Regents to transfer \$637,789 to the IowaCare Account to provide the nonfederal share for a portion of the appropriation reimbursing physicians under the IowaCare Program.

64 2 transfer \$637,789 to the IowaCare account created in section
 64 3 249J.24, to provide the nonfederal share for distribution to
 64 4 university of Iowa physicians under the IowaCare program. The
 64 5 university of Iowa hospitals and clinics shall receive and
 64 6 retain 100 percent of the total increase in IowaCare program
 64 7 payments.

DETAIL: The UIHC will receive and retain 100.00% of the total increase in IowaCare Program payments.

64 8 Sec. 34. APPROPRIATIONS FROM NONPARTICIPATING
 64 9 PROVIDER REIMBURSEMENT FUND — DEPARTMENT OF HUMAN
 64 10 SERVICES. Notwithstanding any provision to the contrary, and
 64 11 subject to the availability of funds, there is appropriated
 64 12 from the nonparticipating provider reimbursement fund created
 64 13 in section 249J.24A to the department of human services for
 64 14 the fiscal year beginning July 1, 2013, and ending June 30,
 64 15 2014, for the program period beginning July 1, 2013, and ending
 64 16 December 31, 2013, the following amount, or so much thereof as
 64 17 is necessary, for the purposes designated:
 64 18 To reimburse nonparticipating providers in accordance with
 64 19 section 249J.24A:
 64 20 \$ 1,000,000

IowaCare nonparticipating provider appropriation for FY 2014.

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

64 21 Sec. 35. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 64 22 SERVICES. Notwithstanding any provision to the contrary and
 64 23 subject to the availability of funds, there is appropriated
 64 24 from the quality assurance trust fund created in section
 64 25 249L.4 to the department of human services for the fiscal year
 64 26 beginning July 1, 2013, and ending June 30, 2014, the following
 64 27 amounts, or so much thereof as is necessary, for the purposes
 64 28 designated:
 64 29 To supplement the appropriation made in this Act from the
 64 30 general fund of the state to the department of human services
 64 31 for medical assistance for the same fiscal year:
 64 32 \$ 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 additional revenues available in the Fund.

64 33 Sec. 36. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 64 34 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 64 35 the contrary and subject to the availability of funds, there is
 64 36 appropriated from the hospital health care access trust fund
 64 37 created in section 249M.4 to the department of human services
 64 38 for the fiscal year beginning July 1, 2013, and ending June
 64 39 30, 2014, the following amounts, or so much thereof as is
 64 40 necessary, for the purposes designated:

64 41 1. To supplement the appropriation made in this Act from the
 64 42 general fund of the state to the department of human services
 64 43 for medical assistance for the same fiscal year:
 65 1 \$ 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.

65 2 2. For deposit in the nonparticipating provider
 65 3 reimbursement fund created in section 249J.24A to be used for
 65 4 the purposes of the fund:
 65 5 \$ 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.

65 6 Sec. 37. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 65 7 FOR FY 2013-2014. Notwithstanding section 8.33, if moneys
 65 8 appropriated for purposes of the medical assistance program for
 65 9 the fiscal year beginning July 1, 2013, and ending June 30,
 65 10 2014, from the general fund of the state, the quality assurance
 65 11 trust fund and the hospital health care access trust fund, are
 65 12 in excess of actual expenditures for the medical assistance
 65 13 program and remain unencumbered or unobligated at the close
 65 14 of the fiscal year, the excess moneys shall not revert but
 65 15 shall remain available for expenditure for the purposes of the
 65 16 medical assistance program until the close of the succeeding
 65 17 fiscal year.

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

65 18 DIVISION VII
 65 19 PRIOR YEAR APPROPRIATIONS
 65 20 RESPITE

65 21 Sec. 38. 2011 Iowa Acts, chapter 129, section 128, as
 65 22 amended by 2012 Iowa Acts, chapter 1133, section 22, subsection
 65 23 26, is amended to read as follows:
 65 24 26. Of the funds appropriated in this section, at least
 65 25 \$25,000 shall be used to continue and to expand the foster
 65 26 care respite pilot program in which postsecondary students in
 65 27 social work and other human services-related programs receive
 65 28 experience by assisting family foster care providers with
 65 29 respite and other support. Notwithstanding section 8.33,
 65 30 moneys allocated in this subsection that remain unencumbered or
 65 31 unobligated at the close of the fiscal year shall not revert
 65 32 but shall remain available for expenditure for the purposes
 65 33 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.

65 34 MEDICAL ASSISTANCE — GENERAL FUND

65 35 Sec. 39. 2011 Iowa Acts, chapter 129, section 122,
 65 36 unnumbered paragraph 2, is amended to read as follows:
 65 37 For medical assistance program reimbursement and associated

Supplemental appropriation of \$61,000,000 for the Medicaid Program.

DETAIL: The supplemental appropriation provides \$53,679,907 to fully

65 38 costs as specifically provided in the reimbursement
 65 39 methodologies in effect on June 30, 2012, except as otherwise
 65 40 expressly authorized by law, ~~and~~ consistent with options under
 65 41 federal law and regulations, and contingent upon receipt of
 65 42 approval from the office of the governor of reimbursement for
 65 43 each abortion performed under the program:

66 1 \$ 914,993,421
 66 2 975,993,421

66 3 Sec. 40. 2011 Iowa Acts, chapter 129, section 122, is
 66 4 amended by adding the following new subsection:

66 5 NEW SUBSECTION 1A. Funds appropriated under this section
 66 6 shall not be used for abortions, unless otherwise authorized
 66 7 under this section.

66 8 MEDICAL ASSISTANCE — IOWACARE TRANSFER ALLOCATION

66 9 Sec. 41. 2011 Iowa Acts, chapter 129, section 122,
 66 10 subsection 13, as amended by 2012 Iowa Acts, chapter 1133,
 66 11 section 10, is amended to read as follows:

66 12 13. Of the funds appropriated in this section, up to
 66 13 ~~\$8,684,329~~ \$16,004,422 may be transferred to the IowaCare
 66 14 account created in section 249J.24.

66 15 ADOPTION SUBSIDY — GENERAL FUND

66 16 Sec. 42. 2011 Iowa Acts, chapter 129, section 129, as
 66 17 amended by 2012 Iowa Acts, chapter 1133, section 23, subsection
 66 18 1, is amended to read as follows:

66 19 1. There is appropriated from the general fund of the
 66 20 state to the department of human services for the fiscal year
 66 21 beginning July 1, 2012, and ending June 30, 2013, the following
 66 22 amount, or so much thereof as is necessary, to be used for the
 66 23 purpose designated:

66 24 For adoption subsidy payments and services:
 66 25 \$ 36,788,576
 66 26 37,743,429

66 27 NURSING FACILITY REIMBURSEMENT

66 28 Sec. 43. 2011 Iowa Acts, chapter 129, section 141,
 66 29 subsection 1, paragraph a, subparagraph (1), as amended by
 66 30 2012 Iowa Acts, chapter 1133, section 32, is amended to read
 66 31 as follows:

66 32 (1) For the fiscal year beginning July 1, 2012, the total

fund Medicaid and \$7,320,093 to provide a supplemental appropriation
 for the IowaCare Program.

Specifies that funding in this Section shall not be used for abortions
 unless authorized under this Section.

Increases the allocation for the IowaCare Program for FY 2013.

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

Supplemental appropriation of \$954,853 for the Adoption Subsidy
 Program for FY 2013.

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

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

DETAIL: The increase is included as part of the Medicaid forecasting
 group's midpoint.

66 33 state funding amount for the nursing facility budget shall not
 66 34 exceed ~~\$237,226,901~~ \$239,226,901.

66 35 Sec. 44. 2012 Iowa Acts, chapter 1133, section 55, is
 66 36 amended to read as follows:

66 37 SEC. 55. REPLACEMENT GENERATION TAX REVENUES — LEVY RATES
 66 38 FOR FY 2011-2012 AND FY 2012-2013.

66 39 1. a. For the fiscal year beginning July 1, 2011, and
 66 40 ending June 30, 2012, and for the fiscal year beginning July 1,
 66 41 2012, and ending June 30, 2013, the replacement generation tax
 66 42 revenues required to be deposited in the property tax relief
 66 43 fund pursuant to section 437A.8, subsection 4, paragraph “d”,
 67 1 and section 437A.15, subsection 3, paragraph “f”, shall instead
 67 2 be credited to the mental health and disability services
 67 3 redesign fund created in this division of this Act.

67 4 b. If this section of this division of this Act is enacted
 67 5 after the department of management has reduced county certified
 67 6 budgets and revised rates of taxation pursuant to section
 67 7 426B.2, subsection 3, paragraph “b”, to reflect anticipated
 67 8 replacement generation tax revenues, and the enactment date is
 67 9 during the period beginning May 1, 2012, and ending June 30,
 67 10 2012, the reductions and revisions shall be rescinded and the
 67 11 department of management shall expeditiously report that fact
 67 12 to the county auditors.

67 13 2. Except as otherwise provided in subsection 1 for
 67 14 department of management reductions of certified budgets and
 67 15 revisions of tax rates and rescinding of those reductions and
 67 16 revisions, the budgets and tax rates certified for a county
 67 17 services fund under section 331.424A, for the fiscal year
 67 18 beginning July 1, 2012, shall remain in effect, notwithstanding
 67 19 section 426B.3, subsection 1, the property tax relief fund
 67 20 payment and other services fund financing changes made in this
 67 21 division of this Act, or other statutory amendments affecting
 67 22 county services funds for the fiscal year to the contrary.

67 23 Sec. 45. EFFECTIVE UPON ENACTMENT. This division of this
 67 24 Act, being deemed of immediate importance, takes effect upon
 67 25 enactment.

67 26 Sec. 46. RETROACTIVE APPLICABILITY. The following
 67 27 provision of this Act applies retroactively to July 1, 2011:

67 28 1. The section amending 2012 Iowa Acts, chapter 1133,
 67 29 section 55.

67 30 DIVISION VIII
 67 31 CHILD WELFARE AND CHILD CARE

67 32 Sec. 47. Section 232.142, subsection 5, Code 2013, is

Amends the FY 2013 Replacement Generation Tax revenue allocation to add FY 2012.

DETAIL: This is a technical change to allow the DHS to collect the unallocated revenue for the Medicaid appropriation.

The Division is effective on enactment.

The provision relating to the Replacement Generation Tax is retroactive to July 1, 2011.

Directs the DHS director to annually approve all homes and not allow

67 33 amended to read as follows:

67 34 5. The director shall approve annually all such homes
 67 35 established and maintained under the provisions of this
 67 36 chapter. A home shall not be approved unless it complies with
 67 37 minimal rules and standards adopted by the director and has
 67 38 been inspected by the department of inspections and appeals.
 67 39 The statewide number of beds in the homes approved by the
 67 40 director shall not exceed two hundred sixty-two beds.

the statewide number of beds to exceed the allotted annual amount.

67 41 DIVISION IX
 67 42 AGING

67 43 Sec. 48. Section 231.33, subsection 21, Code 2013, if
 68 1 enacted by 2013 Iowa Acts, Senate File 184, section 22, is
 68 2 amended to read as follows:

68 3 21. Comply with all applicable requirements of the Iowa
 68 4 public employees' retirement system established pursuant to
 68 5 chapter 97B. Notwithstanding any provision to the contrary,
 68 6 an employee of an area agency on aging that was enrolled in
 68 7 an alternative qualified plan prior to July 1, 2012, may
 68 8 continue participation in that alternative qualified plan in
 68 9 lieu of mandatory participation in the Iowa public employees'
 68 10 retirement system.

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 the Iowa Public Employees Retirement System (IPERS).

68 11 Sec. 49. Section 231.42, subsection 7, paragraph a, Code
 68 12 2013, is amended to read as follows:

68 13 a. An officer, owner, director, or employee of a long-term
 68 14 care facility, assisted living program, or elder group home who
 68 15 intentionally prevents, interferes with, or attempts to impede
 68 16 the work of the state or a local long-term care resident's
 68 17 advocate is subject to a penalty imposed by the director of not
 68 18 more than one thousand five hundred dollars for each violation.
 68 19 If the director imposes a penalty for a violation under this
 68 20 paragraph, no other state agency shall impose a penalty for the
 68 21 same interference violation. Any moneys collected pursuant
 68 22 to this subsection shall be deposited in the general fund of
 68 23 the state and are appropriated to the office of long-term care
 68 24 resident's advocate to be used for administration and the
 68 25 duties of the 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 Resident's Advocate.

DETAIL: No penalties are anticipated.

68 26 Sec. 50. TASK FORCE ON ELDER ABUSE PREVENTION AND
 68 27 INTERVENTION.

68 28 1. The department on aging shall continue a task force
 68 29 on elder abuse prevention and intervention to continue the
 68 30 work of the elder abuse task force established pursuant to
 68 31 2012 Iowa Acts, chapter 1056. The task force shall include
 68 32 representatives of the department on aging, the office of

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

68 33 long-term care resident's advocate, the department of human
68 34 services, the department of inspections and appeals, the
68 35 department of public health, the office of the attorney
68 36 general, the department of veterans affairs, the department
68 37 of public safety, the insurance division of the department
68 38 of commerce, a county attorney's office with experience
68 39 in prosecuting elder abuse, the superintendent of banking,
68 40 the courts, the elder law section of the Iowa state bar
68 41 association, and other affected stakeholders. The task force
68 42 shall form workgroups as necessary to address the specific
68 43 recommendations.

69 1 2. The task force shall review the report of the elder
69 2 abuse task force submitted in December 2012, develop an
69 3 implementation plan for the recommendations, and make any
69 4 additional recommendations as necessary. The implementation
69 5 plan and additional recommendations shall address all of the
69 6 following:

- 69 7 a. The design of the comprehensive approach to elder
69 8 abuse prevention and intervention in the state utilizing the
69 9 prevention of elder abuse program pursuant to section 231.56A
69 10 and the office of substitute decision maker pursuant to chapter
69 11 231E. The design shall also address all of the following:
 - 69 12 (1) Harmonization of the approach design with the
69 13 existing dependent adult abuse system pursuant to chapter
69 14 235B, including but not limited to standardized training,
69 15 collaboration between the elder abuse approach and the
69 16 department of human services when a report of dependent adult
69 17 abuse involves an older individual, and the membership of
69 18 multidisciplinary teams.
 - 69 19 (2) Incorporation of the approach design into other
69 20 existing and developing components of the system including
69 21 the area agencies on aging, the mental health and disability
69 22 services regions, local public health departments, the local
69 23 offices of the department on human services, the courts, and
69 24 other appropriate entities, to most effectively and efficiently
69 25 address the needs of older individuals.
- 69 26 b. The definition of elder abuse to be used in the approach
69 27 to elder abuse. The task force shall address continued use
69 28 of the definition of "elder abuse" as specified under the
69 29 federal Older Americans Act and utilized by the prevention of
69 30 elder abuse program under section 231.56A, or shall provide a
69 31 specific alternative definition.
- 69 32 c. The designation of a single point of contact to report
69 33 elder abuse. The task force shall specifically address
69 34 utilizing the aging and disability resource center network as
69 35 the single point of contact.
- 69 36 d. The means of addressing financial exploitation of older

Specifies duties and responsibilities of the Task Force.

69 37 individuals, including those relating to powers of attorney and
 69 38 conservatorships as described in the 2012 task force report.
 69 39 e. Promotion of public awareness of elder abuse and the
 69 40 services and support available to older individuals at risk of
 69 41 or experiencing elder abuse.
 69 42 f. Any specific changes in statute and rules necessary to
 69 43 achieve the recommendations of the task force.

70 1 3. The task force shall submit a progress report to the
 70 2 elder abuse prevention and intervention legislative interim
 70 3 committee established pursuant to this Act for review, by
 70 4 October 31, 2013, and shall submit a final report of its
 70 5 recommendations and proposed legislation following approval
 70 6 by the legislative interim committee to the governor and the
 70 7 general assembly no later than December 31, 2013.

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.

70 8 Sec. 51. LEGISLATIVE INTERIM COMMITTEE. The legislative
 70 9 council is requested to establish a legislative interim
 70 10 committee on elder abuse prevention and intervention for the
 70 11 2013 legislative interim to monitor the progress of, and
 70 12 provide direction to, the task force on elder abuse prevention
 70 13 and intervention created in this Act. The legislative
 70 14 committee shall review the progress report and approve the
 70 15 final report of the task force and shall submit the committee's
 70 16 recommendations and a final report to the general assembly
 70 17 following completion of the committee's work.

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.

70 18 Sec. 52. PILOT PROJECT — GUARDIANSHIP AND CONSERVATORSHIP
 70 19 MONITORING. The department on aging shall collaborate
 70 20 with the national health law and policy resource center
 70 21 at the university of iowa college of law to establish a
 70 22 three-year pilot project to train, recruit, and oversee
 70 23 volunteers to assist the courts in monitoring guardianships and
 70 24 conservatorships and to provide assistance to guardians and
 70 25 conservators. The pilot project shall be implemented initially
 70 26 in the sixth judicial district. The pilot project shall be
 70 27 utilized to establish a basis for an ongoing guardianship and
 70 28 conservatorship monitoring and assistance program administered
 70 29 through the department on aging. The department on aging
 70 30 shall submit an annual report to the individuals identified
 70 31 in this Act for submission of reports. The annual report
 70 32 shall include the objectives and results for the pilot project
 70 33 year, how the funds allocated were utilized in meeting the
 70 34 pilot project's objectives, the number of individuals served,
 70 35 the types of services provided, any other sources of funding
 70 36 utilized or identified as available for the pilot project, and
 70 37 the continuing needs of the pilot project.

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

70 38 Sec. 53. EFFECTIVE UPON ENACTMENT. The section of this
 70 39 division of this Act establishing a task force on elder abuse
 70 40 prevention, being deemed of immediate importance, takes effect
 70 41 upon enactment.

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

70 42 Sec. 54. EFFECTIVE UPON ENACTMENT. The section of this
 70 43 division of this Act amending section 231.33, subsection 21,
 71 1 as enacted by 2013 Iowa Acts, Senate File 184, being deemed of
 71 2 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 the IPERS is effective on enactment.

71 3 Sec. 55. RETROACTIVE APPLICABILITY. The section of this
 71 4 division of this Act amending section 231.33, subsection
 71 5 21, as enacted by 2013 Iowa Acts, Senate File 184, applies
 71 6 retroactively to July 1, 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 the IPERS is retroactive to July 1, 2012.

71 7 DIVISION X
 71 8 EMS TASK FORCE

71 9 Sec. 56. EMERGENCY MEDICAL SERVICES TASK FORCE AND REPORT.

- 71 10 1. The department of public health shall establish a task
 71 11 force to ensure the future availability of quality emergency
 71 12 medical services for the state.
- 71 13 2. The members of the task force shall be appointed by the
 71 14 director of the department of public health, or the director's
 71 15 designee, as follows:
- 71 16 a. A manager of a rural volunteer emergency medical
 71 17 transport service.
- 71 18 b. A manager of a rural paid emergency medical transport
 71 19 service.
- 71 20 c. A manager of an urban emergency medical transport
 71 21 service.
- 71 22 d. A manager of a nontransport emergency medical service.
- 71 23 e. A representative of a fire department-based emergency
 71 24 medical service.
- 71 25 f. A representative of a hospital-based emergency medical
 71 26 service.
- 71 27 g. A representative of a private, for-profit emergency
 71 28 medical transport service.
- 71 29 h. A representative of a not-for-profit emergency medical
 71 30 transport service.
- 71 31 i. A representative of the Iowa emergency medical services
 71 32 association board of directors.
- 71 33 j. A representative of an emergency medical services
 71 34 training agency.
- 71 35 k. An urban emergency department physician.
- 71 36 l. A rural emergency department physician.

This Division establishes a 23-member task force charged with conducting six meetings concerning the EMS issues affecting 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 December 2013, to the Governor, the General Assembly, the DPH, and the EMS Advisory Council.

71 37 m. A representative of the Iowa emergency nurses
 71 38 association.
 71 39 n. A representative of the Iowa alliance in home care.
 71 40 o. A representative of an emergency medical service air
 71 41 ambulance.
 71 42 p. A representative of the Iowa hospital association.
 71 43 q. A representative of the private insurance industry.
 72 1 r. A representative of the Iowa Medicaid enterprise
 72 2 division of the department of human services.
 72 3 s. A representative of city government.
 72 4 t. A representative of county government.
 72 5 u. A representative of the nursing facility industry.
 72 6 v. A representative of the Iowa behavioral health
 72 7 association.
 72 8 w. A consumer of emergency medical services.
 72 9 x. An advanced registered nurse practitioner.
 72 10 3. The task force shall discuss the current state of
 72 11 emergency medical services in Iowa and make recommendations for
 72 12 enhancement of Iowa's emergency medical services system. The
 72 13 recommendations shall address issues facing volunteer and paid
 72 14 rural emergency medical services, cost projections including
 72 15 administration costs for all recommendations, the Medicaid
 72 16 reimbursement fee schedule for ambulance services, and the
 72 17 nature and scope of any recommended changes in regulations
 72 18 governing emergency medical services.
 72 19 4. The task force shall, by December 15, 2013, submit
 72 20 a final report of its findings and recommendations to the
 72 21 governor, the general assembly, the department of public
 72 22 health, and the emergency medical services advisory council.
 72 23 The emergency medical services advisory council shall review
 72 24 the report and make recommendations related to implementation
 72 25 of the report's recommendations to the director of the
 72 26 department of public health.

72 27 DIVISION XI
 72 28 HOSPITAL PROVIDER TAX

72 29 Sec. 57. Section 249M.5, Code 2013, is amended to read as
 72 30 follows:
 72 31 249M.5 FUTURE REPEAL.
 72 32 This chapter is repealed June 30, ~~2013~~ 2016.

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

72 33 Sec. 58. EFFECTIVE UPON ENACTMENT. The section of this
 72 34 division of this Act relating to the future repeal of the
 72 35 hospital health care access assessment program chapter, being
 72 36 deemed of immediate importance, takes effect upon enactment.

The Section extending the repeal of the Hospital Provider Assessment to June 30, 2016, is effective on enactment.

72 37 DIVISION XII
72 38 ILL AND HANDICAPPED WAIVER NAME CHANGE

72 39 Sec. 59. Section 423.3, subsection 18, paragraph f,
72 40 subparagraph (1), Code 2013, is amended to read as follows:
72 41 (1) ~~Ill and handicapped~~ Health and disability waiver
72 42 service providers, described in 441 IAC 77.30.

CODE: Changes the name of the Ill and Handicapped waiver to the Health and Disability Waiver.

72 43 DIVISION XIII
73 1 FAMILY PLANNING WAIVER

73 2 Sec. 60. 2010 Iowa Acts, chapter 1192, section 11,
73 3 subsection 24, paragraph a, subparagraph (1), subparagraph
73 4 division (a), is amended to read as follows:
73 5 (a) Are uninsured or have health insurance coverage ~~that~~
73 6 ~~does not include coverage for benefits provided under the Iowa~~
73 7 ~~family planning network~~ subject to the medical assistance
73 8 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.

73 9 Sec. 61. EFFECTIVE UPON ENACTMENT. This division of this
73 10 Act, being deemed of immediate importance, takes effect upon
73 11 enactment.

This Division is effective on enactment.

73 12 DIVISION XIV
73 13 MISCELLANEOUS HEALTH CARE AMENDMENTS

73 14 Sec. 62. Section 249A.2, subsection 1, Code 2013, is amended
73 15 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.

73 16 Sec. 63. Section 249A.2, subsections 4 and 7, Code 2013, are
73 17 amended to read as follows:

73 18 4. "Discretionary medical assistance" means mandatory
73 19 ~~medical assistance or additional optional~~ medical assistance
73 20 provided to medically needy individuals whose income and
73 21 resources are in excess of eligibility limitations but are
73 22 insufficient to meet all of the costs of necessary medical
73 23 care and services, provided that if the assistance includes
73 24 services in institutions for mental diseases or intermediate
73 25 care facilities for persons with an intellectual disability,
73 26 or both, for any group of such individuals, the assistance
73 27 also includes for all covered groups of such individuals at
73 28 least the care and services enumerated in Tit.XIX of the
73 29 federal Social Security Act, section 1905(a), paragraphs (1)
73 30 through (5), and (17), as codified in 42 U.S.C. §1396d(a),
73 31 pars.(1) through (5), and (17), or any seven of the care and
73 32 services enumerated in Tit.XIX of the federal Social Security

DETAIL: This change will help to clarify current mandatory and optional categories.

73 33 Act, section 1905(a), paragraphs (1) through ~~(7) and (9)~~
73 34 ~~through (18) (24)~~, as codified in 42 U.S.C. §1396d(a), ~~para-~~
73 35 ~~paragraphs (1) through (7), and (9) through (18) (24)~~.
73 36 7. “Medical assistance” or “Medicaid” means payment of all
73 37 or part of the costs of the care and services ~~required to be~~
73 38 ~~provided by~~ made in accordance with Tit.XIX of the federal
73 39 Social Security Act, ~~section 1905(a), paragraphs (1) through~~
73 40 ~~(5), and (17)~~, as codified in 42 U.S.C. §1396d(a), ~~para.(1)~~
73 41 ~~through (5), and (17) and authorized pursuant to this chapter.~~
73 42 Sec. 64. Section 249A.2, Code 2013, is amended by adding the
73 43 following new subsections:
74 1 NEW SUBSECTION 6A. “Mandatory medical assistance” means
74 2 payment of all or part of the costs of the care and services
74 3 required to be provided by Tit.XIX of the federal Social
74 4 Security Act, section 1905(a), paragraphs (1) through (5),
74 5 (17), (21), and (28), as codified in 42 U.S.C. § 1396d(a),
74 6 paragraphs (1) through (5), (17), (21), and (28).
74 7 NEW SUBSECTION 7A. “Medical assistance program” or
74 8 “Medicaid program” means the program established under this
74 9 chapter to provide medical assistance.
74 10 NEW SUBSECTION 8A. “Optional medical assistance” means
74 11 payment of all or part of the costs of any or all of the care
74 12 and services authorized to be provided by Tit.XIX of the
74 13 federal Social Security Act, section 1905(a), paragraphs (6)
74 14 through (16), (18) through (20), (22) through (27), and (29),
74 15 as codified in 42 U.S.C. §1396d(a), paragraphs (6) through
74 16 (16), and (18) through (20), (22) through (27), and (29).
74 17 Sec. 65. Section 249A.3, subsection 1, unnumbered paragraph
74 18 1, Code 2013, is amended to read as follows:
74 19 ~~—Medical~~ Mandatory medical assistance shall be provided to,
74 20 or on behalf of, any individual or family residing in the state
74 21 of Iowa, including those residents who are temporarily absent
74 22 from the state, who:
74 23 Sec. 66. Section 249A.3, subsection 1, paragraph I,
74 24 subparagraph (2), Code 2013, is amended to read as follows:
74 25 ~~(2)—Additionally, effective July 1, 2009, medical~~
74 26 ~~assistance shall be provided to~~ is a pregnant woman or infant
74 27 whose family income is at or below three hundred percent of the
74 28 federal poverty level, as defined by the most recently revised
74 29 poverty income guidelines published by the United States
74 30 department of health and human services, if otherwise eligible.
74 31 Sec. 67. Section 249A.3, subsection 2, paragraph a,
74 32 unnumbered paragraph 1, Code 2013, is amended to read as
74 33 follows:
74 34 ~~—Medical~~ Mandatory medical assistance may also, within the
74 35 limits of available funds and in accordance with section
74 36 249A.4, subsection 1, be provided to, or on behalf of,
74 37 other individuals and families who are not excluded under

74 38 subsection 5 of this section and whose incomes and resources
74 39 are insufficient to meet the cost of necessary medical care and
74 40 services in accordance with the following order of priorities:

74 41 Sec. 68. Section 249A.3, subsection 2, paragraph a,
74 42 subparagraph (1), subparagraph division (a), Code 2013, is
74 43 amended to read as follows:

75 1 (a) As allowed under 42 U.S.C. §1396a(a)(10)(A)(ii)(XIII),
75 2 individuals with disabilities, who are less than sixty-five
75 3 years of age, who are members of families whose income is less
75 4 than two hundred fifty percent of the most recently revised
75 5 official poverty guidelines published by the United States
75 6 department of health and human services for the family, who
75 7 have earned income and who are eligible for mandatory medical
75 8 assistance or ~~additional~~ optional medical assistance under this
75 9 section if earnings are disregarded. As allowed by 42 U.S.C.
75 10 §1396a(r)(2), unearned income shall also be disregarded in
75 11 determining whether an individual is eligible for assistance
75 12 under this subparagraph. For the purposes of determining the
75 13 amount of an individual's resources under this subparagraph
75 14 and as allowed by 42 U.S.C. §1396a(r)(2), a maximum of ten
75 15 thousand dollars of available resources shall be disregarded,
75 16 and any additional resources held in a retirement account, in a
75 17 medical savings account, or in any other account approved under
75 18 rules adopted by the department shall also be disregarded.

75 19 Sec. 69. Section 249A.3, subsection 2, paragraph a,
75 20 subparagraph (3), Code 2013, is amended to read as follows:

75 21 (3) Individuals who are receiving care in a hospital or
75 22 in a basic nursing home, intermediate nursing home, skilled
75 23 nursing home or extended care facility, as defined by section
75 24 135C.1, and who meet all eligibility requirements for federal
75 25 supplemental security income except that their income exceeds
75 26 the allowable maximum ~~therefor for such eligibility~~, but
75 27 whose income is not in excess of the maximum established
75 28 ~~by subsection 4~~ for eligibility for discretionary medical
75 29 assistance and is insufficient to meet the full cost of their
75 30 care in the hospital or health care facility on the basis of
75 31 standards established by the department.

75 32 Sec. 70. Section 249A.3, subsection 2, paragraph b, Code
75 33 2013, is amended to read as follows:

75 34 b. Notwithstanding the provisions of this subsection
75 35 establishing priorities for individuals and families to
75 36 receive mandatory medical assistance, the department may
75 37 determine within the priorities listed in this subsection which
75 38 persons shall receive mandatory medical assistance based on
75 39 income levels established by the department, subject to the
75 40 limitations provided in subsection 4.

75 41 Sec. 71. Section 249A.3, subsection 3, Code 2013, is amended
75 42 to read as follows:

75 43 3.—~~Additional~~ Optional medical assistance may, within
76 1 the limits of available funds and in accordance with section
76 2 249A.4, subsection 1, be provided to, or on behalf of, either
76 3 of the following groups of individuals and families:
76 4 a. Only those individuals and families described in
76 5 subsection 1 ~~of this section; or,~~
76 6 b. Those individuals and families described in both
76 7 subsections 1 and 2.

76 8 Sec. 72. Section 249A.4, subsection 9, unnumbered paragraph
76 9 1, Code 2013, is amended to read as follows:
76 10 Adopt rules pursuant to chapter 17A in determining the
76 11 method and level of reimbursement for all medical and health
76 12 services ~~referred to in section 249A.2, subsection 1 or 7~~
76 13 to be provided under the medical assistance program, after
76 14 considering all of the following:
76 15 Sec. 73. Section 249B.1, subsection 6, Code 2013, is amended
76 16 to read as follows:
76 17 6. “Medical assistance” means “ mandatory medical assistance”,
76 18 ~~“additional “optional~~ medical assistance”, “discretionary medical
76 19 assistance” or “medicare cost sharing” as defined in section
76 20 249A.2 which is provided to an individual pursuant to chapter
76 21 249A and Tit.XIX of the federal Social Security Act.

76 22 Sec. 74. Section 249F.1, subsection 1, Code 2013, is amended
76 23 to read as follows:
76 24 1. “Medical assistance” means “ mandatory medical
76 25 assistance”, ~~“additional “optional~~ medical assistance”,
76 26 “discretionary medical assistance”, or “Medicare cost sharing”
76 27 as each is defined in section 249A.2 which is provided to an
76 28 individual pursuant to chapter 249A and Tit.XIX of the federal
76 29 Social Security Act.

76 30 Sec. 75. Section 509.1, subsection 7, Code 2013, is amended
76 31 to read as follows:
76 32 7. A policy issued to the department of human services,
76 33 which shall be deemed the policyholder, to insure eligible
76 34 persons for medical assistance, or for both mandatory medical
76 35 assistance and ~~additional optional~~ medical assistance, as
76 36 defined by chapter 249A as hereafter amended.

76 37 Sec. 76. Section 514.1, subsection 2, Code 2013, is amended
76 38 to read as follows:
76 39 2. For the purposes of this chapter, “subscriber” means an
76 40 individual who enters into a contract for health care services
76 41 with a corporation subject to this chapter and includes a
76 42 person eligible for mandatory medical assistance or ~~additional~~
76 43 optional medical assistance as defined under chapter 249A, with
77 1 respect to whom the department of human services has entered
77 2 into a contract with a firm operating under this chapter. For
77 3 purposes of this chapter, “provider” means a person as defined
77 4 in section 4.1, subsection 20, which is licensed or authorized

77 5 in this state to furnish health care services. "Health care"
 77 6 means that care necessary for the purpose of preventing,
 77 7 alleviating, curing, or healing human physical or mental
 77 8 illness, injury, or disability.

77 9 DIVISION XV
 77 10 MEDICAID BREAST AND CERVICAL CANCER

77 11 Sec. 77. Section 249A.3, subsection 2, paragraph a,
 77 12 subparagraph (2), Code 2013, is amended to read as follows:
 77 13 (2) (a) As provided under the federal Breast and Cervical
 77 14 Cancer Prevention and Treatment Act of 2000, Pub.L. No.
 77 15 106-354, ~~women~~ individuals who meet all of the following
 77 16 criteria:
 77 17 (i) Are not described in 42 U.S.C. §1396a(a)(10)(A)(i).
 77 18 (ii) Have not attained age sixty-five.
 77 19 (iii) Have been screened for breast and cervical cancer
 77 20 under the United States centers for disease control and
 77 21 prevention breast and cervical cancer early detection program
 77 22 established under 42 U.S.C. §300k et seq., in accordance
 77 23 with the requirements of 42 U.S.C. §300n, and need treatment
 77 24 for breast or cervical cancer. ~~A woman~~ An individual is
 77 25 considered screened for breast and cervical cancer under this
 77 26 subparagraph subdivision if the ~~woman~~ individual is screened
 77 27 by any provider or entity, and the state grantee of the United
 77 28 States centers for disease control and prevention funds under
 77 29 Tit.XV of the federal Public Health Services Act has elected
 77 30 to include screening activities by that provider or entity
 77 31 as screening activities pursuant to Tit.XV of the federal
 77 32 Public Health Services Act. This screening includes ~~but is~~
 77 33 ~~not limited to~~ breast or cervical cancer screenings or related
 77 34 diagnostic services provided or funded by family planning ~~or~~
 77 35 ~~centers, community health centers and breast cancer screenings~~
 77 36 ~~funded by the Susan G. Komen foundation which, or nonprofit~~
 77 37 organizations, and the screenings or services are provided
 77 38 to ~~women~~ individuals who meet the eligibility requirements
 77 39 established by the state grantee of the United States centers
 77 40 for disease control and prevention funds under Tit.XV of the
 77 41 federal Public Health Services Act.
 77 42 (iv) Are not otherwise covered under creditable coverage as
 77 43 defined in 42 U.S.C. §300gg(c).
 78 1 (b) ~~A woman~~ An individual who meets the criteria of this
 78 2 subparagraph (2) shall be presumptively eligible for medical
 78 3 assistance.

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.

78 4 Sec. 78. MEDICAID STATE PLAN AMENDMENT. The department of
 78 5 human services shall submit a medical assistance state plan

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

78 6 amendment to the centers for Medicare and Medicaid services of
 78 7 the United States department of health and human services to
 78 8 provide for applicability of the federal Breast and Cervical
 78 9 Cancer Prevention and Treatment Act of 2000, Pub.L. No.
 78 10 106-354, to both men and women. The department shall implement
 78 11 applicability of the program to both men and women upon receipt
 78 12 of federal approval.

change only upon federal approval.

78 13
 78 14 DIVISION XVI
 78 15 HEALTH AND LONG-TERM CARE
 78 16 Sec. 79. Section 135.164, subsection 1, paragraph d, Code
 78 17 2013, is amended by striking the paragraph.
 78 18 Sec. 80. Section 135.164, subsection 4, Code 2013, is
 78 19 amended by striking the subsection.

CODE: Eliminates a technical advisory committee within the DPH and eliminates a requires report and strategic plan prepared by the DPH.

78 19 Sec. 81. COST PROJECTION REPORT — STRATEGIC PLAN. The
 78 20 department of public health shall develop cost projections
 78 21 for implementing the strategic plan for health care delivery
 78 22 infrastructure and health care workforce resources as specified
 78 23 in section 135.164, and shall submit a report of such cost
 78 24 projections and any recommendations to the individuals
 78 25 identified in this Act for submission of reports by December
 78 26 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 submit a report by December 15, 2013.

78 27
 78 28 DIVISION XVII
 78 29 AUTISM SUPPORT PROGRAM
 78 30 Sec. 82. NEW SECTION 225D.1 DEFINITIONS.
 78 31 As used in this chapter unless the context otherwise
 78 32 requires:
 78 33 1. "Applied behavioral analysis" means the design,
 78 34 implementation, and evaluation of environmental modifications,
 78 35 using behavioral stimuli and consequences, to produce socially
 78 36 significant improvement in human behavior or to prevent loss
 78 37 of attained skill or function, including the use of direct
 78 38 observation, measurement, and functional analysis of the
 78 39 relations between environment and behavior.
 78 40 2. "Autism" means autism spectrum disorders as defined in
 78 41 section 514C.28.
 78 42 3. "Autism service provider" means a person providing
 78 43 applied behavioral analysis, who meets all of the following
 79 1 criteria:
 79 2 a. Is certified as a behavior analyst by the behavior
 79 3 analyst certification board or is a health professional
 79 4 licensed under chapter 147.
 79 5 b. Is approved as a member of the provider network by the
 79 6 department.
 79 7 4. "Autism support fund" or "fund" means the autism support
 79 8 fund created in section 225D.2.

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.

79 8 5. "Clinically relevant" means medically necessary and
79 9 resulting in the development, maintenance, or restoration,
79 10 to the maximum extent practicable, of the functioning of an
79 11 individual.

79 12 6. "Department" means the department of human services.

79 13 7. "Diagnostic assessment of autism" means medically
79 14 necessary assessment, evaluations, or tests performed by a
79 15 licensed child psychiatrist, developmental pediatrician, or
79 16 clinical psychologist.

79 17 8. "Eligible individual" means a child less than nine years
79 18 of age who has been diagnosed with autism based on a diagnostic
79 19 assessment of autism, is not otherwise eligible for coverage
79 20 for applied behavioral analysis treatment under the medical
79 21 assistance program, section 514C.28, or private insurance
79 22 coverage, and whose household income does not exceed four
79 23 hundred percent of the federal poverty level.

79 24 9. "Federal poverty level" means the most recently revised
79 25 poverty income guidelines published by the United States
79 26 department of health and human services.

79 27 10. "Household income" means household income as determined
79 28 using the modified adjusted gross income methodology pursuant
79 29 to section 2002 of the federal Patient Protection and
79 30 Affordable Care Act, Pub.L. No.111-148.

79 31 11. "Medical assistance" or "Medicaid" means assistance
79 32 provided under the medical assistance program pursuant to
79 33 chapter 249A.

79 34 12. "Regional autism assistance program" means the regional
79 35 autism assistance program created in section 256.35.

79 36 13. "Treatment plan" means a plan for the treatment
79 37 of autism developed by a licensed physician or licensed
79 38 psychologist pursuant to a comprehensive evaluation or
79 39 reevaluation performed in consultation with the patient and the
79 40 patient's representative.

79 41 Sec. 83.NEW SECTION 225D.2 AUTISM SUPPORT PROGRAM —
79 42 FUND.

79 43 1. The department shall implement an autism support
80 1 program beginning January 1, 2014, to provide payment for
80 2 the provision of applied behavioral analysis treatment for
80 3 eligible individuals. The department shall adopt rules,
80 4 including standards and guidelines pursuant to chapter 17A to
80 5 implement and administer the program. In adopting the rules,
80 6 standards, and guidelines for the program, the department shall
80 7 consult with and incorporate the recommendations of an expert
80 8 panel convened by the regional autism assistance program to
80 9 provide expert opinion on clinically relevant practices and
80 10 guidance on program implementation and administration. The
80 11 expert panel shall consist of families of individuals with
80 12 autism; educational, medical, and human services specialists,

80 13 professionals, and providers; and others with interest in or
80 14 expertise related to autism. The program shall be implemented
80 15 and administered in a manner so that payment for services
80 16 is available throughout the state, including in rural and
80 17 under-resourced areas.

80 18 2. At a minimum, the rules, standards, and guidelines for
80 19 the program shall address all of the following:

80 20 a. A maximum annual benefit amount for an eligible
80 21 individual of thirty-six thousand dollars.

80 22 b. A maximum of twenty-four months of applied behavioral
80 23 analysis treatment.

80 24 c. Notwithstanding the age limitation for an eligible
80 25 individual, a provision that if an eligible individual reaches
80 26 nine years of age prior to completion of the maximum applied
80 27 behavioral analysis treatment period specified in paragraph
80 28 "b", the individual may complete such treatment in accordance
80 29 with the individual's treatment plan, not to exceed the maximum
80 30 treatment period.

80 31 d. A graduated schedule for cost-sharing by an eligible
80 32 individual based on a percentage of the total benefit amount
80 33 expended for the eligible individual, annually. Cost-sharing
80 34 shall be applicable to eligible individuals with household
80 35 incomes at or above two hundred percent of the federal poverty
80 36 level in incrementally increased amounts up to a maximum of
80 37 ten percent. The rules shall provide a financial hardship
80 38 exemption from payment of the cost-sharing based on criteria
80 39 established by rule of the department.

80 40 e. Application, approval, compliance, and appeal processes
80 41 for eligible individuals as necessary to operate and manage the
80 42 program.

80 43 f. Enrollment, renewal, and reimbursement of claims
81 1 provisions for autism service providers participating in the
81 2 program.

81 3 g. A requirement of family engagement and participation as
81 4 part of the eligible individual's treatment plan.

81 5 h. A requirement that the autism service provider coordinate
81 6 interventions with the school in which the eligible individual
81 7 is enrolled.

81 8 i. A requirement that the administrator of the program
81 9 utilize the regional autism assistance program to coordinate
81 10 interventions between eligible individuals and their families
81 11 receiving support through the autism support program with
81 12 appropriate medical, educational, and treatment providers,
81 13 including integrated health homes. The regional autism
81 14 assistance program shall provide for family navigation and
81 15 coordination and integration of services through the statewide
81 16 system of regional child health specialty clinics, utilizing
81 17 the community child health team model. As necessitated by

81 18 the availability of resources in the community where services
81 19 are delivered, telehealth may be used in delivering and
81 20 coordinating interventions with appropriate providers. To the
81 21 extent available and accessible to an eligible individual,
81 22 the eligible individual shall be enrolled in an integrated
81 23 health home that is an approved provider enrolled in the
81 24 medical assistance program. Health home services that are
81 25 covered services under the medical assistance program shall be
81 26 reimbursed under the autism support program at rates consistent
81 27 with those established under the medical assistance program.

81 28 j. Requirements related to review of treatment plans,
81 29 which may require review once every six months, subject to
81 30 utilization review requirements established by rule. A more
81 31 or less frequent review may be agreed upon by the eligible
81 32 individual and the licensed physician or licensed psychologist
81 33 developing the treatment plan.

81 34 k. Recognition of the results of a diagnostic assessment of
81 35 autism as valid for a period of not less than twelve months,
81 36 unless a licensed physician or licensed psychologist determines
81 37 that a more frequent assessment is necessary.

81 38 3. Moneys in the autism support fund created under
81 39 subsection 5 shall be expended only for eligible individuals
81 40 who are not eligible for coverage for applied behavioral
81 41 analysis treatment under the medical assistance program,
81 42 section 514C.28, or private insurance. Payment for applied
81 43 behavioral analysis treatment through the fund shall be
82 1 limited to only applied behavioral analysis treatment that is
82 2 clinically relevant and only to the extent approved under the
82 3 guidelines established by rule of the department.

82 4 4. This section shall not be construed as granting an
82 5 entitlement for any program, service, or other support for
82 6 eligible individuals. Any state obligation to provide a
82 7 program, service, or other support pursuant to this section
82 8 is limited to the extent of the funds appropriated for the
82 9 purposes of the program. The department may establish a
82 10 waiting list or terminate participation of eligible individuals
82 11 if the department determines that moneys in the autism support
82 12 fund are insufficient to cover future claims for reimbursement
82 13 beyond ninety days.

82 14 5. a. An autism support fund is created in the state
82 15 treasury under the authority of the department. Moneys
82 16 appropriated to and all other moneys specified for deposit
82 17 in the fund shall be deposited in the fund and used for the
82 18 purposes of the program.

82 19 b. The fund shall be separate from the general fund of the
82 20 state and shall not be considered part of the general fund of
82 21 the state. The moneys in the fund shall not be considered
82 22 revenue of the state, but rather shall be funds of the autism

82 23 support program. The moneys deposited in the fund are not
 82 24 subject to section 8.33 and shall not be transferred, used,
 82 25 obligated, appropriated, or otherwise encumbered, except to
 82 26 provide for the purposes of this section. Notwithstanding
 82 27 section 12C.7, subsection 2, interest or earnings on moneys
 82 28 deposited in the fund shall be credited to the fund.

82 29 c. The department shall adopt rules pursuant to chapter 17A
 82 30 to administer the fund and reimbursements made from the fund.

82 31 d. Moneys in the fund are appropriated to the department and
 82 32 shall be used by the department for the purposes of the autism
 82 33 support program. The department shall be the administrator of
 82 34 the fund for auditing purposes.

82 35 e. The department shall submit an annual report to the
 82 36 governor and the general assembly no later than January 1
 82 37 of each year that includes but is not limited to all of the
 82 38 following:

82 39 (1) The total number of applications received under the
 82 40 program for the immediately preceding fiscal year.

82 41 (2) The number of applications approved and the total amount
 82 42 of funding expended for reimbursements under the program in the
 82 43 immediately preceding fiscal year.

83 1 (3) The cost of administering the program in the immediately
 83 2 preceding fiscal year.

83 3 (4) The number of eligible individuals on a waiting list, if
 83 4 any, and the amount of funding necessary to reduce the existing
 83 5 waiting list.

83 6 (5) Recommendations for any changes to the program.

83 7 Sec. 84. IMPLEMENTATION.

83 8 1. The department of human services shall implement the
 83 9 autism support program beginning January 1, 2014, subject to
 83 10 available funding.

83 11 2. Notwithstanding section 8.47 or any other provision of
 83 12 law to the contrary, the department may utilize a sole-source
 83 13 contract and utilize the managed care entity under contract
 83 14 with the department to manage behavioral health services under
 83 15 the medical assistance program to administer the program.

83 16 Total administrative costs of the program shall not exceed ten
 83 17 percent of the funds expended through the program, annually.

83 18 Sec. 85. EFFECTIVE UPON ENACTMENT. This division of this
 83 19 Act, being deemed of immediate importance, takes effect upon
 83 20 enactment.

83 21 DIVISION XVIII
 83 22 DEPARTMENT OF HUMAN SERVICES — CHILD, ADULT, AND FAMILY
 83 23 SERVICES
 83 24 Sec. 86. Section 225C.38, subsection 1, paragraph c, Code
 83 25 2013, is amended to read as follows:
 83 26 c. Except as provided in section 225C.41, a family support

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.

83 27 subsidy for a fiscal year shall be in an amount determined by
 83 28 the department ~~in consultation with the comprehensive family~~
 83 29 ~~support council created in section 225C.48.~~ The parent or
 83 30 legal guardian receiving a family support subsidy may elect
 83 31 to receive a payment amount which is less than the amount
 83 32 determined in accordance with this paragraph.

83 33 Sec. 87. Section 225C.42, subsection 1, Code 2013, is
 83 34 amended to read as follows:

83 35 1. The department shall conduct an annual evaluation of
 83 36 the family support subsidy program ~~in conjunction with the~~
 83 37 ~~comprehensive family support council~~ and shall submit the
 83 38 evaluation report with recommendations to the governor and
 83 39 general assembly. The report shall be submitted on or before
 83 40 October 30 and provide an evaluation of the latest completed
 83 41 fiscal year.

83 42 Sec. 88. Section 225C.47, subsection 5, unnumbered
 83 43 paragraph 1, Code 2013, is amended to read as follows:

84 1 The department shall design the program ~~in consultation with~~
 84 2 ~~the comprehensive family support council created in section~~
 84 3 ~~225C.48.~~ The department shall adopt rules to implement the
 84 4 program which provide for all of the following:

84 5 Sec. 89. Section 225C.49, subsection 4, Code 2013, is
 84 6 amended to read as follows:

84 7 4. The department shall designate one individual whose sole
 84 8 duties are to provide central coordination of the programs
 84 9 under sections 225C.36 and 225C.47 and ~~to work with the~~
 84 10 ~~comprehensive family support council~~ to oversee development and
 84 11 implementation of the programs.

84 12 Sec. 90. Section 239B.5, Code 2013, is amended by adding the
 84 13 following new subsection:

84 14 NEW SUBSECTION 4. a. The department shall implement
 84 15 policies and procedures as necessary to comply with provisions
 84 16 of the federal Middle Class Tax Relief and Job Creation Act
 84 17 of 2012, Pub.L. No.112-96, to prevent assistance provided
 84 18 under this chapter from being used in any electronic benefit
 84 19 transfer transaction in any liquor store; any casino, gambling
 84 20 casino, or gaming establishment; or any retail establishment
 84 21 which provides adult-oriented entertainment in which performers
 84 22 disrobe or perform in an unclothed state for entertainment.
 84 23 For purposes of this paragraph, the definitions found in the
 84 24 federal Middle Class Tax Relief and Job Creation Act and
 84 25 related rules and statutes apply.

84 26 b. Unless otherwise precluded by federal law or regulation,
 84 27 policies and procedures implemented under this subsection shall
 84 28 at a minimum impose the prohibition described in paragraph "a"
 84 29 as a condition for continued eligibility for assistance under
 84 30 this chapter.

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.

84 31 c. The department may implement additional measures as may
84 32 be necessary to comply with federal regulations in implementing
84 33 paragraph "a".

84 34 d. The department shall adopt rules as necessary to
84 35 implement this subsection.

84 36 Sec. 91. Section 239B.14, subsection 1, Code 2013, is
84 37 amended to read as follows:

84 38 1. a. An individual who obtains, or attempts to obtain,
84 39 or aids or abets an individual to obtain, by means of a
84 40 willfully false statement or representation, by knowingly
84 41 failing to disclose a material fact, or by impersonation, or
84 42 any fraudulent device, any assistance or other benefits under
84 43 this chapter to which the individual is not entitled, commits
85 1 a fraudulent practice.

85 2 b. An individual who accesses benefits provided under
85 3 this chapter in violation of any prohibition imposed by the
85 4 department pursuant to section 239B.5, subsection 4, commits
85 5 a fraudulent practice.

85 6 Sec. 92. Section 249A.3, subsection 1, Code 2013, is amended
85 7 by adding the following new paragraph:

85 8 NEW PARAGRAPH v. Beginning January 1, 2014, is an
85 9 individual who meets all of the following requirements:

- 85 10 (1) Is under twenty-six years of age.
85 11 (2) Was in foster care under the responsibility of the state
85 12 on the date of attaining eighteen years of age or such higher
85 13 age to which foster care is provided.
85 14 (3) Was enrolled in the medical assistance program under
85 15 this chapter while in such foster care.

85 16 Sec. 93. Section 249A.3, subsection 2, paragraph a,
85 17 subparagraph (9), Code 2013, is amended by striking the
85 18 subparagraph.

85 19 Sec. 94. Section 249J.26, subsection 2, Code 2013, is
85 20 amended to read as follows:

85 21 2. This chapter is repealed ~~October~~ December 31, 2013.

85 22 Sec. 95. Section 514I.4, subsection 5, paragraph a, Code
85 23 2013, is amended by striking the paragraph.

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.

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.

85 24 Sec. 96. Section 514I.5, subsection 7, paragraph f, Code
 85 25 2013, is amended to read as follows:
 85 26 f. Review, in consultation with the department, and take
 85 27 necessary steps to improve interaction between the program and
 85 28 other public and private programs which provide services to the
 85 29 population of eligible children. ~~The board, in consultation~~
 85 30 ~~with the department, shall also develop and implement a plan~~
 85 31 ~~to improve the medical assistance program in coordination with~~
 85 32 ~~the hawk-i program, including but not limited to a provision to~~
 85 33 ~~coordinate eligibility between the medical assistance program~~
 85 34 ~~and the hawk-i program, and to provide for common processes~~
 85 35 ~~and procedures under both programs to reduce duplication and~~
 85 36 ~~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.

85 37 Sec. 97. Section 514I.5, subsection 8, paragraphs b and f,
 85 38 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.

85 39 Sec. 98. Section 514I.7, subsection 2, paragraphs a and g,
 85 40 Code 2013, are amended to read as follows:
 85 41 a. Determine ~~individual~~ eligibility for program enrollment
 85 42 ~~based upon review of completed applications and supporting~~
 85 43 ~~documentation as prescribed by federal law and regulation,~~
 86 1 using policies and procedures adopted by rule of the department
 86 2 pursuant to chapter 17A. The administrative contractor shall
 86 3 not enroll a child who has group health coverage, unless
 86 4 expressly authorized by such rules.
 86 5 g.—Create and Utilize the department's eligibility system
 86 6 to maintain eligibility files that are compatible with the
 86 7 data system of the department with pertinent eligibility
 86 8 determination and ongoing enrollment information including; but
 86 9 not limited to; data regarding beneficiaries, enrollment dates,
 86 10 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.

86 11 Sec. 99. Section 514I.7, subsection 2, paragraphs c, d, e,
 86 12 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.

86 13 Sec. 100. Section 514I.8, subsection 1, Code 2013, is
 86 14 amended to read as follows:

CODE: Makes technical changes to the hawk-i chapter.

86 15 1. a. Effective July 1, 1998, and notwithstanding any
 86 16 medical assistance program eligibility criteria to the
 86 17 contrary, medical assistance shall be provided to, or on behalf
 86 18 of, an eligible child under the age of nineteen whose family
 86 19 income does not exceed one hundred thirty-three percent of the
 86 20 federal poverty level, as defined by the most recently revised
 86 21 poverty income guidelines published by the United States
 86 22 department of health and human services.

86 23 b. ~~Additionally, effective~~ Effective July 1, 2000, and
 86 24 notwithstanding any medical assistance program eligibility
 86 25 criteria to the contrary, medical assistance shall be provided
 86 26 to, or on behalf of, an eligible infant whose family income
 86 27 does not exceed two hundred percent of the federal poverty
 86 28 level, as defined by the most recently revised poverty income
 86 29 guidelines published by the United States department of health
 86 30 and human services.

86 31 c. Effective July 1, 2009, and notwithstanding any medical
 86 32 assistance program eligibility criteria to the contrary,
 86 33 medical assistance shall be provided to, or on behalf of, a
 86 34 pregnant woman or an eligible child who is an infant and whose
 86 35 family income is at or below three hundred percent of the
 86 36 federal poverty level, as defined by the most recently revised
 86 37 poverty income guidelines published by the United States
 86 38 department of health and human services.

86 39 Sec. 101. Section 514I.8, subsection 2, paragraph c, Code
 86 40 2013, is amended to read as follows:

86 41 c. Is a member of a family whose income does not exceed
 86 42 three hundred percent of the federal poverty level, as defined
 86 43 in 42 U.S.C. §9902(2), including any revision required by
 87 1 such section, and in accordance with the federal Children's
 87 2 Health Insurance Program Reauthorization Act of 2009, Pub.L.
 87 3 No.111-3. The modified adjusted gross income methodology
 87 4 prescribed in section 2101 of the federal Patient Protection
 87 5 and Affordable Care Act, Pub.L. No.111-148, to determine
 87 6 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.

87 7 Sec. 102. Section 514I.8, subsections 3 and 4, Code 2013,
 87 8 are amended to read as follows:

87 9 3. In accordance with the rules adopted by the board,
 87 10 a child may be determined to be presumptively eligible for
 87 11 the program pending a final eligibility determination.
 87 12 Following final determination of eligibility ~~by the~~
 87 13 ~~administrative contractor~~, a child shall be eligible for a
 87 14 twelve-month period. At the end of the twelve-month period,
 87 15 ~~the administrative contractor shall conduct~~ a review of the
 87 16 circumstances of the ~~eligible~~ child's family shall be conducted
 87 17 to establish eligibility and cost sharing for the subsequent

CODE: Makes changes to hawk-i eligibility and conforms eligibility standards to federal law.

DETAIL: Theses changes are required by the ACA.

87 18 twelve-month period.

87 19 4. Once an eligible child is enrolled in a plan, the
 87 20 ~~eligible child shall remain enrolled in the plan unless a~~
 87 21 ~~determination is made, according to criteria established by the~~
 87 22 ~~board, that the eligible child should be allowed to enroll in~~
 87 23 ~~another qualified child health plan or should be disenrolled.~~
 87 24 An enrollee may request to change plans within ninety days of
 87 25 initial enrollment for any reason and at any time for cause, as
 87 26 defined in 42 C.F.R. § 438.56(d)(2). Otherwise, an enrollee
 87 27 may change plan enrollment once a year on the enrollee's
 87 28 anniversary date.

87 29 Sec. 103. Section 514I.8, subsections 5 and 6, Code 2013,
 87 30 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.

87 31 Sec. 104. Section 514I.9, Code 2013, is amended to read as
 87 32 follows:

87 33 514I.9 PROGRAM BENEFITS.

87 34 1.—~~Until June 30, 1999, the benefits provided under the~~
 87 35 ~~program shall be those benefits established by rule of the~~
 87 36 ~~board and in compliance with Tit.XXI of the federal Social~~
 87 37 ~~Security Act.~~
 87 38 —~~2.—On or before June 30, 1999, the hawk-i board shall adopt~~
 87 39 ~~rules to amend the benefits package based upon review of the~~
 87 40 ~~results of the initial benefits package used.~~
 87 41 —~~3.—Subsequent to June 30, 1999, the The hawk-i board shall~~
 87 42 review the benefits package annually and shall determine
 87 43 additions to or deletions from the benefits package offered.
 88 1 The hawk-i board shall submit the recommendations to the
 88 2 general assembly for any amendment to the benefits package.
 88 3 —~~4.~~ 2. Benefits, in addition to those required by rule, may
 88 4 be provided to eligible children by a participating insurer if
 88 5 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.

88 6 Sec. 105. REPEAL. Section 225C.48, Code 2013, is repealed.

CODE: Eliminates the Comprehensive Family Support Council within the DHS.

88 7 Sec. 106. EFFECTIVE DATE. The following provision or
 88 8 provisions of this division of this Act take effect December
 88 9 31, 2013:

88 10 1. The section of this Act amending section 249A.3,
 88 11 subsection 2, paragraph "a", subparagraph (9).

The provision relating to Foster Care eligible Medicaid children takes effect on December 31, 2013.

88 12 DIVISION XIX
 88 13 OPTIONS — PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS

88 14 Sec. 107. FACILITY FOR PERSONS WITH AGGRESSIVE OR
 88 15 PSYCHIATRIC BEHAVIORS — COMMITTEE — REPORT.
 88 16 1. The department of inspections and appeals, in
 88 17 conjunction with the department of human services, shall
 88 18 establish and facilitate a committee of stakeholders to examine
 88 19 options for designating a facility to provide care for persons
 88 20 in this state who are sexually aggressive, combative, or have
 88 21 unmet psychiatric needs.
 88 22 2. The membership of the committee shall include but is not
 88 23 limited to the following:
 88 24 a. Representatives of the departments of inspections and
 88 25 appeals, human services, corrections, and public health, the
 88 26 department on aging, the state public defender, the office of
 88 27 the citizens' aide, the office of the state long-term care
 88 28 resident's advocate, and the judicial branch.
 88 29 b. Consumers of services provided by long-term care
 88 30 facilities and family members of consumers.
 88 31 c. Representatives from leadingage Iowa, the Iowa health
 88 32 care association, and the Iowa association of community
 88 33 providers.
 88 34 d. Direct care workers employed by long-term care
 88 35 facilities.
 88 36 e. Representatives from Iowa legal aid.
 88 37 f. Representatives from AARP Iowa.
 88 38 g. Representatives from the Iowa civil liberties union.
 88 39 h. Other stakeholders as the department of inspections and
 88 40 appeals and the department of human services deem appropriate.
 88 41 3. The committee shall discuss whether a long-term care
 88 42 facility, as defined in section 142D.2, should have the
 88 43 ability to refuse admission to, or discharge, residents who
 89 1 are sexually aggressive, combative, or have unmet psychiatric
 89 2 needs. The committee shall consider options for establishment
 89 3 of a facility to provide care for persons who are sexually
 89 4 aggressive, combative, or have unmet psychiatric needs. The
 89 5 committee shall identify the characteristics of residents
 89 6 for such a facility, options for creating a new facility
 89 7 to house such residents, options for the expansion of an
 89 8 existing facility to house such residents, options for using
 89 9 any alternative facilities for such residents, the workforce
 89 10 and training necessary for the workforce in such facility,
 89 11 options to qualify a facility for Medicaid reimbursement, cost
 89 12 projections for any recommendations, and other information
 89 13 deemed relevant by the department of inspections and appeals.
 89 14 4. The committee shall provide a report detailing its
 89 15 findings and recommendations to the governor and the general
 89 16 assembly by December 15, 2013.

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.

89 18 SPORTS INJURY PREVENTION

89 19 Sec. 108. MUNICIPAL YOUTH SPORTS INJURY PREVENTION STUDY
89 20 AND REPORT.

89 21 1. A municipal youth sports injury prevention study is
89 22 established to make recommendations regarding how cities can
89 23 most effectively prevent concussions and other sports-related
89 24 injuries in children participating in municipal youth
89 25 sports programs. The national center for sports safety is
89 26 requested to administer the study in coordination with the
89 27 department of public health and interested parties representing
89 28 cities, municipal youth sports programs, parents, coaches,
89 29 trainers, and other stakeholders. The study shall include
89 30 recommendations for safety equipment for participants and
89 31 training for employees and volunteers to be required by cities
89 32 as part of municipal youth sports programs.

89 33 2. The national center for sports safety is requested to
89 34 submit a report on its findings and recommendations to the
89 35 general assembly by December 15, 2013.

89 36 DIVISION XXI
89 37 SUICIDE PREVENTION

89 38 Sec. 109. SUICIDE PREVENTION. The department of education
89 39 shall work with the departments of human services and
89 40 public health in developing recommendations for required
89 41 training of persons who hold a license, certificate,
89 42 authorization, or statement of recognition issued by the
89 43 board of educational examiners and who provide services
90 1 to students. The recommendations shall address training
90 2 of such persons on suicide prevention and trauma-informed
90 3 care. In developing the recommendations, the department
90 4 shall consult with stakeholders, including but not limited
90 5 to mental health professionals, school administrators,
90 6 school nurses, and guidance counselors. For purposes of this
90 7 section, "trauma-informed care" means services that are based
90 8 on an understanding of the vulnerabilities and triggers of
90 9 individuals who have experienced trauma, recognize the role
90 10 trauma has played in the lives of those individuals, recognize
90 11 the presence of trauma symptoms and their onset, are supportive
90 12 of trauma recovery, and avoid further traumatization. The
90 13 department shall submit a report to the governor and general
90 14 assembly providing findings and recommendations on or before
90 15 December 15, 2013.

90 16 DIVISION XXII
90 17 IOWACARE — ACCOUNT FOR HEALTH CARE TRANSFORMATION

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.

Requires the Department of Education in conjunction with the DHS and DPH to develop recommendations for required training for educators on suicide prevention and trauma-informed care.

DETAIL: The Department is required to submit recommendations to the Governor and General Assembly by December 15, 2013.

90 18 Sec. 110. Section 249J.8, subsection 1, paragraph k, Code
 90 19 2013, is amended to read as follows:
 90 20 k. Premiums collected under this subsection shall be
 90 21 deposited in the ~~premiums subaccount of the IowaCare~~ account
 90 22 ~~for health care transformation~~ created pursuant to section
 90 23 ~~249J.23~~ 249J.24.

90 24 Sec. 111. Section 249J.23, subsection 1, Code 2013, is
 90 25 amended to read as follows:

90 26 1. An account for health care transformation is created
 90 27 in the state treasury under the authority of the department.
 90 28 Moneys received from sources including but not limited to
 90 29 appropriations from the general fund of the state, grants,
 90 30 and contributions shall be deposited in the account. ~~The~~
 90 31 ~~account shall include a separate premiums subaccount. Revenue~~
 90 32 ~~generated through payment of premiums by expansion population~~
 90 33 ~~members as required pursuant to section 249J.8 shall be~~
 90 34 ~~deposited in the separate premiums subaccount within the~~
 90 35 ~~account.~~

90 36 Sec. 112. Section 249J.24, subsection 1, Code 2013, is
 90 37 amended to read as follows:

90 38 1. An IowaCare account is created in the state treasury
 90 39 under the authority of the department of human services.
 90 40 Moneys appropriated from the general fund of the state to the
 90 41 account, moneys received as federal financial participation
 90 42 funds under the expansion population provisions of this
 90 43 chapter and credited to the account, moneys received for
 91 1 disproportionate share hospitals and credited to the account,
 91 2 moneys received for graduate medical education and credited to
 91 3 the account, proceeds distributed from the county treasurer as
 91 4 specified in subsection 4, revenue generated through payment
 91 5 of premiums pursuant to section 249J.8, and moneys from
 91 6 any other source credited to the account shall be deposited
 91 7 in the account. Moneys deposited in or credited to the
 91 8 account shall be used only as provided in appropriations or
 91 9 distributions from the account for the purposes specified in
 91 10 the appropriation or distribution. Moneys in the account shall
 91 11 be appropriated to the university of Iowa hospitals and clinics
 91 12 and to a publicly owned acute care teaching hospital located in
 91 13 a county with a population over three hundred fifty thousand
 91 14 for the purposes provided in the federal law making the funds
 91 15 available or as specified in the state appropriation and shall
 91 16 be distributed as determined by the department.

91 17 DIVISION XXIII
 91 18 IOWACARE REPEAL — CONFORMING CHANGES

91 19 Sec. 113. Section 8A.504, subsection 1, paragraph c,
 91 20 subparagraph (1), Code 2013, is amended to read as follows:
 91 21 (1) Any debt, which is assigned to the department of human

CODE: Deposits IowaCare premiums that were previously deposited
 into the Health Care Transformation Account (HCTA) into the IowaCare
 Account and makes other changes related to the elimination of the
 HCTA.

DETAIL: FY 2013 is the last year the HCTA will be in use.

CODE: The IowaCare Program is repealed effective December 31,
 2013 and will be replaced with the Iowa Health and Wellness Plan.
 This Division makes necessary conforming changes related to the
 Program's repeal.

91 22 services, or which is owed to the department of human services
91 23 for unpaid premiums under section 249A.3, subsection 2,
91 24 paragraph "a", subparagraph (1), ~~or section 249J.8, subsection~~
91 25 ~~4~~, or which the child support recovery unit is otherwise
91 26 attempting to collect, or which the foster care recovery unit
91 27 of the department of human services is attempting to collect
91 28 on behalf of a child receiving foster care provided by the
91 29 department of human services.

91 30 Sec. 114. Section 21.5, subsection 1, paragraph I, Code
91 31 2013, is amended to read as follows:

91 32 I. To discuss patient care quality and process improvement
91 33 initiatives in a meeting of a public hospital or to discuss
91 34 marketing and pricing strategies or similar proprietary
91 35 information in a meeting of a public hospital, where public
91 36 disclosure of such information would harm such a hospital's
91 37 competitive position when no public purpose would be served
91 38 by public disclosure. The minutes and the audio recording of
91 39 a closed session under this paragraph shall be available for
91 40 public inspection when the public disclosure would no longer
91 41 harm the hospital's competitive position. For purposes of
91 42 this paragraph, "public hospital" means ~~the same as defined in~~
91 43 ~~section 249J.3 a hospital licensed pursuant to chapter 135B~~
92 1 and governed pursuant to chapter 145A, 226, 347, 347A, or 392.

92 2 This paragraph does not apply to the information required to
92 3 be disclosed pursuant to section 347.13, subsection 11, or to
92 4 any discussions relating to terms or conditions of employment,
92 5 including but not limited to compensation of an officer or
92 6 employee or group of officers or employees.

92 7 Sec. 115. Section 97B.52A, subsection 1, paragraph c,
92 8 subparagraph (2), subparagraph division (b), Code 2013, is
92 9 amended to read as follows:

92 10 (b) For a member whose first month of entitlement is July
92 11 2004 or later, but before July 2014, covered employment does
92 12 not include employment as a licensed health care professional
92 13 by a public hospital ~~as defined in section 249J.3, with the~~
92 14 ~~exception of public hospitals governed pursuant to chapter~~
92 15 226. For the purposes of this subparagraph, "public hospital"
92 16 means a hospital licensed pursuant to chapter 135B and governed
92 17 pursuant to chapter 145A, 347, 347A, or 392.

92 18 Sec. 116. Section 135.152, subsection 5, paragraphs a and c,
92 19 Code 2013, are amended to read as follows:

92 20 a. The department, in collaboration with the department
92 21 of human services and the Iowa state association of counties,
92 22 shall adopt rules pursuant to chapter 17A to establish minimum
92 23 standards for eligibility for obstetrical and newborn care,
92 24 including physician examinations, medical testing, ambulance
92 25 services, and inpatient transportation services under the
92 26 program. The minimum standards shall provide that the

92 27 individual is not otherwise eligible for assistance under
92 28 the medical assistance program or for assistance under the
92 29 medically needy program without a spend-down requirement
92 30 pursuant to chapter 249A, ~~or for expansion population benefits~~
92 31 ~~pursuant to chapter 249J~~. If the individual is eligible
92 32 for assistance pursuant to chapter 249A ~~or 249J~~, or if the
92 33 individual is eligible for maternal and child health care
92 34 services covered by a maternal and child health program, the
92 35 obstetrical and newborn indigent patient care program shall
92 36 not provide the assistance, care, or covered services provided
92 37 under the other program.

92 38 c. The department in cooperation with the department of
92 39 human services, shall develop a standardized application form
92 40 for the program and shall coordinate the determination of
92 41 eligibility for the medical assistance and medically needy
92 42 programs under chapter 249A, ~~the medical assistance expansion~~
92 43 ~~under chapter 249J~~, and the obstetrical and newborn indigent
93 1 patient care program.

93 2 Sec. 117. Section 135.153, subsection 1, unnumbered
93 3 paragraph 1, Code 2013, is amended to read as follows:

93 4 The department shall establish an Iowa collaborative safety
93 5 net provider network that includes community health centers,
93 6 rural health clinics, free clinics, maternal and child health
93 7 centers, ~~the expansion population provider network as described~~
93 8 ~~in chapter 249J~~, local boards of health that provide direct
93 9 services, Iowa family planning network agencies, child health
93 10 specialty clinics, and other safety net providers. The network
93 11 shall be a continuation of the network established pursuant to
93 12 2005 Iowa Acts, ch.175, section 2, subsection 12. The network
93 13 shall include all of the following:

93 14 Sec. 118. Section 135.153, subsection 1, paragraphs a and c,
93 15 Code 2013, are amended to read as follows:

93 16 a. An Iowa safety net provider advisory group consisting
93 17 of representatives of community health centers, rural health
93 18 clinics, free clinics, maternal and child health centers, ~~the~~
93 19 ~~expansion population provider network as described in chapter~~
93 20 ~~249J~~, local boards of health that provide direct services,
93 21 Iowa family planning network agencies, child health specialty
93 22 clinics, other safety net providers, patients, and other
93 23 interested parties.

93 24 c. A database of all community health centers, rural health
93 25 clinics, free clinics, maternal and child health centers, ~~the~~
93 26 ~~expansion population provider network as described in chapter~~
93 27 ~~249J~~, local boards of health that provide direct services,
93 28 Iowa family planning network agencies, child health specialty
93 29 clinics, and other safety net providers. The data collected
93 30 shall include the demographics and needs of the vulnerable
93 31 populations served, current provider capacity, and the

93 32 resources and needs of the participating safety net providers.

93 33 Sec. 119. Section 135.153, subsection 2, Code 2013, is

93 34 amended to read as follows:

93 35 2. The network shall form a governing group which includes

93 36 two individuals each representing community health centers,

93 37 rural health clinics, free clinics, maternal and child health

93 38 centers, ~~the expansion population provider network as described~~

93 39 ~~in chapter 249J~~, local boards of health that provide direct

93 40 services, the state board of health, Iowa family planning

93 41 network agencies, child health specialty clinics, and other

93 42 safety net providers.

93 43 Sec. 120. Section 135.154, subsection 15, Code 2013, is

94 1 amended to read as follows:

94 2 15. "Iowa Medicaid enterprise" means the ~~Iowa Medicaid~~

94 3 ~~enterprise as defined in section 249J.3~~ centralized medical

94 4 assistance program infrastructure, based on a business

94 5 enterprise model, and designed to foster collaboration among

94 6 all program stakeholders by focusing on quality, integrity, and

94 7 consistency.

94 8 Sec. 121. Section 135.157, Code 2013, is amended by adding

94 9 the following new subsection:

94 10 NEW SUBSECTION 1A. "Dental home" means a network of

94 11 individualized care based on risk assessment, which includes

94 12 oral health education, dental screenings, preventive services,

94 13 diagnostic services, treatment services, and emergency

94 14 services.

94 15 Sec. 122. Section 217.34, Code 2013, is amended to read as

94 16 follows:

94 17 217.34 DEBT SETOFF.

94 18 The investigations division of the department of inspections

94 19 and appeals and the department of human services shall provide

94 20 assistance to set off against a person's or provider's income

94 21 tax refund or rebate any debt which has accrued through written

94 22 contract, nonpayment of premiums pursuant to section 249A.3,

94 23 subsection 2, paragraph "a", subparagraph (1), ~~or section~~

94 24 ~~249J.8, subsection 4~~, subrogation, departmental recoupment

94 25 procedures, or court judgment and which is in the form of a

94 26 liquidated sum due and owing the department of human services.

94 27 The department of inspections and appeals, with approval of the

94 28 department of human services, shall adopt rules under chapter

94 29 17A necessary to assist the department of administrative

94 30 services in the implementation of the setoff under section

94 31 8A.504 in regard to money owed to the state for public

94 32 assistance overpayments or nonpayment of premiums as specified

94 33 in this section. The department of human services shall adopt

94 34 rules under chapter 17A necessary to assist the department of

94 35 administrative services in the implementation of the setoff

94 36 under section 8A.504, in regard to collections by the child

94 37 support recovery unit and the foster care recovery unit.
94 38 Sec. 123. Section 249K.2, subsection 3, Code 2013, is
94 39 amended to read as follows:
94 40 3. "Iowa Medicaid enterprise" means Iowa Medicaid enterprise
94 41 as defined in section ~~249J.3~~ 135.154.
94 42 Sec. 124. Section 249M.4, subsection 2, Code 2013, is
94 43 amended to read as follows:
95 1 2. Moneys in the trust fund shall be used, subject to
95 2 their appropriation by the general assembly, by the department
95 3 to reimburse participating hospitals the medical assistance
95 4 program upper payment limit for inpatient and outpatient
95 5 hospital services as calculated in this section. Following
95 6 payment of such upper payment limit to participating hospitals,
95 7 any remaining funds in the trust fund on an annual basis may be
95 8 used for any of the following purposes:
95 9 a. To support medical assistance program utilization
95 10 shortfalls.
95 11 b. To maintain the state's capacity to provide access to and
95 12 delivery of services for vulnerable lowans.
95 13 ~~c. To support payments to nonparticipating hospitals under~~
95 14 ~~the IowaCare program pursuant to chapter 249J.~~
95 15 ~~d. c.~~ To fund the health care workforce support initiative
95 16 created pursuant to section 135.175.
95 17 ~~e. d.~~ To support access to health care services for
95 18 uninsured lowans.
95 19 ~~f. e.~~ To support Iowa hospital programs and services which
95 20 expand access to health care services for lowans.
95 21 Sec. 125. Section 263.18, subsection 4, Code 2013, is
95 22 amended to read as follows:
95 23 4. The physicians and surgeons on the staff of the
95 24 university of Iowa hospitals and clinics who care for patients
95 25 provided for in this section may charge for the medical
95 26 services provided under such rules, regulations, and plans
95 27 approved by the state board of regents. ~~However, a physician~~
95 28 ~~or surgeon who provides treatment or care for an expansion~~
95 29 ~~population member pursuant to chapter 249J shall only receive~~
95 30 ~~compensation for the treatment or care provided in accordance~~
95 31 ~~with section 249J.7.~~
95 32 Sec. 126. Section 476B.1, subsection 4, paragraph d,
95 33 subparagraph (2), Code 2013, is amended to read as follows:
95 34 (2) For applications filed on or after July 1, 2009, by a
95 35 private college or university, community college, institution
95 36 under the control of the state board of regents, public or
95 37 accredited nonpublic elementary and secondary school, or public
95 38 hospital ~~as defined in section 249J.3~~, for the applicant's own
95 39 use of qualified electricity, consists of wind turbines with
95 40 a combined nameplate capacity of three-fourths of a megawatt
95 41 or greater. For the purposes of this subparagraph, "public

95 42 hospital” means a hospital licensed pursuant to chapter 135B and
 95 43 governed pursuant to chapter 145A, 226, 347, 347A, or 392.

96 1 Sec. 127. EFFECTIVE DATE. This division of this Act takes
 96 2 effect January 1, 2014.

This Division is effective January 1, 2014.

96 3 DIVISION XXIV
 96 4 TELEPHARMACY
 96 5 Sec. 128. 2011 Iowa Acts, chapter 63, section 36,
 96 6 subsections 2 and 4, are amended to read as follows:
 96 7 2. The board of pharmacy shall adopt rules and procedures
 96 8 pursuant to chapter 17A for application for and approval
 96 9 of such projects. The rules may include exceptions to any
 96 10 existing rules under the purview of the board of pharmacy
 96 11 as necessary for completion of the project, limited to the
 96 12 duration of the project. The initial duration of any project
 96 13 approved by the board of pharmacy shall not exceed eighteen
 96 14 months ~~and~~. However, the board of pharmacy may approve an
 96 15 extension or renewal of a project in accordance with rules
 96 16 adopted by the board of pharmacy. Any project approved shall
 96 17 comply with the rules and procedures adopted for such projects.
 96 18 4. The board of pharmacy shall submit ~~a report~~ reports
 96 19 to the chairpersons and ranking members of the joint
 96 20 appropriations subcommittee on health and human services
 96 21 regarding all of the following:
 96 22 a. The approval or denial of any projects.
 96 23 b. By December 15, 2013, any changes in law or rules
 96 24 necessary to implement telepharmacy throughout the state.

CODE: Directs the Board of Pharmacy to adopt rules and procedures for the extension and renewal of telepharmacy projects. Requires a report on laws and actions necessary to implement telepharmacies by December 15, 2013.

96 25 DIVISION XXV
 96 26 MEDICAID COST CONTAINMENT
 96 27 Sec. 129. 2011 Iowa Acts, chapter 129, section 122,
 96 28 subsection 26, as enacted by 2012 Iowa Acts, chapter 1133,
 96 29 section 12, is amended by striking the subsection.

CODE: Eliminates the Medicaid site-of-service cost containment provision enacted for FY 2013.

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

96 30 DIVISION XXVI
 96 31 CIGARETTE AND TOBACCO TAX PROCEEDS — HEALTH CARE TRUST FUND
 96 32 Sec. 130. Section 453A.35, Code 2013, is amended to read as
 96 33 follows:
 96 34 ~~453A.35—TAX AND FEES PROCEEDS PAID TO GENERAL FUND —~~
 96 35 ~~STANDING APPROPRIATION TO HEALTH CARE TRUST FUND.~~
 96 36 1. a. With the exception of revenues credited to the health
 96 37 care trust fund pursuant to paragraph “b”, the proceeds derived
 96 38 from the sale of stamps and the payment of ~~taxes~~, fees, and
 96 39 penalties provided for under this chapter, and the permit fees
 96 40 received from all permits issued by the department, shall be
 96 41 credited to the general fund of the state.
 96 42 b. ~~Of the~~ The revenues generated from the tax on cigarettes

CODE: Requires deposit of all cigarette and tobacco tax revenues into the HCTF.

DETAIL: It is estimated that there will be \$224,446,400 in taxes collected for FY 2014. The revenues collected will be used to fund the Medicaid Program.

96 43 pursuant to section 453A.6, subsection 1, and from the tax on
 97 1 tobacco products as specified in section 453A.43, subsections
 97 2 1, 2, 3, and 4, ~~the first one hundred six million sixteen~~
 97 3 ~~thousand four hundred dollars~~ shall be credited to the health
 97 4 care trust fund created in section 453A.35A.
 97 5 2. All permit fees provided for in this chapter and
 97 6 collected by cities in the issuance of permits granted by the
 97 7 cities shall be paid to the treasurer of the city where the
 97 8 permit is effective, or to another city officer as designated
 97 9 by the council, and credited to the general fund of the city.
 97 10 Permit fees so collected by counties shall be paid to the
 97 11 county treasurer.

97 12 DIVISION XXVII
 97 13 DEPARTMENT ON AGING — FY 2014-2015
 97 14 Sec. 131. DEPARTMENT ON AGING. There is appropriated from

97 15 the general fund of the state to the department on aging for
 97 16 the fiscal year beginning July 1, 2014, and ending June 30,
 97 17 2015, the following amount, or so much thereof as is necessary,
 97 18 to be used for the purposes designated:

97 19 For aging programs for the department on aging and area
 97 20 agencies on aging to provide citizens of Iowa who are 60 years
 97 21 of age and older with case management for frail elders, Iowa's
 97 22 aging and disabilities resource center, and other services
 97 23 which may include but are not limited to adult day services,
 97 24 respite care, chore services, information and assistance,
 97 25 and material aid, for information and options counseling for
 97 26 persons with disabilities who are 18 years of age or older,
 97 27 and for salaries, support, administration, maintenance, and
 97 28 miscellaneous purposes, and for not more than the following
 97 29 full-time equivalent positions:

97 30	.....	\$	5,300,190
97 31	.....	FTEs	28.00

97 32 1. Funds appropriated in this section may be used to
 97 33 supplement federal funds under federal regulations. To
 97 34 receive funds appropriated in this section, a local area
 97 35 agency on aging shall match the funds with moneys from other
 97 36 sources according to rules adopted by the department. Funds
 97 37 appropriated in this section may be used for elderly services
 97 38 not specifically enumerated in this section only if approved
 97 39 by an area agency on aging for provision of the service within
 97 40 the area.

97 41 2. Of the funds appropriated in this section, \$139,973 is
 97 42 transferred to the economic development authority for the Iowa
 97 43 commission on volunteer services to be used for the retired and
 98 1 senior volunteer program.

98 2 3. a. The department on aging shall establish and enforce
 98 3 procedures relating to expenditure of state and federal funds

Divisions XVII through XXXII make FY 2015 General Fund, other fund, and FTE position appropriations. All appropriations and allocations are at 50.00% of the FY 2014 level with the exception of the following changes:

- The Medicaid appropriation and allocations are at the FY 2014 funding level.
- The IowaCare appropriations have been eliminated.
- The FTE level for FY 2015 is at 100.00% of FY 2014.

98 4 by area agencies on aging that require compliance with both
 98 5 state and federal laws, rules, and regulations, including but
 98 6 not limited to all of the following:
 98 7 (1) Requiring that expenditures are incurred only for goods
 98 8 or services received or performed prior to the end of the
 98 9 fiscal period designated for use of the funds.
 98 10 (2) Prohibiting prepayment for goods or services not
 98 11 received or performed prior to the end of the fiscal period
 98 12 designated for use of the funds.
 98 13 (3) Prohibiting the prepayment for goods or services
 98 14 not defined specifically by good or service, time period, or
 98 15 recipient.

98 16 (4) Prohibiting the establishment of accounts from which
 98 17 future goods or services which are not defined specifically by
 98 18 good or service, time period, or recipient, may be purchased.

98 19 b. The procedures shall provide that if any funds are
 98 20 expended in a manner that is not in compliance with the
 98 21 procedures and applicable federal and state laws, rules, and
 98 22 regulations, and are subsequently subject to repayment, the
 98 23 area agency on aging expending such funds in contravention of
 98 24 such procedures, laws, rules and regulations, not the state,
 98 25 shall be liable for such repayment.

98 26 4. Of the funds appropriated in this section, \$125,000
 98 27 shall be used to fund services to meet the unmet needs of older
 98 28 individuals as identified in the annual compilation of unmet
 98 29 service units by the area agencies on aging.

98 30 5. Of the funds appropriated in this section, \$300,000
 98 31 shall be used to fund home and community-based services through
 98 32 the area agencies on aging that enable older individuals to
 98 33 avoid more costly utilization of residential or institutional
 98 34 services and remain in their own homes.

98 35 6. Of the funds appropriated in this subsection, \$10,000
 98 36 shall be used for implementation of a guardianship and
 98 37 conservatorship monitoring and assistance pilot project as
 98 38 specified in this Act.

98 39 DIVISION XXVIII

98 40 OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE — FY 2014-2015

98 41 Sec. 132. OFFICE OF LONG-TERM CARE RESIDENT'S
 98 42 ADVOCATE. There is appropriated from the general fund of the
 98 43 state to the office of long-term care resident's advocate for
 99 1 the fiscal year beginning July 1, 2014, and ending June 30,
 99 2 2015, the following amount, or so much thereof as is necessary,
 99 3 to be used for the purposes designated:

99 4 For salaries, support, administration, maintenance, and
 99 5 miscellaneous purposes, and for not more than the following
 99 6 full-time equivalent positions:
 99 7 \$ 510,854
 99 8 FTEs 13.00

99 9 1. Of the funds appropriated in this section, \$100,000
 99 10 shall be used to continue to provide two additional local
 99 11 long-term care resident's advocates to continue moving toward
 99 12 the national recommendation of one full-time equivalent paid
 99 13 staff ombudsman per 2,000 long-term care beds in the state.

99 14 2. Of the funds appropriated in this section, \$105,000
 99 15 shall be used to provide two local long-term care resident's
 99 16 advocates to administer the certified volunteer long-term
 99 17 care resident's advocates program pursuant to section 231.45,
 99 18 including operational certification and training costs.

DIVISION XXIX

DEPARTMENT OF PUBLIC HEALTH — FY 2014-2015

99 21 Sec. 133. DEPARTMENT OF PUBLIC HEALTH. There is
 99 22 appropriated from the general fund of the state to the
 99 23 department of public health for the fiscal year beginning July
 99 24 1, 2014, and ending June 30, 2015, the following amounts, or
 99 25 so much thereof as is necessary, to be used for the purposes
 99 26 designated:

99 27 1. ADDICTIVE DISORDERS

99 28 For reducing the prevalence of use of tobacco, alcohol, and
 99 29 other drugs, and treating individuals affected by addictive
 99 30 behaviors, including gambling, and for not more than the
 99 31 following full-time equivalent positions:

99 32	\$	13,581,845
99 33	FTEs	13.00

99 34 a. (1) Of the funds appropriated in this subsection,
 99 35 \$2,574,181 shall be used for the tobacco use prevention
 99 36 and control initiative, including efforts at the state and
 99 37 local levels, as provided in chapter 142A. The commission
 99 38 on tobacco use prevention and control established pursuant
 99 39 to section 142A.3 shall advise the director of public health
 99 40 in prioritizing funding needs and the allocation of moneys
 99 41 appropriated for the programs and activities of the initiative
 99 42 under this subparagraph (1) and shall make recommendations to
 99 43 the director in the development of budget requests relating to
 100 1 the initiative.

100 2 (2) Of the funds allocated in this paragraph "a", \$37,500
 100 3 shall be used to develop a social media structure to engage
 100 4 youth and prevent youth initiation of tobacco use. Of the
 100 5 amount allocated in this subparagraph (2), \$12,500 shall be
 100 6 used for a youth summit.

100 7 (3) Of the funds allocated in this paragraph "a", \$100,000
 100 8 shall be used to increase the efficacy of local tobacco
 100 9 control efforts by community partnerships, including through
 100 10 professional development, regional trainings and round table
 100 11 planning efforts, and a training opportunity involving all
 100 12 community partnerships.

100 13 (4) Of the funds allocated in this paragraph "a", \$600,000

100 14 shall be used to promote smoking cessation and to reduce the
100 15 number of tobacco users in the state by offering nicotine
100 16 replacement therapy to uninsured and underinsured lowans.
100 17 (5) (a) Of the funds allocated in this paragraph "a",
100 18 \$226,534 is transferred to the alcoholic beverages division of
100 19 the department of commerce for enforcement of tobacco laws,
100 20 regulations, and ordinances and to engage in tobacco control
100 21 activities approved by the division of tobacco use prevention
100 22 and control as specified in the memorandum of understanding
100 23 entered into between the divisions.
100 24 (b) For the fiscal year beginning July 1, 2014, and ending
100 25 June 30, 2015, the terms of the memorandum of understanding,
100 26 entered into between the division of tobacco use prevention
100 27 and control of the department of public health and the
100 28 alcoholic beverages division of the department of commerce,
100 29 governing compliance checks conducted to ensure licensed retail
100 30 tobacco outlet conformity with tobacco laws, regulations, and
100 31 ordinances relating to persons under eighteen years of age,
100 32 shall restrict the number of such checks to one check per
100 33 retail outlet, and one additional check for any retail outlet
100 34 found to be in violation during the first check.
100 35 b. Of the funds appropriated in this subsection,
100 36 \$11,007,665 shall be used for problem gambling and
100 37 substance-related disorder prevention, treatment, and recovery
100 38 services, including a 24-hour helpline, public information
100 39 resources, professional training, and program evaluation.
100 40 (1) Of the funds allocated in this paragraph "b", \$9,451,858
100 41 shall be used for substance-related disorder prevention and
100 42 treatment.
100 43 (a) Of the funds allocated in this subparagraph (1),
101 1 \$449,650 shall be used for the public purpose of a grant
101 2 program to provide substance-related disorder prevention
101 3 programming for children.
101 4 (i) Of the funds allocated in this subparagraph division
101 5 (a), \$213,770 shall be used for grant funding for organizations
101 6 that provide programming for children by utilizing mentors.
101 7 Programs approved for such grants shall be certified or will
101 8 be certified within six months of receiving the grant award
101 9 by the Iowa commission on volunteer services as utilizing the
101 10 standards for effective practice for mentoring programs.
101 11 (ii) Of the funds allocated in this subparagraph division
101 12 (a), \$213,420 shall be used for grant funding for organizations
101 13 that provide programming that includes youth development and
101 14 leadership. The programs shall also be recognized as being
101 15 programs that are scientifically based with evidence of their
101 16 effectiveness in reducing substance-related disorders in
101 17 children.
101 18 (iii) The department of public health shall utilize a

101 19 request for proposals process to implement the grant program.
101 20 (iv) All grant recipients shall participate in a program
101 21 evaluation as a requirement for receiving grant funds.
101 22 (v) Of the funds allocated in this subparagraph division
101 23 (a), up to \$22,461 may be used to administer substance-related
101 24 disorder prevention grants and for program evaluations.
101 25 (b) Of the funds allocated in this subparagraph
101 26 (1), \$136,302 shall be used for culturally competent
101 27 substance-related disorder treatment pilot projects.
101 28 (i) The department shall utilize the amount allocated
101 29 in this subparagraph division (b) for at least three pilot
101 30 projects to provide culturally competent substance-related
101 31 disorder treatment in various areas of the state. Each pilot
101 32 project shall target a particular ethnic minority population.
101 33 The populations targeted shall include but are not limited to
101 34 African American, Asian, and Latino.
101 35 (ii) The pilot project requirements shall provide for
101 36 documentation or other means to ensure access to the cultural
101 37 competence approach used by a pilot project so that such
101 38 approach can be replicated and improved upon in successor
101 39 programs.
101 40 (2) Of the funds allocated in this paragraph "b", up
101 41 to \$1,555,807 may be used for problem gambling prevention,
101 42 treatment, and recovery services.
101 43 (a) Of the funds allocated in this subparagraph (2),
102 1 \$1,286,881 shall be used for problem gambling prevention and
102 2 treatment.
102 3 (b) Of the funds allocated in this subparagraph (2), up to
102 4 \$218,926 may be used for a 24-hour helpline, public information
102 5 resources, professional training, and program evaluation.
102 6 (c) Of the funds allocated in this subparagraph (2), up
102 7 to \$50,000 may be used for the licensing of problem gambling
102 8 treatment programs.
102 9 (3) It is the intent of the general assembly that from the
102 10 moneys allocated in this paragraph "b", persons with a dual
102 11 diagnosis of substance-related disorder and gambling addiction
102 12 shall be given priority in treatment services.
102 13 c. Notwithstanding any provision of law to the contrary,
102 14 to standardize the availability, delivery, cost of delivery,
102 15 and accountability of problem gambling and substance-related
102 16 disorder treatment services statewide, the department shall
102 17 continue implementation of a process to create a system
102 18 for delivery of treatment services in accordance with the
102 19 requirements specified in 2008 Iowa Acts, chapter 1187, section
102 20 3, subsection 4. To ensure the system provides a continuum
102 21 of treatment services that best meets the needs of Iowans,
102 22 the problem gambling and substance-related disorder treatment
102 23 services in any area may be provided either by a single agency

102 24 or by separate agencies submitting a joint proposal.
 102 25 (1) The system for delivery of substance-related disorder
 102 26 and problem gambling treatment shall include problem gambling
 102 27 prevention.

102 28 (2) The system for delivery of substance-related disorder
 102 29 and problem gambling treatment shall include substance-related
 102 30 disorder prevention by July 1, 2015.

102 31 (3) Of the funds allocated in paragraph "b", the department
 102 32 may use up to \$50,000 for administrative costs to continue
 102 33 developing and implementing the process in accordance with this
 102 34 paragraph "c".

102 35 d. The requirement of section 123.53, subsection 5, is met
 102 36 by the appropriations and allocations made in this Act for
 102 37 purposes of substance-related disorder treatment and addictive
 102 38 disorders for the fiscal year beginning July 1, 2014.

102 39 e. The department of public health shall work with all
 102 40 other departments that fund substance-related disorder
 102 41 prevention and treatment services and all such departments
 102 42 shall, to the extent necessary, collectively meet the state
 102 43 maintenance of effort requirements for expenditures for
 103 1 substance-related disorder services as required under the
 103 2 federal substance-related disorder prevention and treatment
 103 3 block grant.

103 4 2. HEALTHY CHILDREN AND FAMILIES

103 5 For promoting the optimum health status for children,
 103 6 adolescents from birth through 21 years of age, and families,
 103 7 and for not more than the following full-time equivalent
 103 8 positions:

103 9	.....	\$	1,826,780
103 10	.....	FTEs	14.00

103 11 a. Of the funds appropriated in this subsection, not more
 103 12 than \$367,421 shall be used for the healthy opportunities for
 103 13 parents to experience success (HOPES)-healthy families Iowa
 103 14 (HFI) program established pursuant to section 135.106. The
 103 15 funding shall be distributed to renew the grants that were
 103 16 provided to the grantees that operated the program during the
 103 17 fiscal year ending June 30, 2014.

103 18 b. In order to implement the legislative intent stated in
 103 19 sections 135.106 and 256I.9, that priority for home visitation
 103 20 program funding be given to programs using evidence-based or
 103 21 promising models for home visitation, it is the intent of the
 103 22 general assembly to phase in the funding priority in accordance
 103 23 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 103 24 paragraph 0b.

103 25 c. Of the funds appropriated in this subsection, \$663,944
 103 26 shall be used to continue the department's initiative to
 103 27 provide for adequate developmental surveillance and screening
 103 28 during a child's first five years statewide. The funds shall

103 29 be used first to fully fund the current sites to ensure that
103 30 the sites are fully operational, with the remaining funds
103 31 to be used for expansion to additional sites. The full
103 32 implementation and expansion shall include enhancing the scope
103 33 of the program through collaboration with the child health
103 34 specialty clinics to promote healthy child development through
103 35 early identification and response to both biomedical and social
103 36 determinants of healthy development; by developing child
103 37 health metrics to inform practice, document long-term health
103 38 impacts and savings, and provide for continuous improvement
103 39 through training, education, and evaluation; and by providing
103 40 for practitioner consultation particularly for children with
103 41 behavioral conditions and needs. The department of public
103 42 health shall also collaborate with the Iowa Medicaid enterprise
103 43 and the child health specialty clinics to integrate the
104 1 activities of the first five initiative into the establishment
104 2 of patient-centered medical homes, community utilities,
104 3 accountable care organizations, and other integrated care
104 4 models developed to improve health quality and population
104 5 health while reducing health care costs. To the maximum extent
104 6 possible, funding allocated in this paragraph shall be utilized
104 7 as matching funds for medical assistance program reimbursement.
104 8 d. Of the funds appropriated in this subsection, \$15,799
104 9 shall be distributed to a statewide dental carrier to provide
104 10 funds to continue the donated dental services program patterned
104 11 after the projects developed by the lifeline network to provide
104 12 dental services to indigent elderly and disabled individuals.
104 13 e. Of the funds appropriated in this subsection, \$55,998
104 14 shall be used for childhood obesity prevention.
104 15 f. Of the funds appropriated in this subsection, \$81,384
104 16 shall be used to provide audiological services and hearing
104 17 aids for children. The department may enter into a contract
104 18 to administer this paragraph.
104 19 g. Of the funds appropriated in this subsection, \$12,500 is
104 20 transferred to the university of Iowa college of dentistry for
104 21 provision of primary dental services to children. State funds
104 22 shall be matched on a dollar-for-dollar basis. The university
104 23 of Iowa college of dentistry shall coordinate efforts with the
104 24 department of public health, bureau of oral and health delivery
104 25 systems, to provide dental care to underserved populations
104 26 throughout the state.
104 27 h. Of the funds appropriated in this subsection, \$25,000
104 28 shall be used to address youth suicide prevention.
104 29 3. CHRONIC CONDITIONS
104 30 For serving individuals identified as having chronic
104 31 conditions or special health care needs, and for not more than
104 32 the following full-time equivalent positions:
104 33 \$ 2,540,346

104 34 FTEs 6.00

104 35 a. Of the funds appropriated in this subsection, \$79,966

104 36 shall be used for grants to individual patients who have

104 37 phenylketonuria (PKU) to assist with the costs of necessary

104 38 special foods.

104 39 b. Of the funds appropriated in this subsection, \$445,822

104 40 shall be used for the brain injury services program pursuant to

104 41 section 135.22B, including for continuation of the contracts

104 42 for resource facilitator services in accordance with section

104 43 135.22B, subsection 9, and to enhance brain injury training and

105 1 recruitment of service providers on a statewide basis. Of the

105 2 amount allocated in this paragraph, \$47,500 shall be used to

105 3 fund one full-time equivalent position to serve as the state

105 4 brain injury service program manager.

105 5 c. Of the funds appropriated in this subsection, \$273,991

105 6 shall be used as additional funding to leverage federal funding

105 7 through the federal Ryan White Care Act, Tit.II, AIDS drug

105 8 assistance program supplemental drug treatment grants.

105 9 d. Of the funds appropriated in this subsection, \$49,912

105 10 shall be used for the public purpose of continuing to contract

105 11 with an existing national-affiliated organization to provide

105 12 education, client-centered programs, and client and family

105 13 support for people living with epilepsy and their families.

105 14 e. Of the funds appropriated in this subsection, \$392,557

105 15 shall be used for child health specialty clinics.

105 16 f. Of the funds appropriated in this subsection, \$200,000

105 17 shall be used by the regional autism assistance program

105 18 established pursuant to section 256.35, and administered by

105 19 the child health specialty clinic located at the university of

105 20 Iowa hospitals and clinics. The funds shall be used to enhance

105 21 interagency collaboration and coordination of educational,

105 22 medical, and other human services for persons with autism,

105 23 their families, and providers of services, including delivering

105 24 regionalized services of care coordination, family navigation,

105 25 and integration of services through the statewide system of

105 26 regional child health specialty clinics and fulfilling other

105 27 requirements as specified in chapter 225D, creating the autism

105 28 support program, as enacted in this Act. The university of

105 29 Iowa shall not receive funds allocated under this paragraph for

105 30 indirect costs associated with the regional autism assistance

105 31 program.

105 32 g. Of the funds appropriated in this subsection, \$285,497

105 33 shall be used for the comprehensive cancer control program

105 34 to reduce the burden of cancer in Iowa through prevention,

105 35 early detection, effective treatment, and ensuring quality

105 36 of life. Of the funds allocated in this lettered paragraph,

105 37 \$75,000 shall be used to support a melanoma research symposium,

105 38 a melanoma biorepository and registry, basic and translational

105 39 melanoma research, and clinical trials.

105 40 h. Of the funds appropriated in this subsection, \$63,225

105 41 shall be used for cervical and colon cancer screening, and

105 42 \$250,000 shall be used to enhance the capacity of the cervical

105 43 cancer screening program to include provision of recommended

106 1 prevention and early detection measures to a broader range of

106 2 low-income women.

106 3 i. Of the funds appropriated in this subsection, \$263,348

106 4 shall be used for the center for congenital and inherited

106 5 disorders.

106 6 j. Of the funds appropriated in this subsection, \$64,706

106 7 shall be used for the prescription drug donation repository

106 8 program created in chapter 135M.

106 9 k. Of the funds appropriated in this subsection, \$107,632

106 10 shall be used for the costs of the medical home system advisory

106 11 council established pursuant to section 135.159 including

106 12 incorporation of the development and implementation of the

106 13 prevention and chronic care management state initiative.

106 14 4. COMMUNITY CAPACITY

106 15 For strengthening the health care delivery system at the

106 16 local level, and for not more than the following full-time

106 17 equivalent positions:

106 18	.....	\$	4,281,309
106 19	.....	FTEs	18.25

106 20 a. Of the funds appropriated in this subsection, \$49,707

106 21 is allocated for continuation of the child vision screening

106 22 program implemented through the university of Iowa hospitals

106 23 and clinics in collaboration with early childhood Iowa areas.

106 24 The program shall submit a report to the individuals identified

106 25 in this Act for submission of reports regarding the use of

106 26 funds allocated under this paragraph "a". The report shall

106 27 include the objectives and results for the program year

106 28 including the target population and how the funds allocated

106 29 assisted the program in meeting the objectives; the number,

106 30 age, and location within the state of individuals served;

106 31 the type of services provided to the individuals served; the

106 32 distribution of funds based on service provided; and the

106 33 continuing needs of the program.

106 34 b. Of the funds appropriated in this subsection, \$55,328 is

106 35 allocated for continuation of an initiative implemented at the

106 36 university of Iowa and \$49,952 is allocated for continuation of

106 37 an initiative at the state mental health institute at Cherokee

106 38 to expand and improve the workforce engaged in mental health

106 39 treatment and services. The initiatives shall receive input

106 40 from the university of Iowa, the department of human services,

106 41 the department of public health, and the mental health and

106 42 disability services commission to address the focus of the

106 43 initiatives.

107 1 c. Of the funds appropriated in this subsection, \$582,314
 107 2 shall be used for essential public health services that promote
 107 3 healthy aging throughout the lifespan, contracted through a
 107 4 formula for local boards of health, to enhance health promotion
 107 5 and disease prevention services.

107 6 d. Of the funds appropriated in this section, \$49,643 shall
 107 7 be deposited in the governmental public health system fund
 107 8 created in section 135A.8 to be used for the purposes of the
 107 9 fund.

107 10 e. Of the funds appropriated in this subsection, \$52,724
 107 11 shall be used to continue to address the shortage of mental
 107 12 health professionals in the state.

107 13 f. Of the funds appropriated in this subsection,
 107 14 \$25,000 shall be used for a grant to a statewide association
 107 15 of psychologists that is affiliated with the American
 107 16 psychological association to be used for continuation of a
 107 17 program to rotate intern psychologists in placements in urban
 107 18 and rural mental health professional shortage areas, as defined
 107 19 in section 135.180.

107 20 g. Of the funds appropriated in this subsection, the
 107 21 following amounts shall be allocated to the Iowa collaborative
 107 22 safety net provider network established pursuant to section
 107 23 135.153 to be used for the purposes designated. The following
 107 24 amounts allocated under this lettered paragraph shall be
 107 25 distributed to the specified provider and shall not be reduced
 107 26 for administrative or other costs prior to distribution:

107 27 (1) For distribution to the Iowa primary care association
 107 28 for statewide coordination of the Iowa collaborative safety net
 107 29 provider network:
 107 30 \$ 72,893

107 31 (2) For distribution to the Iowa primary care association
 107 32 to be used to continue a training program for sexual assault
 107 33 response team (SART) members, including representatives of
 107 34 law enforcement, victim advocates, prosecutors, and certified
 107 35 medical personnel:
 107 36 \$ 25,000

107 37 (3) For distribution to federally qualified health centers
 107 38 for necessary infrastructure, statewide coordination, provider
 107 39 recruitment, service delivery, and provision of assistance to
 107 40 patients in securing a medical home inclusive of oral health
 107 41 care:
 107 42 \$ 37,500

107 43 (4) For distribution to the local boards of health that
 108 1 provide direct services for pilot programs in three counties to
 108 2 assist patients in securing a medical home inclusive of oral
 108 3 health care:
 108 4 \$ 38,577

108 5 (5) For distribution to maternal and child health centers

108 6 for pilot programs in three service areas to assist patients in
 108 7 securing a medical home inclusive of oral health care:
 108 8 \$ 47,563
 108 9 (6) For distribution to free clinics for necessary
 108 10 infrastructure, statewide coordination, provider recruitment,
 108 11 service delivery, and provision of assistance to patients in
 108 12 securing a medical home inclusive of oral health care:
 108 13 \$ 174,161
 108 14 (7) For distribution to rural health clinics for necessary
 108 15 infrastructure, statewide coordination, provider recruitment,
 108 16 service delivery, and provision of assistance to patients in
 108 17 securing a medical home inclusive of oral health care:
 108 18 \$ 70,772
 108 19 (8) For continuation of the safety net provider patient
 108 20 access to a specialty health care initiative as described in
 108 21 2007 Iowa Acts, chapter 218, section 109:
 108 22 \$ 189,237
 108 23 (9) For continuation of the pharmaceutical infrastructure
 108 24 for safety net providers as described in 2007 Iowa Acts,
 108 25 chapter 218, section 108:
 108 26 \$ 206,708
 108 27 The Iowa collaborative safety net provider network may
 108 28 continue to distribute funds allocated pursuant to this
 108 29 lettered paragraph through existing contracts or renewal of
 108 30 existing contracts.
 108 31 The Iowa collaborative safety net provider network may
 108 32 continue to distribute funds allocated pursuant to this
 108 33 lettered paragraph through existing contracts or renewal of
 108 34 existing contracts.
 108 35 h. Of the funds appropriated in this subsection, \$87,950
 108 36 shall be used for continuation of the work of the direct care
 108 37 worker advisory council established pursuant to 2008 Iowa Acts,
 108 38 chapter 1188, section 69, in implementing the recommendations
 108 39 in the final report submitted by the advisory council to the
 108 40 governor and the general assembly in March 2012.
 108 41 i. (1) Of the funds appropriated in this subsection,
 108 42 \$89,438 shall be used for allocation to an independent
 108 43 statewide direct care worker organization under continuation
 109 1 of the contract in effect during the fiscal year ending June
 109 2 30, 2013, with terms determined by the director of public
 109 3 health relating to education, outreach, leadership development,
 109 4 mentoring, and other initiatives intended to enhance the
 109 5 recruitment and retention of direct care workers in health care
 109 6 and long-term care settings.
 109 7 (2) Of the funds appropriated in this subsection, \$37,500
 109 8 shall be used to provide scholarships or other forms of
 109 9 subsidization for direct care worker educational conferences,
 109 10 training, or outreach activities.

109 11 j. Of the funds appropriated in this subsection, the
109 12 department may use up to \$29,088 for up to one full-time
109 13 equivalent position to administer the volunteer health care
109 14 provider program pursuant to section 135.24.

109 15 k. Of the funds appropriated in this subsection, \$24,854
109 16 shall be used for a matching dental education loan repayment
109 17 program to be allocated to a dental nonprofit health service
109 18 corporation to develop the criteria and implement the loan
109 19 repayment program.

109 20 l. Of the funds appropriated in this subsection, \$52,912 is
109 21 transferred to the college student aid commission for deposit
109 22 in the rural Iowa primary care trust fund created in section
109 23 261.113 to be used for the purposes of the fund.

109 24 m. Of the funds appropriated in this subsection, \$75,000
109 25 shall be used for the purposes of the Iowa donor registry as
109 26 specified in section 142C.18.

109 27 n. Of the funds appropriated in this subsection, \$50,000
109 28 shall be used for continuation of a grant to a nationally
109 29 affiliated volunteer eye organization that has an established
109 30 program for children and adults and that is solely dedicated to
109 31 preserving sight and preventing blindness through education,
109 32 nationally certified vision screening and training, and
109 33 community and patient service programs. The organization
109 34 shall submit a report to the individuals identified in this
109 35 Act for submission of reports regarding the use of funds
109 36 allocated under this paragraph "n". The report shall include
109 37 the objectives and results for the program year including
109 38 the target population and how the funds allocated assisted
109 39 the program in meeting the objectives; the number, age, and
109 40 location within the state of individuals served; the type of
109 41 services provided to the individuals served; the distribution
109 42 of funds based on services provided; and the continuing needs
109 43 of the program.

110 1 o. Of the funds appropriated in this subsection, \$12,500
110 2 shall be used for the establishment of a wellness council under
110 3 the direction of the director of public health to increase
110 4 support for wellness activities in the state.

110 5 p. Of the funds appropriated in this section, \$579,075
110 6 is allocated to the Iowa collaborative safety net provider
110 7 network established pursuant to section 135.153 to be used for
110 8 the development and implementation of a statewide regionally
110 9 based network to provide an integrated approach to health
110 10 care delivery through care coordination that supports primary
110 11 care providers and links patients with community resources
110 12 necessary to empower patients in addressing biomedical and
110 13 social determinants of health to improve health outcomes. The
110 14 Iowa collaborative safety net provider network shall work in
110 15 conjunction with the department of human services to align the

110 16 integrated network with the health care delivery system model
 110 17 developed under the state innovation models initiative grant.
 110 18 The Iowa collaborative safety net provider network shall submit
 110 19 a progress report to the individuals designated in this Act for
 110 20 submission of reports by December 31, 2014, including progress
 110 21 in developing and implementing the network, how the funds
 110 22 were distributed and used in developing and implementing the
 110 23 network, and the remaining needs in developing and implementing
 110 24 the network.

110 25 q. Of the funds appropriated in this subsection, \$1,000,000
 110 26 shall be deposited in the medical residency training account
 110 27 created in section 135.175, subsection 5, paragraph "a", and
 110 28 is appropriated from the account to the department of public
 110 29 health to be used for the purposes of the medical residency
 110 30 training state matching grants program as specified in section
 110 31 135.176.

110 32 r. Of the funds appropriated in this section, \$25,000 shall
 110 33 be distributed to a statewide nonprofit organization to be used
 110 34 for the public purpose of supporting a partnership between
 110 35 medical providers and parents through community health centers
 110 36 to promote reading and encourage literacy skills so children
 110 37 enter school prepared for success in reading.

110 38 5. HEALTHY AGING

110 39 To provide public health services that reduce risks and
 110 40 invest in promoting and protecting good health over the
 110 41 course of a lifetime with a priority given to older lowans and
 110 42 vulnerable populations:

110 43 \$ 3,648,571

111 1 6. ENVIRONMENTAL HAZARDS

111 2 For reducing the public's exposure to hazards in the
 111 3 environment, primarily chemical hazards, and for not more than
 111 4 the following full-time equivalent positions:

111 5 \$ 401,935

111 6 FTEs 4.00

111 7 Of the funds appropriated in this subsection, \$268,875 shall
 111 8 be used for childhood lead poisoning provisions.

111 9 7. INFECTIOUS DISEASES

111 10 For reducing the incidence and prevalence of communicable
 111 11 diseases, and for not more than the following full-time
 111 12 equivalent positions:

111 13 \$ 667,578

111 14 FTEs 4.00

111 15 8. PUBLIC PROTECTION

111 16 For protecting the health and safety of the public through
 111 17 establishing standards and enforcing regulations, and for not
 111 18 more than the following full-time equivalent positions:

111 19 \$ 1,639,386

111 20 FTEs 131.00

111 21 a. Of the funds appropriated in this subsection, not more
 111 22 than \$227,350 shall be credited to the emergency medical
 111 23 services fund created in section 135.25. Moneys in the
 111 24 emergency medical services fund are appropriated to the
 111 25 department to be used for the purposes of the fund.

111 26 b. Of the funds appropriated in this subsection, \$101,516
 111 27 shall be used for sexual violence prevention programming
 111 28 through a statewide organization representing programs serving
 111 29 victims of sexual violence through the department's sexual
 111 30 violence prevention program. The amount allocated in this
 111 31 lettered paragraph shall not be used to supplant funding
 111 32 administered for other sexual violence prevention or victims
 111 33 assistance programs.

111 34 c. Of the funds appropriated in this subsection, \$299,376
 111 35 shall be used for the state poison control center.

111 36 9. RESOURCE MANAGEMENT

111 37 For establishing and sustaining the overall ability of the
 111 38 department to deliver services to the public, and for not more
 111 39 than the following full-time equivalent positions:

111 40	.....	\$	402,027
111 41	.....	FTEs	5.00

111 42 The university of Iowa hospitals and clinics under the
 111 43 control of the state board of regents shall not receive
 112 1 indirect costs from the funds appropriated in this section.
 112 2 The university of Iowa hospitals and clinics billings to the
 112 3 department shall be on at least a quarterly basis.

112 4 DIVISION XXX

112 5 DEPARTMENT OF VETERANS AFFAIRS — FY 2014-2015

112 6 Sec. 134. DEPARTMENT OF VETERANS AFFAIRS. There is
 112 7 appropriated from the general fund of the state to the
 112 8 department of veterans affairs for the fiscal year beginning
 112 9 July 1, 2014, and ending June 30, 2015, the following amounts,
 112 10 or so much thereof as is necessary, to be used for the purposes
 112 11 designated:

112 12 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

112 13 For salaries, support, maintenance, and miscellaneous
 112 14 purposes, and for not more than the following full-time
 112 15 equivalent positions:

112 16	.....	\$	546,754
112 17	.....	FTEs	13.00

112 18 2. IOWA VETERANS HOME

112 19 For salaries, support, maintenance, and miscellaneous
 112 20 purposes:

112 21	\$	3,762,857
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112 22 a. The Iowa veterans home billings involving the department
 112 23 of human services shall be submitted to the department on at
 112 24 least a monthly basis.

112 25 b. If there is a change in the employer of employees

112 26 providing services at the Iowa veterans home under a collective
 112 27 bargaining agreement, such employees and the agreement shall
 112 28 be continued by the successor employer as though there had not
 112 29 been a change in employer.

112 30 c. Within available resources and in conformance with
 112 31 associated state and federal program eligibility requirements,
 112 32 the Iowa veterans home may implement measures to provide
 112 33 financial assistance to or on behalf of veterans or their
 112 34 spouses who are participating in the community reentry program.

112 35 d. The Iowa veterans home expenditure report shall be
 112 36 submitted monthly to the legislative services agency.

112 37 3. HOME OWNERSHIP ASSISTANCE PROGRAM

112 38 For transfer to the Iowa finance authority for the
 112 39 continuation of the home ownership assistance program for
 112 40 persons who are or were eligible members of the armed forces of
 112 41 the United States, pursuant to section 16.54:

112 42 \$ 800,000

112 43 Sec. 135. LIMITATION OF COUNTY COMMISSIONS OF VETERAN

113 1 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 113 2 standing appropriation in the following designated section for
 113 3 the fiscal year beginning July 1, 2014, and ending June 30,
 113 4 2015, the amounts appropriated from the general fund of the
 113 5 state pursuant to that section for the following designated
 113 6 purposes shall not exceed the following amount:

113 7 For the county commissions of veteran affairs fund under
 113 8 section 35A.16:

113 9 \$ 495,000

113 10 DIVISION XXXI

113 11 DEPARTMENT OF HUMAN SERVICES — FY 2014-2015

113 12 Sec. 136. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK

113 13 GRANT. There is appropriated from the fund created in section
 113 14 8.41 to the department of human services for the fiscal year
 113 15 beginning July 1, 2014, and ending June 30, 2015, from moneys
 113 16 received under the federal temporary assistance for needy
 113 17 families (TANF) block grant pursuant to the federal Personal
 113 18 Responsibility and Work Opportunity Reconciliation Act of 1996,
 113 19 Pub.L.No.104-193, and successor legislation, the following
 113 20 amounts, or so much thereof as is necessary, to be used for the
 113 21 purposes designated:

113 22 1. To be credited to the family investment program account
 113 23 and used for assistance under the family investment program
 113 24 under chapter 239B:

113 25 \$ 9,058,474

113 26 2. To be credited to the family investment program account
 113 27 and used for the job opportunities and basic skills (JOBS)
 113 28 program and implementing family investment agreements in
 113 29 accordance with chapter 239B:

113 30 \$ 5,933,220

113 31 3. To be used for the family development and
 113 32 self-sufficiency grant program in accordance with section
 113 33 216A.107:
 113 34 \$ 1,449,490
 113 35 Notwithstanding section 8.33, moneys appropriated in this
 113 36 subsection that remain unencumbered or unobligated at the close
 113 37 of the fiscal year shall not revert but shall remain available
 113 38 for expenditure for the purposes designated until the close of
 113 39 the succeeding fiscal year. However, unless such moneys are
 113 40 encumbered or obligated on or before September 30, 2015, the
 113 41 moneys shall revert.
 113 42 4. For field operations:
 113 43 \$ 15,648,116
 114 1 5. For general administration:
 114 2 \$ 1,872,000
 114 3 6. For state child care assistance:
 114 4 \$ 12,866,344
 114 5 The funds appropriated in this subsection are transferred
 114 6 to the child care and development block grant appropriation
 114 7 made by the Eighty-fifth General Assembly, 2013 Session, for
 114 8 the federal fiscal year beginning October 1, 2014, and ending
 114 9 September 30, 2015. Of this amount, \$100,000 shall be used
 114 10 for provision of educational opportunities to registered
 114 11 child care home providers in order to improve services and
 114 12 programs offered by this category of providers and to increase
 114 13 the number of providers. The department may contract with
 114 14 institutions of higher education or child care resource and
 114 15 referral centers to provide the educational opportunities.
 114 16 Allowable administrative costs under the contracts shall not
 114 17 exceed 5 percent. The application for a grant shall not exceed
 114 18 two pages in length.
 114 19 7. For distribution to counties and regions through the
 114 20 property tax relief fund for mental health and disability
 114 21 services as provided in an appropriation made for this purpose:
 114 22 \$ 2,447,026
 114 23 8. For child and family services:
 114 24 \$ 16,042,215
 114 25 9. For child abuse prevention grants:
 114 26 \$ 62,500
 114 27 10. For pregnancy prevention grants on the condition that
 114 28 family planning services are funded:
 114 29 \$ 965,034
 114 30 Pregnancy prevention grants shall be awarded to programs
 114 31 in existence on or before July 1, 2014, if the programs have
 114 32 demonstrated positive outcomes. Grants shall be awarded to
 114 33 pregnancy prevention programs which are developed after July
 114 34 1, 2014, if the programs are based on existing models that
 114 35 have demonstrated positive outcomes. Grants shall comply with

114 36 the requirements provided in 1997 Iowa Acts, chapter 208,
 114 37 section 14, subsections 1 and 2, including the requirement that
 114 38 grant programs must emphasize sexual abstinence. Priority in
 114 39 the awarding of grants shall be given to programs that serve
 114 40 areas of the state which demonstrate the highest percentage of
 114 41 unplanned pregnancies of females of childbearing age within the
 114 42 geographic area to be served by the grant.

114 43 11. For technology needs and other resources necessary
 115 1 to meet federal welfare reform reporting, tracking, and case
 115 2 management requirements:
 115 3 \$ 518,593

115 4 The department shall transfer TANF block grant funding
 115 5 appropriated and allocated in this subsection to the child care
 115 6 and development block grant appropriation in accordance with
 115 7 federal law as necessary to comply with the provisions of this
 115 8 subsection.

115 9 12. For the family investment program share of the costs to
 115 10 continue to develop and maintain a new, integrated eligibility
 115 11 determination system:
 115 12 \$ 2,525,226

115 13 13. a. Notwithstanding any provision to the contrary,
 115 14 including but not limited to requirements in section 8.41 or
 115 15 provisions in 2013 or 2014 Iowa Acts regarding the receipt and
 115 16 appropriation of federal block grants, federal funds from the
 115 17 temporary assistance for needy families block grant received
 115 18 by the state not otherwise appropriated in this section and
 115 19 remaining available for the fiscal year beginning July 1, 2014,
 115 20 are appropriated to the department of human services to the
 115 21 extent as may be necessary to be used in the following priority
 115 22 order:the family investment program, for state child care
 115 23 assistance program payments for individuals enrolled in the
 115 24 family investment program who are employed, and for the family
 115 25 investment program share of costs to develop and maintain a
 115 26 new, integrated eligibility determination system. The federal
 115 27 funds appropriated in this paragraph "a" shall be expended only
 115 28 after all other funds appropriated in subsection 1 for the
 115 29 assistance under the family investment program, in subsection 6
 115 30 for child care assistance, or in subsection 12 for the family
 115 31 investment program share of the costs to continue to develop
 115 32 and maintain a new, integrated eligibility determination
 115 33 system, as applicable, have been expended.

115 34 b. The department shall, on a quarterly basis, advise the
 115 35 legislative services agency and department of management of
 115 36 the amount of funds appropriated in this subsection that was
 115 37 expended in the prior quarter.

115 38 14. Of the amounts appropriated in this section, \$6,481,004
 115 39 for the fiscal year beginning July 1, 2014, is transferred to
 115 40 the appropriation of the federal social services block grant

115 41 made to the department of human services for that fiscal year.
115 42 15. For continuation of the program providing categorical
115 43 eligibility for the food assistance program as specified for
116 1 the program in the section of this division relating to the
116 2 family investment program account:
116 3 \$ 12,500
116 4 16. The department may transfer funds allocated in this
116 5 section to the appropriations made in this division of this Act
116 6 for the same fiscal year for general administration and field
116 7 operations for resources necessary to implement and operate the
116 8 services referred to in this section and those funded in the
116 9 appropriation made in this division of this Act for the same
116 10 fiscal year for the family investment program from the general
116 11 fund of the state.
116 12 Sec. 137. FAMILY INVESTMENT PROGRAM ACCOUNT.
116 13 1. Moneys credited to the family investment program (FIP)
116 14 account for the fiscal year beginning July 1, 2014, and
116 15 ending June 30, 2015, shall be used to provide assistance in
116 16 accordance with chapter 239B.
116 17 2. The department may use a portion of the moneys credited
116 18 to the FIP account under this section as necessary for
116 19 salaries, support, maintenance, and miscellaneous purposes.
116 20 3. The department may transfer funds allocated in this
116 21 section to the appropriations made in this division of this Act
116 22 for the same fiscal year for general administration and field
116 23 operations for resources necessary to implement and operate the
116 24 services referred to in this section and those funded in the
116 25 appropriation made in this division of this Act for the same
116 26 fiscal year for the family investment program from the general
116 27 fund of the state.
116 28 4. Moneys appropriated in this division of this Act and
116 29 credited to the FIP account for the fiscal year beginning July
116 30 1, 2014, and ending June 30, 2015, are allocated as follows:
116 31 a. To be retained by the department of human services to
116 32 be used for coordinating with the department of human rights
116 33 to more effectively serve participants in FIP and other shared
116 34 clients and to meet federal reporting requirements under the
116 35 federal temporary assistance for needy families block grant:
116 36 \$ 10,000
116 37 b. To the department of human rights for staffing,
116 38 administration, and implementation of the family development
116 39 and self-sufficiency grant program in accordance with section
116 40 216A.107:
116 41 \$ 3,021,417
116 42 (1) Of the funds allocated for the family development and
116 43 self-sufficiency grant program in this lettered paragraph,
117 1 not more than 5 percent of the funds shall be used for the
117 2 administration of the grant program.

117 3 (2) The department of human rights may continue to implement
 117 4 the family development and self-sufficiency grant program
 117 5 statewide during fiscal year 2014-2015.

117 6 c. For the diversion subaccount of the FIP account:
 117 7 \$ 849,200

117 8 A portion of the moneys allocated for the subaccount may
 117 9 be used for field operations, salaries, data management
 117 10 system development, and implementation costs and support
 117 11 deemed necessary by the director of human services in order to
 117 12 administer the FIP diversion program. To the extent moneys
 117 13 allocated in this lettered paragraph are not deemed by the
 117 14 department to be necessary to support diversion activities,
 117 15 such moneys may be used for other efforts intended to increase
 117 16 engagement by family investment program participants in work,
 117 17 education, or training activities.

117 18 d. For the food assistance employment and training program:
 117 19 \$ 33,294

117 20 (1) The department shall apply the federal supplemental
 117 21 nutrition assistance program (SNAP) employment and training
 117 22 state plan in order to maximize to the fullest extent permitted
 117 23 by federal law the use of the 50 percent federal reimbursement
 117 24 provisions for the claiming of allowable federal reimbursement
 117 25 funds from the United States department of agriculture
 117 26 pursuant to the federal SNAP employment and training program
 117 27 for providing education, employment, and training services
 117 28 for eligible food assistance program participants, including
 117 29 but not limited to related dependent care and transportation
 117 30 expenses.

117 31 (2) The department shall continue the categorical federal
 117 32 food assistance program eligibility at 160 percent of the
 117 33 federal poverty level and continue to eliminate the asset test
 117 34 from eligibility requirements, consistent with federal food
 117 35 assistance program requirements. The department shall include
 117 36 as many food assistance households as is allowed by federal
 117 37 law. The eligibility provisions shall conform to all federal
 117 38 requirements including requirements addressing individuals who
 117 39 are incarcerated or otherwise ineligible.

117 40 e. For the JOBS program:
 117 41 \$ 9,845,408

117 42 5. Of the child support collections assigned under FIP,
 117 43 an amount equal to the federal share of support collections
 118 1 shall be credited to the child support recovery appropriation
 118 2 made in this division of this Act. Of the remainder of the
 118 3 assigned child support collections received by the child
 118 4 support recovery unit, a portion shall be credited to the FIP
 118 5 account, a portion may be used to increase recoveries, and a
 118 6 portion may be used to sustain cash flow in the child support
 118 7 payments account. If as a consequence of the appropriations

118 8 and allocations made in this section the resulting amounts
 118 9 are insufficient to sustain cash assistance payments and meet
 118 10 federal maintenance of effort requirements, the department
 118 11 shall seek supplemental funding. If child support collections
 118 12 assigned under FIP are greater than estimated or are otherwise
 118 13 determined not to be required for maintenance of effort, the
 118 14 state share of either amount may be transferred to or retained
 118 15 in the child support payment account.

118 16 6. The department may adopt emergency rules for the family
 118 17 investment, JOBS, food assistance, and medical assistance
 118 18 programs if necessary to comply with federal requirements.

118 19 Sec. 138. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 118 20 is appropriated from the general fund of the state to the
 118 21 department of human services for the fiscal year beginning July
 118 22 1, 2014, and ending June 30, 2015, the following amount, or
 118 23 so much thereof as is necessary, to be used for the purpose
 118 24 designated:

118 25 To be credited to the family investment program (FIP)
 118 26 account and used for family investment program assistance under
 118 27 chapter 239B:

118 28 \$ 24,218,607

118 29 1. Of the funds appropriated in this section, \$3,912,189 is
 118 30 allocated for the JOBS program.

118 31 2. Of the funds appropriated in this section, \$1,581,927 is
 118 32 allocated for the family development and self-sufficiency grant
 118 33 program.

118 34 3. Notwithstanding section 8.39, for the fiscal year
 118 35 beginning July 1, 2014, if necessary to meet federal
 118 36 maintenance of effort requirements or to transfer federal
 118 37 temporary assistance for needy families block grant funding
 118 38 to be used for purposes of the federal social services block
 118 39 grant or to meet cash flow needs resulting from delays in
 118 40 receiving federal funding or to implement, in accordance with
 118 41 this division of this Act, activities currently funded with
 118 42 juvenile court services, county, or community moneys and state
 118 43 moneys used in combination with such moneys, the department
 119 1 of human services may transfer funds within or between any
 119 2 of the appropriations made in this division of this Act and
 119 3 appropriations in law for the federal social services block
 119 4 grant to the department for the following purposes, provided
 119 5 that the combined amount of state and federal temporary
 119 6 assistance for needy families block grant funding for each
 119 7 appropriation remains the same before and after the transfer:

- 119 8 a. For the family investment program.
- 119 9 b. For child care assistance.
- 119 10 c. For child and family services.
- 119 11 d. For field operations.
- 119 12 e. For general administration.

119 13 f. For distribution to counties or regions for services to
 119 14 persons with mental illness or an intellectual disability.
 119 15 This subsection shall not be construed to prohibit the use
 119 16 of existing state transfer authority for other purposes. The
 119 17 department shall report any transfers made pursuant to this
 119 18 subsection to the legislative services agency.

119 19 4. Of the funds appropriated in this section, \$97,839 shall
 119 20 be used for continuation of a grant to an Iowa-based nonprofit
 119 21 organization with a history of providing tax preparation
 119 22 assistance to low-income Iowans in order to expand the usage of
 119 23 the earned income tax credit. The purpose of the grant is to
 119 24 supply this assistance to underserved areas of the state.

119 25 5. Of the funds appropriated in this section, \$20,000 shall
 119 26 be used for the continuation of an unfunded pilot project, as
 119 27 defined in 441 IAC 100.1, relating to parental obligations,
 119 28 in which the child support recovery unit participates, to
 119 29 support the efforts of a nonprofit organization committed
 119 30 to strengthening the community through youth development,
 119 31 healthy living, and social responsibility in a county with
 119 32 a population over 350,000. The funds allocated in this
 119 33 subsection shall be used by the recipient organization to
 119 34 develop a larger community effort, through public and private
 119 35 partnerships, to support a broad-based fatherhood initiative
 119 36 that promotes payment of child support obligations, improved
 119 37 family relationships, and full-time employment.

119 38 6. The department may transfer funds appropriated in this
 119 39 section to the appropriations made in this division of this Act
 119 40 for general administration and field operations as necessary
 119 41 to administer this section and the overall family investment
 119 42 program.

119 43 Sec. 139. CHILD SUPPORT RECOVERY. There is appropriated
 120 1 from the general fund of the state to the department of human
 120 2 services for the fiscal year beginning July 1, 2014, and ending
 120 3 June 30, 2015, the following amount, or so much thereof as is
 120 4 necessary, to be used for the purposes designated:

120 5 For child support recovery, including salaries, support,
 120 6 maintenance, and miscellaneous purposes, and for not more than
 120 7 the following full-time equivalent positions:

120 8	.....	\$	7,086,885
120 9	.....	FTEs	464.00

120 10 1. The department shall expend up to \$12,165, including
 120 11 federal financial participation, for the fiscal year beginning
 120 12 July 1, 2014, for a child support public awareness campaign.
 120 13 The department and the office of the attorney general shall
 120 14 cooperate in continuation of the campaign. The public
 120 15 awareness campaign shall emphasize, through a variety of
 120 16 media activities, the importance of maximum involvement of
 120 17 both parents in the lives of their children as well as the

120 18 importance of payment of child support obligations.
120 19 2. Federal access and visitation grant moneys shall be
120 20 issued directly to private not-for-profit agencies that provide
120 21 services designed to increase compliance with the child access
120 22 provisions of court orders, including but not limited to
120 23 neutral visitation sites and mediation services.
120 24 3. The appropriation made to the department for child
120 25 support recovery may be used throughout the fiscal year in the
120 26 manner necessary for purposes of cash flow management, and for
120 27 cash flow management purposes the department may temporarily
120 28 draw more than the amount appropriated, provided the amount
120 29 appropriated is not exceeded at the close of the fiscal year.
120 30 4. With the exception of the funding amount specified, the
120 31 requirements established under 2001 Iowa Acts, chapter 191,
120 32 section 3, subsection 5, paragraph "c", subparagraph (3), shall
120 33 be applicable to parental obligation pilot projects for the
120 34 fiscal year beginning July 1, 2014, and ending June 30, 2015.
120 35 Notwithstanding 441 IAC 100.8, providing for termination of
120 36 rules relating to the pilot projects, the rules shall remain
120 37 in effect until June 30, 2015.

120 38 Sec. 140. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
120 39 FY 2013-2014. Any funds remaining in the health care trust
120 40 fund created in section 453A.35A for the fiscal year beginning
120 41 July 1, 2014, and ending June 30, 2015, are appropriated to
120 42 the department of human services to supplement the medical
120 43 assistance program appropriations made in this division of this
121 1 Act, for medical assistance reimbursement and associated costs,
121 2 including program administration and costs associated with
121 3 program implementation.

121 4 Sec. 141. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE —
121 5 FY 2014-2015. Any funds remaining in the Medicaid fraud
121 6 fund created in section 249A.7 for the fiscal year beginning
121 7 July 1, 2014, and ending June 30, 2015, are appropriated to
121 8 the department of human services to supplement the medical
121 9 assistance appropriations made in this division of this Act,
121 10 for medical assistance reimbursement and associated costs,
121 11 including program administration and costs associated with
121 12 program implementation.

121 13 Sec. 142. MEDICAL ASSISTANCE. There is appropriated from
121 14 the general fund of the state to the department of human
121 15 services for the fiscal year beginning July 1, 2014, and ending
121 16 June 30, 2015, the following amount, or so much thereof as is
121 17 necessary, to be used for the purpose designated:
121 18 For medical assistance program reimbursement and associated
121 19 costs as specifically provided in the reimbursement
121 20 methodologies in effect on June 30, 2014, except as otherwise
121 21 expressly authorized by law, consistent with options under
121 22 federal law and regulations, and contingent upon receipt of

121 23 approval from the office of the governor of reimbursement for
121 24 each abortion performed under the program:
121 25 \$1,143,810,311
121 26 1. a. lowans support reducing the number of abortions
121 27 performed in our state. For an abortion covered under the
121 28 program, except in the case of a medical emergency, as defined
121 29 in section 135L.1, for any woman, the physician shall certify
121 30 both of the following:
121 31 (1) That the woman has been given the opportunity to view an
121 32 ultrasound image of the fetus as part of the standard of care
121 33 before an abortion is performed.
121 34 (2) That the woman has been provided information regarding
121 35 the options relative to a pregnancy, including continuing the
121 36 pregnancy to term and retaining parental rights following the
121 37 child's birth, continuing the pregnancy to term and placing the
121 38 child for adoption, and terminating the pregnancy.
121 39 b. Funds appropriated under this section shall not be used
121 40 for abortions, unless otherwise authorized under this section.
121 41 c. The provisions of this section relating to abortions
121 42 shall also apply to the Iowa health and wellness plan created
121 43 pursuant to chapter 249N, as enacted in this Act.
122 1 2. The department shall utilize not more than \$60,000 of
122 2 the funds appropriated in this section to continue the AIDS/HIV
122 3 health insurance premium payment program as established in 1992
122 4 Iowa Acts, Second Extraordinary Session, chapter 1001, section
122 5 409, subsection 6. Of the funds allocated in this subsection,
122 6 not more than \$5,000 may be expended for administrative
122 7 purposes.
122 8 3. Of the funds appropriated in this Act to the department
122 9 of public health for addictive disorders, \$950,000 for
122 10 the fiscal year beginning July 1, 2014, is transferred
122 11 to the department of human services for an integrated
122 12 substance-related disorder managed care system. The department
122 13 shall not assume management of the substance-related disorder
122 14 system in place of the managed care contractor unless such
122 15 a change in approach is specifically authorized in law.
122 16 The departments of human services and public health shall
122 17 work together to maintain the level of mental health and
122 18 substance-related disorder treatment services provided by the
122 19 managed care contractor through the Iowa plan for behavioral
122 20 health. Each department shall take the steps necessary to
122 21 continue the federal waivers as necessary to maintain the level
122 22 of services.
122 23 4. a. The department shall aggressively pursue options for
122 24 providing medical assistance or other assistance to individuals
122 25 with special needs who become ineligible to continue receiving
122 26 services under the early and periodic screening, diagnostic,
122 27 and treatment program under the medical assistance program

122 28 due to becoming 21 years of age who have been approved for
122 29 additional assistance through the department's exception to
122 30 policy provisions, but who have health care needs in excess
122 31 of the funding available through the exception to policy
122 32 provisions.

122 33 b. Of the funds appropriated in this section, \$100,000
122 34 shall be used for participation in one or more pilot projects
122 35 operated by a private provider to allow the individual or
122 36 individuals to receive service in the community in accordance
122 37 with principles established in *Olmstead v.L.C.*, 527 U.S.581
122 38 (1999), for the purpose of providing medical assistance or
122 39 other assistance to individuals with special needs who become
122 40 ineligible to continue receiving services under the early and
122 41 periodic screening, diagnostic, and treatment program under
122 42 the medical assistance program due to becoming 21 years of
122 43 age who have been approved for additional assistance through
123 1 the department's exception to policy provisions, but who have
123 2 health care needs in excess of the funding available through
123 3 the exception to the policy provisions.

123 4 5. Of the funds appropriated in this section, up to
123 5 \$3,050,082 may be transferred to the field operations or
123 6 general administration appropriations in this division of this
123 7 Act for operational costs associated with Part D of the federal
123 8 Medicare Prescription Drug Improvement and Modernization Act
123 9 of 2003, Pub.L.No.108-173.

123 10 6. Of the funds appropriated in this section, up to \$442,100
123 11 may be transferred to the appropriation in this division
123 12 of this Act for medical contracts to be used for clinical
123 13 assessment services and prior authorization of services.

123 14 7. A portion of the funds appropriated in this section
123 15 may be transferred to the appropriations in this division of
123 16 this Act for general administration, medical contracts, the
123 17 children's health insurance program, or field operations to be
123 18 used for the state match cost to comply with the payment error
123 19 rate measurement (PERM) program for both the medical assistance
123 20 and children's health insurance programs as developed by the
123 21 centers for Medicare and Medicaid services of the United States
123 22 department of health and human services to comply with the
123 23 federal Improper Payments Information Act of 2002, Pub.L.No.
123 24 107-300.

123 25 8. It is the intent of the general assembly that the
123 26 department continue to implement the recommendations of
123 27 the assuring better child health and development initiative
123 28 II (ABCDII) clinical panel to the Iowa early and periodic
123 29 screening, diagnostic, and treatment services healthy mental
123 30 development collaborative board regarding changes to billing
123 31 procedures, codes, and eligible service providers.

123 32 9. Of the funds appropriated in this section, a sufficient

123 33 amount is allocated to supplement the incomes of residents of
 123 34 nursing facilities, intermediate care facilities for persons
 123 35 with mental illness, and intermediate care facilities for
 123 36 persons with an intellectual disability, with incomes of less
 123 37 than \$50 in the amount necessary for the residents to receive a
 123 38 personal needs allowance of \$50 per month pursuant to section
 123 39 249A.30A.

123 40 10. Of the funds appropriated in this section, the following
 123 41 amounts are transferred to the appropriations made in this
 123 42 division of this Act for the state mental health institutes:
 123 43 a. Cherokee mental health institute \$ 9,098,425
 124 1 b. Clarinda mental health institute \$ 1,977,305
 124 2 c. Independence mental health institute ... \$ 9,045,894
 124 3 d. Mount Pleasant mental health institute \$ 5,752,587

124 4 11. a. Of the funds appropriated in this section,
 124 5 \$7,969,074 is allocated for the state match for a
 124 6 disproportionate share hospital payment of \$19,133,430 to
 124 7 hospitals that meet both of the conditions specified in
 124 8 subparagraphs (1) and (2). In addition, the hospitals that
 124 9 meet the conditions specified shall either certify public
 124 10 expenditures or transfer to the medical assistance program
 124 11 an amount equal to provide the nonfederal share for a
 124 12 disproportionate share hospital payment of \$7,500,000. The
 124 13 hospitals that meet the conditions specified shall receive and
 124 14 retain 100 percent of the total disproportionate share hospital
 124 15 payment of \$26,633,430.

124 16 (1) The hospital qualifies for disproportionate share and
 124 17 graduate medical education payments.

124 18 (2) The hospital is an Iowa state-owned hospital with more
 124 19 than 500 beds and eight or more distinct residency specialty
 124 20 or subspecialty programs recognized by the American college of
 124 21 graduate medical education.

124 22 b. Distribution of the disproportionate share payments
 124 23 shall be made on a monthly basis. The total amount of
 124 24 disproportionate share payments including graduate medical
 124 25 education, enhanced disproportionate share, and Iowa
 124 26 state-owned teaching hospital payments shall not exceed the
 124 27 amount of the state's allotment under Pub.L.No.102-234.

124 28 In addition, the total amount of all disproportionate
 124 29 share payments shall not exceed the hospital-specific
 124 30 disproportionate share limits under Pub.L.No.103-66.

124 31 12. The university of Iowa hospitals and clinics shall
 124 32 either certify public expenditures or transfer to the
 124 33 appropriations made in this division of this Act for medical
 124 34 assistance an amount equal to provide the nonfederal share
 124 35 for increased medical assistance payments for inpatient and
 124 36 outpatient hospital services of \$9,900,000. The university of
 124 37 Iowa hospitals and clinics shall receive and retain 100 percent

124 38 of the total increase in medical assistance payments.
124 39 13. One hundred percent of the nonfederal share of payments
124 40 to area education agencies that are medical assistance
124 41 providers for medical assistance-covered services provided to
124 42 medical assistance-covered children, shall be made from the
124 43 appropriation made in this section.

125 1 14. Any new or renewed contract entered into by the
125 2 department with a third party to administer behavioral health
125 3 services under the medical assistance program shall provide
125 4 that any interest earned on payments from the state during
125 5 the state fiscal year shall be remitted to the department
125 6 and treated as recoveries to offset the costs of the medical
125 7 assistance program.

125 8 15. The department shall continue to implement the
125 9 provisions in 2007 Iowa Acts, chapter 218, section 124 and
125 10 section 126, as amended by 2008 Iowa Acts, chapter 1188,
125 11 section 55, relating to eligibility for certain persons with
125 12 disabilities under the medical assistance program in accordance
125 13 with the federal Family Opportunity Act.

125 14 16. A portion of the funds appropriated in this section
125 15 may be transferred to the appropriation in this division of
125 16 this Act for medical contracts to be used for administrative
125 17 activities associated with the money follows the person
125 18 demonstration project.

125 19 17. Of the funds appropriated in this section, \$349,011
125 20 shall be used for the administration of the health insurance
125 21 premium payment program, including salaries, support,
125 22 maintenance, and miscellaneous purposes.

125 23 18. a. The department shall continue to implement the cost
125 24 containment strategies for the medical assistance program in
125 25 the fiscal year beginning July 1, 2014, that were recommended
125 26 by the governor for the fiscal year beginning July 1, 2013, as
125 27 specified in this Act and may adopt emergency rules for such
125 28 implementation.

125 29 b. The department may increase the amounts allocated for
125 30 salaries, support, maintenance, and miscellaneous purposes
125 31 associated with the medical assistance program, as necessary,
125 32 to implement the cost containment strategies. The department
125 33 shall report any such increase to the legislative services
125 34 agency and the department of management.

125 35 c. If the savings to the medical assistance program exceed
125 36 the cost for the fiscal year beginning July 1, 2014, the
125 37 department may transfer any savings generated for the fiscal
125 38 year due to medical assistance program cost containment efforts
125 39 to the appropriation made in this division of this Act for
125 40 medical contracts or general administration to defray the
125 41 increased contract costs associated with implementing such
125 42 efforts.

125 43 d. The department shall report the implementation of
126 1 any cost containment strategies under this subsection to
126 2 the individuals specified in this division of this Act for
126 3 submission of reports on a quarterly basis.

126 4 19. a. Of the funds appropriated in this section, \$900,000
126 5 shall be used to continue implementation of the children's
126 6 mental health home project proposed by the department of human
126 7 services and reported to the general assembly's mental health
126 8 and disability services study committee in December 2011. Of
126 9 this amount, up to \$50,000 may be transferred by the department
126 10 to the appropriation made in this division of this Act to the
126 11 department for the same fiscal year for general administration
126 12 to be used for associated administrative expenses and for not
126 13 more than one full-time equivalent position, in addition to
126 14 those authorized for the same fiscal year, to be assigned to
126 15 implementing the project.

126 16 b. Of the funds appropriated in this section, up to \$400,000
126 17 may be transferred by the department to the appropriation made
126 18 to the department in this division of this Act for the same
126 19 fiscal year for general administration to continue to support
126 20 the redesign of mental health and disability services and
126 21 the state balancing incentive payments program planning and
126 22 implementation activities. The funds may be used for contracts
126 23 or for personnel in addition to the amounts appropriated for
126 24 and the positions authorized for general administration for the
126 25 same fiscal year.

126 26 c. Of the funds appropriated in this section, up to
126 27 \$3,000,000 may be transferred by the department to the
126 28 appropriations made to the department in this division of
126 29 this Act for the same fiscal year for general administration
126 30 or medical contracts to be used to continue to support the
126 31 development and implementation of standardized assessment tools
126 32 for persons with mental illness, an intellectual disability, a
126 33 developmental disability, or a brain injury.

126 34 d. For the fiscal year beginning July 1, 2014, and ending
126 35 June 30, 2015, the replacement generation tax revenues required
126 36 to be deposited in the property tax relief fund pursuant to
126 37 section 437A.8, subsection 4, paragraph "d", and section
126 38 437A.15, subsection 3, paragraph "f", shall instead be credited
126 39 to and supplement the appropriation made in this section and
126 40 used for the allocations made in this subsection.

126 41 20. The department shall continue to administer the state
126 42 balancing incentive payments program as specified in 2012 Iowa
126 43 Acts, chapter 1133, section 14.

127 1 21. Of the funds appropriated in this section, \$250,000
127 2 shall be used for lodging expenses associated with care
127 3 provided at the university of Iowa hospitals and clinics for
127 4 patients with cancer whose travel distance is 30 miles or more

127 5 and whose income is at or below 200 percent of the federal
 127 6 poverty level as defined by the most recently revised poverty
 127 7 income guidelines published by the United States department of
 127 8 health and human services. The department of human services
 127 9 shall establish the maximum number of overnight stays and the
 127 10 maximum rate reimbursed for overnight lodging, which may be
 127 11 based on the state employee rate established by the department
 127 12 of administrative services. The funds allocated in this
 127 13 subsection shall not be used as nonfederal share matching
 127 14 funds.

127 15 Sec. 143. MEDICAL CONTRACTS. There is appropriated from the
 127 16 general fund of the state to the department of human services
 127 17 for the fiscal year beginning July 1, 2013, and ending June 30,
 127 18 2014, the following amount, or so much thereof as is necessary,
 127 19 to be used for the purpose designated:

127 20 For medical contracts:
 127 21 \$ 6,145,785

127 22 1. The department of inspections and appeals shall
 127 23 provide all state matching funds for survey and certification
 127 24 activities performed by the department of inspections
 127 25 and appeals. The department of human services is solely
 127 26 responsible for distributing the federal matching funds for
 127 27 such activities.

127 28 2. Of the funds appropriated in this section, \$25,000 shall
 127 29 be used for continuation of home and community-based services
 127 30 waiver quality assurance programs, including the review and
 127 31 streamlining of processes and policies related to oversight and
 127 32 quality management to meet state and federal requirements.

127 33 3. Of the amount appropriated in this section, up to
 127 34 \$100,000 may be transferred to the appropriation for general
 127 35 administration in this division of this Act to be used for
 127 36 additional full-time equivalent positions in the development of
 127 37 key health initiatives such as cost containment, development
 127 38 and oversight of managed care programs, and development of
 127 39 health strategies targeted toward improved quality and reduced
 127 40 costs in the Medicaid program.

127 41 4. Of the funds appropriated in this section, \$500,000 shall
 127 42 be used for planning and development, in cooperation with the
 127 43 department of public health, of a phased-in program to provide
 128 1 a dental home for children.

128 2 5. Of the funds appropriated in this section, \$37,500 shall
 128 3 be used for continued implementation of a uniform cost report.

128 4 6. Of the funds appropriated in this section, \$1,000,000
 128 5 shall be used for the autism support program created in chapter
 128 6 225D, as enacted in this Act.

128 7 7. Of the funds appropriated in this section, \$49,895 shall
 128 8 be used for continued implementation of an electronic medical
 128 9 records system.

128 10 Sec. 144. STATE SUPPLEMENTARY ASSISTANCE.

128 11 1. There is appropriated from the general fund of the

128 12 state to the department of human services for the fiscal year

128 13 beginning July 1, 2014, and ending June 30, 2015, the following

128 14 amount, or so much thereof as is necessary, to be used for the

128 15 purpose designated:

128 16 For the state supplementary assistance program:

128 17 \$ 8,256,087

128 18 2. The department shall increase the personal needs

128 19 allowance for residents of residential care facilities by the

128 20 same percentage and at the same time as federal supplemental

128 21 security income and federal social security benefits are

128 22 increased due to a recognized increase in the cost of living.

128 23 The department may adopt emergency rules to implement this

128 24 subsection.

128 25 3. If during the fiscal year beginning July 1, 2014,

128 26 the department projects that state supplementary assistance

128 27 expenditures for a calendar year will not meet the federal

128 28 pass-through requirement specified in Tit.XVI of the federal

128 29 Social Security Act, section 1618, as codified in 42 U.S.C.

128 30 §1382g, the department may take actions including but not

128 31 limited to increasing the personal needs allowance for

128 32 residential care facility residents and making programmatic

128 33 adjustments or upward adjustments of the residential care

128 34 facility or in-home health-related care reimbursement rates

128 35 prescribed in this division of this Act to ensure that federal

128 36 requirements are met. In addition, the department may make

128 37 other programmatic and rate adjustments necessary to remain

128 38 within the amount appropriated in this section while ensuring

128 39 compliance with federal requirements. The department may adopt

128 40 emergency rules to implement the provisions of this subsection.

128 41 Sec. 145. CHILDREN'S HEALTH INSURANCE PROGRAM.

128 42 1. There is appropriated from the general fund of the

128 43 state to the department of human services for the fiscal year

129 1 beginning July 1, 2014, and ending June 30, 2015, the following

129 2 amount, or so much thereof as is necessary, to be used for the

129 3 purpose designated:

129 4 For maintenance of the healthy and well kids in Iowa (hawk-i)

129 5 program pursuant to chapter 514I, including supplemental dental

129 6 services, for receipt of federal financial participation under

129 7 Tit.XXI of the federal Social Security Act, which creates the

129 8 children's health insurance program:

129 9 \$ 18,403,051

129 10 2. Of the funds appropriated in this section, \$70,725 is

129 11 allocated for continuation of the contract for outreach with

129 12 the department of public health.

129 13 Sec. 146. CHILD CARE ASSISTANCE. There is appropriated

129 14 from the general fund of the state to the department of human

129 15 services for the fiscal year beginning July 1, 2014, and ending
129 16 June 30, 2015, the following amount, or so much thereof as is
129 17 necessary, to be used for the purpose designated:
129 18 For child care programs:
129 19 \$ 31,354,897
129 20 1. Of the funds appropriated in this section, \$27,377,595
129 21 shall be used for state child care assistance in accordance
129 22 with section 237A.13.
129 23 2. Nothing in this section shall be construed or is
129 24 intended as or shall imply a grant of entitlement for services
129 25 to persons who are eligible for assistance due to an income
129 26 level consistent with the waiting list requirements of section
129 27 237A.13. Any state obligation to provide services pursuant to
129 28 this section is limited to the extent of the funds appropriated
129 29 in this section.
129 30 3. Of the funds appropriated in this section, \$216,227 is
129 31 allocated for the statewide program for child care resource
129 32 and referral services under section 237A.26. A list of the
129 33 registered and licensed child care facilities operating in the
129 34 area served by a child care resource and referral service shall
129 35 be made available to the families receiving state child care
129 36 assistance in that area.
129 37 4. Of the funds appropriated in this section, \$468,487
129 38 is allocated for child care quality improvement initiatives
129 39 including but not limited to the voluntary quality rating
129 40 system in accordance with section 237A.30.
129 41 5. Of the funds appropriated in this section, \$67,589 shall
129 42 be used to conduct fingerprint-based national criminal history
129 43 record checks of home-based child care providers pursuant
130 1 to section 237A.5, subsection 2, through the United States
130 2 department of justice, federal bureau of investigation.
130 3 6. Of the amount appropriated in this section, up to
130 4 \$12,500 shall be used to continue to implement a searchable
130 5 internet-based application as part of the consumer information
130 6 made available under section 237A.25. The application shall
130 7 provide a listing of the child care providers in this state
130 8 that have received a rating under the voluntary quality rating
130 9 system implemented pursuant to section 237A.30 and information
130 10 on whether a provider specializes in child care for infants,
130 11 school-age children, children with special needs, or other
130 12 populations or provides any other specialized services to
130 13 support family needs.
130 14 7. Of the funds appropriated in this section, \$3,175,000
130 15 shall be credited to the early childhood programs grants
130 16 account in the early childhood Iowa fund created in section
130 17 256I.11. The moneys shall be distributed for funding of
130 18 community-based early childhood programs targeted to children
130 19 from birth through five years of age developed by early

130 20 childhood lowa areas in accordance with approved community
130 21 plans as provided in section 256I.8.

130 22 8. The department may use any of the funds appropriated
130 23 in this section as a match to obtain federal funds for use in
130 24 expanding child care assistance and related programs. For
130 25 the purpose of expenditures of state and federal child care
130 26 funding, funds shall be considered obligated at the time
130 27 expenditures are projected or are allocated to the department's
130 28 service areas. Projections shall be based on current and
130 29 projected caseload growth, current and projected provider
130 30 rates, staffing requirements for eligibility determination
130 31 and management of program requirements including data systems
130 32 management, staffing requirements for administration of the
130 33 program, contractual and grant obligations and any transfers
130 34 to other state agencies, and obligations for decategorization
130 35 or innovation projects.

130 36 9. A portion of the state match for the federal child care
130 37 and development block grant shall be provided as necessary to
130 38 meet federal matching funds requirements through the state
130 39 general fund appropriation made for child development grants
130 40 and other programs for at-risk children in section 279.51.

130 41 10. If a uniform reduction ordered by the governor under
130 42 section 8.31 or other operation of law, transfer, or federal
130 43 funding reduction reduces the appropriation made in this
131 1 section for the fiscal year, the percentage reduction in the
131 2 amount paid out to or on behalf of the families participating
131 3 in the state child care assistance program shall be equal to or
131 4 less than the percentage reduction made for any other purpose
131 5 payable from the appropriation made in this section and the
131 6 federal funding relating to it. The percentage reduction to
131 7 the other allocations made in this section shall be the same as
131 8 the uniform reduction ordered by the governor or the percentage
131 9 change of the federal funding reduction, as applicable.

131 10 If there is an unanticipated increase in federal funding
131 11 provided for state child care assistance, the entire amount
131 12 of the increase shall be used for state child care assistance
131 13 payments. If the appropriations made for purposes of the
131 14 state child care assistance program for the fiscal year are
131 15 determined to be insufficient, it is the intent of the general
131 16 assembly to appropriate sufficient funding for the fiscal year
131 17 in order to avoid establishment of waiting list requirements.

131 18 11. Notwithstanding section 8.33, moneys advanced for
131 19 purposes of the programs developed by early childhood lowa
131 20 areas, advanced for purposes of wraparound child care, or
131 21 received from the federal appropriations made for the purposes
131 22 of this section that remain unencumbered or unobligated at the
131 23 close of the fiscal year shall not revert to any fund but shall
131 24 remain available for expenditure for the purposes designated

131 25 until the close of the succeeding fiscal year.

131 26 Sec. 147. JUVENILE INSTITUTIONS. There is appropriated

131 27 from the general fund of the state to the department of human

131 28 services for the fiscal year beginning July 1, 2014, and ending

131 29 June 30, 2015, the following amounts, or so much thereof as is

131 30 necessary, to be used for the purposes designated:

131 31 1. For operation of the Iowa juvenile home at Toledo and for

131 32 salaries, support, maintenance, and miscellaneous purposes, and

131 33 for not more than the following full-time equivalent positions:

131 34	.....	\$	4,429,678
131 35	.....	FTEs	114.00

131 36 2. For operation of the state training school at Eldora and

131 37 for salaries, support, maintenance, and miscellaneous purposes,

131 38 and for not more than the following full-time equivalent

131 39 positions:

131 40	.....	\$	5,628,485
131 41	.....	FTEs	164.30

131 42 Of the funds appropriated in this subsection, \$45,575 shall

131 43 be used for distribution to licensed classroom teachers at this

132 1 and other institutions under the control of the department of

132 2 human services based upon the average student yearly enrollment

132 3 at each institution as determined by the department.

132 4 3. A portion of the moneys appropriated in this section

132 5 shall be used by the state training school and by the Iowa

132 6 juvenile home for grants for adolescent pregnancy prevention

132 7 activities at the institutions in the fiscal year beginning

132 8 July 1, 2014.

132 9 Sec. 148. CHILD AND FAMILY SERVICES.

132 10 1. There is appropriated from the general fund of the

132 11 state to the department of human services for the fiscal year

132 12 beginning July 1, 2014, and ending June 30, 2015, the following

132 13 amount, or so much thereof as is necessary, to be used for the

132 14 purpose designated:

132 15 For child and family services:

132 16	\$	45,641,960
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132 17 2. Up to \$2,600,000 of the amount of federal temporary

132 18 assistance for needy families block grant funding appropriated

132 19 in this division of this Act for child and family services

132 20 shall be made available for purposes of juvenile delinquent

132 21 graduated sanction services.

132 22 3. The department may transfer funds appropriated in this

132 23 section as necessary to pay the nonfederal costs of services

132 24 reimbursed under the medical assistance program, state child

132 25 care assistance program, or the family investment program which

132 26 are provided to children who would otherwise receive services

132 27 paid under the appropriation in this section. The department

132 28 may transfer funds appropriated in this section to the

132 29 appropriations made in this division of this Act for general

132 30 administration and for field operations for resources necessary
132 31 to implement and operate the services funded in this section.
132 32 4. a. Of the funds appropriated in this section, up to
132 33 \$16,121,163 is allocated as the statewide expenditure target
132 34 under section 232.143 for group foster care maintenance and
132 35 services. If the department projects that such expenditures
132 36 for the fiscal year will be less than the target amount
132 37 allocated in this lettered paragraph, the department may
132 38 reallocate the excess to provide additional funding for shelter
132 39 care or the child welfare emergency services addressed with the
132 40 allocation for shelter care.
132 41 b. If at any time after September 30, 2014, annualization
132 42 of a service area's current expenditures indicates a service
132 43 area is at risk of exceeding its group foster care expenditure
133 1 target under section 232.143 by more than 5 percent, the
133 2 department and juvenile court services shall examine all
133 3 group foster care placements in that service area in order to
133 4 identify those which might be appropriate for termination.
133 5 In addition, any aftercare services believed to be needed
133 6 for the children whose placements may be terminated shall be
133 7 identified. The department and juvenile court services shall
133 8 initiate action to set dispositional review hearings for the
133 9 placements identified. In such a dispositional review hearing,
133 10 the juvenile court shall determine whether needed aftercare
133 11 services are available and whether termination of the placement
133 12 is in the best interest of the child and the community.
133 13 5. In accordance with the provisions of section 232.188,
133 14 the department shall continue the child welfare and juvenile
133 15 justice funding initiative during fiscal year 2014-2015. Of
133 16 the funds appropriated in this section, \$858,877 is allocated
133 17 specifically for expenditure for fiscal year 2014-2015 through
133 18 the decategorization service funding pools and governance
133 19 boards established pursuant to section 232.188.
133 20 6. A portion of the funds appropriated in this section
133 21 may be used for emergency family assistance to provide other
133 22 resources required for a family participating in a family
133 23 preservation or reunification project or successor project to
133 24 stay together or to be reunified.
133 25 7. Notwithstanding section 234.35 or any other provision
133 26 of law to the contrary, state funding for shelter care and
133 27 the child welfare emergency services contracting implemented
133 28 to provide for or prevent the need for shelter care shall be
133 29 limited to \$3,808,024.
133 30 8. Federal funds received by the state during the fiscal
133 31 year beginning July 1, 2014, as the result of the expenditure
133 32 of state funds appropriated during a previous state fiscal
133 33 year for a service or activity funded under this section are
133 34 appropriated to the department to be used as additional funding

133 35 for services and purposes provided for under this section.
133 36 Notwithstanding section 8.33, moneys received in accordance
133 37 with this subsection that remain unencumbered or unobligated at
133 38 the close of the fiscal year shall not revert to any fund but
133 39 shall remain available for the purposes designated until the
133 40 close of the succeeding fiscal year.

133 41 9. a. Of the funds appropriated in this section, up to
133 42 \$1,645,000 is allocated for the payment of the expenses of
133 43 court-ordered services provided to juveniles who are under the
134 1 supervision of juvenile court services, which expenses are a
134 2 charge upon the state pursuant to section 232.141, subsection
134 3 4. Of the amount allocated in this lettered paragraph, up
134 4 to \$778,144 shall be made available to provide school-based
134 5 supervision of children adjudicated under chapter 232, of which
134 6 not more than \$7,500 may be used for the purpose of training.
134 7 A portion of the cost of each school-based liaison officer
134 8 shall be paid by the school district or other funding source as
134 9 approved by the chief juvenile court officer.

134 10 b. Of the funds appropriated in this section, up to \$374,493
134 11 is allocated for the payment of the expenses of court-ordered
134 12 services provided to children who are under the supervision
134 13 of the department, which expenses are a charge upon the state
134 14 pursuant to section 232.141, subsection 4.

134 15 c. Notwithstanding section 232.141 or any other provision
134 16 of law to the contrary, the amounts allocated in this
134 17 subsection shall be distributed to the judicial districts
134 18 as determined by the state court administrator and to the
134 19 department's service areas as determined by the administrator
134 20 of the department's division of child and family services. The
134 21 state court administrator and the division administrator shall
134 22 make the determination of the distribution amounts on or before
134 23 June 15, 2014.

134 24 d. Notwithstanding chapter 232 or any other provision of
134 25 law to the contrary, a district or juvenile court shall not
134 26 order any service which is a charge upon the state pursuant
134 27 to section 232.141 if there are insufficient court-ordered
134 28 services funds available in the district court or departmental
134 29 service area distribution amounts to pay for the service. The
134 30 chief juvenile court officer and the departmental service area
134 31 manager shall encourage use of the funds allocated in this
134 32 subsection such that there are sufficient funds to pay for
134 33 all court-related services during the entire year. The chief
134 34 juvenile court officers and departmental service area managers
134 35 shall attempt to anticipate potential surpluses and shortfalls
134 36 in the distribution amounts and shall cooperatively request the
134 37 state court administrator or division administrator to transfer
134 38 funds between the judicial districts' or departmental service
134 39 areas' distribution amounts as prudent.

134 40 e. Notwithstanding any provision of law to the contrary,
134 41 a district or juvenile court shall not order a county to pay
134 42 for any service provided to a juvenile pursuant to an order
134 43 entered under chapter 232 which is a charge upon the state
135 1 under section 232.141, subsection 4.
135 2 f. Of the funds allocated in this subsection, not more than
135 3 \$41,500 may be used by the judicial branch for administration
135 4 of the requirements under this subsection.
135 5 g. Of the funds allocated in this subsection, \$8,500
135 6 shall be used by the department of human services to support
135 7 the interstate commission for juveniles in accordance with
135 8 the interstate compact for juveniles as provided in section
135 9 232.173.
135 10 10. Of the funds appropriated in this section, \$4,026,613 is
135 11 allocated for juvenile delinquent graduated sanctions services.
135 12 Any state funds saved as a result of efforts by juvenile court
135 13 services to earn federal Tit.IV-E match for juvenile court
135 14 services administration may be used for the juvenile delinquent
135 15 graduated sanctions services.
135 16 11. Of the funds appropriated in this section, \$804,143 is
135 17 transferred to the department of public health to be used for
135 18 the child protection center grant program in accordance with
135 19 section 135.118. The grant amounts under the program shall be
135 20 equalized so that each center receives a uniform amount of at
135 21 least \$122,500.
135 22 12. If the department receives federal approval to
135 23 implement a waiver under Tit.IV-E of the federal Social
135 24 Security Act to enable providers to serve children who remain
135 25 in the children's families and communities, for purposes of
135 26 eligibility under the medical assistance program through 25
135 27 years of age, children who participate in the waiver shall be
135 28 considered to be placed in foster care.
135 29 13. Of the funds appropriated in this section, \$1,628,490 is
135 30 allocated for the preparation for adult living program pursuant
135 31 to section 234.46.
135 32 14. Of the funds appropriated in this section, \$260,075
135 33 shall be used for juvenile drug courts. The amount allocated
135 34 in this subsection shall be distributed as follows:
135 35 To the judicial branch for salaries to assist with the
135 36 operation of juvenile drug court programs operated in the
135 37 following jurisdictions:
135 38 a. Marshall county:
135 39 \$ 31,354
135 40 b. Woodbury county:
135 41 \$ 62,841
135 42 c. Polk county:
135 43 \$ 97,946
136 1 d. The third judicial district:

136 2 \$ 33,967
 136 3 e. The eighth judicial district:
 136 4 \$ 33,967
 136 5 15. Of the funds appropriated in this section, \$113,669
 136 6 shall be used for the public purpose of continuing a grant to
 136 7 a nonprofit human services organization providing services to
 136 8 individuals and families in multiple locations in southwest
 136 9 Iowa and Nebraska for support of a project providing immediate,
 136 10 sensitive support and forensic interviews, medical exams, needs
 136 11 assessments, and referrals for victims of child abuse and their
 136 12 nonoffending family members.
 136 13 16. Of the funds appropriated in this section, \$100,295
 136 14 is allocated for the foster care youth council approach of
 136 15 providing a support network to children placed in foster care.
 136 16 17. Of the funds appropriated in this section, \$101,000 is
 136 17 allocated for use pursuant to section 235A.1 for continuation
 136 18 of the initiative to address child sexual abuse implemented
 136 19 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 136 20 21.
 136 21 18. Of the funds appropriated in this section, \$315,120 is
 136 22 allocated for the community partnership for child protection
 136 23 sites.
 136 24 19. Of the funds appropriated in this section, \$185,625
 136 25 is allocated for the department's minority youth and family
 136 26 projects under the redesign of the child welfare system.
 136 27 20. Of the funds appropriated in this section, \$718,298
 136 28 is allocated for funding of the community circle of care
 136 29 collaboration for children and youth in northeast Iowa.
 136 30 21. Of the funds appropriated in this section, at least
 136 31 \$73,579 shall be used for the child welfare training academy.
 136 32 22. Of the funds appropriated in this section, \$12,500
 136 33 shall be used for the public purpose of continuation of a
 136 34 grant to a child welfare services provider headquartered in a
 136 35 county with a population between 205,000 and 215,000 in the
 136 36 latest certified federal census that provides multiple services
 136 37 including but not limited to a psychiatric medical institution
 136 38 for children, shelter, residential treatment, after school
 136 39 programs, school-based programming, and an Asperger's syndrome
 136 40 program, to be used for support services for children with
 136 41 autism spectrum disorder and their families.
 136 42 23. Of the funds appropriated in this section, \$12,500
 136 43 shall be used for the public purpose of continuing a grant to
 137 1 a hospital-based provider headquartered in a county with a
 137 2 population between 90,000 and 95,000 in the latest certified
 137 3 federal census that provides multiple services including
 137 4 but not limited to diagnostic, therapeutic, and behavioral
 137 5 services to individuals with autism spectrum disorder across
 137 6 the lifespan. The grant recipient shall utilize the funds

137 7 to continue the pilot project to determine the necessary
 137 8 support services for children with autism spectrum disorder and
 137 9 their families to be included in the children's disabilities
 137 10 services system. The grant recipient shall submit findings and
 137 11 recommendations based upon the results of the pilot project
 137 12 to the individuals specified in this division of this Act for
 137 13 submission of reports by December 31, 2014.

137 14 24. Of the funds appropriated in this section, \$163,974
 137 15 shall be used for continuation of the central Iowa system of
 137 16 care program grant through June 30, 2015.

137 17 25. Of the funds appropriated in this section, \$80,000 shall
 137 18 be used for the public purpose of the continuation of a system
 137 19 of care grant implemented in Cerro Gordo and Linn counties.

137 20 26. Of the funds appropriated in this section, at least
 137 21 \$12,500 shall be used to continue and to expand the foster
 137 22 care respite pilot program in which postsecondary students in
 137 23 social work and other human services-related programs receive
 137 24 experience by assisting family foster care providers with
 137 25 respite and other support.

137 26 Sec. 149. ADOPTION SUBSIDY.

137 27 1. There is appropriated from the general fund of the
 137 28 state to the department of human services for the fiscal year
 137 29 beginning July 1, 2014, and ending June 30, 2015, the following
 137 30 amount, or so much thereof as is necessary, to be used for the
 137 31 purpose designated:

137 32 For adoption subsidy payments and services:
 137 33 \$ 20,364,641

137 34 2. The department may transfer funds appropriated in
 137 35 this section to the appropriation made in this division of
 137 36 this Act for general administration for costs paid from the
 137 37 appropriation relating to adoption subsidy.

137 38 3. Federal funds received by the state during the
 137 39 fiscal year beginning July 1, 2014, as the result of the
 137 40 expenditure of state funds during a previous state fiscal
 137 41 year for a service or activity funded under this section are
 137 42 appropriated to the department to be used as additional funding
 137 43 for the services and activities funded under this section.

138 1 Notwithstanding section 8.33, moneys received in accordance
 138 2 with this subsection that remain unencumbered or unobligated
 138 3 at the close of the fiscal year shall not revert to any fund
 138 4 but shall remain available for expenditure for the purposes
 138 5 designated until the close of the succeeding fiscal year.

138 6 Sec. 150. JUVENILE DETENTION HOME FUND. Moneys deposited
 138 7 in the juvenile detention home fund created in section 232.142
 138 8 during the fiscal year beginning July 1, 2014, and ending June
 138 9 30, 2015, are appropriated to the department of human services
 138 10 for the fiscal year beginning July 1, 2014, and ending June 30,
 138 11 2015, for distribution of an amount equal to a percentage of

138 12 the costs of the establishment, improvement, operation, and
 138 13 maintenance of county or multicounty juvenile detention homes
 138 14 in the fiscal year beginning July 1, 2013. Moneys appropriated
 138 15 for distribution in accordance with this section shall be
 138 16 allocated among eligible detention homes, prorated on the basis
 138 17 of an eligible detention home's proportion of the costs of all
 138 18 eligible detention homes in the fiscal year beginning July
 138 19 1, 2013. The percentage figure shall be determined by the
 138 20 department based on the amount available for distribution for
 138 21 the fund. Notwithstanding section 232.142, subsection 3, the
 138 22 financial aid payable by the state under that provision for the
 138 23 fiscal year beginning July 1, 2014, shall be limited to the
 138 24 amount appropriated for the purposes of this section.

138 25 Sec. 151. FAMILY SUPPORT SUBSIDY PROGRAM.
 138 26 1. There is appropriated from the general fund of the
 138 27 state to the department of human services for the fiscal year
 138 28 beginning July 1, 2014, and ending June 30, 2015, the following
 138 29 amount, or so much thereof as is necessary, to be used for the
 138 30 purpose designated:

138 31 For the family support subsidy program subject to the
 138 32 enrollment restrictions in section 225C.37, subsection 3:
 138 33 \$ 546,478

138 34 2. The department shall use at least \$241,750 of the moneys
 138 35 appropriated in this section for the family support center
 138 36 component of the comprehensive family support program under
 138 37 section 225C.47. Not more than \$12,500 of the amount allocated
 138 38 in this subsection shall be used for administrative costs.

138 39 3. If at any time during the fiscal year, the amount of
 138 40 funding available for the family support subsidy program
 138 41 is reduced from the amount initially used to establish the
 138 42 figure for the number of family members for whom a subsidy
 138 43 is to be provided at any one time during the fiscal year,
 139 1 notwithstanding section 225C.38, subsection 2, the department
 139 2 shall revise the figure as necessary to conform to the amount
 139 3 of funding available.

139 4 Sec. 152. CONNER DECREE. There is appropriated from the
 139 5 general fund of the state to the department of human services
 139 6 for the fiscal year beginning July 1, 2014, and ending June 30,
 139 7 2015, the following amount, or so much thereof as is necessary,
 139 8 to be used for the purpose designated:

139 9 For building community capacity through the coordination
 139 10 and provision of training opportunities in accordance with the
 139 11 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 139 12 Iowa, July 14, 1994):
 139 13 \$ 16,811

139 14 Sec. 153. MENTAL HEALTH INSTITUTES. There is appropriated
 139 15 from the general fund of the state to the department of human
 139 16 services for the fiscal year beginning July 1, 2014, and ending

139 17 June 30, 2015, the following amounts, or so much thereof as is
 139 18 necessary, to be used for the purposes designated:
 139 19 1. For the state mental health institute at Cherokee for
 139 20 salaries, support, maintenance, and miscellaneous purposes, and
 139 21 for not more than the following full-time equivalent positions:
 139 22 \$ 2,977,232
 139 23 FTEs 169.20
 139 24 2. For the state mental health institute at Clarinda for
 139 25 salaries, support, maintenance, and miscellaneous purposes, and
 139 26 for not more than the following full-time equivalent positions:
 139 27 \$ 3,375,934
 139 28 FTEs 86.10
 139 29 3. For the state mental health institute at Independence for
 139 30 salaries, support, maintenance, and miscellaneous purposes, and
 139 31 for not more than the following full-time equivalent positions:
 139 32 \$ 5,159,389
 139 33 FTEs 233.00
 139 34 4. For the state mental health institute at Mount Pleasant
 139 35 for salaries, support, maintenance, and miscellaneous purposes,
 139 36 and for not more than the following full-time equivalent
 139 37 positions:
 139 38 \$ 683,343
 139 39 FTEs 97.92
 139 40 Sec. 154. STATE RESOURCE CENTERS.
 139 41 1. There is appropriated from the general fund of the
 139 42 state to the department of human services for the fiscal year
 139 43 beginning July 1, 2014, and ending June 30, 2015, the following
 140 1 amounts, or so much thereof as is necessary, to be used for the
 140 2 purposes designated:
 140 3 a. For the state resource center at Glenwood for salaries,
 140 4 support, maintenance, and miscellaneous purposes:
 140 5 \$ 10,137,236
 140 6 b. For the state resource center at Woodward for salaries,
 140 7 support, maintenance, and miscellaneous purposes:
 140 8 \$ 7,110,232
 140 9 2. The department may continue to bill for state resource
 140 10 center services utilizing a scope of services approach used for
 140 11 private providers of ICFID services, in a manner which does not
 140 12 shift costs between the medical assistance program, counties,
 140 13 or other sources of funding for the state resource centers.
 140 14 3. The state resource centers may expand the time-limited
 140 15 assessment and respite services during the fiscal year.
 140 16 4. If the department's administration and the department
 140 17 of management concur with a finding by a state resource
 140 18 center's superintendent that projected revenues can reasonably
 140 19 be expected to pay the salary and support costs for a new
 140 20 employee position, or that such costs for adding a particular
 140 21 number of new positions for the fiscal year would be less

140 22 than the overtime costs if new positions would not be added,
 140 23 the superintendent may add the new position or positions. If
 140 24 the vacant positions available to a resource center do not
 140 25 include the position classification desired to be filled, the
 140 26 state resource center's superintendent may reclassify any
 140 27 vacant position as necessary to fill the desired position. The
 140 28 superintendents of the state resource centers may, by mutual
 140 29 agreement, pool vacant positions and position classifications
 140 30 during the course of the fiscal year in order to assist one
 140 31 another in filling necessary positions.

140 32 5. If existing capacity limitations are reached in
 140 33 operating units, a waiting list is in effect for a service or
 140 34 a special need for which a payment source or other funding
 140 35 is available for the service or to address the special need,
 140 36 and facilities for the service or to address the special need
 140 37 can be provided within the available payment source or other
 140 38 funding, the superintendent of a state resource center may
 140 39 authorize opening not more than two units or other facilities
 140 40 and begin implementing the service or addressing the special
 140 41 need during fiscal year 2014-2015.

140 42 Sec. 155. SEXUALLY VIOLENT PREDATORS.

140 43 1. There is appropriated from the general fund of the
 141 1 state to the department of human services for the fiscal year
 141 2 beginning July 1, 2014, and ending June 30, 2015, the following
 141 3 amount, or so much thereof as is necessary, to be used for the
 141 4 purpose designated:

141 5 For costs associated with the commitment and treatment of
 141 6 sexually violent predators in the unit located at the state
 141 7 mental health institute at Cherokee, including costs of legal
 141 8 services and other associated costs, including salaries,
 141 9 support, maintenance, and miscellaneous purposes, and for not
 141 10 more than the following full-time equivalent positions:

141 11	.....	\$	4,708,485
141 12	.....	FTEs	124.50

141 13 2. Unless specifically prohibited by law, if the amount
 141 14 charged provides for recoupment of at least the entire amount
 141 15 of direct and indirect costs, the department of human services
 141 16 may contract with other states to provide care and treatment
 141 17 of persons placed by the other states at the unit for sexually
 141 18 violent predators at Cherokee. The moneys received under
 141 19 such a contract shall be considered to be repayment receipts
 141 20 and used for the purposes of the appropriation made in this
 141 21 section.

141 22 Sec. 156. FIELD OPERATIONS. There is appropriated from the
 141 23 general fund of the state to the department of human services
 141 24 for the fiscal year beginning July 1, 2014, and ending June 30,
 141 25 2015, the following amount, or so much thereof as is necessary,
 141 26 to be used for the purposes designated:

141 27 For field operations, including salaries, support,
 141 28 maintenance, and miscellaneous purposes, and for not more than
 141 29 the following full-time equivalent positions:
 141 30 \$ 33,261,194
 141 31 FTEs 1,837.00

141 32 1. As a condition of this appropriation, the department
 141 33 shall make every possible effort to fill the entire number of
 141 34 positions authorized by this section and, unless specifically
 141 35 provided otherwise by an applicable collective bargaining
 141 36 agreement, the department is not subject to any approval
 141 37 requirement external to the department to fill a field
 141 38 operations vacancy within the number of full-time equivalent
 141 39 positions authorized by this section. The department shall
 141 40 report on the first of each month to the chairpersons and
 141 41 ranking members of the appropriations committees of the senate
 141 42 and house of representatives, and the persons designated by
 141 43 this Act for submission of reports concerning the status of
 142 1 filling the positions.

142 2 2. Priority in filling full-time equivalent positions
 142 3 shall be given to those positions related to child protection
 142 4 services and eligibility determination for low-income families.

142 5 Sec. 157. GENERAL ADMINISTRATION. There is appropriated
 142 6 from the general fund of the state to the department of human
 142 7 services for the fiscal year beginning July 1, 2014, and ending
 142 8 June 30, 2015, the following amount, or so much thereof as is
 142 9 necessary, to be used for the purpose designated:

142 10 For general administration, including salaries, support,
 142 11 maintenance, and miscellaneous purposes, and for not more than
 142 12 the following full-time equivalent positions:
 142 13 \$ 8,152,386
 142 14 FTEs 309.00

142 15 1. Of the funds appropriated in this section, \$31,772 is
 142 16 allocated for the prevention of disabilities policy council
 142 17 established in section 225B.3.

142 18 2. The department shall report at least monthly to the
 142 19 legislative services agency concerning the department's
 142 20 operational and program expenditures.

142 21 3. Of the funds appropriated in this section, \$66,150 shall
 142 22 be used to continue the contract for the provision of a program
 142 23 to provide technical assistance, support, and consultation to
 142 24 providers of habilitation services and home and community-based
 142 25 services waiver services for adults with disabilities under the
 142 26 medical assistance program.

142 27 4. Of the funds appropriated in this section, \$25,000
 142 28 is transferred to the Iowa finance authority to be used
 142 29 for administrative support of the council on homelessness
 142 30 established in section 16.100A and for the council to fulfill
 142 31 its duties in addressing and reducing homelessness in the

142 32 state.

142 33 5. Of the funds appropriated in this section, \$125,000 is
142 34 transferred to the department of inspections and appeals to be
142 35 used to implement a new mental health advocate division in the
142 36 department in accordance with 2013 Iowa Acts, Senate File 406,
142 37 if enacted.

142 38 Sec. 158. VOLUNTEERS. There is appropriated from the
142 39 general fund of the state to the department of human services
142 40 for the fiscal year beginning July 1, 2014, and ending June 30,
142 41 2015, the following amount, or so much thereof as is necessary,
142 42 to be used for the purpose designated:

142 43 For development and coordination of volunteer services:

143 1 \$ 42,330

143 2 Sec. 159. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
143 3 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
143 4 DEPARTMENT OF HUMAN SERVICES.

143 5 1. a. (1) For the fiscal year beginning July 1, 2014,
143 6 the total state funding amount for the nursing facility budget
143 7 shall not exceed \$268,712,511.

143 8 (2) The department, in cooperation with nursing facility
143 9 representatives, shall review projections for state funding
143 10 expenditures for reimbursement of nursing facilities on a
143 11 quarterly basis and the department shall determine if an
143 12 adjustment to the medical assistance reimbursement rate is
143 13 necessary in order to provide reimbursement within the state
143 14 funding amount for the fiscal year. Notwithstanding 2001
143 15 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
143 16 "c", and subsection 3, paragraph "a", subparagraph (2),
143 17 if the state funding expenditures for the nursing facility
143 18 budget for the fiscal year are projected to exceed the amount
143 19 specified in subparagraph (1), the department shall adjust
143 20 the reimbursement for nursing facilities reimbursed under the
143 21 case-mix reimbursement system to maintain expenditures of the
143 22 nursing facility budget within the specified amount for the
143 23 fiscal year.

143 24 (3) For the fiscal year beginning July 1, 2014, special
143 25 population nursing facilities shall be reimbursed in accordance
143 26 with the methodology in effect on June 30, 2014.

143 27 b. (1) For the fiscal year beginning July 1, 2014,
143 28 the department shall continue the pharmacy dispensing
143 29 fee reimbursement at \$10.12 per prescription. The actual
143 30 dispensing fee shall be determined by a cost of dispensing
143 31 survey performed by the department and required to be completed
143 32 by all medical assistance program participating pharmacies
143 33 every two years beginning in FY 2014-2015.

143 34 (2) The department shall utilize an average acquisition
143 35 cost reimbursement methodology for all drugs covered under the
143 36 medical assistance program in accordance with 2012 Iowa Acts,

143 37 chapter 1133, section 33.
143 38 c. (1) For the fiscal year beginning July 1, 2014,
143 39 reimbursement rates for outpatient hospital services shall
143 40 remain at the rates in effect on June 30, 2014.
143 41 (2) For the fiscal year beginning July 1, 2014,
143 42 reimbursement rates for inpatient hospital services shall
143 43 remain at the rates in effect on June 30, 2014.
144 1 (3) For the fiscal year beginning July 1, 2014, the graduate
144 2 medical education and disproportionate share hospital fund
144 3 shall remain at the amount in effect on June 30, 2014, except
144 4 that the portion of the fund attributable to graduate medical
144 5 education shall be reduced in an amount that reflects the
144 6 elimination of graduate medical education payments made to
144 7 out-of-state hospitals.
144 8 (4) In order to ensure the efficient use of limited state
144 9 funds in procuring health care services for low-income lowans,
144 10 funds appropriated in this Act for hospital services shall
144 11 not be used for activities which would be excluded from a
144 12 determination of reasonable costs under the federal Medicare
144 13 program pursuant to 42 U.S.C.§1395X(v)(1)(N).
144 14 d. For the fiscal year beginning July 1, 2014, reimbursement
144 15 rates for rural health clinics, hospices, and acute mental
144 16 hospitals shall be increased in accordance with increases under
144 17 the federal Medicare program or as supported by their Medicare
144 18 audited costs.
144 19 e. For the fiscal year beginning July 1, 2014, independent
144 20 laboratories and rehabilitation agencies shall be reimbursed
144 21 using the same methodology in effect on June 30, 2014.
144 22 f. (1) For the fiscal year beginning July 1, 2014,
144 23 reimbursement rates for home health agencies shall continue
144 24 to be based on the methodology in effect on June 30, 2014, as
144 25 adjusted to not exceed the reimbursement for the fiscal year
144 26 beginning July 1, 2013.
144 27 (2) For the fiscal year beginning July 1, 2014, rates for
144 28 private duty nursing and personal care services under the early
144 29 and periodic screening, diagnostic, and treatment program
144 30 benefit shall be calculated based on the methodology in effect
144 31 on June 30, 2014.
144 32 g. For the fiscal year beginning July 1, 2014, federally
144 33 qualified health centers shall receive cost-based reimbursement
144 34 for 100 percent of the reasonable costs for the provision of
144 35 services to recipients of medical assistance.
144 36 h. For the fiscal year beginning July 1, 2014, the
144 37 reimbursement rates for dental services shall remain at the
144 38 rates in effect on June 30, 2014.
144 39 i. (1) For the fiscal year beginning July 1, 2014,
144 40 state-owned psychiatric medical institutions for children shall
144 41 receive cost-based reimbursement for 100 percent of the actual

144 42 and allowable costs for the provision of services to recipients
144 43 of medical assistance.

145 1 (2) For the nonstate-owned psychiatric medical institutions
145 2 for children, reimbursement rates shall be based on the
145 3 reimbursement methodology developed by the department as
145 4 required for federal compliance.

145 5 (3) As a condition of participation in the medical
145 6 assistance program, enrolled providers shall accept the medical
145 7 assistance reimbursement rate for any covered goods or services
145 8 provided to recipients of medical assistance who are children
145 9 under the custody of a psychiatric medical institution for
145 10 children.

145 11 j. For the fiscal year beginning July 1, 2014, unless
145 12 otherwise specified in this Act, all noninstitutional medical
145 13 assistance provider reimbursement rates shall remain at the
145 14 rates in effect on June 30, 2014, except for area education
145 15 agencies, local education agencies, infant and toddler
145 16 services providers, home and community-based services providers
145 17 including consumer-directed attendant care providers under a
145 18 section 1915(c) or 1915(i) waiver, targeted case management
145 19 providers, and those providers whose rates are required to be
145 20 determined pursuant to section 249A.20.

145 21 k. Notwithstanding any provision to the contrary, for the
145 22 fiscal year beginning July 1, 2014, the reimbursement rate for
145 23 anesthesiologists shall remain at the rate in effect on June
145 24 30, 2014.

145 25 l. For the fiscal year beginning July 1, 2014, the average
145 26 reimbursement rate for health care providers eligible for use
145 27 of the federal Medicare resource-based relative value scale
145 28 reimbursement methodology under section 249A.20 shall remain
145 29 at the rate in effect on June 30, 2014; however, this rate
145 30 shall not exceed the maximum level authorized by the federal
145 31 government.

145 32 m. For the fiscal year beginning July 1, 2014, the
145 33 reimbursement rate for residential care facilities shall not
145 34 be less than the minimum payment level as established by the
145 35 federal government to meet the federally mandated maintenance
145 36 of effort requirement. The flat reimbursement rate for
145 37 facilities electing not to file annual cost reports shall not
145 38 be less than the minimum payment level as established by the
145 39 federal government to meet the federally mandated maintenance
145 40 of effort requirement.

145 41 n. For the fiscal year beginning July 1, 2014, the
145 42 reimbursement rates for inpatient mental health services
145 43 provided at hospitals shall remain at the rates in effect
146 1 on June 30, 2014, subject to Medicaid program upper payment
146 2 limit rules; community mental health centers and providers
146 3 of mental health services to county residents pursuant to a

146 4 waiver approved under section 225C.7, subsection 3, shall be
146 5 reimbursed at 100 percent of the reasonable costs for the
146 6 provision of services to recipients of medical assistance; and
146 7 psychiatrists shall be reimbursed at the medical assistance
146 8 program fee for service rate.

146 9 o. For the fiscal year beginning July 1, 2014, the
146 10 reimbursement rate for providers of family planning services
146 11 that are eligible to receive a 90 percent federal match shall
146 12 remain at the rates in effect on June 30, 2014.

146 13 p. For the fiscal year beginning July 1, 2014, the upper
146 14 limits on reimbursement rates for providers of home and
146 15 community-based services waiver services shall be the limits in
146 16 effect on June 30, 2014.

146 17 q. For the fiscal year beginning July 1, 2014, the
146 18 reimbursement rate for emergency medical service providers
146 19 shall be the rate in effect on June 30, 2014.

146 20 2. For the fiscal year beginning July 1, 2014, the
146 21 reimbursement rate for providers reimbursed under the
146 22 in-home-related care program shall not be less than the minimum
146 23 payment level as established by the federal government to meet
146 24 the federally mandated maintenance of effort requirement.

146 25 3. Unless otherwise directed in this section, when the
146 26 department's reimbursement methodology for any provider
146 27 reimbursed in accordance with this section includes an
146 28 inflation factor, this factor shall not exceed the amount
146 29 by which the consumer price index for all urban consumers
146 30 increased during the calendar year ending December 31, 2002.

146 31 4. a. For the fiscal year beginning July 1, 2014, the
146 32 foster family basic daily maintenance rate and the maximum
146 33 adoption subsidy rate for children ages 0 through 5 years shall
146 34 be \$16.78, the rate for children ages 6 through 11 years shall
146 35 be \$17.45, the rate for children ages 12 through 15 years shall
146 36 be \$19.10, and the rate for children and young adults ages 16
146 37 and older shall be \$19.35. For youth ages 18 to 21 who have
146 38 exited foster care, the preparation for adult living program
146 39 maintenance rate shall be \$602.70 per month. The maximum
146 40 payment for adoption subsidy nonrecurring expenses shall be
146 41 limited to \$500 and the disallowance of additional amounts
146 42 for court costs and other related legal expenses implemented
146 43 pursuant to 2010 Iowa Acts, chapter 1031, section 408 shall be
147 1 continued.

147 2 5. For the fiscal year beginning July 1, 2014, the maximum
147 3 reimbursement rates under the supervised apartment living
147 4 program and for social services providers under contract
147 5 shall remain at the rates in effect on June 30, 2014, or the
147 6 provider's actual and allowable cost plus inflation for each
147 7 service, whichever is less. However, if a new service or
147 8 service provider is added after June 30, 2014, the initial

147 9 reimbursement rate for the service or provider shall be based
147 10 upon a weighted average of provider rates for similar services.
147 11 6. For the fiscal year beginning July 1, 2014, the
147 12 reimbursement rates for family-centered service providers,
147 13 family foster care service providers, group foster care service
147 14 providers, and the resource family recruitment and retention
147 15 contractor shall remain at the rates in effect on June 30,
147 16 2014.

147 17 7. The group foster care reimbursement rates paid for
147 18 placement of children out of state shall be calculated
147 19 according to the same rate-setting principles as those used for
147 20 in-state providers, unless the director of human services or
147 21 the director's designee determines that appropriate care cannot
147 22 be provided within the state. The payment of the daily rate
147 23 shall be based on the number of days in the calendar month in
147 24 which service is provided.

147 25 8. a. For the fiscal year beginning July 1, 2014, the
147 26 reimbursement rate paid for shelter care and the child welfare
147 27 emergency services implemented to provide or prevent the need
147 28 for shelter care shall be established by contract.

147 29 b. For the fiscal year beginning July 1, 2014, the combined
147 30 service and maintenance components of the reimbursement rate
147 31 paid for shelter care services shall be based on the financial
147 32 and statistical report submitted to the department. The
147 33 maximum reimbursement rate shall be \$96.98 per day. The
147 34 department shall reimburse a shelter care provider at the
147 35 provider's actual and allowable unit cost, plus inflation, not
147 36 to exceed the maximum reimbursement rate.

147 37 c. Notwithstanding section 232.141, subsection 8, for the
147 38 fiscal year beginning July 1, 2014, the amount of the statewide
147 39 average of the actual and allowable rates for reimbursement of
147 40 juvenile shelter care homes that is utilized for the limitation
147 41 on recovery of unpaid costs shall remain at the amount in
147 42 effect for this purpose in the fiscal year beginning July 1,
147 43 2013.

148 1 9. For the fiscal year beginning July 1, 2013, the
148 2 department shall calculate reimbursement rates for intermediate
148 3 care facilities for persons with intellectual disabilities
148 4 at the 80th percentile. Beginning July 1, 2013, the rate
148 5 calculation methodology shall utilize the consumer price index
148 6 inflation factor applicable to the fiscal year beginning July
148 7 1, 2013.

148 8 10. For the fiscal year beginning July 1, 2014, for child
148 9 care providers reimbursed under the state child care assistance
148 10 program, the department shall set provider reimbursement rates
148 11 based on the rate reimbursement survey completed in December
148 12 2004. The department shall set rates in a manner so as to
148 13 provide incentives for a nonregistered provider to become

148 14 registered by applying the increase only to registered and
148 15 licensed providers.

148 16 11. The department may adopt emergency rules to implement
148 17 this section.

148 18 Sec. 160. EMERGENCY RULES.

148 19 1. If specifically authorized by a provision of this
148 20 division of this Act for the fiscal year beginning July 1,
148 21 2013, the department of human services or the mental health
148 22 and disability services commission may adopt administrative
148 23 rules under section 17A.4, subsection 3, and section 17A.5,
148 24 subsection 2, paragraph "b", to implement the provisions and
148 25 the rules shall become effective immediately upon filing or
148 26 on a later effective date specified in the rules, unless the
148 27 effective date is delayed by the administrative rules review
148 28 committee. Any rules adopted in accordance with this section
148 29 shall not take effect before the rules are reviewed by the
148 30 administrative rules review committee. The delay authority
148 31 provided to the administrative rules review committee under
148 32 section 17A.4, subsection 7, and section 17A.8, subsection 9,
148 33 shall be applicable to a delay imposed under this section,
148 34 notwithstanding a provision in those sections making them
148 35 inapplicable to section 17A.5, subsection 2, paragraph "b".
148 36 Any rules adopted in accordance with the provisions of this
148 37 section shall also be published as notice of intended action
148 38 as provided in section 17A.4.

148 39 2. If during the fiscal year beginning July 1, 2013, the
148 40 department of human services is adopting rules in accordance
148 41 with this section or as otherwise directed or authorized by
148 42 state law, and the rules will result in an expenditure increase
148 43 beyond the amount anticipated in the budget process or if the
149 1 expenditure was not addressed in the budget process for the
149 2 fiscal year, the department shall notify the persons designated
149 3 by this division of this Act for submission of reports,
149 4 the chairpersons and ranking members of the committees on
149 5 appropriations, and the department of management concerning the
149 6 rules and the expenditure increase. The notification shall be
149 7 provided at least 30 calendar days prior to the date notice of
149 8 the rules is submitted to the administrative rules coordinator
149 9 and the administrative code editor.

149 10 Sec. 161. REPORTS. Any reports or other information
149 11 required to be compiled and submitted under this Act during the
149 12 fiscal year beginning July 1, 2013, shall be submitted to the
149 13 chairpersons and ranking members of the joint appropriations
149 14 subcommittee on health and human services, the legislative
149 15 services agency, and the legislative caucus staffs on or
149 16 before the dates specified for submission of the reports or
149 17 information.

149 18

149 19 HEALTH CARE ACCOUNTS AND FUNDS — FY 2014-2015

149 20 Sec. 162. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
149 21 appropriated from the pharmaceutical settlement account created
149 22 in section 249A.33 to the department of human services for the
149 23 fiscal year beginning July 1, 2014, and ending June 30, 2015,
149 24 the following amount, or so much thereof as is necessary, to be
149 25 used for the purpose designated:

149 26 Notwithstanding any provision of law to the contrary, to
149 27 supplement the appropriations made in this Act for medical
149 28 contracts under the medical assistance program for the fiscal
149 29 year beginning July 1, 2013, and ending June 30, 2014:
149 30 \$ 3,325,000

149 31 Sec. 163. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF

149 32 HUMAN SERVICES. Notwithstanding any provision to the contrary
149 33 and subject to the availability of funds, there is appropriated
149 34 from the quality assurance trust fund created in section
149 35 249L.4 to the department of human services for the fiscal year
149 36 beginning July 1, 2014, and ending June 30, 2015, the following
149 37 amounts, or so much thereof as is necessary, for the purposes
149 38 designated:

149 39 To supplement the appropriation made in this Act from the
149 40 general fund of the state to the department of human services
149 41 for medical assistance for the same fiscal year:
149 42 \$ 28,788,917

149 43 Sec. 164. HOSPITAL HEALTH CARE ACCESS TRUST FUND —

150 1 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
150 2 the contrary and subject to the availability of funds, there is
150 3 appropriated from the hospital health care access trust fund
150 4 created in section 249M.4 to the department of human services
150 5 for the fiscal year beginning July 1, 2014, and ending June
150 6 30, 2015, the following amounts, or so much thereof as is
150 7 necessary, for the purposes designated:

150 8 To supplement the appropriation made in this Act from the
150 9 general fund of the state to the department of human services
150 10 for medical assistance for the same fiscal year:
150 11 \$ 34,700,000

150 12 Sec. 165. MEDICAL ASSISTANCE PROGRAM — NONREVERSION

150 13 FOR FY 2014-2015. Notwithstanding section 8.33, if moneys
150 14 appropriated for purposes of the medical assistance program for
150 15 the fiscal year beginning July 1, 2014, and ending June 30,
150 16 2015, from the general fund of the state, the quality assurance
150 17 trust fund and the hospital health care access trust fund, are
150 18 in excess of actual expenditures for the medical assistance
150 19 program and remain unencumbered or unobligated at the close
150 20 of the fiscal year, the excess moneys shall not revert but
150 21 shall remain available for expenditure for the purposes of the
150 22 medical assistance program until the close of the succeeding
150 23 fiscal year.

150 24	DIVISION XXXIII	
150 25	IOWA HEALTH AND WELLNESS PLAN	
150 26	Sec. 166.NEW SECTION 249N.1 TITLE.	CODE: Creates a new Code Chapter for the Iowa Health and Wellness
150 27	This chapter shall be known and may be cited as the "Iowa	Plan.
150 28	Health and Wellness Plan".	
150 29	Sec. 167.NEW SECTION 249N.2 DEFINITIONS.	CODE: Provides definitions for the new Iowa Health and Wellness Plan
150 30	As used in this chapter, unless the context otherwise	Chapter.
150 31	requires:	
150 32	1. "Accountable care organization" means a risk-bearing,	
150 33	integrated health care organization characterized by a payment	
150 34	and care delivery model that ties provider reimbursement to	
150 35	quality metrics and reductions in the total cost of care for an	
150 36	attributed population of patients.	
150 37	2. "Affordable Care Act" means the federal Patient	
150 38	Protection and Affordable Care Act, Pub.L. No.111-148, as	
150 39	amended by the federal Health Care and Education Reconciliation	
150 40	Act of 2010, Pub.L. No.111-152.	
150 41	3. "Covered benefits" means covered benefits as specified	
150 42	in section 249N.5.	
150 43	4. "Department" means the department of human services.	
151 1	5. "Director" means the director of human services.	
151 2	6. "Eligible individual" means an individual eligible for	
151 3	medical assistance pursuant to section 249A.3, subsection 1,	
151 4	paragraph "v".	
151 5	7. "Essential health benefits" means essential health	
151 6	benefits as defined in section 1302 of the Affordable Care Act,	
151 7	that include at least the general categories and the items and	
151 8	services covered within the categories of ambulatory patient	
151 9	services; emergency services; hospitalization; maternity	
151 10	and newborn care; mental health and substance use disorder	
151 11	services, including behavioral health treatment; prescription	
151 12	drugs; rehabilitative and habilitative services and devices;	
151 13	laboratory services; preventive and wellness services and	
151 14	chronic disease management; and pediatric services, including	
151 15	oral and vision care.	
151 16	8. "Federal approval" means approval by the centers for	
151 17	Medicare and Medicaid services of the United States department	
151 18	of health and human services.	
151 19	9. "Federal poverty level" means the most recently revised	
151 20	poverty income guidelines published by the United States	
151 21	department of health and human services.	
151 22	10. "Household income" means household income as determined	
151 23	using the modified adjusted gross income methodology pursuant	
151 24	to section 2002 of the Affordable Care Act.	
151 25	11. "Iowa health and wellness plan" or "plan" means the Iowa	

151 26 health and wellness plan established under this chapter.

151 27 12. "Iowa health and wellness plan provider" means any

151 28 provider enrolled in the medical assistance program or any

151 29 participating accountable care organization.

151 30 13. "Iowa health and wellness plan provider network" means

151 31 the health care delivery network approved by the department for

151 32 Iowa health and wellness plan members.

151 33 14. "Medical assistance program" or "Medicaid" means the

151 34 program paying all or part of the costs of care and services

151 35 provided to an individual pursuant to chapter 249A and Tit.XIX

151 36 of the federal Social Security Act.

151 37 15. "Medical home" means medical home as defined in section

151 38 135.157.

151 39 16. "Member" means an eligible individual who is enrolled in

151 40 the Iowa health and wellness plan.

151 41 17. "Participating accountable care organization" means

151 42 an accountable care organization approved by the department

151 43 to participate in the Iowa health and wellness plan provider

152 1 network.

152 2 18. "Preventive care services" means care that is provided

152 3 to an individual to promote health, prevent disease, or

152 4 diagnose disease.

152 5 19. "Primary medical provider" means the personal provider

152 6 as defined in section 135.157 chosen by a member or to whom a

152 7 member is assigned under the Iowa health and wellness plan.

152 8 20. "Value-based reimbursement" means a payment methodology

152 9 that links provider reimbursement to improved performance

152 10 by health care providers by holding health care providers

152 11 accountable for both the cost and quality of care provided.

152 12 Sec. 168.NEW SECTION 249N.3 PURPOSE — ESTABLISHMENT OF

152 13 IOWA HEALTH AND WELLNESS PLAN — LIMITATION.

152 14 1. The purpose of this chapter is to establish and provide

152 15 for the administration of an Iowa health and wellness plan to

152 16 promote all of the following:

152 17 a. Increased access to health care through a

152 18 patient-centered, integrated health care system.

152 19 b. Improved quality health care outcomes.

152 20 c. Incentives to encourage personal responsibility,

152 21 cost-conscious utilization of health care, and adoption of

152 22 preventive practices and healthy behaviors.

152 23 d. Health care cost containment and minimization of

152 24 administrative costs.

152 25 2. The Iowa health and wellness plan is established within

152 26 the medical assistance program and shall be administered by the

152 27 department. Except as otherwise specified in this chapter,

CODE: Specifies the purpose of the Chapter is to administer the Iowa Health and Wellness Plan and to increase access, improve quality, encourage personal responsibility, and contain health care costs.

CODE: Specifies the Iowa Health and Wellness Plan is established within the Medicaid Program and administered by the DHS, except where otherwise stated.

152 28 provisions applicable to the medical assistance program
 152 29 pursuant to chapter 249A shall be applicable to the Iowa health
 152 30 and wellness plan.

152 31 3. The department may contract with a third-party
 152 32 administrator to provide eligibility determination support, and
 152 33 to administer enrollment, member outreach, and other components
 152 34 of the Iowa health and wellness plan.

CODE: Allows the DHS to contract with a third-party to administer the Iowa Health and Wellness Plan.

152 35 4. The provisions of this chapter shall not be construed and
 152 36 are not intended to affect the provision of services to medical
 152 37 assistance program recipients existing on January 1, 2014.

CODE: Specifies that this Chapter does not affect individuals currently receiving Medicaid.

152 38 5. a. If the methodology for calculating the federal
 152 39 medical assistance percentage for eligible individuals, as
 152 40 provided in 42 U.S.C. § 1396d(y), is modified through federal
 152 41 law or regulation, in a manner that reduces the percentage of
 152 42 federal assistance to the state in a manner inconsistent with
 152 43 42 U.S.C. § 1396d(y), or if federal law or regulation affecting
 153 1 eligibility or benefits for the Iowa health and wellness plan
 153 2 is modified, the department may implement an alternative plan
 153 3 as specified in the medical assistance state plan or waiver
 153 4 for coverage of the affected population, subject to prior,
 153 5 statutory approval of implementation of the alternative plan.

CODE: Specifies that if federal law is modified to reduce the FMAP percentage for the Iowa Health and Wellness Plan, the DHS may implement an alternative plan for the affected population.

153 6 b. If the methodology for calculating the federal medical
 153 7 assistance percentage for eligible individuals, as provided
 153 8 in 42 U.S.C. § 1396d(y), is modified through federal law
 153 9 or regulation resulting in a reduction of the percentage
 153 10 of federal assistance to the state below ninety percent
 153 11 but not below eighty-five percent, the medical assistance
 153 12 program reimbursement rates for inpatient and outpatient
 153 13 hospital services shall be reduced by a like percentage in the
 153 14 succeeding fiscal year, subject to prior, statutory approval of
 153 15 implementation of the reduction.

CODE: If the FMAP rate drops up to 5.0% from 90.0% to 85.0%, the Medicaid reimbursement rates for inpatient and outpatient hospital services is to be reduced by a like percentage in the succeeding fiscal year. This change is subject to prior statutory approval of implementation of the reduction.

153 16 Sec. 169.NEW SECTION 249N.4 IOWA HEALTH AND WELLNESS PLAN
 153 17 — ELIGIBILITY.

CODE: Defines eligibility criteria for the Iowa Health and Wellness Plan, including:

153 18 1. Except as otherwise provided in this chapter, an
 153 19 individual may participate in the Iowa health and wellness plan
 153 20 if the individual meets all of the following criteria:
 153 21 a. Is an eligible individual.
 153 22 b. Meets the citizenship or alienage requirements of the
 153 23 medical assistance program, is a resident of Iowa, and provides
 153 24 a social security number upon application for the plan.
 153 25 c. Fulfills all other conditions of participation in the
 153 26 Iowa health and wellness plan, including member financial
 153 27 participation pursuant to section 249N.7.

- Citizenship requirements.
- Financial participation.
- No access to other coverage.
- Premium assistance.

153 28 2. An individual who has access to affordable
 153 29 employer-sponsored health care coverage, as defined by rule
 153 30 of the department to align with regulations adopted by the
 153 31 federal internal revenue service under the Affordable Care Act,
 153 32 shall not be eligible for participation in the Iowa health and
 153 33 wellness plan.

153 34 3. Each applicant for the Iowa health and wellness plan
 153 35 shall provide to the department all insurance information
 153 36 required by the health insurance premium payment program in
 153 37 accordance with rules adopted by the department.

153 38 a. The department may elect to pay the cost of premiums
 153 39 for applicants with access to employer-sponsored health care
 153 40 coverage if the department determines such payment to be
 153 41 cost-effective.

153 42 b. Eligibility for the Iowa health and wellness plan is a
 153 43 qualifying event under the federal Health Insurance Portability
 154 1 and Accountability Act of 1996, Pub.L. No.104-191.

154 2 c. If premium payment is provided under this subsection for
 154 3 employer-sponsored health care coverage, the Iowa health and
 154 4 wellness plan shall supplement such coverage as necessary to
 154 5 provide the covered benefits specified under section 249N.5.

154 6 4. The department shall implement the Iowa health and
 154 7 wellness plan in a manner that ensures that the Iowa health and
 154 8 wellness plan is the payor of last resort.

154 9 5. A member is eligible for coverage effective the first day
 154 10 of the month following the month of application for enrollment.

154 11 6. Following initial enrollment, a member is eligible
 154 12 for covered benefits for twelve months, subject to program
 154 13 termination and other limitations otherwise specified in this
 154 14 chapter. The department shall review the member's eligibility
 154 15 on at least an annual basis.

154 16 Sec. 170.NEW SECTION 249N.5 IOWA HEALTH AND WELLNESS PLAN
 154 17 — COVERED BENEFITS — ADMINISTRATION.

154 18 1. Iowa health and wellness plan members shall receive
 154 19 coverage for benefits as specified in section 249A.3,
 154 20 subsection 1, paragraph "v".

CODE: Specifies that individuals eligible for the Iowa Health and Wellness Plan with income less than 100.0% of the federal poverty level (FPL) will receive coverage administered by the Iowa Medicaid Program. The benefits will be consistent with the State employees' health benefits package adjusted to meet federal requirements, with prescription drug, dental coverage, and habilitation services the same as the Medicaid Program.

154 21 2. a. For members whose household income is at or below one
 154 22 hundred percent of the federal poverty level, the plan shall be
 154 23 administered by the Iowa Medicaid enterprise consistent with
 154 24 program administration applicable to individuals under section
 154 25 249A.3, subsection 1.

CODE: Individuals with income between 101.0% and 133.0% of FPL will receive premium assistance to purchase insurance through the American Health Benefits Exchange.

154 26 b. For members whose household income is above one hundred
 154 27 percent but not in excess of one hundred thirty-three percent

154 28 of the federal poverty level, the plan shall be administered
154 29 through provision of premium assistance for the purchase of
154 30 the covered benefits through the American health benefits
154 31 exchange created pursuant to the Affordable Care Act. The
154 32 department may pay premiums and supplemental cost-sharing
154 33 subsidies directly to qualified health plans participating in
154 34 the American health benefits exchange created pursuant to the
154 35 Affordable Care Act on behalf of the member.

154 36 Sec. 171.NEW SECTION 249N.6 IOWA HEALTH AND WELLNESS PLAN
154 37 PROVIDER NETWORK.

CODE: Specifies the provider network for the Iowa Health and Wellness Plan including reimbursement, primary care providers, medical homes, and accountable care organizations.

154 38 1. The Iowa health and wellness plan provider network
154 39 shall include all providers enrolled in the medical assistance
154 40 program and all participating accountable care organizations.
154 41 Reimbursement under this chapter shall only be made to such
154 42 Iowa health and wellness plan providers for covered benefits.
154 43 2. a. Upon enrollment, a member shall choose a primary
155 1 medical provider and, to the extent feasible, shall also
155 2 choose a medical home within the Iowa health and wellness plan
155 3 provider network.
155 4 b. If the member does not choose a primary medical provider
155 5 or a medical home, the department shall assign the member to
155 6 a primary medical provider or a medical home in accordance
155 7 with the Medicaid managed health care, mandatory enrollment
155 8 provisions specified in rules adopted by the department
155 9 pursuant to chapter 249A and in accordance with quality data
155 10 available to the department.
155 11 c. The department shall develop a mechanism for primary
155 12 medical providers, medical homes, and participating accountable
155 13 care organizations to jointly facilitate member care
155 14 coordination. The Iowa health and wellness plan shall provide
155 15 for reimbursement of care coordination services provided
155 16 under the plan consistent with the reimbursement methodology
155 17 developed pursuant to section 135.159.
155 18 3. a. The department shall provide procedures for
155 19 accountable care organizations that emerge through local
155 20 markets to participate in the Iowa health and wellness plan
155 21 provider network. Such accountable care organizations shall
155 22 incorporate the medical home as defined and specified in
155 23 chapter 135, division XXII, as a foundation and shall emphasize
155 24 whole-person orientation and coordination and integration of
155 25 both clinical services and nonclinical community and social
155 26 supports that address social determinants of health. A
155 27 participating accountable care organization shall enter into
155 28 a contract with the department to ensure the coordination and
155 29 management of the health of attributed members, to produce
155 30 quality health care outcomes, and to control overall cost.
155 31 b. The department shall establish by rule in accordance

155 32 with chapter 17A the qualifications, contracting processes,
155 33 and contract terms for a participating accountable care
155 34 organization. The rules shall also establish a methodology for
155 35 attribution of a member to a participating accountable care
155 36 organization.

155 37 c. A participating accountable care organization contract
155 38 shall establish accountability based on quality performance and
155 39 total cost-of-care metrics for the attributed population. In
155 40 developing quality performance standards the department shall
155 41 consider those utilized by state accountable care organization
155 42 models including but not limited to the quality index score
155 43 and the Medicare shared savings program quality reporting
156 1 metrics. The payment models shall include but are not limited
156 2 to risk sharing, including both shared savings and shared
156 3 costs, between the state and the participating accountable care
156 4 organization, and bonus payments for improved quality. The
156 5 contract terms shall require that a participating accountable
156 6 care organization is subject to shared savings beginning with
156 7 the initial year of the contract, must have quality metrics in
156 8 place within three years of the initial year of the contract,
156 9 and must participate in risk sharing within five years of the
156 10 initial year of the contract.

156 11 4. To the greatest extent possible, members shall have a
156 12 choice of providers within the Iowa health and wellness plan
156 13 provider network to facilitate access to locally-based health
156 14 care providers and services. However, member choice may be
156 15 limited by the results of attribution under this section and
156 16 by the participating accountable care organization, with prior
156 17 approval of the department, if the member's health condition
156 18 would benefit from limiting the member's choice of an Iowa
156 19 health and wellness plan provider to ensure coordination of
156 20 services, or due to overutilization of covered benefits. The
156 21 participating accountable care organization shall provide
156 22 thirty days' notice to the member prior to limitation of such
156 23 choice.

156 24 5. a. An Iowa health and wellness plan provider shall
156 25 be reimbursed for covered benefits under the Iowa health and
156 26 wellness plan utilizing the same reimbursement methodology as
156 27 that applicable to individuals eligible for medical assistance
156 28 under section 249A.3, subsection 1.

156 29 b. Notwithstanding paragraph "a", a participating
156 30 accountable care organization under contract with the
156 31 department shall be reimbursed utilizing a value-based
156 32 reimbursement methodology.

156 33 6. a. Iowa health and wellness plan providers shall
156 34 exchange member health information as provided by rule to
156 35 facilitate coordination and management of members' health,
156 36 quality health care outcomes, and containment of and reduction

156 37 in costs.
 156 38 b. The department shall provide the health care claims data
 156 39 of attributed members to a member's participating accountable
 156 40 care organization on a timeframe established by rule of the
 156 41 department.

156 42 Sec. 172. NEW SECTION 249N.7 MEMBER FINANCIAL
 156 43 PARTICIPATION.
 157 1 1. Membership in the Iowa health and wellness plan shall
 157 2 require payment of monthly contributions for members whose
 157 3 household income is at or above fifty percent of the federal
 157 4 poverty level. Members shall be subject to copayment amounts
 157 5 applicable only to nonemergency use of a hospital emergency
 157 6 department. Total member cost-sharing, annually, shall align
 157 7 with the cost-sharing limitations requirements for the American
 157 8 health benefits exchanges under the Affordable Care Act.
 157 9 Contributions and copayment amounts shall be established by
 157 10 rule of the department.
 157 11 2. Contributions shall be waived for a member during the
 157 12 initial year of membership. If a member completes all required
 157 13 preventive care services and wellness activities as specified
 157 14 by rule of the department during the initial year of membership
 157 15 contributions shall be waived during the subsequent year of
 157 16 membership and each year thereafter until such time as the
 157 17 member fails to complete required preventive care services
 157 18 and wellness activities specified during the prior annual
 157 19 membership period.

157 20 Sec. 173. NEW SECTION 249N.8 MENTAL HEALTH SERVICES
 157 21 REPORTS.
 157 22 The department shall submit all of the following to the
 157 23 governor and the general assembly:
 157 24 1. Biennially, a report of the results of a review, by
 157 25 county and region, of mental health services previously funded
 157 26 through taxes levied by counties pursuant to section 331.424A,
 157 27 that are funded during the reporting period under the Iowa
 157 28 health and wellness plan.
 157 29 2. Annually, a report of the results of a review of the
 157 30 outcomes and effectiveness of mental health services provided
 157 31 under the Iowa health and wellness plan.

157 32 Sec. 174. Section 135.157, subsections 4 and 6, Code 2013,
 157 33 are amended to read as follows:
 157 34 4. "Medical home" means a team approach to providing health
 157 35 care that originates in a primary care setting; fosters a
 157 36 partnership among the patient, the personal provider, and
 157 37 other health care professionals, and where appropriate, the
 157 38 patient's family; utilizes the partnership to access and

CODE: Defines members' financial participation for individuals over 50.0% of FPL. Cost sharing is required to align with limitations requirements for the American Health Benefits Exchange and will be waived for the first year if members complete all required preventative care services and wellness activities.

CODE: Requires the DHS to submit biennial reports to the Governor and General Assembly on the Mental Health Services previously funded by the county property tax levy that are now funded through the Iowa Health and Wellness Plan. The Department is required to report annually on the outcomes and effectiveness of mental health services provided under the Plan.

CODE: Amends the definition for Medical Home and Personal Provider.

157 39 integrate all medical and nonmedical health-related services
 157 40 across all elements of the health care system and the patient's
 157 41 community as needed by the patient and the patient's family
 157 42 to achieve maximum health potential; maintains a centralized,
 157 43 comprehensive record of all health-related services to
 158 1 promote continuity of care; and has all of the characteristics
 158 2 specified in section 135.158.

158 3 6. "Personal provider" means the patient's first point of
 158 4 contact in the health care system with a primary care provider
 158 5 who identifies the patient's ~~health~~ health-related needs and,
 158 6 working with a team of health care professionals and providers
 158 7 of medical and nonmedical health-related services, provides
 158 8 for and coordinates appropriate care to address the ~~health~~
 158 9 health-related needs identified.

158 10 Sec. 175. Section 135.158, subsection 2, paragraphs b, c,
 158 11 and d, Code 2013, are amended to read as follows:

158 12 b. A provider-directed team-based medical practice. The
 158 13 personal provider leads a team of individuals at the practice
 158 14 level who collectively take responsibility for the ongoing
 158 15 ~~health care~~ health-related needs of patients.

158 16 c. Whole person orientation. The personal provider is
 158 17 responsible for providing for all of a patient's ~~health care~~
 158 18 health-related needs or taking responsibility for appropriately
 158 19 arranging ~~health care~~ for health-related services provided
 158 20 by other qualified health care professionals and providers
 158 21 of medical and nonmedical health-related services. This
 158 22 responsibility includes ~~health~~ health-related care at all
 158 23 stages of life including provision of preventive care,
 158 24 acute care, chronic care, ~~preventive services~~ long-term
 158 25 care, transitional care between providers and settings, and
 158 26 end-of-life care. This responsibility includes whole-person
 158 27 care consisting of physical health care including but not
 158 28 limited to oral, vision, and other specialty care, pharmacy
 158 29 management, and behavioral health care.

158 30 d. Coordination and integration of care. Care is
 158 31 coordinated and integrated across all elements of the
 158 32 complex health care system and the patient's community. Care
 158 33 coordination and integration provides linkages to community
 158 34 and social supports to address social determinants of health
 158 35 to engage and support patients in managing their own health,
 158 36 and to track the progress of these community and social
 158 37 supports in providing whole-person care. Care is facilitated
 158 38 by registries, information technology, health information
 158 39 exchanges, and other means to assure that patients receive the
 158 40 indicated care when and where they need and want the care in a
 158 41 culturally and linguistically appropriate manner.

CODE: Redefines provisions relating to the Medical Home to emphasize a team-based approach and whole person orientation.

158 42 Sec. 176. Section 135.159, subsections 1, 9, and 11, Code
 158 43 2013, are amended to read as follows:

159 1 1. The department shall administer the medical home system.
 159 2 The department shall collaborate with the department of human
 159 3 services in administering medical homes under the medical
 159 4 assistance program. The department shall adopt rules pursuant
 159 5 to chapter 17A necessary to administer the medical home system,
 159 6 and shall collaborate with the department of human services in
 159 7 adopting rules for medical homes under the medical assistance
 159 8 program.

159 9 9. The department shall coordinate the requirements and
 159 10 activities of the medical home system with the requirements
 159 11 and activities of ~~the a dental home for children as described~~
 159 12 ~~in section 249J.14, and.~~ The department shall recommend
 159 13 financial incentives for dentists and nondental providers to
 159 14 promote oral health care coordination through preventive dental
 159 15 intervention, early identification of oral disease risk, health
 159 16 care coordination and data tracking, treatment, chronic care
 159 17 management, education and training, parental guidance, and oral
 159 18 health promotions for children. Additionally, the department
 159 19 shall establish requirements for the medical home system to
 159 20 provide linkages to accessible dental homes for adults and
 159 21 older individuals.

159 22 11. ~~IMPLEMENTATION PHASES.~~

159 23 a. ~~Initial implementation shall require participation~~
 159 24 ~~in the medical home system of children~~ The department shall
 159 25 collaborate with the department of human services to make
 159 26 medical homes accessible to the greatest extent possible to all
 159 27 of the following no later than January 1, 2015:

159 28 (1) Children who are recipients of full benefits under the
 159 29 medical assistance program. ~~The department shall work with~~
 159 30 ~~the department of human services and shall recommend to the~~
 159 31 ~~general assembly a reimbursement methodology to compensate~~
 159 32 ~~providers participating under the medical assistance program~~
 159 33 ~~for participation in the medical home system.~~

159 34 b. ~~The department shall work with the department of human~~
 159 35 ~~services to expand the medical home system to adults~~

159 36 (2) Adults who are recipients of full benefits under the
 159 37 medical assistance program ~~and the expansion population under~~
 159 38 ~~the IowaCare program. The department shall work with pursuant~~
 159 39 ~~to section 249A.3, subsection 1.~~

159 40 (3) Medicare and dually eligible Medicare and medical
 159 41 assistance program recipients, to the extent approved by the
 159 42 centers for Medicare and Medicaid services of the United States
 159 43 department of health and human services ~~to allow Medicare~~
 160 1 recipients ~~to utilize the medical home system.~~

160 2 c. ~~b.~~ The department shall work with the department of
 160 3 administrative services to allow state employees to utilize the

Requires the DPH to to collaborate with the DHS on administering
 Medical Homes under the Medicaid Program.

160 4 medical home system.
 160 5 ~~—d. c.~~ The department shall work with insurers and
 160 6 self-insured companies, if requested, to make the medical
 160 7 home system available to individuals with private health care
 160 8 coverage.
 160 9 d. The department shall assist the department of human
 160 10 services in developing a reimbursement methodology to
 160 11 compensate providers participating under the medical assistance
 160 12 program as a medical home.
 160 13 e. Any integrated care model implemented on or after July 1,
 160 14 2013, that delivers health care to medical assistance program
 160 15 recipients shall incorporate medical homes as its foundation.
 160 16 The medical home shall act as the catalyst in any such
 160 17 integrated care model to ensure compliance with the purposes,
 160 18 characteristics, and implementation plan requirements specified
 160 19 in section 135.158 and this section, including an emphasis on
 160 20 whole-person orientation and coordination and integration of
 160 21 both clinical services and nonclinical community and social
 160 22 supports that address social determinants of health.

160 23 Sec. 177. Section 249A.3, subsection 1, Code 2013, is
 160 24 amended by adding the following new paragraph:
 160 25 NEW PARAGRAPH v. (1) Beginning January 1, 2014, in
 160 26 accordance with section 1902(a)(10)(A)(i)(VIII) of the
 160 27 federal Social Security Act, as codified in 42 U.S.C. §
 160 28 1396a(a)(10)(A)(i)(VIII), is an individual who is nineteen
 160 29 years of age or older and under sixty-five years of age; is
 160 30 not pregnant; is not entitled to or enrolled for Medicare
 160 31 benefits under part A, or enrolled for Medicare benefits under
 160 32 part B, of Tit.XVIII of the federal Social Security Act; is
 160 33 not otherwise described in section 1902(a)(10)(A)(i) of the
 160 34 federal Social Security Act; is not exempt pursuant to section
 160 35 1902(k)(3), as codified in 42 U.S.C. § 1396a(k)(3), and whose
 160 36 income as determined under 1902(e)(14) of the federal Social
 160 37 Security Act, as codified in 42 U.S.C. § 1396a(e)(14), does not
 160 38 exceed one hundred thirty-three percent of the poverty line as
 160 39 defined in section 2110(c)(5) of the federal Social Security
 160 40 Act, as codified in 42 U.S.C. § 1397jj(c)(5) for the applicable
 160 41 family size.
 160 42 (2) Notwithstanding any provision to the contrary,
 160 43 individuals eligible for medical assistance under this
 161 1 paragraph “v” shall receive coverage for benefits pursuant to
 161 2 42 U.S.C. § 1396u-7(b)(1)(B); adjusted as necessary to provide
 161 3 the essential health benefits as required pursuant to section
 161 4 1302 of the federal Patient Protection and Affordable Care Act,
 161 5 Pub.L. No.111-148; adjusted to provide prescription drugs and
 161 6 dental services consistent with the medical assistance state
 161 7 plan benefits package for individuals otherwise eligible under

CODE: Creates a new Code Paragraph that details the eligibility and benefits for the Iowa Health and Wellness Program. Benefits will match the State employee health benefits package, adjusted to meet federal requirements and to provide prescription drug coverage, dental services and that are consistent with the Medicaid Program.

161 8 this subsection; and adjusted to provide habilitation services
 161 9 consistent with the state medical assistance program section
 161 10 1915(i) waiver.
 161 11 (3) (a) For individuals whose income as determined under
 161 12 this paragraph "v" is at or below one hundred percent of the
 161 13 federal poverty level, covered benefits under subparagraph (2)
 161 14 shall be administered consistent with program administration
 161 15 under this subsection.
 161 16 (b) For individuals whose income as determined under this
 161 17 paragraph "v" is above one hundred percent but not in excess of
 161 18 one hundred thirty-three percent of the federal poverty level,
 161 19 covered benefits shall be administered through provision of
 161 20 premium assistance for the purchase of covered benefits through
 161 21 the American health benefits exchange created pursuant to the
 161 22 Affordable Care Act, as defined in section 249N.2.

161 23 Sec. 178. Section 249A.3, subsection 2, paragraph a,
 161 24 subparagraph (7), Code 2013, is amended to read as follows:
 161 25 (7) Individuals who are receiving state supplementary
 161 26 assistance as defined by section 249.1 ~~or other persons whose~~
 161 27 ~~needs are considered in computing the recipient's assistance~~
 161 28 ~~grant.~~

CODE: Eliminates the Dependent Persons Medicaid category. These individuals will now be eligible for the Iowa Health and Wellness Plan.

161 29 Sec. 179. Section 249J.26, subsection 2, Code 2013, is
 161 30 amended to read as follows:
 161 31 2. This chapter is repealed ~~October~~ December 31, 2013.

CODE: Repeals the IowaCare Program effective December 31, 2013. The Program will be replaced the the Iowa Health and Wellness Plan.

161 32 Sec. 180. Section 426B.3, as enacted by 2012 Iowa Acts,
 161 33 chapter 1120, section 137, is amended by adding the following
 161 34 new subsection:
 161 35 NEW SUBSECTION 5. a. For the purposes of this subsection,
 161 36 "Medicaid offset amount" means the projected amount for a fiscal
 161 37 year that would have been paid from a county's services fund
 161 38 for those services for persons eligible under the county's
 161 39 approved service management plan that would be non-Medicaid
 161 40 services, but due to the persons' enrollment in the Iowa
 161 41 health and wellness plan established under chapter 249N, those
 161 42 services are instead covered under chapter 249N.
 161 43 b. For the fiscal year beginning July 1, 2013, and
 162 1 succeeding fiscal years, the department of human services shall
 162 2 calculate a Medicaid offset amount for each county for the
 162 3 fiscal year. The department shall adopt rules in consultation
 162 4 with the county finance committee specifying the information
 162 5 to be used in calculating a Medicaid offset amount. The
 162 6 information shall include but is not limited to identification
 162 7 of specific services and supports that would otherwise be
 162 8 payable by the county for persons eligible under a county's
 162 9 approved service management plan but are instead paid by the

CODE: Requires counties to reduce their \$47.28 equalization cap by 80.0% of the savings shown in the previous year from shifting non-Medicaid services to Iowa Health and Wellness Plan services. The savings reduction would first be applied against State appropriations to the \$47.28 equalization formula and second to the county property tax levy. For FY 2015 the reduction will be based on an annualized estimate of FY 2014 expenditures because there will not be a full fiscal year of data available.

162 10 Iowa health and wellness plan. The amount calculated for a
 162 11 county shall be subject to review by the auditor of that county
 162 12 or subject to independent audit. The Medicaid offset amounts
 162 13 calculated by the department for a county for a fiscal year are
 162 14 not official until certified by the director of human services
 162 15 and submitted to the governor and general assembly by October
 162 16 15 immediately following the end of the fiscal year for which
 162 17 the offset amounts were calculated.

162 18 c. The Medicaid offset amounts certified for each county by
 162 19 the director of human services for the fiscal year beginning
 162 20 July 1, 2013, shall be annualized by doubling the amounts. For
 162 21 the fiscal year beginning July 1, 2014, a county shall repay
 162 22 the state from any equalization payment due the county for the
 162 23 fiscal year, eighty percent of the county's annualized Medicaid
 162 24 offset amount for the fiscal year beginning July 1, 2013. To
 162 25 the extent a county's repayment obligation for the fiscal year
 162 26 beginning July 1, 2014, exceeds the amount of any equalization
 162 27 payment due the county for the fiscal year, the county shall,
 162 28 for the following fiscal year, reduce the dollar amount of the
 162 29 county's services fund levy by the amount of the excess.

162 30 d. For the fiscal year beginning July 1, 2015, and
 162 31 succeeding fiscal years, a county shall repay the state from
 162 32 any equalization payment due the county for the fiscal year,
 162 33 eighty percent of the county's Medicaid offset amount certified
 162 34 for the previous fiscal year. To the extent a county's
 162 35 repayment obligation for a fiscal year exceeds the amount of
 162 36 any equalization payment due the county for that fiscal year,
 162 37 the county shall, for the following fiscal year, reduce the
 162 38 dollar amount of the county's services fund levy by the amount
 162 39 of the excess.

162 40 e. A county's repayment pursuant to this subsection shall
 162 41 be remitted on or before January 1 of the fiscal year in which
 162 42 repayment is due and shall be credited to the property tax
 162 43 relief fund. Moneys credited to the property tax relief fund
 163 1 in accordance with this paragraph are subject to appropriation
 163 2 by the general assembly to support mental health and disability
 163 3 services administered by the regional system.

163 4 Sec. 181. MEDICAID OFFSET STUDY. The legislative council
 163 5 is requested to direct a new or existing legislative interim
 163 6 committee to study the provisions for implementing a Medicaid
 163 7 offset amount and repayments under section 426B.3, subsection
 163 8 5, as enacted by this division of this Act during the 2013
 163 9 legislative interim. The interim committee shall be directed
 163 10 to consider the potential effects of the repayment provisions
 163 11 on the ability of the mental health and disability service
 163 12 regions to adequately fund the initial core services and
 163 13 additional core services under section 331.397, and to make

Requests the Legislative Council to direct a new or existing legislative interim committee to study the Medicaid offset of county mental health expenditures and make recommendations to address funding insufficiencies.

163 14 recommendations to address funding insufficiencies.

163 15 Sec. 182. ADVISORY COUNCIL FOR STATE INNOVATION MODELS
163 16 INITIATIVE.

163 17 1. No later than thirty days after the effective date
163 18 of this division of this Act, the legislative council shall
163 19 establish a legislative advisory council to guide the
163 20 development of the design model and implementation plan for the
163 21 state innovation models initiative grant awarded by the Centers
163 22 for Medicare and Medicaid of the United States department of
163 23 health and human services. The legislative advisory council
163 24 shall consist of members of the general assembly, members of
163 25 the governor's advisory committee who developed the grant
163 26 proposal, and representatives of consumers and health care
163 27 providers, appointed by the legislative council as necessary
163 28 to ensure that the process is comprehensive and provides ample
163 29 opportunity for the variety of stakeholders to participate in
163 30 the process.

163 31 2. The legislative advisory council shall provide oversight
163 32 throughout the development process, shall receive periodic
163 33 progress reports from the department of human services, and
163 34 shall make recommendations regarding integrated care models and
163 35 implementation strategies for the medical assistance program
163 36 presented by the department of human services.

163 37 3. The department of human services shall develop the
163 38 integrated care model based on the goals and strategies
163 39 and model designs included in the state innovation models
163 40 initiative grant application to improve patient outcomes and
163 41 satisfaction, while lowering costs, as follows:

163 42 a. Goals.

163 43 (1) Ensure the coordination of health care delivery for
164 1 medical assistance program recipients to address the entire
164 2 spectrum of an individual's physical, behavioral, and mental
164 3 health needs by targeting at a minimum population health,
164 4 prevention, health promotion, chronic disease management,
164 5 disability, and long-term care.

164 6 (2) Emphasize whole-person orientation and coordination and
164 7 integration of both clinical and nonclinical care and supports,
164 8 to provide individuals with the necessary tools to address
164 9 determinants of health and to empower individuals to be full
164 10 participants in their own health. The health care delivery
164 11 model shall focus on addressing population health through
164 12 primary and team-based care that incorporates the attributes of
164 13 a medical home as specified in chapter 135, division XXII.

164 14 (3) Ensure accessibility of medical assistance program
164 15 recipients to an adequate and qualified workforce by most
164 16 efficiently utilizing the skills of the available workforce.

164 17 (4) Incorporate appropriate incentives that focus on

Requires the Legislative Council to establish a Legislative Advisory Council to guide the development of the design and implementation for the State Innovation Models Initiative Grant within 30 days after the effective date.

164 18 quality outcomes and patient satisfaction, to move from
164 19 volume-based to value-based purchasing.

164 20 (5) Provide for alignment of payment methods and quality
164 21 across health care payers to ensure a unified set of outcomes
164 22 and to recognize, through reimbursement, all provider
164 23 participants in the integrated system of care.

164 24 b. Strategies and model design.

164 25 (1) A strategy to implement a multipayer integrated
164 26 care model methodology across primary health care payers
164 27 in the state, by aligning performance measures, utilizing
164 28 a shared savings or other accountable payment methodology,
164 29 and integrating an information technology platform to
164 30 support the integrated care model. The strategy shall
164 31 ensure statewide adoption of integrated care for the medical
164 32 assistance population; explore the role of managed care
164 33 plans and expansion of managed care in the medical assistance
164 34 program as part of the integrated care model; address the
164 35 special circumstances of areas of the state that are rural,
164 36 underserved, or have higher rates of health disparities; and
164 37 seek the participation of the Medicare population in the
164 38 integrated care model.

164 39 (2) A strategy to incorporate long-term care and behavioral
164 40 health services for the medical assistance population into the
164 41 integrated care model, through integration of community health
164 42 and community prevention activities.

164 43 (3) A strategy to address population health and health
165 1 promotion, by investing in approaches to influence modifiable
165 2 determinants of health such as access to health care, healthy
165 3 behaviors, socioeconomic factors, and the physical environment
165 4 that collectively impact the health of the community. The
165 5 strategy shall address the underlying, pervasive, and
165 6 multifaceted socioeconomic impediments that medical assistance
165 7 recipients face in being full participants in their own health.

165 8 (4) A multiphase strategy to implement a statewide
165 9 integrated care model to maximize access to health care for
165 10 medical assistance program recipients in all areas of the
165 11 state. The strategy shall incorporate flexible integrated
165 12 care model options and accountable payment methodologies
165 13 for participation by various types of providers including
165 14 individual providers, safety net providers, and nonprofit
165 15 and public providers that have long experience in caring for
165 16 vulnerable populations, into the integrated system.

165 17 (5) Implementation of a stakeholder process. In addition to
165 18 the oversight and input provided by the legislative advisory
165 19 council, the department shall hold public, local listening
165 20 sessions throughout the state, collaborate with consumer groups
165 21 and provider groups, and partner with other state agencies such
165 22 as the department on aging and the department of public health

165 23 to elicit input and feedback on the model design.
 165 24 (6) Development of a multipayer approach including the
 165 25 medical assistance and children's health insurance programs,
 165 26 private payers, and Medicare.
 165 27 (7) Oversight of the administration of the model design
 165 28 project.
 165 29 (8) Engagement of providers beyond the large, integrated
 165 30 health systems to maximize access to all levels of care within
 165 31 an integrated model program by medical assistance recipients.
 165 32 4. The department shall submit proposed legislation
 165 33 specifying the model design and implementation plan to the
 165 34 advisory council no later than December 15, 2013.

165 35 Sec. 183. LEGISLATIVE INTERIM COMMITTEE ON INTEGRATED CARE
 165 36 MODELS.

165 37 1. a. A legislative interim committee on integrated care
 165 38 models is created for the 2013 legislative interim. The
 165 39 legislative services agency shall provide staffing assistance
 165 40 to the committee.
 165 41 b. The interim committee shall include at least ten members
 165 42 of the general assembly and may include members of the public
 165 43 appointed by the legislative council who represent consumers,
 166 1 health care providers, hospitals and health systems, and other
 166 2 entities with interest or expertise related to integrated care
 166 3 models. The interim committee may also include the director of
 166 4 human services, the commissioner of insurance, the director of
 166 5 public health, and the attorney general, or each individual's
 166 6 designee.
 166 7 2. The interim committee shall do all of the following:
 166 8 a. Review and make recommendations relating to the
 166 9 formation and operation of integrated care models in the
 166 10 state. The models shall include any care delivery model that
 166 11 integrates providers and incorporates a financial incentive
 166 12 to improve patient health outcomes, improve care, and reduce
 166 13 costs.
 166 14 b. Review integrated care models created in other states
 166 15 that integrate both clinical services and nonclinical community
 166 16 and social supports utilizing patient-centered medical homes
 166 17 and community care teams as basic components to determine the
 166 18 feasibility of adapting any of these models as a statewide
 166 19 system in Iowa.
 166 20 c. Recommend the best means of providing care through
 166 21 integrated delivery models throughout the state including to
 166 22 vulnerable populations and how best to incorporate safety net
 166 23 providers, including but not limited to federally qualified
 166 24 health centers, rural health clinics, community mental health
 166 25 centers, public hospitals, and other nonprofit and public
 166 26 providers that have long experience in caring for vulnerable

Creates a Legislative Interim Committee on Integrated Care Models to review and make recommendations relating to the formation and operation of integrated care models in the State. The Interim Committee shall present a summary of its review and recommendations in a report to the General Assembly for the 2014 session.

166 27 populations, into the integrated system.
 166 28 d. Review the progress of the development of medical
 166 29 homes as specified in chapter 135, division XXII, in the
 166 30 state and make recommendations for development of a statewide
 166 31 infrastructure of actual and virtual medical homes to act as
 166 32 the foundation for integrated care models.
 166 33 e. Review opportunities under the federal Patient
 166 34 Protection and Affordable Care Act (Affordable Care Act), Pub.
 166 35 L. No.111-148, as amended, for the development of integrated
 166 36 care models including the Medicare Shared Savings Program for
 166 37 accountable care organizations, community-based collaborative
 166 38 care networks that include safety net providers, and
 166 39 consumer-operated and oriented plans. The interim committee
 166 40 shall also review existing and proposed integrated care models
 166 41 in the state including commercial models and those developed or
 166 42 proposed under the Affordable Care Act including the Medicare
 166 43 Shared Savings Program and the Pioneer ACO to determine the
 167 1 opportunities for expansion or replication.
 167 2 f. Address the issues relative to integrated care models
 167 3 including those relating to consumer protection; payment and
 167 4 financing issues; organizational, management, and governing
 167 5 structures; performance standards; patient attribution or
 167 6 assignment models; health information exchange, data reporting,
 167 7 and infrastructure standards; and regulatory issues.
 167 8 3. The interim committee shall present a summary of its
 167 9 review and recommendations in a report to the 2014 session of
 167 10 the general assembly.

167 11 Sec. 184. MALPRACTICE CERTIFICATE-OF-MERIT AFFIDAVITS
 167 12 STUDY. The legislative council is requested to establish an
 167 13 interim study committee, composed of members of the senate
 167 14 and the house of representatives, to meet during the 2013
 167 15 interim, to study the submission of certificate-of-merit
 167 16 affidavits by plaintiffs and defendants in malpractice actions
 167 17 and limitations on the number of expert witnesses that may be
 167 18 called by both plaintiffs and defendants involving health care
 167 19 providers. The study committee shall present its conclusions
 167 20 and recommendations in a report to the 2014 session of the
 167 21 general assembly.

167 22 Sec. 185. EMERGENCY RULES. The department of human
 167 23 services may adopt administrative rules under section 17A.4,
 167 24 subsection 3, and section 17A.5, subsection 2, paragraph "b",
 167 25 to implement the provisions of this division of this Act and
 167 26 the rules shall become effective immediately upon filing or
 167 27 on a later effective date specified in the rules, unless the
 167 28 effective date is delayed by the administrative rules review
 167 29 committee. Any rules adopted in accordance with this section

Requests the Legislative Council to establish an Interim Study Committee to review the submission of certificate-of-merit affidavits by plaintiffs and defendants in malpractice actions and limitations on the number of expert witnesses that may be called involving health care providers. The Interim Committee shall present a summary of conclusions and recommendations in a report to the General Assembly for the 2014 session.

Allows the Department to use the emergency rule making process to implement this Division.

167 30 shall not take effect before the rules are reviewed by the
 167 31 administrative rules review committee. The delay authority
 167 32 provided to the administrative rules review committee under
 167 33 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 167 34 shall be applicable to a delay imposed under this section,
 167 35 notwithstanding a provision in those sections making them
 167 36 inapplicable to section 17A.5, subsection 2, paragraph "b".
 167 37 Any rules adopted in accordance with the provisions of this
 167 38 section shall also be published as notice of intended action
 167 39 as provided in section 17A.4.

167 40 Sec. 186. DIRECTIVES TO DEPARTMENT OF HUMAN SERVICES.

167 41 1. Upon enactment of this division of this Act, the
 167 42 department of human services shall request federal approval
 167 43 of a medical assistance state plan amendment or section
 168 1 1115 demonstration waiver, as necessary, to implement this
 168 2 division of this Act effective January 1, 2014. The state
 168 3 plan or waiver shall include a provision specifying that if
 168 4 the methodology for calculating the federal medical assistance
 168 5 percentage for eligible individuals as defined in section
 168 6 249N.1, as provided in 42 U.S.C. § 1396d(y), is modified
 168 7 through federal law or regulation, in a manner that reduces
 168 8 the percentage of federal assistance to the state in a manner
 168 9 inconsistent with 42 U.S.C. § 1396d(y), or if federal law or
 168 10 regulation affecting eligibility or benefits for the Iowa
 168 11 health and wellness plan is modified, the department of human
 168 12 services shall implement an alternative plan for coverage of
 168 13 the affected population, subject to prior, statutory approval
 168 14 of the implementation.

168 15 The state plan or waiver shall also include a provision
 168 16 that if the methodology for calculating the federal medical
 168 17 assistance percentage for eligible individuals, as provided
 168 18 in 42 U.S.C. § 1396d(y), is modified through federal law
 168 19 or regulation resulting in a reduction of the percentage
 168 20 of federal assistance to the state below ninety percent
 168 21 but not below eighty-five percent, the medical assistance
 168 22 program reimbursement rates for inpatient and outpatient
 168 23 hospital services shall be reduced by a like percentage in the
 168 24 succeeding fiscal year, subject to prior, statutory approval of
 168 25 implementation of the reduction.

168 26 2. The director of human services shall report at least
 168 27 monthly, and upon request of a chairperson of the joint
 168 28 appropriations subcommittee on health and human services,
 168 29 to the chairpersons and ranking members of the joint
 168 30 appropriations subcommittee on health and human services, the
 168 31 legislative services agency, and the legislative caucus staffs
 168 32 on the progress of the request for federal approval.

Requires the DHS to request federal approval for the Iowa Health and Wellness Plan and request a section 1115 demonstration waiver as necessary to implement the Plan. The plan or waiver is to include provisions that reduce hospital reimbursement up to 5.00% if federal participation drops below 90.00%.

The Director of the DHS is to report at least monthly to the Chairpersons, Ranking Members, LSA and caucus staff on the progress of the request for federal approval.

168 33 3. The department shall prepare a plan for the transition
168 34 of expansion population members under chapter 249J to other
168 35 health care coverage options beginning January 1, 2014. To
168 36 the greatest extent possible, the plan shall maintain and
168 37 incorporate the existing medical home and service delivery
168 38 structure developed under chapter 249J, including the
168 39 utilization of federally qualified health centers, public
168 40 hospitals, and other safety net providers, in providing access
168 41 to care. The department shall submit the plan to the governor
168 42 and the general assembly no later than September 1, 2013.

Requires the Department to develop a transition plan for IowaCare members and to incorporate to the greatest extent possible the existing medical home delivery structure. The DHS is to submit the plan to the Governor and General Assembly by September 1, 2013.

168 43 4. The provisions in appropriations made in this Act to
169 1 the medical assistance program relating to abortion shall also
169 2 apply to the Iowa health and wellness plan created in chapter
169 3 249N as enacted in this Act.

Specifies that the Medicaid abortion provisions also apply to the Iowa Health and Wellness Plan.

169 4 Sec. 187. EFFECTIVE UPON ENACTMENT AND CONTINGENT
169 5 IMPLEMENTATION. This division of this Act, being deemed of
169 6 immediate importance, takes effect upon enactment. However,
169 7 the department of human services shall implement the sections
169 8 of this division of this Act enacting chapter 249N, and section
169 9 249A.3, subsection 1, paragraph "v", and amending section
169 10 426B.3, effective January 1, 2014, contingent and only upon
169 11 receipt of federal approval of the state plan amendment or
169 12 waiver request submitted under this division of this Act.

Specifies that this Division is effective upon enactment but the provisions relating to the Iowa Health and Wellness Plan shall not be implemented without federal approval.

Summary Data

General Fund

	Actual FY 2012 <u>(1)</u>	Estimated FY 2013 <u>(2)</u>	Supp-Final Action FY 2013 <u>(3)</u>	Est Net FY 2013 <u>(4)</u>	Final Action FY 2014 <u>(5)</u>	FY 2014 Final vs FY 2013 Est Net <u>(6)</u>	Final Action FY 2015 <u>(7)</u>
Health and Human Services	\$ 1,568,079,274	\$ 1,667,772,557	\$ 61,954,853	\$ 1,729,727,410	\$ 1,720,023,414	\$ -9,703,996	\$ 1,431,916,869
Grand Total	<u>\$ 1,568,079,274</u>	<u>\$ 1,667,772,557</u>	<u>\$ 61,954,853</u>	<u>\$ 1,729,727,410</u>	<u>\$ 1,720,023,414</u>	<u>\$ -9,703,996</u>	<u>\$ 1,431,916,869</u>

Health and Human Services General Fund

	Actual FY 2012 (1)	Estimated FY 2013 (2)	Supp-Final Action FY 2013 (3)	Est Net FY 2013 (4)	Final Action FY 2014 (5)	FY 2014 Final vs FY 2013 Est Net (6)	Final Action FY 2015 (7)
<u>Aging, Dept. on</u>							
Aging, Dept. on							
Aging Programs	\$ 10,302,577	\$ 10,342,086	\$ 0	\$ 10,342,086	\$ 10,600,379	\$ 258,293	\$ 5,300,190
Office LTC Resident Advocate	0	0	0	0	1,021,707	1,021,707	510,854
Total Aging, Dept. on	\$ 10,302,577	\$ 10,342,086	\$ 0	\$ 10,342,086	\$ 11,622,086	\$ 1,280,000	\$ 5,811,044
<u>Public Health, Dept. of</u>							
Public Health, Dept. of							
Addictive Disorders	\$ 23,503,190	\$ 23,863,690	\$ 0	\$ 23,863,690	\$ 27,163,690	\$ 3,300,000	\$ 13,581,845
Healthy Children and Families	2,594,270	2,603,559	0	2,603,559	3,653,559	1,050,000	1,826,780
Chronic Conditions	3,361,656	3,905,429	0	3,905,429	5,080,692	1,175,263	2,540,346
Community Capacity	4,235,166	4,869,980	0	4,869,980	8,562,617	3,692,637	4,281,309
Healthy Aging	7,297,142	7,297,142	0	7,297,142	7,297,142	0	3,648,571
Environmental Hazards	813,777	803,870	0	803,870	803,870	0	401,935
Infectious Diseases	1,345,847	1,335,155	0	1,335,155	1,335,155	0	667,578
Public Protection	2,776,232	2,779,127	0	2,779,127	3,278,771	499,644	1,639,386
Resource Management	819,554	804,054	0	804,054	804,054	0	402,027
Vision Screening	100,000	0	0	0	0	0	0
Iowa Youth Suicide Prevention	0	50,000	0	50,000	0	-50,000	0
Total Public Health, Dept. of	\$ 46,846,834	\$ 48,312,006	\$ 0	\$ 48,312,006	\$ 57,979,550	\$ 9,667,544	\$ 28,989,777
<u>Veterans Affairs, Dept. of</u>							
Veterans Affairs, Department of							
General Administration	\$ 998,832	\$ 1,025,819	\$ 0	\$ 1,025,819	\$ 1,093,508	\$ 67,689	\$ 546,754
War Orphans Educational Assistance	12,416	12,416	0	12,416	0	-12,416	0
Vets Home Ownership Program	0	1,600,000	0	1,600,000	1,600,000	0	800,000
Veterans County Grants	990,000	990,000	0	990,000	990,000	0	495,000
Total Veterans Affairs, Department of	\$ 2,001,248	\$ 3,628,235	\$ 0	\$ 3,628,235	\$ 3,683,508	\$ 55,273	\$ 1,841,754
Veterans Affairs, Dept. of							
Iowa Veterans Home	\$ 8,952,151	\$ 8,025,714	\$ 0	\$ 8,025,714	\$ 7,525,714	\$ -500,000	\$ 3,762,857
Total Veterans Affairs, Dept. of	\$ 10,953,399	\$ 11,653,949	\$ 0	\$ 11,653,949	\$ 11,209,222	\$ -444,727	\$ 5,604,611

Health and Human Services General Fund

	Actual FY 2012 (1)	Estimated FY 2013 (2)	Supp-Final Action FY 2013 (3)	Est Net FY 2013 (4)	Final Action FY 2014 (5)	FY 2014 Final vs FY 2013 Est Net (6)	Final Action FY 2015 (7)
Human Services, Dept. of							
Assistance							
Family Investment Program/JOBS	\$ 50,171,027	\$ 48,397,214	\$ 0	\$ 48,397,214	\$ 48,437,214	\$ 40,000	\$ 24,218,607
Medical Assistance	903,493,421	914,993,421	61,000,000	975,993,421	1,143,810,311	167,816,890	1,143,810,311
Medical Contracts	0	5,791,994	0	5,791,994	12,291,569	6,499,575	6,145,785
State Supplementary Assistance	16,850,747	15,450,747	0	15,450,747	16,512,174	1,061,427	8,256,087
State Children's Health Insurance	32,806,102	36,806,102	0	36,806,102	36,806,102	0	18,403,051
Child Care Assistance	53,237,662	62,264,342	0	62,264,342	62,709,794	445,452	31,354,897
Child and Family Services	82,830,163	81,231,561	0	81,231,561	91,283,920	10,052,359	45,641,960
Adoption Subsidy	33,266,591	36,788,576	954,853	37,743,429	40,729,282	2,985,853	20,364,641
Family Support Subsidy	1,167,998	1,096,784	0	1,096,784	1,092,955	-3,829	546,478
Connors Training	33,622	33,622	0	33,622	33,622	0	16,811
M/MR/DD State Cases	12,169,482	11,150,820	0	11,150,820	0	-11,150,820	0
MH/DD Community Services	14,211,100	14,211,100	0	14,211,100	0	-14,211,100	0
Volunteers	84,660	84,660	0	84,660	84,660	0	42,330
MH/DD Growth Factor	54,697,893	74,697,893	0	74,697,893	0	-74,697,893	0
MH Property Tax Relief	81,199,911	81,199,911	0	81,199,911	0	-81,199,911	0
Mental Health Redesign	0	40,000,000	0	40,000,000	0	-40,000,000	0
Total Assistance	\$ 1,336,220,379	\$ 1,424,198,747	\$ 61,954,853	\$ 1,486,153,600	\$ 1,453,791,603	\$ -32,361,997	\$ 1,298,800,958
Toledo Juvenile Home							
Toledo Juvenile Home	\$ 8,258,251	\$ 8,297,765	\$ 0	\$ 8,297,765	\$ 8,859,355	\$ 561,590	\$ 4,429,678
Eldora Training School							
Eldora Training School	\$ 10,638,677	\$ 10,680,143	\$ 0	\$ 10,680,143	\$ 11,256,969	\$ 576,826	\$ 5,628,485
Cherokee							
Cherokee MHI	\$ 5,877,308	\$ 5,535,738	\$ 0	\$ 5,535,738	\$ 5,954,464	\$ 418,726	\$ 2,977,232
Clarinda							
Clarinda MHI	\$ 6,411,734	\$ 6,442,688	\$ 0	\$ 6,442,688	\$ 6,751,868	\$ 309,180	\$ 3,375,934
Independence							
Independence MHI	\$ 10,275,685	\$ 9,738,520	\$ 0	\$ 9,738,520	\$ 10,318,778	\$ 580,258	\$ 5,159,389
Mt Pleasant							
Mt Pleasant MHI	\$ 944,323	\$ 885,459	\$ 0	\$ 885,459	\$ 1,366,686	\$ 481,227	\$ 683,343
Glenwood							
Glenwood Resource Center	\$ 18,507,801	\$ 18,866,116	\$ 0	\$ 18,866,116	\$ 20,274,472	\$ 1,408,356	\$ 10,137,236

Health and Human Services General Fund

	Actual FY 2012 <u>(1)</u>	Estimated FY 2013 <u>(2)</u>	Supp-Final Action FY 2013 <u>(3)</u>	Est Net FY 2013 <u>(4)</u>	Final Action FY 2014 <u>(5)</u>	FY 2014 Final vs FY 2013 Est Net <u>(6)</u>	Final Action FY 2015 <u>(7)</u>
Woodward							
Woodward Resource Center	\$ 12,785,658	\$ 13,033,115	\$ 0	\$ 13,033,115	\$ 14,220,463	\$ 1,187,348	\$ 7,110,232
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	\$ 7,550,727	\$ 8,899,686	\$ 0	\$ 8,899,686	\$ 9,416,969	\$ 517,283	\$ 4,708,485
Field Operations							
Child Support Recoveries	\$ 13,119,255	\$ 13,149,541	\$ 0	\$ 13,149,541	\$ 14,173,770	\$ 1,024,229	\$ 7,086,885
Field Operations	54,789,921	61,636,313	0	61,636,313	66,522,388	4,886,075	33,261,194
Total Field Operations	<u>\$ 67,909,176</u>	<u>\$ 74,785,854</u>	<u>\$ 0</u>	<u>\$ 74,785,854</u>	<u>\$ 80,696,158</u>	<u>\$ 5,910,304</u>	<u>\$ 40,348,079</u>
General Administration							
General Administration	\$ 14,596,745	\$ 16,100,685	\$ 0	\$ 16,100,685	\$ 16,304,771	\$ 204,086	\$ 8,152,386
Total Human Services, Dept. of	<u>\$ 1,499,976,464</u>	<u>\$ 1,597,464,516</u>	<u>\$ 61,954,853</u>	<u>\$ 1,659,419,369</u>	<u>\$ 1,639,212,556</u>	<u>\$ -20,206,813</u>	<u>\$ 1,391,511,437</u>
Total Health and Human Services	<u><u>\$ 1,568,079,274</u></u>	<u><u>\$ 1,667,772,557</u></u>	<u><u>\$ 61,954,853</u></u>	<u><u>\$ 1,729,727,410</u></u>	<u><u>\$ 1,720,023,414</u></u>	<u><u>\$ -9,703,996</u></u>	<u><u>\$ 1,431,916,869</u></u>

Summary Data Other Funds

	Actual FY 2012 <u>(1)</u>	Estimated FY 2013 <u>(2)</u>	Supp-Final Action FY 2013 <u>(3)</u>	Est Net FY 2013 <u>(4)</u>	Final Action FY 2014 <u>(5)</u>	FY 2014 Final vs FY 2013 Est Net <u>(6)</u>	Final Action FY 2015 <u>(7)</u>
Health and Human Services	\$ 501,667,711	\$ 488,126,457	\$ 0	\$ 488,126,457	\$ 528,742,395	\$ 40,615,938	\$ 364,821,851
Grand Total	<u>\$ 501,667,711</u>	<u>\$ 488,126,457</u>	<u>\$ 0</u>	<u>\$ 488,126,457</u>	<u>\$ 528,742,395</u>	<u>\$ 40,615,938</u>	<u>\$ 364,821,851</u>

Health and Human Services Other Funds

	Actual FY 2012 <u>(1)</u>	Estimated FY 2013 <u>(2)</u>	Supp-Final Action FY 2013 <u>(3)</u>	Est Net FY 2013 <u>(4)</u>	Final Action FY 2014 <u>(5)</u>	FY 2014 Final vs FY 2013 Est Net <u>(6)</u>	Final Action FY 2015 <u>(7)</u>
Human Services, Dept. of							
General Administration							
FIP-TANF	\$ 21,500,738	\$ 19,790,365	\$ 0	\$ 19,790,365	\$ 18,116,948	\$ -1,673,417	\$ 9,058,474
Promise Jobs-TANF	12,411,528	12,411,528	0	12,411,528	11,866,439	-545,089	5,933,220
FaDDS-TANF	2,898,980	2,898,980	0	2,898,980	2,898,980	0	1,449,490
Field Operations-TANF	31,296,232	31,296,232	0	31,296,232	31,296,232	0	15,648,116
General Administration-TANF	3,744,000	3,744,000	0	3,744,000	3,744,000	0	1,872,000
State Day Care-TANF	16,382,687	16,382,687	0	16,382,687	25,732,687	9,350,000	12,866,344
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	4,894,052	4,894,052	0	2,447,026
Child & Family Services-TANF	32,084,430	32,084,430	0	32,084,430	32,084,430	0	16,042,215
Child Abuse Prevention-TANF	125,000	125,000	0	125,000	125,000	0	62,500
Training & Technology-TANF	1,037,186	1,037,186	0	1,037,186	1,037,186	0	518,593
0-5 Children-TANF	6,350,000	6,350,000	0	6,350,000	0	-6,350,000	0
FIP Eligibility System-TANF	0	0	0	0	5,050,451	5,050,451	2,525,226
Total General Administration	\$ 132,724,833	\$ 131,014,460	\$ 0	\$ 131,014,460	\$ 136,846,405	\$ 5,831,945	\$ 68,423,204

Health and Human Services Other Funds

	Actual FY 2012 (1)	Estimated FY 2013 (2)	Supp-Final Action FY 2013 (3)	Est Net FY 2013 (4)	Final Action FY 2014 (5)	FY 2014 Final vs FY 2013 Est Net (6)	Final Action FY 2015 (7)
Assistance							
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 965,034
Promoting Healthy Marriage - TANF	146,072	25,000	0	25,000	25,000	0	12,500
Medical Assistance - HCTF	106,363,275	106,046,400	0	106,046,400	224,446,400	118,400,000	224,446,400
Medical Contracts-Pharm Settlement - PhSA	10,907,457	4,805,804	0	4,805,804	6,650,000	1,844,196	3,325,000
Broadlawn Hospital - ICA	65,000,000	71,000,000	0	71,000,000	35,500,000	-35,500,000	0
Regional Provider Network - ICA	3,472,176	4,986,366	0	4,986,366	2,993,183	-1,993,183	0
Nonparticipating Providers - NPPR	2,000,000	2,000,000	0	2,000,000	1,000,000	-1,000,000	0
Medical Information Hotline - HCTA	100,000	100,000	0	100,000	0	-100,000	0
Health Partnership Activities - HCTA	600,000	600,000	0	600,000	0	-600,000	0
Audits, Performance Eval., Studies - HCTA	125,000	125,000	0	125,000	0	-125,000	0
IowaCare Admin. Costs - HCTA	1,132,412	1,132,412	0	1,132,412	0	-1,132,412	0
Dental Home for Children - HCTA	1,000,000	1,000,000	0	1,000,000	0	-1,000,000	0
MH/DD Workforce Development - HCTA	50,000	50,000	0	50,000	0	-50,000	0
Medical Contracts - HCTA	2,000,000	2,400,000	0	2,400,000	0	-2,400,000	0
Broadlawn Admin - HCTA	290,000	540,000	0	540,000	0	-540,000	0
Medical Assistance - QATF	29,000,000	26,500,000	0	26,500,000	28,788,917	2,288,917	28,788,917
Medical Assistance - HHCAT	39,223,800	33,898,400	0	33,898,400	34,288,000	389,600	34,700,000
Nonparticipating Prov Reimb Fund - HHCAT	776,200	801,600	0	801,600	412,000	-389,600	0
Electronic Medical Records - HCTA	100,000	100,000	0	100,000	0	-100,000	0
Medical Assistance - HCTA	1,956,245	6,872,920	0	6,872,920	0	-6,872,920	0
Medicaid Supplemental - MFA	0	0	0	0	4,160,796	4,160,796	4,160,796
Care Coordination - ICA	1,500,000	1,500,000	0	1,500,000	1,500,000	0	0
Lab Test & Radiology Pool - ICA	500,000	500,000	0	500,000	0	-500,000	0
Uniform Cost Report - HCTA	150,000	150,000	0	150,000	0	-150,000	0
Health Care Access Council - HCTA	134,214	134,214	0	134,214	0	-134,214	0
Accountable Care Pilot - HCTA	100,000	100,000	0	100,000	0	-100,000	0
DPH Transfer e-Health - HCTA	363,987	363,987	0	363,987	0	-363,987	0
DPH Transfer Medical Home - HCTA	233,357	233,357	0	233,357	0	-233,357	0
IowaCare Admin-ICA	0	0	0	0	371,552	371,552	0
Total Assistance	\$ 269,154,262	\$ 267,895,527	\$ 0	\$ 267,895,527	\$ 342,065,915	\$ 74,170,388	\$ 296,398,647
Total Human Services, Dept. of	\$ 401,879,095	\$ 398,909,987	\$ 0	\$ 398,909,987	\$ 478,912,320	\$ 80,002,333	\$ 364,821,851

Health and Human Services

Other Funds

	Actual FY 2012 <u>(1)</u>	Estimated FY 2013 <u>(2)</u>	Supp-Final Action FY 2013 <u>(3)</u>	Est Net FY 2013 <u>(4)</u>	Final Action FY 2014 <u>(5)</u>	FY 2014 Final vs FY 2013 Est Net <u>(6)</u>	Final Action FY 2015 <u>(7)</u>
<u>Regents, Board of</u>							
Regents, Board of							
UI - UIHC IowaCares Program - ICA	\$ 27,284,584	\$ 27,284,584	\$ 0	\$ 27,284,584	\$ 13,642,292	\$ -13,642,292	\$ 0
UI - UIHC IowaCares Expansion Pop - ICA	56,226,279	45,654,133	0	45,654,133	26,284,600	-19,369,533	0
UI - UIHC IowaCares Physicians - ICA	<u>16,277,753</u>	<u>16,277,753</u>	<u>0</u>	<u>16,277,753</u>	<u>9,903,183</u>	<u>-6,374,570</u>	<u>0</u>
Total Regents, Board of	<u>\$ 99,788,616</u>	<u>\$ 89,216,470</u>	<u>\$ 0</u>	<u>\$ 89,216,470</u>	<u>\$ 49,830,075</u>	<u>\$ -39,386,395</u>	<u>\$ 0</u>
Total Health and Human Services	<u>\$ 501,667,711</u>	<u>\$ 488,126,457</u>	<u>\$ 0</u>	<u>\$ 488,126,457</u>	<u>\$ 528,742,395</u>	<u>\$ 40,615,938</u>	<u>\$ 364,821,851</u>

Summary Data

FTE Positions

	Actual FY 2012 (1)	Estimated FY 2013 (2)	Supp-Final Action FY 2013 (3)	Est Net FY 2013 (4)	Final Action FY 2014 (5)	FY 2014 Final vs FY 2013 Est Net (6)	Final Action FY 2015 (7)
Health and Human Services	5,052.41	5,274.93	0.00	5,274.93	5,359.86	84.93	5,359.86
Grand Total	5,052.41	5,274.93	0.00	5,274.93	5,359.86	84.93	5,359.86

Health and Human Services

FTE Positions

	Actual FY 2012 (1)	Estimated FY 2013 (2)	Supp-Final Action FY 2013 (3)	Est Net FY 2013 (4)	Final Action FY 2014 (5)	FY 2014 Final vs FY 2013 Est Net (6)	Final Action FY 2015 (7)
<u>Aging, Dept. on</u>							
Aging, Dept. on							
Aging Programs	31.30	36.62	0.00	36.62	28.00	-8.62	28.00
Office LTC Resident Advocate	0.00	0.00	0.00	0.00	13.00	13.00	13.00
Total Aging, Dept. on	31.30	36.62	0.00	36.62	41.00	4.38	41.00
<u>Public Health, Dept. of</u>							
Public Health, Dept. of							
Addictive Disorders	6.99	13.00	0.00	13.00	13.00	0.00	13.00
Healthy Children and Families	8.97	10.00	0.00	10.00	14.00	4.00	14.00
Chronic Conditions	2.19	4.00	0.00	4.00	6.00	2.00	6.00
Community Capacity	9.79	14.00	0.00	14.00	18.25	4.25	18.25
Environmental Hazards	3.64	4.00	0.00	4.00	4.00	0.00	4.00
Infectious Diseases	2.00	4.00	0.00	4.00	4.00	0.00	4.00
Public Protection	123.72	126.00	0.00	126.00	131.00	5.00	131.00
Resource Management	3.66	7.00	0.00	7.00	5.00	-2.00	5.00
Total Public Health, Dept. of	160.97	182.00	0.00	182.00	195.25	13.25	195.25
<u>Human Services, Dept. of</u>							
Toledo Juvenile Home							
Toledo Juvenile Home	108.16	114.00	0.00	114.00	114.00	0.00	114.00
Eldora Training School							
Eldora Training School	160.68	164.30	0.00	164.30	164.30	0.00	164.30
Cherokee							
Cherokee MHI	164.57	168.50	0.00	168.50	169.20	0.70	169.20
Clarinda							
Clarinda MHI	85.02	86.10	0.00	86.10	86.10	0.00	86.10
Independence							
Independence MHI	226.30	233.00	0.00	233.00	233.00	0.00	233.00
Mt Pleasant							
Mt Pleasant MHI	91.64	97.32	0.00	97.32	97.92	0.60	97.92

Health and Human Services

FTE Positions

	Actual FY 2012 <u>(1)</u>	Estimated FY 2013 <u>(2)</u>	Supp-Final Action FY 2013 <u>(3)</u>	Est Net FY 2013 <u>(4)</u>	Final Action FY 2014 <u>(5)</u>	FY 2014 Final vs FY 2013 Est Net <u>(6)</u>	Final Action FY 2015 <u>(7)</u>
Glenwood							
Glenwood Resource Center	869.91	860.12	0.00	860.12	859.12	-1.00	859.12
Woodward							
Woodward Resource Center	706.46	652.47	0.00	652.47	652.47	0.00	652.47
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	86.54	115.50	0.00	115.50	124.50	9.00	124.50
Field Operations							
Child Support Recoveries	445.07	464.00	0.00	464.00	464.00	0.00	464.00
Field Operations	1,634.37	1,781.00	0.00	1,781.00	1,837.00	56.00	1,837.00
Total Field Operations	<u>2,079.44</u>	<u>2,245.00</u>	<u>0.00</u>	<u>2,245.00</u>	<u>2,301.00</u>	<u>56.00</u>	<u>2,301.00</u>
General Administration							
General Administration	268.58	307.00	0.00	307.00	309.00	2.00	309.00
Total Human Services, Dept. of	<u>4,847.32</u>	<u>5,043.31</u>	<u>0.00</u>	<u>5,043.31</u>	<u>5,110.61</u>	<u>67.30</u>	<u>5,110.61</u>
<u>Veterans Affairs, Dept. of</u>							
Veterans Affairs, Department of General Administration	12.82	13.00	0.00	13.00	13.00	0.00	13.00
Total Veterans Affairs, Dept. of	<u>12.82</u>	<u>13.00</u>	<u>0.00</u>	<u>13.00</u>	<u>13.00</u>	<u>0.00</u>	<u>13.00</u>
Total Health and Human Services	<u><u>5,052.41</u></u>	<u><u>5,274.93</u></u>	<u><u>0.00</u></u>	<u><u>5,274.93</u></u>	<u><u>5,359.86</u></u>	<u><u>84.93</u></u>	<u><u>5,359.86</u></u>