

Health and Human Services Appropriations Bill House File 2460

Last Action:

House Floor

April 20, 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 81, Line 16

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 93, Line 26

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 103, Line 16

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 11

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 34

- 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 23, Line 3

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

Page 71, Line 30

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

Page 72, Line 9

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 74, Line 11

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 41, Line 4

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 80, Line 8

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 86, Line 7

Mental Health and Disability Services Redesign Progress Report: Requires the DHS to report the progress of

Page 109, Line 16

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 16

Iowa Veterans Home

Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

Page 22, Line 6

SIGNIFICANT CODE CHANGES

Department of Human Services

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

Page 80, Line 7

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 84, Line 33

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 83, Line 9

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

Page 98, Line 4

Trauma Care Service Categorization: Grandfathers in any hospital's Trauma Care Service Categorization Level achieved before July 1, 2015, until December 31, 2018, as long as the hospital continues to meet the requirements existing at that time.

Page 107, Line 13

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 2460

Opioid Antagonist Authorization Act: Amends SF 2218 to clarify that a person in a position to assist may be prescribed an opioid antagonist. Permits, rather than requires, the DPH to adopt rules to administer the Opioid Antagonist Authorization Act. Strikes the section that implements the Act on the contingency of funding availability.

Page 97, Line 3

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 76, Line 22

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

Page 77, Line 4

The section relating to the repeal of the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016.

Page 81, Line 10

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 106, Line 29

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 103, Line 11

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

Page 107, Line 32

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

Page #	Line #	Bill Section	Action	Code Section
77	12	49	Amend	231E.4.3.a
77	20	50	Amend	222.60A
77	31	51	Amend	249A.12.3.c
78	8	52	Amend	249A.21
80	7	53	Repeal	249M.5
83	9	58	Amend	135.181.1,2
84	19	59	Add	135.181.4
84	33	60	Amend	225D.1.8
85	7	61	Amend	225D.2.2.c,d
97	3	73	Amend	135.190.2
97	12	74	Amend	147A.18.1
97	24	75	Amend	147A.18.5
98	4	77	Amend	135.178
99	1	78	Amend	261.129
103	19	81	Add	249L.2.5A,5B
103	29	82	Amend	249L.2.6
107	13	86	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

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.

[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.

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
 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:

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

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, ~~\$1,099,444~~
 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 \$3,175,059 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, ~~\$74,914~~
 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>\$594,543</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 \$594,543 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 an increase of \$23,550 compared to the FY 2016 allocation, but no change in funding compared to the last few fiscal years. This will align the actual program funding and allocation in the bill.</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</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 29 care system innovation activities occurring across the state.

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	.....		<u>7,739,136</u>
13 4	.....	FTEs	44.00
13 5	.....		<u>13.00</u>

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 for the PRIMECARRE Loan Repayment Program for mental health workforce.
- An increase of \$47,000 and 0.50 FTE position for the Child Vision Screening Program. 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.
- 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 \$99,414 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 \$99,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

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

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

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 not less than \$206,707~~ \$413,415 shall be distributed
14 35 to the Iowa prescription drug corporation for continuation of
15 1 the 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 not less than \$174,161~~ \$348,322 shall be distributed
15 5 to free clinics and free clinics of Iowa for necessary
15 6 infrastructure, statewide coordination, provider recruitment,
15 7 service delivery, and provision of assistance to patients in
15 8 securing a medical home inclusive of oral health care.

15 9 (iii) Of the amount allocated in this subparagraph division
15 10 (a), ~~up to not less than \$25,000~~ \$50,000 shall be distributed
15 11 to the Iowa coalition against sexual assault to continue a
15 12 training program for sexual assault response team (SART)
15 13 members, including representatives of law enforcement, victim
15 14 advocates, prosecutors, and certified medical personnel.

15 15 (iv) Of the amount allocated in this subparagraph division
15 16 (a), ~~up to not less than \$106,874~~ \$213,748 shall be distributed
15 17 to the Polk county medical society for continuation of the
15 18 safety net provider patient access to a specialty health care
15 19 initiative as described in 2007 Iowa Acts, chapter 218, section
15 20 109.

15 21 (c) For distribution to safety net partners in the state
15 22 that work to serve as a resource for credible, accurate
15 23 information on health care-related needs and services
15 24 for vulnerable populations in the state including the
15 25 Iowa association of rural health clinics for necessary
15 26 infrastructure and service delivery transformation and the Iowa
15 27 primary care association to support partner engagement, program
15 28 management, and statewide coordination of the network:

15 29 \$ 92,642
15 30 185,285

15 31 (2) The amount allocated under this paragraph "g" shall
15 32 not be reduced for administrative or other costs prior to
15 33 distribution. The Iowa collaborative safety net provider

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

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

17 6 k. Of the funds appropriated in this subsection, \$50,000 17 7 <u>\$100,000</u> shall be used for a matching dental education loan 17 8 repayment program to be allocated to a dental nonprofit health 17 9 service corporation to continue to develop the criteria and 17 10 implement the loan repayment program.	Allocates \$100,000 for the FIND Dental Education Loan Repayment Program . DETAIL: This is no change compared to the FY 2016 allocation.
17 11 l. Of the funds appropriated in this subsection, \$52,944 17 12 <u>\$105,823</u> is transferred to the college student aid commission 17 13 for deposit in the rural Iowa primary care trust fund created 17 14 in section 261.113 to be used for the purposes of the fund.	Allocates \$105,823 for transfer to the College Student Aid Commission for deposit in the Primary Care Trust . DETAIL: This is no change compared to the FY 2016 allocation.
17 15 m. Of the funds appropriated in this subsection, \$125,000 17 16 <u>\$250,000</u> shall be used for the purposes of the Iowa donor 17 17 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 18 n. Of the funds appropriated in this subsection, \$50,000 17 19 <u>\$100,000</u> shall be used for continuation of a grant to a 17 20 nationally affiliated volunteer eye organization that has an 17 21 established program for children and adults and that is solely 17 22 dedicated to preserving sight and preventing blindness through 17 23 education, nationally certified vision screening and training, 17 24 and community and patient service programs. The organization 17 25 shall submit a report to the individuals identified in this 17 26 Act for submission of reports regarding the use of funds 17 27 allocated under this paragraph "n". The report shall include 17 28 the objectives and results for the program year including 17 29 the target population and how the funds allocated assisted 17 30 the program in meeting the objectives; the number, age, and 17 31 location within the state of individuals served; the type of 17 32 services provided to the individuals served; the distribution 17 33 of funds based on services provided; and the continuing needs 17 34 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 35 o. Of the funds appropriated in this subsection, \$1,000,000 18 1 <u>\$2,500,000</u> shall be deposited in the medical residency training 18 2 account created in section 135.175, subsection 5, paragraph 18 3 "a", and is appropriated from the account to the department 18 4 of public health to be used for the purposes of the medical 18 5 residency training state matching grants program as specified 18 6 in section 135.176. However, notwithstanding any provision to 18 7 the contrary in section 135.176, priority in the awarding of 18 8 grants <u>for the fiscal year beginning July 1, 2016</u> , shall be 18 9 given to sponsors <u>approved but not funded in the prior fiscal</u> 18 10 <u>year competitive procurement process that proposed preference</u> 18 11 <u>in the use of the grant funds for internal medicine positions,</u> 18 12 <u>and priority in the awarding of the remaining moneys shall be</u>	Allocates \$2,500,000 for a Medical Residency Training Program. Specifies that grants for approved but unfunded awards in FY 2016 be given first preference. The remainder of the funds are to give preference to the expansion of new medical residency positions, psychiatric residency positions, and family practice positions. DETAIL: This is an increase of \$500,000 compared to the FY 2016 allocation. The priority for giving funds to previously awarded, but not funded grantees is new.

18 13 given to sponsors that propose preference in the use of the
18 14 grant funds for psychiatric residency positions and family
18 15 practice residency positions.

18 16 p. Of the funds appropriated in this subsection, ~~\$78,309~~
18 17 \$156,619 is allocated to the university of Iowa hospitals and
18 18 clinics to continue a systematic and evidence-based practice
18 19 collaborative care model to improve outcomes of mental health
18 20 treatment in primary care settings in the state. Funds shall
18 21 be used to establish the collaborative care model in several
18 22 primary care practices in rural and urban areas throughout the
18 23 state, to provide staffing to administer the model, and to
18 24 provide staff training and database management to track and
18 25 manage patient outcomes.

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 26 5. HEALTHY AGING

18 27 To provide public health services that reduce risks and
18 28 invest in promoting and protecting good health over the
18 29 course of a lifetime with a priority given to older Iowans and
18 30 vulnerable populations:

18 31	.....	\$	3,648,574
18 32			<u>7,297,142</u>

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

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

18 33 6. INFECTIOUS DISEASES

18 34 For reducing the incidence and prevalence of communicable
18 35 diseases, and for not more than the following full-time
19 1 equivalent positions:

19 2	.....	\$	667,577
19 3			<u>1,335,155</u>
19 4	.....	FTEs	4.00

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

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

19 5 7. PUBLIC PROTECTION

19 6 For protecting the health and safety of the public through
19 7 establishing standards and enforcing regulations, and for not
19 8 more than the following full-time equivalent positions:

19 9	.....	\$	2,169,595
19 10			<u>4,399,191</u>
19 11	.....	FTEs	136.00
19 12			<u>137.00</u>

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 13 a. Of the funds appropriated in this subsection, not more
19 14 than ~~\$227,350~~ \$454,700 shall be credited to the emergency
19 15 medical services fund created in section 135.25. Moneys in
19 16 the emergency medical services fund are appropriated to the
19 17 department to be used for the purposes of the fund.

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

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

19 18 b. Of the funds appropriated in this subsection, ~~\$101,516~~
19 19 \$203,032 shall be used for sexual violence prevention

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

19 20 programming through a statewide organization representing
 19 21 programs serving victims of sexual violence through the
 19 22 department's sexual violence prevention program. The amount
 19 23 allocated in this paragraph "b" shall not be used to supplant
 19 24 funding administered for other sexual violence prevention or
 19 25 victims assistance programs.

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

19 26 c. Of the funds appropriated in this subsection, ~~\$299,375~~
 19 27 \$598,751 shall be used for the state poison control center.
 19 28 Pursuant to the directive under 2014 Iowa Acts, chapter
 19 29 1140, section 102, the federal matching funds available to
 19 30 the state poison control center from the department of human
 19 31 services under the federal Children's Health Insurance Program
 19 32 Reauthorization Act allotment shall be subject to the federal
 19 33 administrative cap rule of 10 percent applicable to funding
 19 34 provided under Tit.XXI of the federal Social Security Act and
 19 35 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.

20 1 d. Of the funds appropriated in this subsection, ~~\$268,875~~
 20 2 \$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 3 8. RESOURCE MANAGEMENT

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

20 4 For establishing and sustaining the overall ability of the
 20 5 department to deliver services to the public, and for not more
 20 6 than the following full-time equivalent positions:
 20 7 \$ 427,536
 20 8 1,005,072
 20 9 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 10 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 11 a. The university of Iowa hospitals and clinics under
 20 12 the control of the state board of regents shall not receive
 20 13 indirect costs from the funds appropriated in this section.
 20 14 The university of Iowa hospitals and clinics billings to the
 20 15 department shall be on at least a quarterly basis.

20 16 b. The department of public health shall conduct a sampling
 20 17 of the entities to which appropriated funds are allocated,
 20 18 granted, or otherwise distributed under this section and shall
 20 19 require such entities to submit a progress report to the
 20 20 department by September 1, 2016, which includes the objectives
 20 21 and results of the program since the initial receipt of state

Requires the DPH to sample entities receiving funding through the DPH to submit a report by September 1, 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 the General Assembly about realigning, bundling, or otherwise distributing

20 22 funding and how the funds are assisting the program in meeting
 20 23 the objectives, specifying the target population served and
 20 24 the type of services provided, and identifying the continuing
 20 25 needs of the recipient entity and the service population.
 20 26 The department shall review the information reported and
 20 27 shall make recommendations to the governor and the general
 20 28 assembly by December 15, 2016, to realign, bundle, or otherwise
 20 29 redistribute funding to meet the needs identified and improve
 20 30 services during the subsequent fiscal year.

funding to meet the needs identified and improving services in the following fiscal year by December 15, 2016.

20 31 c. The department of public health shall submit a report
 20 32 to the individuals identified in this Act for submission
 20 33 of reports by December 15, 2016, regarding a proposal for
 20 34 realigning, bundling, redistributing, or otherwise adjusting
 20 35 the department's funding streams to reflect the department's
 21 1 priorities and goals and to provide increased flexibility in
 21 2 the distribution of funding to meet these priorities and goals.
 21 3 The proposal shall specifically include recommendations for a
 21 4 broader, more systematic and strategic workforce initiative
 21 5 which may include a comprehensive study of workforce program
 21 6 needs and the establishment of an advisory workgroup. The
 21 7 proposal shall also specifically include strategies, developed
 21 8 in collaboration with the department of education, to encourage
 21 9 elementary and secondary education students to pursue careers
 21 10 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 11 DIVISION IV
 21 12 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

21 13 Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is amended
 21 14 to read as follows:
 21 15 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is
 21 16 appropriated from the general fund of the state to the
 21 17 department of veterans affairs for the fiscal year beginning
 21 18 July 1, 2016, and ending June 30, 2017, the following amounts,
 21 19 or so much thereof as is necessary, to be used for the purposes
 21 20 designated:

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

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

21 21 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 21 22 For salaries, support, maintenance, and miscellaneous
 21 23 purposes, and for not more than the following full-time
 21 24 equivalent positions:
 21 25 \$ 600,273
 21 26 1,200,546
 21 27 FTEs 15.00

21 28 2. IOWA VETERANS HOME

21 29 For salaries, support, maintenance, and miscellaneous

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

21 30 purposes:
 21 31 \$ 3,797,498
 21 32 7,594,996

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

21 33 a. The Iowa veterans home billings involving the department
 21 34 of human services shall be submitted to the department on at
 21 35 least a monthly basis.

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

22 1 c. Within available resources and in conformance with
 22 2 associated state and federal program eligibility requirements,
 22 3 the Iowa veterans home may implement measures to provide
 22 4 financial assistance to or on behalf of veterans or their
 22 5 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 6 e. The Iowa veterans home shall expand the annual discharge
 22 7 report to also include applicant information and to provide for
 22 8 the collection of demographic information including but not
 22 9 limited to the number of individuals applying for admission and
 22 10 admitted or denied admittance and the basis for the admission
 22 11 or denial; the age, gender, and race of such individuals;
 22 12 and the level of care for which such individuals applied for
 22 13 admission including residential or nursing level of care.

Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

22 14 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 22 15 For transfer to the Iowa finance authority for the
 22 16 continuation of the home ownership assistance program for
 22 17 persons who are or were eligible members of the armed forces of
 22 18 the United States, pursuant to section 16.54:

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

22 19 \$ 1,250,000
 22 20 2,500,000

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 21 Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is amended
 22 22 to read as follows:
 22 23 SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
 22 24 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 22 25 standing appropriation in section 35A.16 for the fiscal year
 22 26 beginning July 1, 2016, and ending June 30, 2017, the amount
 22 27 appropriated from the general fund of the state pursuant to
 22 28 that section for the following designated purposes shall not
 22 29 exceed the following amount:

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

22 30 For the county commissions of veteran affairs fund under
 22 31 section 35A.16:

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 32 \$ 495,000
 22 33 990,000

22 34 DIVISION V
 22 35 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

23 1 Sec. 6. 2015 Iowa Acts, chapter 137, section 126, is amended
 23 2 to read as follows:

<p>23 3 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK 23 4 GRANT. There is appropriated from the fund created in section 23 5 8.41 to the department of human services for the fiscal year 23 6 beginning July 1, 2016, and ending June 30, 2017, from moneys 23 7 received under the federal temporary assistance for needy 23 8 families (TANF) block grant pursuant to the federal Personal 23 9 Responsibility and Work Opportunity Reconciliation Act of 1996, 23 10 Pub.L.No.104-193, and successor legislation, the following 23 11 amounts, or so much thereof as is necessary, to be used for the 23 12 purposes designated:</p> <p>23 13 1. To be credited to the family investment program account 23 14 and used for assistance under the family investment program 23 15 under chapter 239B: 23 16\$ 2,568,497 23 17 .....<u>5,112,462</u></p> <p>23 18 2. To be credited to the family investment program account 23 19 and used for the job opportunities and basic skills (JOBS) 23 20 program and implementing family investment agreements in 23 21 accordance with chapter 239B: 23 22\$ 5,069,089 23 23 .....<u>5,575,693</u></p> <p>23 24 3. To be used for the family development and 23 25 self-sufficiency grant program in accordance with section 23 26 216A.107: 23 27\$ 1,449,490 23 28 .....<u>2,898,980</u></p> <p>23 29 Notwithstanding section 8.33, moneys appropriated in this 23 30 subsection that remain unencumbered or unobligated at the close 23 31 of the fiscal year shall not revert but shall remain available 23 32 for expenditure for the purposes designated until the close of 23 33 the succeeding fiscal year. However, unless such moneys are 23 34 encumbered or obligated on or before September 30, 2016 <u>2017</u>, 23 35 the moneys shall revert.</p> <p>24 1 4. For field operations: 24 2\$ 15,648,116 24 3 .....<u>35,774,331</u></p> <p>24 4 5. For general administration: 24 5\$ 1,872,000</p>	<p>Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2017.</p> <p>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.</p> <p>TANF FY 2017 Block Grant appropriation for the FIP Account.</p> <p>DETAIL: This is a decrease of \$24,533 compared to estimated FY 2016. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.</p> <p>TANF FY 2017 Block Grant appropriation for the PROMISE JOBS Program.</p> <p>DETAIL: This is a decrease of \$4,562,485 compared to estimated FY 2016. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.</p> <p>TANF FY 2017 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.</p> <p>DETAIL: This is no change compared to estimated FY 2016.</p> <p>Requires nonreversion of funds allocated for the FaDSS Grant Program.</p> <p>TANF FY 2017 Block Grant appropriation for Field Operations.</p> <p>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.</p> <p>TANF FY 2017 Block Grant appropriation for General Administration.</p>
---	--

24 6 3,744,000

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

24 7 6. For state child care assistance:

TANF FY 2017 Block Grant appropriation for Child Care Assistance.

24 8\$ 17,523,555

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.

24 946,866,826

24 10 a. Of the funds appropriated in this subsection,
24 11 ~~\$13,164,048~~ \$26,328,097 is transferred to the child care and
24 12 development block grant appropriation made by the Eighty-sixth
24 13 General Assembly, 2016 Session, for the federal fiscal year
24 14 beginning October 1, 2016, and ending September 30, 2017. Of
24 15 this amount, ~~\$100,000~~ \$200,000 shall be used for provision
24 16 of educational opportunities to registered child care home
24 17 providers in order to improve services and programs offered
24 18 by this category of providers and to increase the number of
24 19 providers. The department may contract with institutions
24 20 of higher education or child care resource and referral
24 21 centers to provide the educational opportunities. Allowable
24 22 administrative costs under the contracts shall not exceed 5
24 23 percent. The application for a grant shall not exceed two
24 24 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 25 b. Any funds appropriated in this subsection remaining
24 26 unallocated shall be used for state child care assistance
24 27 payments for families who are employed including but not
24 28 limited to individuals enrolled in the family investment
24 29 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 30 ~~7. For distribution to counties and regions through the~~
24 31 ~~property tax relief fund for mental health and disability~~
24 32 ~~services as provided in an appropriation made for this purpose:~~
24 33\$ 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 34 8. For child and family services:
24 35\$ 16,042,215
25 136,256,580

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.

25 2 9. For child abuse prevention grants:
 25 3\$ 62,500
 25 4 125,000

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

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

25 5 10. For pregnancy prevention grants on the condition that
 25 6 family planning services are funded:
 25 7\$ 965,033
 25 8 1,930,067

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.

25 9 Pregnancy prevention grants shall be awarded to programs
 25 10 in existence on or before July 1, 2016, if the programs have
 25 11 demonstrated positive outcomes. Grants shall be awarded to
 25 12 pregnancy prevention programs which are developed after July
 25 13 1, 2016, if the programs are based on existing models that
 25 14 have demonstrated positive outcomes. Grants shall comply with
 25 15 the requirements provided in 1997 Iowa Acts, chapter 208,
 25 16 section 14, subsections 1 and 2, including the requirement that
 25 17 grant programs must emphasize sexual abstinence. Priority in
 25 18 the awarding of grants shall be given to programs that serve
 25 19 areas of the state which demonstrate the highest percentage of
 25 20 unplanned pregnancies of females of childbearing age within the
 25 21 geographic area to be served by the grant.

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

25 22 11. For technology needs and other resources necessary
 25 23 to meet federal welfare reform reporting, tracking, and case
 25 24 management requirements:
 25 25\$ 518,593
 25 26 1,037,186

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.

25 27 12. For the family investment program share of the costs to
 25 28 continue to develop and maintain a new, integrated eligibility
 25 29 determination system:
 25 30\$ 3,327,440
 25 31 6,654,880

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.

25 32 13. a. Notwithstanding any provision to the contrary,
 25 33 including but not limited to requirements in section 8.41 or
 25 34 provisions in 2015 or 2016 Iowa Acts regarding the receipt and
 25 35 appropriation of federal block grants, federal funds from the

Permits the DHS to carryforward TANF funds.

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

26 1 temporary assistance for needy families block grant received by
 26 2 the state and not otherwise appropriated in this section and
 26 3 remaining available for the fiscal year beginning July 1, 2016,
 26 4 are appropriated to the department of human services to the
 26 5 extent as may be necessary to be used in the following priority
 26 6 order:the family investment program, for state child care
 26 7 assistance program payments for families who are employed, and
 26 8 for the family investment program share of costs to develop and
 26 9 maintain a new, integrated eligibility determination system.
 26 10 The federal funds appropriated in this paragraph "a" shall be
 26 11 expended only after all other funds appropriated in subsection
 26 12 1 for the assistance under the family investment program,
 26 13 in subsection 6 for child care assistance, or in subsection
 26 14 12 for the family investment program share of the costs to
 26 15 continue to develop and maintain a new, integrated eligibility
 26 16 determination system, as applicable, have been expended. For
 26 17 the purposes of this subsection, the funds appropriated in
 26 18 subsection 6, paragraph "a", for transfer to the child care
 26 19 and development block grant appropriation are considered fully
 26 20 expended when the full amount has been transferred.

26 21 b. The department shall, on a quarterly basis, advise the
 26 22 legislative services agency and department of management of
 26 23 the amount of funds appropriated in this subsection that was
 26 24 expended in the prior quarter.

26 25 14. Of the amounts appropriated in this section, ~~\$6,481,004~~
 26 26 \$12,962,008 for the fiscal year beginning July 1, 2016, is
 26 27 transferred to the appropriation of the federal social services
 26 28 block grant made to the department of human services for that
 26 29 fiscal year.

26 30 15. For continuation of the program providing categorical
 26 31 eligibility for the food assistance program as specified for
 26 32 the program in the section of this division of this 2016 Act
 26 33 relating to the family investment program account:

26 34	.....	\$ 12,500
26 35		<u>25,000</u>

27 1 16. The department may transfer funds allocated in this
 27 2 section to the appropriations made in this division of this Act
 27 3 for the same fiscal year for general administration and field
 27 4 operations for resources necessary to implement and operate the
 27 5 services referred to in this section and those funded in the
 27 6 appropriation made in this division of this Act for the same
 27 7 fiscal year for the family investment program from the general
 27 8 fund of the state.

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.

27 9 Sec. 7. 2015 Iowa Acts, chapter 137, section 127, is amended
 27 10 to read as follows:
 27 11 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

27 12 1. Moneys credited to the family investment program (FIP)
 27 13 account for the fiscal year beginning July 1, 2016, and
 27 14 ending June 30, 2017, shall be used to provide assistance in
 27 15 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2016 to be used as specified.

27 16 2. The department may use a portion of the moneys credited
 27 17 to the FIP account under this section as necessary for
 27 18 salaries, support, maintenance, and miscellaneous purposes.

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

27 19 3. The department may transfer funds allocated in
 27 20 subsection 4 to the appropriations made in this division of
 27 21 this Act for the same fiscal year for general administration
 27 22 and field operations for resources necessary to implement and
 27 23 operate the family investment program services referred to in
 27 24 this section and those funded in the appropriation made in this
 27 25 division of this Act for the same fiscal year for the family
 27 26 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 27 4. Moneys appropriated in this division of this Act and
 27 28 credited to the FIP account for the fiscal year beginning July
 27 29 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 30 a. To be retained by the department of human services to
 27 31 be used for coordinating with the department of human rights
 27 32 to more effectively serve participants in FIP and other shared
 27 33 clients and to meet federal reporting requirements under the
 27 34 federal temporary assistance for needy families block grant:
 27 35\$ 10,000
 28 1 20,000

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

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

28 2 b. To the department of human rights for staffing,
 28 3 administration, and implementation of the family development
 28 4 and self-sufficiency grant program in accordance with section
 28 5 216A.107:
 28 6\$ 3,096,417
 28 7 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.

28 8 (1) Of the funds allocated for the family development
 28 9 and self-sufficiency grant program in this paragraph "b",
 28 10 not more than 5 percent of the funds shall be used for the
 28 11 administration of the grant program.

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

28 12 (2) The department of human rights may continue to implement
 28 13 the family development and self-sufficiency grant program
 28 14 statewide during fiscal year 2016-2017.

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

28 15 (3) The department of human rights may engage in activities
 28 16 to strengthen and improve family outcomes measures and
 28 17 data collection systems under the family development and
 28 18 self-sufficiency grant program.

28 19 c. For the diversion subaccount of the FIP account:
 28 20 \$ 407,500
 28 21 815,000

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

28 22 A portion of the moneys allocated for the subaccount may
 28 23 be used for field operations, salaries, data management
 28 24 system development, and implementation costs and support
 28 25 deemed necessary by the director of human services in order
 28 26 to administer the FIP diversion program. To the extent
 28 27 moneys allocated in this paragraph "c" are not deemed by the
 28 28 department to be necessary to support diversion activities,
 28 29 such moneys may be used for other efforts intended to increase
 28 30 engagement by family investment program participants in work,
 28 31 education, or training activities.

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

28 32 d. For the food assistance employment and training program:
 28 33 \$ 33,294
 28 34 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 35 (1) The department shall apply the federal supplemental
 29 1 nutrition assistance program (SNAP) employment and training
 29 2 state plan in order to maximize to the fullest extent permitted
 29 3 by federal law the use of the 50 percent federal reimbursement
 29 4 provisions for the claiming of allowable federal reimbursement
 29 5 funds from the United States department of agriculture
 29 6 pursuant to the federal SNAP employment and training program
 29 7 for providing education, employment, and training services
 29 8 for eligible food assistance program participants, including
 29 9 but not limited to related dependent care and transportation
 29 10 expenses.

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

29 11 (2) The department shall continue the categorical federal
 29 12 food assistance program eligibility at 160 percent of the
 29 13 federal poverty level and continue to eliminate the asset test
 29 14 from eligibility requirements, consistent with federal food
 29 15 assistance program requirements. The department shall include
 29 16 as many food assistance households as is allowed by federal
 29 17 law. The eligibility provisions shall conform to all federal
 29 18 requirements including requirements addressing individuals who
 29 19 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 20 e. For the JOBS program:
 29 21 \$ 8,770,199

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

29 22 16,129,101

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

29 23 5. Of the child support collections assigned under FIP,
29 24 an amount equal to the federal share of support collections
29 25 shall be credited to the child support recovery appropriation
29 26 made in this division of this Act. Of the remainder of the
29 27 assigned child support collections received by the child
29 28 support recovery unit, a portion shall be credited to the FIP
29 29 account, a portion may be used to increase recoveries, and a
29 30 portion may be used to sustain cash flow in the child support
29 31 payments account. If as a consequence of the appropriations
29 32 and allocations made in this section the resulting amounts
29 33 are insufficient to sustain cash assistance payments and meet
29 34 federal maintenance of effort requirements, the department
29 35 shall seek supplemental funding. If child support collections
30 1 assigned under FIP are greater than estimated or are otherwise
30 2 determined not to be required for maintenance of effort, the
30 3 state share of either amount may be transferred to or retained
30 4 in the child support payments account.

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

30 5 6. The department may adopt emergency rules for the family
30 6 investment, JOBS, food assistance, and medical assistance
30 7 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.

30 8 Sec. 8. 2015 Iowa Acts, chapter 137, section 128, is amended
30 9 to read as follows:

30 10 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
30 11 is appropriated from the general fund of the state to the
30 12 department of human services for the fiscal year beginning July
30 13 1, 2016, and ending June 30, 2017, the following amount, or
30 14 so much thereof as is necessary, to be used for the purpose
30 15 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 16 To be credited to the family investment program (FIP)
30 17 account and used for family investment program assistance under
30 18 chapter 239B:

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

30 19 \$ 24,336,937
30 20 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 21 1. Of the funds appropriated in this section, ~~\$3,701,140~~
30 22 \$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.

<p>30 23 2. Of the funds appropriated in this section, \$1,656,927 30 24 <u>\$3,313,854</u> is allocated for the family development and 30 25 self-sufficiency grant program.</p>	<p>General Fund allocation of \$3,313,854 for the FaDSS Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>30 26 3. Notwithstanding section 8.39, for the fiscal year 30 27 beginning July 1, 2016, if necessary to meet federal 30 28 maintenance of effort requirements; or to transfer federal 30 29 temporary assistance for needy families block grant funding 30 30 to be used for purposes of the federal social services block 30 31 grant; or to meet cash flow needs resulting from delays in 30 32 receiving federal funding; or to implement, in accordance 30 33 with this division of this Act, activities currently funded 30 34 with juvenile court services, county, or community moneys 30 35 and state moneys used in combination with such moneys; <u>to</u> 31 1 <u>comply with federal requirements; or to maximize the use of</u> 31 2 <u>federal funds</u>, the department of human services may transfer 31 3 funds within or between any of the appropriations made in 31 4 this division of this Act and appropriations in law for the 31 5 federal social services block grant to the department for the 31 6 following purposes, provided that the combined amount of state 31 7 and federal temporary assistance for needy families block grant 31 8 funding for each appropriation remains the same before and 31 9 after the transfer: 31 10 a. For the family investment program. 31 11 b. For child care assistance. 31 12 c. For child and family services. 31 13 d. For field operations. 31 14 e. For general administration. 31 15 f. For distribution to counties or regions through the 31 16 property tax relief fund for mental health and disability 31 17 services as provided in an appropriation for this purpose. 31 18 This subsection shall not be construed to prohibit the use 31 19 of existing state transfer authority for other purposes. The 31 20 department shall report any transfers made pursuant to this 31 21 subsection to the legislative services agency.</p>	<p>Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.</p>
<p>31 22 4. Of the funds appropriated in this section, \$97,839 31 23 <u>\$195,678</u> shall be used for continuation of a grant to an 31 24 Iowa-based nonprofit organization with a history of providing 31 25 tax preparation assistance to low-income lowans in order to 31 26 expand the usage of the earned income tax credit. The purpose 31 27 of the grant is to supply this assistance to underserved areas 31 28 of the state.</p>	<p>General Fund allocation of \$195,678 to provide tax preparation assistance for low-income lowans.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>31 29 5. Of the funds appropriated in this section, \$30,000 31 30 <u>\$60,000</u> shall be used for the continuation of an unfunded 31 31 pilot project, as defined in 441 IAC 100.1, relating to</p>	<p>General Fund allocation of \$60,000 for a Fatherhood Initiative Pilot Project.</p>

31 32 parental obligations, in which the child support recovery
 31 33 unit participates, to support the efforts of a nonprofit
 31 34 organization committed to strengthening the community through
 31 35 youth development, healthy living, and social responsibility
 32 1 headquartered in a county with a population over 350,000.
 32 2 The funds allocated in this subsection shall be used by
 32 3 the recipient organization to develop a larger community
 32 4 effort, through public and private partnerships, to support a
 32 5 broad-based multi-county fatherhood initiative that promotes
 32 6 payment of child support obligations, improved family
 32 7 relationships, and full-time employment.

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

32 8 6. The department may transfer funds appropriated in this
 32 9 section to the appropriations made in this division of this Act
 32 10 for general administration and field operations as necessary
 32 11 to administer this section and the overall family investment
 32 12 program.

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

32 13 Sec. 9. 2015 Iowa Acts, chapter 137, section 129, is amended
 32 14 to read as follows:

32 15 SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated
 32 16 from the general fund of the state to the department of human
 32 17 services for the fiscal year beginning July 1, 2016, and ending
 32 18 June 30, 2017, the following amount, or so much thereof as is
 32 19 necessary, to be used for the purposes designated:

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

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 20 For child support recovery, including salaries, support,
 32 21 maintenance, and miscellaneous purposes, and for not more than
 32 22 the following full-time equivalent positions:

32 23	.....	\$	7,331,686
32 24			<u>14,663,373</u>
32 25	.....	FTEs	464.00

32 26 1. The department shall expend up to ~~\$12,164~~ \$24,329,
 32 27 including federal financial participation, for the fiscal year
 32 28 beginning July 1, 2016, for a child support public awareness
 32 29 campaign. The department and the office of the attorney
 32 30 general shall cooperate in continuation of the campaign. The
 32 31 public awareness campaign shall emphasize, through a variety
 32 32 of media activities, the importance of maximum involvement of
 32 33 both parents in the lives of their children as well as the
 32 34 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 35 2. Federal access and visitation grant moneys shall be
 33 1 issued directly to private not-for-profit agencies that provide
 33 2 services designed to increase compliance with the child access
 33 3 provisions of court orders, including but not limited to
 33 4 neutral visitation sites and mediation services.

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

33 5 3. The appropriation made to the department for child
 33 6 support recovery may be used throughout the fiscal year in the
 33 7 manner necessary for purposes of cash flow management, and for
 33 8 cash flow management purposes the department may temporarily
 33 9 draw more than the amount appropriated, provided the amount
 33 10 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.

33 11 4. With the exception of the funding amount specified, the
 33 12 requirements established under 2001 Iowa Acts, chapter 191,
 33 13 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 33 14 be applicable to parental obligation pilot projects for the
 33 15 fiscal year beginning July 1, 2016, and ending June 30, 2017.
 33 16 Notwithstanding 441 IAC 100.8, providing for termination of
 33 17 rules relating to the pilot projects, the rules shall remain
 33 18 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 19 Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is
 33 20 amended to read as follows:

33 21 SEC. 132. MEDICAL ASSISTANCE. There is appropriated from
 33 22 the general fund of the state to the department of human
 33 23 services for the fiscal year beginning July 1, 2016, and ending
 33 24 June 30, 2017, the following amount, or so much thereof as is
 33 25 necessary, to be used for the purpose designated:

33 26 For medical assistance program reimbursement and associated
 33 27 costs as specifically provided in the reimbursement
 33 28 methodologies in effect on June 30, 2016, except as otherwise
 33 29 expressly authorized by law, consistent with options under
 33 30 federal law and regulations, and contingent upon receipt of
 33 31 approval from the office of the governor of reimbursement for
 33 32 each abortion performed under the program:

33 33 \$ 651,595,782
 33 34 1,315,246,446

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

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

- 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.

<p>33 35 1. Iowans support reducing the number of abortions 34 1 performed in our state. Funds appropriated under this section 34 2 shall not be used for abortions, unless otherwise authorized 34 3 under this section.</p>	<p>Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.</p>
<p>34 4 2. The provisions of this section relating to abortions 34 5 shall also apply to the Iowa health and wellness plan created 34 6 pursuant to chapter 249N.</p>	<p>Specifies the policy on abortion applies the the Iowa Health and Wellness Program.</p>
<p>34 7 3. The department shall utilize not more than \$30,000 34 8 \$60,000 of the funds appropriated in this section to continue 34 9 the AIDS/HIV health insurance premium payment program as 34 10 established in 1992 Iowa Acts, Second Extraordinary Session, 34 11 chapter 1001, section 409, subsection 6. Of the funds 34 12 allocated in this subsection, not more than \$2,500 <u>\$5,000</u> may 34 13 be expended for administrative purposes.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>34 14 4. Of the funds appropriated in this Act to the department 34 15 of public health for addictive disorders, \$475,000 <u>\$950,000</u> 34 16 for the fiscal year beginning July 1, 2016, is transferred 34 17 to the department of human services for an integrated 34 18 substance-related disorder managed care system. The department 34 19 shall not assume management of the substance-related disorder 34 20 system in place of the managed care contractor unless such 34 21 a change in approach is specifically authorized in law. 34 22 The departments of human services and public health shall 34 23 work together to maintain the level of mental health and 34 24 substance-related disorder treatment services provided by the 34 25 managed care contractor through the Iowa plan for behavioral 34 26 health contractors. Each department shall take the steps 34 27 necessary to continue the federal waivers as necessary to 34 28 maintain the level of services.</p>	<p>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.</p> <p>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.</p>
<p>34 29 5. a. The department shall aggressively pursue options for 34 30 providing medical assistance or other assistance to individuals 34 31 with special needs who become ineligible to continue receiving 34 32 services under the early and periodic screening, diagnostic, 34 33 and treatment program under the medical assistance program 34 34 due to becoming 21 years of age who have been approved for 34 35 additional assistance through the department's exception to 35 1 policy provisions, but who have health care needs in excess 35 2 of the funding available through the exception to policy 35 3 provisions.</p>	<p>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.</p>
<p>35 4 b. Of the funds appropriated in this section, \$50,000 35 5 <u>\$100,000</u> shall be used for participation in one or more 35 6 pilot projects operated by a private provider to allow the 35 7 individual or individuals to receive service in the community</p>	<p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

35 8 in accordance with principles established in *Olmstead v.*
 35 9 *L.C.*, 527 U.S.581 (1999), for the purpose of providing
 35 10 medical assistance or other assistance to individuals with
 35 11 special needs who become ineligible to continue receiving
 35 12 services under the early and periodic screening, diagnostic,
 35 13 and treatment program under the medical assistance program
 35 14 due to becoming 21 years of age who have been approved for
 35 15 additional assistance through the department's exception to
 35 16 policy provisions, but who have health care needs in excess
 35 17 of the funding available through the exception to the policy
 35 18 provisions.

35 19 6. Of the funds appropriated in this section, up to
 35 20 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field
 35 21 operations or general administration appropriations in this
 35 22 division of this Act for operational costs associated with Part
 35 23 D of the federal Medicare Prescription Drug Improvement and
 35 24 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 25 7. Of the funds appropriated in this section, up to
 35 26 ~~\$221,050~~ \$442,100 may be transferred to the appropriation in
 35 27 this division of this Act for medical contracts to be used
 35 28 for clinical assessment services and prior authorization of
 35 29 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 30 8. A portion of the funds appropriated in this section
 35 31 may be transferred to the appropriations in this division of
 35 32 this Act for general administration, medical contracts, the
 35 33 children's health insurance program, or field operations to be
 35 34 used for the state match cost to comply with the payment error
 35 35 rate measurement (PERM) program for both the medical assistance
 36 1 and children's health insurance programs as developed by the
 36 2 centers for Medicare and Medicaid services of the United States
 36 3 department of health and human services to comply with the
 36 4 federal Improper Payments Information Act of 2002, Pub.L.No.
 36 5 107-300.

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.

36 6 9. The department shall continue to implement the
 36 7 recommendations of the assuring better child health and
 36 8 development initiative II (ABCDII) clinical panel to the
 36 9 Iowa early and periodic screening, diagnostic, and treatment
 36 10 services healthy mental development collaborative board
 36 11 regarding changes to billing procedures, codes, and eligible
 36 12 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 13 10. Of the funds appropriated in this section, a sufficient
 36 14 amount is allocated to supplement the incomes of residents of
 36 15 nursing facilities, intermediate care facilities for persons

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

36 16 with mental illness, and intermediate care facilities for
 36 17 persons with an intellectual disability, with incomes of less
 36 18 than \$50 in the amount necessary for the residents to receive a
 36 19 personal needs allowance of \$50 per month pursuant to section
 36 20 249A.30A.

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

36 21 ~~—11. Of the funds appropriated in this section, the following~~
 36 22 ~~amounts are transferred to the appropriations made in this~~
 36 23 ~~division of this Act for the state mental health institutes:~~
 36 24 ~~—a. Cherokee mental health institute \$4,549,212~~
 36 25 ~~—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 26 12. a. ~~Of the funds appropriated in this section,~~
 36 27 ~~\$2,041,939 is allocated for the state match for a~~
 36 28 ~~disproportionate share hospital payment of \$4,544,712 to~~
 36 29 ~~The hospitals that meet both of the conditions specified~~
 36 30 ~~in subparagraphs (1) and (2). In addition, the hospitals~~
 36 31 ~~that meet the conditions specified shall either certify~~
 36 32 ~~public expenditures or transfer to the medical assistance~~
 36 33 ~~program an amount equal to provide the nonfederal share~~
 36 34 ~~for a disproportionate share hospital payment of \$8,772,003~~
 36 35 ~~\$26,633,430. The hospitals that meet the conditions~~
 37 1 ~~specified shall receive and retain 100 percent of the total~~
 37 2 ~~disproportionate share hospital payment of \$13,316,715~~
 37 3 ~~\$26,633,430.~~
 37 4 (1) The hospital qualifies for disproportionate share and
 37 5 graduate medical education payments.
 37 6 (2) The hospital is an Iowa state-owned hospital with more
 37 7 than 500 beds and eight or more distinct residency specialty
 37 8 or subspecialty programs recognized by the American college of
 37 9 graduate medical education.

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.

37 10 b. Distribution of the disproportionate share payments
 37 11 shall be made on a monthly basis. The total amount of
 37 12 disproportionate share payments including graduate medical
 37 13 education, enhanced disproportionate share, and Iowa
 37 14 state-owned teaching hospital payments shall not exceed the
 37 15 amount of the state's allotment under Pub.L.No.102-234.
 37 16 In addition, the total amount of all disproportionate
 37 17 share payments shall not exceed the hospital-specific
 37 18 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 19 c. The university of Iowa hospitals and clinics shall either
 37 20 certify public expenditures or transfer to the appropriations
 37 21 made in this division of this Act for medical assistance an
 37 22 amount equal to provide the nonfederal share for increased

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

<p>37 23 medical assistance payments for inpatient and outpatient 37 24 hospital services of \$4,950,000 <u>\$9,900,000</u>. The university of 37 25 Iowa hospitals and clinics shall receive and retain 100 percent 37 26 of the total increase in medical assistance payments.</p>	<p>payments.</p>
<p>37 27 d. Payment methodologies utilized for disproportionate 37 28 share hospitals and graduate medical education, and other 37 29 supplemental payments under the Medicaid program may be 37 30 adjusted or converted to other methodologies or payment types 37 31 to provide these payments through Medicaid managed care <u>after</u> 37 32 <u>April 1, 2016</u>. The department of human services shall obtain 37 33 approval from the centers for Medicare and Medicaid services 37 34 of the United States department of health and human services 37 35 prior to implementation of any such adjusted or converted 38 1 methodologies or payment types.</p>	<p>Specifies that methodologies used for DSH, Graduate Medical 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>38 2 13. One hundred percent of the nonfederal share of payments 38 3 to area education agencies that are medical assistance 38 4 providers for medical assistance-covered services provided to 38 5 medical assistance-covered children, shall be made from the 38 6 appropriation made in this section.</p>	<p>Allocates Medicaid funds to Area Education Agencies.</p>
<p>38 7 —14. Any new or renewed contract entered into by the 38 8 department with a third party to administer services under the 38 9 medical assistance program shall provide that any interest 38 10 earned on payments from the state during the state fiscal year 38 11 shall be remitted to the department and treated as recoveries 38 12 to offset the costs of the medical assistance program.</p>	<p>Strikes language that 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 13 15. A portion of the funds appropriated in this section 38 14 may be transferred to the appropriation in this division of 38 15 this Act for medical contracts to be used for administrative 38 16 activities associated with the money follows the person 38 17 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 18 16. Of the funds appropriated in this section, \$174,505 38 19 <u>\$349,011</u> shall be used for the administration of the health 38 20 insurance premium payment program, including salaries, support, 38 21 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 22 17. a. The department may increase the amounts allocated 38 23 for salaries, support, maintenance, and miscellaneous purposes 38 24 associated with the medical assistance program, as necessary, 38 25 to implement cost containment strategies. The department shall 38 26 report any such increase to the legislative services agency and 38 27 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 28 b. If the savings to the medical assistance program from</p>	<p>Permits the DHS to transfer funds to Medical Contracts or General</p>

<p>38 29 cost containment efforts exceed the cost for the fiscal 38 30 year beginning July 1, 2016, the department may transfer any 38 31 savings generated for the fiscal year due to medical assistance 38 32 program cost containment efforts to the appropriation 38 33 made in this division of this Act for medical contracts or 38 34 general administration to defray the increased contract costs 38 35 associated with implementing such efforts.</p>	<p>Administration to hire additional staff to implement the cost containment strategies for FY 2016.</p>
<p>39 1 18. For the fiscal year beginning July 1, 2016, and ending 39 2 June 30, 2017, the replacement generation tax revenues required 39 3 to be deposited in the property tax relief fund pursuant to 39 4 section 437A.8, subsection 4, paragraph "d", and section 39 5 437A.15, subsection 3, paragraph "f", shall instead be credited 39 6 to and supplement the appropriation made in this section and 39 7 used for the allocations made in this section.</p>	<p>Allocates approximately \$980,730 in funding from the replacement generation tax revenues to the Medicaid Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>39 8 —19. The department shall continue to administer the state 39 9 balancing incentive payments program as specified in 2012 Iowa 39 10 Acts, chapter 1133, section 14.</p>	<p>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.</p>
<p>39 11 20. a. Of the funds appropriated in this section, up 39 12 to \$25,000 <u>\$50,000</u> may be transferred by the department to 39 13 the appropriation made in this division of this Act to the 39 14 department for the same fiscal year for general administration 39 15 to be used for associated administrative expenses and for not 39 16 more than one full-time equivalent position, in addition to 39 17 those authorized for the same fiscal year, to be assigned to 39 18 implementing the <u>children's mental health home</u> project.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>39 19 b. Of the funds appropriated in this section, up to 39 20 \$200,000 <u>\$400,000</u> may be transferred by the department to 39 21 the appropriation made to the department in this division of 39 22 this Act for the same fiscal year for Medicaid program-related 39 23 general administration planning and implementation activities. 39 24 The funds may be used for contracts or for personnel in 39 25 addition to the amounts appropriated for and the positions 39 26 authorized for general administration for the fiscal year.</p>	<p>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).</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>39 27 c. Of the funds appropriated in this section, up to 39 28 \$1,500,000 <u>\$3,000,000</u> may be transferred by the department 39 29 to the appropriations made in this division of this Act 39 30 for the same fiscal year for general administration or 39 31 medical contracts to be used to support the development 39 32 and implementation of standardized assessment tools for 39 33 persons with mental illness, an intellectual disability, a 39 34 developmental disability, or a brain injury.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

<p>39 35 21. Of the funds appropriated in this section, \$125,000 40 1 \$250,000 shall be used for lodging expenses associated with 40 2 care provided at the university of Iowa hospitals and clinics 40 3 for patients with cancer whose travel distance is 30 miles or 40 4 more and whose income is at or below 200 percent of the federal 40 5 poverty level as defined by the most recently revised poverty 40 6 income guidelines published by the United States department of 40 7 health and human services. The department of human services 40 8 shall establish the maximum number of overnight stays and the 40 9 maximum rate reimbursed for overnight lodging, which may be 40 10 based on the state employee rate established by the department 40 11 of administrative services. The funds allocated in this 40 12 subsection shall not be used as nonfederal share matching 40 13 funds.</p>	<p>Allocates \$250,000 to the UIHC to be used for overnight lodging for lowaCare cancer patients receiving treatment for individuals that travel 30 miles or more.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>40 14 <u>23. The department of human services shall not implement</u> 40 15 <u>the following cost containment strategies as recommended by the</u> 40 16 <u>governor for the fiscal year beginning July 1, 2016:</u> 40 17 <u>a. A policy to ensure that reimbursement for Medicare Part A</u> 40 18 <u>and Medicare Part B crossover claims is limited to the Medicaid</u> 40 19 <u>reimbursement rate.</u> 40 20 <u>b. An adjustment to the reimbursement policy in order to end</u> 40 21 <u>the primary care physician rate increase originally authorized</u> 40 22 <u>by the federal Health Care and Education Reconciliation</u> 40 23 <u>Act of 2010, section 1202, Pub.L. No.111-152, 42 U.S.C.</u> 40 24 <u>§1396a(a)(13)(C) that allows qualified primary care physicians</u> 40 25 <u>to receive the greater of the Medicare rate or Medicaid rate</u> 40 26 <u>for a specified set of codes.</u></p>	<p>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.</p>
<p>40 27 <u>24. The department shall report the implementation of</u> 40 28 <u>any cost containment strategies to the individuals specified</u> 40 29 <u>in this division of this Act for submission of reports upon</u> 40 30 <u>implementation.</u></p>	<p>Requires the DHS to report on the implementation of the cost containment strategies.</p>
<p>40 31 <u>25. The department shall report the implementation of any</u> 40 32 <u>improved processing changes and any related cost reductions</u> 40 33 <u>to the individuals specified in this division of this Act for</u> 40 34 <u>submission of reports upon implementation.</u></p>	<p>Requires the DHS to report on any process improvement changes implemented.</p> <p>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.</p>
<p>40 35 <u>26. Of the funds appropriated in this section, \$3,000,000</u> 41 1 <u>shall be used to implement reductions in the waiting lists</u> 41 2 <u>of all medical assistance home and community-based services</u> 41 3 <u>waivers.</u></p>	<p>Allocates \$3,000,000 to reduce the Medicaid HCBS waiver waiting lists.</p> <p>DETAIL: This is a new allocation for FY 2017.</p>
<p>41 4 <u>27. The department shall submit a report to the individuals</u></p>	<p>Requires the DHS to report regarding the impact of changes in</p>

41 5 identified in this Act for submission of reports, regarding the
 41 6 impact of changes in home and community-based services waiver
 41 7 supported employment and prevocational services by December 15,
 41 8 2016.

supported employment and prevocational services to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staff, and the LSA.

41 9 28. Any dental benefit manager contracting with the
 41 10 department of human services for the dental wellness plan on or
 41 11 after July 1, 2016, shall meet the same contract requirements.
 41 12 Readiness review of such a dental benefit manager shall be
 41 13 based on the criteria applicable to the dental wellness plan
 41 14 when implemented on May 1, 2014, including but not limited to
 41 15 network adequacy, access to services, performance measures,
 41 16 benefit design, and other requirements as determined by the
 41 17 department for the dental wellness program. Any dental benefit
 41 18 manager that has been approved by a readiness review prior to
 41 19 July 1, 2016, shall not be required to repeat such review for
 41 20 the department.

Requires all dental benefit managers contracting with the DHS under the Dental Wellness Program in FY 2017 to meet the same contract requirements and specifies readiness reviews are to be based on the May 1, 2014, criteria. Any current dental benefits manager is not subject to a new readiness review.

41 21 Sec. 11. 2015 Iowa Acts, chapter 137, section 133, is
 41 22 amended to read as follows:

41 23 SEC. 133. MEDICAL CONTRACTS. There is appropriated from the
 41 24 general fund of the state to the department of human services
 41 25 for the fiscal year beginning July 1, 2016, and ending June 30,
 41 26 2017, the following amount, or so much thereof as is necessary,
 41 27 to be used for the purpose designated:

General Fund appropriation to Medical Contracts.

41 28 For medical contracts:
 41 29 \$ 9,806,982
 41 30 17,045,964

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 31 1. The department of inspections and appeals shall
 41 32 provide all state matching funds for survey and certification
 41 33 activities performed by the department of inspections
 41 34 and appeals. The department of human services is solely
 41 35 responsible for distributing the federal matching funds for
 42 1 such activities.

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

42 2 2. Of the funds appropriated in this section, ~~\$25,000~~
 42 3 ~~\$50,000~~ shall be used for continuation of home and
 42 4 community-based services waiver quality assurance programs,
 42 5 including the review and streamlining of processes and policies
 42 6 related to oversight and quality management to meet state and
 42 7 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.

<p>42 8 3. Of the amount appropriated in this section, up to 42 9 \$100,000 <u>\$200,000</u> may be transferred to the appropriation 42 10 for general administration in this division of this Act to 42 11 be used for additional full-time equivalent positions in the 42 12 development of key health initiatives such as cost containment, 42 13 development and oversight of managed care programs, and 42 14 development of health strategies targeted toward improved 42 15 quality and reduced costs in the Medicaid program.</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>42 16 4. Of the funds appropriated in this section, \$500,000 42 17 <u>\$1,000,000</u> shall be used for planning and development, 42 18 in cooperation with the department of public health, of a 42 19 phased-in program to provide a dental home for children.</p>	<p>Allocates \$1,000,000 for the I-Smile Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>42 20 5. Of the funds appropriated in this section, \$1,000,000 42 21 <u>\$2,000,000</u> shall be <u>credited to the autism support program fund</u> 42 22 <u>created in section 242D.2 to be</u> used for the autism support 42 23 program created in chapter 225D, with the exception of the 42 24 following amounts of this allocation which shall be used as 42 25 follows:</p>	<p>Allocates \$2,000,000 for an Autism Treatment Program.</p> <p>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.</p>
<p>42 26 a. Of the funds allocated in this subsection, \$125,000 42 27 <u>\$250,000</u> shall be deposited in the board-certified behavior 42 28 analyst and board-certified assistant behavior analyst grants 42 29 program fund created in section 135.181, as enacted in this 42 30 Act, to be used for the purposes of the fund.</p>	<p>Allocates \$250,000 from the \$2,000,000 Autism allocation for a board-certified behavioral analyst and assistant grant program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>42 31 b. Of the funds allocated in this subsection, \$12,500 42 32 <u>\$25,000</u> shall be used for the public purpose of continuation 42 33 of a grant to a child welfare services provider headquartered 42 34 in a county with a population between 205,000 and 215,000 in 42 35 the latest certified federal census that provides multiple 43 1 services including but not limited to a psychiatric medical 43 2 institution for children, shelter, residential treatment, after 43 3 school programs, school-based programming, and an Asperger's 43 4 syndrome program, to be used for support services for children 43 5 with autism spectrum disorder and their families.</p>	<p>Allocates \$25,000 from the \$2,000,000 Autism allocation to Four Oaks for various autism spectrum disorder services.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>43 6 c. Of the funds allocated in this subsection, \$12,500 43 7 <u>\$25,000</u> shall be used for the public purpose of continuing a 43 8 grant to a hospital-based provider headquartered in a county 43 9 with a population between 90,000 and 95,000 in the latest 43 10 certified federal census that provides multiple services 43 11 including but not limited to diagnostic, therapeutic, and 43 12 behavioral services to individuals with autism spectrum 43 13 disorder across one's lifespan. The grant recipient shall 43 14 utilize the funds to continue the pilot project to determine</p>	<p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

43 15 the necessary support services for children with autism
 43 16 spectrum disorder and their families to be included in the
 43 17 children's disabilities services system. The grant recipient
 43 18 shall submit findings and recommendations based upon the
 43 19 results of the pilot project to the individuals specified in
 43 20 this division of this Act for submission of reports by December
 43 21 31, ~~2015~~ 2016.

43 22 Sec. 12. 2015 Iowa Acts, chapter 137, section 134, is
 43 23 amended to read as follows:

43 24 SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

43 25 1. There is appropriated from the general fund of the
 43 26 state to the department of human services for the fiscal year
 43 27 beginning July 1, 2016, and ending June 30, 2017, the following
 43 28 amount, or so much thereof as is necessary, to be used for the
 43 29 purpose designated:

43 30 For the state supplementary assistance program:
 43 31 \$ 6,498,593
 43 32 11,611,442

43 33 2. The department shall increase the personal needs
 43 34 allowance for residents of residential care facilities by the
 43 35 same percentage and at the same time as federal supplemental
 44 1 security income and federal social security benefits are
 44 2 increased due to a recognized increase in the cost of living.
 44 3 The department may adopt emergency rules to implement this
 44 4 subsection.

44 5 3. If during the fiscal year beginning July 1, 2016,
 44 6 the department projects that state supplementary assistance
 44 7 expenditures for a calendar year will not meet the federal
 44 8 pass-through requirement specified in Tit.XVI of the federal
 44 9 Social Security Act, section 1618, as codified in 42 U.S.C.
 44 10 §1382g, the department may take actions including but not
 44 11 limited to increasing the personal needs allowance for
 44 12 residential care facility residents and making programmatic
 44 13 adjustments or upward adjustments of the residential care
 44 14 facility or in-home health-related care reimbursement rates
 44 15 prescribed in this division of this Act to ensure that federal
 44 16 requirements are met. In addition, the department may make
 44 17 other programmatic and rate adjustments necessary to remain
 44 18 within the amount appropriated in this section while ensuring
 44 19 compliance with federal requirements. The department may adopt
 44 20 emergency rules to implement the provisions of this subsection.

44 21 Sec. 13. 2015 Iowa Acts, chapter 137, section 135, is
 44 22 amended to read as follows:

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.

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.

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 23 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.
 44 24 1. There is appropriated from the general fund of the
 44 25 state to the department of human services for the fiscal year
 44 26 beginning July 1, 2016, and ending June 30, 2017, the following
 44 27 amount, or so much thereof as is necessary, to be used for the
 44 28 purpose designated:
 44 29 For maintenance of the healthy and well kids in Iowa (hawk-i)
 44 30 program pursuant to chapter 514I, including supplemental dental
 44 31 services, for receipt of federal financial participation under
 44 32 Tit.XXI of the federal Social Security Act, which creates the
 44 33 children's health insurance program:
 44 34 \$ 10,206,922
 44 35 9,176,652

45 1 2. Of the funds appropriated in this section, ~~\$21,400~~
 45 2 \$42,800 is allocated for continuation of the contract for
 45 3 outreach with the department of public health.

45 4 Sec. 14. 2015 Iowa Acts, chapter 137, section 136, is
 45 5 amended to read as follows:

45 6 SEC. 136. CHILD CARE ASSISTANCE. There is appropriated
 45 7 from the general fund of the state to the department of human
 45 8 services for the fiscal year beginning July 1, 2016, and ending
 45 9 June 30, 2017, the following amount, or so much thereof as is
 45 10 necessary, to be used for the purpose designated:
 45 11 For child care programs:
 45 12 \$ 25,704,334
 45 13 36,389,561

45 14 1. Of the funds appropriated in this section, ~~\$21,844,620~~
 45 15 \$30,039,561 shall be used for state child care assistance in
 45 16 accordance with section 237A.13.

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 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.

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

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

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:

- 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.

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.

<p>45 17 2. Nothing in this section shall be construed or is 45 18 intended as or shall imply a grant of entitlement for services 45 19 to persons who are eligible for assistance due to an income 45 20 level consistent with the waiting list requirements of section 45 21 237A.13. Any state obligation to provide services pursuant to 45 22 this section is limited to the extent of the funds appropriated 45 23 in this section.</p>	<p>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.</p>
<p>45 24 3.—Of the funds appropriated in this section, \$216,226 45 25 is allocated for the statewide grant program for child care 45 26 resource and referral services under section 237A.26. A list 45 27 of the registered and licensed child care facilities operating 45 28 in the area served by a child care resource and referral 45 29 service shall be made available to the families receiving state 45 30 child care assistance in that area.</p>	<p>Eliminates the allocation for the statewide Child Care Resource and Referral Program.</p> <p>DETAIL: This Program will now be funded using federal funds. There is not a decrease of the General Fund appropriation due to this change. 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.</p>
<p>45 31 —4.—Of the funds appropriated in this section, \$468,487 45 32 is allocated for child care quality improvement initiatives 45 33 including but not limited to the voluntary quality rating 45 34 system in accordance with section 237A.30.</p>	<p>Eliminates the allocation for the Quality Rating System (QRS).</p> <p>DETAIL: This will now be funded using federal funds. There is no decrease to the General Fund appropriation due to this change.</p>
<p>45 35 5. Of the funds appropriated in this section, \$3,175,000 46 1 <u>\$6,350,000</u> shall be credited to the early childhood programs 46 2 grants account in the early childhood Iowa fund created 46 3 in section 256I.11. The moneys shall be distributed for 46 4 funding of community-based early childhood programs targeted 46 5 to children from birth through five years of age developed 46 6 by early childhood Iowa areas in accordance with approved 46 7 community plans as provided in section 256I.8.</p>	<p>Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>46 8 6. The department may use any of the funds appropriated 46 9 in this section as a match to obtain federal funds for use in 46 10 expanding child care assistance and related programs. For 46 11 the purpose of expenditures of state and federal child care 46 12 funding, funds shall be considered obligated at the time 46 13 expenditures are projected or are allocated to the department's 46 14 service areas. Projections shall be based on current and 46 15 projected caseload growth, current and projected provider 46 16 rates, staffing requirements for eligibility determination 46 17 and management of program requirements including data systems 46 18 management, staffing requirements for administration of the 46 19 program, contractual and grant obligations and any transfers 46 20 to other state agencies, and obligations for decategorization 46 21 or innovation projects.</p>	<p>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.</p>

46 22 7. A portion of the state match for the federal child care
 46 23 and development block grant shall be provided as necessary to
 46 24 meet federal matching funds requirements through the state
 46 25 general fund appropriation made for child development grants
 46 26 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 27 8. If a uniform reduction ordered by the governor under
 46 28 section 8.31 or other operation of law, transfer, or federal
 46 29 funding reduction reduces the appropriation made in this
 46 30 section for the fiscal year, the percentage reduction in the
 46 31 amount paid out to or on behalf of the families participating
 46 32 in the state child care assistance program shall be equal to or
 46 33 less than the percentage reduction made for any other purpose
 46 34 payable from the appropriation made in this section and the
 46 35 federal funding relating to it. The percentage reduction to
 47 1 the other allocations made in this section shall be the same as
 47 2 the uniform reduction ordered by the governor or the percentage
 47 3 change of the federal funding reduction, as applicable.
 47 4 If there is an unanticipated increase in federal funding
 47 5 provided for state child care assistance, the entire amount
 47 6 of the increase shall be used for state child care assistance
 47 7 payments. If the appropriations made for purposes of the
 47 8 state child care assistance program for the fiscal year are
 47 9 determined to be insufficient, it is the intent of the general
 47 10 assembly to appropriate sufficient funding for the fiscal year
 47 11 in order to avoid establishment of waiting list requirements.

Requires the following related to program operations:

- Apply any reductions to the child care assistance appropriation, 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.

47 12 9. Notwithstanding section 8.33, moneys advanced for
 47 13 purposes of the programs developed by early childhood Iowa
 47 14 areas, advanced for purposes of wraparound child care, or
 47 15 received from the federal appropriations made for the purposes
 47 16 of this section that remain unencumbered or unobligated at the
 47 17 close of the fiscal year shall not revert to any fund but shall
 47 18 remain available for expenditure for the purposes designated
 47 19 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 20 Sec. 15. 2015 Iowa Acts, chapter 137, section 137, is
 47 21 amended to read as follows:

47 22 SEC. 137. JUVENILE INSTITUTION. There is appropriated
 47 23 from the general fund of the state to the department of human
 47 24 services for the fiscal year beginning July 1, 2016, and ending
 47 25 June 30, 2017, the following amounts, or so much thereof as is
 47 26 necessary, to be used for the purposes designated:

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

47 27 1. For operation of the state training school at Eldora and
 47 28 for salaries, support, maintenance, and miscellaneous purposes,
 47 29 and for not more than the following full-time equivalent
 47 30 positions:

DETAIL: This is no change compared to FY 2016.

47 31	.....	\$	6,116,710
47 32			<u>12,233,420</u>
47 33	..... FTEs		169.30

47 34 Of the funds appropriated in this subsection, ~~\$45,575~~
 47 35 \$91,150 shall be used for distribution to licensed classroom
 48 1 teachers at this and other institutions under the control of
 48 2 the department of human services based upon the average student
 48 3 yearly enrollment at each institution as determined by the
 48 4 department.

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

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

48 5 2. A portion of the moneys appropriated in this section
 48 6 shall be used by the state training school at Eldora for
 48 7 grants for adolescent pregnancy prevention activities at the
 48 8 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.

48 9 Sec. 16. 2015 Iowa Acts, chapter 137, section 138, is
 48 10 amended to read as follows:

48 11 SEC. 138. CHILD AND FAMILY SERVICES.

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

48 12 1. There is appropriated from the general fund of the
 48 13 state to the department of human services for the fiscal year
 48 14 beginning July 1, 2016, and ending June 30, 2017, the following
 48 15 amount, or so much thereof as is necessary, to be used for the
 48 16 purpose designated:

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

48 17 For child and family services:

48 18	.....	\$	42,670,969
48 19			<u>88,944,956</u>

- 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 20 2.—~~Up to \$2,600,000 of~~ Of the amount of federal temporary
 48 21 ~~assistance for needy families block grant funding~~ appropriated
 48 22 in this ~~division of this Act for child and family services~~
 48 23 section, \$5,200,000 shall be ~~made available~~ used for purposes
 48 24 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 25 3. The department may transfer funds appropriated in this
 48 26 section as necessary to pay the nonfederal costs of services
 48 27 reimbursed under the medical assistance program, state child
 48 28 care assistance program, or the family investment program which

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.

<p>48 29 are provided to children who would otherwise receive services 48 30 paid under the appropriation in this section. The department 48 31 may transfer funds appropriated in this section to the 48 32 appropriations made in this division of this Act for general 48 33 administration and for field operations for resources necessary 48 34 to implement and operate the services funded in this section.</p>	<p>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.</p>
<p>48 35 4. a. Of the funds appropriated in this section, up 49 1 to \$17,910,893 <u>\$35,736,649</u> is allocated as the statewide 49 2 expenditure target under section 232.143 for group foster care 49 3 maintenance and services. If the department projects that such 49 4 expenditures for the fiscal year will be less than the target 49 5 amount allocated in this paragraph "a", the department may 49 6 reallocate the excess to provide additional funding for shelter 49 7 care or the child welfare emergency services addressed with the 49 8 allocation for shelter care.</p>	<p>Allocates up to \$35,736,649 for group foster care services and maintenance costs. Permits reallocation of excess funds.</p> <p>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.</p>
<p>49 9 b. If at any time after September 30, 2016, annualization 49 10 of a service area's current expenditures indicates a service 49 11 area is at risk of exceeding its group foster care expenditure 49 12 target under section 232.143 by more than 5 percent, the 49 13 department and juvenile court services shall examine all 49 14 group foster care placements in that service area in order to 49 15 identify those which might be appropriate for termination. 49 16 In addition, any aftercare services believed to be needed 49 17 for the children whose placements may be terminated shall be 49 18 identified. The department and juvenile court services shall 49 19 initiate action to set dispositional review hearings for the 49 20 placements identified. In such a dispositional review hearing, 49 21 the juvenile court shall determine whether needed aftercare 49 22 services are available and whether termination of the placement 49 23 is in the best interest of the child and the community.</p>	<p>Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.</p>
<p>49 24 5. In accordance with the provisions of section 232.188, 49 25 the department shall continue the child welfare and juvenile 49 26 justice funding initiative during fiscal year 2016-2017. Of 49 27 the funds appropriated in this section, \$858,876 <u>\$1,717,753</u> 49 28 is allocated specifically for expenditure for fiscal year 49 29 2016-2017 through the decategorization services funding pools 49 30 and governance boards established pursuant to section 232.188.</p>	<p>Allocates \$1,717,753 for decategorization services.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>49 31 6. A portion of the funds appropriated in this section 49 32 may be used for emergency family assistance to provide other 49 33 resources required for a family participating in a family 49 34 preservation or reunification project or successor project to 49 35 stay together or to be reunified.</p>	<p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p>
<p>50 1 7. Notwithstanding section 234.35 or any other provision</p>	<p>Limits state funding for shelter care to \$8,096,158.</p>

50 2 of law to the contrary, state funding for shelter care and
 50 3 the child welfare emergency services contracting implemented
 50 4 to provide for or prevent the need for shelter care shall be
 50 5 limited to ~~\$4,034,237~~ \$8,096,158.

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

50 6 8. Federal funds received by the state during the fiscal
 50 7 year beginning July 1, 2016, as the result of the expenditure
 50 8 of state funds appropriated during a previous state fiscal
 50 9 year for a service or activity funded under this section are
 50 10 appropriated to the department to be used as additional funding
 50 11 for services and purposes provided for under this section.
 50 12 Notwithstanding section 8.33, moneys received in accordance
 50 13 with this subsection that remain unencumbered or unobligated at
 50 14 the close of the fiscal year shall not revert to any fund but
 50 15 shall remain available for the purposes designated until the
 50 16 close of the succeeding fiscal year.

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.

50 17 9. a. Of the funds appropriated in this section, up to
 50 18 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the
 50 19 expenses of court-ordered services provided to juveniles
 50 20 who are under the supervision of juvenile court services,
 50 21 which expenses are a charge upon the state pursuant to
 50 22 section 232.141, subsection 4. Of the amount allocated in
 50 23 this paragraph "a", up to ~~\$778,143~~ \$1,556,287 shall be made
 50 24 available to provide school-based supervision of children
 50 25 adjudicated under chapter 232, of which not more than ~~\$7,500~~
 50 26 \$15,000 may be used for the purpose of training. A portion of
 50 27 the cost of each school-based liaison officer shall be paid by
 50 28 the school district or other funding source as approved by the
 50 29 chief juvenile court officer.

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.

50 30 b. Of the funds appropriated in this section, up to ~~\$374,492~~
 50 31 \$748,985 is allocated for the payment of the expenses of
 50 32 court-ordered services provided to children who are under the
 50 33 supervision of the department, which expenses are a charge upon
 50 34 the state pursuant to section 232.141, subsection 4.

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

50 35 c. Notwithstanding section 232.141 or any other provision
 51 1 of law to the contrary, the amounts allocated in this
 51 2 subsection shall be distributed to the judicial districts
 51 3 as determined by the state court administrator and to the
 51 4 department's service areas as determined by the administrator
 51 5 of the department of human services' division of child and
 51 6 family services. The state court administrator and the
 51 7 division administrator shall make the determination of the
 51 8 distribution amounts on or before June 15, 2016.

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.

51 9 d. Notwithstanding chapter 232 or any other provision of
 51 10 law to the contrary, a district or juvenile court shall not

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

<p>51 11 order any service which is a charge upon the state pursuant 51 12 to section 232.141 if there are insufficient court-ordered 51 13 services funds available in the district court or departmental 51 14 service area distribution amounts to pay for the service. The 51 15 chief juvenile court officer and the departmental service area 51 16 manager shall encourage use of the funds allocated in this 51 17 subsection such that there are sufficient funds to pay for 51 18 all court-related services during the entire year. The chief 51 19 juvenile court officers and departmental service area managers 51 20 shall attempt to anticipate potential surpluses and shortfalls 51 21 in the distribution amounts and shall cooperatively request the 51 22 state court administrator or division administrator to transfer 51 23 funds between the judicial districts' or departmental service 51 24 areas' distribution amounts as prudent.</p> <p>51 25 e. Notwithstanding any provision of law to the contrary, 51 26 a district or juvenile court shall not order a county to pay 51 27 for any service provided to a juvenile pursuant to an order 51 28 entered under chapter 232 which is a charge upon the state 51 29 under section 232.141, subsection 4.</p> <p>51 30 f. Of the funds allocated in this subsection, not more 51 31 than \$41,500 <u>\$83,000</u> may be used by the judicial branch for 51 32 administration of the requirements under this subsection.</p> <p>51 33 g. Of the funds allocated in this subsection, \$8,500 <u>\$17,000</u> 51 34 shall be used by the department of human services to support 51 35 the interstate commission for juveniles in accordance with 52 1 the interstate compact for juveniles as provided in section 52 2 232.173.</p> <p>52 3 10. Of the funds appropriated in this section, \$4,026,613 52 4 <u>\$8,053,227</u> is allocated for juvenile delinquent graduated 52 5 sanctions services. Any state funds saved as a result of 52 6 efforts by juvenile court services to earn a federal Tit.IV-E 52 7 match for juvenile court services administration may be used 52 8 for the juvenile delinquent graduated sanctions services.</p> <p>52 9 11. Of the funds appropriated in this section, \$804,142 52 10 <u>\$1,658,285</u> is transferred to the department of public health 52 11 to be used for the child protection center grant program for 52 12 child protection centers located in Iowa in accordance with 52 13 section 135.118. The grant amounts under the program shall</p>	<p>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.</p> <p>Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the state.</p> <p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p> <p>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.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p> <p>Allocates \$8,053,227 for juvenile delinquent graduated sanctions services.</p> <p>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.</p> <p>Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.</p> <p>DETAIL: This is an increase of \$50,000 compared to the FY 2016 allocation to be awarded for the purpose of establishing a satellite</p>
--	---

52 14 be equalized so that each center receives a uniform base
 52 15 amount of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to
 52 16 establish a satellite child protection center in a city in
 52 17 north central Iowa that is the county seat of a county with
 52 18 a population between 44,000 and 45,000 according to the 2010
 52 19 federal decennial census, and so that the remaining funds ~~shall~~
 52 20 be are awarded through a funding formula based upon the volume
 52 21 of children served.

Child Protection Center in Mason City, Iowa.

52 22 12. If the department receives federal approval to
 52 23 implement a waiver under Tit.IV-E of the federal Social
 52 24 Security Act to enable providers to serve children who remain
 52 25 in the children's families and communities, for purposes of
 52 26 eligibility under the medical assistance program through 25
 52 27 years of age, children who participate in the waiver shall be
 52 28 considered to be placed in foster care.

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

52 29 13. Of the funds appropriated in this section, ~~\$2,012,583~~
 52 30 \$4,025,167 is allocated for the preparation for adult living
 52 31 program pursuant to section 234.46.

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

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

52 32 14. Of the funds appropriated in this section, ~~\$113,668~~
 52 33 \$227,337 shall be used for the public purpose of continuing
 52 34 a grant to a nonprofit human services organization providing
 52 35 services to individuals and families in multiple locations in
 53 1 southwest Iowa and Nebraska for support of a project providing
 53 2 immediate, sensitive support and forensic interviews, medical
 53 3 exams, needs assessments, and referrals for victims of child
 53 4 abuse and their nonoffending family members.

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

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

53 5 15. Of the funds appropriated in this section, ~~\$150,310~~
 53 6 \$300,620 is allocated for the foster care youth council
 53 7 approach of providing a support network to children placed in
 53 8 foster care.

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

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

53 9 16. Of the funds appropriated in this section, ~~\$101,000~~
 53 10 \$202,000 is allocated for use pursuant to section 235A.1 for
 53 11 continuation of the initiative to address child sexual abuse
 53 12 implemented pursuant to 2007 Iowa Acts, chapter 218, section
 53 13 18, subsection 21.

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

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

53 14 17. Of the funds appropriated in this section, ~~\$315,120~~
 53 15 \$630,240 is allocated for the community partnership for child
 53 16 protection sites.

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

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

<p>53 17 18. Of the funds appropriated in this section, \$185,625 53 18 <u>\$371,250</u> is allocated for the department's minority youth and 53 19 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. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 20 19. Of the funds appropriated in this section, \$593,297 53 21 <u>\$1,186,595</u> is allocated for funding of the community circle of 53 22 care collaboration for children and youth in northeast Iowa.</p>	<p>Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 23 20. Of the funds appropriated in this section, at least 53 24 \$73,579 <u>\$147,158</u> shall be used for the continuation of the 53 25 child welfare provider training academy, a collaboration 53 26 between the coalition for family and children's services in 53 27 Iowa and the department.</p>	<p>Allocates \$147,158 for the child welfare provider online training academy. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 28 21. Of the funds appropriated in this section, \$105,936 53 29 <u>\$211,872</u> shall be used for continuation of the central Iowa 53 30 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. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 31 22. Of the funds appropriated in this section, \$117,500 53 32 <u>\$235,000</u> shall be used for the public purpose of the 53 33 continuation and expansion of a system of care program grant 53 34 implemented in Cerro Gordo and Linn counties to utilize a 53 35 comprehensive and long-term approach for helping children 54 1 and families by addressing the key areas in a child's life 54 2 of childhood basic needs, education and work, family, and 54 3 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. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>54 4 23. Of the funds appropriated in this section, at least 54 5 \$12,500 <u>\$25,000</u> shall be used to continue and to expand the 54 6 foster care respite pilot program in which postsecondary 54 7 students in social work and other human services-related 54 8 programs receive experience by assisting family foster care 54 9 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. DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>54 10 24. Of the funds appropriated in this section, \$55,000 54 11 <u>\$110,000</u> shall be used for the public purpose of funding 54 12 community-based services and other supports with a system of 54 13 care approach for children with a serious emotional disturbance 54 14 and their families through a nonprofit provider of child 54 15 welfare services that has been in existence for more than 115 54 16 years, is located in a county with a population of more than 54 17 200,000 but less than 220,000 according to the latest census 54 18 information issued by the United States census bureau, is 54 19 licensed as a psychiatric medical institution for children, and</p>	<p>Allocates \$110,000 to the Tanager Place Mental Health Clinic. DETAIL: This is no change compared to the FY 2016 allocation.</p>

54 20 was a system of care grantee prior to July 1, 2016.

54 21 Sec. 17. 2015 Iowa Acts, chapter 137, section 139, is
54 22 amended to read as follows:

54 23 SEC. 139. ADOPTION SUBSIDY.

54 24 1. There is appropriated from the general fund of the
54 25 state to the department of human services for the fiscal year
54 26 beginning July 1, 2016, and ending June 30, 2017, the following
54 27 amount, or so much thereof as is necessary, to be used for the
54 28 purpose designated:

54 29	<u>a.</u>	For adoption subsidy payments and services:	
54 30		.....	\$ 21,499,143
54 31			<u>43,046,664</u>

54 32 b. (1) The funds appropriated in this section shall be used
54 33 as authorized or allowed by federal law or regulation for any
54 34 of the following purposes:

- 54 35 (a) For adoption subsidy payments and related costs.
- 55 1 (b) For post-adoption services and for other purposes under
- 55 2 Tit.IV-B or Tit.IV-E of the federal Social Security Act.
- 55 3 (2) The department of human services may transfer funds
- 55 4 appropriated in this subsection to the appropriation for
- 55 5 child and family services in this Act for the purposes of
- 55 6 post-adoption services as specified in this paragraph "b".

55 7 2. The department may transfer funds appropriated in
55 8 this section to the appropriation made in this division of
55 9 this Act for general administration for costs paid from the
55 10 appropriation relating to adoption subsidy.

55 11 3. Federal funds received by the state during the
55 12 fiscal year beginning July 1, 2016, as the result of the
55 13 expenditure of state funds during a previous state fiscal
55 14 year for a service or activity funded under this section are
55 15 appropriated to the department to be used as additional funding
55 16 for the services and activities funded under this section.
55 17 Notwithstanding section 8.33, moneys received in accordance
55 18 with this subsection that remain unencumbered or unobligated
55 19 at the close of the fiscal year shall not revert to any fund
55 20 but shall remain available for expenditure for the purposes
55 21 designated until the close of the succeeding fiscal year.

55 22 Sec. 18. 2015 Iowa Acts, chapter 137, section 141, is
55 23 amended to read as follows:

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is a net increase of \$48,378 compared to estimated FY 2016. The changes include the following:

- 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.

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.

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

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 24 SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.
 55 25 1. There is appropriated from the general fund of the
 55 26 state to the department of human services for the fiscal year
 55 27 beginning July 1, 2016, and ending June 30, 2017, the following
 55 28 amount, or so much thereof as is necessary, to be used for the
 55 29 purpose designated:
 55 30 For the family support subsidy program subject to the
 55 31 enrollment restrictions in section 225C.37, subsection 3:
 55 32 \$ 536,966
 55 33 1,069,282

55 34 2.—~~The department shall use at least \$320,750~~ \$727,500
 55 35 of the moneys appropriated in this section is transferred
 56 1 to the department of public health for the family support
 56 2 center component of the comprehensive family support program
 56 3 under ~~section 225C.47 chapter 225C, subchapter V. Not more~~
 56 4 ~~than \$12,500 of the amount allocated in this subsection shall~~
 56 5 ~~be used for administrative costs. The department of human~~
 56 6 ~~services shall submit a report to the individuals identified~~
 56 7 in this Act for submission of reports by December 15, 2016.
 56 8 regarding the outcomes of the program and recommendations for
 56 9 future program improvement.

56 10 3. If at any time during the fiscal year, the amount of
 56 11 funding available for the family support subsidy program
 56 12 is reduced from the amount initially used to establish the
 56 13 figure for the number of family members for whom a subsidy
 56 14 is to be provided at any one time during the fiscal year,
 56 15 notwithstanding section 225C.38, subsection 2, the department
 56 16 shall revise the figure as necessary to conform to the amount
 56 17 of funding available.

56 18 Sec. 19. 2015 Iowa Acts, chapter 137, section 142, is
 56 19 amended to read as follows:

56 20 SEC. 142. CONNER DECREE. There is appropriated from the
 56 21 general fund of the state to the department of human services
 56 22 for the fiscal year beginning July 1, 2016, and ending June 30,
 56 23 2017, the following amount, or so much thereof as is necessary,
 56 24 to be used for the purpose designated:
 56 25 For building community capacity through the coordination
 56 26 and provision of training opportunities in accordance with the
 56 27 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 56 28 Iowa, July 14, 1994):
 56 29 \$ 46,816
 56 30 33,632

56 31 Sec. 20. 2015 Iowa Acts, chapter 137, section 143, is

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

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

- 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.

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 transfer the appropriated funds to the DPH to make funding available statewide. The DPH has existing statewide coordinated intake through the Division of Health Promotion for family support services. Administrative funding is limited to \$25,000.

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

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

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 32 amended to read as follows:

56 33 SEC. 143. MENTAL HEALTH INSTITUTES. There is appropriated
 56 34 from the general fund of the state to the department of human
 56 35 services for the fiscal year beginning July 1, 2016, and ending
 57 1 June 30, 2017, the following amounts, or so much thereof as is
 57 2 necessary, to be used for the purposes designated ~~which amounts~~
 57 3 ~~shall not be transferred or expended for any purpose other than~~
 57 4 ~~the purposes designated, notwithstanding section 218.6 to the~~
 57 5 ~~contrary:~~

57 6 1. For operation of the state mental health institute at
 57 7 Cherokee as required by chapters 218 and 226 for salaries,
 57 8 support, maintenance, and miscellaneous purposes, and for not
 57 9 more than the following full-time equivalent positions:

57 10	.....	\$	<u>2,772,808</u>
57 11	.....		<u>14,644,041</u>
57 12	.....	FTEs	169.20

57 13 2. For operation of the state mental health institute at
 57 14 Independence as required by chapters 218 and 226 for salaries,
 57 15 support, maintenance, and miscellaneous purposes, and for not
 57 16 more than the following full-time equivalent positions:

57 17	.....	\$	<u>5,162,104</u>
57 18	.....		<u>18,552,103</u>
57 19	.....	FTEs	233.00

57 20 Sec. 21. 2015 Iowa Acts, chapter 137, section 144, is
57 21 amended to read as follows:

57 22 SEC. 144. STATE RESOURCE CENTERS.

57 23 1. There is appropriated from the general fund of the
 57 24 state to the department of human services for the fiscal year
 57 25 beginning July 1, 2016, and ending June 30, 2017, the following
 57 26 amounts, or so much thereof as is necessary, to be used for the
 57 27 purposes designated:

57 28 a. For the state resource center at Glenwood for salaries,
 57 29 support, maintenance, and miscellaneous purposes:

57 30	.....	\$	<u>10,762,244</u>
57 31	.....		<u>20,719,486</u>

57 32 b. For the state resource center at Woodward for salaries,
 57 33 support, maintenance, and miscellaneous purposes:

Strikes language that prohibits transfer of funds between the MHIs.

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

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.

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.

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.

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

57	34	.....	\$	7,291,903
57	35			<u>14,053,011</u>

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

58 1 2. The department may continue to bill for state resource
58 2 center services utilizing a scope of services approach used for
58 3 private providers of intermediate care facilities for persons
58 4 with an intellectual disability services, in a manner which
58 5 does not shift costs between the medical assistance program,
58 6 counties, or other sources of funding for the state resource
58 7 centers.

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

58 8 3. The state resource centers may expand the time-limited
58 9 assessment and respite services during the fiscal year.

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

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

58 10 4. If the department's administration and the department
58 11 of management concur with a finding by a state resource
58 12 center's superintendent that projected revenues can reasonably
58 13 be expected to pay the salary and support costs for a new
58 14 employee position, or that such costs for adding a particular
58 15 number of new positions for the fiscal year would be less
58 16 than the overtime costs if new positions would not be added,
58 17 the superintendent may add the new position or positions. If
58 18 the vacant positions available to a resource center do not
58 19 include the position classification desired to be filled, the
58 20 state resource center's superintendent may reclassify any
58 21 vacant position as necessary to fill the desired position. The
58 22 superintendents of the state resource centers may, by mutual
58 23 agreement, pool vacant positions and position classifications
58 24 during the course of the fiscal year in order to assist one
58 25 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 26 5. If existing capacity limitations are reached in
58 27 operating units, a waiting list is in effect for a service or
58 28 a special need for which a payment source or other funding
58 29 is available for the service or to address the special need,
58 30 and facilities for the service or to address the special need
58 31 can be provided within the available payment source or other
58 32 funding, the superintendent of a state resource center may
58 33 authorize opening not more than two units or other facilities

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

58 34 and begin implementing the service or addressing the special
58 35 need during fiscal year 2016-2017.

59 1 Sec. 22. 2015 Iowa Acts, chapter 137, section 145, is
59 2 amended to read as follows:

59 3 SEC. 145. SEXUALLY VIOLENT PREDATORS.

59 4 1. There is appropriated from the general fund of the
59 5 state to the department of human services for the fiscal year
59 6 beginning July 1, 2016, and ending June 30, 2017, the following
59 7 amount, or so much thereof as is necessary, to be used for the
59 8 purpose designated:

59 9 For costs associated with the commitment and treatment of
59 10 sexually violent predators in the unit located at the state
59 11 mental health institute at Cherokee, including costs of legal
59 12 services and other associated costs, including salaries,
59 13 support, maintenance, and miscellaneous purposes, and for not
59 14 more than the following full-time equivalent positions:

59 15	.....	\$	4,946,539
59 16	.....		<u>10,193,079</u>
59 17	.....	FTEs	132.50

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.

59 18 2. Unless specifically prohibited by law, if the amount
59 19 charged provides for recoupment of at least the entire amount
59 20 of direct and indirect costs, the department of human services
59 21 may contract with other states to provide care and treatment
59 22 of persons placed by the other states at the unit for sexually
59 23 violent predators at Cherokee. The moneys received under
59 24 such a contract shall be considered to be repayment receipts
59 25 and used for the purposes of the appropriation made in this
59 26 section.

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

59 27 Sec. 23. 2015 Iowa Acts, chapter 137, section 146, is
59 28 amended to read as follows:

59 29 SEC. 146. FIELD OPERATIONS. There is appropriated from the
59 30 general fund of the state to the department of human services
59 31 for the fiscal year beginning July 1, 2016, and ending June 30,
59 32 2017, the following amount, or so much thereof as is necessary,
59 33 to be used for the purposes designated:

59 34 For field operations, including salaries, support,
59 35 maintenance, and miscellaneous purposes, and for not more than
60 1 the following full-time equivalent positions:

60 2	.....	\$	29,460,488
60 3	.....		<u>54,442,877</u>
60 4	.....	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.

60 5 2. Priority in filling full-time equivalent positions

Requires priority to be given to filling positions related to child

60 6 shall be given to those positions related to child protection
60 7 services and eligibility determination for low-income families.

protection services and eligibility determination for low-income families.

60 8 Sec. 24. 2015 Iowa Acts, chapter 137, section 147, is
60 9 amended to read as follows:

60 10 SEC. 147. GENERAL ADMINISTRATION. There is appropriated
60 11 from the general fund of the state to the department of human
60 12 services for the fiscal year beginning July 1, 2016, and ending
60 13 June 30, 2017, the following amount, or so much thereof as is
60 14 necessary, to be used for the purpose designated:

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

60 15 For general administration, including salaries, support,
60 16 maintenance, and miscellaneous purposes, and for not more than
60 17 the following full-time equivalent positions:

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

60 18	.....	\$	7,449,099
60 19	.....		<u>15,373,198</u>
60 20	.....	FTEs	309.00

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

60 21 2. Of the funds appropriated in this section, ~~\$75,000~~
60 22 \$150,000 shall be used to continue the contract for the
60 23 provision of a program to provide technical assistance,
60 24 support, and consultation to providers of habilitation services
60 25 and home and community-based services waiver services for
60 26 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 27 3. Of the funds appropriated in this section, ~~\$25,000~~
60 28 \$50,000 is transferred to the Iowa finance authority to be
60 29 used for administrative support of the council on homelessness
60 30 established in section 16.2D and for the council to fulfill its
60 31 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 32 4. Of the funds appropriated in this section, ~~\$125,000~~
60 33 \$250,000 shall be transferred to and deposited in the
60 34 administrative fund of the Iowa ABLE savings plan trust created
60 35 in section 121.4, if enacted in this or any other Act, to be
61 1 used for implementation and administration activities of the
61 2 Iowa ABLE savings plan trust.

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

61 3 5. Of the funds appropriated in this section, \$300,000 shall
61 4 be used to contract for planning grants for the development and
61 5 implementation of children's mental health crisis services as
61 6 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.

61 7 6. Of the funds appropriated in this section, \$200,000
61 8 shall be used to continue to expand the provision of nationally

Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training

61 9 accredited and recognized internet-based training to include
61 10 mental health and disability services providers.

for mental health and disability service providers.

DETAIL: This is a new allocation for FY 2017.

61 11 Sec. 25. 2015 Iowa Acts, chapter 137, is amended by adding
61 12 the following new section:

61 13 NEW SECTION SEC. 147A. DEPARTMENT-WIDE DUTIES. There
61 14 is appropriated from the general fund of the state to the
61 15 department of human services for the fiscal year beginning July
61 16 1, 2016, and ending June 30, 2017, the following amount, or
61 17 so much thereof as is necessary, to be used for the purposes
61 18 designated:

General Fund appropriation for the DHS facilities.

61 19 For salaries, support, maintenance, and miscellaneous
61 20 purposes at facilities under the purview of the department of
61 21 human services:
61 22 \$ 2,879,274

DETAIL: This is a new appropriation of \$2,879,274 for the DHS to assure adequate staffing among the DHS facilities and transfer staff as needed, while remaining within the set number of authorized positions.

61 23 The moneys appropriated in this section may be used to fund
61 24 additional full-time equivalent positions at facilities under
61 25 the purview of the department of human services, provided the
61 26 total number of positions authorized across all such facilities
61 27 under this Act for the fiscal year is not exceeded.

61 28 Sec. 26. 2015 Iowa Acts, chapter 137, section 148, is
61 29 amended to read as follows:

61 30 SEC. 148. VOLUNTEERS. There is appropriated from the
61 31 general fund of the state to the department of human services
61 32 for the fiscal year beginning July 1, 2016, and ending June 30,
61 33 2017, the following amount, or so much thereof as is necessary,
61 34 to be used for the purpose designated:

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

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

61 35 For development and coordination of volunteer services:
62 1 \$ 42,343
62 2 84,686

62 3 Sec. 27. 2015 Iowa Acts, chapter 137, section 149, is
62 4 amended to read as follows:

62 5 SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
62 6 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
62 7 DEPARTMENT OF HUMAN SERVICES.

62 8 1. a. ~~(1) For the fiscal year beginning July 1, 2016,~~
62 9 ~~the total state funding amount for the nursing facility budget~~
62 10 ~~shall not exceed \$151,421,458.~~
62 11 ~~—(2) The department, in cooperation with nursing facility~~
62 12 ~~representatives, shall review projections for state funding~~
62 13 ~~expenditures for reimbursement of nursing facilities on a~~
62 14 ~~quarterly basis and the department shall determine if an~~

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

62 15 ~~adjustment to the medical assistance reimbursement rate is~~
 62 16 ~~necessary in order to provide reimbursement within the state~~
 62 17 ~~funding amount for the fiscal year. Notwithstanding 2004~~
 62 18 ~~Iowa Acts, chapter 192, section 4, subsection 2, paragraph~~
 62 19 ~~"c", and subsection 3, paragraph "a", subparagraph (2);~~
 62 20 ~~if the state funding expenditures for the nursing facility~~
 62 21 ~~budget for the fiscal year are projected to exceed the amount~~
 62 22 ~~specified in subparagraph (1), the department shall adjust~~
 62 23 ~~the reimbursement for nursing facilities reimbursed under the~~
 62 24 ~~case-mix reimbursement system to maintain expenditures of the~~
 62 25 ~~nursing facility budget within the specified amount for the~~
 62 26 ~~fiscal year.~~

62 27 (3) For the fiscal year beginning July 1, 2016, case-mix,
 62 28 non-case mix, and special population nursing facilities shall
 62 29 be reimbursed in accordance with the methodology in effect on
 62 30 June 30, 2016.

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 31 (4) For any open or unsettled nursing facility cost report
 62 32 for a fiscal year prior to and including the fiscal year
 62 33 beginning July 1, 2015, including any cost report remanded on
 62 34 judicial review for inclusion of prescription drug, laboratory,
 62 35 or x-ray costs, the department shall offset all reported
 63 1 prescription drug, laboratory, and x-ray costs with any revenue
 63 2 received from Medicare or other revenue source for any purpose.
 63 3 For purposes of this subparagraph, a nursing facility cost
 63 4 report is not considered open or unsettled if the facility did
 63 5 not initiate an administrative appeal under chapter 17A or if
 63 6 any appeal rights initiated have been exhausted.

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

63 7 b. (1) For the fiscal year beginning July 1, 2016,
 63 8 the department shall establish the pharmacy dispensing fee
 63 9 reimbursement at \$11.73 per prescription, until a cost of
 63 10 dispensing survey is completed. The actual dispensing fee
 63 11 shall be determined by a cost of dispensing survey performed
 63 12 by the department and required to be completed by all medical
 63 13 assistance program participating pharmacies every two years,
 63 14 adjusted as necessary to maintain expenditures within the
 63 15 amount appropriated to the department for this purpose for the
 63 16 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.

63 17 (2) The department shall utilize an average acquisition
 63 18 cost reimbursement methodology for all drugs covered under the
 63 19 medical assistance program in accordance with 2012 Iowa Acts,
 63 20 chapter 1133, section 33.

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

63 21 (3) Notwithstanding subparagraph (2), if the centers for
 63 22 Medicare and Medicaid services of the United States department
 63 23 of health and human services (CMS) requires, as a condition
 63 24 of federal Medicaid funding, that the department implement an
 63 25 aggregate federal upper limit (FUL) for drug reimbursement
 63 26 based on the average manufacturer's price (AMP), the department
 63 27 may utilize a reimbursement methodology for all drugs covered
 63 28 under the Medicaid program based on the national average drug
 63 29 acquisition cost (NADAC) methodology published by CMS, in order
 63 30 to assure compliance with the aggregate FUL, minimize outcomes
 63 31 of drug reimbursements below pharmacy acquisition costs, limit
 63 32 administrative costs, and minimize any change in the aggregate
 63 33 reimbursement for drugs. The department may adopt emergency
 63 34 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 35 c. (1) For the fiscal year beginning July 1, 2016,
 64 1 reimbursement rates for outpatient hospital services shall
 64 2 remain at the rates in effect on June 30, 2016, subject to
 64 3 Medicaid program upper payment limit rules, and adjusted
 64 4 as necessary to maintain expenditures within the amount
 64 5 appropriated to the department for this purpose for the fiscal
 64 6 year.

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2016, subject to the Medicaid Upper Payment Limit (UPL) rules.

64 7 (2) For the fiscal year beginning July 1, 2016,
 64 8 reimbursement rates for inpatient hospital services shall
 64 9 remain at the rates in effect on June 30, 2016, subject to
 64 10 Medicaid program upper payment limit rules, and adjusted
 64 11 as necessary to maintain expenditures within the amount
 64 12 appropriated to the department for this purpose for the fiscal
 64 13 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.

64 14 (3) For the fiscal year beginning July 1, 2016, the graduate
 64 15 medical education and disproportionate share hospital fund
 64 16 shall remain at the amount in effect on June 30, 2016, except
 64 17 that the portion of the fund attributable to graduate medical
 64 18 education shall be reduced in an amount that reflects the
 64 19 elimination of graduate medical education payments made to
 64 20 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.

64 21 (4) In order to ensure the efficient use of limited state
 64 22 funds in procuring health care services for low-income lowans,
 64 23 funds appropriated in this Act for hospital services shall
 64 24 not be used for activities which would be excluded from a
 64 25 determination of reasonable costs under the federal Medicare
 64 26 program pursuant to 42 U.S.C.§1395x(v)(1)(N).

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

64 27 d. For the fiscal year beginning July 1, 2016, reimbursement
 64 28 rates for ~~rural health clinics~~, hospices, and acute mental

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

<p>64 29 hospitals shall be increased in accordance with increases under 64 30 the federal Medicare program or as supported by their Medicare 64 31 audited costs.</p>	<p>for FY 2017.</p>
<p>64 32 e. For the fiscal year beginning July 1, 2016, independent 64 33 laboratories and rehabilitation agencies shall be reimbursed 64 34 using the same methodology in effect on June 30, 2016.</p>	<p>Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2016.</p>
<p>64 35 f. (1) For the fiscal year beginning July 1, 2016, 65 1 reimbursement rates for home health agencies shall continue to 65 2 be based on the Medicare low utilization payment adjustment 65 3 (LUPA) methodology with state geographic wage adjustments, and 65 4 updated to reflect the most recent Medicare LUPA shall remain 65 5 at the rates in effect on June 30, 2016.</p>	<p>Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA) and remain at the rates in effect in FY 2016.</p>
<p>65 6 (2) For the fiscal year beginning July 1, 2016, rates for 65 7 private duty nursing and personal care services under the early 65 8 and periodic screening, diagnostic, and treatment program 65 9 benefit shall be calculated based on the methodology in effect 65 10 on June 30, 2016.</p>	<p>Requires rates for private duty nursing and personal care services under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain the same as the methodology in FY 2016.</p>
<p>65 11 g. For the fiscal year beginning July 1, 2016, federally 65 12 qualified health centers <u>and rural health clinics</u> shall receive 65 13 cost-based reimbursement for 100 percent of the reasonable 65 14 costs for the provision of services to recipients of medical 65 15 assistance.</p>	<p>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.</p>
<p>65 16 h. For the fiscal year beginning July 1, 2016, the 65 17 reimbursement rates for dental services shall remain at the 65 18 rates in effect on June 30, 2016.</p>	<p>Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2016.</p>
<p>65 19 i. (1) For the fiscal year beginning July 1, 2016, 65 20 state-owned psychiatric medical institutions for children shall 65 21 receive cost-based reimbursement for 100 percent of the actual 65 22 and allowable costs for the provision of services to recipients 65 23 of medical assistance.</p>	<p>Requires the reimbursement rates for state-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.</p>
<p>65 24 (2) For the nonstate-owned psychiatric medical institutions 65 25 for children, reimbursement rates shall be based on the 65 26 reimbursement methodology developed by the Medicaid managed 65 27 care contractor for behavioral health services as required for 65 28 federal compliance in effect on June 30, 2016.</p>	<p>Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology in effect in FY 2016.</p>
<p>65 29 (3) As a condition of participation in the medical 65 30 assistance program, enrolled providers shall accept the medical 65 31 assistance reimbursement rate for any covered goods or services 65 32 provided to recipients of medical assistance who are children 65 33 under the custody of a psychiatric medical institution for</p>	<p>Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.</p>

65 34 children.

65 35 j. For the fiscal year beginning July 1, 2016, unless
66 1 otherwise specified in this Act, all noninstitutional medical
66 2 assistance provider reimbursement rates shall remain at the
66 3 rates in effect on June 30, 2016, except for area education
66 4 agencies, local education agencies, infant and toddler
66 5 services providers, home and community-based services providers
66 6 including consumer-directed attendant care providers under a
66 7 section 1915(c) or 1915(i) waiver, targeted case management
66 8 providers, and those providers whose rates are required to be
66 9 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.

66 10 k. Notwithstanding any provision to the contrary, for the
66 11 fiscal year beginning July 1, 2016, the reimbursement rate for
66 12 anesthesiologists shall remain at the rate in effect on June
66 13 30, 2016.

Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2016.

66 14 l. Notwithstanding section 249A.20, for the fiscal year
66 15 beginning July 1, 2016, the average reimbursement rate for
66 16 health care providers eligible for use of the federal Medicare
66 17 resource-based relative value scale reimbursement methodology
66 18 under section 249A.20 shall remain at the rate in effect on
66 19 June 30, 2016; however, this rate shall not exceed the maximum
66 20 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.

66 21 m. For the fiscal year beginning July 1, 2016, the
66 22 reimbursement rate for residential care facilities shall not
66 23 be less than the minimum payment level as established by the
66 24 federal government to meet the federally mandated maintenance
66 25 of effort requirement. The flat reimbursement rate for
66 26 facilities electing not to file annual cost reports shall not
66 27 be less than the minimum payment level as established by the
66 28 federal government to meet the federally mandated maintenance
66 29 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 30 n. For the fiscal year beginning July 1, 2016, the
66 31 reimbursement rates for inpatient mental health services
66 32 provided at hospitals shall remain at the rates in effect on
66 33 June 30, 2016, subject to Medicaid program upper payment limit
66 34 rules; and psychiatrists shall be reimbursed at the medical
66 35 assistance program fee-for-service rate in effect on June 30,
67 1 2016.

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

67 2 o. For the fiscal year beginning July 1, 2016, community
67 3 mental health centers may choose to be reimbursed for the
67 4 services provided to recipients of medical assistance through
67 5 either of the following options:

Allows Community Mental Health Centers (CMHCs) 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

67 6 (1) For 100 percent of the reasonable costs of the services.	based on rates in effect in FY 2016.
67 7 (2) In accordance with the alternative reimbursement rate	
67 8 methodology established by the medical assistance program's	
67 9 managed care contractor for mental health services and approved	
67 10 by the department of human services <u>in effect on June 30, 2016.</u>	
67 11 p. For the fiscal year beginning July 1, 2016, the	Requires the reimbursement rates for family planning services to
67 12 reimbursement rate for providers of family planning services	remain at the rate in effect in FY 2016.
67 13 that are eligible to receive a 90 percent federal match shall	
67 14 remain at the rates in effect on June 30, 2016.	
67 15 q. For the fiscal year beginning July 1, 2016, the upper	Requires the upper payment limits and reimbursement rates for home
67 16 limits on and reimbursement rates for providers of home and	and community-based services waiver service providers for which the
67 17 community-based services waiver services shall remain at the	rate floor is based on the average aggregate reimbursement rate to be
67 18 limits in effect on June 30, 2016 for which the rate floor	increased by 1.00% over the rate in effect in FY 2016.
67 19 <u>is based on the average aggregate reimbursement rate for the</u>	
67 20 <u>fiscal year beginning July 1, 2015, shall be determined as</u>	DETAIL: This change is estimated to cost the Medicaid Program
67 21 <u>follows:</u>	\$2,200,000 in FY 2017.
67 22 <u>(1) For fee-for-service claims, the reimbursement rate</u>	
67 23 <u>shall be increased by 1 percent over the rates in effect on</u>	
67 24 <u>June 30, 2016.</u>	
67 25 <u>(2) For managed care claims, the reimbursement rate floor</u>	
67 26 <u>shall be increased by 1 percent over the rate floor in effect</u>	
67 27 <u>on April 1, 2016.</u>	
67 28 r. For the fiscal year beginning July 1, 2016, the	Requires the reimbursement rates for emergency medical providers to
67 29 reimbursement rates for emergency medical service providers	remain at the rate in effect in FY 2016.
67 30 shall remain at the rates in effect on June 30, 2016.	
67 31 2. For the fiscal year beginning July 1, 2016, the	Requires that the minimum reimbursement payment for providers for
67 32 reimbursement rate for providers reimbursed under the	the In-Home-Related Care Program to be no less than the minimum
67 33 in-home-related care program shall not be less than the minimum	payment established by the federal government for FY 2017.
67 34 payment level as established by the federal government to meet	
67 35 the federally mandated maintenance of effort requirement.	
68 1 3. Unless otherwise directed in this section, when the	Specifies that when the required reimbursement methodology for
68 2 department's reimbursement methodology for any provider	providers under this section includes an inflation factor, the factor
68 3 reimbursed in accordance with this section includes an	cannot exceed the increase in the Consumer Price Index (CPI) for
68 4 inflation factor, this factor shall not exceed the amount	Urban Consumers for the calendar year ending December 31, 2002.
68 5 by which the consumer price index for all urban consumers	
68 6 increased during the calendar year ending December 31, 2002.	
68 7 4.— <u>For Notwithstanding section 234.38, for the fiscal</u>	Requires the reimbursement rates for the foster family basic daily
68 8 year beginning July 1, 2016, the foster family basic daily	maintenance rate and the maximum adoption subsidy rate for children
68 9 maintenance rate and the maximum adoption subsidy rate for	from birth through age 21 to remain at the rate in effect for FY 2016.
68 10 children ages 0 through 5 years shall be \$16.78, the rate for	
68 11 children ages 6 through 11 years shall be \$17.45, the rate for	
68 12 children ages 12 through 15 years shall be \$19.10, and the	

68 13 rate for children and young adults ages 16 and older shall
 68 14 be \$19.35. For youth ages 18 to 21 who have exited foster
 68 15 care, the preparation for adult living program maintenance rate
 68 16 shall be \$602.70 per month. The maximum payment for adoption
 68 17 subsidy nonrecurring expenses shall be limited to \$500 and the
 68 18 disallowance of additional amounts for court costs and other
 68 19 related legal expenses implemented pursuant to 2010 Iowa Acts,
 68 20 chapter 1031, section 408, shall be continued.

68 21 5. For the fiscal year beginning July 1, 2016, the maximum
 68 22 reimbursement rates for social services providers under
 68 23 contract shall remain at the rates in effect on June 30, 2016,
 68 24 or the provider's actual and allowable cost plus inflation for
 68 25 each service, whichever is less. However, if a new service
 68 26 or service provider is added after June 30, 2016, the initial
 68 27 reimbursement rate for the service or provider shall be based
 68 28 upon a weighted average of provider rates for similar services.

Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2016.

68 29 6. For the fiscal year beginning July 1, 2016, the
 68 30 reimbursement rates for resource family recruitment and
 68 31 retention contractors, child welfare emergency services
 68 32 contractors, and supervised apartment living foster care
 68 33 providers shall remain at the rates in effect on June 30, 2016.

Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rate in effect in FY 2016.

68 34 7. a. For the purposes of this subsection, "combined
 68 35 reimbursement rate" means the combined service and maintenance
 69 1 reimbursement rate for a service level under the department's
 69 2 reimbursement methodology. Effective July 1, 2016, the
 69 3 combined reimbursement rate for a group foster care service
 69 4 level shall be the amount designated in this subsection.
 69 5 However, if a group foster care provider's reimbursement rate
 69 6 for a service level as of June 30, 2016, is more than the rate
 69 7 designated in this subsection, the provider's reimbursement
 69 8 shall remain at the higher rate.

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

69 9 b. Unless a group foster care provider is subject to the
 69 10 exception provided in paragraph "a", effective July 1, 2016,
 69 11 the combined reimbursement rates for the service levels under
 69 12 the department's reimbursement methodology shall be as follows:

69 13 (1) For service level, community - D1, the daily rate shall
 69 14 be at least \$84.17.

69 15 (2) For service level, comprehensive - D2, the daily rate
 69 16 shall be at least \$119.09.

69 17 (3) For service level, enhanced - D3, the daily rate shall
 69 18 be at least \$131.09.

69 19 8. The group foster care reimbursement rates paid for
 69 20 placement of children out of state shall be calculated

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-

69 21 according to the same rate-setting principles as those used for
 69 22 in-state providers, unless the director of human services or
 69 23 the director's designee determines that appropriate care cannot
 69 24 be provided within the state. The payment of the daily rate
 69 25 shall be based on the number of days in the calendar month in
 69 26 which service is provided.

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.

69 27 9. a. For the fiscal year beginning July 1, 2016, the
 69 28 reimbursement rate paid for shelter care and the child welfare
 69 29 emergency services implemented to provide or prevent the need
 69 30 for shelter care shall be established by contract.

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

69 31 b. For the fiscal year beginning July 1, 2016, the combined
 69 32 service and maintenance components of the reimbursement rate
 69 33 paid for shelter care services shall be based on the financial
 69 34 and statistical report submitted to the department. The
 69 35 maximum reimbursement rate shall be \$101.83 per day. The
 70 1 department shall reimburse a shelter care provider at the
 70 2 provider's actual and allowable unit cost, plus inflation, not
 70 3 to exceed the maximum reimbursement rate.

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.

70 4 c. Notwithstanding section 232.141, subsection 8, for the
 70 5 fiscal year beginning July 1, 2016, the amount of the statewide
 70 6 average of the actual and allowable rates for reimbursement of
 70 7 juvenile shelter care homes that is utilized for the limitation
 70 8 on recovery of unpaid costs shall remain at the amount in
 70 9 effect for this purpose in the fiscal year beginning July 1,
 70 10 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.

70 11 10. For the fiscal year beginning July 1, 2016, the
 70 12 department shall calculate reimbursement rates for intermediate
 70 13 care facilities for persons with an intellectual disability
 70 14 at the 80th percentile. Beginning July 1, 2016, the rate
 70 15 calculation methodology shall utilize the consumer price index
 70 16 inflation factor applicable to the fiscal year beginning July
 70 17 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.

70 18 11. For the fiscal year beginning July 1, 2016, for child
 70 19 care providers reimbursed under the state child care assistance
 70 20 program, the department shall set provider reimbursement
 70 21 rates based on the rate reimbursement survey completed in
 70 22 December 2004. Effective July 1, 2016, the child care provider
 70 23 reimbursement rates shall remain at the rates in effect on June
 70 24 30, 2016. The department shall set rates in a manner so as
 70 25 to provide incentives for a nonregistered provider to become
 70 26 registered by applying the increase only to registered and
 70 27 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.

<p>70 28 <u>11A. For the fiscal year beginning July 1, 2016,</u> 70 29 <u>notwithstanding any provision to the contrary under this</u> 70 30 <u>section, affected providers or services shall instead be</u> 70 31 <u>reimbursed as follows:</u> 70 32 <u>a. For fee-for-service claims, reimbursement shall be</u> 70 33 <u>calculated based on the methodology otherwise specified in this</u> 70 34 <u>section for the fiscal year beginning July 1, 2016, for the</u> 70 35 <u>respective provider or service.</u> 71 1 <u>b. For claims subject to a managed care contract,</u> 71 2 <u>reimbursement shall be based on the methodology established</u> 71 3 <u>by the managed care contract. However, any reimbursement</u> 71 4 <u>established under such contract shall not be lower than the</u> 71 5 <u>rate floor approved by the department of human services as the</u> 71 6 <u>managed care organization provider reimbursement rate floor for</u> 71 7 <u>the respective provider or service, in effect on April 1, 2016.</u></p>	<p>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 effect on April 1, 2016.</p>
<p>71 8 13. The department may adopt emergency rules to implement 71 9 this section.</p>	<p>Permits the DHS to adopt emergency rules to implement this section.</p>
<p>71 10 Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding 71 11 the following new section: 71 12 NEW SECTION SEC. 151A. TRANSFER OF MEDICAID MODERNIZATION 71 13 SAVINGS BETWEEN APPROPRIATIONS FY 2016-2017. Notwithstanding 71 14 section 8.39, subsection 1, for the fiscal year beginning July 71 15 1, 2016, if savings resulting from the governor's Medicaid 71 16 modernization initiative accrue to the medical contracts or 71 17 children's health insurance program appropriation from the 71 18 general fund of the state and not to the medical assistance 71 19 appropriation from the general fund of the state under this 71 20 division of this Act, such savings may be transferred to such 71 21 medical assistance appropriation for the same fiscal year 71 22 without prior written consent and approval of the governor and 71 23 the director of the department of management. The department 71 24 of human services shall report any transfers made pursuant to 71 25 this section to the legislative services agency.</p>	<p>Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative.</p>
<p>71 26 DIVISION VI 71 27 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017 71 28 Sec. 29. 2015 Iowa Acts, chapter 137, section 152, is 71 29 amended to read as follows:</p>	
<p>71 30 SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is 71 31 appropriated from the pharmaceutical settlement account created 71 32 in section 249A.33 to the department of human services for the 71 33 fiscal year beginning July 1, 2016, and ending June 30, 2017, 71 34 the following amount, or so much thereof as is necessary, to be 71 35 used for the purpose designated: 72 1 Notwithstanding any provision of law to the contrary, to</p>	<p>Pharmaceutical Settlement Account appropriation to the DHS for Medical Contracts in Medicaid.</p> <p>DETAIL: This is a decrease of \$702,176 compared to estimated FY 2016.</p>

72 2 supplement the appropriations made in this Act for medical
 72 3 contracts under the medical assistance program for the fiscal
 72 4 year beginning July 1, 2016, and ending June 30, 2017:
 72 5\$ 1,001,088
 72 6 1,300,000

72 7 Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is
 72 8 amended to read as follows:

72 9 SEC. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 72 10 HUMAN SERVICES. Notwithstanding any provision to the contrary
 72 11 and subject to the availability of funds, there is appropriated
 72 12 from the quality assurance trust fund created in section
 72 13 249L.4 to the department of human services for the fiscal year
 72 14 beginning July 1, 2016, and ending June 30, 2017, the following
 72 15 amounts, or so much thereof as is necessary, for the purposes
 72 16 designated:

72 17 To supplement the appropriation made in this Act from the
 72 18 general fund of the state to the department of human services
 72 19 for medical assistance for the same fiscal year:
 72 20\$ 48,602,604
 72 21 36,705,208

72 22 Sec. 31. 2015 Iowa Acts, chapter 137, section 154, is
 72 23 amended to read as follows:

72 24 SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 72 25 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 72 26 the contrary and subject to the availability of funds, there is
 72 27 appropriated from the hospital health care access trust fund
 72 28 created in section 249M.4 to the department of human services
 72 29 for the fiscal year beginning July 1, 2016, and ending June
 72 30 30, 2017, the following amounts, or so much thereof as is
 72 31 necessary, for the purposes designated:

72 32 To supplement the appropriation made in this Act from the
 72 33 general fund of the state to the department of human services
 72 34 for medical assistance for the same fiscal year:
 72 35\$ 47,350,000
 73 1 34,700,000

73 2 DIVISION VII
 73 3 PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY 2016-2017

73 4 Sec. 32. 2015 Iowa Acts, chapter 137, section 157, is
 73 5 amended to read as follows:

73 6 SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The
 73 7 moneys transferred to the property tax relief fund for the
 73 8 fiscal year beginning July 1, ~~2015~~ 2016, from the federal
 73 9 social services block grant pursuant to 2015 Iowa Acts,

[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.

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

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

73 10 House File 630, and from the federal temporary assistance for
 73 11 ~~needy families block grant~~, totaling at least ~~\$11,774,275~~
 73 12 ~~7,456,296~~, are appropriated to the department of human services
 73 13 for the fiscal year beginning July 1, ~~2015~~ 2016, and ending
 73 14 June 30, ~~2016~~ 2017, to be used for the purposes designated,
 73 15 notwithstanding any provision of law to the contrary:

73 16 1. For distribution to ~~any mental health and disability~~
 73 17 ~~services region where 25 percent of the region's projected~~
 73 18 ~~expenditures exceeds the region's projected fund balance the~~
 73 19 ~~family planning services program, including for implementation~~
 73 20 ~~and administration, as enacted in this 2016 Act:~~
 73 21 \$ 480,000
 73 22 2,999,305
 73 23 —a. For purposes of this subsection:
 73 24 —(1) ~~“Available funds” means a county mental health and~~
 73 25 ~~services fund balance on June 30, 2015, plus the maximum amount~~
 73 26 ~~a county was allowed to levy for the fiscal year beginning July~~
 73 27 ~~1, 2015.~~
 73 28 —(2) ~~“Projected expenditures” means the actual expenditures~~
 73 29 ~~of a mental health and disability services region as of June~~
 73 30 ~~30, 2015, multiplied by an annual inflation rate of 2 percent~~
 73 31 ~~plus the projected costs for new core services administered by~~
 73 32 ~~the region as provided in a region's regional service system~~
 73 33 ~~management plan approved pursuant to section 331.393 for the~~
 73 34 ~~fiscal year beginning July 1, 2015.~~
 73 35 —(3) ~~“Projected fund balance” means the difference between a~~
 74 1 ~~mental health and disability services region's available funds~~
 74 2 ~~and projected expenditures.~~
 74 3 —b. ~~If sufficient funds are not available to implement this~~
 74 4 ~~subsection, the department of human services shall distribute~~
 74 5 ~~funds to a region in proportion to the availability of funds.~~

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.

74 6 2. To be transferred to the appropriation in this Act for
 74 7 child and family services for the fiscal year beginning July 1,
 74 8 2016, to be used for the purpose of that appropriation:
 74 9 \$ 5,407,137
 74 10 3,880,918

Appropriates \$3,880,918 from the Social Services Block Grant to the Child and Family Services appropriation for FY 2017.

DETAIL: This is a decrease of \$6,933,357 compared to estimated FY 2016. The decrease in funding from this source is being made up by additional General Fund money and TANF Funds, with no net change in funding for Child and Family Services.

74 11 DIVISION VIII
 74 12 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

74 13 FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016
 74 14 Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection
 74 15 4, paragraph e, is amended to read as follows:

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

74 16	e. For the JOBS program:		DETAIL: The deappropriated funds in this section are being redirected
74 17		17,540,398	to Fund the FY 2016 Medicaid shortfall.
74 18		<u>17,140,398</u>	
74 19	FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016		Deappropriates \$3,900,000 in FY 2016 from the Family Investment
74 20	Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered		Program appropriation due to lower caseloads.
74 21	paragraph 2, is amended to read as follows:		
74 22	To be credited to the family investment program (FIP)		DETAIL: The deappropriated funds in this section are being redirected
74 23	account and used for family investment program assistance under		to Fund the FY 2016 Medicaid shortfall.
74 24	chapter 239B:		
74 25		48,673,875	
74 26		<u>44,773,875</u>	
74 27	Sec. 35. 2015 Iowa Acts, chapter 137, section 8, subsection		Conforming change to the allocation for the Promise Jobs Program due
74 28	1, is amended to read as follows:		to the deappropriation above.
74 29	1. Of the funds appropriated in this section, \$7,402,220		
74 30	<u>\$7,002,220</u> is allocated for the JOBS program.		
74 31	MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016		General Fund supplemental appropriation of \$15,000,000 for the
74 32	Sec. 36. 2015 Iowa Acts, chapter 137, section 12, unnumbered		Medicaid Program in FY 2016.
74 33	paragraph 2, is amended to read as follows:		
74 34	For medical assistance program reimbursement and associated		DETAIL: The supplemental, in addition to the \$2,000,000 transfer from
74 35	costs as specifically provided in the reimbursement		Decategorization funds and a \$67,000,000 supplemental appropriation
75 1	methodologies in effect on June 30, 2015, except as otherwise		proposed in SF 2109 (FY 2016 Supplemental Appropriations Bill),
75 2	expressly authorized by law, consistent with options under		provides an additional \$84,000,000 for the Medicaid Program in FY
75 3	federal law and regulations, and contingent upon receipt of		2016.
75 4	approval from the office of the governor of reimbursement for		
75 5	each abortion performed under the program:		
75 6		\$1,303,191,564	
75 7		<u>1,318,191,564</u>	
75 8	MODERNIZATION EMERGENCY RULES FY 2015-2016		Delays the DHS authority to adopt emergency rules for Medicaid
75 9	Sec. 37. 2015 Iowa Acts, chapter 137, section 12, subsection		managed care until managed care is implemented on April 1, 2016.
75 10	24, is amended to read as follows:		
75 11	24. The department of human services may adopt emergency		
75 12	rules as necessary to implement the governor's Medicaid		
75 13	modernization initiative beginning January April 1, 2016.		
75 14	STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016		Deappropriates \$1,100,000 in FY 2016 from the State Supplementary
75 15	Sec. 38. 2015 Iowa Acts, chapter 137, section 14, unnumbered		Assistance Program appropriation.
75 16	paragraph 2, is amended to read as follows:		
75 17	For the state supplementary assistance program:		DETAIL: The deappropriated funds in this section are being redirected
75 18		42,997,187	to fund the FY 2016 Medicaid shortfall.
75 19		<u>11,897,187</u>	
75 20	AUTISM SUPPORT PROGRAM FUND FY 2015-2016		Specifies that the \$2,000,000 appropriated for FY 2016 is credited to
75 21	Sec. 39. 2015 Iowa Acts, chapter 137, section 13, subsection		the Autism Support Program Fund.
75 22	5, unnumbered paragraph 1, is amended to read as follows:		

75 23 Of the funds appropriated in this section, \$2,000,000
 75 24 shall be credited to the autism support program fund created
 75 25 in section 242D.2 to be used for the autism support program
 75 26 created in chapter 225D, with the exception of the following
 75 27 amounts of this allocation which shall be used as follows:

75 28 CHILD CARE ASSISTANCE FY 2015-2016
 75 29 Sec. 40. 2015 Iowa Acts, chapter 137, section 16, unnumbered
 75 30 paragraph 2, is amended to read as follows:

75 31 For child care programs:
 75 32 \$ 51,408,668
 75 33 41,408,668

75 34 Sec. 41. 2015 Iowa Acts, chapter 137, section 16, subsection
 75 35 1, is amended to read as follows:

76 1 1. Of the funds appropriated in this section, ~~\$43,689,241~~
 76 2 \$33,689,241 shall be used for state child care assistance in
 76 3 accordance with section 237A.13.

76 4 Sec. 42. 2015 Iowa Acts, chapter 137, section 16, subsection
 76 5 9, is amended to read as follows:

76 6 9. Notwithstanding section 8.33, moneys ~~advanced for~~
 76 7 ~~purposes of the programs developed by early childhood Iowa~~
 76 8 ~~areas, advanced for purposes of wraparound child care,~~
 76 9 appropriated in this section or received from the federal
 76 10 appropriations made for the purposes of this section that
 76 11 remain unencumbered or unobligated at the close of the fiscal
 76 12 year shall not revert to any fund but shall remain available
 76 13 for expenditure for the purposes designated until the close of
 76 14 the succeeding fiscal year.

76 15 NURSING FACILITY BUDGET FY 2015-2016
 76 16 Sec. 43. 2015 Iowa Acts, chapter 137, section 29, subsection
 76 17 1, paragraph a, subparagraph (1), is amended to read as
 76 18 follows:

76 19 (1) For the fiscal year beginning July 1, 2015, the total
 76 20 state funding amount for the nursing facility budget shall not
 76 21 exceed ~~\$151,421,158~~ \$227,131,737.

76 22 Sec. 44. EFFECTIVE UPON ENACTMENT. This division of this
 76 23 Act, being deemed of immediate importance, takes effect upon
 76 24 enactment.

76 25 Sec. 45. RETROACTIVE APPLICABILITY. This division of this
 76 26 Act is retroactively applicable to July 1, 2015.

76 27 DIVISION IX
 76 28 DECATEGORIZATION

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.

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

Permits nonreversion of the General Fund Child Care Assistance appropriation.

Amends the nursing facility cap to account for the April 1, 2016, implementation date for managed care.

This Division is effective on enactment

This Division applies retroactively to July 1, 2015.

Transfers funds from the Decategorization carryforward in FY 2015 that would otherwise revert to the General Fund to Medicaid in FY 2016.

76 29	Sec. 46. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO	
76 30	MEDICAID PROGRAM. Notwithstanding section 232.188, subsection	DETAIL: The estimated carryforward transfer is \$2,000,000.
76 31	5, paragraph “b”, any state appropriated moneys in the funding	
76 32	pool that remained unencumbered or unobligated at the close	
76 33	of the fiscal year beginning July 1, 2013, and were deemed	
76 34	carryover funding to remain available for the two succeeding	
76 35	fiscal years that still remain unencumbered or unobligated at	
77 1	the close of the fiscal year beginning July 1, 2015, shall	
77 2	not revert but shall be transferred to the medical assistance	
77 3	program for the fiscal year beginning July 1, 2015.	
77 4	Sec. 47. EFFECTIVE UPON ENACTMENT. This division of this	This Division is effective on enactment.
77 5	Act, being deemed of immediate importance, takes effect upon	
77 6	enactment.	
77 7	Sec. 48. RETROACTIVE APPLICABILITY. This division of this	This Division is retroactive to July 1, 2015.
77 8	Act is retroactively applicable to July 1, 2015.	
77 9	DIVISION X	
77 10	CODE CHANGES	
77 11	LOCAL OFFICES OF SUBSTITUTE DECISION MAKER	
77 12	Sec. 49. Section 231E.4, subsection 3, paragraph a, Code	CODE: Extends the establishment date for local Office of Substitute
77 13	2016, is amended to read as follows:	Decision Maker offices to July 1, 2018.
77 14	a. Select persons through a request for proposals process to	
77 15	establish local offices of substitute decision maker in each	
77 16	of the planning and service areas. Local offices shall be	
77 17	established statewide on or before July 1, 2017 <u>2018</u> .	
77 18	INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY —	
77 19	ASSESSMENT	
77 20	Sec. 50. Section 222.60A, Code 2016, is amended to read as	CODE: Amends language related to the assessment for Intermediate
77 21	follows:	Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to
77 22	222.60A COST OF ASSESSMENT.	conform to the transition to managed care.
77 23	Notwithstanding any provision of this chapter to the	
77 24	contrary, any amount attributable to any fee-assessed	
77 25	assessment pursuant to section 249A.21 that would otherwise	
77 26	be the liability of any county shall be paid by the state.	
77 27	The department may transfer funds from the appropriation for	
77 28	medical assistance to pay any amount attributable to any fee-	
77 29	assessed <u>assessment</u> pursuant to section 249A.21 that is a	
77 30	liability of the state.	
77 31	Sec. 51. Section 249A.12, subsection 3, paragraph c, Code	CODE: Amends language related to the assessment for Intermediate
77 32	2016, is amended to read as follows:	Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to
77 33	c. Effective February 1, 2002, the The state shall be	conform to the transition to managed care.
77 34	responsible for all of the nonfederal share of the costs of	

77 35 intermediate care facility for persons with an intellectual
 78 1 disability services provided under medical assistance
 78 2 attributable to the assessment ~~fee~~ for intermediate care
 78 3 facilities for individuals with an intellectual disability
 78 4 imposed pursuant to section 249A.21. ~~Effective February 1,~~
 78 5 ~~2003,~~ a county is not required to reimburse the department
 78 6 and shall not be billed for the nonfederal share of the costs
 78 7 of such services attributable to the assessment fee.

78 8 Sec. 52. Section 249A.21, Code 2016, is amended to read as
 78 9 follows:
 78 10 249A.21 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN
 78 11 INTELLECTUAL DISABILITY — ASSESSMENT.

78 12 1. ~~The department may assess An~~ intermediate care
 78 13 ~~facilities~~ facility for persons with an intellectual
 78 14 disability, as defined in section 135C.1, a fee in shall be
 78 15 assessed an amount for the preceding calendar quarter, not to
 78 16 exceed six percent of the total annual revenue of the facility
 78 17 for the preceding fiscal year.

78 18 2. The assessment shall be paid by each intermediate care
 78 19 facility for persons with an intellectual disability to the
 78 20 department in equal monthly amounts on or before the fifteenth
 78 21 day of each month on a quarterly basis. ~~The department may~~
 78 22 ~~deduct the monthly amount from medical assistance payments to~~
 78 23 ~~a facility described in subsection 1. The amount deducted~~
 78 24 ~~from payments shall not exceed the total amount of the~~
 78 25 ~~assessments due~~ An intermediate care facility for persons with
 78 26 an intellectual disability shall submit the assessment amount
 78 27 no later than thirty days following the end of each calendar
 78 28 quarter.

78 29 3. ~~Revenue from the assessments shall be credited~~ The
 78 30 department shall collect the assessment imposed and shall
 78 31 credit all revenues collected to the state medical assistance
 78 32 appropriation. This revenue may be used only for services
 78 33 for which federal financial participation under the medical
 78 34 assistance program is available to match state funds.

78 35 4. If the department determines that an intermediate care
 79 1 facility for persons with an intellectual disability has
 79 2 underpaid or overpaid the assessment, the department shall
 79 3 notify the intermediate care facility for persons with an
 79 4 intellectual disability of the amount of the unpaid assessment
 79 5 or refund due. Such payment or refund shall be due or refunded
 79 6 within thirty days of the issuance of the notice.

79 7 5. An intermediate care facility for persons with an
 79 8 intellectual disability that fails to pay the assessment within
 79 9 the time frame specified in this section shall pay, in addition
 79 10 to the outstanding assessment, a penalty in the amount of one
 79 11 and five-tenths percent of the assessment amount owed for

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.

79 12 each month or portion of each month the payment is overdue.
 79 13 However, if the department determines that good cause is shown
 79 14 for failure to comply with payment of the assessment, the
 79 15 department shall waive the penalty or a portion of the penalty.
 79 16 6. If an assessment has not been received by the department
 79 17 by the last day of the third month after the payment is due,
 79 18 the department shall suspend payment due the intermediate care
 79 19 facility for persons with an intellectual disability under the
 79 20 medical assistance program including payments made on behalf
 79 21 of the medical assistance program by a Medicaid managed care
 79 22 contractor.
 79 23 7. The assessment imposed under this section constitutes
 79 24 a debt due and owing the state and may be collected by civil
 79 25 action, including but not limited to the filing of tax liens,
 79 26 and any other method provided for by law.
 79 27 8. If federal financial participation to match the
 79 28 assessments made under subsection 1 becomes unavailable under
 79 29 federal law, the department shall terminate the imposing of the
 79 30 assessments beginning on the date that the federal statutory,
 79 31 regulatory, or interpretive change takes effect.
 79 32 ~~5. 9. The department of human services may procure a sole~~
 79 33 ~~source contract to implement the provisions of this section.~~
 79 34 ~~6. 10. The department may adopt administrative rules under~~
 79 35 ~~section 17A.4, subsection 3, and section 17A.5, subsection 2,~~
 80 1 ~~paragraph "b", to implement this section, and any fee assessed~~
 80 2 ~~pursuant to this section against an intermediate care facility~~
 80 3 ~~for persons with an intellectual disability that is operated by~~
 80 4 ~~the state may be made retroactive to October 1, 2003.~~

80 5 DIVISION XI
 80 6 HOSPITAL HEALTH CARE ACCESS ASSESSMENT

80 7 Sec. 53. REPEAL. Section 249M.5, Code 2016, is repealed.

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

80 8 Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT METHODOLOGY. The
 80 9 department of human services shall explore alternative hospital
 80 10 health care access assessment methodologies and shall make
 80 11 recommendations to the governor and the general assembly by
 80 12 December 15, 2016, regarding continuation of the hospital
 80 13 health care access assessment program beyond July 1, 2017, and
 80 14 an alternative assessment methodology. Any continuation of
 80 15 the program and assessment methodology shall meet all of the
 80 16 following guidelines:
 80 17 1. Funds generated by the assessment shall be returned
 80 18 only to participating hospitals in the form of higher Medicaid
 80 19 payments.

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.

80 20 2. Continuation of the program and any new assessment
 80 21 methodology shall be subject to any required federal approval.
 80 22 3. Any new assessment methodology shall minimize the
 80 23 negative financial impact on participating hospitals to the
 80 24 greatest extent possible.
 80 25 4. Any new assessment methodology shall result in at least
 80 26 the same if not a greater aggregate financial benefit to
 80 27 participating hospitals compared with the benefit existing
 80 28 under the program prior to July 1, 2016.
 80 29 5. Only participating hospitals subject to imposition
 80 30 of the assessment shall receive a financial return from the
 80 31 program.
 80 32 6. Any continuation of the program shall include a means
 80 33 of tracking the financial return to individual participating
 80 34 hospitals.
 80 35 7. Any quality metrics utilized by the program, if
 81 1 continued, shall align with similar metrics being used under
 81 2 Medicare and the state innovation model initiative process.
 81 3 8. Any new assessment methodology shall incorporate a
 81 4 recognition of the increased costs attributable to care and
 81 5 services such as inpatient psychiatric care, rehabilitation
 81 6 services, and neonatal intensive care units.
 81 7 9. Any continuation of the program shall include oversight
 81 8 and review by the hospital health care trust fund board created
 81 9 in section 249M.4.

81 10 Sec. 55. EFFECTIVE UPON ENACTMENT. This division of this
 81 11 Act, being deemed of immediate importance, takes effect upon
 81 12 enactment.
 81 13 Sec. 56. RETROACTIVE APPLICABILITY. The section of this
 81 14 division of this Act repealing section 249M.5, Code 2016, is
 81 15 retroactively applicable to June 30, 2016.

81 16 DIVISION XII
 81 17 STATE FAMILY PLANNING SERVICES PROGRAM
 81 18 Sec. 57. STATE FAMILY PLANNING SERVICES PROGRAM —
 81 19 ESTABLISHMENT — DISCONTINUATION OF MEDICAID FAMILY PLANNING
 81 20 NETWORK WAIVER.

81 21 1. The department of human services shall discontinue the
 81 22 Medicaid family planning network waiver effective July 1, 2016,
 81 23 and shall instead establish a state family planning services
 81 24 program. The state program shall replicate the eligibility
 81 25 requirements and other provisions included in the Medicaid
 81 26 family planning network waiver as approved by the centers for
 81 27 Medicare and Medicaid services of the United States department
 81 28 of health and human services in effect on June 30, 2016, but
 81 29 shall provide for distribution of the family planning services

The section relating to the repeal of the Hospital Health Care Access
 Provider Assessment is effective on enactment and retroactive to June
 30, 2016.

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.

81 30 program funds in accordance with this section.	
81 31 2. Distribution of family planning services program funds 81 32 shall be made to eligible applicants in the following order of 81 33 priority: 81 34 a. Public entities that provide family planning services 81 35 including state, county, or local community health clinics and 82 1 federally qualified health centers. 82 2 b. Nonpublic entities that, in addition to family planning 82 3 services, provide required primary health services as described 82 4 in 42 U.S.C. §254b(b)(1)(A). 82 5 c. Nonpublic entities that provide family planning 82 6 services but do not provide required primary health services as 82 7 described in 42 U.S.C. §254b(b)(1)(A).	Specifies a funding priority for distribution of Family Planning Services Program funds.
82 8 3. Distribution of family planning services program funds 82 9 under this section shall be made in a manner that continues 82 10 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.
82 11 4. Distribution of family planning services program funds 82 12 shall not be made to any entity that performs abortions or that 82 13 maintains or operates a facility where abortions are performed. 82 14 For the purposes of this section, "abortion" does not include 82 15 any of the following: 82 16 a. The treatment of a woman for a physical disorder, 82 17 physical injury, or physical illness, including a 82 18 life-endangering physical condition caused by or arising from 82 19 the pregnancy itself, that would, as certified by a physician, 82 20 place the woman in danger of death. 82 21 b. The treatment of a woman for a spontaneous abortion, 82 22 commonly known as a miscarriage, when not all of the products 82 23 of human conception are expelled.	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.
82 24 5. Family planning services program funds distributed in 82 25 accordance with this section shall not be used for direct or 82 26 indirect costs, including but not limited to administrative 82 27 costs or expenses, overhead, employee salaries, rent, and 82 28 telephone and other utility costs, related to providing 82 29 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.
82 30 6. The department of human services shall submit a report to 82 31 the governor and the general assembly, annually by January 1, 82 32 listing any entities that received funds pursuant to subsection 82 33 2, paragraph "c", and the amount and type of funds received by 82 34 such entities during the preceding calendar year. The report 82 35 shall provide a detailed explanation of how the department 83 1 determined that distribution of family planning services 83 2 program funds to such an entity, instead of to an entity	Requires the DHS to submit a report by January 1, annually, listing any entities that received funds under this Program.

83 3 described in subsection 2, paragraph “a” or “b”, was necessary
 83 4 to prevent severe limitation or elimination of access to family
 83 5 planning services in the region of the state where the entity
 83 6 is located.

83 7 DIVISION XIII
 83 8 AUTISM SUPPORT PROGRAM

83 9 Sec. 58. Section 135.181, subsections 1 and 2, Code 2016,
 83 10 are amended to read as follows:

CODE: Amends the Board-Certified Behavior Analyst and Board-Certified Assistant Behavior Analyst Grant Program.

83 11 1. The department shall establish a board-certified
 83 12 behavior analyst and board-certified assistant behavior
 83 13 analyst grants program to provide grants to Iowa resident and
 83 14 nonresident applicants who have been accepted for admission or
 83 15 are attending a ~~board of regents~~ university, community college,
 83 16 or an accredited private institution, within or outside the
 83 17 state of Iowa, are enrolled in a program that is accredited
 83 18 and meets coursework requirements to prepare the applicant
 83 19 to be eligible for board certification as a behavior analyst
 83 20 or assistant behavior analyst, and demonstrate financial
 83 21 need. Priority in the awarding of a grant shall be given to
 83 22 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.

83 23 2. The department, in cooperation with the department
 83 24 of education, shall adopt rules pursuant to chapter 17A to
 83 25 establish minimum standards for applicants to be eligible for a
 83 26 grant that address all of the following:

83 27 a. Eligibility requirements for and qualifications of
 83 28 an applicant to receive a grant. The applicant shall agree
 83 29 to practice in the state of Iowa for a period of time, not
 83 30 to exceed four years, as specified in the contract entered
 83 31 into between the applicant and the department at the time the
 83 32 grant is awarded. In addition, the applicant shall agree, as
 83 33 specified in the contract, that during the contract period,
 83 34 the applicant will assist in supervising an individual working
 83 35 toward board certification as a behavior analyst or assistant
 84 1 behavior analyst or to consult with schools and service
 84 2 providers that provide services and supports to individuals
 84 3 with autism.

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 working towards board certification or consult with schools and service providers.

84 4 b. The application process for the grant.

84 5 c. Criteria for preference in awarding of the grants.
 84 6 Priority in the awarding of a grant shall be given to
 84 7 applicants who are residents of Iowa.

CODE: Requires priority for Iowa residents.

84 8 d. Determination of the amount of a grant. The amount
 84 9 of funding awarded to each applicant shall be based on the

CODE: Limits awards based on enrollment status, number of applicants, and the total amount of funds. Awards cannot be greater

84 10 applicant's enrollment status, the number of applicants, and
 84 11 the total amount of available funds. The total amount of funds
 84 12 awarded to an individual applicant shall not exceed fifty
 84 13 percent of the total costs attributable to program tuition and
 84 14 fees, annually.

than 50.00% of the program tuition and fees.

84 15 e. Use of the funds awarded. Funds awarded may be used
 84 16 to offset the costs attributable to tuition and fees for the
 84 17 accredited behavior analyst or assistant behavior analyst
 84 18 program.

CODE: Funds may only be used for tuition and fees.

84 19 Sec. 59. Section 135.181, Code 2016, is amended by adding
 84 20 the following new subsection:

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.

84 21 NEW SUBSECTION 4. The department shall submit a report
 84 22 to the governor and the general assembly no later than January
 84 23 1, annually, that includes but is not limited to all of the
 84 24 following:

84 25 a. The number of applications received for the immediately
 84 26 preceding fiscal year.

84 27 b. The number of applications approved and the total amount
 84 28 of funding awarded in grants in the immediately preceding
 84 29 fiscal year.

84 30 c. The cost of administering the program in the immediately
 84 31 preceding fiscal year.

84 32 d. Recommendations for any changes to the program.

84 33 Sec. 60. Section 225D.1, subsection 8, Code 2016, is amended
 84 34 to read as follows:

84 35 8. "Eligible individual" means a child less than ~~nine~~
 85 1 fourteen years of age who has been diagnosed with autism based
 85 2 on a diagnostic assessment of autism, is not otherwise eligible
 85 3 for coverage for applied behavioral analysis treatment under
 85 4 the medical assistance program, section 514C.28, or private
 85 5 insurance coverage, and whose household income does not exceed
 85 6 ~~four~~ five hundred percent of the federal poverty level.

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 Program. The maximum cost sharing is also increased from 10.0% to 15.0%.

85 7 Sec. 61. Section 225D.2, subsection 2, paragraphs c and d,
 85 8 Code 2016, are amended to read as follows:

DETAIL: The federal poverty level for a family of four is \$121,500 at 500.0%.

85 9 c. Notwithstanding the age limitation for an eligible
 85 10 individual, a provision that if an eligible individual reaches
 85 11 ~~nine~~ fourteen years of age prior to completion of the maximum
 85 12 applied behavioral analysis treatment period specified in
 85 13 paragraph "b", the individual may complete such treatment in
 85 14 accordance with the individual's treatment plan, not to exceed
 85 15 the maximum treatment period.

85 16 d. A graduated schedule for cost-sharing by an eligible
 85 17 individual based on a percentage of the total benefit amount
 85 18 expended for the eligible individual, annually. Cost-sharing

85 19 shall be applicable to eligible individuals with household
 85 20 incomes at or above two hundred percent of the federal poverty
 85 21 level in incrementally increased amounts up to a maximum of ~~ten~~
 85 22 fifteen percent. The rules shall provide a financial hardship
 85 23 exemption from payment of the cost-sharing based on criteria
 85 24 established by rule of the department.

85 25 Sec. 62. AUTISM SUPPORT FUND — TRANSFER.
 85 26 Notwithstanding section 225D.2, moneys credited to the autism
 85 27 support fund that remain unexpended or unobligated at the close
 85 28 of the fiscal year beginning July 1, 2015, shall be transferred
 85 29 to the appropriation in this Act for medical contracts to be
 85 30 used for the purpose of that appropriation for the succeeding
 85 31 fiscal year.

85 32 Sec. 63. EFFECTIVE DATE. The section of this division of
 85 33 this Act providing for transfer of moneys in the autism support
 85 34 fund that remain unexpended or unobligated at the close of the
 85 35 fiscal year beginning July 1, 2015, being deemed of immediate
 86 1 importance, takes effect upon enactment.

86 2 Sec. 64. RETROACTIVE APPLICABILITY. The section of this
 86 3 division of this Act providing for transfer of moneys in the
 86 4 autism support fund that remain unexpended or unobligated
 86 5 at the close of the fiscal year beginning July 1, 2015, is
 86 6 retroactively applicable to July 1, 2015.

86 7 DIVISION XIV
 86 8 IOWA HIGH QUALITY HEALTH CARE INITIATIVE CONSUMER PROTECTION
 86 9 OUTCOME ACHIEVEMENT AND PROGRAM INTEGRITY

86 10 Sec. 65. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —
 86 11 LEGISLATIVE GOALS. The goals of the Iowa high quality health
 86 12 care initiative are to improve quality of and access to care
 86 13 for Medicaid members, promote accountability for outcomes, and
 86 14 create a more predictable and sustainable Medicaid budget. The
 86 15 main focus in moving to managed care is to provide the Medicaid
 86 16 members with the opportunity to realize improved health quality
 86 17 and outcomes through wellness initiatives, preventive care, and
 86 18 coordinated care.

86 19 Sec. 66. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —
 86 20 DEPARTMENT OF HUMAN SERVICES — REPORTS. The department of
 86 21 human services shall submit to the chairpersons and ranking
 86 22 members of the human resources committees of the senate and the
 86 23 house of representatives and to the chairpersons and ranking
 86 24 members of the joint appropriations subcommittee on health
 86 25 and human services, quarterly reports, and an annual report
 86 26 beginning December 15, 2016, and annually by December 15,

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.

The section related to the Autism Support Program Carryforward is effective on enactment and retroactive to July 1, 2015.

Specifies the goals of Medicaid managed care.

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

86 27 thereafter, regarding Medicaid program consumer protections,
86 28 outcome achievement, and program integrity as specified in
86 29 this division. The reports shall be based on and updated to
86 30 include the most recent information available. The reports
86 31 shall include an executive summary of the information and
86 32 data compiled, an analysis of the information and data,
86 33 and any trends or issues identified through such analysis,
86 34 to the extent such information is not otherwise considered
86 35 confidential or protected information pursuant to federal or
87 1 state law. The joint appropriations subcommittee on health and
87 2 human services shall dedicate a meeting of the subcommittee
87 3 during the subsequent session of the general assembly to review
87 4 of the annual report.

87 5 1. CONSUMER PROTECTION.

87 6 The general assembly recognizes the need for ongoing review
87 7 of Medicaid member engagement with and feedback regarding
87 8 Medicaid managed care. The Iowa high quality health care
87 9 initiative shall ensure access to medically necessary services
87 10 and shall ensure that Medicaid members are fully engaged in
87 11 their own health care in order to achieve overall positive
87 12 health outcomes. The consumer protection component of the
87 13 reports submitted as required under this section shall be based
87 14 on all of the following reports relating to member and provider
87 15 services:

87 16 a. Member enrollment and disenrollment.

87 17 b. Member grievances and appeals including all of the
87 18 following:

87 19 (1) The percentage of grievances and appeals resolved
87 20 timely.

87 21 (2) The number of grievances and appeals received.

87 22 c. Member call center performance including the service
87 23 level for members, providers, and pharmacy.

87 24 d. Prior authorization denials and modifications including
87 25 all of the following:

87 26 (1) The percentage of prior authorizations approved,
87 27 denied, and modified.

87 28 (2) The percentage of prior authorizations processed within
87 29 required time frames.

87 30 e. Provider network access including key gaps in provider
87 31 coverage based on contract time and distance standards.

87 32 f. Care coordination, including the ratio of members to care
87 33 coordinators.

87 34 g. Level of care and functional assessments, including the
87 35 percentage of level of care assessments completed timely.

88 1 h. Population-specific reporting including all of the
88 2 following:

88 3 (1) General population.

88 4 (2) Special needs.

are to submit executive summaries of pertinent information regarding
their deliberations during the prior year beginning November 15,
annually.

88 5 (3) Behavioral health.
88 6 (4) Elderly.
88 7 2. OUTCOME ACHIEVEMENT.
88 8 The primary focus of the general assembly in moving to
88 9 Medicaid managed care is to improve the quality of care and
88 10 outcomes for Medicaid members. The state has demonstrated
88 11 how preventive services and the coordination of care for all
88 12 of a Medicaid member's treatment significantly improve the
88 13 health and well-being of the state's most vulnerable citizens.
88 14 In order to ensure continued improvement, ongoing review of
88 15 member outcomes as well as of the process that supports a
88 16 strong provider network is necessary. The outcome achievement
88 17 component of the reports submitted as required under this
88 18 section shall be based on all of the following reports relating
88 19 to member health outcomes and contract management outcomes:
88 20 a. Contract management including all of the following:
88 21 (1) Claims processing including all of the following:
88 22 (a) The percentage of claims paid and denied.
88 23 (b) The percentage of claims adjudicated timely.
88 24 (2) Encounter data including all of the following:
88 25 (a) Timeliness.
88 26 (b) Completeness.
88 27 (c) Accuracy.
88 28 (3) Value-based purchasing (VBP) enrollment including the
88 29 percentage of members covered by a VBP arrangement.
88 30 (4) Financial information including all of the following:
88 31 (a) Managed care organization (MCO) capitation payments.
88 32 (b) The medical loss ratio.
88 33 (c) Program cost savings.
88 34 b. Member health outcomes including all of the following:
88 35 (1) Annual healthcare effectiveness and information set
89 1 (HEDIS) performance.
89 2 (2) Other quality measures including all of the following:
89 3 (a) Behavioral health.
89 4 (b) Children's health.
89 5 (c) Prenatal and birth outcomes.
89 6 (d) Chronic condition management.
89 7 (e) Adult preventative care.
89 8 (3) Value index score (VIS) performance.
89 9 (4) Annual consumer assessment of healthcare providers and
89 10 systems (CAHPS) performance.
89 11 (5) Utilization information including all of the following:
89 12 (a) Inpatient hospital admissions and potential
89 13 preventative admissions.
89 14 (b) Readmissions.
89 15 (c) Outpatient visits.
89 16 (d) Emergency department visits and potentially preventable
89 17 emergency department visits.

89 18 3. PROGRAM INTEGRITY.

89 19 The Medicaid program has traditionally included
 89 20 comprehensive oversight and program integrity controls.
 89 21 Under Medicaid managed care, federal, state, and contractual
 89 22 safeguards will continue to be incorporated to prevent, detect,
 89 23 and eliminate provider fraud, waste, and abuse to maintain a
 89 24 sustainable Medicaid program. The program integrity component
 89 25 of the reports submitted as required under this section shall
 89 26 be based on all of the following reports relating to program
 89 27 integrity:

89 28 a. The level of fraud, waste, and abuse identified by the
 89 29 MCOs.

89 30 b. Managed care organization adherence to the program
 89 31 integrity plan.

89 32 c. Notification of the state by the MCOs regarding fraud,
 89 33 waste, and abuse.

89 34 d. The impact of program activities on capitation payments.

89 35 e. Enrollment and payment information including all of the
 90 1 following:

90 2 (1) Eligibility.

90 3 (2) Third-party liability.

90 4 f. Managed care organization reserves compared to minimum
 90 5 reserves required by the insurance division of the department
 90 6 of commerce.

90 7 g. A summary report by the insurance division of the
 90 8 department of commerce including information relating to health
 90 9 maintenance organization licensure, the annual independent
 90 10 audit, insurance division reporting, and reinsurance.

90 11 4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT

90 12 ENTITIES. The council on human services, the medical
 90 13 assistance advisory council, the hawk-i board, the mental
 90 14 health and disability services commission, and the office
 90 15 of long-term care ombudsman shall regularly review Medicaid
 90 16 managed care as it relates to the entity's respective statutory
 90 17 duties. These entities shall submit executive summaries of
 90 18 pertinent information regarding their deliberations during the
 90 19 prior year relating to Medicaid managed care to the department
 90 20 of human services no later than November 15, annually, for
 90 21 inclusion in the annual report submitted as required under this
 90 22 section.

90 23 Sec. 67. IOWA HIGH QUALITY HEALTH CARE INITIATIVE ———
 90 24 ADDITIONAL OVERSIGHT.

90 25 1. The council on human services, the medical assistance
 90 26 advisory council, and the hawk-i board shall submit to the
 90 27 chairpersons and ranking members of the human resources
 90 28 committees of the senate and the house of representatives
 90 29 and to the chairpersons and ranking members of the joint

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 30 appropriations subcommittee on health and human services, on a
 90 31 quarterly basis, minutes of their respective meetings during
 90 32 which the council or board addressed Medicaid managed care.
 90 33 2. The director of human services shall submit the
 90 34 compilation of the input and recommendations from stakeholders
 90 35 and Medicaid members attending the public meetings convened
 91 1 pursuant to 2015 Iowa Acts, chapter 137, section 63, to
 91 2 the chairpersons and ranking members of the human resources
 91 3 committees of the senate and the house of representatives
 91 4 and to the chairpersons and ranking members of the joint
 91 5 appropriations subcommittee on health and human services, on
 91 6 a quarterly basis.

91 7 Sec. 68. IOWA HIGH QUALITY HEALTH CARE INITIATIVE ———
 91 8 POSTING OF PUBLIC INFORMATION. The department of human
 91 9 services shall post information from all of the following
 91 10 reports, as the information becomes available and to the extent
 91 11 such information is not otherwise considered confidential or
 91 12 protected information pursuant to federal or state law, on the
 91 13 Iowa health link internet site:
 91 14 1. CONSUMER PROTECTION:
 91 15 a. Member enrollment and disenrollment.
 91 16 b. Member grievances and appeals including all of the
 91 17 following:
 91 18 (1) The percentage of grievances and appeals resolved
 91 19 timely.
 91 20 (2) The number of grievances and appeals received.
 91 21 c. Member call center performance including the service
 91 22 level for members, providers, and pharmacy.
 91 23 d. Prior authorization denials and modifications including
 91 24 all of the following:
 91 25 (1) The percentage of prior authorizations approved,
 91 26 denied, and modified.
 91 27 (2) The percentage of prior authorizations processed within
 91 28 required time frames.
 91 29 e. Provider network access including key gaps in provider
 91 30 coverage based on contract time and distance standards.
 91 31 f. Care coordination, including the ratio of members to care
 91 32 coordinators.
 91 33 g. Level of care and functional assessments, including the
 91 34 percentage of level of care assessments completed timely.
 91 35 h. Population-specific reporting including all of the
 92 1 following:
 92 2 (1) General population.
 92 3 (2) Special needs.
 92 4 (3) Behavioral health.
 92 5 (4) Elderly.
 92 6 2. OUTCOME ACHIEVEMENT:

Requires the DHS to post information on their website on all the reports listed in this section.

- 92 7 a. Contract management:
- 92 8 (1) Claims processing including all of the following:
- 92 9 (a) The percentage of claims paid and denied.
- 92 10 (b) The percentage of claims adjudicated timely.
- 92 11 (2) Encounter data including all of the following:
- 92 12 (a) Timeliness.
- 92 13 (b) Completeness.
- 92 14 (c) Accuracy.
- 92 15 (3) Value-based purchasing (VBP) enrollment including the
- 92 16 percentage of members covered by a VBP arrangement.
- 92 17 (4) Financial information including all of the following:
- 92 18 (a) Managed care organization capitation payments.
- 92 19 (b) Medical loss ratio.
- 92 20 (c) Program cost savings.
- 92 21 b. Member health outcomes including all of the following:
- 92 22 (1) Annual healthcare effectiveness and information set
- 92 23 (HEDIS) performance.
- 92 24 (2) Other quality measures including all of the following:
- 92 25 (a) Behavioral health.
- 92 26 (b) Children's health.
- 92 27 (c) Prenatal and birth outcomes.
- 92 28 (d) Chronic condition management.
- 92 29 (e) Adult preventative care.
- 92 30 (3) Value index score (VIS) performance.
- 92 31 (4) Annual consumer assessment of healthcare providers and
- 92 32 systems (CAHPS) performance.
- 92 33 (5) Utilization information including all of the following:
- 92 34 (a) Inpatient admissions and potential preventative
- 92 35 admissions.
- 93 1 (b) Readmissions.
- 93 2 (c) Outpatient visits.
- 93 3 (d) Emergency department visits and potentially preventable
- 93 4 emergency department visits.
- 93 5 3. PROGRAM INTEGRITY:
- 93 6 a. The level of fraud, waste, and abuse identified by the
- 93 7 MCOs.
- 93 8 b. Managed care organization adherence to the program
- 93 9 integrity plan.
- 93 10 c. Notification of the state by the MCOs regarding fraud,
- 93 11 waste, and abuse.
- 93 12 d. The impact of program activities on capitation payments.
- 93 13 e. Enrollment and payment information including all of the
- 93 14 following:
- 93 15 (1) Eligibility.
- 93 16 (2) Third-party liability.
- 93 17 f. Managed care organization reserves compared to minimum
- 93 18 reserves required by the insurance division of the department
- 93 19 of commerce.

93 20 g. A summary report by the insurance division of the
 93 21 department of commerce including information relating to health
 93 22 maintenance organization licensure, the annual independent
 93 23 audit, insurance division reporting, and reinsurance.

93 24 DIVISION XV
 93 25 CHILDREN'S MENTAL HEALTH AND WELL-BEING
 93 26 Sec. 69. CHILDREN'S MENTAL HEALTH CRISIS SERVICES —
 93 27 PLANNING GRANTS.

93 28 1. The department of human services shall establish
 93 29 a request for proposals process, in cooperation with the
 93 30 departments of public health and education and the judicial
 93 31 branch, which shall be based upon recommendations for
 93 32 children's mental health crisis services described in the
 93 33 children's mental health and well-being workgroup final report
 93 34 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.

93 35 2. Planning grants shall be awarded to two lead entities.
 94 1 Each lead entity should be a member of a specifically
 94 2 designated coalition of three to four other entities that
 94 3 propose to serve different geographically defined areas of
 94 4 the state, but a lead entity shall not be a mental health and
 94 5 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.

94 6 3. The request for proposals shall require each grantee to
 94 7 develop a plan for children's mental health crisis services for
 94 8 the grantee's defined geographic area that includes all of the
 94 9 following:
 94 10 a. Identification of the existing children's mental health
 94 11 crisis services in the defined area.
 94 12 b. Identification of gaps in children's mental health
 94 13 crisis services in the defined area.
 94 14 c. A plan for collection of data that demonstrates the
 94 15 effects of children's mental health crisis services through the
 94 16 collection of outcome data and surveys of the children affected
 94 17 and their families.
 94 18 d. A method for using federal, state, and other funding
 94 19 including funding currently available, to implement and support
 94 20 children's mental health crisis services.
 94 21 e. Utilization of collaborative processes developed from
 94 22 the recommendations from the children's mental health and
 94 23 well-being workgroup final report submitted to the department
 94 24 on December 15, 2015.
 94 25 f. A recommendation for any additional state funding needed
 94 26 to establish a children's mental health crisis service system
 94 27 in the defined area.
 94 28 g. A recommendation for statewide standard requirements for

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.

94 29 children's mental health crisis services, as defined in the
 94 30 children's mental health and well-being workgroup final report
 94 31 submitted to the department of human services on December 15,
 94 32 2015, including but not limited to all of the following:
 94 33 (1) Standardized primary care practitioner screenings.
 94 34 (2) Standardized mental health crisis screenings.
 94 35 (3) Standardized mental health and substance use disorder
 95 1 assessments.
 95 2 (4) Requirements for certain inpatient psychiatric
 95 3 hospitals and psychiatric medical institutions for children to
 95 4 accept and treat all children regardless of the acuity of their
 95 5 condition.

95 6 4. Each grantee shall submit a report to the department by
 95 7 December 15, 2016. The department shall combine the essentials
 95 8 of each report and shall submit a report to the general
 95 9 assembly by January 15, 2017, regarding the department's
 95 10 conclusions and recommendations.

95 11 Sec. 70. CHILDREN'S WELL-BEING LEARNING LABS. The
 95 12 department of human services, utilizing existing departmental
 95 13 resources and with the continued assistance of a private child
 95 14 welfare foundation focused on improving child well-being, shall
 95 15 study and collect data on emerging, collaborative efforts
 95 16 in existing programs engaged in addressing well-being for
 95 17 children with complex needs and their families in communities
 95 18 across the state. The department shall establish guidelines
 95 19 based upon recommendations in the children's mental health and
 95 20 well-being workgroup final report submitted to the department
 95 21 on December 15, 2015, to select three to five such programs
 95 22 to be designated learning labs to enable the department
 95 23 to engage in a multi-site learning process during the 2016
 95 24 calendar year with a goal of creating an expansive structured
 95 25 learning network. The department shall submit a report with
 95 26 recommendations including lessons learned, suggested program
 95 27 design refinements, and implications for funding, policy
 95 28 changes, and best practices to the general assembly by January
 95 29 15, 2017.

95 30 Sec. 71. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL
 95 31 STUDY REPORTS. The department of human services shall, in
 95 32 consultation with the department of public health, the mental
 95 33 health and disability services commission, and the mental
 95 34 health planning council, submit a report with recommendations
 95 35 to the general assembly by December 15, 2016, regarding all of
 96 1 the following:
 96 2 1. The creation and implementation of a statewide
 96 3 children's mental health crisis service system to include but

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.

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

96 4 not be limited to an inventory of all current children's mental
 96 5 health crisis service systems in the state including children's
 96 6 mental health crisis service system telephone lines. The
 96 7 report shall include recommendations regarding proposed changes
 96 8 to improve the effectiveness of and access to children's mental
 96 9 health crisis services.

96 10 2. The development and implementation of a children's
 96 11 mental health public education and awareness campaign that
 96 12 targets the reduction of stigma for children with mental
 96 13 illness and that supports children with mental illness and
 96 14 their families in seeking effective treatment. The plan shall
 96 15 include potential methods for funding such a campaign.

96 16 Sec. 72. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY
 96 17 COMMITTEE. The department of human services shall create and
 96 18 provide support to a children's mental health and well-being
 96 19 advisory committee to continue the coordinated efforts of
 96 20 the children's mental health subcommittee and the children's
 96 21 well-being subcommittee of the children's mental health
 96 22 and well-being workgroup. Consideration shall be given to
 96 23 continued service by members of the children's mental health
 96 24 and well-being workgroup created pursuant to 2015 Iowa Acts,
 96 25 ch.137, and representatives from the departments of human
 96 26 services, public health, and education; the judicial branch;
 96 27 and other appropriate stakeholders designated by the director.
 96 28 The advisory committee shall do all of the following:
 96 29 1. Provide guidance regarding implementation of the
 96 30 recommendations in the children's mental health and well-being
 96 31 workgroup final report submitted to the department on December
 96 32 15, 2015, and subsequent reports required by this Act.
 96 33 2. Select and study additional children's well-being
 96 34 learning labs to assure a continued commitment to joint
 96 35 learning and comparison for all learning lab sites.

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.

97 1 DIVISION XVI
 97 2 OPIOID ANTAGONIST REVISION

97 3 Sec. 73. Section 135.190, subsection 2, as enacted by 2016
 97 4 Iowa Acts, Senate File 2218, section 1, is amended to read as
 97 5 follows:
 97 6 2. A person in a position to assist may be prescribed
 97 7 an opioid antagonist pursuant to section 147A.18 and may
 97 8 possess and provide or administer an opioid antagonist to an
 97 9 individual if the person in a position to assist reasonably and
 97 10 in good faith believes that such individual is experiencing an
 97 11 opioid-related overdose.

CODE: Amends SF 2218 (Opioid Antagonist Authorization Act) to clarify that a person in position to assist may be prescribed an opioid antagonist and 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.

97 12 Sec. 74. Section 147A.18, subsection 1, as enacted by 2016
 97 13 Iowa Acts, Senate File 2218, section 3, is amended to read as

97 14 follows:
 97 15 1. a. Notwithstanding any other provision of law to the
 97 16 contrary, a licensed health care professional may prescribe
 97 17 an opioid antagonist in the name of a service program, law
 97 18 enforcement agency, or fire department to be maintained for use
 97 19 as provided in this section.
 97 20 b. Notwithstanding any other provision of law to the
 97 21 contrary, a licensed health care professional may prescribe
 97 22 an opioid antagonist to a person in a position to assist as
 97 23 defined in section 135.190.
 97 24 Sec. 75. Section 147A.18, subsection 5, as enacted by 2016
 97 25 Iowa Acts, Senate File 2218, section 3, is amended to read as
 97 26 follows:
 97 27 5. The department ~~shall~~ may adopt rules pursuant to chapter
 97 28 17A to implement and administer this section, ~~including but~~
 97 29 ~~not limited to standards and procedures for the prescription,~~
 97 30 ~~distribution, storage, replacement, and administration of~~
 97 31 ~~opioid antagonists, and for the training and authorization~~
 97 32 ~~to be required for first responders to administer an opioid~~
 97 33 ~~antagonist.~~
 97 34 Sec. 76. OPIOID ANTAGONIST IMPLEMENTATION
 97 35 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section
 98 1 4, is repealed.

98 2 DIVISION XVII
 98 3 NURSING GRANT PROGRAMS

98 4 Sec. 77. Section 135.178, Code 2016, is amended to read as
 98 5 follows:
 98 6 135.178 NURSE RESIDENCY STATE MATCHING GRANTS PROGRAM ———
 98 7 ~~—REPEAL .~~
 98 8 ~~—1.~~ The department shall establish a nurse residency state
 98 9 matching grants program to provide matching state funding
 98 10 to sponsors of nurse residency programs in this state to
 98 11 establish, expand, or support nurse residency programs that
 98 12 meet standards adopted by rule of the department. Funding for
 98 13 the program may be provided through the health care workforce
 98 14 shortage fund or the nurse residency state matching grants
 98 15 program account created in section 135.175. The department,
 98 16 in cooperation with the Iowa board of nursing, the department
 98 17 of education, Iowa institutions of higher education with board
 98 18 of nursing-approved programs to educate nurses, and the Iowa
 98 19 nurses association, shall adopt rules pursuant to chapter 17A
 98 20 to establish minimum standards for nurse residency programs
 98 21 to be eligible for a matching grant that address all of the
 98 22 following:
 98 23 ~~—a.~~ 1. Eligibility requirements for and qualifications of
 98 24 a sponsor of a nurse residency program to receive a grant,

CODE: Eliminates the sunset date for the Nurse Residency State
 Matching Grant Program and the Iowa Needs Nurses Now Program.

98 25 including that the program includes both rural and urban
98 26 components.
98 27 ~~b. 2.~~ The application process for the grant.
98 28 ~~e. 3.~~ Criteria for preference in awarding of the grants.
98 29 ~~d. 4.~~ Determination of the amount of a grant.
98 30 ~~e. 5.~~ Use of the funds awarded. Funds may be used to pay
98 31 the costs of establishing, expanding, or supporting a nurse
98 32 residency program as specified in this section, including but
98 33 not limited to the costs associated with residency stipends and
98 34 nursing faculty stipends.

98 35 ~~2. This section is repealed June 30, 2016.~~

99 1 Sec. 78. Section 261.129, Code 2016, is amended to read as
99 2 follows:

99 3 261.129 IOWA NEEDS NURSES NOW INITIATIVE ~~REPEAL~~ .

99 4 1. Nurse educator incentive payment program.

99 5 a. The commission shall establish a nurse educator
99 6 incentive payment program. Funding for the program may be
99 7 provided through the health care workforce shortage fund or the
99 8 health care professional and Iowa needs nurses now initiative
99 9 account created in section 135.175. For the purposes of this
99 10 subsection, "nurse educator" means a registered nurse who holds
99 11 a master's degree or doctorate degree and is employed as a
99 12 faculty member who teaches nursing in a nursing education
99 13 program as provided in 655 IAC 2.6 at a community college, an
99 14 accredited private institution, or an institution of higher
99 15 education governed by the state board of regents.

99 16 b. The program shall consist of incentive payments to
99 17 recruit and retain nurse educators. The program shall provide
99 18 for incentive payments of up to twenty thousand dollars for a
99 19 nurse educator who remains teaching in a qualifying teaching
99 20 position for a period of not less than four consecutive
99 21 academic years.

99 22 c. The nurse educator and the commission shall enter into an
99 23 agreement specifying the obligations of the nurse educator and
99 24 the commission. If the nurse educator leaves the qualifying
99 25 teaching position prior to teaching for four consecutive
99 26 academic years, the nurse educator shall be liable to repay
99 27 the incentive payment amount to the state, plus interest as
99 28 specified by rule. However, if the nurse educator leaves
99 29 the qualifying teaching position involuntarily, the nurse
99 30 educator shall be liable to repay only a pro rata amount of the
99 31 incentive payment based on incompleting years of service.

99 32 d. The commission, in consultation with the department
99 33 of public health, the board of nursing, the department of
99 34 education, and the Iowa nurses association, shall adopt rules
99 35 pursuant to chapter 17A relating to the establishment and
100 1 administration of the nurse educator incentive payment program.

100 2 The rules shall include provisions specifying what constitutes

100 3 a qualifying teaching position.

100 4 2. Nursing faculty fellowship program.

100 5 a. The commission shall establish a nursing faculty
100 6 fellowship program to provide funds to nursing schools in the
100 7 state, including but not limited to nursing schools located at
100 8 community colleges, for fellowships for individuals employed
100 9 in qualifying positions on the nursing faculty. Funding for
100 10 the program may be provided through the health care workforce
100 11 shortage fund or the health care professional and the Iowa
100 12 needs nurses now initiative account created in section 135.175.
100 13 The program shall be designed to assist nursing schools in
100 14 filling vacancies in qualifying positions throughout the state.

100 15 b. The commission, in consultation with the department
100 16 of public health, the board of nursing, the department of
100 17 education, and the Iowa nurses association, and in cooperation
100 18 with nursing schools throughout the state, shall develop a
100 19 distribution formula which shall provide that no more than
100 20 thirty percent of the available moneys are awarded to a single
100 21 nursing school. Additionally, the program shall limit funding
100 22 for a qualifying position in a nursing school to no more than
100 23 ten thousand dollars per year for up to three years.

100 24 c. The commission, in consultation with the department
100 25 of public health, the board of nursing, the department of
100 26 education, and the Iowa nurses association, shall adopt
100 27 rules pursuant to chapter 17A to administer the program. The
100 28 rules shall include provisions specifying what constitutes a
100 29 qualifying position at a nursing school.

100 30 d. In determining eligibility for a fellowship, the
100 31 commission shall consider all of the following:

100 32 (1) The length of time a qualifying position has gone
100 33 unfilled at a nursing school.

100 34 (2) Documented recruiting efforts by a nursing school.

100 35 (3) The geographic location of a nursing school.

101 1 (4) The type of nursing program offered at the nursing
101 2 school, including associate, bachelor's, master's, or doctoral
101 3 degrees in nursing, and the need for the specific nursing
101 4 program in the state.

101 5 3. Nurse educator scholarship program.

101 6 a. The commission shall establish a nurse educator
101 7 scholarship program. Funding for the program may be provided
101 8 through the health care workforce shortage fund or the health
101 9 care professional and the Iowa needs nurses now initiative
101 10 account created in section 135.175. The goal of the nurse
101 11 educator scholarship program is to address the waiting list of
101 12 qualified applicants to Iowa's nursing schools by providing
101 13 incentives for the training of additional nursing educators.
101 14 For the purposes of this subsection, "nurse educator" means
101 15 a registered nurse who holds a master's degree or doctorate

101 16 degree and is employed as a faculty member who teaches nursing
101 17 in a nursing education program as provided in 655 IAC 2.6 at
101 18 a community college, an accredited private institution, or an
101 19 institution of higher education governed by the state board of
101 20 regents.

101 21 b. The program shall consist of scholarships to further
101 22 advance the education of nurses to become nurse educators. The
101 23 program shall provide for scholarship payments in an amount
101 24 established by rule for students who are preparing to teach in
101 25 qualifying teaching positions.

101 26 c. The commission, in consultation with the department
101 27 of public health, the board of nursing, the department of
101 28 education, and the Iowa nurses association, shall adopt rules
101 29 pursuant to chapter 17A relating to the establishment and
101 30 administration of the nurse educator scholarship program. The
101 31 rules shall include provisions specifying what constitutes a
101 32 qualifying teaching position and the amount of any scholarship.

101 33 4. Nurse educator scholarship-in-exchange-for-service
101 34 program.

101 35 a. The commission shall establish a nurse educator
102 1 scholarship-in-exchange-for-service program. Funding for the
102 2 program may be provided through the health care workforce
102 3 shortage fund or the health care professional and Iowa needs
102 4 nurses now initiative account created in section 135.175. The
102 5 goal of the nurse educator scholarship-in-exchange-for-service
102 6 program is to address the waiting list of qualified applicants
102 7 to Iowa's nursing schools by providing incentives for the
102 8 education of additional nursing educators. For the purposes
102 9 of this subsection, "nurse educator" means a registered nurse
102 10 who holds a master's degree or doctorate degree and is employed
102 11 as a faculty member who teaches nursing in a nursing education
102 12 program as provided in 655 IAC 2.6 at a community college, an
102 13 accredited private institution, or an institution of higher
102 14 education governed by the state board of regents.

102 15 b. The program shall consist of scholarships to further
102 16 advance the education of nurses to become nurse educators. The
102 17 program shall provide for scholarship-in-exchange-for-service
102 18 payments in an amount established by rule for students who
102 19 are preparing to teach in qualifying teaching positions for a
102 20 period of not less than four consecutive academic years.

102 21 c. The scholarship-in-exchange-for-service recipient
102 22 and the commission shall enter into an agreement specifying
102 23 the obligations of the applicant and the commission.
102 24 If the nurse educator leaves the qualifying teaching
102 25 position prior to teaching for four consecutive academic
102 26 years, the nurse educator shall be liable to repay the
102 27 scholarship-in-exchange-for-service amount to the state plus
102 28 interest as specified by rule. However, if the nurse educator

102 29 leaves the qualified teaching position involuntarily, the nurse
 102 30 educator shall be liable to repay only a pro rata amount of the
 102 31 scholarship based on incomplete years of service.
 102 32 d. The receipt of a nurse educator
 102 33 scholarship-in-exchange-for-service shall not impact
 102 34 eligibility of an individual for other financial incentives
 102 35 including but not limited to loan forgiveness programs.

103 1 e. The commission, in consultation with the department
 103 2 of public health, the board of nursing, the department
 103 3 of education, and the Iowa nurses association, shall
 103 4 adopt rules pursuant to chapter 17A relating to the
 103 5 establishment and administration of the nurse educator
 103 6 scholarship-in-exchange-for-service program. The rules
 103 7 shall include the provisions specifying what constitutes
 103 8 a qualifying teaching position and the amount of any
 103 9 scholarship-in-exchange-for-service.

103 10 ~~5. REPEAL. This section is repealed June 30, 2016.~~

103 11 Sec. 79. EFFECTIVE UPON ENACTMENT. This division of this
 103 12 Act, being deemed of immediate importance, takes effect upon
 103 13 enactment.

103 14 Sec. 80. RETROACTIVE APPLICABILITY. This division of this
 103 15 Act is retroactively applicable to June 30, 2016.

103 16 DIVISION XVIII
 103 17 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT
 103 18 SUPPLEMENTAL PAYMENT PROGRAM

103 19 Sec. 81. Section 249L.2, Code 2016, is amended by adding the
 103 20 following new subsections:

103 21 NEW SUBSECTION 5A. "Non-state governmental entity" means a
 103 22 hospital authority, hospital district, health care district,
 103 23 city, or county.

103 24 NEW SUBSECTION 5B. "Non-state government-owned nursing
 103 25 facility" means a nursing facility owned or operated by
 103 26 a non-state governmental entity for which a non-state
 103 27 governmental entity holds the nursing facility's license and is
 103 28 party to the nursing facility's Medicaid contract.

103 29 Sec. 82. Section 249L.2, subsection 6, Code 2016, is amended
 103 30 to read as follows:

103 31 6. "Nursing facility" means a licensed nursing facility as
 103 32 defined in section 135C.1 that is a freestanding facility or
 103 33 a nursing facility operated by a hospital licensed pursuant
 103 34 to chapter 135B, but does not include a distinct-part skilled
 103 35 nursing unit or a swing-bed unit operated by a hospital, or
 104 1 a nursing facility owned by the state or federal government
 104 2 ~~or other governmental unit.~~ "Nursing facility" includes a

This Division is effective on enactment and applies retroactively to June 30, 2016.

The section amending the definition of nursing facility is contingent on approval by CMS.

CODE: Redefines nursing facility to exclude non-state governmental nursing facilities if the facility is participating in an upper payment limit supplemental payment program.

104 3 non-state government-owned nursing facility if the nursing
 104 4 facility participates in the non-state government-owned nursing
 104 5 facility upper payment limit supplemental payment program.

104 6 Sec. 83. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER
 104 7 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

104 8 1. The department of human services shall submit to the
 104 9 centers for Medicare and Medicaid services (CMS) of the
 104 10 United States department of health and human services, a
 104 11 Medicaid state plan amendment to allow qualifying non-state
 104 12 government-owned nursing facilities to receive a supplemental
 104 13 payment in accordance with the upper payment limit requirements
 104 14 pursuant to 42 C.F.R. §447.272. The supplemental payment shall
 104 15 be in addition to the greater of the Medicaid fee-for-service
 104 16 per diem reimbursement rate or the per diem payment established
 104 17 for the nursing facility under a Medicaid managed care
 104 18 contract.

104 19 2. At a minimum, the Medicaid state plan amendment shall
 104 20 provide for all of the following:

104 21 a. A non-state governmental entity shall provide the state
 104 22 share of the expected supplemental payment in the form of an
 104 23 intergovernmental transfer to the state.

104 24 b. The state shall claim federal matching funds and shall
 104 25 make supplemental payments to eligible non-state governmental
 104 26 entities based on the supplemental amount as calculated by
 104 27 the state for each nursing facility for which a non-state
 104 28 governmental entity owns the nursing facility's license.

104 29 c. The supplemental payment program shall be budget neutral
 104 30 to the state. No general fund revenue shall be expended under
 104 31 the program including for costs of administration. If payments
 104 32 under the program result in overpayment to a nursing facility,
 104 33 or if CMS disallows federal participation related to a nursing
 104 34 facility's receipt or use of supplemental payments authorized
 104 35 under the program, the state may recoup an amount equivalent
 105 1 to the amount of supplemental payments overpaid or disallowed.
 105 2 Supplemental payments shall be subject to any adjustment
 105 3 for payments made in error, including but not limited to
 105 4 adjustments made by state or federal law, and the state may
 105 5 recoup an amount equivalent to any such adjustment.

105 6 d. A nursing facility participating in the program shall
 105 7 notify the state of any changes in ownership that may affect
 105 8 the nursing facility's continued eligibility for the program
 105 9 within thirty days of any such change.

105 10 e. A portion of the supplemental payment paid to a
 105 11 participating nursing facility, not to exceed five percent,
 105 12 annually, may be used to pay contingent fees, consulting fees,
 105 13 or legal fees associated with the nursing facility's receipt
 105 14 of the supplemental funds, and any such expenditures shall be

Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) 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.

105 15 reported to the department of human services.

105 16 f. The supplemental payment paid to a participating nursing
105 17 facility shall only be used as specified in state and federal
105 18 law. Supplemental payments paid to a participating nursing
105 19 facility shall only be used as follows:

105 20 (1) A portion of the amount received may be used for nursing
105 21 facility quality improvement initiatives including but not
105 22 limited to educational scholarships and nonmandatory training.
105 23 Priority in the awarding of contracts for such training shall
105 24 be for Iowa-based organizations.

105 25 (2) A portion of the amount received may be used for nursing
105 26 facility remodeling or renovation. Priority in the awarding
105 27 of contracts for such remodeling or renovations shall be for
105 28 Iowa-based organizations and skilled laborers.

105 29 (3) A portion of the amount received may be used for health
105 30 information technology infrastructure and software. Priority
105 31 in the awarding of contracts for such health information
105 32 technology infrastructure and software shall be for Iowa-based
105 33 organizations.

105 34 (4) A portion of the amount received may be used for
105 35 endowments to offset costs associated with maintenance of
106 1 hospitals licensed under chapter 135B and nursing facilities
106 2 licensed under chapter 135C.

106 3 g. A non-state governmental entity shall only be eligible
106 4 for supplemental payments attributable to up to 10 percent of
106 5 the non-state government-owned nursing facilities licensed in
106 6 the state.

106 7 3. Following receipt of approval and implementation of the
106 8 program, the department shall submit a report to the governor
106 9 and the general assembly, annually, on or before December 15,
106 10 regarding the program. The report shall include, at a minimum,
106 11 the name and location of participating non-state governmental
106 12 entities and the non-state government-owned nursing facilities
106 13 with which the non-state governmental entities have partnered
106 14 to participate in the program; the amount of the matching
106 15 funds provided by each non-state governmental entity; the net
106 16 supplemental payment amount received by each participating
106 17 non-governmental entity and non-state government-owned nursing
106 18 facility; and the amount expended for each of the specified
106 19 categories of approved expenditure.

106 20 4. As used in this section:

106 21 a. "Non-state governmental entity" means a hospital
106 22 authority, hospital district, health care district, city, or
106 23 county.

106 24 b. "Non-state government-owned nursing facility" means a
106 25 nursing facility owned or operated by a non-state governmental
106 26 entity for which a non-state governmental entity holds
106 27 the nursing facility's license and is party to the nursing

106 28 facility's Medicaid contract.

106 29 Sec. 84. EFFECTIVE UPON ENACTMENT. This division of this
106 30 Act, being deemed of immediate importance, takes effect upon
106 31 enactment.

106 32 Sec. 85. IMPLEMENTATION PROVISIONS.

106 33 1. The section of this division of this Act directing the
106 34 department of human services to submit a Medicaid state plan
106 35 amendment to CMS, shall be implemented as soon as possible
107 1 following enactment, consistent with all applicable federal
107 2 requirements.

107 3 2. The sections of this division of this Act amending
107 4 section 249L.2, shall only be implemented upon receipt by
107 5 the department of human services of the Medicaid state plan
107 6 amendment by the centers for Medicare and Medicaid services of
107 7 the United States department of health and human services, and
107 8 if such approval is received, are applicable no earlier than
107 9 the first day of the calendar quarter following the date of
107 10 receipt of such approval.

107 11 DIVISION XIX
107 12 TRAUMA CARE SYSTEM

107 13 Sec. 86. Section 147A.23, subsection 2, paragraph c, Code
107 14 2016, is amended to read as follows:

107 15 c. (1) Upon verification and the issuance of a certificate
107 16 of verification, a hospital or emergency care facility agrees
107 17 to maintain a level of commitment and resources sufficient
107 18 to meet responsibilities and standards as required by the
107 19 trauma care criteria established by rule under this subchapter.
107 20 Verifications are valid for a period of three years or as
107 21 determined by the department and are renewable. As part of the
107 22 verification and renewal process, the department may conduct
107 23 periodic on-site reviews of the services and facilities of the
107 24 hospital or emergency care facility.

107 25 (2) Notwithstanding subparagraph (1), until December 31,
107 26 2018, the department shall not decrease a level II certificate
107 27 of verification issued to a trauma care facility by the
107 28 department on or before July 1, 2015, unless the facility
107 29 subsequently fails to comply with the trauma care criteria
107 30 established by rule under this subchapter in effect at the time
107 31 the verification was issued.

107 32 Sec. 87. EFFECTIVE UPON ENACTMENT. This division of this
107 33 Act, being deemed of immediate importance, takes effect upon
107 34 enactment.

107 35 Sec. 88. RETROACTIVE APPLICABILITY. This division of this
108 1 Act applies retroactively to June 30, 2015.

The Division relating to the non-state government-owned nursing facility upper payment limit supplemental payment program is effective on enactment.

CODE: Grandfathers in any hospital's Trauma Care Service Categorization Level achieved before July 1, 2015 until December 31, 2018, 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.

108 2 DIVISION XX
 108 3 MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING
 108 4 Sec. 89. MENTAL HEALTH AND DISABILITY SERVICES REGIONS —
 108 5 FUNDING.

108 6 1. There is appropriated from the general fund of the
 108 7 state to the department of human services for the fiscal year
 108 8 beginning July 1, 2016, and ending June 30, 2017, the following
 108 9 amount, or so much thereof as is necessary, to be used for the
 108 10 purpose designated:

108 11 For a grant to a five-county mental health and disability
 108 12 services region with a population of between 290,000 to 300,000
 108 13 as determined by the latest federal decennial census, for the
 108 14 provision of mental health and disability services within the
 108 15 region:

108 16 \$ 1,000,000

108 17 The moneys appropriated in this subsection are contingent
 108 18 upon the continuation of sustainable service funding
 108 19 relationships between all counties in the region for the fiscal
 108 20 year beginning July 1, 2016, and ending June 30, 2017. The
 108 21 department and the region shall enter into a memorandum of
 108 22 understanding regarding the use of the moneys by the region
 108 23 prior to the region's receipt of moneys under this subsection.

108 24 2. There is appropriated from the general fund of the
 108 25 state to the department of human services for the fiscal year
 108 26 beginning July 1, 2016, and ending June 30, 2017, the following
 108 27 amount, or so much thereof as is necessary, to be used for the
 108 28 purpose designated:

108 29 For a grant to a single-county mental health and disability
 108 30 services region with a population of over 350,000 as determined
 108 31 by the latest federal decennial census, for the provision of
 108 32 mental health and disability services:

108 33 \$ 2,000,000

108 34 The department shall work with the region awarded moneys
 108 35 pursuant to this subsection to complete a three-year
 109 1 sustainable cash flow funding plan for the delivery of mental
 109 2 health and disability services in the region to be submitted to
 109 3 the department by November 15, 2016. The department and the
 109 4 region shall enter into a memorandum of understanding regarding
 109 5 the use of the moneys and detailing the provisions of the plan
 109 6 prior to the region's receipt of moneys under this subsection.

109 7 3. The department shall distribute moneys appropriated
 109 8 in this section within 60 days of the date of signing of the
 109 9 memorandum of understanding between the department and each
 109 10 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.

109 11 4. Moneys awarded under this section shall be used by the
109 12 regions consistent with each region's service system management
109 13 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.

109 14 DIVISION XXI
109 15 MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT

109 16 Sec. 90. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN
109 17 PROGRESS REPORT. The department of human services shall review
109 18 and report progress on the implementation of the adult mental
109 19 health and disability services redesign and shall identify
109 20 any challenges faced in achieving the goals of the redesign.
109 21 The progress report shall include but not be limited to
109 22 information regarding the mental health and disability services
109 23 regional service system including governance, management, and
109 24 administration; the implementation of best practices including
109 25 evidence-based best practices; the availability of, access
109 26 to, and provision of initial core services and additional
109 27 core services to and for required core service populations
109 28 and additional core service populations; and the financial
109 29 stability and fiscal viability of the redesign. The department
109 30 shall submit its report with findings to the governor and the
109 31 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

	Estimated FY 2016 (1)	Supp-House Action FY 2016 (2)	Estimated Net FY 2016 (3)
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 Action 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 Action FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
Human Services, Dept. of			
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
Connors 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 Action 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	\$ 15,042,394	\$ 0	\$ 15,042,394
Assistance			
Medical Assistance	<u>\$ 0</u>	<u>\$ 15,000,000</u>	<u>\$ 15,000,000</u>
Total Human Services, Dept. of	\$ 1,748,795,501	\$ 0	\$ 1,748,795,501
Total Health and Human Services	<u>\$ 1,833,474,878</u>	<u>\$ 0</u>	<u>\$ 1,833,474,878</u>

Summary Data General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Action FY 2017 <u>(3)</u>	House Action 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 Action FY 2017 <u>(3)</u>	House Action 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 26
Environmental Hazards	803,870	0	0	0	
Infectious Diseases	1,335,155	1,335,155	1,335,155	0	PG 18 LN 33
Public Protection	3,287,127	4,339,191	4,399,191	60,000	PG 19 LN 5
Resource Management	855,072	855,072	1,005,072	150,000	PG 20 LN 3
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 13
Vets Home Ownership Program	2,500,000	2,500,000	2,500,000	0	PG 22 LN 14
Veterans County Grants	990,000	990,000	990,000	0	PG 22 LN 21
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 29
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 Action FY 2017 <u>(3)</u>	House Action 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 30 LN 10
Medical Assistance	1,309,486,529	1,303,191,564	1,315,246,446	12,054,882	PG 33 LN 21
Medical Contracts	17,148,576	19,613,964	17,045,964	-2,568,000	PG 41 LN 23
State Supplementary Assistance	14,121,154	12,997,187	11,611,442	-1,385,745	PG 43 LN 24
State Children's Health Insurance	45,877,998	20,413,844	9,176,652	-11,237,192	PG 44 LN 23
Child Care Assistance	36,303,944	51,408,668	36,389,561	-15,019,107	PG 45 LN 6
Child and Family Services	94,857,554	85,341,938	88,944,956	3,603,018	PG 48 LN 11
Adoption Subsidy	42,580,749	42,998,286	43,046,664	48,378	PG 54 LN 23
Family Support Subsidy	1,079,739	1,073,932	1,069,282	-4,650	PG 55 LN 24
Conners Training	33,632	33,632	33,632	0	PG 56 LN 20
Volunteers	84,686	84,686	84,686	0	PG 61 LN 30
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 108 LN 11
Mental Health Grant - Polk County	0	0	2,000,000	2,000,000	PG 108 LN 24
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 22
Cherokee					
Cherokee MHI	\$ 6,031,934	\$ 5,545,616	\$ 14,644,041	\$ 9,098,425	PG 57 LN 6
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 57 LN 13
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 Action FY 2017 <u>(3)</u>	House Action 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 28
Woodward					
Woodward Resource Center	\$ 14,855,693	\$ 14,583,806	\$ 14,053,011	\$ -530,795	PG 57 LN 32
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 9,893,079	\$ 10,193,079	\$ 300,000	PG 59 LN 3
Field Operations					
Child Support Recoveries	\$ 14,911,230	\$ 14,663,373	\$ 14,663,373	\$ 0	PG 32 LN 15
Field Operations	61,170,976	58,920,976	54,442,877	-4,478,099	PG 59 LN 29
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 61 LN 13
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 60 LN 10
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 Action FY 2017 <u>(3)</u>	House Action 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 Action FY 2017 <u>(3)</u>	House Action 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 13
Promise Jobs-TANF	10,232,340	10,138,178	5,575,693	-4,562,485	PG 23 LN 18
FaDDS-TANF	2,898,980	2,898,980	2,898,980	0	PG 23 LN 24
Field Operations-TANF	31,296,232	31,296,232	35,774,331	4,478,099	PG 24 LN 1
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 24 LN 7
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	-4,894,052	PG 24 LN 30
Child & Family Services-TANF	32,084,430	32,084,430	36,256,580	4,172,150	PG 24 LN 34
Child Abuse Prevention-TANF	125,000	125,000	125,000	0	PG 25 LN 2
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	0	PG 25 LN 22
FIP Eligibility System-TANF	6,549,549	6,654,880	6,654,880	0	PG 25 LN 27
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 25 LN 5
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	0	PG 26 LN 30
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 71 LN 30
Medical Assistance - QATF	29,195,653	37,205,208	36,705,208	-500,000	PG 72 LN 9
Medical Assistance-HHCAT	34,570,769	34,700,000	34,700,000	0	PG 72 LN 24
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 Action FY 2017 <u>(3)</u>	House Action 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 Action FY 2017 <u>(3)</u>	House Action 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	<u>37.35</u>	<u>42.00</u>	<u>48.00</u>	<u>6.00</u>	
<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 33
Public Protection	127.52	136.00	137.00	1.00	PG 19 LN 5
Resource Management	2.98	4.00	4.00	0.00	PG 20 LN 3
Total Public Health, Dept. of	<u>166.30</u>	<u>182.00</u>	<u>185.00</u>	<u>3.00</u>	
<u>Veterans Affairs, Dept. of</u>					
Veterans Affairs, Department of					
General Administration	12.97	15.00	15.00	0.00	PG 21 LN 13
Total Veterans Affairs, Dept. of	<u>12.97</u>	<u>15.00</u>	<u>15.00</u>	<u>0.00</u>	
<u>Human Services, Dept. of</u>					
Assistance					
Family Investment Program/JOBS	8.03	10.00	0.00	-10.00	PG 30 LN 10
Child Care Assistance	3.44	0.00	0.00	0.00	PG 45 LN 6
Medical Assistance	13.38	15.00	0.00	-15.00	PG 33 LN 21
Medical Contracts	3.01	0.00	0.00	0.00	PG 41 LN 23
Child and Family Services	3.87	0.00	0.00	0.00	PG 48 LN 11
Total Assistance	<u>31.73</u>	<u>25.00</u>	<u>0.00</u>	<u>-25.00</u>	
Eldora Training School					
Eldora Training School	156.81	169.30	169.30	0.00	PG 47 LN 22

Health and Human Services FTE Positions

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Action FY 2017 <u>(3)</u>	House Action vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Cherokee					
Cherokee MHI	164.90	169.20	169.20	0.00	PG 57 LN 6
Clarinda					
Clarinda MHI	75.23	0.00	0.00	0.00	
Independence					
Independence MHI	224.25	233.00	233.00	0.00	PG 57 LN 13
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 28
Woodward					
Woodward Resource Center	594.38	642.47	642.47	0.00	PG 57 LN 32
Cherokee CCUSO					
Civil Commitment Unit for Sexual Offenders	93.16	132.50	132.50	0.00	PG 59 LN 3
Field Operations					
Child Support Recoveries	440.34	459.00	464.00	5.00	PG 32 LN 15
Field Operations	1,555.27	1,621.00	1,837.00	216.00	PG 59 LN 29
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 60 LN 10
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>	