

Health and Human Services Appropriations Bill House File 2460

Last Action:

**House Appropriations
Committee**

April 14, 2016

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

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at: <https://www.legis.iowa.gov/publications/information/appropriationBillAnalysis>

LSA Contacts: Angel Banks-Adams (515-281-6301), Jess Benson (515-281-4611), and Kent Ohms (515-725-2200)

FUNDING SUMMARY

General Fund FY 2017: Appropriates a total of \$1,837.0 million from the General Fund and 5,050.6 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$3.5 million and an increase of 221.1 FTE positions compared to estimated FY 2016.

Other Funds FY 2017: Appropriates a total of \$439.1 million from other funds. This is an increase of \$7.6 million compared to estimated FY 2016.

General Fund Supplemental Appropriations for FY 2016: Provides no net change from the General Fund for FY 2016. The changes include \$15.0 million in deappropriations with all funds being appropriated to Medicaid.

Standing Appropriations FY 2017: In addition to the actual appropriations in this bill, the attached tracking includes the following standing appropriations and unappropriated FTE positions that are automatically appropriated in statute:

- \$233,000 to the DPH for the registry for congenital and inherited disorders.
- \$233,000 to the DHS for child abuse prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for nonresident mental illness commitment.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

State Family Planning Services Program: Requires the DHS to discontinue the Medicaid Family Planning Network Waiver effective July 1, 2016, and create a new State Family Planning Program.

Page 80, Line 11

Children's Mental Health and Well-Being Workgroup: Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

Page 92, Line 21

Nursing Facility Supplemental Payment Program: Creates a Nursing Facility Supplemental Payment Program to provide a supplemental payment to nursing facilities for various activities. This Program is

Page 101, Line 25

intended to be budget neutral to the state.

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates \$11.4 million and 31.0 FTE positions. This is an increase of \$36,000 and an increase of 4.0 FTE positions compared to estimated FY 2016.

Page 1, Line 3

Office of Long-Term Care Ombudsman: Appropriates \$1.3 million and 17.0 FTE positions. This is no change in funding and an increase of 2.0 FTE positions compared to estimated FY 2016.

Page 3, Line 11

Department of Public Health: Appropriates \$59.5 million and 185.0 FTE positions. This is a decrease of \$196,000 and an increase of 3.0 FTE positions compared to estimated FY 2016. The significant changes include:

Page 3, Line 32

- A decrease of \$275,000 to the Addictive Disorders appropriation.
- An increase of \$976,000 to the Healthy Children and Families appropriation.
- A decrease of \$25,000 to the Chronic Conditions appropriation.
- An decrease of \$1.1 million and an increase of 2.0 FTE positions to the Community Capacity appropriation.
- An increase of \$60,000 and an increase of 1.0 FTE position to the Public Protection appropriation.
- An increase of \$150,000 to the Resource Management appropriation.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$12.3 million and 15.0 FTE positions. This is no change compared to estimated FY 2016.

Page 21, Line 8

Department of Human Services: Appropriates \$1.75 billion from the General Fund and 4,4802.6 FTE positions. This is a decrease of \$3.7 million and a increase of 212.06 FTE positions compared to estimated FY 2016. Significant changes include:

Page 22, Line 23

- A net increase of \$12.1 million for the Medicaid Program.
- A net decrease of \$2.6 million for Medical Contracts.
- A decrease of \$1.4 million for the State Supplementary Assistance Program.
- A net decrease of \$11.2 million for State Children's Health Insurance Program (hawk-i Program).
- A net decrease of \$15.0 million for the Child Care Assistance Program.
- A net increase of \$3.6 million for Child and Family Services.
- A net increase of \$48,000 for the Adoption Subsidy Program.
- An increase of \$17.3 million for the two Mental Health Institutes (MHIs).

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- A decrease of \$1.3 million for the two State Resource Centers.
- An increase of \$300,000 for the Civil Commitment Unit for Sexual Offenders.
- A decrease of \$4.5 million for Field Operations.
- An increase of \$2.9 million for all DHS facilities.
- An increase of \$500,000 for General Administration.
- An increase of \$3,000,000 for Regional Mental Health Grants.

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$146.0 million for FY 2017. This is a net increase of \$11.0 million compared to estimated FY 2016. Page 22, Line 27

Pharmaceutical Settlement Account: Appropriates \$1.3 million for FY 2017. This is a decrease of \$702,000 compared to estimated FY 2016. Page 70, Line 33

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2017. This is an decrease of \$500,000 compared to estimated FY 2016. Page 71, Line 12

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services: Provides a \$15.0 million General Fund supplemental appropriation for Medicaid for FY 2016, but no net change due to decreases in various appropriations. Page 73, Line 14

STUDIES AND INTENT

Department of Human Services

Home and Community-Based Services Report: Requires the DHS to report regarding changes in supported employment and prevocational services to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA. Page 40, Line 28

Hospital Health Care Access Assessment: Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. Page 79, Line 3

Medicaid Managed Care Oversight: Sets up a structure for oversight of the Medicaid Managed Care Program related to consumer protection, outcome achievement, and program integrity and requires various reports back to the Legislature. Page 85, Line 2

Mental Health and Disability Services Redesign Progress Report: Requires the DHS to report the progress of Page 111, Line 25

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 2460

the implementation of the Adult Mental Health and Disability Services System redesign to Governor, and General Assembly by November 15, 2016.

Department of Public Health

Budget Review: Requires entities receiving funding through the DPH to submit reports and requires the DPH to review reports and recommend changes in adjusting funding streams to better align with the Department's priorities and goals.

Page 20, Line 14

SIGNIFICANT CODE CHANGES

Department of Human Services

Hospital Health Care Access Assessment: Repeals the sunset of the Hospital Health Care Access Assessment Program.

Page 79, Line 2

Autism Support Program: Expands eligibility from nine to fourteen years of age and from 400.0% to 500.0% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.0% to 15.0%.

Page 83, Line 28

Department of Public Health

Autism Behavior Analyst Grant Program: Makes changes to the Autism Behavior Analyst and Assistant Behavior Analyst Grant Program related to eligible programs, practicing in Iowa after graduation, award maximums, and required reports.

Page 82, Line 4

Nursing Residency State Matching Grants Program and Iowa Needs Nurses Now Program: Eliminates the sunset date for these programs.

Page 96, Line 13

Care Provider Designation: Creates a documented process for health care providers, or their agents, to provide a patient with the opportunity to designate a family member or other individual as a person who the provider may discuss the patient's health care information with.

Page 105, Line 6

Trauma Care Service Categorization: Grandfathers in any hospital's Trauma Care Service Categorization Level achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

Page 109, Line 22

Opioid Antagonist Authorization Act: Amends SF 2218 to permit, rather than require, the DPH to adopt

Page 95, Line 33

rules to administer the Opioid Antagonist Authorization Act.

EFFECTIVE DATE

Department of Human Services

The Division making deappropriations and a supplemental appropriation to Medicaid is effective on enactment, and retroactive to July 1, 2015. Page 75, Line 17

The Division transferring Decategorization funds to Medicaid is effective on enactment, and retroactive to July 1, 2015. Page 75, Line 34

The Division relating to the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016. Page 80, Line 6

The Division relating to creating a non-state government-owned nursing facility upper payment limit supplemental payment program is effective on enactment and implementation is contingent on approval from the Center for Medicare and Medicaid Services (CMS). Page 104, Line 30

Department of Public Health

The Division eliminating the sunset date for the Nurse Residency State Matching Grant Program and the Iowa Needs Nurses Now Program is effective on enactment and retroactive to June 30, 2016. Page 101, Line 20

The Division relating to Trauma Care Service Categories is effective on enactment and applies retroactively to June 30, 2015. Page 110, Line 6

House File 2460 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
76	7	48	Amend	231E.4.3.a
76	15	49	Amend	222.60A
76	26	50	Amend	249A.12.3.c
77	3	51	Amend	249A.21
79	2	52	Repeal	249M.5
82	4	57	Amend	135.181.1,2
83	14	58	Add	135.181.4
83	28	59	Amend	225D.1.8
84	2	60	Amend	225D.2.2.c,d
95	33	72	Amend	147A.18.5
96	13	74	Amend	135.178
97	10	75	Amend	261.129
101	28	78	Amend	249L.2.6
105	6	82	New	144E.1
106	6	83	New	144E.2
107	15	84	New	144E.3
107	25	85	New	144E.4
108	27	86	New	144E.5
108	33	87	New	144E.6
109	3	88	New	144E.7
109	22	89	Amend	147A.23.2.c

1 1 DIVISION I
 1 2 DEPARTMENT ON AGING — FY 2016-2017

1 3 Section 1. 2015 Iowa Acts, chapter 137, section 121, is
 1 4 amended to read as follows:
 1 5 SEC. 121. DEPARTMENT ON AGING. There is appropriated from
 1 6 the general fund of the state to the department on aging for
 1 7 the fiscal year beginning July 1, 2016, and ending June 30,
 1 8 2017, the following amount, or so much thereof as is necessary,
 1 9 to be used for the purposes designated:

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

1 21	.....	\$	5,699,866
1 22	.....		<u>11,436,066</u>
1 23	.....	FTEs	31.00

1 24 1. Funds appropriated in this section may be used to
 1 25 supplement federal funds under federal regulations. To
 1 26 receive funds appropriated in this section, a local area
 1 27 agency on aging shall match the funds with moneys from other
 1 28 sources according to rules adopted by the department. Funds
 1 29 appropriated in this section may be used for elderly services
 1 30 not specifically enumerated in this section only if approved
 1 31 by an area agency on aging for provision of the service within
 1 32 the area.

1 33 2. Of the funds appropriated in this section, ~~\$439,973~~
 1 34 \$279,946 is transferred to the economic development authority
 1 35 for the Iowa commission on volunteer services to be used for
 2 1 the retired and senior volunteer program.

2 2 3. a. The department on aging shall establish and enforce
 2 3 procedures relating to expenditure of state and federal funds
 2 4 by area agencies on aging that require compliance with both
 2 5 state and federal laws, rules, and regulations, including but
 2 6 not limited to all of the following:
 2 7 (1) Requiring that expenditures are incurred only for goods

General Fund appropriation to the [Department on Aging](#) for FY 2017.

DETAIL: This is a increase of \$36,334 and an increase in 3.98 FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$36,334 to bring the funding level for the Office of Substitute Decision Maker to \$325,000.
- An increase of 3.98 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

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

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

DETAIL: This is no change compared to the FY 2016 allocation.

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

2 8 or services received or performed prior to the end of the
 2 9 fiscal period designated for use of the funds.
 2 10 (2) Prohibiting prepayment for goods or services not
 2 11 received or performed prior to the end of the fiscal period
 2 12 designated for use of the funds.
 2 13 (3) Prohibiting the prepayment for goods or services
 2 14 not defined specifically by good or service, time period, or
 2 15 recipient.
 2 16 (4) Prohibiting the establishment of accounts from which
 2 17 future goods or services which are not defined specifically by
 2 18 good or service, time period, or recipient, may be purchased.
 2 19 b. The procedures shall provide that if any funds are
 2 20 expended in a manner that is not in compliance with the
 2 21 procedures and applicable federal and state laws, rules, and
 2 22 regulations, and are subsequently subject to repayment, the
 2 23 area agency on aging expending such funds in contravention of
 2 24 such procedures, laws, rules and regulations, not the state,
 2 25 shall be liable for such repayment.

2 26 4. Of the funds appropriated in this section, at least
 2 27 ~~\$125,000~~ \$250,000 shall be used to fund the unmet needs
 2 28 identified through Iowa's aging and disability resource center
 2 29 network.

2 30 5. Of the funds appropriated in this section, at
 2 31 least ~~\$300,000~~ \$600,000 shall be used to fund home and
 2 32 community-based services through the area agencies on aging
 2 33 that enable older individuals to avoid more costly utilization
 2 34 of residential or institutional services and remain in their
 2 35 own homes.

3 1 6. Of the funds appropriated in this section, ~~\$406,833~~
 3 2 \$850,000 shall be used for the purposes of chapter 231E and
 3 3 section 231.56A, of which ~~\$144,333~~ \$350,000 shall be used for
 3 4 the office of substitute decision maker pursuant to chapter
 3 5 231E, and the remainder shall be distributed equally to the
 3 6 area agencies on aging to administer the prevention of elder
 3 7 abuse, neglect, and exploitation program pursuant to section
 3 8 231.56A, in accordance with the requirements of the federal
 3 9 Older Americans Act of 1965, 42 U.S.C. §3001 et seq., as
 3 10 amended.

3 11 DIVISION II
 3 12 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

3 13 Sec. 2. 2015 Iowa Acts, chapter 137, section 122, is amended
 3 14 to read as follows:

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

DETAIL: This is no change compared to the FY 2016 allocation.

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

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$850,000 for the following:

- \$525,000 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- 350,000 for the Office of Substitute Decision Maker.

DETAIL: This is an increase of \$36,334 compared to FY 2016 allocation for the Office of Substitute Decision Maker and no change to the Aging and Disability Resource Network.

General Fund appropriation to the [Office of Long-Term Care](#)

3 15 SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.
 3 16 1. There is appropriated from the general fund of the state
 3 17 to the office of long-term care ombudsman for the fiscal year
 3 18 beginning July 1, 2016, and ending June 30, 2017, the following
 3 19 amount, or so much thereof as is necessary, to be used for the
 3 20 purposes designated:
 3 21 For salaries, support, administration, maintenance, and
 3 22 miscellaneous purposes, and for not more than the following
 3 23 full-time equivalent positions:
 3 24 \$ 638,394
 3 25 1,276,783
 3 26 FTEs 17.00

[Ombudsman](#) for FY 2017.

DETAIL: This is no change in funding and an increase 2.02 FTE positions compared to estimated FY 2016. The increase of 2.02 FTE positions maintains the level the General Assembly appropriated for FY 2016.

3 27 2. Of the funds appropriated in this section, ~~\$140,000~~
 3 28 \$220,000 shall be used to continue to provide for additional
 3 29 local long-term care ombudsmen.

Allocates \$220,000 for up to four local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is no change compared to the FY 2016 allocation.

3 30 DIVISION III
 3 31 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017
 3 32 Sec. 3. 2015 Iowa Acts, chapter 137, section 123, is amended

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

3 33 to read as follows:
 3 34 SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is
 3 35 appropriated from the general fund of the state to the
 4 1 department of public health for the fiscal year beginning July
 4 2 1, 2016, and ending June 30, 2017, the following amounts, or
 4 3 so much thereof as is necessary, to be used for the purposes
 4 4 designated:

4 5 1. ADDICTIVE DISORDERS
 4 6 For reducing the prevalence of the use of tobacco, alcohol,
 4 7 and other drugs, and treating individuals affected by addictive
 4 8 behaviors, including gambling, and for not more than the
 4 9 following full-time equivalent positions:
 4 10 \$ 13,631,845
 4 11 26,988,690
 4 12 FTEs 10.00

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

DETAIL: This is a decrease of \$275,000 and no change in FTE positions compared to estimated FY 2016. The decrease in funding is to the Problem Gambling Prevention, Treatment, and Control Program.

4 13 a. (1) Of the funds appropriated in this subsection,
 4 14 ~~\$2,624,180~~ \$5,248,361 shall be used for the tobacco use
 4 15 prevention and control initiative, including efforts at the
 4 16 state and local levels, as provided in chapter 142A. The
 4 17 commission on tobacco use prevention and control established
 4 18 pursuant to section 142A.3 shall advise the director of
 4 19 public health in prioritizing funding needs and the allocation
 4 20 of moneys appropriated for the programs and initiatives.
 4 21 Activities of the programs and initiatives shall be in

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

DETAIL: This is no change compared to the FY 2016 allocation.

4 22 alignment with the United States centers for disease control
 4 23 and prevention best practices for comprehensive tobacco control
 4 24 programs that include the goals of preventing youth initiation
 4 25 of tobacco usage, reducing exposure to secondhand smoke,
 4 26 and promotion of tobacco cessation. To maximize resources,
 4 27 the department shall determine if third-party sources are
 4 28 available to instead provide nicotine replacement products
 4 29 to an applicant prior to provision of such products to an
 4 30 applicant under the initiative. The department shall track and
 4 31 report to the individuals specified in this Act; any reduction
 4 32 in the provision of nicotine replacement products realized
 4 33 by the initiative through implementation of the prerequisite
 4 34 screening.

4 35 (2) (a) ~~Of the funds allocated in this paragraph "a",~~
 5 1 ~~\$226,533 is transferred to the~~ The department shall collaborate
 5 2 with the alcoholic beverages division of the department of
 5 3 commerce for enforcement of tobacco laws, regulations, and
 5 4 ordinances and to engage in tobacco control activities approved
 5 5 by the division of tobacco use prevention and control of the
 5 6 department of public health as specified in the memorandum of
 5 7 understanding entered into between the divisions.

5 8 (b) For the fiscal year beginning July 1, 2016, and ending
 5 9 June 30, 2017, the terms of the memorandum of understanding,
 5 10 entered into between the division of tobacco use prevention
 5 11 and control of the department of public health and the
 5 12 alcoholic beverages division of the department of commerce,
 5 13 governing compliance checks conducted to ensure licensed retail
 5 14 tobacco outlet conformity with tobacco laws, regulations, and
 5 15 ordinances relating to persons under ~~eighteen~~ 18 years of
 5 16 age, shall continue to restrict the number of such checks to
 5 17 one check per retail outlet, and one additional check for any
 5 18 retail outlet found to be in violation during the first check.

5 19 b. Of the funds appropriated in this subsection,
 5 20 ~~\$11,007,664~~ \$21,740,329 shall be used for problem gambling and
 5 21 substance-related disorder prevention, treatment, and recovery
 5 22 services, including a 24-hour helpline, public information
 5 23 resources, professional training, youth prevention, and program
 5 24 evaluation.

5 25 ~~(1) Of the funds allocated in this paragraph "b", \$9,451,857~~
 5 26 ~~shall be used for substance-related disorder prevention and~~
 5 27 ~~treatment.~~

5 28 ~~(a) Of the funds allocated in this subparagraph (1),~~
 5 29 ~~\$449,650 shall be used for the public purpose of a grant~~
 5 30 ~~program to provide substance-related disorder prevention~~
 5 31 ~~programming for children.~~

5 32 ~~(i) Of the funds allocated in this subparagraph division~~

Requires the DPH to collaborate with 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. 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.

DETAIL: Does not specify a specific dollar amount compared to the FY 2016 allocation. This will allow the DPH and ABD to work together to agree on funding needs.

Allocates \$21,740,329 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is a decrease of \$275,000 compared to the FY 2016 allocation. Youth prevention is added to the allocation language and all subsequent allocations of this amount are eliminated allowing the DPH more flexibility in funding programs.

5 33 (a), \$213,769 shall be used for grant funding for organizations
5 34 that provide programming for children by utilizing mentors.
5 35 Programs approved for such grants shall be certified or must
6 1 be certified within six months of receiving the grant award
6 2 by the Iowa commission on volunteer services as utilizing the
6 3 standards for effective practice for mentoring programs.
6 4 —(ii) Of the funds allocated in this subparagraph division
6 5 (a), \$213,419 shall be used for grant funding for organizations
6 6 providing programming that includes youth development and
6 7 leadership services. The programs shall also be recognized as
6 8 being programs that are scientifically based with evidence of
6 9 their effectiveness in reducing substance-related disorders in
6 10 children.
6 11 —(iii) The department of public health shall utilize a
6 12 request for proposals process to implement the grant program.
6 13 —(iv) All grant recipients shall participate in a program
6 14 evaluation as a requirement for receiving grant funds.
6 15 —(v) Of the funds allocated in this subparagraph division
6 16 (a), up to \$22,461 may be used to administer substance-related
6 17 disorder prevention grants and for program evaluations.
6 18 —(b) Of the funds allocated in this subparagraph
6 19 (1), \$136,301 shall be used for culturally competent
6 20 substance-related disorder treatment pilot projects.
6 21 —(i) The department shall utilize the amount allocated
6 22 in this subparagraph division (b) for at least three pilot
6 23 projects to provide culturally competent substance-related
6 24 disorder treatment in various areas of the state. Each pilot
6 25 project shall target a particular ethnic minority population.
6 26 The populations targeted shall include but are not limited to
6 27 African American, Asian, and Latino.
6 28 —(ii) The pilot project requirements shall provide for
6 29 documentation or other means to ensure access to the cultural
6 30 competence approach used by a pilot project so that such
6 31 approach can be replicated and improved upon in successor
6 32 programs.
6 33 —(2) Of the funds allocated in this paragraph “b”, up
6 34 to \$1,555,807 may be used for problem gambling prevention,
6 35 treatment, and recovery services.
7 1 —(a) Of the funds allocated in this subparagraph (2),
7 2 \$1,286,881 shall be used for problem gambling prevention and
7 3 treatment.
7 4 —(b) Of the funds allocated in this subparagraph (2), up to
7 5 \$218,926 may be used for a 24-hour helpline, public information
7 6 resources, professional training, and program evaluation.
7 7 —(c) Of the funds allocated in this subparagraph (2), up
7 8 to \$50,000 may be used for the licensing of problem gambling
7 9 treatment programs.
7 10 —(3) It is the intent of the general assembly that from the

7 11 moneys allocated in this paragraph "b", persons with a dual
 7 12 diagnosis of substance-related disorder and gambling addiction
 7 13 shall be given priority in treatment services.
 7 14 —c.—Notwithstanding any provision of law to the contrary,
 7 15 to standardize the availability, delivery, cost of delivery,
 7 16 and accountability of problem gambling and substance-related
 7 17 disorder treatment services statewide, the department shall
 7 18 continue implementation of a process to create a system
 7 19 for delivery of treatment services in accordance with the
 7 20 requirements specified in 2008 Iowa Acts, chapter 1187, section
 7 21 3, subsection 4. To ensure the system provides a continuum
 7 22 of treatment services that best meets the needs of Iowans,
 7 23 the problem gambling and substance-related disorder treatment
 7 24 services in any area may be provided either by a single agency
 7 25 or by separate agencies submitting a joint proposal.
 7 26 —(1)—The system for delivery of substance-related disorder
 7 27 and problem gambling treatment shall include problem gambling
 7 28 prevention.
 7 29 —(2)—The system for delivery of substance-related disorder
 7 30 and problem gambling treatment shall include substance-related
 7 31 disorder prevention by July 1, 2017.
 7 32 —(3)—Of the funds allocated in paragraph "b", the department
 7 33 may use up to \$50,000 for administrative costs to continue
 7 34 developing and implementing the process in accordance with this
 7 35 paragraph "e".

8 1 d. The requirement of section ~~423.53~~ 123.17, subsection
 8 2 5, is met by the appropriations and allocations made in this
 8 3 division of this Act for purposes of substance-related disorder
 8 4 treatment and addictive disorders for the fiscal year beginning
 8 5 July 1, 2016.

8 6 —e.—The department of public health shall work with all
 8 7 other departments that fund substance-related disorder
 8 8 prevention and treatment services and all such departments
 8 9 shall, to the extent necessary, collectively meet the state
 8 10 maintenance-of-effort requirements for expenditures for
 8 11 substance-related disorder services as required under the
 8 12 federal substance-related disorder prevention and treatment
 8 13 block grant.

8 14 2. HEALTHY CHILDREN AND FAMILIES

8 15 For promoting the optimum health status for children,
 8 16 adolescents from birth through 21 years of age, and families,
 8 17 and for not more than the following full-time equivalent
 8 18 positions:

8 19 \$ 2,308,774
 8 20 5,593,774

Updates a Code reference, and specifies the requirements of Iowa Code section [123.17](#) are met by the appropriations made in this Act.

Deletes outdated language.

DETAIL: Several years ago, there was an attempt to use Department of Corrections expenditures for substance abuse treatment of inmates as Maintenance-of-Effort (MOE) for the Substance Abuse Treatment and Prevention Block Grant. This did not work, and the language is not necessary.

General Fund appropriation to [Healthy Children and Families](#) programs.

DETAIL: This is an increase of \$976,231 and no change in FTE positions compared to estimated FY 2016. The increase is for the First Five Program.

8 21 FTEs 12.00

8 22 a. Of the funds appropriated in this subsection, not
 8 23 more than ~~\$367,420~~ \$734,841 shall be used for the healthy
 8 24 opportunities for parents to experience success (HOPES)-healthy
 8 25 families Iowa (HFI) program established pursuant to section
 8 26 135.106. The funding shall be distributed to renew the grants
 8 27 that were provided to the grantees that operated the program
 8 28 during the fiscal year ending June 30, 2016.

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

DETAIL: This is no change compared to the FY 2016 allocation. Requires funds to be distributed to the grantees that received funding in FY 2016.

8 29 b. In order to implement the legislative intent stated in
 8 30 sections 135.106 and 256I.9, that priority for home visitation
 8 31 program funding be given to programs using evidence-based or
 8 32 promising models for home visitation, it is the intent of the
 8 33 general assembly to phase in the funding priority in accordance
 8 34 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 8 35 paragraph "0b".

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

9 1 c. Of the funds appropriated in this subsection, ~~\$1,099,414~~
 9 2 \$3,175,059 shall be used for continuation of the department's
 9 3 initiative to provide for adequate developmental surveillance
 9 4 and screening during a child's first five years. The funds
 9 5 shall be used first to fully fund the current sites to ensure
 9 6 that the sites are fully operational, with the remaining
 9 7 funds to be used for expansion to additional sites. The full
 9 8 implementation and expansion shall include enhancing the scope
 9 9 of the program through collaboration with the child health
 9 10 specialty clinics to promote healthy child development through
 9 11 early identification and response to both biomedical and social
 9 12 determinants of healthy development; by monitoring child
 9 13 health metrics to inform practice, document long-term health
 9 14 impacts and savings, and provide for continuous improvement
 9 15 through training, education, and evaluation; and by providing
 9 16 for practitioner consultation particularly for children with
 9 17 behavioral conditions and needs. The department of public
 9 18 health shall also collaborate with the Iowa Medicaid enterprise
 9 19 and the child health specialty clinics to integrate the
 9 20 activities of the first five initiative into the establishment
 9 21 of patient-centered medical homes, community utilities,
 9 22 accountable care organizations, and other integrated care
 9 23 models developed to improve health quality and population
 9 24 health while reducing health care costs. To the maximum extent
 9 25 possible, funding allocated in this paragraph shall be utilized
 9 26 as matching funds for medical assistance program reimbursement.

Allocates \$3,381,059 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$976,231 compared to the FY 2016 allocation. The increase will fund full implementation in 65 counties and allow for Community Planning for at least one new area that would cover two counties.

9 27 d. Of the funds appropriated in this subsection, ~~\$37,320~~
 9 28 \$74,640 shall be distributed to a statewide dental carrier to

Allocates \$74,640 for a Donated Dental Services Program for Indigent Elderly and Disabled individuals.

<p>9 29 provide funds to continue the donated dental services program 9 30 patterned after the projects developed by the lifeline network 9 31 to provide dental services to indigent individuals who are 9 32 elderly or with disabilities.</p>	<p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>9 33 e. Of the funds appropriated in this subsection, \$55,997 9 34 <u>\$111,995</u> shall be used for childhood obesity prevention.</p>	<p>Allocates \$111,995 for childhood obesity programs. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>9 35 f. Of the funds appropriated in this subsection, \$81,384 10 1 <u>\$162,768</u> shall be used to provide audiological services and 10 2 hearing aids for children. The department may enter into a 10 3 contract to administer this paragraph.</p>	<p>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 2016 allocation.</p>
<p>10 4 g. Of the funds appropriated in this subsection, \$12,500 10 5 <u>\$25,000</u> is transferred to the university of iowa college of 10 6 dentistry for provision of primary dental services to children. 10 7 State funds shall be matched on a dollar-for-dollar basis. 10 8 The university of iowa college of dentistry shall coordinate 10 9 efforts with the department of public health, bureau of 10 10 oral and health delivery systems, to provide dental care to 10 11 underserved populations throughout the state.</p>	<p>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 DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 12 h. Of the funds appropriated in this subsection, \$25,000 10 13 <u>\$50,000</u> shall be used to address youth suicide prevention.</p>	<p>Allocates \$50,000 for a youth suicide prevention program. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 14 i. Of the funds appropriated in this subsection, \$25,000 10 15 <u>\$50,000</u> shall be used to support the iowa effort to address the 10 16 survey of children who experience adverse childhood experiences 10 17 known as ACEs.</p>	<p>Allocates \$50,000 to support the iowa effort to address the study of children that experience adverse childhood experiences (ACEs). DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 18 j. The department of public health shall continue to 10 19 administer the program to assist parents in this state with 10 20 costs resulting from the death of a child in accordance with 10 21 the provisions of 2014 Iowa Acts, chapter 1140, section 22, 10 22 subsection 12.</p>	<p>Requires the IDPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to DHS. DETAIL: The Program received an allocation of \$100,000 with nonreversion language. At the end of March 2016, around \$50,000 is remaining.</p>
<p>10 23 3. CHRONIC CONDITIONS 10 24 For serving individuals identified as having chronic 10 25 conditions or special health care needs, and for not more than</p>	<p>General Fund appropriation to Chronic Conditions programs. DETAIL: This is a decrease of \$25,000 and no change in FTE</p>

10 26 the following full-time equivalent positions:
 10 27 \$ 2,477,846
 10 28 4,930,692
 10 29 FTEs 5.00

positions compared to estimated FY 2016. The decrease is to the Cervical Cancer Screening Program.

10 30 a. Of the funds appropriated in this subsection, ~~\$79,966~~
 10 31 \$159,932 shall be used for grants to individual patients who
 10 32 have an inherited metabolic disorder to assist with the costs
 10 33 of medically necessary foods and formula.

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

DETAIL: This is no change compared to the FY 2016 allocation.

10 34 b. Of the funds appropriated in this subsection, ~~\$445,822~~
 10 35 \$891,644 shall be used for the brain injury services program
 11 1 pursuant to section 135.22B, including for continuation of the
 11 2 contracts for resource facilitator services in accordance with
 11 3 section 135.22B, subsection 9, and to enhance brain injury
 11 4 training and recruitment of service providers on a statewide
 11 5 basis. Of the amount allocated in this paragraph, ~~\$47,500~~
 11 6 \$95,000 shall be used to fund one full-time equivalent position
 11 7 to serve as the state brain injury services program manager.

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

DETAIL: This is no change compared to the FY 2016 allocation.

11 8 c. Of the funds appropriated in this subsection, ~~\$273,994~~
 11 9 \$547,982 shall be used as additional funding to leverage
 11 10 federal funding through the federal Ryan White Care Act, Tit.
 11 11 II, AIDS drug assistance program supplemental drug treatment
 11 12 grants.

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

DETAIL: This is no change compared to the FY 2016 allocation.

11 13 d. Of the funds appropriated in this subsection, ~~\$74,944~~
 11 14 \$149,823 shall be used for the public purpose of continuing
 11 15 to contract with an existing national-affiliated organization
 11 16 to provide education, client-centered programs, and client
 11 17 and family support for people living with epilepsy and their
 11 18 families. The amount allocated in this paragraph in excess
 11 19 of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the
 11 20 organization specified.

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

DETAIL: This is no change compared to the FY 2016 allocation.

11 21 e. Of the funds appropriated in this subsection, ~~\$392,557~~
 11 22 \$785,114 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 2016 allocation.

11 23 f. Of the funds appropriated in this subsection,
 11 24 ~~\$200,000~~ \$400,000 shall be used by the regional autism
 11 25 assistance program established pursuant to section 256.35,
 11 26 and administered by the child health specialty clinic located
 11 27 at the university of Iowa hospitals and clinics. The funds
 11 28 shall be used to enhance interagency collaboration and
 11 29 coordination of educational, medical, and other human services
 11 30 for persons with autism, their families, and providers of

Allocates \$400,000 to be used 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).

DETAIL: This is no change compared to the FY 2016 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.

<p>11 31 services, including delivering regionalized services of care 11 32 coordination, family navigation, and integration of services 11 33 through the statewide system of regional child health specialty 11 34 clinics and fulfilling other requirements as specified in 11 35 chapter 225D. The university of Iowa shall not receive funds 12 1 allocated under this paragraph for indirect costs associated 12 2 with the regional autism assistance program.</p>	
<p>12 3 g. Of the funds appropriated in this subsection, \$285,496 12 4 <u>\$570,993</u> shall be used for the comprehensive cancer control 12 5 program to reduce the burden of cancer in Iowa through 12 6 prevention, early detection, effective treatment, and ensuring 12 7 quality of life. Of the funds allocated in this paragraph "g", 12 8 \$75,000 <u>\$150,000</u> shall be used to support a melanoma research 12 9 symposium, a melanoma biorepository and registry, basic and 12 10 translational melanoma research, and clinical trials.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>12 11 h. Of the funds appropriated in this subsection, \$63,225 12 12 <u>\$101,450</u> shall be used for cervical and colon cancer screening, 12 13 and \$150,000 <u>\$300,000</u> shall be used to enhance the capacity 12 14 of the cervical cancer screening program to include provision 12 15 of recommended prevention and early detection measures to a 12 16 broader range of low-income women.</p>	<p>Allocates \$101,450 for cervical and colon cancer screening and \$300,000 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$401,450.</p> <p>DETAIL: This is a decrease of \$25,000 for cervical cancer screenings compared to the FY 2016 allocation. The overall number of Iowans seeking DPH-funded cervical cancer and colon cancer screening and preventative services is projected to continue to decrease as more people enroll in new public and private health plans. Eligibility for the Colorectal Screening Cancer Program is being expanded through the administrative rule making process ARC 2446C.</p>
<p>12 17 i. Of the funds appropriated in this subsection, \$263,347 12 18 <u>\$526,695</u> shall be used for the center for congenital and 12 19 inherited disorders.</p>	<p>Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>12 20 j. Of the funds appropriated in this subsection, \$64,705 12 21 <u>\$129,411</u> shall be used for the prescription drug donation 12 22 repository program created in chapter 135M.</p>	<p>Allocates \$129,411 for the Prescription Drug Donation Repository Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>12 23 k. Of the funds appropriated in this subsection, \$107,631 12 24 <u>\$215,263</u> shall be used by the department of public health 12 25 for reform-related activities, including but not limited to 12 26 facilitation of communication to stakeholders at the state and 12 27 local level, administering the patient-centered health advisory 12 28 council pursuant to section 135.159, and involvement in health 12 29 care system innovation activities occurring across the state.</p>	<p>Allocates \$215,263 for the DPH Office of Health Care Transformation, that handles Affordable Care Act related initiatives.</p> <p>DETAIL: This is no change compared to the amount of the FY 2016 allocation.</p>

12 30 I. Of the funds appropriated in this subsection, ~~\$12,500~~
 12 31 \$25,000 shall be used for administration of chapter 124D, the
 12 32 medical cannabidiol Act.

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

DETAIL: This is no change compared to the FY 2016 allocation.

12 33 4. COMMUNITY CAPACITY
 12 34 For strengthening the health care delivery system at the
 12 35 local level, and for not more than the following full-time
 13 1 equivalent positions:
 13 2 \$ 4,410,667
 13 3 7,739,136
 13 4 FTEs 44.00
 13 5 13.00

General Fund appropriation to [Community Capacity](#) programs.

DETAIL: This is a net decrease of \$1,082,199 and 2.00 FTE position compared to estimated FY 2016. The General Fund changes include:

- A decrease of \$1,672,199 to reflect the Governor's item veto of funding for the Iowa Collaborative Safety Net Provider Network.
- A decrease of \$105,448 to eliminate funding for the Mental Health Professional Workforce Shortage Area Program allocation.
- An increase of \$74,059 to the PRIMECARRE Loan Repayment Program for mental health workforce.
- An increase of \$47,000 and 0.50 FTE position to the Child Vision Screening Program.
- An increase of \$74,389 and 0.50 FTE position to fund the Office on Minority and Multicultural Health, that has lost the ability to use federal funds.
- An increase of \$500,000 for the Medical Residency Program.
- An increase of 1.00 FTE position for a general increase to better manage workforce contracts and workforce strategies.

13 6 a. Of the funds appropriated in this subsection, ~~\$49,707~~
 13 7 \$146,414 is allocated for continuation of the child vision
 13 8 screening program implemented through the university of Iowa
 13 9 hospitals and clinics in collaboration with early childhood
 13 10 Iowa areas. The program shall submit a report to the
 13 11 individuals identified in this Act for submission of reports
 13 12 regarding the use of funds allocated under this paragraph
 13 13 "a". The report shall include the objectives and results for
 13 14 the program year including the target population and how the
 13 15 funds allocated assisted the program in meeting the objectives;
 13 16 the number, age, and location within the state of individuals
 13 17 served; the type of services provided to the individuals
 13 18 served; the distribution of funds based on service provided;
 13 19 and the continuing needs of the program.

Allocates \$146,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is an increase of \$47,000 compared to the FY 2016 allocation. This will fully implement the program enacted in Iowa Code section [135.39D](#) by providing support for ongoing maintenance and hosting costs for the program and 0.50 FTE position for data entry and oversight.

13 20 b. Of the funds appropriated in this subsection, ~~\$55,328~~
 13 21 \$110,656 is allocated for continuation of an initiative
 13 22 implemented at the university of Iowa and ~~\$49,952~~ \$99,904

Allocates \$110,656 for a University of Iowa (UI) 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

<p>13 23 is allocated for continuation of an initiative at the state 13 24 mental health institute at Cherokee to expand and improve the 13 25 workforce engaged in mental health treatment and services. 13 26 The initiatives shall receive input from the university of 13 27 Iowa, the department of human services, the department of 13 28 public health, and the mental health and disability services 13 29 commission to address the focus of the initiatives.</p>	<p>Cherokee, for a total of \$210,560.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>13 30 c. Of the funds appropriated in this subsection, \$582,314 13 31 <u>\$1,164,628</u> shall be used for essential public health services 13 32 that promote healthy aging throughout one's lifespan, 13 33 contracted through a formula for local boards of health, to 13 34 enhance health promotion and disease prevention services.</p>	<p>Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>13 35 d. Of the funds appropriated in this section subsection, 14 1 \$49,643 <u>\$99,286</u> shall be deposited in the governmental public 14 2 health system fund created in section 135A.8 to be used for the 14 3 purposes of the fund.</p>	<p>Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>14 4 e. Of the funds appropriated in this subsection, \$52,724 14 5 shall be used to continue to address the shortage of mental 14 6 health professionals in the state.</p>	<p>Eliminates the allocation for the Mental Health Professional Shortage Area Program.</p> <p>DETAIL: This is a decrease of \$105,448 compared to the FY 2016 allocation.</p>
<p>14 7 f. Of the funds appropriated in this subsection, \$25,000 14 8 <u>\$50,000</u> shall be used for a grant to a statewide association 14 9 of psychologists that is affiliated with the American 14 10 psychological association to be used for continuation of a 14 11 program to rotate intern psychologists in placements in urban 14 12 and rural mental health professional shortage areas, as defined 14 13 in section 135.180.</p>	<p>Allocates \$50,000 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>14 14 g. (1) Of the funds appropriated in this subsection, 14 15 \$1,441,484 <u>\$1,210,770</u> shall be allocated as a grant to the Iowa 14 16 primary care association to be used pursuant to section 135.153 14 17 for the statewide coordination of the Iowa collaborative 14 18 safety net provider network. Coordination of the network 14 19 shall focus on increasing access by underserved populations 14 20 to health care services, increasing integration of the 14 21 health system and collaboration across the continuum of care 14 22 with a focus on safety net services, and enhancing the Iowa 14 23 collaborative safety net provider network's communication and 14 24 education efforts. The amount allocated as a grant under this 14 25 subparagraph (1) shall be used as follows to support the Iowa 14 26 collaborative safety net provider network goals of increased 14 27 access, health system integration, and engagement:</p>	<p>Allocates \$1,210,770 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section 135.153.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

14 28 (a) For distribution to safety net partners in the state
 14 29 that work to increase access of the underserved population to
 14 30 health services:

14 31\$ 512,742
 14 32 1,025,485

14 33 (i) Of the amount allocated in this subparagraph division
 14 34 (a), up to ~~\$206,707~~ \$413,415 shall be distributed to the
 14 35 Iowa prescription drug corporation for continuation of the
 15 1 pharmaceutical infrastructure for safety net providers as
 15 2 described in 2007 Iowa Acts, chapter 218, section 108.

15 3 (ii) Of the amount allocated in this subparagraph division
 15 4 (a), up to ~~\$474,164~~ \$348,322 shall be distributed to free
 15 5 clinics and free clinics of Iowa for necessary infrastructure,
 15 6 statewide coordination, provider recruitment, service delivery,
 15 7 and provision of assistance to patients in securing a medical
 15 8 home inclusive of oral health care.

15 9 (iii) Of the amount allocated in this subparagraph division
 15 10 (a), up to ~~\$25,000~~ \$50,000 shall be distributed to the Iowa
 15 11 coalition against sexual assault to continue a training
 15 12 program for sexual assault response team (SART) members,
 15 13 including representatives of law enforcement, victim advocates,
 15 14 prosecutors, and certified medical personnel.

15 15 (iv) Of the amount allocated in this subparagraph division
 15 16 (a), up to ~~\$106,874~~ \$213,748 shall be distributed to the Polk
 15 17 county medical society for continuation of the safety net
 15 18 provider patient access to a specialty health care initiative
 15 19 as described in 2007 Iowa Acts, chapter 218, section 109.

15 20 (c) For distribution to safety net partners in the state
 15 21 that work to serve as a resource for credible, accurate
 15 22 information on health care-related needs and services
 15 23 for vulnerable populations in the state including the
 15 24 Iowa association of rural health clinics for necessary
 15 25 infrastructure and service delivery transformation and the Iowa
 15 26 primary care association to support partner engagement, program
 15 27 management, and statewide coordination of the network:

15 28\$ 92,642
 15 29 185,285

15 30 (2) The amount allocated under this paragraph "g" shall
 15 31 not be reduced for administrative or other costs prior to
 15 32 distribution. The Iowa collaborative safety net provider
 15 33 network may continue to distribute funds allocated pursuant to
 15 34 this paragraph "g" through existing contracts or renewal of
 15 35 existing contracts.

16 1 (3) For each goal of the Iowa collaborative safety net

Of the amount allocated in subparagraph (1), \$1,025,485 is allocated to increase access to underserved populations for health services. This is no change compared to the FY 2016 allocation. This amount is further allocated as follows:

- At least \$413,415 for the pharmaceutical infrastructure for safety net providers.
- At least \$348,322 for free clinics to assist patients with finding a medical home.
- At least \$50,000 for a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
- At least \$213,748 for the specialty health care initiative.

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

DETAIL: This is no change compared to the FY 2016 allocation. Funds will also provide for general program management and coordination. These funds will expand technical assistance and training available to safety net partners. The goal is to serve as a resource for credible, accurate information on healthcare-related needs and services for vulnerable populations in Iowa.

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

Requires a report to be submitted by December 15, 2016, regarding

<p>16 2 provider network, the Iowa primary care association shall 16 3 submit a progress report to the individuals designated in this 16 4 Act for submission of reports by December 15, 2016, including 16 5 progress in developing and implementing the network, how the 16 6 funds were distributed and used in developing and implementing 16 7 the network, and the remaining needs identified to fully 16 8 develop and implement the network.</p>	<p>the progress in developing and implementing the network, how funds were distributed, and the remaining needs in developing and implementing the network.</p>
<p>16 9 h. Of the funds appropriated in this subsection, \$106,700 16 10 <u>\$213,400</u> shall be used for continuation of the work of the 16 11 direct care worker advisory council established pursuant to 16 12 2008 Iowa Acts, chapter 1188, section 69, in implementing the 16 13 recommendations in the final report submitted by the advisory 16 14 council to the governor and the general assembly in March 2012, 16 15 including by continuing to develop, promote, and make available 16 16 on a statewide basis the prepare-to-care core curriculum and 16 17 its associated modules and specialties through various formats 16 18 including online access, community colleges, and other venues; 16 19 exploring new and maintaining existing specialties including 16 20 but not limited to oral health and dementia care; supporting 16 21 instructor training; and assessing and making recommendations 16 22 concerning the Iowa care book and information technology 16 23 systems and infrastructure uses and needs.</p>	<p>Allocates \$213,400 for the Direct Care Worker Advisory Council.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>16 24 i. (1) Of the funds appropriated in this subsection, 16 25 \$108,187 <u>\$216,375</u> shall be used for allocation to an 16 26 independent statewide direct care worker organization selected 16 27 through a request for proposals process. The contract shall 16 28 include performance and outcomes measures, and shall allow the 16 29 contractor to use a portion of the funds received under the 16 30 contract to collect data to determine results based on the 16 31 performance and outcomes measures.</p>	<p>Allocates \$216,375 for a request for proposal for independent direct care worker organization for promotion and education on direct care workforce issues.</p> <p>DETAIL: This is no change compared to the amount of the FY 2016 allocation.</p>
<p>16 32 (2) Of the funds appropriated in this subsection, \$37,500 16 33 <u>\$75,000</u> shall be used to provide scholarships or other forms of 16 34 subsidization for direct care worker educational conferences, 16 35 training, or outreach activities.</p>	<p>Allocates \$75,000 for scholarships for direct care worker educational conferences, training, and outreach activities.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>17 1 j. Of the funds appropriated in this subsection, the 17 2 department may use up to \$29,087 <u>\$58,175</u> for up to one 17 3 full-time equivalent position to administer the volunteer 17 4 health care provider program pursuant to section 135.24.</p>	<p>Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>17 5 k. Of the funds appropriated in this subsection, \$50,000 17 6 <u>\$100,000</u> shall be used for a matching dental education loan 17 7 repayment program to be allocated to a dental nonprofit health 17 8 service corporation to continue to develop the criteria and</p>	<p>Allocates \$100,000 for the FIND Dental Education Loan Repayment Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

17 9 implement the loan repayment program.

17 10 I. Of the funds appropriated in this subsection, ~~\$52,944~~
 17 11 \$179,882 is transferred to the college student aid commission
 17 12 for deposit in the rural Iowa primary care trust fund created
 17 13 in section 261.113 to be used for the purposes of the fund.

Allocates \$179,882 for transfer to the College Student Aid Commission for deposit in the [Rural Iowa Primary Care Loan Repayment Program](#) and Trust Fund Act (PRIMECARRE Trust Fund) to implement a Program to repay education loans of primary health care clinical services located in rural, federally-designated health professional shortage areas.

DETAIL: This is a general increase of \$74,059 compared to the FY 2016 allocation.

17 14 m. Of the funds appropriated in this subsection, ~~\$125,000~~
 17 15 \$250,000 shall be used for the purposes of the Iowa donor
 17 16 registry as specified in section 142C.18.

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

DETAIL: This is no change compared to the FY 2016 allocation.

17 17 n. Of the funds appropriated in this subsection, ~~\$50,000~~
 17 18 \$100,000 shall be used for continuation of a grant to a
 17 19 nationally affiliated volunteer eye organization that has an
 17 20 established program for children and adults and that is solely
 17 21 dedicated to preserving sight and preventing blindness through
 17 22 education, nationally certified vision screening and training,
 17 23 and community and patient service programs. The organization
 17 24 shall submit a report to the individuals identified in this
 17 25 Act for submission of reports regarding the use of funds
 17 26 allocated under this paragraph "n". The report shall include
 17 27 the objectives and results for the program year including
 17 28 the target population and how the funds allocated assisted
 17 29 the program in meeting the objectives; the number, age, and
 17 30 location within the state of individuals served; the type of
 17 31 services provided to the individuals served; the distribution
 17 32 of funds based on services provided; and the continuing needs
 17 33 of the program.

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

DETAIL: This is no change compared to the FY 2016 allocation. Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.

17 34 o. Of the funds appropriated in this subsection, ~~\$1,000,000~~
 17 35 \$2,500,000 shall be deposited in the medical residency training
 18 1 account created in section 135.175, subsection 5, paragraph
 18 2 "a", and is appropriated from the account to the department
 18 3 of public health to be used for the purposes of the medical
 18 4 residency training state matching grants program as specified
 18 5 in section 135.176. However, notwithstanding any provision to
 18 6 the contrary in section 135.176, priority in the awarding of
 18 7 the first \$2,000,000 of moneys in the fund for grants shall be
 18 8 given to sponsors that propose preference in the use of the
 18 9 grant funds for psychiatric residency positions and family
 18 10 practice residency positions and priority in the awarding of
 18 11 any additional moneys in the fund shall be given to sponsors

Allocates \$2,500,000 for a Medical Residency Training Program. Specifies that grants for expansion of new medical residency positions, psychiatric residency positions, and family practice positions have priority within the Program.

DETAIL: This is an increase of \$500,000 compared to the FY 2016 allocation. The increase is directed towards prioritizing an award for funding the residency of an internal medicine residency.

18 12 that propose preference in the use of the grant funds for
18 13 internal medicine positions.

Allocates \$156,619 to the UIHC for a program that improves outcomes for mental health treatment in primary care settings.

DETAIL: This is no change compared to the FY 2016 allocation. The program provides additional training to medical residency students about mental health and psychiatric prescriptions and track data and outcomes.

18 14 p. Of the funds appropriated in this subsection, ~~\$78,309~~
18 15 \$156,619 is allocated to the university of Iowa hospitals and
18 16 clinics to continue a systematic and evidence-based practice
18 17 collaborative care model to improve outcomes of mental health
18 18 treatment in primary care settings in the state. Funds shall
18 19 be used to establish the collaborative care model in several
18 20 primary care practices in rural and urban areas throughout the
18 21 state, to provide staffing to administer the model, and to
18 22 provide staff training and database management to track and
18 23 manage patient outcomes.

General Fund appropriation to [Healthy Aging](#) programs.

DETAIL: This is no change compared to estimated FY 2016.

18 24 5. HEALTHY AGING
18 25 To provide public health services that reduce risks and
18 26 invest in promoting and protecting good health over the
18 27 course of a lifetime with a priority given to older lowans and
18 28 vulnerable populations:
18 29 \$ 3,648,571
18 30 7,297,142

General Fund appropriation to [Infectious Disease](#) programs.

DETAIL: This is no change compared to estimated FY 2016.

18 31 6. INFECTIOUS DISEASES
18 32 For reducing the incidence and prevalence of communicable
18 33 diseases, and for not more than the following full-time
18 34 equivalent positions:
18 35 \$ 667,577
19 1 1,335,155
19 2 FTEs 4.00

General Fund appropriation to [Public Protection](#) programs.

DETAIL: This is an increase of \$60,000 and 1.00 FTE position compared to estimated FY 2016. The increase is to fully fund the Certificate of Need Program staff. This position had previously had split duties with the Administrative Rules coordination process.

19 3 7. PUBLIC PROTECTION
19 4 For protecting the health and safety of the public through
19 5 establishing standards and enforcing regulations, and for not
19 6 more than the following full-time equivalent positions:
19 7 \$ 2,469,595
19 8 4,399,191
19 9 FTEs 436.00
19 10 137.00

Allocates up to \$454,700 for the EMS Fund.

DETAIL: This is no change compared to the FY 2016 allocation.

19 11 a. Of the funds appropriated in this subsection, not more
19 12 than ~~\$227,350~~ \$454,700 shall be credited to the emergency
19 13 medical services fund created in section 135.25. Moneys in
19 14 the emergency medical services fund are appropriated to the
19 15 department to be used for the purposes of the fund.

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

19 16 b. Of the funds appropriated in this subsection, ~~\$101,516~~
19 17 \$203,032 shall be used for sexual violence prevention
19 18 programming through a statewide organization representing

19 19 programs serving victims of sexual violence through the
 19 20 department's sexual violence prevention program. The amount
 19 21 allocated in this paragraph "b" shall not be used to supplant
 19 22 funding administered for other sexual violence prevention or
 19 23 victims assistance programs.

DETAIL: This is no change compared to the FY 2016 allocation.

19 24 c. Of the funds appropriated in this subsection, ~~\$299,375~~
 19 25 \$598,751 shall be used for the state poison control center.
 19 26 Pursuant to the directive under 2014 Iowa Acts, chapter
 19 27 1140, section 102, the federal matching funds available to
 19 28 the state poison control center from the department of human
 19 29 services under the federal Children's Health Insurance Program
 19 30 Reauthorization Act allotment shall be subject to the federal
 19 31 administrative cap rule of 10 percent applicable to funding
 19 32 provided under Tit.XXI of the federal Social Security Act and
 19 33 included within the department's calculations of the cap.

Allocates up to \$598,751 for the [State Poison Control Center](#).

DETAIL: This is no change compared to the FY 2016 allocation. The DHS is required to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the Center. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

19 34 d. Of the funds appropriated in this subsection, ~~\$268,875~~
 19 35 \$537,750 shall be used for childhood lead poisoning provisions.

Allocates \$537,750 for [childhood lead poisoning](#) testing.

DETAIL: This is no change compared to the FY 2016 allocation.

20 1 8. RESOURCE MANAGEMENT

General Fund appropriation for [Resource Management](#) activities.

20 2 For establishing and sustaining the overall ability of the
 20 3 department to deliver services to the public, and for not more
 20 4 than the following full-time equivalent positions:
 20 5 \$ 427,536
 20 6 1,005.072
 20 7 FTEs 4.00

DETAIL: This is an increase of \$150,000 and no change in FTE positions compared to estimated FY 2016. The increase funds the ongoing service charges from the Office of the Chief Information Officer due to the Department's move of IT Infrastructure support from the Lucas Data Center to the Hoover Data Center. The total new annual costs are estimated at \$600,000 based on FY 2016 rates, but federal funds, other funds, and fees will make up the 75.0% not covered by this increase.

20 8 9. MISCELLANEOUS PROVISIONS

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

20 9 a. The university of Iowa hospitals and clinics under
 20 10 the control of the state board of regents shall not receive
 20 11 indirect costs from the funds appropriated in this section.
 20 12 The university of Iowa hospitals and clinics billings to the
 20 13 department shall be on at least a quarterly basis.

20 14 b. Unless otherwise already required under this section of
 20 15 this Act, any entity to which appropriated funds are allocated
 20 16 or distributed under this section shall submit a progress
 20 17 report to the department of public health by December 15,
 20 18 2016, which includes the objectives and results, to date,
 20 19 for the program year and how the funds are assisting the
 20 20 program in meeting the objectives, the target population

Requires all entities receiving funding through the DPH to submit a report by December 15, 2016, that contains the objectives and results of the program funded, how funds are utilized, targeted population served, and continuing programming needs in the future. The DPH must make recommendations to the Governor and General Assembly about realigning, bundling, or otherwise distributing funding to meet the needs identified and improving services in the following fiscal year.

20 21 served and the type of services provided, and the continuing
 20 22 needs of the recipient entity and the service population. The
 20 23 department shall review the information reported and shall make
 20 24 recommendations to the governor and the general assembly to
 20 25 realign, bundle, or otherwise redistribute funding to meet the
 20 26 needs identified and improve services during the subsequent
 20 27 fiscal year.

20 28 c. The department of public health shall submit a report
 20 29 to the individuals identified in this Act for submission
 20 30 of reports by December 15, 2016, regarding a proposal for
 20 31 realigning, bundling, redistributing, or otherwise adjusting
 20 32 the department's funding streams to reflect the department's
 20 33 priorities and goals and to provide increased flexibility in
 20 34 the distribution of funding to meet these priorities and goals.
 20 35 The proposal shall specifically include recommendations for a
 21 1 broader, more systematic and strategic workforce initiative
 21 2 which may include a comprehensive study of workforce program
 21 3 needs and the establishment of an advisory workgroup. The
 21 4 proposal shall also specifically include strategies, developed
 21 5 in collaboration with the department of education, to encourage
 21 6 elementary and secondary education students to pursue careers
 21 7 in the fields of health and health care.

Requires the DPH to submit a report by December 15, 2016, regarding the proposal for realigning, bundling, and adjusting the Departments funding streams to reflect their priorities and goals. This report must specifically include recommendations for a broader, systemic workforce strategy, and include strategies developed with the Department of Education, to encourage elementary and secondary education students to pursue careers in the fields of health and health care.

21 8 DIVISION IV
 21 9 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

21 10 Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is amended
 21 11 to read as follows:
 21 12 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is
 21 13 appropriated from the general fund of the state to the
 21 14 department of veterans affairs for the fiscal year beginning
 21 15 July 1, 2016, and ending June 30, 2017, the following amounts,
 21 16 or so much thereof as is necessary, to be used for the purposes
 21 17 designated:
 21 18 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 21 19 For salaries, support, maintenance, and miscellaneous
 21 20 purposes, and for not more than the following full-time
 21 21 equivalent positions:
 21 22 \$ 600,273
 21 23 1,200,546
 21 24 FTEs 15.00

General Fund appropriation to the [Department of Veterans Affairs](#).
 DETAIL: This is no change compared to estimated FY 2016.

21 25 2. IOWA VETERANS HOME
 21 26 For salaries, support, maintenance, and miscellaneous
 21 27 purposes:
 21 28 \$ 3,797,498

General Fund appropriation to the [Iowa Veterans Home](#) (IVH).
 DETAIL: This is no change compared to estimated FY 2016.

21 29 7,594,996

21 30 a. The Iowa veterans home billings involving the department
21 31 of human services shall be submitted to the department on at
21 32 least a monthly basis.

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

21 33 c. Within available resources and in conformance with
21 34 associated state and federal program eligibility requirements,
21 35 the Iowa veterans home may implement measures to provide
22 1 financial assistance to or on behalf of veterans or their
22 2 spouses who are participating in the community reentry program.

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

22 3 3. HOME OWNERSHIP ASSISTANCE PROGRAM
22 4 For transfer to the Iowa finance authority for the
22 5 continuation of the home ownership assistance program for
22 6 persons who are or were eligible members of the armed forces of
22 7 the United States, pursuant to section 16.54:
22 8\$ 1,250,000
22 9 2,500,000

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

DETAIL: This is no change compared to estimated FY 2016. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

22 10 Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is amended
22 11 to read as follows:
22 12 SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
22 13 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
22 14 standing appropriation in section 35A.16 for the fiscal year
22 15 beginning July 1, 2016, and ending June 30, 2017, the amount
22 16 appropriated from the general fund of the state pursuant to
22 17 that section for the following designated purposes shall not
22 18 exceed the following amount:
22 19 For the county commissions of veteran affairs fund under
22 20 section 35A.16:
22 21\$ 495,000
22 22 990,000

Limits the FY 2017 General Fund standing appropriation to the [County Commissions of Veteran Affairs Fund](#) to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is no change compared to estimated FY 2016.

22 23 DIVISION V
22 24 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

22 25 Sec. 6. 2015 Iowa Acts, chapter 137, section 126, is amended
22 26 to read as follows:

22 27 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
22 28 GRANT. There is appropriated from the fund created in section
22 29 8.41 to the department of human services for the fiscal year
22 30 beginning July 1, 2016, and ending June 30, 2017, from moneys
22 31 received under the federal temporary assistance for needy
22 32 families (TANF) block grant pursuant to the federal Personal
22 33 Responsibility and Work Opportunity Reconciliation Act of 1996,
22 34 Pub.L.No.104-193, and successor legislation, the following
22 35 amounts, or so much thereof as is necessary, to be used for the
23 1 purposes designated:

Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2017.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate state programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,028,542 per year.

23 2	1. To be credited to the family investment program account		TANF FY 2017 Block Grant appropriation for the FIP Account.
23 3	and used for assistance under the family investment program		
23 4	under chapter 239B:		
23 5		\$ 2,568,497	DETAIL: This is a decrease of \$24,533 compared to estimated
23 6		<u>5,112,462</u>	Program funding to the General Fund to meet MOE requirements.
23 7	2. To be credited to the family investment program account		TANF FY 2017 Block Grant appropriation for the PROMISE JOBS
23 8	and used for the job opportunities and basic skills (JOBS)		Program.
23 9	program and implementing family investment agreements in		
23 10	accordance with chapter 239B:		DETAIL: This is a decrease of \$4,562,485 compared to estimated FY
23 11		\$ 5,069,089	2016. The decrease is due to a declining caseload and a shift in
23 12		<u>5,575,693</u>	Program funding to the General Fund to meet MOE requirements.
23 13	3. To be used for the family development and		TANF FY 2017 Block Grant appropriation for the Family Development
23 14	self-sufficiency grant program in accordance with section		and Self Sufficiency (FaDSS) Program.
23 15	216A.107:		
23 16		\$ 1,449,490	DETAIL: This is no change compared to estimated FY 2016.
23 17		<u>2,898,980</u>	
23 18	Notwithstanding section 8.33, moneys appropriated in this		Requires nonreversion of funds allocated for the FaDSS Grant
23 19	subsection that remain unencumbered or unobligated at the close		Program.
23 20	of the fiscal year shall not revert but shall remain available		
23 21	for expenditure for the purposes designated until the close of		
23 22	the succeeding fiscal year. However, unless such moneys are		
23 23	encumbered or obligated on or before September 30, 2016, the		
23 24	moneys shall revert.		
23 25	4. For field operations:		TANF FY 2017 Block Grant appropriation for Field Operations.
23 26		\$ 15,648,116	
23 27		<u>35,774,330</u>	DETAIL: This is an increase of \$4,478,098 compared to estimated
			FY 2016. This increase in TANF dollars is transferred to Child and
			Family Services to offset a reduction in General Fund dollars.
23 28	5. For general administration:		TANF FY 2017 Block Grant appropriation for General Administration.
23 29		\$ 1,872,000	
23 30		<u>3,744,000</u>	DETAIL: This is no change compared to estimated FY 2016.
23 31	6. For state child care assistance:		TANF FY 2017 Block Grant appropriation for Child Care Assistance.
23 32		\$ 17,523,555	
23 33		<u>46,866,826</u>	DETAIL: This is an increase of \$11,819,716 compared to estimated
			FY 2016. The increase is offset by a decrease in the General Fund
			Child Care Assistance Appropriation and there is no net change to the
			Program.

23 34 a. Of the funds appropriated in this subsection,
 23 35 ~~\$13,164,048~~ \$26,328,097 is transferred to the child care and
 24 1 development block grant appropriation made by the Eighty-sixth
 24 2 General Assembly, 2016 Session, for the federal fiscal year
 24 3 beginning October 1, 2016, and ending September 30, 2017. Of
 24 4 this amount, ~~\$100,000~~ \$200,000 shall be used for provision
 24 5 of educational opportunities to registered child care home
 24 6 providers in order to improve services and programs offered
 24 7 by this category of providers and to increase the number of
 24 8 providers. The department may contract with institutions
 24 9 of higher education or child care resource and referral
 24 10 centers to provide the educational opportunities. Allowable
 24 11 administrative costs under the contracts shall not exceed 5
 24 12 percent. The application for a grant shall not exceed two
 24 13 pages in length.

Requires the DHS to transfer \$26,328,097 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 administrative costs at 5.00%.

24 14 b. Any funds appropriated in this subsection remaining
 24 15 unallocated shall be used for state child care assistance
 24 16 payments for families who are employed including but not
 24 17 limited to individuals enrolled in the family investment
 24 18 program.

Specifies that approximately \$20,538,729 will be used for Child Care Assistance for employed individuals enrolled in the Family Investment Program (FIP).

24 19 ~~7. For distribution to counties and regions through the~~
 24 20 ~~property tax relief fund for mental health and disability~~
 24 21 ~~services as provided in an appropriation made for this purpose:~~
 24 22 \$ 2,447,026

Eliminates the TANF FY 2017 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: These funds are directly appropriated through the TANF FY 2017 Block Grant appropriation for Child and Family Services.

24 23 8. For child and family services:
 24 24 \$ 16,042,215
 24 25 36,256,581

TANF FY 2017 Block Grant appropriation for Child and Family Services.

DETAIL: This is an increase of \$4,172,151 compared to estimated FY 2016. The changes include:

- An increase of \$4,894,052 to appropriated funds that were previously transferred to this appropriation.
- A decrease of \$5,200,000 for the purpose of funding juvenile delinquent graduated sanctions with General Fund dollars, as the use of TANF dollars for juvenile delinquent graduated sanctions is no longer permissible.
- An increase of \$4,478,099 to offset General Fund appropriations. This increase is offset by a decrease of the same amount in the General Fund Child Welfare Appropriation.

24 26 9. For child abuse prevention grants:
 24 27 \$ 62,500
 24 28 125,000

TANF FY 2017 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated FY 2016.

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

TANF FY 2017 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.

DETAIL: This is no change compared to estimated FY 2016.

Permits the DHS to carryforward TANF funds.

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

24 29 10. For pregnancy prevention grants on the condition that
 24 30 family planning services are funded:
 24 31\$ 965,033
 24 321,930,067

24 33 Pregnancy prevention grants shall be awarded to programs
 24 34 in existence on or before July 1, 2016, if the programs have
 24 35 demonstrated positive outcomes. Grants shall be awarded to
 25 1 pregnancy prevention programs which are developed after July
 25 2 1, 2016, if the programs are based on existing models that
 25 3 have demonstrated positive outcomes. Grants shall comply with
 25 4 the requirements provided in 1997 Iowa Acts, chapter 208,
 25 5 section 14, subsections 1 and 2, including the requirement that
 25 6 grant programs must emphasize sexual abstinence. Priority in
 25 7 the awarding of grants shall be given to programs that serve
 25 8 areas of the state which demonstrate the highest percentage of
 25 9 unplanned pregnancies of females of childbearing age within the
 25 10 geographic area to be served by the grant.

25 11 11. For technology needs and other resources necessary
 25 12 to meet federal welfare reform reporting, tracking, and case
 25 13 management requirements:
 25 14\$ 518,593
 25 151,037,186

25 16 12. For the family investment program share of the costs to
 25 17 continue to develop and maintain a new, integrated eligibility
 25 18 determination system:
 25 19\$ 3,327,440
 25 206,654,880

25 21 13. a. Notwithstanding any provision to the contrary,
 25 22 including but not limited to requirements in section 8.41 or
 25 23 provisions in 2015 or 2016 Iowa Acts regarding the receipt and
 25 24 appropriation of federal block grants, federal funds from the
 25 25 temporary assistance for needy families block grant received by
 25 26 the state and not otherwise appropriated in this section and
 25 27 remaining available for the fiscal year beginning July 1, 2016,
 25 28 are appropriated to the department of human services to the
 25 29 extent as may be necessary to be used in the following priority
 25 30 order:the family investment program, for state child care
 25 31 assistance program payments for families who are employed, and
 25 32 for the family investment program share of costs to develop and
 25 33 maintain a new, integrated eligibility determination system.

25 34 The federal funds appropriated in this paragraph "a" shall be
 25 35 expended only after all other funds appropriated in subsection
 26 1 1 for the assistance under the family investment program,
 26 2 in subsection 6 for child care assistance, or in subsection
 26 3 12 for the family investment program share of the costs to
 26 4 continue to develop and maintain a new, integrated eligibility
 26 5 determination system, as applicable, have been expended. For
 26 6 the purposes of this subsection, the funds appropriated in
 26 7 subsection 6, paragraph "a", for transfer to the child care
 26 8 and development block grant appropriation are considered fully
 26 9 expended when the full amount has been transferred.

26 10 b. The department shall, on a quarterly basis, advise the
 26 11 legislative services agency and department of management of
 26 12 the amount of funds appropriated in this subsection that was
 26 13 expended in the prior quarter.

26 14 14. Of the amounts appropriated in this section, ~~\$6,481,004~~
 26 15 \$12,962,008 for the fiscal year beginning July 1, 2016, is
 26 16 transferred to the appropriation of the federal social services
 26 17 block grant made to the department of human services for that
 26 18 fiscal year.

26 19 15. For continuation of the program providing categorical
 26 20 eligibility for the food assistance program as specified for
 26 21 the program in the section of this division of this 2016 Act
 26 22 relating to the family investment program account:

26 23	.....	\$	12,500
26 24	.....		<u>25,000</u>

26 25 16. The department may transfer funds allocated in this
 26 26 section to the appropriations made in this division of this Act
 26 27 for the same fiscal year for general administration and field
 26 28 operations for resources necessary to implement and operate the
 26 29 services referred to in this section and those funded in the
 26 30 appropriation made in this division of this Act for the same
 26 31 fiscal year for the family investment program from the general
 26 32 fund of the state.

26 33 Sec. 7. 2015 Iowa Acts, chapter 137, section 127, is amended
 26 34 to read as follows:

26 35 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

27 1 1. Moneys credited to the family investment program (FIP)
 27 2 account for the fiscal year beginning July 1, 2016, and
 27 3 ending June 30, 2017, shall be used to provide assistance in
 27 4 accordance with chapter 239B.

Requires the DHS to submit quarterly reports to the 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 estimated FY 2016.

TANF FY 2017 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2016.

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 2016 to be used as specified.

27 5 2. The department may use a portion of the moneys credited
27 6 to the FIP account under this section as necessary for
27 7 salaries, support, maintenance, and miscellaneous purposes.

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

27 8 3. The department may transfer funds allocated in
27 9 subsection 4 to the appropriations made in this division of
27 10 this Act for the same fiscal year for general administration
27 11 and field operations for resources necessary to implement and
27 12 operate the family investment program services referred to in
27 13 this section and those funded in the appropriation made in this
27 14 division of this Act for the same fiscal year for the family
27 15 investment program from the general fund of the state.

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

27 16 4. Moneys appropriated in this division of this Act and
27 17 credited to the FIP account for the fiscal year beginning July
27 18 1, 2016, and ending June 30, 2017, are allocated as follows:

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

27 19 a. To be retained by the department of human services to
27 20 be used for coordinating with the department of human rights
27 21 to more effectively serve participants in FIP and other shared
27 22 clients and to meet federal reporting requirements under the
27 23 federal temporary assistance for needy families block grant:
27 24\$ 40,000
27 25 20,000

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

DETAIL: This is no change compared to estimated FY 2016.

27 26 b. To the department of human rights for staffing,
27 27 administration, and implementation of the family development
27 28 and self-sufficiency grant program in accordance with section
27 29 216A.107:
27 30\$ 3,096,417
27 31 6,192,834

Allocates \$6,192,834 of the FY 2016 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS (Family Development and Self Sufficiency) Grant Program.

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

27 32 (1) Of the funds allocated for the family development
27 33 and self-sufficiency grant program in this paragraph "b",
27 34 not more than 5 percent of the funds shall be used for the
27 35 administration of the grant program.

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

28 1 (2) The department of human rights may continue to implement
28 2 the family development and self-sufficiency grant program
28 3 statewide during fiscal year 2016-2017.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2017.

28 4 (3) The department of human rights may engage in activities
28 5 to strengthen and improve family outcomes measures and
28 6 data collection systems under the family development and
28 7 self-sufficiency grant program.

28 8 c. For the diversion subaccount of the FIP account:
28 9\$ 407,500
28 10 815,000

Allocates \$815,000 of FY 2017 TANF funds for the FIP Diversion Subaccount.

28 11 A portion of the moneys allocated for the subaccount may
 28 12 be used for field operations, salaries, data management
 28 13 system development, and implementation costs and support
 28 14 deemed necessary by the director of human services in order
 28 15 to administer the FIP diversion program. To the extent
 28 16 moneys allocated in this paragraph "c" are not deemed by the
 28 17 department to be necessary to support diversion activities,
 28 18 such moneys may be used for other efforts intended to increase
 28 19 engagement by family investment program participants in work,
 28 20 education, or training activities.

DETAIL: This is no change compared to estimated FY 2016.

28 21 d. For the food assistance employment and training program:
 28 22 \$ 33,294
 28 23 66,588

Allocates \$66,588 of FY 2017 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to estimated FY 2016.

28 24 (1) The department shall apply the federal supplemental
 28 25 nutrition assistance program (SNAP) employment and training
 28 26 state plan in order to maximize to the fullest extent permitted
 28 27 by federal law the use of the 50 percent federal reimbursement
 28 28 provisions for the claiming of allowable federal reimbursement
 28 29 funds from the United States department of agriculture
 28 30 pursuant to the federal SNAP employment and training program
 28 31 for providing education, employment, and training services
 28 32 for eligible food assistance program participants, including
 28 33 but not limited to related dependent care and transportation
 28 34 expenses.

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

28 35 (2) The department shall continue the categorical federal
 29 1 food assistance program eligibility at 160 percent of the
 29 2 federal poverty level and continue to eliminate the asset test
 29 3 from eligibility requirements, consistent with federal food
 29 4 assistance program requirements. The department shall include
 29 5 as many food assistance households as is allowed by federal
 29 6 law. The eligibility provisions shall conform to all federal
 29 7 requirements including requirements addressing individuals who
 29 8 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.

29 9 e. For the JOBS program:
 29 10 \$ 8,770,199
 29 11 16,129,101

Permits the DHS to allocate \$16,129,101 of the FY 2017 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,411,297 compared to estimated FY 2016 due to declining caseloads.

29 12 5. Of the child support collections assigned under FIP,
 29 13 an amount equal to the federal share of support collections
 29 14 shall be credited to the child support recovery appropriation

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

29 15 made in this division of this Act. Of the remainder of the
 29 16 assigned child support collections received by the child
 29 17 support recovery unit, a portion shall be credited to the FIP
 29 18 account, a portion may be used to increase recoveries, and a
 29 19 portion may be used to sustain cash flow in the child support
 29 20 payments account. If as a consequence of the appropriations
 29 21 and allocations made in this section the resulting amounts
 29 22 are insufficient to sustain cash assistance payments and meet
 29 23 federal maintenance of effort requirements, the department
 29 24 shall seek supplemental funding. If child support collections
 29 25 assigned under FIP are greater than estimated or are otherwise
 29 26 determined not to be required for maintenance of effort, the
 29 27 state share of either amount may be transferred to or retained
 29 28 in the child support payments account.

permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

29 29 6. The department may adopt emergency rules for the family
 29 30 investment, JOBS, food assistance, and medical assistance
 29 31 programs if necessary to comply with federal requirements.

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

29 32 Sec. 8. 2015 Iowa Acts, chapter 137, section 128, is amended
 29 33 to read as follows:

29 34 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 29 35 is appropriated from the general fund of the state to the
 30 1 department of human services for the fiscal year beginning July
 30 2 1, 2016, and ending June 30, 2017, the following amount, or
 30 3 so much thereof as is necessary, to be used for the purpose
 30 4 designated:

General Fund appropriation to the DHS for the [Family Investment Program \(FIP\)](#), to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

30 5 To be credited to the family investment program (FIP)
 30 6 account and used for family investment program assistance under
 30 7 chapter 239B:

DETAIL: There is no net change from estimated FY 2016.

30 8 \$ 24,336,937
 30 9 48,673,875

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).

30 10 1. Of the funds appropriated in this section, ~~\$3,701,140~~
 30 11 \$10,553,408 is allocated for the JOBS program.

General Fund allocation of \$10,553,408 for the PROMISE JOBS Program.

DETAIL: This is an increase of \$3,151,188 compared to estimated FY 2016.

30 12 2. Of the funds appropriated in this section, ~~\$1,656,927~~
 30 13 \$3,313,854 is allocated for the family development and
 30 14 self-sufficiency grant program.

General Fund allocation of \$3,313,854 for the FaDSS Program.

DETAIL: This is no change compared to the FY 2016 allocation.

30 15 3. Notwithstanding section 8.39, for the fiscal year
 30 16 beginning July 1, 2016, if necessary to meet federal

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

30 17 maintenance of effort requirements; or to transfer federal
 30 18 temporary assistance for needy families block grant funding
 30 19 to be used for purposes of the federal social services block
 30 20 grant; or to meet cash flow needs resulting from delays in
 30 21 receiving federal funding; or to implement, in accordance
 30 22 with this division of this Act, activities currently funded
 30 23 with juvenile court services, county, or community moneys
 30 24 and state moneys used in combination with such moneys; to
 30 25 comply with federal requirements; or to maximize the use of
 30 26 federal funds, the department of human services may transfer
 30 27 funds within or between any of the appropriations made in
 30 28 this division of this Act and appropriations in law for the
 30 29 federal social services block grant to the department for the
 30 30 following purposes, provided that the combined amount of state
 30 31 and federal temporary assistance for needy families block grant
 30 32 funding for each appropriation remains the same before and
 30 33 after the transfer:

30 34 a. For the family investment program.

30 35 b. For child care assistance.

31 1 c. For child and family services.

31 2 d. For field operations.

31 3 e. For general administration.

31 4 ~~f. For distribution to counties or regions through the~~

31 5 ~~property tax relief fund for mental health and disability~~

31 6 ~~services as provided in an appropriation for this purpose.~~

31 7 This subsection shall not be construed to prohibit the use

31 8 of existing state transfer authority for other purposes. The

31 9 department shall report any transfers made pursuant to this

31 10 subsection to the legislative services agency.

31 11 4. Of the funds appropriated in this section, ~~\$97,839~~

31 12 \$195,678 shall be used for continuation of a grant to an

31 13 lowa-based nonprofit organization with a history of providing

31 14 tax preparation assistance to low-income lowans in order to

31 15 expand the usage of the earned income tax credit. The purpose

31 16 of the grant is to supply this assistance to underserved areas

31 17 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 2016 allocation.

31 18 5. Of the funds appropriated in this section, ~~\$30,000~~

31 19 \$60,000 shall be used for the continuation of an unfunded

31 20 pilot project, as defined in 441 IAC 100.1, relating to

31 21 parental obligations, in which the child support recovery

31 22 unit participates, to support the efforts of a nonprofit

31 23 organization committed to strengthening the community through

31 24 youth development, healthy living, and social responsibility

31 25 headquartered in a county with a population over 350,000.

31 26 The funds allocated in this subsection shall be used by

31 27 the recipient organization to develop a larger community

General Fund allocation of \$60,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is no change compared to the FY 2016 allocation.

31 28 effort, through public and private partnerships, to support a
 31 29 broad-based multi-county fatherhood initiative that promotes
 31 30 payment of child support obligations, improved family
 31 31 relationships, and full-time employment.

Permits the DHS to transfer funds appropriated in this section for General Administration and Field Operations when necessary to administer the FIP.

31 32 6. The department may transfer funds appropriated in this
 31 33 section to the appropriations made in this division of this Act
 31 34 for general administration and field operations as necessary
 31 35 to administer this section and the overall family investment
 32 1 program.

32 2 Sec. 9. 2015 Iowa Acts, chapter 137, section 129, is amended
 32 3 to read as follows:

General Fund appropriation to the DHS for the [Child Support Recovery Unit](#).

32 4 SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated
 32 5 from the general fund of the state to the department of human
 32 6 services for the fiscal year beginning July 1, 2016, and ending
 32 7 June 30, 2017, the following amount, or so much thereof as is
 32 8 necessary, to be used for the purposes designated:

DETAIL: This is no change in funding and an increase of 5.00 FTEs compared to estimated FY 2016. The increase in FTE positions restores to the authorized amount in FY 2016.

32 9 For child support recovery, including salaries, support,
 32 10 maintenance, and miscellaneous purposes, and for not more than
 32 11 the following full-time equivalent positions:

32 12	.....	\$	7,331,686
32 13			<u>14,663,373</u>
32 14	.....	FTEs	464.00

32 15 1. The department shall expend up to ~~\$12,164~~ \$24,329,
 32 16 including federal financial participation, for the fiscal year
 32 17 beginning July 1, 2016, for a child support public awareness
 32 18 campaign. The department and the office of the attorney
 32 19 general shall cooperate in continuation of the campaign. The
 32 20 public awareness campaign shall emphasize, through a variety
 32 21 of media activities, the importance of maximum involvement of
 32 22 both parents in the lives of their children as well as the
 32 23 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2017 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the FY 2016 allocation.

32 24 2. Federal access and visitation grant moneys shall be
 32 25 issued directly to private not-for-profit agencies that provide
 32 26 services designed to increase compliance with the child access
 32 27 provisions of court orders, including but not limited to
 32 28 neutral visitation sites and mediation services.

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

32 29 3. The appropriation made to the department for child
 32 30 support recovery may be used throughout the fiscal year in the
 32 31 manner necessary for purposes of cash flow management, and for
 32 32 cash flow management purposes the department may temporarily
 32 33 draw more than the amount appropriated, provided the amount
 32 34 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.

32 35 4. With the exception of the funding amount specified, the
 33 1 requirements established under 2001 Iowa Acts, chapter 191,
 33 2 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 33 3 be applicable to parental obligation pilot projects for the
 33 4 fiscal year beginning July 1, 2016, and ending June 30, 2017.
 33 5 Notwithstanding 441 IAC 100.8, providing for termination of
 33 6 rules relating to the pilot projects, the rules shall remain
 33 7 in effect until June 30, 2017.

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).

33 8 Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is
 33 9 amended to read as follows:

General Fund appropriation to the DHS for the [Medicaid Program](#).

33 10 SEC. 132. MEDICAL ASSISTANCE. There is appropriated from
 33 11 the general fund of the state to the department of human
 33 12 services for the fiscal year beginning July 1, 2016, and ending
 33 13 June 30, 2017, the following amount, or so much thereof as is
 33 14 necessary, to be used for the purpose designated:

DETAIL: This is a net increase of \$12,054,882 compared to estimated FY 2016. The changes include:

33 15 For medical assistance program reimbursement and associated
 33 16 costs as specifically provided in the reimbursement
 33 17 methodologies in effect on June 30, 2016, except as otherwise
 33 18 expressly authorized by law, consistent with options under
 33 19 federal law and regulations, and contingent upon receipt of
 33 20 approval from the office of the governor of reimbursement for
 33 21 each abortion performed under the program:
 33 22 \$ 651,595,782
 33 23 1,315,246,446

- An increase of \$88,500,000 to fund Medicaid at the Forecasting Group consensus estimate.
- An increase of \$9,000,000 due to an adjustment to the estimates for drug rebate savings.
- An increase of \$3,000,000 to increase the number of slots available for the Home and Community-Based Services (HCBS) waivers.
- An increase of \$2,200,000 for a 1.0% provider rate increase for Community Based Providers.
- A decrease of \$4,000,000 to require the UI to provide matching funds for the Disproportionate Share Hospital (DSH) payment.
- A decrease of \$5,000,000 due to an adjustment to the way the Federal Medical Assistance Match (FMAP) is accounted.
- A decrease of \$7,228,408 to adjust projections to the DHS enrollment estimate.
- A decrease of \$10,000,000 due to a timing adjustment for the 2.0% incentive payment to the Managed Care Organizations (MCOs).
- A decrease of \$16,772,391 due to process improvement changes by the DHS.
- A decrease of \$18,144,319 to reallocate funds directly to the Independence and Cherokee Mental Health Institutes (MHIs).
- A decrease of \$29,500,000 to fund Medicaid at the Governor's level.

33 24 1. Iowans support reducing the number of abortions
 33 25 performed in our state. Funds appropriated under this section
 33 26 shall not be used for abortions, unless otherwise authorized
 33 27 under this section.

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

33 28 2. The provisions of this section relating to abortions
 33 29 shall also apply to the Iowa health and wellness plan created
 33 30 pursuant to chapter 249N.

Specifies the policy on abortion applies the the Iowa Health and Wellness Program.

33 31 3. The department shall utilize not more than ~~\$30,000~~
 33 32 \$60,000 of the funds appropriated in this section to continue
 33 33 the AIDS/HIV health insurance premium payment program as
 33 34 established in 1992 Iowa Acts, Second Extraordinary Session,
 33 35 chapter 1001, section 409, subsection 6. Of the funds
 34 1 allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may
 34 2 be expended for administrative 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 1992 Second Extraordinary Session. Administrative costs are limited to \$5,000.

DETAIL: This is no change compared to the FY 2016 allocation.

34 3 4. Of the funds appropriated in this Act to the department
 34 4 of public health for addictive disorders, ~~\$475,000~~ \$950,000
 34 5 for the fiscal year beginning July 1, 2016, is transferred
 34 6 to the department of human services for an integrated
 34 7 substance-related disorder managed care system. The department
 34 8 shall not assume management of the substance-related disorder
 34 9 system in place of the managed care contractor unless such
 34 10 a change in approach is specifically authorized in law.
 34 11 The departments of human services and public health shall
 34 12 work together to maintain the level of mental health and
 34 13 substance-related disorder treatment services provided by the
 34 14 managed care ~~contractor through the Iowa plan for behavioral~~
 34 15 ~~health~~ contractors. Each department shall take the steps
 34 16 necessary to continue the federal waivers as necessary to
 34 17 maintain the level of services.

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

DETAIL: This is no change compared to the FY 2016 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

34 18 5. a. The department shall aggressively pursue options for
 34 19 providing medical assistance or other assistance to individuals
 34 20 with special needs who become ineligible to continue receiving
 34 21 services under the early and periodic screening, diagnostic,
 34 22 and treatment program under the medical assistance program
 34 23 due to becoming 21 years of age who have been approved for
 34 24 additional assistance through the department's exception to
 34 25 policy provisions, but who have health care needs in excess
 34 26 of the funding available through the exception to policy
 34 27 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 compared to the FY 2016 allocation.

34 28 b. Of the funds appropriated in this section, ~~\$50,000~~
 34 29 \$100,000 shall be used for participation in one or more
 34 30 pilot projects operated by a private provider to allow the
 34 31 individual or individuals to receive service in the community
 34 32 in accordance with principles established in *Olmstead v.*
 34 33 *L.C.*, 527 U.S.581 (1999), for the purpose of providing
 34 34 medical assistance or other assistance to individuals with
 34 35 special needs who become ineligible to continue receiving
 35 1 services under the early and periodic screening, diagnostic,
 35 2 and treatment program under the medical assistance program

35 3 due to becoming 21 years of age who have been approved for
 35 4 additional assistance through the department's exception to
 35 5 policy provisions, but who have health care needs in excess
 35 6 of the funding available through the exception to the policy
 35 7 provisions.

35 8 6. Of the funds appropriated in this section, up to
 35 9 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field
 35 10 operations or general administration appropriations in this
 35 11 division of this Act for operational costs associated with Part
 35 12 D of the federal Medicare Prescription Drug Improvement and
 35 13 Modernization Act of 2003, Pub.L.No.108-173.

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

DETAIL: This is no change compared to the FY 2016 allocation.

35 14 7. Of the funds appropriated in this section, up to
 35 15 ~~\$224,050~~ \$442,100 may be transferred to the appropriation in
 35 16 this division of this Act for medical contracts to be used
 35 17 for clinical assessment services and prior authorization of
 35 18 services.

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

DETAIL: This is no change compared to the FY 2016 allocation.

35 19 8. A portion of the funds appropriated in this section
 35 20 may be transferred to the appropriations in this division of
 35 21 this Act for general administration, medical contracts, the
 35 22 children's health insurance program, or field operations to be
 35 23 used for the state match cost to comply with the payment error
 35 24 rate measurement (PERM) program for both the medical assistance
 35 25 and children's health insurance programs as developed by the
 35 26 centers for Medicare and Medicaid services of the United States
 35 27 department of health and human services to comply with the
 35 28 federal Improper Payments Information Act of 2002, Pub.L.No.
 35 29 107-300.

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.

35 30 9. The department shall continue to implement the
 35 31 recommendations of the assuring better child health and
 35 32 development initiative II (ABCDII) clinical panel to the
 35 33 Iowa early and periodic screening, diagnostic, and treatment
 35 34 services healthy mental development collaborative board
 35 35 regarding changes to billing procedures, codes, and eligible
 36 1 service providers.

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

36 2 10. Of the funds appropriated in this section, a sufficient
 36 3 amount is allocated to supplement the incomes of residents of
 36 4 nursing facilities, intermediate care facilities for persons
 36 5 with mental illness, and intermediate care facilities for
 36 6 persons with an intellectual disability, with incomes of less
 36 7 than \$50 in the amount necessary for the residents to receive a
 36 8 personal needs allowance of \$50 per month pursuant to section
 36 9 249A.30A.

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

DETAIL: This is no change compared to the FY 2016 allowance.

36 10 ~~11. Of the funds appropriated in this section, the following~~
 36 11 ~~amounts are transferred to the appropriations made in this~~
 36 12 ~~division of this Act for the state mental health institutes:~~
 36 13 ~~a. Cherokee mental health institute \$4,549,242~~
 36 14 ~~b. Independence mental health institute \$4,522,947~~

Eliminates the transfer of Medicaid funds to the Mental Health Institutes (MHIs).

DETAIL: Funds will be appropriated directly to the MHIs at Cherokee and Independence and there is no overall change in funding to the two Institutions.

36 15 12. a. ~~Of the funds appropriated in this section,~~
 36 16 ~~\$2,041,939 is allocated for the state match for a~~
 36 17 ~~disproportionate share hospital payment of \$4,544,712 to~~
 36 18 ~~The hospitals that meet both of the conditions specified~~
 36 19 ~~in subparagraphs (1) and (2). In addition, the hospitals~~
 36 20 ~~that meet the conditions specified shall either certify~~
 36 21 ~~public expenditures or transfer to the medical assistance~~
 36 22 ~~program an amount equal to provide the nonfederal share~~
 36 23 ~~for a disproportionate share hospital payment of \$8,772,003~~
 36 24 ~~\$26,633,430. The hospitals that meet the conditions~~
 36 25 ~~specified shall receive and retain 100 percent of the total~~
 36 26 ~~disproportionate share hospital payment of \$13,316,715~~
 36 27 ~~\$26,633,430.~~

Eliminates the state allocation of Medicaid funds for the state match for the Disproportionate Share Hospital (DSH) payment. The UIHC is to either use Certified Public Expenditures or transfer \$26,633,430 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment.

36 28 (1) The hospital qualifies for disproportionate share and
 36 29 graduate medical education payments.

36 30 (2) The hospital is an Iowa state-owned hospital with more
 36 31 than 500 beds and eight or more distinct residency specialty
 36 32 or subspecialty programs recognized by the American college of
 36 33 graduate medical education.

36 34 b. Distribution of the disproportionate share payments
 36 35 shall be made on a monthly basis. The total amount of
 37 1 disproportionate share payments including graduate medical
 37 2 education, enhanced disproportionate share, and Iowa
 37 3 state-owned teaching hospital payments shall not exceed the
 37 4 amount of the state's allotment under Pub.L.No.102-234.
 37 5 In addition, the total amount of all disproportionate
 37 6 share payments shall not exceed the hospital-specific
 37 7 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.

37 8 c. The university of Iowa hospitals and clinics shall either
 37 9 certify public expenditures or transfer to the appropriations
 37 10 made in this division of this Act for medical assistance an
 37 11 amount equal to provide the nonfederal share for increased
 37 12 medical assistance payments for inpatient and outpatient
 37 13 hospital services of ~~\$4,950,000~~ \$9,900,000. The university of
 37 14 Iowa hospitals and clinics shall receive and retain 100 percent
 37 15 of the total increase in medical assistance payments.

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

37 16 d. Payment methodologies utilized for disproportionate

Specifies that methodologies used for DSH, Graduate Medical

<p>37 17 share hospitals and graduate medical education, and other 37 18 supplemental payments under the Medicaid program may be 37 19 adjusted or converted to other methodologies or payment types 37 20 to provide these payments through Medicaid managed care after 37 21 <u>April 1, 2016</u>. The department of human services shall obtain 37 22 approval from the centers for Medicare and Medicaid services 37 23 of the United States department of health and human services 37 24 prior to implementation of any such adjusted or converted 37 25 methodologies or payment types.</p>	<p>Education (GME), and other supplemental payments under the Medicaid Program may be adjusted or converted to other methodologies or payment types to provide these payments after the implementation of managed care.</p>
<p>37 26 13. One hundred percent of the nonfederal share of payments 37 27 to area education agencies that are medical assistance 37 28 providers for medical assistance-covered services provided to 37 29 medical assistance-covered children, shall be made from the 37 30 appropriation made in this section.</p>	<p>Allocates Medicaid funds to Area Education Agencies.</p>
<p>37 31 14. Any new or renewed contract entered into by the 37 32 department with a third party to administer services under the 37 33 medical assistance program shall provide that any interest 37 34 earned on payments from the state during the state fiscal year 37 35 shall be remitted to the department and treated as recoveries 38 1 to offset the costs of the medical assistance program.</p>	<p>Requires any new or renewed third party contract for behavioral health services to return the interest earned on payments from the state during the fiscal year back to the DHS.</p>
<p>38 2 15. A portion of the funds appropriated in this section 38 3 may be transferred to the appropriation in this division of 38 4 this Act for medical contracts to be used for administrative 38 5 activities associated with the money follows the person 38 6 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>38 7 16. Of the funds appropriated in this section, \$174,505 38 8 <u>\$349,011</u> shall be used for the administration of the health 38 9 insurance premium payment program, including salaries, support, 38 10 maintenance, and miscellaneous purposes.</p>	<p>Allocates \$349,011 to the Health Insurance Premium Payment Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>38 11 17. a. The department may increase the amounts allocated 38 12 for salaries, support, maintenance, and miscellaneous purposes 38 13 associated with the medical assistance program, as necessary, 38 14 to implement cost containment strategies. The department shall 38 15 report any such increase to the legislative services agency and 38 16 the department of management.</p>	<p>Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.</p> <p>DETAIL: The Department is required to report any increase to the LSA and the DOM.</p>
<p>38 17 b. If the savings to the medical assistance program from 38 18 cost containment efforts exceed the cost for the fiscal 38 19 year beginning July 1, 2016, the department may transfer any 38 20 savings generated for the fiscal year due to medical assistance 38 21 program cost containment efforts to the appropriation 38 22 made in this division of this Act for medical contracts or 38 23 general administration to defray the increased contract costs</p>	<p>Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2016.</p>

38 24	associated with implementing such efforts.	
38 25 38 26 38 27 38 28 38 29 38 30 38 31	18. For the fiscal year beginning July 1, 2016, and ending June 30, 2017, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph "d", and section 437A.15, subsection 3, paragraph "f", shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this section.	Allocates approximately \$980,730 in funding from the replacement generation tax revenues to the Medicaid Program. DETAIL: This is no change compared to the FY 2016 allocation.
38 32 38 33 38 34	19. The department shall continue to administer the state balancing incentive payments program as specified in 2012 Iowa Acts, chapter 1133, section 14.	Eliminates the requirement for DHS to administer the State Balancing Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013 Health and Human Services Appropriations Act). The federal funding for this Program has expired.
38 35 39 1 39 2 39 3 39 4 39 5 39 6 39 7	20. a. Of the funds appropriated in this section, up to \$25,000 <u>\$50,000</u> may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than one full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the <u>children's mental health home</u> project.	Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of Children's Mental Health Homes. DETAIL: This is no change compared to the FY 2016 allocation.
39 8 39 9 39 10 39 11 39 12 39 13 39 14 39 15	b. Of the funds appropriated in this section, up to \$200,000 <u>\$400,000</u> may be transferred by the department to the appropriation made to the department in this division of this Act for the same fiscal year for Medicaid program-related general administration planning and implementation activities. The funds may be used for contracts or for personnel in addition to the amounts appropriated for and the positions authorized for general administration for the fiscal year.	Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP). DETAIL: This is no change compared to the FY 2016 allocation.
39 16 39 17 39 18 39 19 39 20 39 21 39 22 39 23	c. Of the funds appropriated in this section, up to \$1,500,000 <u>\$3,000,000</u> may be transferred by the department to the appropriations made in this division of this Act for the same fiscal year for general administration or medical contracts to be used to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.	Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, and developmental disabilities. DETAIL: This is no change compared to the FY 2016 allocation.
39 24 39 25 39 26 39 27 39 28 39 29	21. Of the funds appropriated in this section, \$125,000 <u>\$250,000</u> shall be used for lodging expenses associated with care provided at the university of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty	Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients receiving treatment for individuals that travel 30 miles or more. DETAIL: This is no change compared to the FY 2016 allocation.

39 30 income guidelines published by the United States department of
 39 31 health and human services. The department of human services
 39 32 shall establish the maximum number of overnight stays and the
 39 33 maximum rate reimbursed for overnight lodging, which may be
 39 34 based on the state employee rate established by the department
 39 35 of administrative services. The funds allocated in this
 40 1 subsection shall not be used as nonfederal share matching
 40 2 funds.

40 3 22. The department of human services shall not implement
 40 4 the following cost containment strategies as recommended by the
 40 5 governor for the fiscal year beginning July 1, 2016:
 40 6 a. A policy to ensure that reimbursement for Medicare Part A
 40 7 and Medicare Part B crossover claims is limited to the Medicaid
 40 8 reimbursement rate.
 40 9 b. An adjustment to the reimbursement policy in order to end
 40 10 the primary care physician rate increase originally authorized
 40 11 by the federal Health Care and Education Reconciliation
 40 12 Act of 2010, section 1202, Pub.L. No.111-152, 42 U.S.C.
 40 13 §1396a(a)(13)(C) that allows qualified primary care physicians
 40 14 to receive the greater of the Medicare rate or Medicaid rate
 40 15 for a specified set of codes.

Prohibits the DHS from implementing the cost containment strategies that would realign Medicaid reimbursement for physicians with Medicare rates and measures related to dual eligible crossover claims.

40 16 23. The department shall report the implementation of
 40 17 any cost containment strategies to the individuals specified
 40 18 in this division of this Act for submission of reports upon
 40 19 implementation.

Requires the DHS to report on the implementation of the cost containment strategies.

40 20 24. The department shall report the implementation of any
 40 21 improved processing changes and any related cost reductions
 40 22 to the individuals specified in this division of this Act for
 40 23 submission of reports upon implementation.

Requires the DHS to report on any process improvement changes implemented.

DETAIL: The Governor proposed \$16,772,391 in savings related to Medicaid process improvements, but no detail has been provided on how these savings will be achieved.

40 24 25. Of the funds appropriated in this section, \$3,000,000
 40 25 shall be used to implement reductions in the waiting lists
 40 26 of all medical assistance home and community-based services
 40 27 waivers.

Allocates \$3,000,000 to reduce the Medicaid HCBS waiver waiting lists.

DETAIL: This is a new allocation for FY 2017.

40 28 26. The department shall submit a report to the individuals
 40 29 identified in this Act for submission of reports, regarding
 40 30 changes in home and community-based services waiver supported
 40 31 employment and prevocational services by December 15, 2016.

Requires the DHS to report regarding changes in supported employment and prevocational services to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

40 32 27. The department shall require that all dental benefit
 40 33 managers contracting with the department to provide benefits
 40 34 under the dental wellness program meet contract requirements
 40 35 including but not limited to those related to network adequacy,
 41 1 access to services, performance measures, and benefit design,
 41 2 identical to those requirements for dental benefit managers
 41 3 contracting under the program during the fiscal year beginning
 41 4 July 1, 2015.

Requires all dental benefit managers contracting with the DHS under the Dental Wellness Program to meet contract requirements identical to those requirements in effect under the contract for FY 2016.

41 5 Sec. 11. 2015 Iowa Acts, chapter 137, section 133, is
 41 6 amended to read as follows:

41 7 SEC. 133. MEDICAL CONTRACTS. There is appropriated from the
 41 8 general fund of the state to the department of human services
 41 9 for the fiscal year beginning July 1, 2016, and ending June 30,
 41 10 2017, the following amount, or so much thereof as is necessary,
 41 11 to be used for the purpose designated:
 41 12 For medical contracts:
 41 13\$ 9,806,982
 41 14 17,045,964

General Fund appropriation to Medical Contracts.

DETAIL: This is a decrease of \$2,568,000 compared to estimated FY 2016. The changes include:

- An increase of \$702,176 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$1,268,000 due to a transfer of funds available from the Autism Support Program Fund to Medicaid Contracts.
- A decrease of \$2,002,176 due to savings related to the implementation of managed care.

41 15 1. The department of inspections and appeals shall
 41 16 provide all state matching funds for survey and certification
 41 17 activities performed by the department of inspections
 41 18 and appeals. The department of human services is solely
 41 19 responsible for distributing the federal matching funds for
 41 20 such activities.

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

41 21 2. Of the funds appropriated in this section, ~~\$25,000~~
 41 22 \$50,000 shall be used for continuation of home and
 41 23 community-based services waiver quality assurance programs,
 41 24 including the review and streamlining of processes and policies
 41 25 related to oversight and quality management to meet state and
 41 26 federal requirements.

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

DETAIL: This is no change compared to the FY 2016 allocation.

41 27 3. Of the amount appropriated in this section, up to
 41 28 ~~\$100,000~~ \$200,000 may be transferred to the appropriation
 41 29 for general administration in this division of this Act to
 41 30 be used for additional full-time equivalent positions in the
 41 31 development of key health initiatives such as cost containment,
 41 32 development and oversight of managed care programs, and
 41 33 development of health strategies targeted toward improved
 41 34 quality and reduced costs in the Medicaid program.

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

DETAIL: This is no change compared to the FY 2016 allocation.

41 35 4. Of the funds appropriated in this section, ~~\$500,000~~

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

42 1 ~~\$1,000,000~~ shall be used for planning and development,
 42 2 in cooperation with the department of public health, of a
 42 3 phased-in program to provide a dental home for children.

DETAIL: This is no change compared to the FY 2016 allocation.

42 4 5. Of the funds appropriated in this section, ~~\$1,000,000~~
 42 5 \$2,000,000 shall be used for the autism support program created
 42 6 in chapter 225D, with the exception of the following amounts of
 42 7 this allocation which shall be used as follows:

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

DETAIL: This is no change compared to the estimated FY 2016 allocation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

42 8 a. Of the funds allocated in this subsection, ~~\$125,000~~
 42 9 \$250,000 shall be deposited in the board-certified behavior
 42 10 analyst and board-certified assistant behavior analyst grants
 42 11 program fund created in section 135.181, ~~as enacted in this~~
 42 12 ~~Act~~, to be used for the purposes of the fund.

Allocates \$250,000 from the \$2,000,000 Autism allocation for a board-certified behavioral analyst and assistant grant program.

DETAIL: This is no change compared to the FY 2016 allocation.

42 13 b. Of the funds allocated in this subsection, ~~\$12,500~~
 42 14 \$25,000 shall be used for the public purpose of continuation
 42 15 of a grant to a child welfare services provider headquartered
 42 16 in a county with a population between 205,000 and 215,000 in
 42 17 the latest certified federal census that provides multiple
 42 18 services including but not limited to a psychiatric medical
 42 19 institution for children, shelter, residential treatment, after
 42 20 school programs, school-based programming, and an Asperger's
 42 21 syndrome program, to be used for support services for children
 42 22 with autism spectrum disorder and their families.

Allocates \$25,000 from the \$2,000,000 Autism allocation to Four Oaks for various autism spectrum disorder services.

DETAIL: This is no change compared to the FY 2016 allocation.

42 23 c. Of the funds allocated in this subsection, ~~\$12,500~~
 42 24 \$25,000 shall be used for the public purpose of continuing a
 42 25 grant to a hospital-based provider headquartered in a county
 42 26 with a population between 90,000 and 95,000 in the latest
 42 27 certified federal census that provides multiple services
 42 28 including but not limited to diagnostic, therapeutic, and
 42 29 behavioral services to individuals with autism spectrum
 42 30 disorder across one's lifespan. The grant recipient shall
 42 31 utilize the funds to continue the pilot project to determine
 42 32 the necessary support services for children with autism
 42 33 spectrum disorder and their families to be included in the
 42 34 children's disabilities services system. The grant recipient
 42 35 shall submit findings and recommendations based upon the
 43 1 results of the pilot project to the individuals specified in
 43 2 this division of this Act for submission of reports by December
 43 3 31, ~~2015~~ 2016.

Allocates \$25,000 from the \$2,000,000 Autism allocation to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: This is no change compared to the FY 2016 allocation.

43 4 Sec. 12. 2015 Iowa Acts, chapter 137, section 134, is
 43 5 amended to read as follows:

43 6 SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.
 43 7 1. There is appropriated from the general fund of the
 43 8 state to the department of human services for the fiscal year
 43 9 beginning July 1, 2016, and ending June 30, 2017, the following
 43 10 amount, or so much thereof as is necessary, to be used for the
 43 11 purpose designated:
 43 12 For the state supplementary assistance program:
 43 13 \$ 6,498,593
 43 14 11,611,442

General Fund appropriation to the DHS for [State Supplementary Assistance](#).

DETAIL: This is a decrease of \$1,385,745 compared to estimated FY 2016 due to lower caseloads.

43 15 2. The department shall increase the personal needs
 43 16 allowance for residents of residential care facilities by the
 43 17 same percentage and at the same time as federal supplemental
 43 18 security income and federal social security benefits are
 43 19 increased due to a recognized increase in the cost of living.
 43 20 The department may adopt emergency rules to implement this
 43 21 subsection.

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

43 22 3. If during the fiscal year beginning July 1, 2016,
 43 23 the department projects that state supplementary assistance
 43 24 expenditures for a calendar year will not meet the federal
 43 25 pass-through requirement specified in Tit.XVI of the federal
 43 26 Social Security Act, section 1618, as codified in 42 U.S.C.
 43 27 §1382g, the department may take actions including but not
 43 28 limited to increasing the personal needs allowance for
 43 29 residential care facility residents and making programmatic
 43 30 adjustments or upward adjustments of the residential care
 43 31 facility or in-home health-related care reimbursement rates
 43 32 prescribed in this division of this Act to ensure that federal
 43 33 requirements are met. In addition, the department may make
 43 34 other programmatic and rate adjustments necessary to remain
 43 35 within the amount appropriated in this section while ensuring
 44 1 compliance with federal requirements. The department may adopt
 44 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.

44 3 Sec. 13. 2015 Iowa Acts, chapter 137, section 135, is
 44 4 amended to read as follows:

44 5 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.
 44 6 1. There is appropriated from the general fund of the
 44 7 state to the department of human services for the fiscal year
 44 8 beginning July 1, 2016, and ending June 30, 2017, the following
 44 9 amount, or so much thereof as is necessary, to be used for the
 44 10 purpose designated:
 44 11 For maintenance of the healthy and well kids in Iowa (hawk-i)
 44 12 program pursuant to chapter 514I, including supplemental dental
 44 13 services, for receipt of federal financial participation under

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

DETAIL: This is a net decrease of \$11,237,192 compared to estimated FY 2016. The changes include:

- An increase of \$371,949 due to increased cost of services and program growth.
- A decrease of \$3,768,657 due to savings related to managed

44 14 Tit.XXI of the federal Social Security Act, which creates the
 44 15 children's health insurance program:
 44 16\$ 10,206,922
 44 17 9,176,652

care.
 • A decrease of \$7,840,484 due to a 23.00% FMAP increase provided under the federal Affordable Care Act (ACA) and a decrease in the regular federal FMAP rate.

44 18 2. Of the funds appropriated in this section, ~~\$21,400~~
 44 19 \$42,800 is allocated for continuation of the contract for
 44 20 outreach with the department of public health.

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

DETAIL: This is no change compared to the FY 2016 allocation.

44 21 Sec. 14. 2015 Iowa Acts, chapter 137, section 136, is
 44 22 amended to read as follows:

44 23 SEC. 136. CHILD CARE ASSISTANCE. There is appropriated
 44 24 from the general fund of the state to the department of human
 44 25 services for the fiscal year beginning July 1, 2016, and ending
 44 26 June 30, 2017, the following amount, or so much thereof as is
 44 27 necessary, to be used for the purpose designated:

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

DETAIL: This is a net decrease of \$15,019,107 compared to estimated FY 2016. The changes include:

44 28 For child care programs:
 44 29\$ 25,704,334
 44 30 36,389,561

- An increase of \$8,000,000 to implement federally mandated Child Care Development Block Grant changes.
- A decrease of \$6,619,716 to use more TANF funds to cover the increased program costs.
- A decrease of \$1,380,284 to use the estimated surplus to cover the increased program costs.
- A decrease of \$5,200,000 to use additional TANF funds to supplant General Funds.
- A decrease of \$5,992,622 due to lower estimated child care expenditures and use in FY 2017.
- A decrease of \$3,826,485 to use federal carryforward from FY 2016 to supplant FY 2017 General Funds.

44 31 1. Of the funds appropriated in this section, ~~\$21,844,620~~
 44 32 \$30,039,561 shall be used for state child care assistance in
 44 33 accordance with section 237A.13.

Allocates \$30,039,561 for the Child Care Assistance Program.

DETAIL: This is an decrease of \$13,649,680 compared to the FY 2016 allocation for the reasons outlined above and due to using federal funds instead of General Fund dollars on the allocations below.

44 34 2. Nothing in this section shall be construed or is
 44 35 intended as or shall imply a grant of entitlement for services
 45 1 to persons who are eligible for assistance due to an income
 45 2 level consistent with the waiting list requirements of section
 45 3 237A.13. Any state obligation to provide services pursuant to
 45 4 this section is limited to the extent of the funds appropriated
 45 5 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.

45 6 3.—Of the funds appropriated in this section, ~~\$216,226~~

Eliminates the allocation for the statewide Child Care Resource and

45 7 ~~is allocated for the statewide grant program for child care~~
 45 8 ~~resource and referral services under section 237A.26.~~ A list
 45 9 of the registered and licensed child care facilities operating
 45 10 in the area served by a child care resource and referral
 45 11 service shall be made available to the families receiving state
 45 12 child care assistance in that area.

Referral Program.

DETAIL: This will now be funded using federal funds. General Fund dollars will be used to supplant the previous use of federal funds. 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.

45 13 ~~4. Of the funds appropriated in this section, \$468,487~~
 45 14 ~~is allocated for child care quality improvement initiatives~~
 45 15 ~~including but not limited to the voluntary quality rating~~
 45 16 ~~system in accordance with section 237A.30.~~

Eliminates the allocation for the Quality Rating System (QRS).

DETAIL: This will now be funded using federal funds. General Fund dollars will be used to supplant the previous use of federal funds.

45 17 5. Of the funds appropriated in this section, ~~\$3,175,000~~
 45 18 ~~\$6,350,000~~ shall be credited to the early childhood programs
 45 19 grants account in the early childhood Iowa fund created
 45 20 in section 256I.11. The moneys shall be distributed for
 45 21 funding of community-based early childhood programs targeted
 45 22 to children from birth through five years of age developed
 45 23 by early childhood Iowa areas in accordance with approved
 45 24 community plans as provided in section 256I.8.

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

DETAIL: This is no change compared to the FY 2016 allocation.

45 25 6. The department may use any of the funds appropriated
 45 26 in this section as a match to obtain federal funds for use in
 45 27 expanding child care assistance and related programs. For
 45 28 the purpose of expenditures of state and federal child care
 45 29 funding, funds shall be considered obligated at the time
 45 30 expenditures are projected or are allocated to the department's
 45 31 service areas. Projections shall be based on current and
 45 32 projected caseload growth, current and projected provider
 45 33 rates, staffing requirements for eligibility determination
 45 34 and management of program requirements including data systems
 45 35 management, staffing requirements for administration of the
 46 1 program, contractual and grant obligations and any transfers
 46 2 to other state agencies, and obligations for decategorization
 46 3 or innovation projects.

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.

46 4 7. A portion of the state match for the federal child care
 46 5 and development block grant shall be provided as necessary to
 46 6 meet federal matching funds requirements through the state
 46 7 general fund appropriation made for child development grants
 46 8 and other programs for at-risk children in section 279.51.

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

46 9 8. If a uniform reduction ordered by the governor under
 46 10 section 8.31 or other operation of law, transfer, or federal
 46 11 funding reduction reduces the appropriation made in this

Requires the following related to program operations:

- Apply any reductions to the child care assistance appropriation,

46 12 section for the fiscal year, the percentage reduction in the
 46 13 amount paid out to or on behalf of the families participating
 46 14 in the state child care assistance program shall be equal to or
 46 15 less than the percentage reduction made for any other purpose
 46 16 payable from the appropriation made in this section and the
 46 17 federal funding relating to it. The percentage reduction to
 46 18 the other allocations made in this section shall be the same as
 46 19 the uniform reduction ordered by the governor or the percentage
 46 20 change of the federal funding reduction, as applicable.
 46 21 If there is an unanticipated increase in federal funding
 46 22 provided for state child care assistance, the entire amount
 46 23 of the increase shall be used for state child care assistance
 46 24 payments. If the appropriations made for purposes of the
 46 25 state child care assistance program for the fiscal year are
 46 26 determined to be insufficient, it is the intent of the general
 46 27 assembly to appropriate sufficient funding for the fiscal year
 46 28 in order to avoid establishment of waiting list requirements.

- either state or federal, in an equal percentage across all operating areas of the program before a reduction to service payments for services is made. The reduction for payable services must be equal or less than the reduction for other items.
- Requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program.
 - Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2017 to avoid the establishment of a waiting list.

46 29 9. Notwithstanding section 8.33, moneys advanced for
 46 30 purposes of the programs developed by early childhood Iowa
 46 31 areas, advanced for purposes of wraparound child care, or
 46 32 received from the federal appropriations made for the purposes
 46 33 of this section that remain unencumbered or unobligated at the
 46 34 close of the fiscal year shall not revert to any fund but shall
 46 35 remain available for expenditure for the purposes designated
 47 1 until the close of the succeeding fiscal year.

Permits nonreversion of FY 2017 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care, or received from federal appropriations for child care assistance.

47 2 Sec. 15. 2015 Iowa Acts, chapter 137, section 137, is
 47 3 amended to read as follows:

47 4 SEC. 137. JUVENILE INSTITUTION. There is appropriated
 47 5 from the general fund of the state to the department of human
 47 6 services for the fiscal year beginning July 1, 2016, and ending
 47 7 June 30, 2017, the following amounts, or so much thereof as is
 47 8 necessary, to be used for the purposes designated:

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

DETAIL: This is no change compared to FY 2016.

47 9 1. For operation of the state training school at Eldora and
 47 10 for salaries, support, maintenance, and miscellaneous purposes,
 47 11 and for not more than the following full-time equivalent
 47 12 positions:

47 13	.....	\$	6,116,710
47 14			<u>12,233,420</u>
47 15	.....	FTEs	169.30

47 16 Of the funds appropriated in this subsection, ~~\$45,575~~
 47 17 \$91,150 shall be used for distribution to licensed classroom
 47 18 teachers at this and other institutions under the control of
 47 19 the department of human services based upon the average student
 47 20 yearly enrollment at each institution as determined by the

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

DETAIL: This is no change compared to the FY 2016 allocation.

47 21 department.

47 22 2. A portion of the moneys appropriated in this section
47 23 shall be used by the state training school at Eldora for
47 24 grants for adolescent pregnancy prevention activities at the
47 25 institution in the fiscal year beginning July 1, 2016.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2016.

47 26 Sec. 16. 2015 Iowa Acts, chapter 137, section 138, is
47 27 amended to read as follows:

47 28 SEC. 138. CHILD AND FAMILY SERVICES.

General Fund appropriation for [Child and Family Services](#).

47 29 1. There is appropriated from the general fund of the
47 30 state to the department of human services for the fiscal year
47 31 beginning July 1, 2016, and ending June 30, 2017, the following
47 32 amount, or so much thereof as is necessary, to be used for the
47 33 purpose designated:

DETAIL: This is a net increase of \$3,603,018 compared to the FY 2016 appropriation. General Fund changes include:

47 34 For child and family services:

47 35\$ 42,670,969
48 1 88,944,956

- An increase of \$5,200,000 for Juvenile Court Service juvenile delinquent graduated sanction services. This amount was previously funded using TANF dollars.
- An increase of \$1,000,000 due to a transfer of FIP funds to the System of Care Program in Cerro Gordo and Linn Counties.
- An increase of \$2,039,305 to offset a decrease in funds from the Social Services Block Grant.
- An increase of \$50,000 for a new Child Protection Center satellite office in Mason City.
- A decrease of \$208,189 due to the FMAP rate adjustment.
- A decrease of \$4,478,098 in General Fund dollars to be replaced with TANF funds.

48 2 2.—~~Up to \$2,600,000 of~~ Of the amount of ~~federal temporary~~
48 3 ~~assistance for needy families block grant funding~~ appropriated
48 4 in this ~~division of this Act for child and family services~~
48 5 section, \$5,200,000 shall be ~~made available~~ used for purposes
48 6 of juvenile delinquent graduated sanction services.

Allocates \$5,200,000 for juvenile delinquent graduated sanction services.

DETAIL: This amount was previously allocated through the federal TANF block grant funding appropriated for Child and Family Services.

48 7 3. The department may transfer funds appropriated in this
48 8 section as necessary to pay the nonfederal costs of services
48 9 reimbursed under the medical assistance program, state child
48 10 care assistance program, or the family investment program which
48 11 are provided to children who would otherwise receive services
48 12 paid under the appropriation in this section. The department
48 13 may transfer funds appropriated in this section to the
48 14 appropriations made in this division of this Act for general
48 15 administration and for field operations for resources necessary
48 16 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.

DETAIL: The General Fund appropriation includes a transfer of TANF funds appropriated for Child and Family Services to Field Operations to pay for juvenile delinquent graduated sanction services using General Fund dollars.

48 17 4. a. Of the funds appropriated in this section, up
48 18 to ~~\$17,910,893~~ \$35,736,649 is allocated as the statewide

Allocates up to \$35,736,649 for group foster care services and maintenance costs. Permits reallocation of excess funds.

48 19 expenditure target under section 232.143 for group foster care
 48 20 maintenance and services. If the department projects that such
 48 21 expenditures for the fiscal year will be less than the target
 48 22 amount allocated in this paragraph "a", the department may
 48 23 reallocate the excess to provide additional funding for shelter
 48 24 care or the child welfare emergency services addressed with the
 48 25 allocation for shelter care.

DETAIL: This a decrease of \$85,137 compared to the FY 2016 allocation. The decrease accounts for changes in the FMAP rate and Title IV-E eligibility.

48 26 b. If at any time after September 30, 2016, annualization
 48 27 of a service area's current expenditures indicates a service
 48 28 area is at risk of exceeding its group foster care expenditure
 48 29 target under section 232.143 by more than 5 percent, the
 48 30 department and juvenile court services shall examine all
 48 31 group foster care placements in that service area in order to
 48 32 identify those which might be appropriate for termination.
 48 33 In addition, any aftercare services believed to be needed
 48 34 for the children whose placements may be terminated shall be
 48 35 identified. The department and juvenile court services shall
 49 1 initiate action to set dispositional review hearings for the
 49 2 placements identified. In such a dispositional review hearing,
 49 3 the juvenile court shall determine whether needed aftercare
 49 4 services are available and whether termination of the placement
 49 5 is in the best interest of the child and the community.

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

49 6 5. In accordance with the provisions of section 232.188,
 49 7 the department shall continue the child welfare and juvenile
 49 8 justice funding initiative during fiscal year 2016-2017. Of
 49 9 the funds appropriated in this section, ~~\$858,876~~ \$1,717,753
 49 10 is allocated specifically for expenditure for fiscal year
 49 11 2016-2017 through the decategorization services funding pools
 49 12 and governance boards established pursuant to section 232.188.

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

DETAIL: This is no change compared to the FY 2016 allocation.

49 13 6. A portion of the funds appropriated in this section
 49 14 may be used for emergency family assistance to provide other
 49 15 resources required for a family participating in a family
 49 16 preservation or reunification project or successor project to
 49 17 stay together or to be reunified.

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

49 18 7. Notwithstanding section 234.35 or any other provision
 49 19 of law to the contrary, state funding for shelter care and
 49 20 the child welfare emergency services contracting implemented
 49 21 to provide for or prevent the need for shelter care shall be
 49 22 limited to ~~\$4,034,237~~ \$8,096,158.

Limits state funding for shelter care to \$8,096,158.

DETAIL: This is an increase of \$27,684 compared to the FY 2016 allocation.

49 23 8. Federal funds received by the state during the fiscal
 49 24 year beginning July 1, 2016, as the result of the expenditure
 49 25 of state funds appropriated during a previous state fiscal
 49 26 year for a service or activity funded under this section are

Requires federal funds received in FY 2017 for the expenditure of state funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2018.

49 27 appropriated to the department to be used as additional funding
 49 28 for services and purposes provided for under this section.
 49 29 Notwithstanding section 8.33, moneys received in accordance
 49 30 with this subsection that remain unencumbered or unobligated at
 49 31 the close of the fiscal year shall not revert to any fund but
 49 32 shall remain available for the purposes designated until the
 49 33 close of the succeeding fiscal year.

49 34 9. a. Of the funds appropriated in this section, up to
 49 35 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the
 50 1 expenses of court-ordered services provided to juveniles
 50 2 who are under the supervision of juvenile court services,
 50 3 which expenses are a charge upon the state pursuant to
 50 4 section 232.141, subsection 4. Of the amount allocated in
 50 5 this paragraph "a", up to ~~\$778,143~~ \$1,556,287 shall be made
 50 6 available to provide school-based supervision of children
 50 7 adjudicated under chapter 232, of which not more than ~~\$7,500~~
 50 8 \$15,000 may be used for the purpose of training. A portion of
 50 9 the cost of each school-based liaison officer shall be paid by
 50 10 the school district or other funding source as approved by the
 50 11 chief juvenile court officer.
 50 12 b. Of the funds appropriated in this section, up to ~~\$374,492~~
 50 13 \$748,985 is allocated for the payment of the expenses of
 50 14 court-ordered services provided to children who are under the
 50 15 supervision of the department, which expenses are a charge upon
 50 16 the state pursuant to section 232.141, subsection 4.

50 17 c. Notwithstanding section 232.141 or any other provision
 50 18 of law to the contrary, the amounts allocated in this
 50 19 subsection shall be distributed to the judicial districts
 50 20 as determined by the state court administrator and to the
 50 21 department's service areas as determined by the administrator
 50 22 of the department of human services' division of child and
 50 23 family services. The state court administrator and the
 50 24 division administrator shall make the determination of the
 50 25 distribution amounts on or before June 15, 2016.

50 26 d. Notwithstanding chapter 232 or any other provision of
 50 27 law to the contrary, a district or juvenile court shall not
 50 28 order any service which is a charge upon the state pursuant
 50 29 to section 232.141 if there are insufficient court-ordered
 50 30 services funds available in the district court or departmental
 50 31 service area distribution amounts to pay for the service. The
 50 32 chief juvenile court officer and the departmental service area
 50 33 manager shall encourage use of the funds allocated in this
 50 34 subsection such that there are sufficient funds to pay for
 50 35 all court-related services during the entire year. The chief
 51 1 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 2016 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.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to the FY 2016 allocations.

Requires allocations to the judicial districts, as determined by the Court Administrator, and to the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2016.

NOTE: This section is effective on enactment.

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

51 2 shall attempt to anticipate potential surpluses and shortfalls
 51 3 in the distribution amounts and shall cooperatively request the
 51 4 state court administrator or division administrator to transfer
 51 5 funds between the judicial districts' or departmental service
 51 6 areas' distribution amounts as prudent.

51 7 e. Notwithstanding any provision of law to the contrary,
 51 8 a district or juvenile court shall not order a county to pay
 51 9 for any service provided to a juvenile pursuant to an order
 51 10 entered under chapter 232 which is a charge upon the state
 51 11 under section 232.141, subsection 4.

51 12 f. Of the funds allocated in this subsection, not more
 51 13 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for
 51 14 administration of the requirements under this subsection.

51 15 g. Of the funds allocated in this subsection, ~~\$8,500~~ \$17,000
 51 16 shall be used by the department of human services to support
 51 17 the interstate commission for juveniles in accordance with
 51 18 the interstate compact for juveniles as provided in section
 51 19 232.173.

51 20 10. Of the funds appropriated in this section, ~~\$4,026,613~~
 51 21 \$8,053,227 is allocated for juvenile delinquent graduated
 51 22 sanctions services. Any state funds saved as a result of
 51 23 efforts by juvenile court services to earn a federal Tit.IV-E
 51 24 match for juvenile court services administration may be used
 51 25 for the juvenile delinquent graduated sanctions services.

51 26 11. Of the funds appropriated in this section, ~~\$804,142~~
 51 27 \$1,658,285 is transferred to the department of public health
 51 28 to be used for the child protection center grant program for
 51 29 child protection centers located in Iowa in accordance with
 51 30 section 135.118. The grant amounts under the program shall
 51 31 be equalized so that each center receives a uniform base
 51 32 amount of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to
 51 33 establish a satellite child protection center in a city in
 51 34 north central Iowa that is the county seat of a county with
 51 35 a population between 44,000 and 45,000 according to the 2010
 52 1 federal decennial census, and so that the remaining funds ~~shall~~
 52 2 be are awarded through a funding formula based upon the volume
 52 3 of children served.

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

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

DETAIL: This is no change compared to the FY 2016 allocation.

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

DETAIL: This is no change compared to the FY 2016 allocation.

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

DETAIL: This is no change compared to the FY 2016 allocation. Any state funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for graduated sanctions services.

Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is an increase of \$50,000 compared to the FY 2016 allocation to be awarded for the purpose of establishing a satellite Child Protection Center in Mason City, Iowa.

<p>52 4 12. If the department receives federal approval to 52 5 implement a waiver under Tit.IV-E of the federal Social 52 6 Security Act to enable providers to serve children who remain 52 7 in the children's families and communities, for purposes of 52 8 eligibility under the medical assistance program through 25 52 9 years of age, children who participate in the waiver shall be 52 10 considered to be placed in foster care.</p>	<p>Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.</p>
<p>52 11 13. Of the funds appropriated in this section, \$2,012,583 52 12 <u>\$4,025,167</u> is allocated for the preparation for adult living 52 13 program pursuant to section 234.46.</p>	<p>Allocates \$4,025,167 for the Preparation for Adult Living (PALs) Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 14 14. Of the funds appropriated in this section, \$113,668 52 15 <u>\$227,337</u> shall be used for the public purpose of continuing 52 16 a grant to a nonprofit human services organization providing 52 17 services to individuals and families in multiple locations in 52 18 southwest Iowa and Nebraska for support of a project providing 52 19 immediate, sensitive support and forensic interviews, medical 52 20 exams, needs assessments, and referrals for victims of child 52 21 abuse and their nonoffending family members.</p>	<p>Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 22 15. Of the funds appropriated in this section, \$150,340 52 23 <u>\$300,620</u> is allocated for the foster care youth council 52 24 approach of providing a support network to children placed in 52 25 foster care.</p>	<p>Allocates \$300,620 to provide support for foster care youth councils.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 26 16. Of the funds appropriated in this section, \$101,000 52 27 <u>\$202,000</u> is allocated for use pursuant to section 235A.1 for 52 28 continuation of the initiative to address child sexual abuse 52 29 implemented pursuant to 2007 Iowa Acts, chapter 218, section 52 30 18, subsection 21.</p>	<p>Allocates \$202,000 for an initiative to address child sexual abuse.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 31 17. Of the funds appropriated in this section, \$345,420 52 32 <u>\$630,240</u> is allocated for the community partnership for child 52 33 protection sites.</p>	<p>Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 34 18. Of the funds appropriated in this section, \$185,625 52 35 <u>\$371,250</u> is allocated for the department's minority youth and 53 1 family projects under the redesign of the child welfare system.</p>	<p>Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 2 19. Of the funds appropriated in this section, \$593,297 53 3 <u>\$1,186,595</u> is allocated for funding of the community circle of 53 4 care collaboration for children and youth in northeast Iowa.</p>	<p>Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

<p>53 5 20. Of the funds appropriated in this section, at least 53 6 \$73,579 <u>\$147,158</u> shall be used for the continuation of the 53 7 child welfare provider training academy, a collaboration 53 8 between the coalition for family and children's services in 53 9 Iowa and the department.</p>	<p>Allocates \$147,158 for the child welfare provider online training academy.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 10 21. Of the funds appropriated in this section, \$105,936 53 11 <u>\$211,872</u> shall be used for continuation of the central Iowa 53 12 system of care program grant through June 30, 2017.</p>	<p>Allocates \$211,872 for continuation of a System of Care Program in Polk County.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 13 22. Of the funds appropriated in this section, \$147,500 53 14 <u>\$235,000</u> shall be used for the public purpose of the 53 15 continuation and expansion of a system of care program grant 53 16 implemented in Cerro Gordo and Linn counties to utilize a 53 17 comprehensive and long-term approach for helping children 53 18 and families by addressing the key areas in a child's life 53 19 of childhood basic needs, education and work, family, and 53 20 community.</p>	<p>Allocates \$235,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn Counties at Four Oaks.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 21 23. Of the funds appropriated in this section, at least 53 22 \$12,500 <u>\$25,000</u> shall be used to continue and to expand the 53 23 foster care respite pilot program in which postsecondary 53 24 students in social work and other human services-related 53 25 programs receive experience by assisting family foster care 53 26 providers with respite and other support.</p>	<p>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 service-related programs.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 27 24. Of the funds appropriated in this section, \$55,000 53 28 <u>\$110,000</u> shall be used for the public purpose of funding 53 29 community-based services and other supports with a system of 53 30 care approach for children with a serious emotional disturbance 53 31 and their families through a nonprofit provider of child 53 32 welfare services that has been in existence for more than 115 53 33 years, is located in a county with a population of more than 53 34 200,000 but less than 220,000 according to the latest census 53 35 information issued by the United States census bureau, is 54 1 licensed as a psychiatric medical institution for children, and 54 2 was a system of care grantee prior to July 1, 2016.</p>	<p>Allocates \$110,000 to the Tanager Place Mental Health Clinic.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>54 3 Sec. 17. 2015 Iowa Acts, chapter 137, section 139, is 54 4 amended to read as follows:</p>	
<p>54 5 SEC. 139. ADOPTION SUBSIDY. 54 6 1. There is appropriated from the general fund of the 54 7 state to the department of human services for the fiscal year 54 8 beginning July 1, 2016, and ending June 30, 2017, the following 54 9 amount, or so much thereof as is necessary, to be used for the</p>	<p>General Fund appropriation to the Adoption Subsidy Program.</p> <p>DETAIL: This is a net increase of \$48,378 compared to estimated FY 2016. The changes include the following:</p>

54 10 purpose designated:
 54 11 a. For adoption subsidy payments and services:
 54 12 \$ 21,499,143
 54 13 43,046,664

A decrease of \$706,974 to account for changes in the Iowa FMAP rate and Title IV-E eligibility.

- An increase of \$640,303 to fund caseload growth.
- An increase of \$125,000 due to a federal mandate requiring state savings realized through Title IV-E funds and increased eligibility to be spent on child welfare services.

54 14 b. (1) The funds appropriated in this section shall be used
 54 15 as authorized or allowed by federal law or regulation for any
 54 16 of the following purposes:
 54 17 (a) For adoption subsidy payments and related costs.
 54 18 (b) For post-adoption services and for other purposes under
 54 19 Tit.IV-B or Tit.IV-E of the federal Social Security Act.
 54 20 (2) The department of human services may transfer funds
 54 21 appropriated in this subsection to the appropriation for
 54 22 child and family services in this Act for the purposes of
 54 23 post-adoption services as specified in this paragraph "b".

Directs the Department of Human Services to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act. The DHS may also transfer funds, specifically those funds from federal Title IV-E savings, to Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be used for child welfare services.

54 24 2. The department may transfer funds appropriated in
 54 25 this section to the appropriation made in this division of
 54 26 this Act for general administration for costs paid from the
 54 27 appropriation relating to adoption subsidy.

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

54 28 3. Federal funds received by the state during the
 54 29 fiscal year beginning July 1, 2016, as the result of the
 54 30 expenditure of state funds during a previous state fiscal
 54 31 year for a service or activity funded under this section are
 54 32 appropriated to the department to be used as additional funding
 54 33 for the services and activities funded under this section.
 54 34 Notwithstanding section 8.33, moneys received in accordance
 54 35 with this subsection that remain unencumbered or unobligated
 55 1 at the close of the fiscal year shall not revert to any fund
 55 2 but shall remain available for expenditure for the purposes
 55 3 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2016 for the expenditure of state funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2017.

55 4 Sec. 18. 2015 Iowa Acts, chapter 137, section 141, is
 55 5 amended to read as follows:

55 6 SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

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

55 7 1. There is appropriated from the general fund of the
 55 8 state to the department of human services for the fiscal year
 55 9 beginning July 1, 2016, and ending June 30, 2017, the following
 55 10 amount, or so much thereof as is necessary, to be used for the
 55 11 purpose designated:

DETAIL: This is a net decrease of \$4,650 compared to estimated FY 2016. The changes include:

55 12 For the family support subsidy program subject to the
 55 13 enrollment restrictions in section 225C.37, subsection 3:
 55 14 \$ 536,966

- A decrease of \$85,650 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$81,000 to expand the Children-at-Home Program to new service areas.

55 15 1,069,282

55 16 2. The department shall use at least ~~\$320,750~~ \$727,500
55 17 of the moneys appropriated in this section for the family
55 18 support center component of the comprehensive family support
55 19 program under section 225C.47. Not more than ~~\$12,500~~ \$25,000
55 20 of the amount allocated in this subsection shall be used for
55 21 administrative costs.

Requires an allocation of \$727,500 from the Family Support Subsidy appropriation to continue the Family Support Center component of 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 \$86,000 to expand the program to new service areas.

55 22 3. If at any time during the fiscal year, the amount of
55 23 funding available for the family support subsidy program
55 24 is reduced from the amount initially used to establish the
55 25 figure for the number of family members for whom a subsidy
55 26 is to be provided at any one time during the fiscal year,
55 27 notwithstanding section 225C.38, subsection 2, the department
55 28 shall revise the figure as necessary to conform to the amount
55 29 of funding available.

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

55 30 Sec. 19. 2015 Iowa Acts, chapter 137, section 142, is
55 31 amended to read as follows:

55 32 SEC. 142. CONNER DECREE. There is appropriated from the
55 33 general fund of the state to the department of human services
55 34 for the fiscal year beginning July 1, 2016, and ending June 30,
55 35 2017, the following amount, or so much thereof as is necessary,
56 1 to be used for the purpose designated:

General Fund appropriation to the DHS for [Conner Decree](#) training requirements.

56 2 For building community capacity through the coordination
56 3 and provision of training opportunities in accordance with the
56 4 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
56 5 Iowa, July 14, 1994):

DETAIL: This is no change compared to estimated FY 2016. 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.

56 6 \$ 46,816
56 7 33,632

56 8 Sec. 20. 2015 Iowa Acts, chapter 137, section 143, is
56 9 amended to read as follows:

56 10 SEC. 143. MENTAL HEALTH INSTITUTES. There is appropriated
56 11 from the general fund of the state to the department of human
56 12 services for the fiscal year beginning July 1, 2016, and ending
56 13 June 30, 2017, the following amounts, or so much thereof as is
56 14 necessary, to be used for the purposes designated which amounts
56 15 shall not be transferred or expended for any purpose other than
56 16 the purposes designated, notwithstanding section 218.6 to the
56 17 contrary:

General Fund appropriation to the [MHI at Cherokee](#).

56 18 1. For operation of the state mental health institute at
56 19 Cherokee as required by chapters 218 and 226 for salaries,

56 20 support, maintenance, and miscellaneous purposes, and for not
 56 21 more than the following full-time equivalent positions:
 56 22 \$ 2,772,808
 56 23 14,644,041
 56 24 FTEs 169.20

DETAIL: This is an increase of \$9,098,425 and no change in FTE positions compared to estimated FY 2016 to reallocate dollars previously transferred from Medicaid directly to the MHI.

56 25 2. For operation of the state mental health institute at
 56 26 Independence as required by chapters 218 and 226 for salaries,
 56 27 support, maintenance, and miscellaneous purposes, and for not
 56 28 more than the following full-time equivalent positions:
 56 29 \$ 5,162,104
 56 30 18,552,103
 56 31 FTEs 233.00

General Fund appropriation to the [MHI at Independence](#).

DETAIL: This is a net decrease of \$8,227,894 and no change in FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$9,045,894 to reallocate dollars previously transferred from Medicaid directly to the MHI.
- A decrease of \$818,000 due to an unneeded services adjustment.

56 32 Sec. 21. 2015 Iowa Acts, chapter 137, section 144, is
 56 33 amended to read as follows:
 56 34 SEC. 144. STATE RESOURCE CENTERS.
 56 35 1. There is appropriated from the general fund of the
 57 1 state to the department of human services for the fiscal year
 57 2 beginning July 1, 2016, and ending June 30, 2017, the following
 57 3 amounts, or so much thereof as is necessary, to be used for the
 57 4 purposes designated:

57 5 a. For the state resource center at Glenwood for salaries,
 57 6 support, maintenance, and miscellaneous purposes:
 57 7 \$ 40,762,244
 57 8 20,719,486

General Fund appropriation to the [State Resource Center at Glenwood](#).

DETAIL: This is a decrease of \$804,996 compared to estimated FY 2016 due to an adjustment in the FMAP rate.

57 9 b. For the state resource center at Woodward for salaries,
 57 10 support, maintenance, and miscellaneous purposes:
 57 11 \$ 7,291,903
 57 12 14,053,011

General Fund appropriation to the [State Resource Center at Woodward](#).

DETAIL: This is a decrease of \$530,795 compared to estimated FY 2016 due to an adjustment in the FMAP rate.

57 13 2. The department may continue to bill for state resource
 57 14 center services utilizing a scope of services approach used for
 57 15 private providers of intermediate care facilities for persons
 57 16 with an intellectual disability services, in a manner which
 57 17 does not shift costs between the medical assistance program,
 57 18 counties, or other sources of funding for the state resource
 57 19 centers.

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

57 20 3. The state resource centers may expand the time-limited

Permits the State Resource Centers to expand time-limited

57 21 assessment and respite services during the fiscal year.

assessment and respite services.

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

57 22 4. If the department's administration and the department
57 23 of management concur with a finding by a state resource
57 24 center's superintendent that projected revenues can reasonably
57 25 be expected to pay the salary and support costs for a new
57 26 employee position, or that such costs for adding a particular
57 27 number of new positions for the fiscal year would be less
57 28 than the overtime costs if new positions would not be added,
57 29 the superintendent may add the new position or positions. If
57 30 the vacant positions available to a resource center do not
57 31 include the position classification desired to be filled, the
57 32 state resource center's superintendent may reclassify any
57 33 vacant position as necessary to fill the desired position. The
57 34 superintendents of the state resource centers may, by mutual
57 35 agreement, pool vacant positions and position classifications
58 1 during the course of the fiscal year in order to assist one
58 2 another in filling necessary positions.

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

58 3 5. If existing capacity limitations are reached in
58 4 operating units, a waiting list is in effect for a service or
58 5 a special need for which a payment source or other funding
58 6 is available for the service or to address the special need,
58 7 and facilities for the service or to address the special need
58 8 can be provided within the available payment source or other
58 9 funding, the superintendent of a state resource center may
58 10 authorize opening not more than two units or other facilities
58 11 and begin implementing the service or addressing the special
58 12 need during fiscal year 2016-2017.

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

58 13 Sec. 22. 2015 Iowa Acts, chapter 137, section 145, is
58 14 amended to read as follows:

58 15 SEC. 145. SEXUALLY VIOLENT PREDATORS.

58 16 1. There is appropriated from the general fund of the
58 17 state to the department of human services for the fiscal year
58 18 beginning July 1, 2016, and ending June 30, 2017, the following
58 19 amount, or so much thereof as is necessary, to be used for the
58 20 purpose designated:

58 21 For costs associated with the commitment and treatment of

General Fund appropriation to the DHS for the [Sexual Predator Commitment Program](#).

DETAIL: This is an increase of \$300,000 and no change in FTE positions compared to estimated FY 2016 due to additional treatment services for offenders.

58 22	sexually violent predators in the unit located at the state	
58 23	mental health institute at Cherokee, including costs of legal	
58 24	services and other associated costs, including salaries,	
58 25	support, maintenance, and miscellaneous purposes, and for not	
58 26	more than the following full-time equivalent positions:	
58 27	.....	\$ 4,946,539
58 28	.....	<u>10,193,079</u>
58 29	..... FTEs	132.50

58 30 2. Unless specifically prohibited by law, if the amount
58 31 charged provides for recoupment of at least the entire amount
58 32 of direct and indirect costs, the department of human services
58 33 may contract with other states to provide care and treatment
58 34 of persons placed by the other states at the unit for sexually
58 35 violent predators at Cherokee. The moneys received under
59 1 such a contract shall be considered to be repayment receipts
59 2 and used for the purposes of the appropriation made in this
59 3 section.

Allows the DHS to contract with other states to provide treatment services at the CCUSO unit.

59 4 Sec. 23. 2015 Iowa Acts, chapter 137, section 146, is
59 5 amended to read as follows:

59 6 SEC. 146. FIELD OPERATIONS. There is appropriated from the
59 7 general fund of the state to the department of human services
59 8 for the fiscal year beginning July 1, 2016, and ending June 30,
59 9 2017, the following amount, or so much thereof as is necessary,
59 10 to be used for the purposes designated:

59 11	For field operations, including salaries, support,	
59 12	maintenance, and miscellaneous purposes, and for not more than	
59 13	the following full-time equivalent positions:	
59 14	.....	\$ 29,460,488
59 15	.....	<u>54,442,877</u>
59 16	..... FTEs	1,837.00

General Fund appropriation to the DHS for [Field Operations](#) staff and support.

DETAIL: This is a decrease of \$4,478,099 and an increase of 216.00 FTE positions compared to estimated FY 2016. The General Fund changes include:

- A decrease of \$4,478,099 in General Fund dollars to be replaced with TANF funds.
- An increase of 216.00 FTE positions to restore to the authorized FY 2016 level.

59 17 2. Priority in filling full-time equivalent positions
59 18 shall be given to those positions related to child protection
59 19 services and eligibility determination for low-income families.

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

59 20 Sec. 24. 2015 Iowa Acts, chapter 137, section 147, is
59 21 amended to read as follows:

59 22 SEC. 147. GENERAL ADMINISTRATION. There is appropriated
59 23 from the general fund of the state to the department of human
59 24 services for the fiscal year beginning July 1, 2016, and ending
59 25 June 30, 2017, the following amount, or so much thereof as is
59 26 necessary, to be used for the purpose designated:

59 27	For general administration, including salaries, support,	
59 28	maintenance, and miscellaneous purposes, and for not more than	

General Fund appropriation for [General Administration](#).

DETAIL: This is an increase of \$475,000 and 16.06 FTE positions compared to FY 2016. The changes include:

- A decrease of \$25,000 due to the repeal of the Prevention of Disabilities Policy Council.

59 29	the following full-time equivalent positions:		
59 30	.....	\$	7,449,099
59 31	.....		15,373,198
59 32	..... FTEs		309.00

- An increase of \$200,000 for the College of Direct Support.
- An increase of \$300,000 to implement the recommendations of the Children's Mental Health and Well Being Workgroup.
- An increase of 16.06 FTE positions to restore to the authorized FY 2016 level.

59 33 2. Of the funds appropriated in this section, ~~\$75,000~~
 59 34 \$150,000 shall be used to continue the contract for the
 59 35 provision of a program to provide technical assistance,
 60 1 support, and consultation to providers of habilitation services
 60 2 and home and community-based services waiver services for
 60 3 adults with disabilities under the medical assistance program.

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

DETAIL: This is no change compared to the FY 2016 allocation.

60 4 3. Of the funds appropriated in this section, ~~\$25,000~~
 60 5 \$50,000 is transferred to the Iowa finance authority to be
 60 6 used for administrative support of the council on homelessness
 60 7 established in section 16.2D and for the council to fulfill its
 60 8 duties in addressing and reducing homelessness in the state.

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

DETAIL: This is no change compared to the FY 2016 allocation.

60 9 4. Of the funds appropriated in this section, ~~\$125,000~~
 60 10 \$250,000 shall be transferred to and deposited in the
 60 11 administrative fund of the Iowa ABLE savings plan trust created
 60 12 in section 121.4, ~~if enacted in this or any other Act~~, to be
 60 13 used for implementation and administration activities of the
 60 14 Iowa ABLE savings plan trust.

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

60 15 5. Of the funds appropriated in this section, \$300,000 shall
 60 16 be used to contract for planning grants for the development and
 60 17 implementation of children's mental health crisis services as
 60 18 provided in this Act.

Transfers \$300,000 to the Department of Human Services for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.
 DETAIL: This is a new transfer. The Act is established in Division XV of this Act.

60 19 6. Of the funds appropriated in this section, \$200,000
 60 20 shall be used to continue to expand the provision of nationally
 60 21 accredited and recognized internet-based training to include
 60 22 mental health and disability services providers.

Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is a new allocation for FY 2017.

60 23 Sec. 25. 2015 Iowa Acts, chapter 137, is amended by adding
 60 24 the following new section:

60 25 NEW SECTION SEC. 147A. DEPARTMENT-WIDE DUTIES. There
 60 26 is appropriated from the general fund of the state to the
 60 27 department of human services for the fiscal year beginning July
 60 28 1, 2016, and ending June 30, 2017, the following amount, or
 60 29 so much thereof as is necessary, to be used for the purposes

General Fund appropriation for the DHS facilities.
 DETAIL: This is a new appropriation of \$2,879,274 to maintain the staffing levels at DHS facilities.

60 30 designated:
 60 31 For salaries, support, maintenance, and miscellaneous
 60 32 purposes at facilities under the purview of the department of
 60 33 human services:
 60 34 \$ 2,879,274

60 35 Sec. 26. 2015 Iowa Acts, chapter 137, section 148, is
 61 1 amended to read as follows:

61 2 SEC. 148. VOLUNTEERS. There is appropriated from the
 61 3 general fund of the state to the department of human services
 61 4 for the fiscal year beginning July 1, 2016, and ending June 30,
 61 5 2017, the following amount, or so much thereof as is necessary,
 61 6 to be used for the purpose designated:

61 7 For development and coordination of volunteer services:
 61 8 \$ 42,343
 61 9 84,686

61 10 Sec. 27. 2015 Iowa Acts, chapter 137, section 149, is
 61 11 amended to read as follows:

61 12 SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 61 13 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 61 14 DEPARTMENT OF HUMAN SERVICES.

61 15 1. a. ~~(1) For the fiscal year beginning July 1, 2016,~~
 61 16 ~~the total state funding amount for the nursing facility budget~~
 61 17 ~~shall not exceed \$151,421,458.~~
 61 18 ~~—(2) The department, in cooperation with nursing facility~~
 61 19 ~~representatives, shall review projections for state funding~~
 61 20 ~~expenditures for reimbursement of nursing facilities on a~~
 61 21 ~~quarterly basis and the department shall determine if an~~
 61 22 ~~adjustment to the medical assistance reimbursement rate is~~
 61 23 ~~necessary in order to provide reimbursement within the state~~
 61 24 ~~funding amount for the fiscal year. Notwithstanding 2001~~
 61 25 ~~Iowa Acts, chapter 192, section 4, subsection 2, paragraph~~
 61 26 ~~“c”, and subsection 3, paragraph “a”, subparagraph (2),~~
 61 27 ~~if the state funding expenditures for the nursing facility~~
 61 28 ~~budget for the fiscal year are projected to exceed the amount~~
 61 29 ~~specified in subparagraph (1), the department shall adjust~~
 61 30 ~~the reimbursement for nursing facilities reimbursed under the~~
 61 31 ~~case-mix reimbursement system to maintain expenditures of the~~
 61 32 ~~nursing facility budget within the specified amount for the~~
 61 33 ~~fiscal year.~~

61 34 (3) For the fiscal year beginning July 1, 2016, case-mix,
 61 35 non-case mix, and special population nursing facilities shall
 62 1 be reimbursed in accordance with the methodology in effect on
 62 2 June 30, 2016.

General Fund appropriation to the DHS for the development and coordination of the [Volunteer Services Program](#).

DETAIL: This is no change compared to estimated FY 2016.

Eliminates language relating to the nursing facility cap. This language is no longer necessary under managed care.

Requires methodology for calculating reimbursement for case-mix, non-case mix, and special population nursing facilities to remain the same as the methodology in effect on June 30, 2016.

62 3 (4) For any open or unsettled nursing facility cost report
 62 4 for a fiscal year prior to and including the fiscal year
 62 5 beginning July 1, 2015, including any cost report remanded on
 62 6 judicial review for inclusion of prescription drug, laboratory,
 62 7 or x-ray costs, the department shall offset all reported
 62 8 prescription drug, laboratory, and x-ray costs with any revenue
 62 9 received from Medicare or other revenue source for any purpose.
 62 10 For purposes of this subparagraph, a nursing facility cost
 62 11 report is not considered open or unsettled if the facility did
 62 12 not initiate an administrative appeal under chapter 17A or if
 62 13 any appeal rights initiated have been exhausted.

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

62 14 b. (1) For the fiscal year beginning July 1, 2016,
 62 15 the department shall establish the pharmacy dispensing fee
 62 16 reimbursement at \$11.73 per prescription, until a cost of
 62 17 dispensing survey is completed. The actual dispensing fee
 62 18 shall be determined by a cost of dispensing survey performed
 62 19 by the department and required to be completed by all medical
 62 20 assistance program participating pharmacies every two years,
 62 21 adjusted as necessary to maintain expenditures within the
 62 22 amount appropriated to the department for this purpose for the
 62 23 fiscal year.

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

DETAIL: This is no change compared to the FY 2016 fee.

62 24 (2) The department shall utilize an average acquisition
 62 25 cost reimbursement methodology for all drugs covered under the
 62 26 medical assistance program in accordance with 2012 Iowa Acts,
 62 27 chapter 1133, section 33.

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

62 28 (3) Notwithstanding subparagraph (2), if the centers for
 62 29 Medicare and Medicaid services of the United States department
 62 30 of health and human services (CMS) requires, as a condition
 62 31 of federal Medicaid funding, that the department implement an
 62 32 aggregate federal upper limit (FUL) for drug reimbursement
 62 33 based on the average manufacturer's price (AMP), the department
 62 34 may utilize a reimbursement methodology for all drugs covered
 62 35 under the Medicaid program based on the national average drug
 63 1 acquisition cost (NADAC) methodology published by CMS, in order
 63 2 to assure compliance with the aggregate FUL, minimize outcomes
 63 3 of drug reimbursements below pharmacy acquisition costs, limit
 63 4 administrative costs, and minimize any change in the aggregate
 63 5 reimbursement for drugs. The department may adopt emergency
 63 6 rules to implement this subparagraph.

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

63 7 c. (1) For the fiscal year beginning July 1, 2016,
 63 8 reimbursement rates for outpatient hospital services shall

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2016, subject to the Medicaid

63 9 remain at the rates in effect on June 30, 2016, subject to
 63 10 Medicaid program upper payment limit rules, and adjusted
 63 11 as necessary to maintain expenditures within the amount
 63 12 appropriated to the department for this purpose for the fiscal
 63 13 year.

Upper Payment Limit (UPL) rules.

63 14 (2) For the fiscal year beginning July 1, 2016,
 63 15 reimbursement rates for inpatient hospital services shall
 63 16 remain at the rates in effect on June 30, 2016, subject to
 63 17 Medicaid program upper payment limit rules, and adjusted
 63 18 as necessary to maintain expenditures within the amount
 63 19 appropriated to the department for this purpose for the fiscal
 63 20 year.

Requires the rate of reimbursement for inpatient services to remain at the same rate in effect in FY 2016, subject to the Medicaid UPL rules.

63 21 (3) For the fiscal year beginning July 1, 2016, the graduate
 63 22 medical education and disproportionate share hospital fund
 63 23 shall remain at the amount in effect on June 30, 2016, except
 63 24 that the portion of the fund attributable to graduate medical
 63 25 education shall be reduced in an amount that reflects the
 63 26 elimination of graduate medical education payments made to
 63 27 out-of-state hospitals.

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the FY 2016 reimbursement rate.

63 28 (4) In order to ensure the efficient use of limited state
 63 29 funds in procuring health care services for low-income lowans,
 63 30 funds appropriated in this Act for hospital services shall
 63 31 not be used for activities which would be excluded from a
 63 32 determination of reasonable costs under the federal Medicare
 63 33 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

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

63 34 d. For the fiscal year beginning July 1, 2016, reimbursement
 63 35 rates for ~~rural health clinics~~, hospices, and acute mental
 64 1 hospitals shall be increased in accordance with increases under
 64 2 the federal Medicare program or as supported by their Medicare
 64 3 audited costs.

Requires hospice services, and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2017.

64 4 e. For the fiscal year beginning July 1, 2016, independent
 64 5 laboratories and rehabilitation agencies shall be reimbursed
 64 6 using the same methodology in effect on June 30, 2016.

Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2016.

64 7 f. (1) For the fiscal year beginning July 1, 2016,
 64 8 reimbursement rates for home health agencies shall continue to
 64 9 be based on the Medicare low utilization payment adjustment
 64 10 (LUPA) methodology with state geographic wage adjustments, and
 64 11 updated to reflect the most recent Medicare LUPA rates within
 64 12 the amount appropriated to the department for this purpose for
 64 13 the fiscal year.

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA) and adjusted to reflect the most recent Medicare LUPA rates for FY 2017 within the amount appropriated.

DETAIL: No additional funding was appropriated for FY 2017.

64 14 (2) For the fiscal year beginning July 1, 2016, rates for

Requires rates for private duty nursing and personal care services

64 15 private duty nursing and personal care services under the early 64 16 and periodic screening, diagnostic, and treatment program 64 17 benefit shall be calculated based on the methodology in effect 64 18 on June 30, 2016.	under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain the same as the methodology in FY 2016.
64 19 g. For the fiscal year beginning July 1, 2016, federally 64 20 qualified health centers <u>and rural health clinics</u> shall receive 64 21 cost-based reimbursement for 100 percent of the reasonable 64 22 costs for the provision of services to recipients of medical 64 23 assistance.	Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.
64 24 h. For the fiscal year beginning July 1, 2016, the 64 25 reimbursement rates for dental services shall remain at the 64 26 rates in effect on June 30, 2016.	Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2016.
64 27 i. (1) For the fiscal year beginning July 1, 2016, 64 28 state-owned psychiatric medical institutions for children shall 64 29 receive cost-based reimbursement for 100 percent of the actual 64 30 and allowable costs for the provision of services to recipients 64 31 of medical assistance.	Requires the reimbursement rates for state-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.
64 32 (2) For the nonstate-owned psychiatric medical institutions 64 33 for children, reimbursement rates shall be based on the 64 34 reimbursement methodology developed by the Medicaid managed 64 35 care contractor for behavioral health services as required for 65 1 federal compliance.	Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology developed by the DHS.
65 2 (3) As a condition of participation in the medical 65 3 assistance program, enrolled providers shall accept the medical 65 4 assistance reimbursement rate for any covered goods or services 65 5 provided to recipients of medical assistance who are children 65 6 under the custody of a psychiatric medical institution for 65 7 children.	Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.
65 8 j. For the fiscal year beginning July 1, 2016, unless 65 9 otherwise specified in this Act, all noninstitutional medical 65 10 assistance provider reimbursement rates shall remain at the 65 11 rates in effect on June 30, 2016, except for area education 65 12 agencies, local education agencies, infant and toddler 65 13 services providers, home and community-based services providers 65 14 including consumer-directed attendant care providers under a 65 15 section 1915(c) or 1915(i) waiver, targeted case management 65 16 providers, and those providers whose rates are required to be 65 17 determined pursuant to section 249A.20.	Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2016.
65 18 k. Notwithstanding any provision to the contrary, for the 65 19 fiscal year beginning July 1, 2016, the reimbursement rate for 65 20 anesthesiologists shall remain at the rate in effect on June	Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2016.

65 21 30, 2016.

65 22 I. Notwithstanding section 249A.20, for the fiscal year
 65 23 beginning July 1, 2016, the average reimbursement rate for
 65 24 health care providers eligible for use of the federal Medicare
 65 25 resource-based relative value scale reimbursement methodology
 65 26 under section 249A.20 shall remain at the rate in effect on
 65 27 June 30, 2016; however, this rate shall not exceed the maximum
 65 28 level authorized by the federal government.

Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2016, and not to exceed the maximum level authorized by the federal government.

65 29 m. For the fiscal year beginning July 1, 2016, the
 65 30 reimbursement rate for residential care facilities shall not
 65 31 be less than the minimum payment level as established by the
 65 32 federal government to meet the federally mandated maintenance
 65 33 of effort requirement. The flat reimbursement rate for
 65 34 facilities electing not to file annual cost reports shall not
 65 35 be less than the minimum payment level as established by the
 66 1 federal government to meet the federally mandated maintenance
 66 2 of effort requirement.

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

66 3 n. For the fiscal year beginning July 1, 2016, the
 66 4 reimbursement rates for inpatient mental health services
 66 5 provided at hospitals shall remain at the rates in effect on
 66 6 June 30, 2016, subject to Medicaid program upper payment limit
 66 7 rules; and psychiatrists shall be reimbursed at the medical
 66 8 assistance program fee-for-service rate in effect on June 30,
 66 9 2016.

Requires the reimbursement rates for inpatient psychiatric hospital services to remain at the rate in effect in FY 2016.

66 10 o. For the fiscal year beginning July 1, 2016, community
 66 11 mental health centers may choose to be reimbursed for the
 66 12 services provided to recipients of medical assistance through
 66 13 either of the following options:
 66 14 (1) For 100 percent of the reasonable costs of the services.
 66 15 (2) In accordance with the alternative reimbursement rate
 66 16 methodology ~~established by the medical assistance program's~~
 66 17 ~~managed care contractor for mental health services and approved~~
 66 18 ~~by the department of human services in effect on June 30, 2016.~~

Allows Community Mental Health Centers (CMHC) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service, and uses a cost settlement methodology. The second option is based on rate in effect in FY 2016.

66 19 p. For the fiscal year beginning July 1, 2016, the
 66 20 reimbursement rate for providers of family planning services
 66 21 that are eligible to receive a 90 percent federal match shall
 66 22 remain at the rates in effect on June 30, 2016.

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2016.

66 23 q. For the fiscal year beginning July 1, 2016, the upper
 66 24 limits on reimbursement rates for providers of home and
 66 25 community-based services waiver services shall remain at the
 66 26 limits in effect on June 30, 2016.

Requires the upper payment limits on reimbursement rates for home and community-based services waiver services to remain at the rate in effect in FY 2016.

<p>66 27 r. For the fiscal year beginning July 1, 2016, the 66 28 reimbursement rates for emergency medical service providers 66 29 shall remain at the rates in effect on June 30, 2016.</p>	<p>Requires the reimbursement rates for emergency medical providers to remain at the rate in effect in FY 2016.</p>
<p>66 30 <u>s. For the fiscal year beginning July 1, 2016, the</u> 66 31 <u>reimbursement rates for community providers shall be increased</u> 66 32 <u>by 1 percent over the fee-for-service rates in effect on June</u> 66 33 <u>30, 2016.</u></p>	<p>Requires the reimbursement rate for Community Providers to be increased by 1.0% over the rate in effect on June 30, 2016.</p> <p>DETAIL: This change is estimated to cost the Medicaid Program \$2,200,000 in FY 2017.</p>
<p>66 34 2. For the fiscal year beginning July 1, 2016, the 66 35 reimbursement rate for providers reimbursed under the 67 1 in-home-related care program shall not be less than the minimum 67 2 payment level as established by the federal government to meet 67 3 the federally mandated maintenance of effort requirement.</p>	<p>Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2017.</p>
<p>67 4 3. Unless otherwise directed in this section, when the 67 5 department's reimbursement methodology for any provider 67 6 reimbursed in accordance with this section includes an 67 7 inflation factor, this factor shall not exceed the amount 67 8 by which the consumer price index for all urban consumers 67 9 increased during the calendar year ending December 31, 2002.</p>	<p>Specifies that when the required reimbursement methodology for providers under this section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.</p>
<p>67 10 4.—For <u>Notwithstanding section 234.38,</u> for the fiscal 67 11 year beginning July 1, 2016, the foster family basic daily 67 12 maintenance rate and the maximum adoption subsidy rate for 67 13 children ages 0 through 5 years shall be \$16.78, the rate for 67 14 children ages 6 through 11 years shall be \$17.45, the rate for 67 15 children ages 12 through 15 years shall be \$19.10, and the 67 16 rate for children and young adults ages 16 and older shall 67 17 be \$19.35. For youth ages 18 to 21 who have exited foster 67 18 care, the preparation for adult living program maintenance rate 67 19 shall be \$602.70 per month. The maximum payment for adoption 67 20 subsidy nonrecurring expenses shall be limited to \$500 and the 67 21 disallowance of additional amounts for court costs and other 67 22 related legal expenses implemented pursuant to 2010 Iowa Acts, 67 23 chapter 1031, section 408, shall be continued.</p>	<p>Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2016.</p>
<p>67 24 5. For the fiscal year beginning July 1, 2016, the maximum 67 25 reimbursement rates for social services providers under 67 26 contract shall remain at the rates in effect on June 30, 2016, 67 27 or the provider's actual and allowable cost plus inflation for 67 28 each service, whichever is less. However, if a new service 67 29 or service provider is added after June 30, 2016, the initial 67 30 reimbursement rate for the service or provider shall be based 67 31 upon a weighted average of provider rates for similar services.</p>	<p>Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2016.</p>
<p>67 32 6. For the fiscal year beginning July 1, 2016, the</p>	<p>Requires the reimbursement rates for the resource family recruitment</p>

67 33 reimbursement rates for resource family recruitment and
 67 34 retention contractors, child welfare emergency services
 67 35 contractors, and supervised apartment living foster care
 68 1 providers shall remain at the rates in effect on June 30, 2016.

and retention contractors, child welfare emergency services contractors,
 and supervised apartment living foster care providers to remain at the
 rate in effect in FY 2016.

68 2 7. a. For the purposes of this subsection, "combined
 68 3 reimbursement rate" means the combined service and maintenance
 68 4 reimbursement rate for a service level under the department's
 68 5 reimbursement methodology. Effective July 1, 2016, the
 68 6 combined reimbursement rate for a group foster care service
 68 7 level shall be the amount designated in this subsection.
 68 8 However, if a group foster care provider's reimbursement rate
 68 9 for a service level as of June 30, 2016, is more than the rate
 68 10 designated in this subsection, the provider's reimbursement
 68 11 shall remain at the higher rate.

Requires the rate for group foster care providers to remain at the rate
 in effect in FY 2016.

68 12 b. Unless a group foster care provider is subject to the
 68 13 exception provided in paragraph "a", effective July 1, 2016,
 68 14 the combined reimbursement rates for the service levels under
 68 15 the department's reimbursement methodology shall be as follows:

68 16 (1) For service level, community - D1, the daily rate shall
 68 17 be at least \$84.17.

68 18 (2) For service level, comprehensive - D2, the daily rate
 68 19 shall be at least \$119.09.

68 20 (3) For service level, enhanced - D3, the daily rate shall
 68 21 be at least \$131.09.

68 22 8. The group foster care reimbursement rates paid for
 68 23 placement of children out of state shall be calculated
 68 24 according to the same rate-setting principles as those used for
 68 25 in-state providers, unless the director of human services or
 68 26 the director's designee determines that appropriate care cannot
 68 27 be provided within the state. The payment of the daily rate
 68 28 shall be based on the number of days in the calendar month in
 68 29 which service is provided.

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

68 30 9. a. For the fiscal year beginning July 1, 2016, the
 68 31 reimbursement rate paid for shelter care and the child welfare
 68 32 emergency services implemented to provide or prevent the need
 68 33 for shelter care shall be established by contract.

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

68 34 b. For the fiscal year beginning July 1, 2016, the combined
 68 35 service and maintenance components of the reimbursement rate
 69 1 paid for shelter care services shall be based on the financial
 69 2 and statistical report submitted to the department. The
 69 3 maximum reimbursement rate shall be \$101.83 per day. The
 69 4 department shall reimburse a shelter care provider at the
 69 5 provider's actual and allowable unit cost, plus inflation, not

Requires the FY 2017 combined service and maintenance components
 of the reimbursement rate paid to shelter care providers to be based
 on the cost report submitted to the DHS. Also, requires a maximum
 reimbursement rate of \$101.83 per day and requires the DHS to
 reimburse shelter care providers at the actual and allowable unit cost,
 plus inflation, not to exceed the maximum reimbursement rate.

69 6 to exceed the maximum reimbursement rate.

69 7 c. Notwithstanding section 232.141, subsection 8, for the
69 8 fiscal year beginning July 1, 2016, the amount of the statewide
69 9 average of the actual and allowable rates for reimbursement of
69 10 juvenile shelter care homes that is utilized for the limitation
69 11 on recovery of unpaid costs shall remain at the amount in
69 12 effect for this purpose in the fiscal year beginning July 1,
69 13 2015.

Requires the statewide Average Reimbursement Rates paid to shelter care providers in FY 2017 to remain at the rate in effect in FY 2016.

NOTE: During the 2016 legislative session, SF 2035 increased the statewide Average of the Actual and Allowable by \$4.85 retroactively to July 1, 2015.

69 14 10. For the fiscal year beginning July 1, 2016, the
69 15 department shall calculate reimbursement rates for intermediate
69 16 care facilities for persons with an intellectual disability
69 17 at the 80th percentile. Beginning July 1, 2016, the rate
69 18 calculation methodology shall utilize the consumer price index
69 19 inflation factor applicable to the fiscal year beginning July
69 20 1, 2016.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2016.

69 21 11. For the fiscal year beginning July 1, 2016, for child
69 22 care providers reimbursed under the state child care assistance
69 23 program, the department shall set provider reimbursement
69 24 rates based on the rate reimbursement survey completed in
69 25 December 2004. Effective July 1, 2016, the child care provider
69 26 reimbursement rates shall remain at the rates in effect on June
69 27 30, 2016. The department shall set rates in a manner so as
69 28 to provide incentives for a nonregistered provider to become
69 29 registered by applying the increase only to registered and
69 30 licensed providers.

Requires the DHS to set FY 2017 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December 2004 and at the same level as FY 2016.

69 31 11A. For the fiscal year beginning July 1, 2016,
69 32 notwithstanding any provision to the contrary under this
69 33 section, affected providers or services shall instead be
69 34 reimbursed as follows:
69 35 a. For fee-for-service claims, reimbursement shall be
70 1 calculated based on the methodology otherwise specified in this
70 2 section for the fiscal year beginning July 1, 2016, for the
70 3 respective provider or service.
70 4 b. For claims subject to a managed care contract,
70 5 reimbursement shall be based on the methodology established
70 6 by the managed care organization contract. However, any
70 7 reimbursement established under such contract shall not be
70 8 lower than the reimbursement otherwise specified in this
70 9 section for fee-for-service claims for the fiscal year
70 10 beginning July 1, 2016, for the respective provider or service.

Specifies that fee-for-service claims are to be calculated based on the methodology in this section for FY 2017 and managed care rates are to be based on the methodology established by the managed care company, but cannot be lower than the rates in the section for fee-for-service.

70 11 13. The department may adopt emergency rules to implement
70 12 this section.

Permits the DHS to adopt emergency rules to implement this section.

70 13 Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding
 70 14 the following new section:
 70 15 NEW SECTION SEC. 151A. TRANSFER OF MEDICAID MODERNIZATION
 70 16 SAVINGS BETWEEN APPROPRIATIONS FY 2016-2017. Notwithstanding
 70 17 section 8.39, subsection 1, for the fiscal year beginning July
 70 18 1, 2016, if savings resulting from the governor's Medicaid
 70 19 modernization initiative accrue to the medical contracts or
 70 20 children's health insurance program appropriation from the
 70 21 general fund of the state and not to the medical assistance
 70 22 appropriation from the general fund of the state under this
 70 23 division of this Act, such savings may be transferred to such
 70 24 medical assistance appropriation for the same fiscal year
 70 25 without prior written consent and approval of the governor and
 70 26 the director of the department of management. The department
 70 27 of human services shall report any transfers made pursuant to
 70 28 this section to the legislative services agency.

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative.

70 29 DIVISION VI
 70 30 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017
 70 31 Sec. 29. 2015 Iowa Acts, chapter 137, section 152, is
 70 32 amended to read as follows:

70 33 SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 70 34 appropriated from the pharmaceutical settlement account created
 70 35 in section 249A.33 to the department of human services for the
 71 1 fiscal year beginning July 1, 2016, and ending June 30, 2017,
 71 2 the following amount, or so much thereof as is necessary, to be
 71 3 used for the purpose designated:
 71 4 Notwithstanding any provision of law to the contrary, to
 71 5 supplement the appropriations made in this Act for medical
 71 6 contracts under the medical assistance program for the fiscal
 71 7 year beginning July 1, 2016, and ending June 30, 2017:
 71 8 \$ 1,001,088
 71 9 1,300,000

Pharmaceutical Settlement Account appropriation to the DHS for Medical Contracts in Medicaid.

DETAIL: This is a decrease of \$702,176 compared to estimated FY 2016.

71 10 Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is
 71 11 amended to read as follows:

71 12 SEC. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 71 13 HUMAN SERVICES. Notwithstanding any provision to the contrary
 71 14 and subject to the availability of funds, there is appropriated
 71 15 from the quality assurance trust fund created in section
 71 16 249L.4 to the department of human services for the fiscal year
 71 17 beginning July 1, 2016, and ending June 30, 2017, the following
 71 18 amounts, or so much thereof as is necessary, for the purposes
 71 19 designated:
 71 20 To supplement the appropriation made in this Act from the
 71 21 general fund of the state to the department of human services

[Quality Assurance Trust Fund](#) appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is a decrease of \$500,000 compared to estimated FY 2016 due to less revenue available in the fund.

71 22 for medical assistance for the same fiscal year:
 71 23 \$ 18,602,604
 71 24 36,705,208

71 25 Sec. 31. 2015 Iowa Acts, chapter 137, section 154, is
 71 26 amended to read as follows:

71 27 SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND ———
 71 28 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 71 29 the contrary and subject to the availability of funds, there is
 71 30 appropriated from the hospital health care access trust fund
 71 31 created in section 249M.4 to the department of human services
 71 32 for the fiscal year beginning July 1, 2016, and ending June
 71 33 30, 2017, the following amounts, or so much thereof as is
 71 34 necessary, for the purposes designated:

71 35 To supplement the appropriation made in this Act from the
 72 1 general fund of the state to the department of human services
 72 2 for medical assistance for the same fiscal year:
 72 3 \$ 17,350,000
 72 4 34,700,000

72 5 DIVISION VII
 72 6 PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY ——— FY 2016-2017

72 7 Sec. 32. 2015 Iowa Acts, chapter 137, section 157, is
 72 8 amended to read as follows:

72 9 SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The
 72 10 moneys transferred to the property tax relief fund for the
 72 11 fiscal year beginning July 1, ~~2015~~ 2016, from the federal
 72 12 social services block grant pursuant to 2015 Iowa Acts,
 72 13 House File 630, and from the federal temporary assistance for
 72 14 needy families block grant, totaling at least ~~\$11,774,275~~
 72 15 7,456,296, are appropriated to the department of human services
 72 16 for the fiscal year beginning July 1, ~~2015~~ 2016, and ending
 72 17 June 30, ~~2016~~ 2017, to be used for the purposes designated,
 72 18 notwithstanding any provision of law to the contrary:

72 19 1. For distribution to ~~any mental health and disability~~
 72 20 ~~services region where 25 percent of the region's projected~~
 72 21 ~~expenditures exceeds the region's projected fund balance the~~
 72 22 ~~family planning services program, including for implementation~~
 72 23 ~~and administration, as enacted in this 2016 Act:~~

72 24 \$ 480,000
 72 25 2,999,305

72 26 —a.— For purposes of this subsection:
 72 27 —(1)— “Available funds” means a county mental health and
 72 28 services fund balance on June 30, 2015, plus the maximum amount
 72 29 a county was allowed to levy for the fiscal year beginning July
 72 30 1, 2015.

[Hospital Health Care Access Trust Fund](#) appropriation to the Medicaid Program.

DETAIL: This is no change compared to estimated FY 2016.

Appropriates \$2,999,305 from the Social Services Block Grant to the DHS for a state-only Family Planning Program.

DETAIL: This is a new appropriation for FY 2017.

72 31 ~~(2) "Projected expenditures" means the actual expenditures~~
 72 32 ~~of a mental health and disability services region as of June~~
 72 33 ~~30, 2015, multiplied by an annual inflation rate of 2 percent~~
 72 34 ~~plus the projected costs for new core services administered by~~
 72 35 ~~the region as provided in a region's regional service system~~
 73 1 ~~management plan approved pursuant to section 331.393 for the~~
 73 2 ~~fiscal year beginning July 1, 2015.~~
 73 3 ~~—(3) "Projected fund balance" means the difference between a~~
 73 4 ~~mental health and disability services region's available funds~~
 73 5 ~~and projected expenditures.~~
 73 6 ~~—b. If sufficient funds are not available to implement this~~
 73 7 ~~subsection, the department of human services shall distribute~~
 73 8 ~~funds to a region in proportion to the availability of funds.~~

73 9 2. To be transferred to the appropriation in this Act for
 73 10 child and family services for the fiscal year beginning July 1,
 73 11 2016, to be used for the purpose of that appropriation:
 73 12\$ 5,407,137
 73 138,774,970

Appropriates \$8,774,970 from the Social Services Block Grant to the Child and Family Services appropriation for FY 2017.

 DETAIL: This is a decrease of \$2,039,305 compared to estimated FY 2016. The funds are being used to offset General Fund dollars.

73 14 DIVISION VIII
 73 15 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

73 16 FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016
 73 17 Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection
 73 18 4, paragraph e, is amended to read as follows:
 73 19 e. For the JOBS program:
 73 20\$ 17,540,398
 73 2117,140,398

Deappropriates \$400,000 in FY 2016 from the Family Investment Program Account Promise Jobs allocation.

 DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

73 22 FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016
 73 23 Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered
 73 24 paragraph 2, is amended to read as follows:
 73 25 To be credited to the family investment program (FIP)
 73 26 account and used for family investment program assistance under
 73 27 chapter 239B:
 73 28\$ 48,673,875
 73 2944,773,875

Deappropriates \$3,900,000 in FY 2016 from the Family Investment Program appropriation due to lower caseloads.

 DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

73 30 Sec. 35. 2015 Iowa Acts, chapter 137, section 8, subsection
 73 31 1, is amended to read as follows:
 73 32 1. Of the funds appropriated in this section, ~~\$7,402,220~~
 73 33 \$7,002,220 is allocated for the JOBS program.

Conforming change to the allocation for the Promise Jobs Program due to the deappropriation above.

73 34 MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016
 73 35 Sec. 36. 2015 Iowa Acts, chapter 137, section 12, unnumbered
 74 1 paragraph 2, is amended to read as follows:
 74 2 For medical assistance program reimbursement and associated

General Fund supplemental appropriation of \$15,000,000 for the Medicaid Program in FY 2016.

 DETAIL: The supplemental, in addition to the \$2,000,000 transfer from

74 3 costs as specifically provided in the reimbursement
 74 4 methodologies in effect on June 30, 2015, except as otherwise
 74 5 expressly authorized by law, consistent with options under
 74 6 federal law and regulations, and contingent upon receipt of
 74 7 approval from the office of the governor of reimbursement for
 74 8 each abortion performed under the program:
 74 9 \$1,303,191,564
 74 10 1,318,191,564

Decategorization funds and a \$67,000,000 supplemental appropriation proposed in SF 2109 (FY 2016 Supplemental Appropriations Bill), provides an additional \$84,000,000 for the Medicaid Program in FY 2016.

74 11 MODERNIZATION EMERGENCY RULES FY 2015-2016
 74 12 Sec. 37. 2015 Iowa Acts, chapter 137, section 12, subsection
 74 13 24, is amended to read as follows:
 74 14 24. The department of human services may adopt emergency
 74 15 rules as necessary to implement the governor's Medicaid
 74 16 modernization initiative beginning ~~January~~ April 1, 2016.

Delays the DHS authority to adopt emergency rules for Medicaid managed care until managed care is implemented on April 1, 2016.

74 17 STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016
 74 18 Sec. 38. 2015 Iowa Acts, chapter 137, section 14, unnumbered
 74 19 paragraph 2, is amended to read as follows:
 74 20 For the state supplementary assistance program:
 74 21 \$ 42,997,187
 74 22 11,897,187

Deappropriates \$1,100,000 in FY 2016 from the State Supplementary Assistance Program appropriation.

DETAIL: The deappropriated funds in this section are being redirected to fund the FY 2016 Medicaid shortfall.

74 23 CHILD CARE ASSISTANCE FY 2015-2016
 74 24 Sec. 39. 2015 Iowa Acts, chapter 137, section 16, unnumbered
 74 25 paragraph 2, is amended to read as follows:
 74 26 For child care programs:
 74 27 \$ 51,408,668
 74 28 41,408,668
 74 29 Sec. 40. 2015 Iowa Acts, chapter 137, section 16, subsection
 74 30 1, is amended to read as follows:

Deappropriates \$10,000,000 in FY 2016 from the Child Care Assistance Program appropriation.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

74 31 1. Of the funds appropriated in this section, ~~\$43,689,241~~
 74 32 \$33,689,241 shall be used for state child care assistance in
 74 33 accordance with section 237A.13.

Conforming change to the allocation for Child Care Assistance Program due to the deappropriation above.

74 34 Sec. 41. 2015 Iowa Acts, chapter 137, section 16, subsection
 74 35 9, is amended to read as follows:
 75 1 9. Notwithstanding section 8.33, moneys ~~advanced for~~
 75 2 ~~purposes of the programs developed by early childhood Iowa~~
 75 3 ~~areas, advanced for purposes of wraparound child care,~~
 75 4 appropriated in this section or received from the federal
 75 5 appropriations made for the purposes of this section that
 75 6 remain unencumbered or unobligated at the close of the fiscal
 75 7 year shall not revert to any fund but shall remain available
 75 8 for expenditure for the purposes designated until the close of
 75 9 the succeeding fiscal year.

Permits nonreversion of the General Fund Child Care Assistance appropriation.

<p>75 10 NURSING FACILITY BUDGET FY 2015-2016 75 11 Sec. 42. 2015 Iowa Acts, chapter 137, section 29, subsection 75 12 1, paragraph a, subparagraph (1), is amended to read as 75 13 follows: 75 14 (1) For the fiscal year beginning July 1, 2015, the total 75 15 state funding amount for the nursing facility budget shall not 75 16 exceed \$151,421,158 <u>\$227,131,737</u>.</p> <p>75 17 Sec. 43. EFFECTIVE UPON ENACTMENT. This division of this 75 18 Act, being deemed of immediate importance, takes effect upon 75 19 enactment.</p> <p>75 20 Sec. 44. RETROACTIVE APPLICABILITY. This division of this 75 21 Act is retroactively applicable to July 1, 2015.</p> <p>75 22 DIVISION IX 75 23 DECATEGORIZATION 75 24 Sec. 45. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO 75 25 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection 75 26 5, paragraph “b”, any state appropriated moneys in the funding 75 27 pool that remained unencumbered or unobligated at the close 75 28 of the fiscal year beginning July 1, 2013, and were deemed 75 29 carryover funding to remain available for the two succeeding 75 30 fiscal years that still remain unencumbered or unobligated at 75 31 the close of the fiscal year beginning July 1, 2015, shall 75 32 not revert but shall be transferred to the medical assistance 75 33 program for the fiscal year beginning July 1, 2015.</p> <p>75 34 Sec. 46. EFFECTIVE UPON ENACTMENT. This division of this 75 35 Act, being deemed of immediate importance, takes effect upon 76 1 enactment.</p> <p>76 2 Sec. 47. RETROACTIVE APPLICABILITY. This division of this 76 3 Act is retroactively applicable to July 1, 2015.</p> <p>76 4 DIVISION X 76 5 CODE CHANGES</p> <p>76 6 LOCAL OFFICES OF SUBSTITUTE DECISION MAKER</p> <p>76 7 Sec. 48. Section 231E.4, subsection 3, paragraph a, Code 76 8 2016, is amended to read as follows: 76 9 a. Select persons through a request for proposals process to 76 10 establish local offices of substitute decision maker in each 76 11 of the planning and service areas. Local offices shall be 76 12 established statewide on or before July 1, 2017 <u>2018</u>.</p> <p>76 13 INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY — 76 14 ASSESSMENT</p>	<p>Amends the nursing facility cap to account for the April 1, 2016, implementation date for managed care.</p> <p>This Division is effective upon enactment</p> <p>This Division applies retroactively to July 1, 2015.</p> <p>Transfers funds from the Decategorization carryforward in FY 2015 that would otherwise revert to the General Fund to Medicaid in FY 2016. DETAIL: The estimated carryforward transfer is \$2,000,000.</p> <p>This Division is effective on enactment.</p> <p>This Division is retroactive to July 1, 2015.</p> <p>CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2018.</p>
--	--

76 15 Sec. 49. Section 222.60A, Code 2016, is amended to read as
76 16 follows:

76 17 222.60A COST OF ASSESSMENT.

76 18 Notwithstanding any provision of this chapter to the
76 19 contrary, any amount attributable to any ~~fee assessed~~
76 20 assessment pursuant to section 249A.21 that would otherwise
76 21 be the liability of any county shall be paid by the state.
76 22 The department may transfer funds from the appropriation for
76 23 medical assistance to pay any amount attributable to any ~~fee~~
76 24 ~~assessed~~ assessment pursuant to section 249A.21 that is a
76 25 liability of the state.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

76 26 Sec. 50. Section 249A.12, subsection 3, paragraph c, Code
76 27 2016, is amended to read as follows:

76 28 c.—~~Effective February 1, 2002, the~~ The state shall be
76 29 responsible for all of the nonfederal share of the costs of
76 30 intermediate care facility for persons with an intellectual
76 31 disability services provided under medical assistance
76 32 attributable to the assessment ~~fee~~ for intermediate care
76 33 facilities for individuals with an intellectual disability
76 34 imposed pursuant to section 249A.21. ~~Effective February 1,~~
76 35 ~~2003,~~ a county is not required to reimburse the department
77 1 and shall not be billed for the nonfederal share of the costs
77 2 of such services attributable to the assessment ~~fee~~.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

77 3 Sec. 51. Section 249A.21, Code 2016, is amended to read as
77 4 follows:

77 5 249A.21 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN
77 6 INTELLECTUAL DISABILITY — ASSESSMENT.

77 7 1.—~~The department may assess~~ An intermediate care
77 8 ~~facilities~~ facility for persons with an intellectual
77 9 disability, as defined in section 135C.1, ~~a fee in~~ shall be
77 10 assessed an amount for the preceding calendar quarter, not to
77 11 exceed six percent of the total annual revenue of the facility
77 12 for the preceding fiscal year.

77 13 2. The assessment shall be paid by each intermediate care
77 14 facility for persons with an intellectual disability to the
77 15 department ~~in equal monthly amounts on or before the fifteenth~~
77 16 ~~day of each month on a quarterly basis.~~ The department may
77 17 ~~deduct the monthly amount from medical assistance payments to~~
77 18 ~~a facility described in subsection 1. The amount deducted~~
77 19 ~~from payments shall not exceed the total amount of the~~
77 20 assessments due An intermediate care facility for persons with
77 21 an intellectual disability shall submit the assessment amount
77 22 no later than thirty days following the end of each calendar
77 23 quarter.

77 24 3.—~~Revenue from the assessments shall be credited~~ The

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

77 25 department shall collect the assessment imposed and shall
77 26 credit all revenues collected to the state medical assistance
77 27 appropriation. This revenue may be used only for services
77 28 for which federal financial participation under the medical
77 29 assistance program is available to match state funds.
77 30 4. If the department determines that an intermediate care
77 31 facility for persons with an intellectual disability has
77 32 underpaid or overpaid the assessment, the department shall
77 33 notify the intermediate care facility for persons with an
77 34 intellectual disability of the amount of the unpaid assessment
77 35 or refund due. Such payment or refund shall be due or refunded
78 1 within thirty days of the issuance of the notice.
78 2 5. An intermediate care facility for persons with an
78 3 intellectual disability that fails to pay the assessment within
78 4 the time frame specified in this section shall pay, in addition
78 5 to the outstanding assessment, a penalty in the amount of one
78 6 and five-tenths percent of the assessment amount owed for
78 7 each month or portion of each month the payment is overdue.
78 8 However, if the department determines that good cause is shown
78 9 for failure to comply with payment of the assessment, the
78 10 department shall waive the penalty or a portion of the penalty.
78 11 6. If an assessment has not been received by the department
78 12 by the last day of the third month after the payment is due,
78 13 the department shall suspend payment due the intermediate care
78 14 facility for persons with an intellectual disability under the
78 15 medical assistance program including payments made on behalf
78 16 of the medical assistance program by a Medicaid managed care
78 17 organization contractor.
78 18 7. The assessment imposed under this section constitutes
78 19 a debt due and owing the state and may be collected by civil
78 20 action, including but not limited to the filing of tax liens,
78 21 and any other method provided for by law.
78 22 8. If federal financial participation to match the
78 23 assessments made under subsection 1 becomes unavailable under
78 24 federal law, the department shall terminate the imposing of the
78 25 assessments beginning on the date that the federal statutory,
78 26 regulatory, or interpretive change takes effect.
78 27 ~~5. 9. The department of human services may procure a sole~~
78 28 ~~source contract to implement the provisions of this section.~~
78 29 ~~6. 10. The department may adopt administrative rules under~~
78 30 ~~section 17A.4, subsection 3, and section 17A.5, subsection 2,~~
78 31 ~~paragraph "b", to implement this section, and any fee assessed~~
78 32 ~~pursuant to this section against an intermediate care facility~~
78 33 ~~for persons with an intellectual disability that is operated by~~
78 34 ~~the state may be made retroactive to October 1, 2003.~~

79 2 Sec. 52. REPEAL. Section 249M.5, Code 2016, is repealed.

CODE: Repeals the sunset of the Hospital Health Care Access Assessment Program.

79 3 Sec. 53. REVIEW OF ALTERNATIVE ASSESSMENT METHODOLOGY. The
79 4 department of human services shall explore alternative hospital
79 5 health care access assessment methodologies and shall make
79 6 recommendations to the governor and the general assembly by
79 7 December 15, 2016, regarding continuation of the hospital
79 8 health care access assessment program beyond July 1, 2017, and
79 9 an alternative assessment methodology. Any continuation of
79 10 the program and assessment methodology shall meet all of the
79 11 following guidelines:

Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. This section sets guidelines that the new methodology must meet.

79 12 1. All funds generated by the assessment shall be returned
79 13 to participating hospitals in the form of higher Medicaid
79 14 payments.

79 15 2. Continuation of the program and any new assessment
79 16 methodology shall be subject to any required federal approval.

79 17 3. Any new assessment methodology shall minimize the
79 18 negative financial impact on participating hospitals to the
79 19 greatest extent possible.

79 20 4. Any new assessment methodology shall result in at least
79 21 the same if not a greater aggregate financial benefit to
79 22 participating hospitals compared with the benefit existing
79 23 under the program prior to July 1, 2016.

79 24 5. Only participating hospitals subject to imposition
79 25 of the assessment shall receive a financial return from the
79 26 program.

79 27 6. Any continuation of the program shall include a means
79 28 of tracking the financial return to individual participating
79 29 hospitals.

79 30 7. Any quality metrics utilized by the program, if
79 31 continued, shall align with similar metrics being used under
79 32 Medicare and the state innovation model initiative process.

79 33 8. Any new assessment methodology shall incorporate a
79 34 recognition of the increased costs attributable to care and
79 35 services such as inpatient psychiatric care, rehabilitation
80 1 services, and neonatal intensive care units.

80 2 9. Any continuation of the program shall include oversight
80 3 and review by representatives of the Iowa hospital association
80 4 and affected hospitals to ensure appropriate implementation and
80 5 administration of the program.

80 6 Sec. 54. EFFECTIVE UPON ENACTMENT. This division of this
80 7 Act, being deemed of immediate importance, takes effect upon
80 8 enactment.

This Division relating to the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016.

80 9 Sec. 55. RETROACTIVE APPLICABILITY. This division of this

80 10 Act is retroactively applicable to June 30, 2016.

80 11 DIVISION XII
 80 12 STATE FAMILY PLANNING SERVICES PROGRAM
 80 13 Sec. 56. STATE FAMILY PLANNING SERVICES PROGRAM —
 80 14 ESTABLISHMENT — DISCONTINUATION OF MEDICAID FAMILY PLANNING
 80 15 NETWORK WAIVER.

80 16 1. The department of human services shall discontinue the
 80 17 Medicaid family planning network waiver effective July 1, 2016,
 80 18 and shall instead establish a state family planning services
 80 19 program. The state program shall replicate the eligibility
 80 20 requirements and other provisions included in the Medicaid
 80 21 family planning network waiver as approved by the centers for
 80 22 Medicare and Medicaid services of the United States department
 80 23 of health and human services in effect on June 30, 2016, but
 80 24 shall provide for distribution of the family planning services
 80 25 program funds in accordance with this section.

Requires the DHS to discontinue the Medicaid Family Planning Network Waiver effective July 1, 2016. The DHS is to create a new State Family Planning Program, replicating the eligibility requirements and other provisions of the federal waiver with the exceptions specified in this Division.

80 26 2. Distribution of family planning services program funds
 80 27 shall be made to eligible applicants in the following order of
 80 28 priority:
 80 29 a. Public entities that provide family planning services
 80 30 including state, county, or local community health clinics and
 80 31 federally qualified health centers.
 80 32 b. Nonpublic entities that, in addition to family planning
 80 33 services, provide required primary health services as described
 80 34 in 42 U.S.C. §254b(b)(1)(A).
 80 35 c. Nonpublic entities that provide family planning
 81 1 services but do not provide required primary health services as
 81 2 described in 42 U.S.C. §254b(b)(1)(A).

Specifies a funding priority for distribution of Family Planning Services Program funds.

81 3 3. Distribution of family planning services program funds
 81 4 under this section shall be made in a manner that continues
 81 5 access to family planning services.

Specifies that distribution of Family Planning Services Program funds under this section are to be made in a manner that continues access to family planning services.

81 6 4. Distribution of family planning services program funds
 81 7 shall not be made to any entity that performs abortions or that
 81 8 maintains or operates a facility where abortions are performed.
 81 9 For the purposes of this section, "abortion" does not include
 81 10 any of the following:
 81 11 a. The treatment of a woman for a physical disorder,
 81 12 physical injury, or physical illness, including a
 81 13 life-endangering physical condition caused by or arising from
 81 14 the pregnancy itself, that would, as certified by a physician,
 81 15 place the woman in danger of death.
 81 16 b. The treatment of a woman for a spontaneous abortion,
 81 17 commonly known as a miscarriage, when not all of the products

Specifies that distribution of Family Planning Services Program funds cannot be made to to any entity that performs abortions or that maintains or operates a facility where abortions are performed. For the purpose of this section abortion does not include the treatment of a woman for the health of the mother or miscarriage.

81 18 of human conception are expelled.

81 19 5. Family planning services program funds distributed in
81 20 accordance with this section shall not be used for direct or
81 21 indirect costs, including but not limited to administrative
81 22 costs or expenses, overhead, employee salaries, rent, and
81 23 telephone and other utility costs, related to providing
81 24 abortions as specified in subsection 4.

Specifies that Family Planning Services Program funds may not be used for direct or indirect administrative costs related to providing abortions.

81 25 6. The department of human services shall submit a report to
81 26 the governor and the general assembly, annually by January 1,
81 27 listing any entities that received funds pursuant to subsection
81 28 2, paragraph "c", and the amount and type of funds received by
81 29 such entities during the preceding calendar year. The report
81 30 shall provide a detailed explanation of how the department
81 31 determined that distribution of family planning services
81 32 program funds to such an entity, instead of to an entity
81 33 described in subsection 2, paragraph "a" or "b", was necessary
81 34 to prevent severe limitation or elimination of access to family
81 35 planning services in the region of the state where the entity
82 1 is located.

Requires the DHS to submit a report by January 1, annually, listing any entities that received funds under this Program.

82 2 DIVISION XIII
82 3 AUTISM SUPPORT PROGRAM

82 4 Sec. 57. Section 135.181, subsections 1 and 2, Code 2016,
82 5 are amended to read as follows:

CODE: Amends the Board-Certified Behavior Analyst and Board-Certified Assistant Behavior Analyst Grant Program.

82 6 1. The department shall establish a board-certified
82 7 behavior analyst and board-certified assistant behavior
82 8 analyst grants program to provide grants to Iowa resident and
82 9 nonresident applicants who have been accepted for admission or
82 10 are attending a ~~board of regents~~ university, community college,
82 11 or an accredited private institution, within or outside the
82 12 state of Iowa, are enrolled in a program that is accredited
82 13 and meets coursework requirements to prepare the applicant
82 14 to be eligible for board certification as a behavior analyst
82 15 or assistant behavior analyst, and demonstrate financial
82 16 need. Priority in the awarding of a grant shall be given to
82 17 applicants who are residents of Iowa.

CODE: Expands the Grant Program to any accredited university, community college, or accredited private institution within or outside the State of Iowa.

82 18 2. The department, in cooperation with the department
82 19 of education, shall adopt rules pursuant to chapter 17A to
82 20 establish minimum standards for applicants to be eligible for a
82 21 grant that address all of the following:

82 22 a. Eligibility requirements for and qualifications of
82 23 an applicant to receive a grant. The applicant shall agree
82 24 to practice in the state of Iowa for a period of time, not

CODE: Requires the applicant to agree to practice in Iowa for no more than four years as specified by the contract between the applicant and DPH. Also requires the applicant to agree to supervising an individual

<p>82 25 <u>to exceed four years, as specified in the contract entered</u> 82 26 <u>into between the applicant and the department at the time the</u> 82 27 <u>grant is awarded. In addition, the applicant shall agree, as</u> 82 28 <u>specified in the contract, that during the contract period,</u> 82 29 <u>the applicant will assist in supervising an individual working</u> 82 30 <u>toward board certification as a behavior analyst or assistant</u> 82 31 <u>behavior analyst or to consult with schools and service</u> 82 32 <u>providers that provide services and supports to individuals</u> 82 33 <u>with autism.</u> 82 34 b. The application process for the grant.</p> <p>82 35 c. Criteria for preference in awarding of the grants. 83 1 <u>Priority in the awarding of a grant shall be given to</u> 83 2 <u>applicants who are residents of Iowa.</u></p> <p>83 3 d. Determination of the amount of a grant. <u>The amount</u> 83 4 <u>of funding awarded to each applicant shall be based on the</u> 83 5 <u>applicant's enrollment status, the number of applicants, and</u> 83 6 <u>the total amount of available funds. The total amount of funds</u> 83 7 <u>awarded to an individual applicant shall not exceed fifty</u> 83 8 <u>percent of the total costs attributable to program tuition and</u> 83 9 <u>fees, annually.</u></p> <p>83 10 e. Use of the funds awarded. <u>Funds awarded may be used</u> 83 11 <u>to offset the costs attributable to tuition and fees for the</u> 83 12 <u>accredited behavior analyst or assistant behavior analyst</u> 83 13 <u>program.</u></p> <p>83 14 Sec. 58. Section 135.181, Code 2016, is amended by adding 83 15 the following new subsection: 83 16 NEW SUBSECTION 4. The department shall submit a report 83 17 to the governor and the general assembly no later than January 83 18 1, annually, that includes but is not limited to all of the 83 19 following: 83 20 a. The number of applications received for the immediately 83 21 preceding fiscal year. 83 22 b. The number of applications approved and the total amount 83 23 of funding awarded in grants in the immediately preceding 83 24 fiscal year. 83 25 c. The cost of administering the program in the immediately 83 26 preceding fiscal year. 83 27 d. Recommendations for any changes to the program.</p> <p>83 28 Sec. 59. Section 225D.1, subsection 8, Code 2016, is amended 83 29 to read as follows:</p> <p>83 30 8. "Eligible individual" means a child less than nine 83 31 <u>fourteen</u> years of age who has been diagnosed with autism based</p>	<p>working towards board certification or consult with schools and service providers.</p> <p>CODE: Requires priority for Iowa residents.</p> <p>CODE: Limits awards based on enrollment status, number of applicants, and the total amount of funds. Awards cannot be greater than 50.00% of the program tuition and fees.</p> <p>CODE: Funds may only be used for tuition and fees.</p> <p>CODE: Requires the DPH to submit a report by January 1 annually that covers the number of applications received, the number of applications approved, the total funding awards, the costs of administering the program, and any recommended changes.</p> <p>CODE: Expands eligibility from nine to fourteen years of age and from 400.0% to 500.0% of the federal poverty level for the Autism Support</p>
---	--

83 32 on a diagnostic assessment of autism, is not otherwise eligible
 83 33 for coverage for applied behavioral analysis treatment under
 83 34 the medical assistance program, section 514C.28, or private
 83 35 insurance coverage, and whose household income does not exceed
 84 1 ~~four~~ five hundred percent of the federal poverty level.
 84 2 Sec. 60. Section 225D.2, subsection 2, paragraphs c and d,
 84 3 Code 2016, are amended to read as follows:
 84 4 c. Notwithstanding the age limitation for an eligible
 84 5 individual, a provision that if an eligible individual reaches
 84 6 ~~nine~~ fourteen years of age prior to completion of the maximum
 84 7 applied behavioral analysis treatment period specified in
 84 8 paragraph "b", the individual may complete such treatment in
 84 9 accordance with the individual's treatment plan, not to exceed
 84 10 the maximum treatment period.
 84 11 d. A graduated schedule for cost-sharing by an eligible
 84 12 individual based on a percentage of the total benefit amount
 84 13 expended for the eligible individual, annually. Cost-sharing
 84 14 shall be applicable to eligible individuals with household
 84 15 incomes at or above two hundred percent of the federal poverty
 84 16 level in incrementally increased amounts up to a maximum of ~~ten~~
 84 17 fifteen percent. The rules shall provide a financial hardship
 84 18 exemption from payment of the cost-sharing based on criteria
 84 19 established by rule of the department.

Program. The maximum cost sharing is also increased from 10.0% to 15.0%.

DETAIL: The federal poverty level for a family of four is \$121,500 at 500.0%.

84 20 Sec. 61. AUTISM SUPPORT FUND — CARRYFORWARD.
 84 21 Notwithstanding section 225D.2, moneys credited to the fund
 84 22 that remain unexpended or unobligated at the close of the
 84 23 fiscal year beginning July 1, 2015, shall be transferred to the
 84 24 appropriation in this Act for medical contracts to be used for
 84 25 the purpose of that appropriation for the succeeding fiscal
 84 26 year.

Specifies that any funds remaining in the Autism Services Fund at the end of FY 2016 shall be used to fund Medical Contracts in FY 2017.

DETAIL: It is estimated there will be \$1,268,000 available.

84 27 Sec. 62. EFFECTIVE DATE. The section of this division
 84 28 of this Act providing for carryforward of moneys that remain
 84 29 unexpended or unobligated at the close of the fiscal year
 84 30 beginning July 1, 2015, being deemed of immediate importance,
 84 31 takes effect upon enactment.

The section related to the Autism Support Program Carryforward is effective on enactment and retroactive to July 1, 2015.

84 32 Sec. 63. RETROACTIVE APPLICABILITY. The section of this
 84 33 division of this Act providing for carryforward of moneys that
 84 34 remain unexpended or unobligated at the close of the fiscal
 84 35 year beginning July 1, 2015, is retroactively applicable to
 85 1 July 1, 2015.

85 2 DIVISION XIV
 85 3 IOWA HIGH QUALITY HEALTH CARE INITIATIVE CONSUMER PROTECTION
 85 4 OUTCOME ACHIEVEMENT AND PROGRAM INTEGRITY

85 5 Sec. 64. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —

Specifies the goals of Medicaid managed care.

85 6 LEGISLATIVE GOALS. The goals of the Iowa high quality health
 85 7 care initiative are to improve quality of and access to care
 85 8 for Medicaid members, promote accountability for outcomes, and
 85 9 create a more predictable and sustainable Medicaid budget. The
 85 10 main focus in moving to managed care is to provide the Medicaid
 85 11 members with the opportunity to realize improved health quality
 85 12 and outcomes through wellness initiatives, preventive care, and
 85 13 coordinated care.

85 14 Sec. 65. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —
 85 15 DEPARTMENT OF HUMAN SERVICES — REPORTS. The department of
 85 16 human services shall submit to the chairpersons and ranking
 85 17 members of the human resources committees of the senate and the
 85 18 house of representatives and to the chairpersons and ranking
 85 19 members of the joint appropriations subcommittee on health
 85 20 and human services, quarterly reports, and an annual report
 85 21 beginning December 15, 2016, and annually by December 15,
 85 22 thereafter, regarding Medicaid program consumer protections,
 85 23 outcome achievement, and program integrity as specified in
 85 24 this division. The reports shall be based on and updated to
 85 25 include the most recent information available. The reports
 85 26 shall include an executive summary of the information and
 85 27 data compiled, an analysis of the information and data,
 85 28 and any trends or issues identified through such analysis,
 85 29 to the extent such information is not otherwise considered
 85 30 confidential or protected information pursuant to federal or
 85 31 state law. The joint appropriations subcommittee on health and
 85 32 human services shall dedicate a meeting of the subcommittee
 85 33 during the subsequent session of the general assembly to review
 85 34 of the annual report.

85 35 1. CONSUMER PROTECTION.

86 1 The general assembly recognizes the need for ongoing review
 86 2 of Medicaid member engagement with and feedback regarding
 86 3 Medicaid managed care. The Iowa high quality health care
 86 4 initiative shall ensure access to medically necessary services
 86 5 and shall ensure that Medicaid members are fully engaged in
 86 6 their own health care in order to achieve overall positive
 86 7 health outcomes. The consumer protection component of the
 86 8 reports submitted as required under this section shall be based
 86 9 on all of the following reports relating to member and provider
 86 10 services:

- 86 11 a. Member enrollment and disenrollment.
- 86 12 b. Member grievances and appeals including all of the
 86 13 following:
 - 86 14 (1) The percentage of grievances and appeals resolved
 86 15 timely.
 - 86 16 (2) The number of grievances and appeals received.
- 86 17 c. Member call center performance including the service

Requires the DHS to submit both quarterly and annual reports to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee beginning December 15, 2016. The reports are focused in three areas: consumer protection, outcome achievement, and program integrity. In addition the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services are required to regularly review Medicaid managed care and are to submit executive summaries of pertinent information regarding their deliberations during the prior year beginning November 15, annually.

86 18 level for members, providers, and pharmacy.
86 19 d. Prior authorization denials and modifications including
86 20 all of the following:
86 21 (1) The percentage of prior authorizations approved,
86 22 denied, and modified.
86 23 (2) The percentage of prior authorizations processed within
86 24 required time frames.
86 25 e. Provider network access including key gaps in provider
86 26 coverage based on contract time and distance standards.
86 27 f. Care coordination, including the ratio of members to care
86 28 coordinators.
86 29 g. Level of care and functional assessments, including the
86 30 percentage of level of care assessments completed timely.
86 31 h. Population-specific reporting including all of the
86 32 following:
86 33 (1) General population.
86 34 (2) Special needs.
86 35 (3) Behavioral health.
87 1 (4) Elderly.
87 2 2. OUTCOME ACHIEVEMENT.
87 3 The primary focus of the general assembly in moving to
87 4 Medicaid managed care is to improve the quality of care and
87 5 outcomes for Medicaid members. The state has demonstrated
87 6 how preventive services and the coordination of care for all
87 7 of a Medicaid member's treatment significantly improve the
87 8 health and well-being of the state's most vulnerable citizens.
87 9 In order to ensure continued improvement, ongoing review of
87 10 member outcomes as well as of the process that supports a
87 11 strong provider network is necessary. The outcome achievement
87 12 component of the reports submitted as required under this
87 13 section shall be based on all of the following reports relating
87 14 to member health outcomes and contract management outcomes:
87 15 a. Contract management including all of the following:
87 16 (1) Claims processing including all of the following:
87 17 (a) The percentage of claims paid and denied.
87 18 (b) The percentage of claims adjudicated timely.
87 19 (2) Encounter data including all of the following:
87 20 (a) Timeliness.
87 21 (b) Completeness.
87 22 (c) Accuracy.
87 23 (3) Value-based purchasing (VBP) enrollment including the
87 24 percentage of members covered by a VBP arrangement.
87 25 (4) Financial information including all of the following:
87 26 (a) Managed care organization (MCO) capitation payments.
87 27 (b) The medical loss ratio.
87 28 (c) Program cost savings.
87 29 b. Member health outcomes including all of the following:
87 30 (1) Annual healthcare effectiveness and information set

87 31 (HEDIS) performance.
87 32 (2) Other quality measures including all of the following:
87 33 (a) Behavioral health.
87 34 (b) Children's health.
87 35 (c) Prenatal and birth outcomes.
88 1 (d) Chronic condition management.
88 2 (e) Adult preventative care.
88 3 (3) Value index score (VIS) performance.
88 4 (4) Annual consumer assessment of healthcare providers and
88 5 systems (CAHPS) performance.
88 6 (5) Utilization information including all of the following:
88 7 (a) Inpatient hospital admissions and potential
88 8 preventative admissions.
88 9 (b) Readmissions.
88 10 (c) Outpatient visits.
88 11 (d) Emergency department visits and potentially preventable
88 12 emergency department visits.
88 13 3. PROGRAM INTEGRITY.
88 14 The Medicaid program has traditionally included
88 15 comprehensive oversight and program integrity controls.
88 16 Under Medicaid managed care, federal, state, and contractual
88 17 safeguards will continue to be incorporated to prevent, detect,
88 18 and eliminate provider fraud, waste, and abuse to maintain a
88 19 sustainable Medicaid program. The program integrity component
88 20 of the reports submitted as required under this section shall
88 21 be based on all of the following reports relating to program
88 22 integrity:
88 23 a. The level of fraud, waste, and abuse identified by the
88 24 MCOs.
88 25 b. Managed care organization adherence to the program
88 26 integrity plan.
88 27 c. Notification of the state by the MCOs regarding fraud,
88 28 waste, and abuse.
88 29 d. The impact of program activities on capitation payments.
88 30 e. Enrollment and payment information including all of the
88 31 following:
88 32 (1) Eligibility.
88 33 (2) Third-party liability.
88 34 f. Managed care organization reserves compared to minimum
88 35 reserves required by the insurance division of the department
89 1 of commerce.
89 2 g. A summary report by the insurance division of the
89 3 department of commerce including information relating to health
89 4 maintenance organization licensure, the annual independent
89 5 audit, insurance division reporting, and reinsurance.
89 6 4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT
89 7 ENTITIES. The council on human services, the medical
89 8 assistance advisory council, the hawk-i board, the mental

89 9 health and disability services commission, and the office
 89 10 of long-term care ombudsman shall regularly review Medicaid
 89 11 managed care as it relates to the entity's respective statutory
 89 12 duties. These entities shall submit executive summaries of
 89 13 pertinent information regarding their deliberations during the
 89 14 prior year relating to Medicaid managed care to the department
 89 15 of human services no later than November 15, annually, for
 89 16 inclusion in the annual report submitted as required under this
 89 17 section.

89 18 Sec. 66. IOWA HIGH QUALITY HEALTH CARE INITIATIVE ———
 89 19 ADDITIONAL OVERSIGHT.

89 20 1. The council on human services, the medical assistance
 89 21 advisory council, and the hawk-i board shall submit to the
 89 22 chairpersons and ranking members of the human resources
 89 23 committees of the senate and the house of representatives
 89 24 and to the chairpersons and ranking members of the joint
 89 25 appropriations subcommittee on health and human services, on a
 89 26 quarterly basis, minutes of their respective meetings during
 89 27 which the council or board addressed Medicaid managed care.

89 28 2. The director of human services shall submit the
 89 29 compilation of the input and recommendations from stakeholders
 89 30 and Medicaid members attending the public meetings convened
 89 31 pursuant to 2015 Iowa Acts, chapter 137, section 63, to
 89 32 the chairpersons and ranking members of the human resources
 89 33 committees of the senate and the house of representatives
 89 34 and to the chairpersons and ranking members of the joint
 89 35 appropriations subcommittee on health and human services, on
 90 1 a quarterly basis.

Requires the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services to submit their minutes related to Managed Care to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee quarterly.

90 2 Sec. 67. IOWA HIGH QUALITY HEALTH CARE INITIATIVE ———
 90 3 POSTING OF PUBLIC INFORMATION. The department of human
 90 4 services shall post information from all of the following
 90 5 reports, as the information becomes available and to the extent
 90 6 such information is not otherwise considered confidential or
 90 7 protected information pursuant to federal or state law, on the
 90 8 Iowa health link internet site:

90 9 1. CONSUMER PROTECTION:

90 10 a. Member enrollment and disenrollment.

90 11 b. Member grievances and appeals including all of the
 90 12 following:

90 13 (1) The percentage of grievances and appeals resolved
 90 14 timely.

90 15 (2) The number of grievances and appeals received.

90 16 c. Member call center performance including the service
 90 17 level for members, providers, and pharmacy.

90 18 d. Prior authorization denials and modifications including
 90 19 all of the following:

Requires the DHS to post information on their website on all the reports listed in this section.

- 90 20 (1) The percentage of prior authorizations approved,
90 21 denied, and modified.
- 90 22 (2) The percentage of prior authorizations processed within
90 23 required time frames.
- 90 24 e. Provider network access including key gaps in provider
90 25 coverage based on contract time and distance standards.
- 90 26 f. Care coordination, including the ratio of members to care
90 27 coordinators.
- 90 28 g. Level of care and functional assessments, including the
90 29 percentage of level of care assessments completed timely.
- 90 30 h. Population-specific reporting including all of the
90 31 following:
- 90 32 (1) General population.
90 33 (2) Special needs.
90 34 (3) Behavioral health.
90 35 (4) Elderly.
- 91 1 2. OUTCOME ACHIEVEMENT:
- 91 2 a. Contract management:
- 91 3 (1) Claims processing including all of the following:
91 4 (a) The percentage of claims paid and denied.
91 5 (b) The percentage of claims adjudicated timely.
- 91 6 (2) Encounter data including all of the following:
91 7 (a) Timeliness.
91 8 (b) Completeness.
91 9 (c) Accuracy.
- 91 10 (3) Value-based purchasing (VBP) enrollment including the
91 11 percentage of members covered by a VBP arrangement.
- 91 12 (4) Financial information including all of the following:
91 13 (a) Managed care organization capitation payments.
91 14 (b) Medical loss ratio.
91 15 (c) Program cost savings.
- 91 16 b. Member health outcomes including all of the following:
91 17 (1) Annual healthcare effectiveness and information set
91 18 (HEDIS) performance.
91 19 (2) Other quality measures including all of the following:
91 20 (a) Behavioral health.
91 21 (b) Children's health.
91 22 (c) Prenatal and birth outcomes.
91 23 (d) Chronic condition management.
91 24 (e) Adult preventative care.
- 91 25 (3) Value index score (VIS) performance.
- 91 26 (4) Annual consumer assessment of healthcare providers and
91 27 systems (CAHPS) performance.
- 91 28 (5) Utilization information including all of the following:
91 29 (a) Inpatient admissions and potential preventative
91 30 admissions.
91 31 (b) Readmissions.
91 32 (c) Outpatient visits.

91 33 (d) Emergency department visits and potentially preventable
 91 34 emergency department visits.

91 35 3. PROGRAM INTEGRITY:

92 1 a. The level of fraud, waste, and abuse identified by the
 92 2 MCOs.

92 3 b. Managed care organization adherence to the program
 92 4 integrity plan.

92 5 c. Notification of the state by the MCOs regarding fraud,
 92 6 waste, and abuse.

92 7 d. The impact of program activities on capitation payments.

92 8 e. Enrollment and payment information including all of the
 92 9 following:

92 10 (1) Eligibility.

92 11 (2) Third-party liability.

92 12 f. Managed care organization reserves compared to minimum
 92 13 reserves required by the insurance division of the department
 92 14 of commerce.

92 15 g. A summary report by the insurance division of the
 92 16 department of commerce including information relating to health
 92 17 maintenance organization licensure, the annual independent
 92 18 audit, insurance division reporting, and reinsurance.

92 19 DIVISION XV

92 20 CHILDREN'S MENTAL HEALTH AND WELL-BEING

92 21 Sec. 68. CHILDREN'S MENTAL HEALTH CRISIS SERVICES —

92 22 PLANNING GRANTS.

92 23 1. The department of human services shall establish
 92 24 a request for proposals process, in cooperation with the
 92 25 departments of public health and education and the judicial
 92 26 branch, which shall be based upon recommendations for
 92 27 children's mental health crisis services described in the
 92 28 children's mental health and well-being workgroup final report
 92 29 submitted to the department on December 15, 2015.

Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

92 30 2. Planning grants shall be awarded to two lead entities.
 92 31 Each lead entity should be a member of a specifically
 92 32 designated coalition of three to four other entities that
 92 33 propose to serve different geographically defined areas of
 92 34 the state, but a lead entity shall not be a mental health and
 92 35 disability services region.

Defines parameters and restrictions for awarding planning grants. Planning grants will be awarded to two lead entities serving geographically defined areas of the state. These lead entities cannot be one of the mental health and disability services regions.

93 1 3. The request for proposals shall require each grantee to
 93 2 develop a plan for children's mental health crisis services for
 93 3 the grantee's defined geographic area that includes all of the
 93 4 following:

The Request for Proposals process requires planning grant awardees to develop a plan for children's mental health crisis services within a defined area that meets specified criteria.

93 5 a. Identification of the existing children's mental health
 93 6 crisis services in the defined area.

93 7 b. Identification of gaps in children's mental health
 93 8 crisis services in the defined area.
 93 9 c. A plan for collection of data that demonstrates the
 93 10 effects of children's mental health crisis services through the
 93 11 collection of outcome data and surveys of the children affected
 93 12 and their families.
 93 13 d. A method for using federal, state, and other funding
 93 14 including funding currently available, to implement and support
 93 15 children's mental health crisis services.
 93 16 e. Utilization of collaborative processes developed from
 93 17 the recommendations from the children's mental health and
 93 18 well-being workgroup final report submitted to the department
 93 19 on December 15, 2015.
 93 20 f. A recommendation for any additional state funding needed
 93 21 to establish a children's mental health crisis service system
 93 22 in the defined area.
 93 23 g. A recommendation for statewide standard requirements for
 93 24 children's mental health crisis services, as defined in the
 93 25 children's mental health and well-being workgroup final report
 93 26 submitted to the department of human services on December 15,
 93 27 2015, including but not limited to all of the following:
 93 28 (1) Standardized primary care practitioner screenings.
 93 29 (2) Standardized mental health crisis screenings.
 93 30 (3) Standardized mental health and substance use disorder
 93 31 assessments.
 93 32 (4) Requirements for certain inpatient psychiatric
 93 33 hospitals and psychiatric medical institutions for children to
 93 34 accept and treat all children regardless of the acuity of their
 93 35 condition.

94 1 4. Each grantee shall submit a report to the department by
 94 2 December 15, 2016. The department shall combine the essentials
 94 3 of each report and shall submit a report to the general
 94 4 assembly by January 15, 2017, regarding the department's
 94 5 conclusions and recommendations.

94 6 Sec. 69. CHILDREN'S WELL-BEING LEARNING LABS. The
 94 7 department of human services, utilizing existing departmental
 94 8 resources and with the continued assistance of a private child
 94 9 welfare foundation focused on improving child well-being, shall
 94 10 study and collect data on emerging, collaborative efforts
 94 11 in existing programs engaged in addressing well-being for
 94 12 children with complex needs and their families in communities
 94 13 across the state. The department shall establish guidelines
 94 14 based upon recommendations in the children's mental health and
 94 15 well-being workgroup final report submitted to the department
 94 16 on December 15, 2015, to select three to five such programs
 94 17 to be designated learning labs to enable the department

Directs the DHS to compile reports from each planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

Directs the DHS to study and collect data on existing children's programs across the state that address well-being for children with complex needs and their families. The DHS is to select three to five existing programs to serve as designated learning labs, and the DHS shall submit a report including lessons learned, policy changes, best practices, and recommendations to the General Assembly by January 15, 2017.

94 18 to engage in a multi-site learning process during the 2016
 94 19 calendar year with a goal of creating an expansive structured
 94 20 learning network. The department shall submit a report with
 94 21 recommendations including lessons learned, suggested program
 94 22 design refinements, and implications for funding, policy
 94 23 changes, and best practices to the general assembly by January
 94 24 15, 2017.

94 25 Sec. 70. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL
 94 26 STUDY REPORTS. The department of human services shall, in
 94 27 consultation with the department of public health, the mental
 94 28 health and disability services commission, and the mental
 94 29 health planning council, submit a report with recommendations
 94 30 to the general assembly by December 15, 2016, regarding all of
 94 31 the following:

94 32 1. The creation and implementation of a statewide
 94 33 children's mental health crisis service system to include but
 94 34 not be limited to an inventory of all current children's mental
 94 35 health crisis service systems in the state including children's
 95 1 mental health crisis service system telephone lines. The
 95 2 report shall include recommendations regarding proposed changes
 95 3 to improve the effectiveness of and access to children's mental
 95 4 health crisis services.

95 5 2. The development and implementation of a children's
 95 6 mental health public education and awareness campaign that
 95 7 targets the reduction of stigma for children with mental
 95 8 illness and that supports children with mental illness and
 95 9 their families in seeking effective treatment. The plan shall
 95 10 include potential methods for funding such a campaign.

95 11 Sec. 71. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY
 95 12 COMMITTEE. The department of human services shall create and
 95 13 provide support to a children's mental health and well-being
 95 14 advisory committee to continue the coordinated efforts of
 95 15 the children's mental health subcommittee and the children's
 95 16 well-being subcommittee of the children's mental health
 95 17 and well-being workgroup. Consideration shall be given to
 95 18 continued service by members of the children's mental health
 95 19 and well-being workgroup created pursuant to 2015 Iowa Acts,
 95 20 ch.137, and representatives from the departments of human
 95 21 services, public health, and education; the judicial branch;
 95 22 and other appropriate stakeholders designated by the director.
 95 23 The advisory committee shall do all of the following:

95 24 1. Provide guidance regarding implementation of the
 95 25 recommendations in the children's mental health and well-being
 95 26 workgroup final report submitted to the department on December
 95 27 15, 2015, and subsequent reports required by this Act.
 95 28 2. Select and study additional children's well-being

Directs the DHS, in consultation with the DPH, the Mental Health and Disability Services Commission, and the Mental Health Planning Council, to submit a legislative report with recommendations for a statewide children's mental health crisis service system, including current children's mental health crisis service systems and children's mental health crisis service system telephone lines, and a children's mental health public education and awareness campaign to the General Assembly by December 15, 2016

Creates the Children's Mental Health and Well-Being Advisory Committee to continue the efforts of the Children's Mental Health and Well-Being Workgroup. The advisory committee will select the three to five learning labs and guide the implementation of the Workgroup's recommendations.

95 29 learning labs to assure a continued commitment to joint
 95 30 learning and comparison for all learning lab sites.

95 31 DIVISION XVI
 95 32 OPIOID ANTAGONIST REVISION

95 33 Sec. 72. Section 147A.18, subsection 5, as enacted by 2016
 95 34 Iowa Acts, Senate File 2218, section 3, is amended to read as
 95 35 follows:

96 1 5. The department ~~shall~~ may adopt rules pursuant to chapter
 96 2 17A to implement and administer this section, ~~including but~~
 96 3 ~~not limited to standards and procedures for the prescription,~~
 96 4 ~~distribution, storage, replacement, and administration of~~
 96 5 ~~opioid antagonists, and for the training and authorization~~
 96 6 ~~to be required for first responders to administer an opioid~~
 96 7 ~~antagonist.~~

96 8 Sec. 73. OPIOID ANTAGONIST IMPLEMENTATION
 96 9 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section
 96 10 4, is amended by striking the section.

96 11 DIVISION XVII
 96 12 NURSING GRANT PROGRAMS

96 13 Sec. 74. Section 135.178, Code 2016, is amended to read as
 96 14 follows:

96 15 135.178 NURSE RESIDENCY STATE MATCHING GRANTS PROGRAM ———
 96 16 ~~REPEAL~~ .

96 17 ~~4.~~ The department shall establish a nurse residency state
 96 18 matching grants program to provide matching state funding
 96 19 to sponsors of nurse residency programs in this state to
 96 20 establish, expand, or support nurse residency programs that
 96 21 meet standards adopted by rule of the department. Funding for
 96 22 the program may be provided through the health care workforce
 96 23 shortage fund or the nurse residency state matching grants
 96 24 program account created in section 135.175. The department,
 96 25 in cooperation with the Iowa board of nursing, the department
 96 26 of education, Iowa institutions of higher education with board
 96 27 of nursing-approved programs to educate nurses, and the Iowa
 96 28 nurses association, shall adopt rules pursuant to chapter 17A
 96 29 to establish minimum standards for nurse residency programs
 96 30 to be eligible for a matching grant that address all of the
 96 31 following:

96 32 ~~a.~~ 1. Eligibility requirements for and qualifications of
 96 33 a sponsor of a nurse residency program to receive a grant,
 96 34 including that the program includes both rural and urban
 96 35 components.

97 1 ~~b.~~ 2. The application process for the grant.

97 2 ~~c.~~ 3. Criteria for preference in awarding of the grants.

CODE: Amends SF 2218 (Opioid Antagonist Authorization Act) to permit, rather than require, DPH to adopt rules to administer the Opioid Antagonist Authorization Act. Strikes the section that implements the act on the contingency of funding availability.

CODE: Eliminates the sunset date for the Nurse Residency State Matching Grant Program and the Iowa Needs Nurses Now Program.

97 3 ~~e. 4.~~ Determination of the amount of a grant.

97 4 ~~e. 5.~~ Use of the funds awarded. Funds may be used to pay

97 5 the costs of establishing, expanding, or supporting a nurse

97 6 residency program as specified in this section, including but

97 7 not limited to the costs associated with residency stipends and

97 8 nursing faculty stipends.

97 9 ~~2. This section is repealed June 30, 2016.~~

97 10 Sec. 75. Section 261.129, Code 2016, is amended to read as

97 11 follows:

97 12 261.129 IOWA NEEDS NURSES NOW INITIATIVE ~~—— REPEAL~~ .

97 13 1. Nurse educator incentive payment program.

97 14 a. The commission shall establish a nurse educator

97 15 incentive payment program. Funding for the program may be

97 16 provided through the health care workforce shortage fund or the

97 17 health care professional and Iowa needs nurses now initiative

97 18 account created in section 135.175. For the purposes of this

97 19 subsection, “nurse educator” means a registered nurse who holds

97 20 a master’s degree or doctorate degree and is employed as a

97 21 faculty member who teaches nursing in a nursing education

97 22 program as provided in 655 IAC 2.6 at a community college, an

97 23 accredited private institution, or an institution of higher

97 24 education governed by the state board of regents.

97 25 b. The program shall consist of incentive payments to

97 26 recruit and retain nurse educators. The program shall provide

97 27 for incentive payments of up to twenty thousand dollars for a

97 28 nurse educator who remains teaching in a qualifying teaching

97 29 position for a period of not less than four consecutive

97 30 academic years.

97 31 c. The nurse educator and the commission shall enter into an

97 32 agreement specifying the obligations of the nurse educator and

97 33 the commission. If the nurse educator leaves the qualifying

97 34 teaching position prior to teaching for four consecutive

97 35 academic years, the nurse educator shall be liable to repay

98 1 the incentive payment amount to the state, plus interest as

98 2 specified by rule. However, if the nurse educator leaves

98 3 the qualifying teaching position involuntarily, the nurse

98 4 educator shall be liable to repay only a pro rata amount of the

98 5 incentive payment based on incompleting years of service.

98 6 d. The commission, in consultation with the department

98 7 of public health, the board of nursing, the department of

98 8 education, and the Iowa nurses association, shall adopt rules

98 9 pursuant to chapter 17A relating to the establishment and

98 10 administration of the nurse educator incentive payment program.

98 11 The rules shall include provisions specifying what constitutes

98 12 a qualifying teaching position.

98 13 2. Nursing faculty fellowship program.

98 14 a. The commission shall establish a nursing faculty

98 15 fellowship program to provide funds to nursing schools in the

98 16 state, including but not limited to nursing schools located at
98 17 community colleges, for fellowships for individuals employed
98 18 in qualifying positions on the nursing faculty. Funding for
98 19 the program may be provided through the health care workforce
98 20 shortage fund or the health care professional and the Iowa
98 21 needs nurses now initiative account created in section 135.175.
98 22 The program shall be designed to assist nursing schools in
98 23 filling vacancies in qualifying positions throughout the state.
98 24 b. The commission, in consultation with the department
98 25 of public health, the board of nursing, the department of
98 26 education, and the Iowa nurses association, and in cooperation
98 27 with nursing schools throughout the state, shall develop a
98 28 distribution formula which shall provide that no more than
98 29 thirty percent of the available moneys are awarded to a single
98 30 nursing school. Additionally, the program shall limit funding
98 31 for a qualifying position in a nursing school to no more than
98 32 ten thousand dollars per year for up to three years.
98 33 c. The commission, in consultation with the department
98 34 of public health, the board of nursing, the department of
98 35 education, and the Iowa nurses association, shall adopt
99 1 rules pursuant to chapter 17A to administer the program. The
99 2 rules shall include provisions specifying what constitutes a
99 3 qualifying position at a nursing school.
99 4 d. In determining eligibility for a fellowship, the
99 5 commission shall consider all of the following:
99 6 (1) The length of time a qualifying position has gone
99 7 unfilled at a nursing school.
99 8 (2) Documented recruiting efforts by a nursing school.
99 9 (3) The geographic location of a nursing school.
99 10 (4) The type of nursing program offered at the nursing
99 11 school, including associate, bachelor's, master's, or doctoral
99 12 degrees in nursing, and the need for the specific nursing
99 13 program in the state.
99 14 3. Nurse educator scholarship program.
99 15 a. The commission shall establish a nurse educator
99 16 scholarship program. Funding for the program may be provided
99 17 through the health care workforce shortage fund or the health
99 18 care professional and the Iowa needs nurses now initiative
99 19 account created in section 135.175. The goal of the nurse
99 20 educator scholarship program is to address the waiting list of
99 21 qualified applicants to Iowa's nursing schools by providing
99 22 incentives for the training of additional nursing educators.
99 23 For the purposes of this subsection, "nurse educator" means
99 24 a registered nurse who holds a master's degree or doctorate
99 25 degree and is employed as a faculty member who teaches nursing
99 26 in a nursing education program as provided in 655 IAC 2.6 at
99 27 a community college, an accredited private institution, or an
99 28 institution of higher education governed by the state board of

99 29 regents.

99 30 b. The program shall consist of scholarships to further
99 31 advance the education of nurses to become nurse educators. The
99 32 program shall provide for scholarship payments in an amount
99 33 established by rule for students who are preparing to teach in
99 34 qualifying teaching positions.

99 35 c. The commission, in consultation with the department
100 1 of public health, the board of nursing, the department of
100 2 education, and the Iowa nurses association, shall adopt rules
100 3 pursuant to chapter 17A relating to the establishment and
100 4 administration of the nurse educator scholarship program. The
100 5 rules shall include provisions specifying what constitutes a
100 6 qualifying teaching position and the amount of any scholarship.

100 7 4. Nurse educator scholarship-in-exchange-for-service
100 8 program.

100 9 a. The commission shall establish a nurse educator
100 10 scholarship-in-exchange-for-service program. Funding for the
100 11 program may be provided through the health care workforce
100 12 shortage fund or the health care professional and Iowa needs
100 13 nurses now initiative account created in section 135.175. The
100 14 goal of the nurse educator scholarship-in-exchange-for-service
100 15 program is to address the waiting list of qualified applicants
100 16 to Iowa's nursing schools by providing incentives for the
100 17 education of additional nursing educators. For the purposes
100 18 of this subsection, "nurse educator" means a registered nurse
100 19 who holds a master's degree or doctorate degree and is employed
100 20 as a faculty member who teaches nursing in a nursing education
100 21 program as provided in 655 IAC 2.6 at a community college, an
100 22 accredited private institution, or an institution of higher
100 23 education governed by the state board of regents.

100 24 b. The program shall consist of scholarships to further
100 25 advance the education of nurses to become nurse educators. The
100 26 program shall provide for scholarship-in-exchange-for-service
100 27 payments in an amount established by rule for students who
100 28 are preparing to teach in qualifying teaching positions for a
100 29 period of not less than four consecutive academic years.

100 30 c. The scholarship-in-exchange-for-service recipient
100 31 and the commission shall enter into an agreement specifying
100 32 the obligations of the applicant and the commission.
100 33 If the nurse educator leaves the qualifying teaching
100 34 position prior to teaching for four consecutive academic
100 35 years, the nurse educator shall be liable to repay the
101 1 scholarship-in-exchange-for-service amount to the state plus
101 2 interest as specified by rule. However, if the nurse educator
101 3 leaves the qualified teaching position involuntarily, the nurse
101 4 educator shall be liable to repay only a pro rata amount of the
101 5 scholarship based on incomplete years of service.

101 6 d. The receipt of a nurse educator

101 7 scholarship-in-exchange-for-service shall not impact
 101 8 eligibility of an individual for other financial incentives
 101 9 including but not limited to loan forgiveness programs.
 101 10 e. The commission, in consultation with the department
 101 11 of public health, the board of nursing, the department
 101 12 of education, and the Iowa nurses association, shall
 101 13 adopt rules pursuant to chapter 17A relating to the
 101 14 establishment and administration of the nurse educator
 101 15 scholarship-in-exchange-for-service program. The rules
 101 16 shall include the provisions specifying what constitutes
 101 17 a qualifying teaching position and the amount of any
 101 18 scholarship-in-exchange-for-service.
 101 19 ~~—5. REPEAL. This section is repealed June 30, 2016.~~

101 20 Sec. 76. EFFECTIVE UPON ENACTMENT. This division of this
 101 21 Act, being deemed of immediate importance, takes effect upon
 101 22 enactment.
 101 23 Sec. 77. RETROACTIVE APPLICABILITY. This division of this
 101 24 Act is retroactively applicable to June 30, 2016.

This Division is effective on enactment and applies retroactively to June 30, 2016.

101 25 DIVISION XVIII
 101 26 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT
 101 27 SUPPLEMENTAL PAYMENT PROGRAM

101 28 Sec. 78. Section 249L.2, subsection 6, Code 2016, is amended
 101 29 to read as follows:

101 30 6. "Nursing facility" means a licensed nursing facility as
 101 31 defined in section 135C.1 that is a freestanding facility or
 101 32 a nursing facility operated by a hospital licensed pursuant
 101 33 to chapter 135B, but does not include a distinct-part skilled
 101 34 nursing unit or a swing-bed unit operated by a hospital, or
 101 35 a nursing facility owned by the state or federal government
 102 1 ~~or other governmental unit. "Nursing facility" includes a~~
 102 2 ~~non-state government-owned nursing facility if the nursing~~
 102 3 ~~facility participates in the non-state government-owned nursing~~
 102 4 ~~facility upper payment limit supplemental payment program.~~

CODE: Redefines nursing facility to exclude non-state governmental nursing facilities if the facility is participating in an upper payment limit supplemental payment program.

102 5 Sec. 79. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER
 102 6 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

102 7 1. The department of human services shall submit to the
 102 8 centers for Medicare and Medicaid services (CMS) of the United
 102 9 States department of health and human services, no later
 102 10 than June 30, 2016, a Medicaid state plan amendment to allow
 102 11 qualifying non-state government-owned nursing facilities to
 102 12 receive a supplemental payment in accordance with the upper
 102 13 payment limit requirements pursuant to 42 C.F.R. §447.272. The
 102 14 supplemental payment shall be in addition to the greater of the
 102 15 Medicaid fee-for-service per diem reimbursement rate or the

Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) by June 30, 2016, to allow qualifying non-state government-owned nursing facilities to receive a supplemental payment in accordance with upper payment limit requirements. The section sets specific criteria for the Program.

102 16 per diem payment established for the nursing facility under a
102 17 Medicaid managed care contract.

102 18 2. At a minimum, the Medicaid state plan amendment shall
102 19 provide for all of the following:

102 20 a. A non-state governmental entity shall provide the state
102 21 share of the expected supplemental payment in the form of an
102 22 intergovernmental transfer to the state.

102 23 b. The state shall claim federal matching funds and shall
102 24 make supplemental payments to eligible non-state governmental
102 25 entities based on the supplemental amount as calculated by
102 26 the state for each nursing facility for which a non-state
102 27 governmental entity owns the nursing facility's license.

102 28 c. The supplemental payment program shall be budget neutral
102 29 to the state. No general fund revenue shall be expended under
102 30 the program including for costs of administration. If payments
102 31 under the program result in overpayment to a nursing facility,
102 32 or if CMS disallows federal participation related to a nursing
102 33 facility's receipt or use of supplemental payments authorized
102 34 under the program, the state may recoup an amount equivalent
102 35 to the amount of supplemental payments overpaid or disallowed.

103 1 Supplemental payments shall be subject to any adjustment
103 2 for payments made in error, including but not limited to
103 3 adjustments made by state or federal law, and the state may
103 4 recoup an amount equivalent to any such adjustment.

103 5 d. A nursing facility participating in the program shall
103 6 notify the state of any changes in ownership that may affect
103 7 the nursing facility's continued eligibility for the program
103 8 within thirty days of any such change.

103 9 e. A portion of the supplemental payment paid to a
103 10 participating nursing facility, not to exceed five percent,
103 11 annually, may be used to pay contingent fees, consulting fees,
103 12 or legal fees associated with the nursing facility's receipt
103 13 of the supplemental funds, and any such expenditures shall be
103 14 reported to the department of human services.

103 15 f. The supplemental payment paid to a participating nursing
103 16 facility shall only be used as specified in state and federal
103 17 law. Supplemental payments paid to a participating nursing
103 18 facility shall only be used as follows:

103 19 (1) A portion of the amount received may be used for nursing
103 20 facility quality improvement initiatives including but not
103 21 limited to educational scholarships and nonmandatory training.
103 22 Priority in the awarding of contracts for such training shall
103 23 be for Iowa-based organizations.

103 24 (2) A portion of the amount received may be used for nursing
103 25 facility remodeling or renovation. Priority in the awarding
103 26 of contracts for such remodeling or renovations shall be for
103 27 Iowa-based organizations and skilled laborers.

103 28 (3) A portion of the amount received may be used for health

103 29 information technology infrastructure and software. Priority
 103 30 in the awarding of contracts for such health information
 103 31 technology infrastructure and software shall be for lowa-based
 103 32 organizations.

103 33 (4) A portion of the amount received may be used for
 103 34 endowments to offset costs associated with maintenance of
 103 35 hospitals licensed under chapter 135B and nursing facilities
 104 1 licensed under chapter 135C.

104 2 (5) A portion of the amount received may be used for
 104 3 improved care coordination between participating nursing
 104 4 facilities and hospitals.

104 5 g. A non-state governmental entity shall only be eligible
 104 6 for supplemental payments attributable to up to 10 percent of
 104 7 the non-state government-owned nursing facilities licensed in
 104 8 the state.

104 9 3. Following receipt of approval and implementation of the
 104 10 program, the department shall submit a report to the governor
 104 11 and the general assembly, annually, on or before December 15,
 104 12 regarding the program. The report shall include, at a minimum,
 104 13 the name and location of participating non-state governmental
 104 14 entities and the non-state government-owned nursing facilities
 104 15 with which the non-state governmental entities have partnered
 104 16 to participate in the program; the amount of the matching
 104 17 funds provided by each non-state governmental entity; the net
 104 18 supplemental payment amount received by each participating
 104 19 non-governmental entity and non-state government-owned nursing
 104 20 facility; and the amount expended for each of the specified
 104 21 categories of approved expenditure.

104 22 4. As used in this section:

104 23 a. "Non-state governmental entity" means a hospital
 104 24 authority, hospital district, health care district, city, or
 104 25 county.

104 26 b. "Non-state government-owned nursing facility" means a
 104 27 nursing facility for which a non-state governmental entity
 104 28 holds the nursing facility's license and is party to the
 104 29 nursing facility's Medicaid contract.

104 30 Sec. 80. EFFECTIVE UPON ENACTMENT. This division of this
 104 31 Act, being deemed of immediate importance, takes effect upon
 104 32 enactment.

104 33 Sec. 81. CONTINGENT IMPLEMENTATION. The section of this
 104 34 division of this Act amending section 249L.2 shall only be
 104 35 implemented upon receipt by the department of human services
 105 1 of approval of the Medicaid state plan amendment by the
 105 2 centers for Medicare and Medicaid services of the United States
 105 3 department of health and human services.

The Division relating to the non-state government-owned nursing facility upper payment limit supplemental payment program is effective on enactment.

The section amending the definition of nursing facility is contingent on approval by CMS.

105 4 DIVISION XIX
 105 5 CAREGIVER DESIGNATION

105 6 Sec. 82.NEW SECTION 144E.1 DEFINITIONS.
 105 7 As used in this chapter, unless the context otherwise
 105 8 requires:

105 9 1. "After-care assistance" means any assistance provided
 105 10 by a caregiver to a patient following the patient's discharge
 105 11 from a hospital that is related to the patient's condition
 105 12 at the time of discharge, including but not limited to
 105 13 assisting with basic activities of daily living, assisting
 105 14 with instrumental activities of daily living, and performing
 105 15 other tasks including but not limited to managing wound care,
 105 16 assisting in the administering of medications, and operating
 105 17 medical equipment, as determined to be appropriate by the
 105 18 patient's discharging physician or other licensed health care
 105 19 professional.

105 20 2. "Caregiver" means any individual designated as a
 105 21 caregiver by a patient who provides after-care assistance to a
 105 22 patient in the patient's residence. "Caregiver" includes but is
 105 23 not limited to a relative, spouse, partner, friend, or neighbor
 105 24 who has a significant relationship with the patient.

105 25 3. "Discharge" means a patient's exit or release from a
 105 26 hospital to the patient's residence following an inpatient
 105 27 admission.

105 28 4. "Entry" means a patient's admission into a hospital for
 105 29 the purposes of receiving inpatient medical care.

105 30 5. "Facility" means a health care facility as defined in
 105 31 section 135C.1, an elder group home as defined in section
 105 32 231B.1, or an assisted living program as defined in section
 105 33 231C.2.

105 34 6. "Hospital" means a licensed hospital as defined in
 105 35 section 135B.1.

106 1 7. "Residence" means the dwelling that the patient considers
 106 2 to be the patient's home. "Residence" does not include any
 106 3 rehabilitation facility, hospital, nursing home, assisted
 106 4 living facility, or group home licensed by the department of
 106 5 inspections and appeals.

106 6 Sec. 83.NEW SECTION 144E.2 CAREGIVER — OPPORTUNITY TO
 106 7 DESIGNATE.

106 8 1. a. A hospital shall provide each patient or, if
 106 9 applicable, the patient's legal guardian with an opportunity
 106 10 to designate at least one caregiver within twenty-four hours
 106 11 following the patient's entry into a hospital, and prior to
 106 12 the patient's discharge or transfer to another hospital or
 106 13 facility.

106 14 b. If the patient is unconscious or otherwise incapacitated

CODE: Creates a new Iowa Code chapter for Caregiver Designation by a patient receiving health care services from a provider. This Section establishes definitions for the chapter.

CODE: Creates a documented process for health care providers, or their agents, to provide a patient with the opportunity to designate a family member or other individual as a person who the provider may discuss the patient's health care information with.

106 15 upon entry into the hospital, the hospital shall provide the
 106 16 patient or the patient's legal guardian with an opportunity to
 106 17 designate a caregiver within twenty-four hours following the
 106 18 patient's recovery of consciousness or capacity.

106 19 c. If the patient or legal guardian declines to designate
 106 20 a caregiver, the hospital shall promptly document this
 106 21 declination in the patient's medical record.

106 22 d. If the patient or the patient's legal guardian designates
 106 23 an individual as a caregiver, all of the following shall apply:

106 24 (1) The hospital shall promptly request the written consent
 106 25 of the patient or the patient's legal guardian to release
 106 26 medical information to the patient's caregiver following the
 106 27 hospital's established procedures for releasing personal health
 106 28 information and in compliance with all federal and state
 106 29 laws. If the patient or the patient's legal guardian declines
 106 30 to consent to release medical information to the patient's
 106 31 caregiver, the hospital shall not be required to provide notice
 106 32 to the caregiver under section 144E.3 or to provide information
 106 33 contained in the patient's discharge plan to the caregiver
 106 34 under section 144E.4.

106 35 (2) The hospital shall record the patient's designation of
 107 1 caregiver, the relationship of the caregiver to the patient,
 107 2 and the name, telephone number, and address of the patient's
 107 3 caregiver in the patient's medical record.

107 4 e. A patient or the patient's legal guardian may elect to
 107 5 change the designation of the patient's caregiver at any time,
 107 6 and the hospital shall record such change in the patient's
 107 7 medical record prior to the patient's discharge.

107 8 2. The designation of a caregiver by a patient or a
 107 9 patient's legal guardian does not obligate the designated
 107 10 individual to perform any after-care assistance for the
 107 11 patient.

107 12 3. This section shall not be construed to require a patient
 107 13 or a patient's legal guardian to designate any individual as a
 107 14 caregiver.

107 15 Sec. 84.NEW SECTION 144E.3 NOTIFICATION OF CAREGIVER.

107 16 A hospital shall notify the patient's caregiver of the
 107 17 patient's discharge or transfer to another hospital or facility
 107 18 as soon as possible upon issuance of a discharge or transfer
 107 19 order by the patient's attending physician and prior to the
 107 20 patient's actual discharge or transfer to another hospital or
 107 21 facility. If the hospital is unable to contact the caregiver,
 107 22 the lack of contact shall not interfere with, delay, or
 107 23 otherwise affect the medical care provided to the patient, or
 107 24 an appropriate discharge or transfer of the patient.

CODE: Requires a hospital to notify the caregiver of the patients
 discharge or transfer to another hospital as soon as possible.

107 25 Sec. 85.NEW SECTION 144E.4 INSTRUCTIONS TO CAREGIVER.

CODE: Requires a hospital to consult with the caregiver and patient

107 26 1. a. As soon as possible and prior to a patient's
 107 27 discharge from a hospital, the hospital shall consult with the
 107 28 caregiver along with the patient regarding the caregiver's
 107 29 capabilities and limitations and issue a discharge plan that
 107 30 describes the patient's after-care assistance needs at the
 107 31 patient's residence. At a minimum, the discharge plan shall
 107 32 include:
 107 33 (1) The name and contact information of the caregiver.
 107 34 (2) A description of all after-care assistance tasks
 107 35 necessary to maintain the patient's ability to reside at the
 108 1 patient's residence.
 108 2 (3) Contact information for any health care, community
 108 3 resource, and long-term services and supports necessary to
 108 4 successfully carry out the patient's discharge plan.
 108 5 b. If the hospital is unable to contact the caregiver,
 108 6 the lack of contact shall not interfere with, delay, or
 108 7 otherwise affect the medical care provided to the patient, or
 108 8 an appropriate discharge or transfer of the patient.
 108 9 2. The hospital issuing the discharge plan shall offer
 108 10 to provide a caregiver with instructions for all after-care
 108 11 assistance tasks described in the discharge plan. At a
 108 12 minimum, this instruction shall include:
 108 13 a. A live demonstration or video instruction of the
 108 14 after-care tasks, performed by a hospital employee or
 108 15 an individual with whom the hospital has a contractual
 108 16 relationship, who has the appropriate education and competency
 108 17 in the task to be performed and is authorized to perform the
 108 18 task, in a culturally-competent manner and in accordance with
 108 19 the hospital's requirements to provide language access services
 108 20 under state and federal law.
 108 21 b. An opportunity for the caregiver to ask questions about
 108 22 the after-care assistance tasks.
 108 23 c. Answers to the caregiver's questions provided in
 108 24 a culturally-competent manner and in accordance with the
 108 25 hospital's requirements to provide language access services
 108 26 under state and federal law.

regarding the caregiver's capabilities and limitations regarding the patient's discharge plan. Establishes what should be contained in a written discharge plan and other discharge plan requirements.

108 27 Sec. 86.NEW SECTION 144E.5 ADOPTION OF RULES.
 108 28 The department of inspections and appeals, in consultation
 108 29 with the department of public health, may adopt rules pursuant
 108 30 to chapter 17A to administer this chapter including but not
 108 31 limited to rules to further define the content and scope of any
 108 32 instructions provided to caregivers under this chapter.

CODE: Permits the Department of Inspection and Appeals, in consultation with the DPH, to adopt rules related to this chapter.

108 33 Sec. 87.NEW SECTION 144E.6 CONSTRUCTION OF CHAPTER
 108 34 RELATIVE TO OTHER HEALTH CARE DIRECTIVE.
 108 35 Nothing in this chapter shall be construed to interfere with
 109 1 the rights of an agent operating under a valid durable power of

CODE: Specifies that this chapter cannot be construed to interfere with the rights under Iowa Code chapter [144B](#) that covers Durable Power of Attorney.

109 2 attorney for health care pursuant to chapter 144B.

109 3 Sec. 88.NEW SECTION 144E.7 LIMITATIONS.

109 4 1. Nothing in this chapter shall be construed to create
109 5 a private right of action against a hospital, a hospital
109 6 employee, or any consultant or contractor with whom a hospital
109 7 has a contractual relationship, or to limit or otherwise
109 8 supersede or replace existing rights or remedies under any
109 9 other provision of law.

109 10 2. Nothing in this chapter shall delay the appropriate
109 11 discharge or transfer of a patient.

109 12 3. Nothing in this chapter shall be construed to interfere
109 13 with or supersede a health care provider's instructions
109 14 regarding a Medicare-certified home health agency or any other
109 15 postacute care provider.

109 16 4. Nothing in this chapter shall be construed to grant
109 17 decision-making authority to a caregiver to determine the type
109 18 of provider or provider of the patient's posthospital care as
109 19 specified in the patient's discharge plan.

109 20 DIVISION XX
109 21 TRAUMA CARE SYSTEM

109 22 Sec. 89. Section 147A.23, subsection 2, paragraph c, Code
109 23 2016, is amended to read as follows:

109 24 c. Upon verification and the issuance of a certificate of
109 25 verification, a hospital or emergency care facility agrees
109 26 to maintain a level of commitment and resources sufficient
109 27 to meet responsibilities and standards as required by the
109 28 trauma care criteria established by rule under this subchapter.
109 29 Verifications are valid for a period of three years or as
109 30 determined by the department and are renewable. As part of
109 31 the verification and renewal process, the department may
109 32 conduct periodic on-site reviews of the services and facilities
109 33 of the hospital or emergency care facility. However, the
109 34 department shall not decrease a hospital's trauma care
109 35 services categorization level for which a hospital was issued
110 1 a certificate of verification prior to July 1, 2015, unless
110 2 the hospital subsequently fails to maintain the requirements
110 3 existing at the time of the issuance of the certification of
110 4 verification for that categorization level of trauma care
110 5 services.

110 6 Sec. 90. EFFECTIVE UPON ENACTMENT. This division of this
110 7 Act, being deemed of immediate importance, takes effect upon
110 8 enactment.

110 9 Sec. 91. RETROACTIVE APPLICABILITY. This division of this
110 10 Act applies retroactively to June 30, 2015.

CODE: Specifies the following:

- This chapter cannot be used to create a private right of action against a hospital, hospital employee, or contractor of a hospital.
- This chapter cannot delay the appropriate discharge or transfer of a patient.
- This chapter cannot interfere with or supersede a health care providers instructions regarding a Medicare-Certified Home Health Agency.
- This chapter cannot be construed to grant decision-making authority to a caregiver to determine the type of provider or a specific provider of the patient's posthospital care as developed in the discharge plan.

CODE: Grandfathers in any hospital's Trauma Care Service Categorization Level achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

This Division is effective on enactment and applies retroactively to June 30, 2015.

110 11 DIVISION XXI
 110 12 MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING
 110 13 Sec. 92. MENTAL HEALTH AND DISABILITY SERVICES REGIONS —
 110 14 FUNDING.

110 15 1. There is appropriated from the general fund of the
 110 16 state to the department of human services for the fiscal year
 110 17 beginning July 1, 2016, and ending June 30, 2017, the following
 110 18 amount, or so much thereof as is necessary, to be used for the
 110 19 purpose designated:

110 20 For a grant to a five-county mental health and disability
 110 21 services region with a population of between 290,000 to 300,000
 110 22 as determined by the latest federal decennial census, for the
 110 23 provision of mental health and disability services within the
 110 24 region:

110 25 \$ 1,000,000

110 26 The moneys appropriated in this subsection are contingent
 110 27 upon the continuation of sustainable service funding
 110 28 relationships between all counties in the region for the fiscal
 110 29 year beginning July 1, 2016, and ending June 30, 2017. The
 110 30 department and the region shall enter into a memorandum of
 110 31 understanding regarding the use of the moneys by the region
 110 32 prior to the region's receipt of moneys under this subsection.

110 33 2. There is appropriated from the general fund of the
 110 34 state to the department of human services for the fiscal year
 110 35 beginning July 1, 2016, and ending June 30, 2017, the following
 111 1 amount, or so much thereof as is necessary, to be used for the
 111 2 purpose designated:

111 3 For a grant to a single-county mental health and disability
 111 4 services region with a population of over 350,000 as determined
 111 5 by the latest federal decennial census, for the provision of
 111 6 mental health and disability services:
 111 7 \$ 2,000,000

111 8 The department shall work with the region awarded moneys
 111 9 pursuant to this subsection to complete a three-year
 111 10 sustainable cash flow funding plan for the delivery of mental
 111 11 health and disability services in the region to be submitted to
 111 12 the department by November 15, 2016. The department and the
 111 13 region shall enter into a memorandum of understanding regarding
 111 14 the use of the moneys and detailing the provisions of the plan
 111 15 prior to the region's receipt of moneys under this subsection.

111 16 3. The department shall distribute moneys appropriated
 111 17 in this section within 60 days of the date of signing of the
 111 18 memorandum of understanding between the department and each
 111 19 region.

General Fund appropriation to the DHS to be distributed to the Eastern Iowa Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. The funds are intended to help maintain stability in the region and are contingent upon the region signing a memorandum of understanding regarding the use of the money prior to receipt.

General Fund appropriation to the DHS to be distributed to Polk County Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. Polk County is required to work with DHS on a three-year funding plan for sustainable services.

Requires the funds appropriated in the section are to be distributed within 60 days of the date a memorandum of understanding is signed between the region and the DHS.

111 20 4. Moneys awarded under this section shall be used by the
111 21 regions consistent with each region's service system management
111 22 plan as approved by the department.

Specifies funds appropriated in the section are to be used by the region in a manner that is consistent with each regions services system management plan.

111 23 DIVISION XXII
111 24 MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT

111 25 Sec. 93. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN
111 26 PROGRESS REPORT. The department of human services shall review
111 27 and report progress on the implementation of the adult mental
111 28 health and disability services redesign and shall identify
111 29 any challenges faced in achieving the goals of the redesign.
111 30 The progress report shall include but not be limited to
111 31 information regarding the mental health and disability services
111 32 regional service system including governance, management, and
111 33 administration; the implementation of best practices including
111 34 evidence-based best practices; the availability of, access
111 35 to, and provision of initial core services and additional
112 1 core services to and for required core service populations
112 2 and additional core service populations; and the financial
112 3 stability and fiscal viability of the redesign. The department
112 4 shall submit its report with findings to the governor and the
112 5 general assembly no later than November 15, 2016.

Requires the DHS to review report the progress of the implementation of the Adult Mental Health and Disability Services System redesign to Governor, and General Assembly by November 15, 2016.

Summary Data General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Health and Human Services	\$ 1,903,078,965	\$ 1,833,474,878	\$ 1,836,973,531	\$ 3,498,653	
Grand Total	<u>\$ 1,903,078,965</u>	<u>\$ 1,833,474,878</u>	<u>\$ 1,836,973,531</u>	<u>\$ 3,498,653</u>	

Health and Human Services General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<u>Aging, Dept. on</u>					
Aging, Dept. on					
Aging Programs	\$ 11,419,732	\$ 11,399,732	\$ 11,436,066	\$ 36,334	PG 1 LN 3
Office of LTC Resident's Advocate	929,315	1,276,783	1,276,783	0	PG 3 LN 13
Food Security for Older Individuals	250,000	0	0	0	
Total Aging, Dept. on	\$ 12,599,047	\$ 12,676,515	\$ 12,712,849	\$ 36,334	
<u>Public Health, Dept. of</u>					
Public Health, Dept. of					
Congenital & Inherited Disorders Registry	\$ 215,055	\$ 232,500	\$ 232,500	\$ 0	
Addictive Disorders	27,263,690	27,263,690	26,988,690	-275,000	PG 4 LN 5
Healthy Children and Families	4,046,602	4,617,543	5,593,774	976,231	PG 8 LN 14
Chronic Conditions	5,155,692	4,955,692	4,930,692	-25,000	PG 10 LN 23
Community Capacity	8,737,910	8,821,335	7,739,136	-1,082,199	PG 12 LN 33
Healthy Aging	7,297,142	7,297,142	7,297,142	0	PG 18 LN 24
Environmental Hazards	803,870	0	0	0	
Infectious Diseases	1,335,155	1,335,155	1,335,155	0	PG 18 LN 31
Public Protection	3,287,127	4,339,191	4,399,191	60,000	PG 19 LN 3
Resource Management	855,072	855,072	1,005,072	150,000	PG 20 LN 1
Total Public Health, Dept. of	\$ 58,997,315	\$ 59,717,320	\$ 59,521,352	\$ -195,968	
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of					
General Administration	\$ 1,095,951	\$ 1,200,546	\$ 1,200,546	\$ 0	PG 21 LN 10
Vets Home Ownership Program	2,500,000	2,500,000	2,500,000	0	PG 22 LN 3
Veterans County Grants	990,000	990,000	990,000	0	PG 22 LN 10
Total Veterans Affairs, Department of	\$ 4,585,951	\$ 4,690,546	\$ 4,690,546	\$ 0	
Veterans Affairs, Dept. of					
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 21 LN 26
Total Veterans Affairs, Dept. of	\$ 12,180,947	\$ 12,285,542	\$ 12,285,542	\$ 0	

Health and Human Services General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Human Services, Dept. of					
Assistance					
Family Investment Program/JOBS	\$ 48,693,875	\$ 48,673,875	\$ 48,673,875	\$ 0	PG 29 LN 34
Medical Assistance	1,309,486,529	1,303,191,564	1,315,246,446	12,054,882	PG 33 LN 10
Medical Contracts	17,148,576	19,613,964	17,045,964	-2,568,000	PG 41 LN 7
State Supplementary Assistance	14,121,154	12,997,187	11,611,442	-1,385,745	PG 43 LN 6
State Children's Health Insurance	45,877,998	20,413,844	9,176,652	-11,237,192	PG 44 LN 5
Child Care Assistance	36,303,944	51,408,668	36,389,561	-15,019,107	PG 44 LN 23
Child and Family Services	94,857,554	85,341,938	88,944,956	3,603,018	PG 47 LN 28
Adoption Subsidy	42,580,749	42,998,286	43,046,664	48,378	PG 54 LN 5
Family Support Subsidy	1,079,739	1,073,932	1,069,282	-4,650	PG 55 LN 6
Conners Training	33,632	33,632	33,632	0	PG 55 LN 32
Volunteers	84,686	84,686	84,686	0	PG 61 LN 2
MHDS Equalization	30,555,823	0	0	0	
Child Abuse Prevention	215,125	232,570	232,570	0	
Juv CINA/Female Adjud Delinquent Placements	2,000,000	0	0	0	
MHDS Regional Funding	1,040,000	0	0	0	
Mental Health Grant - Eastern Iowa	0	0	1,000,000	1,000,000	PG 110 LN 20
Mental Health Grant - Polk County	0	0	2,000,000	2,000,000	PG 110 LN 33
Total Assistance	\$ 1,644,079,384	\$ 1,586,064,146	\$ 1,574,555,730	\$ -11,508,416	
Toledo Juvenile Home					
Toledo Juvenile Home	\$ 507,766	\$ 0	\$ 0	\$ 0	
Eldora Training School					
Eldora Training School	\$ 12,358,285	\$ 12,233,420	\$ 12,233,420	\$ 0	PG 47 LN 4
Cherokee					
Cherokee MHI	\$ 6,031,934	\$ 5,545,616	\$ 14,644,041	\$ 9,098,425	PG 56 LN 18
Clarinda					
Clarinda MHI	\$ 6,787,309	\$ 0	\$ 0	\$ 0	
Independence					
Independence MHI	\$ 10,484,386	\$ 10,324,209	\$ 18,552,103	\$ 8,227,894	PG 56 LN 25
Mt Pleasant					
Mt Pleasant MHI	\$ 1,417,796	\$ 0	\$ 0	\$ 0	

Health and Human Services General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Glenwood					
Glenwood Resource Center	\$ 21,695,266	\$ 21,524,482	\$ 20,719,486	\$ -804,996	PG 57 LN 5
Woodward					
Woodward Resource Center	\$ 14,855,693	\$ 14,583,806	\$ 14,053,011	\$ -530,795	PG 57 LN 9
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 9,893,079	\$ 10,193,079	\$ 300,000	PG 58 LN 15
Field Operations					
Child Support Recoveries	\$ 14,911,230	\$ 14,663,373	\$ 14,663,373	\$ 0	PG 32 LN 4
Field Operations	61,170,976	58,920,976	54,442,877	-4,478,099	PG 59 LN 6
Total Field Operations	<u>\$ 76,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ 69,106,250</u>	<u>\$ -4,478,099</u>	
General Administration					
DHS Facilities	\$ 0	\$ 0	\$ 2,879,274	\$ 2,879,274	PG 60 LN 25
Commission of Inquiry	0	1,394	1,394	0	
Nonresident Commitment Mental Illness	5,766	142,802	142,802	0	
General Administration	15,072,302	14,898,198	15,373,198	475,000	PG 59 LN 22
Total General Administration	<u>\$ 15,078,068</u>	<u>\$ 15,042,394</u>	<u>\$ 18,396,668</u>	<u>\$ 3,354,274</u>	
Total Human Services, Dept. of	<u>\$ 1,819,301,656</u>	<u>\$ 1,748,795,501</u>	<u>\$ 1,752,453,788</u>	<u>\$ 3,658,287</u>	
Total Health and Human Services	<u><u>\$ 1,903,078,965</u></u>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 1,836,973,531</u></u>	<u><u>\$ 3,498,653</u></u>	

Summary Data Other Funds

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 439,096,213	\$ 7,576,719	
Grand Total	<u>\$ 435,212,954</u>	<u>\$ 431,519,494</u>	<u>\$ 439,096,213</u>	<u>\$ 7,576,719</u>	

Health and Human Services Other Funds

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Human Services, Dept. of					
General Administration					
FIP-TANF	\$ 6,281,222	\$ 5,136,995	\$ 5,112,462	\$ -24,533	PG 23 LN 2
Promise Jobs-TANF	10,232,340	10,138,178	5,575,693	-4,562,485	PG 23 LN 7
FaDDS-TANF	2,898,980	2,898,980	2,898,980	0	PG 23 LN 13
Field Operations-TANF	31,296,232	31,296,232	35,774,330	4,478,098	PG 23 LN 25
General Administration-TANF	3,744,000	3,744,000	3,744,000	0	
Child Care Assistance -TANF	41,210,239	35,047,110	46,866,826	11,819,716	PG 23 LN 31
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	-4,894,052	PG 24 LN 19
Child & Family Services-TANF	32,084,430	32,084,430	36,256,581	4,172,151	PG 24 LN 23
Child Abuse Prevention-TANF	125,000	125,000	125,000	0	PG 24 LN 26
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	0	PG 25 LN 11
FIP Eligibility System-TANF	6,549,549	6,654,880	6,654,880	0	PG 25 LN 16
Total General Administration	\$ 140,353,230	\$ 133,057,043	\$ 144,045,938	\$ 10,988,895	
Assistance					
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 24 LN 29
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	0	PG 26 LN 19
Medical Assistance - HCTF	223,277,860	222,100,000	219,890,000	-2,210,000	
Medical Contracts-Pharm Settlement - PhSA	5,467,564	2,002,176	1,300,000	-702,176	PG 70 LN 33
Medical Assistance - QATF	29,195,653	37,205,208	36,705,208	-500,000	PG 71 LN 12
Medical Assistance-HHCAT	34,570,769	34,700,000	34,700,000	0	PG 71 LN 27
Medicaid Supplemental - MFF	392,810	500,000	500,000	0	
Total Assistance	\$ 294,859,724	\$ 298,462,451	\$ 295,050,275	\$ -3,412,176	
Total Human Services, Dept. of	\$ 435,212,954	\$ 431,519,494	\$ 439,096,213	\$ 7,576,719	
Total Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 439,096,213	\$ 7,576,719	

Summary Data

FTE Positions

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Health and Human Services	4,679.30	4,829.53	5,050.59	221.06	
Grand Total	<u>4,679.30</u>	<u>4,829.53</u>	<u>5,050.59</u>	<u>221.06</u>	

Health and Human Services FTE Positions

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<u>Aging, Dept. on</u>					
Aging, Dept. on					
Aging Programs	25.50	27.02	31.00	3.98	PG 1 LN 3
Office of LTC Resident's Advocate	11.86	14.98	17.00	2.02	PG 3 LN 13
Total Aging, Dept. on	37.35	42.00	48.00	6.00	
<u>Public Health, Dept. of</u>					
Public Health, Dept. of					
Addictive Disorders	7.46	10.00	10.00	0.00	PG 4 LN 5
Healthy Children and Families	10.82	12.00	12.00	0.00	PG 8 LN 14
Chronic Conditions	4.45	5.00	5.00	0.00	PG 10 LN 23
Community Capacity	7.74	11.00	13.00	2.00	PG 12 LN 33
Environmental Hazards	3.54	0.00	0.00	0.00	
Infectious Diseases	1.77	4.00	4.00	0.00	PG 18 LN 31
Public Protection	127.52	136.00	137.00	1.00	PG 19 LN 3
Resource Management	2.98	4.00	4.00	0.00	PG 20 LN 1
Total Public Health, Dept. of	166.30	182.00	185.00	3.00	
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of					
General Administration	12.97	15.00	15.00	0.00	PG 21 LN 10
Total Veterans Affairs, Dept. of	12.97	15.00	15.00	0.00	
<u>Human Services, Dept. of</u>					
Assistance					
Family Investment Program/JOBS	8.03	10.00	0.00	-10.00	PG 29 LN 34
Child Care Assistance	3.44	0.00	0.00	0.00	PG 44 LN 23
Medical Assistance	13.38	15.00	0.00	-15.00	PG 33 LN 10
Medical Contracts	3.01	0.00	0.00	0.00	PG 41 LN 7
Child and Family Services	3.87	0.00	0.00	0.00	PG 47 LN 28
Total Assistance	31.73	25.00	0.00	-25.00	
Eldora Training School					
Eldora Training School	156.81	169.30	169.30	0.00	PG 47 LN 4

Health and Human Services FTE Positions

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Approp FY 2017 <u>(3)</u>	House Appr FY17 vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Cherokee					
Cherokee MHI	164.90	169.20	169.20	0.00	PG 56 LN 18
Clarinda					
Clarinda MHI	75.23	0.00	0.00	0.00	
Independence					
Independence MHI	224.25	233.00	233.00	0.00	PG 56 LN 25
Mt Pleasant					
Mt Pleasant MHI	76.17	0.00	0.00	0.00	
Glenwood					
Glenwood Resource Center	802.32	846.12	846.12	0.00	PG 57 LN 5
Woodward					
Woodward Resource Center	594.38	642.47	642.47	0.00	PG 57 LN 9
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	93.16	132.50	132.50	0.00	PG 58 LN 15
Field Operations					
Child Support Recoveries	440.34	459.00	464.00	5.00	PG 32 LN 4
Field Operations	1,555.27	1,621.00	1,837.00	216.00	PG 59 LN 6
Total Field Operations	<u>1,995.60</u>	<u>2,080.00</u>	<u>2,301.00</u>	<u>221.00</u>	
General Administration					
General Administration	248.14	292.94	309.00	16.06	PG 59 LN 22
Total Human Services, Dept. of	<u>4,462.68</u>	<u>4,590.53</u>	<u>4,802.59</u>	<u>212.06</u>	
Total Health and Human Services	<u>4,679.30</u>	<u>4,829.53</u>	<u>5,050.59</u>	<u>221.06</u>	

Summary Data

General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Appr FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
Health and Human Services	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878
Grand Total	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878

Health and Human Services General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Appr FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
<u>Aging, Dept. on</u>			
Aging, Dept. on			
Aging Programs	\$ 11,399,732	\$ 0	\$ 11,399,732
Office of LTC Resident's Advocate	1,276,783	0	1,276,783
Total Aging, Dept. on	\$ 12,676,515	\$ 0	\$ 12,676,515
<u>Public Health, Dept. of</u>			
Public Health, Dept. of			
Congenital & Inherited Disorders Registry	\$ 232,500	\$ 0	\$ 232,500
Addictive Disorders	27,263,690	0	27,263,690
Healthy Children and Families	4,617,543	0	4,617,543
Chronic Conditions	4,955,692	0	4,955,692
Community Capacity	8,821,335	0	8,821,335
Healthy Aging	7,297,142	0	7,297,142
Infectious Diseases	1,335,155	0	1,335,155
Public Protection	4,339,191	0	4,339,191
Resource Management	855,072	0	855,072
Total Public Health, Dept. of	\$ 59,717,320	\$ 0	\$ 59,717,320
<u>Veterans Affairs, Dept. of</u>			
Veterans Affairs, Department of			
General Administration	\$ 1,200,546	\$ 0	\$ 1,200,546
Vets Home Ownership Program	2,500,000	0	2,500,000
Veterans County Grants	990,000	0	990,000
Total Veterans Affairs, Department of	\$ 4,690,546	\$ 0	\$ 4,690,546
Veterans Affairs, Dept. of			
Iowa Veterans Home	\$ 7,594,996	\$ 0	\$ 7,594,996
Total Veterans Affairs, Dept. of	\$ 12,285,542	\$ 0	\$ 12,285,542

Health and Human Services General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Appr FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
<u>Human Services, Dept. of</u>			
Assistance			
Family Investment Program/JOBS	\$ 48,673,875	\$ -3,900,000	\$ 44,773,875
Medical Assistance	1,303,191,564	0	1,303,191,564
Medical Contracts	19,613,964	0	19,613,964
State Supplementary Assistance	12,997,187	-1,100,000	11,897,187
State Children's Health Insurance	20,413,844	0	20,413,844
Child Care Assistance	51,408,668	-10,000,000	41,408,668
Child and Family Services	85,341,938	0	85,341,938
Adoption Subsidy	42,998,286	0	42,998,286
Family Support Subsidy	1,073,932	0	1,073,932
Conners Training	33,632	0	33,632
Volunteers	84,686	0	84,686
Child Abuse Prevention	232,570	0	232,570
Total Assistance	\$ 1,586,064,146	\$ -15,000,000	\$ 1,571,064,146
Eldora Training School			
Eldora Training School	\$ 12,233,420	\$ 0	\$ 12,233,420
Cherokee			
Cherokee MHI	\$ 5,545,616	\$ 0	\$ 5,545,616
Independence			
Independence MHI	\$ 10,324,209	\$ 0	\$ 10,324,209
Glenwood			
Glenwood Resource Center	\$ 21,524,482	\$ 0	\$ 21,524,482
Woodward			
Woodward Resource Center	\$ 14,583,806	\$ 0	\$ 14,583,806
Cherokee CCUSO			
Civil Commitment Unit for Sexual Offenders	\$ 9,893,079	\$ 0	\$ 9,893,079
Field Operations			
Child Support Recoveries	\$ 14,663,373	\$ 0	\$ 14,663,373
Field Operations	58,920,976	0	58,920,976
Total Field Operations	\$ 73,584,349	\$ 0	\$ 73,584,349

Health and Human Services General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Appr FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
General Administration			
Commission of Inquiry	\$ 1,394	\$ 0	\$ 1,394
Nonresident Commitment Mental Illness	142,802	0	142,802
General Administration	<u>14,898,198</u>	<u>0</u>	<u>14,898,198</u>
Total General Administration	<u>\$ 15,042,394</u>	<u>\$ 0</u>	<u>\$ 15,042,394</u>
Assistance			
Medical Assistance	<u>\$ 0</u>	<u>\$ 15,000,000</u>	<u>\$ 15,000,000</u>
Total Human Services, Dept. of	<u>\$ 1,748,795,501</u>	<u>\$ 0</u>	<u>\$ 1,748,795,501</u>
Total Health and Human Services	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 0</u></u>	<u><u>\$ 1,833,474,878</u></u>