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.
FUNDING SUMMARY

**General Fund FY 2017:** Appropriates a total of $1,837.0 million from the General Fund and 5,070.6 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), the Iowa Veterans Home (IVH), and Department of Agriculture and Land Stewardship (DALS). This is an increase of $3.5 million and 241.1 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 Agriculture and Land Stewardship**

**Iowa Emergency Food Purchase Program:** Establishes the Iowa Emergency Food Purchase Program through the Department of Agriculture and Land Stewardship and provides a $100,000 appropriation.

**Department of Human Services**

**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.
**EXECUTIVE SUMMARY**

**HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL**

**Nursing Facility Supplemental Payment Program:** Creates Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program to provide a supplemental payment to nursing facilities for various activities. This Program is intended to be budget neutral to the state.

**Department of Public Health**

**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.

**Economic Development Authority**

**RefugeeRISE AmeriCorps Program:** Expands the RefugeeRISE AmeriCorps Program for refugee members to gain work and leadership experience through assisting fellow refugees through community service. The DHS will transfer $300,000 to the Iowa Economic Development Authority's Iowa Commission on Volunteer Service for the purpose of recruiting and training thirty RefugeeRISE AmeriCorps members to be integrated into five communities over three years.

**MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS**

**Department on Aging:** Appropriates $12.5 million and 31.0 FTE positions. This is an increase of $1.1 million and 4.0 FTE positions compared to estimated FY 2016.

**Office of Long-Term Care Ombudsman:** Appropriates $1.4 million and 18.0 FTE positions. This is an increase of $100,000 and 3.0 FTE positions compared to estimated FY 2016.

**Department of Public Health:** Appropriates $59.4 million and 185.0 FTE positions. This is a decrease of $346,000 and an increase of 3.0 FTE positions compared to estimated FY 2016. The significant changes include:

- A decrease of $275,000 to the Addictive Disorders appropriation.
- An increase of $1.1 million to the Healthy Children and Families appropriation.
- An increase of $125,000 to the Chronic Conditions appropriation.
- A decrease of $1.5 million and an increase of 2.0 FTE positions to the Community Capacity appropriation.
- An increase of $60,000 and 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.

**Department of Human Services:** Appropriates $1.75 billion from the General Fund and 4,821.6 FTE positions. This is a net increase of $2.5 million and 231.1 FTE positions compared to estimated FY 2016. Significant changes include:

- A net increase of $15.1 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 decrease of $860,000 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).
- 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 $775,000 for General Administration.
- An increase of $2.9 million for all DHS facilities.
- An increase of $3.0 million 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.

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

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

**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 FY 2016 appropriations.
EXECUTIVE SUMMARY
HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

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. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA by December 15, 2016.  

**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.  

**Mental Health and Disability Services Redesign Progress Report:** Requires the DHS to report the progress of the implementation of the Adult Mental Health and Disability Services System redesign to the Governor and General Assembly by November 15, 2016.  

**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.  

Department of Public Health

**Budget Pass Through Review Report:** Requires entities receiving funding through the DPH to submit reports regarding program objectives and goals. Requires the DPH to review reports and recommend changes for adjusting funding streams to better align with the Department's priorities and goals. The DPH report is due to the Governor and General Assembly by December 15, 2016.  

**Budget Review Report:** Requires the DPH to submit a report on adjusting the Departments funding streams to reflect the Department's priorities and goals and to provide increase flexibility in distribution of funding to meet these priorities and goals. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the Legislative Services Agency (LSA) by December 15, 2016.  

Iowa Commission on Volunteer Service

**RefugeeRISE AmeriCorps Efficacy Report:** Requires the Iowa Commission on Volunteer Service to
submit an annual report detailing the efficacy of the RefugeeRISE AmeriCorps Program to the General Assembly and the Department of Human Services.

**Iowa Veterans Home**

**Discharge Report:** 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.

**Children's Mental Health Crisis Services Planning Report:** Directs the DHS to compile reports from each children's mental health crisis services planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

**Children's Well-Being Report:** The DHS shall submit a report on existing programs engaged in addressing the well-being of children with complex needs and their families, including lessons learned, policy changes, best practices, implications for funding, and recommendations. The report is due to the General Assembly by January 15, 2017.

**Children's Mental Health Crisis Services and Public Awareness Campaign Report:** 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 telephone lines, and a children's mental health public education and awareness campaign. The report is due to the General Assembly by December 15, 2016.

**SIGNIFICANT CODE CHANGES**

**Department of Human Services**

**Hospital Health Care Access Assessment:** Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2017.

**Autism Support Program:** Expands eligibility from 9 to 14 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%.

**Department of Public Health**

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

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

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

**Meningococcal Immunization:** Requires that a person enrolling in school in seventh or twelfth grade in Iowa be immunized against meningococcal disease.

**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.

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

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

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).

The provision requiring the appointment of public members to the MAAC council is effective on enactment.

The section of the bill extending Medicaid managed care statewide public meetings through December 31, 2017, is effective on enactment.

**Department of Public Health**

The division amending the Opioid Antagonist Act is effective on enactment and retroactive to April 6, 2016.
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.

The Division relating to Trauma Care Service Categories is effective on enactment and retroactive to June 30, 2015.
House File 2460 provides for the following changes to the Code of Iowa.

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<th>Bill Section</th>
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DIVISION I
DEPARTMENT ON AGING —— FY 2016-2017

Section 1. 2015 Iowa Acts, chapter 137, section 121, is amended to read as follows:

SEC. 121. DEPARTMENT ON AGING. There is appropriated from the general fund of the state to the department on aging for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

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

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<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>$12,548,603</td>
</tr>
<tr>
<td>3</td>
<td>FTEs 31.00</td>
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1. Funds appropriated in this section may be used to supplement federal funds under federal regulations. To receive funds appropriated in this section, a local area agency on aging shall match the funds with moneys from other sources according to rules adopted by the department. Funds appropriated in this section may be used for elderly services not specifically enumerated in this section only if approved by an area agency on aging for provision of the service within the area.

2. Of the funds appropriated in this section, $1,148,871 and 3.98 FTE positions compared to estimated FY 2016. The changes include:
   - An increase of $1,000,000 for funding to continue the Life Long Links resource program.
   - An increase if $87,537 for an Elder Abuse specialist.
   - An increase of $61,334 to bring the funding level for the Office of Substitute Decision Maker to $350,000.
   - 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.
23 goods or services received or performed prior to the end of
24 the fiscal period designated for use of the funds.
25 (2) Prohibiting prepayment for goods or services not
26 received or performed prior to the end of the fiscal period
27 designated for use of the funds.
28 (3) Prohibiting the prepayment for goods or services not
29 defined specifically by good or service, time period, or
30 recipient.
31 (4) Prohibiting the establishment of accounts from which
32 future goods or services which are not defined specifically by
33 good or service, time period, or recipient, may be purchased.
34 b. The procedures shall provide that if any funds are
35 expended in a manner that is not in compliance with the
36 procedures and applicable federal and state laws, rules, and
37 regulations, and are subsequently subject to repayment, the
38 area agency on aging expending such funds in contravention of
39 such procedures, laws, rules and regulations, not the state,
40 shall be liable for such repayment.
41 4. Of the funds appropriated in this section, at least
42 $125,000 shall be used to fund the unmet needs
43 identified through Iowa’s aging and disability resource center
44 network.
45 5. Of the funds appropriated in this section, at
46 least $600,000 shall be used to fund home and
47 community-based services through the area agencies on aging
48 that enable older individuals to avoid more costly utilization
49 of residential or institutional services and remain in their
50 own homes.
51 6. Of the funds appropriated in this section, $962,537 shall be used for the purposes of chapter 231E and
52 section 231.56A, of which $612,537 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
53 $350,000 for the Office of Substitute Decision Maker.
54 Allocates at least $250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.
Allocates at least $600,000 to be used for Home and Community-Based Services provided through an AAA.
Allocates $962,537 for the following:
- $612,537 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.
Allocates $1,000,000 to continue the Life Long Links resource program. This Program was previously funded by a federal grant. This is a new allocation for FY 2017.
DIVISION II

OFFICE OF LONG-TERM CARE OMBUDSMAN —— FY 2016-2017

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

SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

1. There is appropriated from the general fund of the state to the office of long-term care ombudsman for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

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<td>4</td>
<td>FTEs 18.00</td>
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2. Of the funds appropriated in this section, $110,000 shall be used to continue to provide for additional local long-term care ombudsmen.

3. Of the funds appropriated in this section, $100,000 shall be used to provide an additional long-term care ombudsman to provide assistance and advocacy related to long-term care services and supports under the Medicaid program pursuant to section 231.44.

DIVISION III

DEPARTMENT OF PUBLIC HEALTH —— FY 2016-2017

Sec. 3. 2015 Iowa Acts, chapter 137, section 123, is amended to read as follows:

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

1. ADDICTIVE DISORDERS

For reducing the prevalence of the use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors, including gambling, and for not more than the following full-time equivalent positions:

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General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2017.

DETAIL: This is an increase of $100,000 and 3.02 FTE positions compared to estimated FY 2016. The changes include:

- An increase of $100,000 and 1.00 FTE position for an additional Medicaid Long-Term Care Ombudsman.
- An increase of 2.02 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Allocates $220,000 for local Long-Term Care Ombudsmen.

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

Allocates $100,000 for an additional local Long-Term Care Ombudsman to assist the Medicaid Program applicants and enrollees.

DETAIL: This is a new allocation for FY 2017.

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 which has been experiencing funding reversions. Clients served will not decrease.
a. (1) Of the funds appropriated in this subsection, $2,624,180 shall be used for the tobacco use prevention and control initiative, including efforts at the state and local levels, as provided in chapter 142A. The commission on tobacco use prevention and control established pursuant to section 142A.3 shall advise the director of public health in prioritizing funding needs and the allocation of moneys appropriated for the programs and initiatives. Activities of the programs and initiatives shall be in alignment with the United States centers for disease control and prevention best practices for comprehensive tobacco control programs that include the goals of preventing youth initiation of tobacco usage, reducing exposure to secondhand smoke, and promotion of tobacco cessation. To maximize resources, the department shall determine if third-party sources are available to instead provide nicotine replacement products to an applicant prior to provision of such products to an applicant under the initiative. The department shall track and report to the individuals specified in this Act, any reduction in the provision of nicotine replacement products realized by the initiative through implementation of the prerequisite screening.

(2) (a) Of the funds allocated in this paragraph "a", $226,533 is transferred to the alcoholic beverages division of the department of commerce for enforcement of tobacco laws, regulations, and ordinances and to engage in tobacco control activities approved by the division of tobacco use prevention and control of the department of public health as specified in the memorandum of understanding entered into between the divisions.

(b) For the fiscal year beginning July 1, 2016, and ending June 30, 2017, the terms of the memorandum of understanding entered into between the divisions.

b. Of the funds appropriated in this subsection, Allocated $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.

Allocates $21,740,329 for problem gambling and substance abuse.
$14,007,664 $21,740,329 shall be used for problem gambling and
substance-related disorder prevention, treatment, and recovery
services, including a 24-hour helpline, public information
resources, professional training, youth prevention, and
program evaluation.

(1) Of the funds allocated in this paragraph “b”,
$9,451,857 shall be used for substance-related disorder
prevention and treatment.
(a) Of the funds allocated in this subparagraph (1),
$449,650 shall be used for the public purpose of a grant
program to provide substance-related disorder prevention
programming for children.
(i) Of the funds allocated in this subparagraph
division (a), $213,769 shall be used for grant funding
for organizations that provide programming for children
by utilizing mentors. Programs approved for such grants
shall be certified or must be certified within six months of
receiving the grant award by the Iowa commission on volunteer
services as utilizing the standards for effective practice for
mentoring programs.
(ii) Of the funds allocated in this subparagraph
division (a), $213,419 shall be used for grant funding for
organizations providing programming that includes youth
development and leadership services. The programs shall
also be recognized as being programs that are scientifically
based with evidence of their effectiveness in reducing
substance-related disorders in children.
(iii) The department of public health shall utilize a
request for proposals process to implement the grant program.
(iv) All grant recipients shall participate in a program
evaluation as a requirement for receiving grant funds.
(v) Of the funds allocated in this subparagraph
division (a), up to $22,461 may be used to administer substance-related
disorder prevention grants and for program evaluations.
(b) Of the funds allocated in this subparagraph
division (a), $136,301 shall be used for culturally competent
substance-related disorder treatment pilot projects.
(i) The department shall utilize the amount allocated
in this subparagraph division (b) for at least three pilot
projects to provide culturally competent substance-related
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 determining program needs.

- (i) The pilot project requirements shall provide for
documentation or other means to ensure access to the cultural
competence approach used by a pilot project so that such
approach can be replicated and improved upon in successor

- (ii) The department shall utilize the amount allocated
in this subparagraph division (b) for at least three pilot
projects to provide culturally competent substance-related
treatment in various areas of the state. Each pilot
project shall target a particular ethnic minority population,
The populations targeted shall include but are not limited to
African-American, Asian, and Latino.

- (ii) The pilot project requirements shall provide for
documentation or other means to ensure access to the cultural
competence approach used by a pilot project so that such
approach can be replicated and improved upon in successor
(2) Of the funds allocated in this paragraph “b”, up to $1,555,807 may be used for problem gambling prevention, treatment, and recovery services.

(a) Of the funds allocated in this subparagraph (2), $1,286,881 shall be used for problem gambling prevention and treatment.

(b) Of the funds allocated in this subparagraph (2), up to $218,926 may be used for a 24-hour helpline, public information resources, professional training, and program evaluation.

(c) Of the funds allocated in this subparagraph (2), up to $50,000 may be used for the licensing of problem gambling treatment programs.

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

(c) Notwithstanding any provision of law to the contrary, to standardize the availability, delivery, cost of delivery, and accountability of problem gambling and substance-related disorder treatment services statewide, the department shall continue implementation of a process to create a system for delivery of treatment services in accordance with the requirements specified in 2008 Iowa Acts, chapter 1187, section 3, subsection 4. To ensure the system provides a continuum of treatment services that best meets the needs of Iowans, the problem gambling and substance-related disorder treatment services in any area may be provided either by a single agency or by separate agencies submitting a joint proposal.

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

(2) The system for delivery of substance-related disorder and problem gambling treatment shall include substance-related disorder prevention by July 1, 2017.

(3) Of the funds allocated in paragraph “b”, the department may use up to $50,000 for administrative costs to continue developing and implementing the process in accordance with this paragraph “e”.

(d) The requirement of section 123.53, subsection 5, is met by the appropriations and allocations made in this division of this Act for purposes of substance-related disorder treatment and addictive disorders for the fiscal year beginning July 1, 2016.

Updates a Code reference and specifies that the requirements of Iowa Code section 123.17 are met by the appropriations made in this Act.
The department of public health shall work with all other departments that fund substance-related disorder prevention and treatment services and all such departments shall, to the extent necessary, collectively meet the state maintenance of effort requirements for expenditures for substance-related disorder services as required under the federal substance-related disorder prevention and treatment block grant.

2. HEALTHY CHILDREN AND FAMILIES

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

- $2,308,771
- 12.00 FTEs

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is an increase of $1,076,231 and no change in FTE positions compared to estimated FY 2016. The increase is for the First Five Program.

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.

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.

Allocates $3,275,059 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of $1,076,231 compared to the FY 2016 allocation. The increase will fully fund implementation in 65 counties and allow for Community Planning for two to three new areas that will cover up to 27 counties.

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.
health impacts and savings, and provide for continuous
improvement through training, education, and evaluation; and
by providing for practitioner consultation particularly for
children with behavioral conditions and needs. The department
shall also collaborate with the Iowa Medicaid enterprise and the child health specialty clinics
to integrate the activities of the first five initiative
into the establishment of patient-centered medical homes,
community utilities, accountable care organizations, and other
integrated care models developed to improve health quality and
population health while reducing health care costs. To the
maximum extent possible, funding allocated in this paragraph
shall be utilized as matching funds for medical assistance
program reimbursement.

Of the funds appropriated in this subsection, $37,320
shall be distributed to a statewide dental carrier to
provide funds to continue the donated dental services program
patterned after the projects developed by the lifeline network
to provide dental services to indigent individuals who are
elderly or with disabilities.

Of the funds appropriated in this subsection, $55,997
shall be used for childhood obesity prevention.

Of the funds appropriated in this subsection, $81,384
shall be used to provide audiological services and
hearing aids for children. The department may enter into a
contract to administer this paragraph.

Of the funds appropriated in this subsection, $12,500
is transferred to the University of Iowa college of dentistry for provision of primary dental services to
children. State funds shall be matched on a dollar-for-dollar
basis. The University shall
coordinate efforts with the department of public health,
bureau of oral and health delivery systems, to provide dental
care to underserved populations throughout the state.

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

Of the funds appropriated in this subsection, $50,000
shall be used to support the Iowa effort to address
children who experience adverse childhood experiences (ACEs).
the survey of children who experience adverse childhood experiences known as ACEs.

j. The department of public health shall continue to administer the program to assist parents in this state with costs resulting from the death of a child in accordance with the provisions of 2014 Iowa Acts, chapter 1140, section 22, subsection 12.

3. CHRONIC CONDITIONS

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>$2,477,846</td>
</tr>
<tr>
<td></td>
<td>5,080,692</td>
</tr>
<tr>
<td></td>
<td>FTEs 5.00</td>
</tr>
</tbody>
</table>

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

b. Of the funds appropriated in this subsection, $445,822 shall be used for the brain injury services program pursuant to section 135.22B, including for continuation of the contracts for resource facilitator services in accordance with section 135.22B, subsection 9, and to enhance brain injury training and recruitment of service providers on a statewide basis. Of the amount allocated in this paragraph, $47,500 shall be used to fund one full-time equivalent position to serve as the state brain injury services program manager.

c. Of the funds appropriated in this subsection, $273,991 shall be used as additional funding to leverage federal funding through the federal Ryan White Care Act, Tit. II, AIDS drug assistance program supplemental drug treatment grants.

d. Of the funds appropriated in this subsection, $74,944 shall be used for the public purpose of continuing to contract with an existing national-affiliated organization.

Allocates $159,932 for grants to individual patients who have an inherited metabolic disorder to assist with necessary costs for special foods.

Allocates $1,041,644 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

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

Allocates $149,823 for epilepsy education and support. Requires a dollar-for-dollar match for $49,823 of the funds received.
to provide education, client-centered programs, and client
and family support for people living with epilepsy and their
families. The amount allocated in this paragraph in excess
of $50,000 $100,000 shall be matched dollar-for-dollar by the
organization specified.

e. Of the funds appropriated in this subsection, $392,557
$785,114 shall be used for child health specialty clinics.

f. Of the funds appropriated in this subsection,
$200,000 $400,000 shall be used by the regional autism
assistance program established pursuant to section 256.35,
and administered by the child health specialty clinic located
at the university of Iowa hospitals and clinics. The funds
shall be used to enhance interagency collaboration and
coordination of educational, medical, and other human services
for persons with autism, their families, and providers of
services, including delivering regionalized services of
care coordination, family navigation, and integration of
services through the statewide system of regional child
health specialty clinics and fulfilling other requirements
as specified in chapter 225D. The university of Iowa shall
not receive funds allocated under this paragraph for indirect
costs associated with the regional autism assistance program.

g. Of the funds appropriated in this subsection, $285,496
$594,543 shall be used for the comprehensive cancer control
program to reduce the burden of cancer in Iowa through
prevention, early detection, effective treatment, and ensuring
quality of life. Of the funds allocated in this paragraph
"g", $75,000 $150,000 shall be used to support a melanoma
research symposium, a melanoma biorepository and registry,
basic and translational melanoma research, and clinical
trials.

h. Of the funds appropriated in this subsection, $63,225
$101,450 shall be used for cervical and colon cancer
screening, and $150,000 $300,000 shall be used to enhance the
capacity of the cervical cancer screening program to include
provision of recommended prevention and early detection
measures to a broader range of low-income women.

Allocates $785,114 for Child Health Specialty Clinics.

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

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.

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.

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.

Allocates $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.

Allocates $25,000 for cervical cancer screenings
compared to the FY 2016 allocation. The overall number of Iowans
seeking DPH-funded cervical cancer screening services is projected 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.
 Allocates $526,695 for the Center for Congenital and Inherited Disorders central registry.

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

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

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

Allocates $215,263 for the DPH Office of Health Care Transformation that handles Affordable Care Act related initiatives.

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

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.

General Fund appropriation to Community Capacity programs.

DETAIL: This is a net decrease of $1,482,199 and an increase of 2.00 FTE positions 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.
a. Of the funds appropriated in this subsection, $49,707
   $99,414 is allocated for continuation of the child vision
   screening program implemented through the University of Iowa
   hospitals and clinics in collaboration with early childhood
   Iowa areas. The program shall submit a report to the
   individuals identified in this Act for submission of reports
   regarding the use of funds allocated under this paragraph "a".
   The report shall include the objectives and results for the
   program year including the target population and how the funds
   allocated assisted the program in meeting the objectives; the
   number, age, and location within the state of individuals
   served; the type of services provided to the individuals
   served; the distribution of funds based on service provided;
   and the continuing needs of the program.

b. Of the funds appropriated in this subsection, $55,328
   $110,656 is allocated for continuation of an initiative
   implemented at the University of Iowa and $49,952
   $99,904 is allocated for continuation of an initiative at the State
   Mental Health Institute at Cherokee to expand and improve the
   workforce engaged in mental health treatment and services.
   The initiatives shall receive input from the University of
   Iowa, the Department of Human Services, the Department of
   Public Health, and the Mental Health and Disability Services
   Commission to address the focus of the initiatives.

c. Of the funds appropriated in this subsection, $582,314
   $1,164,628 shall be used for essential public health services
   that promote healthy aging throughout one’s lifespan,
   contracted through a formula for local boards of health, to
   enhance health promotion and disease prevention services.

d. Of the funds appropriated in this subsection, $49,643
   $99,286 shall be deposited in the Governmental Public Health System Fund created in section 135A.8 to be used for
   the purposes of the fund.

e. Of the funds appropriated in this subsection, $52,724
   shall be used to continue to address the shortage of mental
   health professionals in the state.

• An increase of $100,000 and 1.00 FTE position to better
  manage workforce contracts and workforce strategies and
  submit a report on new department strategies for addressing
  these issues.

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

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

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.

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

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

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

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

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

Eliminates the allocation for the Mental Health Professional Shortage
Area Program.

DETAIL: This is a decrease of $105,448 compared to the FY 2016
allocation.
f. Of the funds appropriated in this subsection, $25,000 shall be used for a grant to a statewide association of psychologists that is affiliated with the American psychological association to be used for continuation of a program to rotate intern psychologists in placements in urban and rural mental health professional shortage areas, as defined in section 135.180.

g. (1) Of the funds appropriated in this subsection, $1,441,484 shall be allocated as a grant to the Iowa primary care association to be used pursuant to section 135.153 for the statewide coordination of the Iowa collaborative safety net provider network. Coordination of the network shall focus on increasing access by underserved populations to health care services, increasing integration of the health system and collaboration across the continuum of care with a focus on safety net services, and enhancing the Iowa collaborative safety net provider network's communication and education efforts. The amount allocated as a grant under this subparagraph (1) shall be used as follows to support the Iowa collaborative safety net provider network goals of increased access, health system integration, and engagement:

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

   $412,742

   (i) Of the amount allocated in this subparagraph, up to $206,707 shall be distributed to the Iowa prescription drug corporation for continuation of the pharmaceutical infrastructure for safety net providers as described in 2007 Iowa Acts, chapter 218, section 108.

   (ii) Of the amount allocated in this subparagraph, up to $348,322 shall be distributed to free clinics and free clinics of Iowa for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care.

   (iii) Of the amount allocated in this subparagraph, up to $50,000 shall be distributed to the Iowa coalition against sexual assault to continue a training program for Sexual Assault Response Team (SART) members, including representatives of law enforcement, victim advocates, prosecutors, and certified medical
Of the amount allocated in this subparagraph (1), $185,285 is allocated for resource information, services for vulnerable populations, partner engagement, program management, and statewide coordination. Details: 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.

Allocates $213,400 for the Direct Care Worker Advisory Council. Details: This is no change compared to the FY 2016 allocation.
dementia care; supporting instructor training; and assessing
and making recommendations concerning the Iowa care book and
information technology systems and infrastructure uses and
needs.

i. (1) Of the funds appropriated in this subsection, $108,187
shall be used for allocation to
for continuation of the contract with an independent statewide
direct care worker organization previously selected through a
request for proposals process. The contract shall continue to
include performance and outcomes measures, and shall continue
to allow the contractor to use a portion of the funds received
under the contract to collect data to determine results based
on the performance and outcomes measures.

(2) Of the funds appropriated in this subsection, $37,500
shall be used to provide scholarships or other
forms of subsidization for direct care worker educational
conferences, training, or outreach activities.

j. Of the funds appropriated in this subsection, the
department may use up to $29,087 for up to one
full-time equivalent position to administer the volunteer
health care provider program pursuant to section 135.24.

k. Of the funds appropriated in this subsection, $50,000
shall be used for a matching dental education loan
repayment program to be allocated to a dental nonprofit health
service corporation to continue to develop the criteria and
implement the loan repayment program.

l. Of the funds appropriated in this subsection, $52,911
is transferred to the college student aid commission
for deposit in the rural Iowa primary care trust fund created
in section 261.113 to be used for the purposes of the fund.

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

n. Of the funds appropriated in this subsection, $50,000
shall be used for continuation of a grant to a
nationally affiliated volunteer eye organization that has an
established program for children and adults and that is solely
dedicated to preserving sight and preventing blindness through
education, nationally certified vision screening and training,
Allocates $216,375 for the continuation of a request for proposal
previously awarded for an 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.

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.

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.

Allocates $100,000 for the FIND Dental Education Loan Repayment
Program.

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

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.

Allocates $250,000 to the Iowa Donor Registry.

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

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. The
Program is required to submit a report outlining program objectives,
target population and locations, services provided, and other details.
and community and patient service programs. The organization shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph “n”. The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on services provided; and the continuing needs of the program.

O. Of the funds appropriated in this subsection, $1,000,000 shall be deposited in the medical residency training account created in section 135.175, subsection 5, paragraph “a”, and is appropriated from the account to the department of public health to be used for the purposes of the medical residency training state matching grants program as specified in section 135.176. However, notwithstanding any provision to the contrary in section 135.176, priority in the awarding of grants for the fiscal year beginning July 1, 2016, shall be given to sponsors approved but not funded in the prior fiscal year competitive procurement process that proposed preference in the use of the grant funds for internal medicine positions, and priority in the awarding of the remaining moneys shall be given to sponsors that propose preference in the use of the grant funds for psychiatric residency positions and family practice residency positions.

P. Of the funds appropriated in this subsection, $78,309 is allocated to the university of Iowa hospitals and clinics to continue a systematic and evidence-based practice collaborative care model to improve outcomes of mental health treatment in primary care settings in the state. Funds shall be used to establish the collaborative care model in several primary care practices in rural and urban areas throughout the state, to provide staffing to administer the model, and to provide staff training and database management to track and manage patient outcomes.

Allocates $2,000,000 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 no change in funding compared to the FY 2016 allocation. The priority for giving funds to previously awarded but not funded grantees is new.

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 tracks data and outcomes.

Allocates $100,000 for the DPH to develop a report on broader, more systemic, and more strategic workforce initiatives.

DETAIL: This is a new allocation. The report is further detailed in subsections 9(b) and 9(c).
5. HEALTHY AGING
To provide public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime with a priority given to older Iowans and vulnerable populations:

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<tr>
<td></td>
<td></td>
<td>$3,648,574</td>
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<td>$7,297,142</td>
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6. INFECTIOUS DISEASES
For reducing the incidence and prevalence of communicable diseases, and for not more than the following full-time equivalent positions:

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<tr>
<td></td>
<td></td>
<td>$667,577</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,335,155</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FTEs 4.00</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$2,169,595</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$4,399,191</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FTEs 136.00</td>
</tr>
</tbody>
</table>

- a. Of the funds appropriated in this subsection, not more than $227,350 shall be credited to the emergency medical services fund created in section 135.25. Moneys in the emergency medical services fund are appropriated to the department to be used for the purposes of the fund.

- b. Of the funds appropriated in this subsection, $101,516 shall be used for sexual violence prevention programming through a statewide organization representing programs serving victims of sexual violence through the department's sexual violence prevention program. The amount allocated in this paragraph “b” shall not be used to supplant funding administered for other sexual violence prevention or victims assistance programs.

- c. Of the funds appropriated in this subsection, $299,375 shall be used for the state poison control center.

General Fund appropriation to Healthy Aging programs.
DETAIL: This is no change compared to estimated FY 2016.

General Fund appropriation to Infectious Disease programs.
DETAIL: This is no change in funding or FTE positions compared to estimated FY 2016.

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 previously split duties with the Administrative Rules coordination process.

Allocates up to $454,700 for the EMS Fund.
DETAIL: This is no change compared to the FY 2016 allocation.

Allocates $203,032 to provide program funding for sexual violence prevention.
DETAIL: This is no change compared to the FY 2016 allocation.

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
Reauthorization Act allotment shall be subject to the federal administrative cap rule of 10 percent applicable to funding provided under Tit.XXI of the federal Social Security Act and included within the department's calculations of the cap.

d. Of the funds appropriated in this subsection, $268,875 shall be used for childhood lead poisoning provisions.

RESOURCE MANAGEMENT

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Position Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$427,536</td>
<td>4.00</td>
</tr>
</tbody>
</table>

MISCELLANEOUS PROVISIONS

a. The university of Iowa hospitals and clinics under the control of the state board of regents shall not receive indirect costs from the funds appropriated in this section.

b. The department of public health shall conduct a sampling of the entities to which appropriated funds are allocated, shall require such entities to submit a progress report to the department by September 1, 2016, which includes the objectives and results of the program since the initial receipt of state funding and how the funds are utilized, targeted population served, and continuing programming needs in the future. The department shall review the information reported and shall make recommendations to the governor and the general assembly by December 15, 2016, to realign, bundle, or otherwise distributing funding to meet the needs identified and improving services in the following fiscal year.

c. The department of public health shall submit a report to the individuals identified in this Act for submission of reports by December 15, 2016, regarding a proposal for the purpose of receiving matching federal funds.

Allocates $537,750 for childhood lead poisoning testing.

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

General Fund appropriation for Resource Management activities.

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.

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.

Requires the DPH to sample entities receiving funding through the DPH and require the entities 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 funding to meet the needs identified and improving services in the following fiscal year by December 15, 2016.

Requires the DPH to submit a report regarding the proposal for realigning, bundling, and adjusting the Departments funding streams to reflect their priorities and goals. The report is due to the Chairpersons...
for realigning, bundling, redistributing, or otherwise
adjusting the department's funding streams to reflect the
department's priorities and goals and to provide increased
flexibility in the distribution of funding to meet these
priorities and goals. The proposal shall specifically include
recommendations for a broader, more systematic and strategic
workforce initiative which may include a comprehensive
study of workforce program needs and the establishment of an
advisory workgroup. The proposal shall also specifically
include strategies, developed in collaboration with the
department of education, to encourage elementary and secondary
education students to pursue careers in the fields of health
and health care.

DIVISION IV
DEPARTMENT OF VETERANS AFFAIRS —— FY 2016-2017

Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is
amended to read as follows:

SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is
appropriated from the general fund of the state to the
department of veterans affairs for the fiscal year beginning
July 1, 2016, and ending June 30, 2017, the following amounts,
or so much thereof as is necessary, to be used for the
purposes designated:

1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
For salaries, support, maintenance, and miscellaneous
purposes, and for not more than the following full-time
equivalent positions:

<table>
<thead>
<tr>
<th>Position</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15.00</td>
</tr>
</tbody>
</table>

2. IOWA VETERANS HOME
For salaries, support, maintenance, and miscellaneous
purposes:

<table>
<thead>
<tr>
<th>Position</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15.00</td>
</tr>
</tbody>
</table>

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

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

and Ranking Members of the Health and Human Services
Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA
by December 15, 2016. The 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.

General Fund appropriation to the Department of Veterans Affairs.

DETAIL: This is no change in funding or FTE positions compared to
estimated FY 2016.

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

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

Requires the IVH to submit monthly claims relating to Medicaid to the
DHS.
spouses who are participating in the community reentry program.

The Iowa veterans home shall expand the annual discharge report to also include applicant information and to provide for the collection of demographic information including but not limited to the number of individuals applying for admission and admitted or denied admittance and the basis for the admission or denial; the age, gender, and race of such individuals; and the level of care for which such individuals applied for admission.

3. HOME OWNERSHIP ASSISTANCE PROGRAM

For transfer to the Iowa finance authority for the continuation of the home ownership assistance program for persons who are or were eligible members of the armed forces of the United States, pursuant to section 16.54:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,250,000</td>
<td>General Fund Appropriation for the Home Ownership Assistance Program for military service members, to be transferred to the Iowa Finance Authority.</td>
</tr>
<tr>
<td>$2,500,000</td>
<td>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.</td>
</tr>
</tbody>
</table>

Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is amended to read as follows:

SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the standing appropriation in section 35A.16 for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the amount appropriated from the general fund of the state pursuant to that section for the following designated purposes shall not exceed the following amount:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,250,000</td>
<td>General Fund Appropriation for the Home Ownership Assistance Program for military service members, to be transferred to the Iowa Finance Authority.</td>
</tr>
<tr>
<td>$2,500,000</td>
<td>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.</td>
</tr>
</tbody>
</table>

Limits the FY 2017 General Fund standing appropriation to the County Commissions of Veteran Affairs Fund to $990,000.

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

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$495,000</td>
<td>Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2017.</td>
</tr>
<tr>
<td>$990,000</td>
<td>Temporarily extended state programs and the elimination of high performance bonuses; however,</td>
</tr>
</tbody>
</table>
used for the purposes designated:

1. To be credited to the family investment program account and used for assistance under the family investment program under chapter 239B:

   ...................................................................... $ 2,568,497

2. To be credited to the family investment program account and used for the job opportunities and basic skills (JOBS) program and implementing family investment agreements in accordance with chapter 239B:

   ...................................................................... $ 5,069,089

3. To be used for the family development and self-sufficiency grant program in accordance with section 216A.107:

   ...................................................................... $ 1,449,490

Notwithstanding section 8.33, moneys appropriated in this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year. However, unless such moneys are encumbered or obligated on or before September 30, 2016, the moneys shall revert.

4. For field operations:

   ...................................................................... $ 15,648,116

5. For general administration:

   ...................................................................... $ 1,872,000

6. For state child care assistance:

   ...................................................................... $ 47,523,556

Iowa's federal grant remains the same at $131,028,542 per year.

TANF FY 2017 Block Grant appropriation for the FIP Account.

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 maintenance of effort (MOE) requirements.

TANF FY 2017 Block Grant appropriation for the PROMISE JOBS Program.

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.

TANF FY 2017 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.

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

Requires nonreversion of funds allocated for the FaDSS Grant Program.

TANF FY 2017 Block Grant appropriation for Field Operations.

DETAIL: This is an increase of $4,478,099 compared to estimated FY 2016. This increase in TANF dollars is offset by a decrease in the General Fund Field Operations Appropriation, and there is no net change.

TANF FY 2017 Block Grant appropriation for General Administration.

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

TANF FY 2017 Block Grant appropriation for Child Care Assistance.

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

b. Any funds appropriated in this subsection remaining unallocated shall be used for state child care assistance payments for families who are employed including but not limited to individuals enrolled in the Family Investment Program.

7. For distribution to counties and regions through the property tax relief fund for mental health and disability services as provided in an appropriation made for this purpose:

- $2,447,026

8. For child and family services:

- $16,042,245
- $37,256,580

Care Assistance Appropriation, and further program changes are discussed in that section.

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%.

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

Eliminates the TANF FY 2017 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services. DETAIL: This is a decrease of $4,894,052 compared to estimated FY 2016. These funds are directly appropriated through the TANF FY 2017 Block Grant appropriation for Child and Family Services.

TANF FY 2017 Block Grant appropriation for Child and Family Services. DETAIL: This is an increase of $5,172,151 compared to estimated FY 2016. The changes include:

- An increase of $4,894,052 to appropriated funds that were previously transferred to this appropriation from the Social Services Block Grant.
- 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 $4,478,098 to offset a General Fund appropriations decrease of the same amount.
For child abuse prevention grants:

- TANF FY 2017 Block Grant appropriation for Child Abuse Prevention Grants.
- A general increase of $1,000,000.

For pregnancy prevention grants on the condition that family planning services are funded:

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

For technology needs and other resources necessary to meet federal welfare reform reporting, tracking, and case management requirements:

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

For the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system:

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

Permits the DHS to carry forward TANF funds.

- Funds carried forward may be used for FIP and Child Care Assistance.
July 1, 2016, are appropriated to the department of human services to the extent as may be necessary to be used in the following priority order: the family investment program, for state child care assistance program payments for families who are employed, and for the family investment program share of costs to develop and maintain a new, integrated eligibility determination system. The federal funds appropriated in this paragraph “a” shall be expended only after all other funds appropriated in subsection 1 for the assistance under the family investment program, in subsection 6 for child care assistance, or in subsection 12 for the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system, as applicable, have been expended. For the purposes of this subsection, the funds appropriated in subsection 6, paragraph “a”, for transfer to the child care and development block grant appropriation are considered fully expended when the full amount has been transferred.

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

Of the amounts appropriated in this section, $6,481,004 is transferred to the appropriation of the federal social services block grant made to the department of human services for that fiscal year.

For continuation of the program providing categorical eligibility for the food assistance program as specified for the program in the section of this division of this 2016 Act relating to the family investment program account:

$  42,600

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

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

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.
26 6 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

26 7 1. Moneys credited to the family investment program
26 8 (FIP) account for the fiscal year beginning July 1, 2016, and
26 9 ending June 30, 2017, shall be used to provide assistance in
26 10 accordance with chapter 239B.

26 11 2. The department may use a portion of the moneys credited
26 12 to the FIP account under this section as necessary for
26 13 salaries, support, maintenance, and miscellaneous purposes.

26 14 3. The department may transfer funds allocated in
26 15 subsection 4 to the appropriations made in this division of
26 16 this Act for the same fiscal year for general administration
26 17 and field operations for resources necessary to implement and
26 18 operate the family investment program services referred to in
26 19 this section and those funded in the appropriation made in
26 20 this division of this Act for the same fiscal year for the
26 21 family investment program from the general fund of the state.

26 22 4. Moneys appropriated in this division of this Act and
26 23 credited to the FIP account for the fiscal year beginning July
26 24 1, 2016, and ending June 30, 2017, are allocated as follows:

26 25 a. To be retained by the department of human services to be
26 26 used for coordinating with the department of human rights to
26 27 more effectively serve participants in FIP and other shared
26 28 clients and to meet federal reporting requirements under the
26 29 federal temporary assistance for needy families block grant:
26 30 $ 10,000
26 31
26 32

26 33 b. To the department of human rights for staffing,
26 34 administration, and implementation of the family development
26 35 and self-sufficiency grant program in accordance with section
26 36 216A.107:
26 37 $ 3,096,417
26 38
26 39

26 40 (1) Of the funds allocated for the family development
26 41 and self-sufficiency grant program in this paragraph "b",
26 42 not more than 5 percent of the funds shall be used for the
26 43 administration of the grant program.

26 44 (2) The department of human rights may continue to
26 45 implement the family development and self-sufficiency grant

26 47 (3) The department of human rights may engage in activities
26 48 to strengthen and improve family outcomes measures and

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

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

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

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

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

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 2016.

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

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

Permits the Department of Human Rights to continue to implement the
FaDSS Grant Program in FY 2017.
data collection systems under the family development and self-sufficiency grant program.

c. For the diversion subaccount of the FIP account:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>815,000</td>
</tr>
</tbody>
</table>

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

d. For the food assistance employment and training program:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>66,588</td>
</tr>
</tbody>
</table>

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

(2) The department shall continue the categorical federal food assistance program eligibility at 160 percent of the federal poverty level and continue to eliminate the asset test from eligibility requirements, consistent with federal food assistance program requirements. The department shall include as many food assistance households as is allowed by federal law. The eligibility provisions shall conform to all federal requirements, including requirements addressing individuals that are incarcerated.

e. For the JOBS program:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,129,101</td>
</tr>
</tbody>
</table>

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

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

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.

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

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.

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

DETAIL: This is a decrease of $1,411,297 compared to estimated
5. Of the child support collections assigned under FIP, an amount equal to the federal share of support collections shall be credited to the child support recovery appropriation made in this division of this Act. Of the remainder of the assigned child support collections received by the child support recovery unit, a portion shall be credited to the FIP account, a portion may be used to increase recoveries, and a portion may be used to sustain cash flow in the child support payments account. If as a consequence of the appropriations and allocations made in this section the resulting amounts are insufficient to sustain cash assistance payments and meet federal maintenance of effort requirements, the department shall seek supplemental funding. If child support collections assigned under FIP are greater than estimated or are otherwise determined not to be required for maintenance of effort, the state share of either amount may be transferred to or retained in the child support payments account.

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

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

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

- To be credited to the family investment program (FIP) account and used for family investment program assistance under chapter 239B: $24,336,937
  - General Fund allocation of $10,553,408 for the PROMISE JOBS Program.
  - General Fund allocation of $3,313,854 for the FaDSS Program.
  - 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.
  - 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).

- Of the funds appropriated in this section, $3,791,110 is allocated for the JOBS program.
- Of the funds appropriated in this section, $4,656,927 is allocated for the JOBS program.

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.

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

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

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

DETAIL: This is an increase of $3,151,188 compared to estimated FY 2016.
$3,313,854 is allocated for the family development and self-sufficiency grant program.

3. Notwithstanding section 8.39, for the fiscal year beginning July 1, 2016, if necessary to meet federal maintenance of effort requirements; or to transfer federal temporary assistance for needy families block grant funding to be used for purposes of the federal social services block grant; or to meet cash flow needs resulting from delays in receiving federal funding; or to implement, in accordance with this division of this Act, activities currently funded with juvenile court services, county, or community moneys and state moneys used in combination with such moneys; to comply with federal requirements; or to maximize the use of federal funds, the department of human services may transfer funds within or between any of the appropriations made in this division of this Act and appropriations in law for the federal social services block grant to the department for the following purposes, provided that the combined amount of state and federal temporary assistance for needy families block grant funding for each appropriation remains the same before and after the transfer:

a. For the family investment program.
b. For child care assistance.
c. For child and family services.
d. For field operations.
e. For general administration.
f. For distribution to counties or regions through the property tax relief fund for mental health and disability services as provided in an appropriation for this purpose.

This subsection shall not be construed to prohibit the use of existing state transfer authority for other purposes. The department shall report any transfers made pursuant to this subsection to the legislative services agency.

4. Of the funds appropriated in this section, $97,839 shall be used for continuation of a grant to an Iowa-based nonprofit organization with a history of providing tax preparation assistance to low-income Iowans in order to expand the usage of the earned income tax credit. The purpose of the grant is to supply this assistance to underserved areas of the state.

5. Of the funds appropriated in this section, $60,000 shall be used for the continuation of an unfunded pilot project, as defined in 441 IAC 100.1, relating to parental obligations, in which the child support recovery

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

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

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

DETAIL: This is no change compared to the FY 2016 allocation.
The funds allocated in this subsection shall be used by
the recipient organization to develop a larger community
effort, through public and private partnerships, to support
a broad-based multi-county fatherhood initiative that
promotes payment of child support obligations, improved family
relationships, and full-time employment.

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

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

SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated
from the general fund of the state to the department of human
services for the fiscal year beginning July 1, 2016, and
ending June 30, 2017, the following amount, or so much thereof
as is necessary, to be used for the purposes designated:
For child support recovery, including salaries, support,
maintenance, and miscellaneous purposes, and for not more than
the following full-time equivalent positions:

<table>
<thead>
<tr>
<th>FTEs</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>464.00</td>
<td>$7,331,686</td>
</tr>
</tbody>
</table>

1. The department shall expend up to $42,164 $24,329,
including federal financial participation, for the fiscal year
beginning July 1, 2016, for a child support public awareness
campaign. The department and the office of the attorney
general shall cooperate in continuation of the campaign. The
public awareness campaign shall emphasize, through a variety
of media activities, the importance of maximum involvement of
both parents in the lives of their children as well as the
importance of payment of child support obligations.

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

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

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 restores FTE positions
to the level authorized in FY 2016.

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.

Specifies the process for utilization of receipts from federal Access and
Visitation Grants.
31 16  3. The appropriation made to the department for child
31 17  support recovery may be used throughout the fiscal year in the
31 18  manner necessary for purposes of cash flow management, and for
31 19  cash flow management purposes the department may temporarily
31 20  draw more than the amount appropriated, provided the amount
31 21  appropriated is not exceeded at the close of the fiscal year.

31 22  4. With the exception of the funding amount specified,
31 23  the requirements established under 2001 Iowa Acts, chapter
31 24  191, section 3, subsection 5, paragraph “c”, subparagraph (3),
31 25  shall be applicable to parental obligation pilot projects
31 26  for the fiscal year beginning July 1, 2016, and ending June
31 27  30, 2017. Notwithstanding 441 IAC 100.8, providing for
31 28  termination of rules relating to the pilot projects, the rules
31 29  shall remain in effect until June 30, 2017.

31 30  Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is
31 31  amended to read as follows:

31 32  SEC. 132. MEDICAL ASSISTANCE. There is appropriated from
31 33  the general fund of the state to the department of human
31 34  services for the fiscal year beginning July 1, 2016, and
31 35  ending June 30, 2017, the following amount, or so much thereof
31 36  as is necessary, to be used for the purpose designated:
31 37  For medical assistance program reimbursement and
31 38  associated costs as specifically provided in the reimbursement
31 39  methodologies in effect on June 30, 2016, except as otherwise
31 40  approved by law, consistent with options under
31 41  federal law and regulations, and contingent upon receipt of
31 42  each abortion performed under the program:

31 43  $ 651,595,782
31 44  1,318,246,446

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.

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).

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of $15,054,882 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 $2,200,000 for a 1.00% provider rate increase
  for Community Based Providers.
- An increase of $2,000,000 to increase the number of slots
  available for the Home and Community-Based Services (HCBS)
  waivers.
- An increase of $1,000,000 to increase reimbursement rates for
  Home Health Providers.
- A decrease of $1,000,000 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 (MHI).
1. Iowans support reducing the number of abortions performed in our state. Funds appropriated under this section shall not be used for abortions, unless otherwise authorized under this section.

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

3. The department shall utilize not more than $30,000 of the funds appropriated in this section to continue the AIDS/HIV health insurance premium payment program as established in 1992 Iowa Acts, Second Extraordinary Session, chapter 1001, section 409, subsection 6. Of the funds allocated in this subsection, not more than $2,500 may be expended for administrative purposes.

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

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

   b. Of the funds appropriated in this section, $50,000

   • A decrease of $29,500,000 to fund Medicaid at the Governor's recommended level.

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

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

   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.

   Requires that $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.

   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.

   Requires the DHS to aggressively pursue options for providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age.
$100,000 shall be used for participation in one or more pilot projects operated by a private provider to allow the individual or individuals to receive service in the community in accordance with principles established in Olmstead v. L.C., 527 U.S.581 (1999), for the purpose of providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department’s exception to policy provisions, but who have health care needs in excess of the funding available through the exception to the policy provisions.

6. Of the funds appropriated in this section, up to $1,525,041 may be transferred to the field operations or general administration appropriations in this division of this Act for operational costs associated with Part D of the federal Medicare Prescription Drug Improvement and Modernization Act of 2003, Pub.L.No.108-173.

7. Of the funds appropriated in this section, up to $442,100 may be transferred to the appropriation in this division of this Act for medical contracts to be used for clinical assessment services and prior authorization of services.

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.

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.

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.

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

Of the funds appropriated in this section, the following amounts are transferred to the appropriations made in this division of this Act for the state mental health institutes:

- Cherokee mental health institute $4,549,212
- Independence mental health institute $4,522,947

Of the funds appropriated in this section, $2,041,939 is allocated for the state match for a disproportionate share hospital payment of $4,544,712.

The hospitals that meet the conditions specified shall receive and retain 100 percent of the total disproportionate share hospital payment of $13,316,715. In addition, the UIHC is to either use Certified Public Expenditures or transfer $19,771,582 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of $26,633,430.

Specify the UIHC to use Certified Public Expenditures or transfer.

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

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

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. There is no overall change in funding to the two Institutions.

Allocates $3,000,000 of Medicaid funds for the state match for the Disproportionate Share Hospital (DSH) payment of $6,861,848. In addition, the UIHC is to either use Certified Public Expenditures or transfer $19,771,582 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of $26,633,430.

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

Requires the UIHC to use Certified Public Expenditures or transfer.
either certify public expenditures or transfer to the appropriations made in this division of this Act for medical assistance an amount equal to provide the nonfederal share for increased medical assistance payments for inpatient and outpatient hospital services of $9,900,000. The university of Iowa hospitals and clinics shall receive and retain 100 percent of the total increase in medical assistance payments.

d. Payment methodologies utilized for disproportionate share hospitals and graduate medical education, and other supplemental payments under the Medicaid program may be adjusted or converted to other methodologies or payment types to provide these payments through Medicaid managed care after April 1, 2016. The department of human services shall obtain approval from the centers for Medicare and Medicaid services of the United States department of health and human services prior to implementation of any such adjusted or converted methodologies or payment types.

13. One hundred percent of the nonfederal share of payments to area education agencies that are medical assistance providers for medical assistance-covered services provided to medical assistance-covered children, shall be made from the appropriation made in this section.

14. Any new or renewed contract entered into by the department with a third party to administer services under the medical assistance program shall provide that any interest earned on payments from the state during the state fiscal year shall be remitted to the department and treated as recoveries to offset the costs of the medical assistance program.

15. A portion of the funds appropriated in this section may be transferred to the appropriation in this division of this Act for medical contracts to be used for administrative activities associated with the money follows the person demonstration project.

16. Of the funds appropriated in this section, $174,505 shall be used for the administration of the health insurance premium payment program, including salaries, support, maintenance, and miscellaneous purposes.

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

If the savings to the medical assistance program from cost containment efforts exceed the cost for the fiscal year beginning July 1, 2016, the department may transfer any savings generated for the fiscal year due to medical assistance program cost containment efforts to the appropriation made in this division of this Act for medical contracts or general administration to defray the increased contract costs associated with implementing such efforts.

For the fiscal year beginning July 1, 2016, and ending June 30, 2017, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph “d”, and section 437A.15, subsection 3, paragraph “f”, shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this section.

The department shall continue to administer the state balancing incentive payments program as specified in 2012 Iowa Acts, chapter 1133, section 14.

Of the funds appropriated in this section, up to $25,000 may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than one full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the children's mental health home project.

Of the funds appropriated in this section, up to $200,000 may be transferred by the department to the appropriation made to the department in this division of this Act for the same fiscal year for Medicaid program-related general administration planning and implementation activities. The funds may be used for contracts or for personnel in addition to the amounts appropriated for and the positions authorized for general administration for the fiscal year.

Of the funds appropriated in this section, up to $1,500,000 may be transferred by the department to the appropriations made in this division of this Act for the same fiscal year for general administration or medical contracts to be used to support the development and the DOM.

Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2017.

Allocates approximately $980,730 in funding from the replacement generation tax revenues to the Medicaid Program.

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

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.

Allows the DHS to transfer up to $50,000 to be used for administrative expenses related to the implementation of Children's Mental Health Homes.

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

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

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

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

DETAIL: This is no change compared to the FY 2016 allocation.
and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.

21. Of the funds appropriated in this section, $125,000 shall be used for lodging expenses associated with care provided at the University of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services. The Department of Human Services shall establish the maximum number of overnight stays and the maximum rate reimbursed for overnight lodging, which may be based on the state employee rate established by the Department of Administrative Services. The funds allocated in this subsection shall not be used as nonfederal share matching funds.

23. The Department of Human Services shall not implement the following cost containment strategies as recommended by the Governor for the fiscal year beginning July 1, 2016:
   a. A policy to ensure that reimbursement for Medicare Part A and Medicare Part B crossover claims is limited to the Medicaid reimbursement rate.
   b. An adjustment to the reimbursement policy in order to end the primary care physician rate increase originally authorized by the federal Health Care and Education Reconciliation Act of 2010, section 1202, Pub.L. No. 111-152, 42 U.S.C. §1396(a)(13)(C) that allows qualified primary care physicians to receive the greater of the Medicare rate or Medicaid rate for a specified set of codes.

24. The department shall report the implementation of any cost containment strategies to the individuals specified in this division of this Act for submission of reports upon implementation.

25. The department shall report the implementation of any improved processing changes and any related cost reductions to the individuals specified in this division of this Act for submission of reports upon implementation.

26. Of the funds appropriated in this section, $2,000,000 shall be used to implement reductions in the waiting lists of all medical assistance home and community-based services
The department shall submit a report to the individuals identified in this Act for submission of reports, regarding the impact of changes in home and community-based services waiver supported employment and prevocational services by December 15, 2016.

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

29. The department of human services shall review the fiscal impact and potential benefit to Medicaid recipients of including single-tablet regimens or long-acting alternatives for the treatment of HIV or acquired immune deficiency syndrome on the preferred drug list, as an alternative to multi-tablet regimens. The department shall identify opportunities to align the cost of single-tablet regimens for the treatment of HIV or acquired immune deficiency syndrome with the corresponding multi-tablet regimens, and shall pursue manufacturer supplemental rebate offers through the sovereign states drug consortium supplemental rebate negotiation process to determine if any supplemental rebate opportunities are available for calendar year 2018. If such opportunities are available, the department shall implement any such supplemental rebate offer opportunities beginning in calendar year 2018.

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

SEC. 133. MEDICAL CONTRACTS. There is appropriated from the general fund of the state to the department of human services

DETAIL: This is a new allocation for FY 2017. As of April 2016, there were 11,632 individuals on the HCBS waiting list. The additional funding will reduce the number of individuals on the list by approximately 1,400 individuals.

Requires the DHS to report regarding the impact of changes in supported employment and prevocational services. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staff, and the LSA by December 15, 2016.

Requires all dental benefit managers contracting with the DHS under the Dental Wellness Program in FY 2017 to meet the same contract requirements. 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.

Requires the DHS to review the benefit and impact of adding single tablet regimens or long-acting alternatives for the treatment of HIV or AIDS to the preferred drug list. The DHS is also required to pursue supplemental rebates from manufacturers and implement any rebates available beginning calendar year 2018.

General Fund appropriation to Medical Contracts.
services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical contracts:

$9,806,982

17,045,964

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

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

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

4. Of the funds appropriated in this section, $500,000 shall be used for planning and development, in cooperation with the department of public health, of a phased-in program to provide a dental home for children.

5. Of the funds appropriated in this section, $1,000,000 shall be credited to the autism support program fund created in section 225D.2 to be used for the autism support program created in chapter 225D, with the exception of the following amounts of this allocation which shall be used as follows:

a. Of the funds allocated in this subsection, $125,000

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.

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

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

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.

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

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

Allocates $250,000 from the $2,000,000 Autism allocation for a board-
$250,000 shall be deposited in the board-certified behavior analyst and board-certified assistant behavior analyst grants program fund created in section 135.181, as enacted in this Act, to be used for the purposes of the fund.

b. Of the funds allocated in this subsection, $12,500

$25,000 shall be used for the public purpose of continuation of a grant to a child welfare services provider headquartered in a county with a population between 205,000 and 215,000 in the latest certified federal census that provides multiple services including but not limited to a psychiatric medical institution for children, shelter, residential treatment, after school programs, school-based programming, and an Asperger’s syndrome program, to be used for support services for children with autism spectrum disorder and their families.

c. Of the funds allocated in this subsection, $12,500

$25,000 shall be used for the public purpose of continuing a grant to a hospital-based provider headquartered in a county with a population between 90,000 and 95,000 in the latest certified federal census that provides multiple services including but not limited to diagnostic, therapeutic, and behavioral services to individuals with autism spectrum disorder across one’s lifespan. The grant recipient shall utilize the funds to continue the pilot project to determine the necessary support services for children with autism spectrum disorder and their families to be included in the children’s disabilities services system. The grant recipient shall submit findings and recommendations based upon the results of the pilot project to the individuals specified in this division of this Act for submission of reports by December 31, 2016.

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

SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

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

For the state supplementary assistance program: $ 6,498,593

11,611,442

2. The department shall increase the personal needs allowance for residents of residential care facilities by the certified behavioral analyst and assistant grant program.

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

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

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

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

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

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.

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.
amended to read as follows:

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

For child care programs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>For child care programs:</td>
<td>$25,704,334</td>
</tr>
<tr>
<td>1. Of the funds appropriated in this section, $21,844,620 shall be used for state child care assistance in accordance with section 237A.13.</td>
<td>$21,844,620</td>
</tr>
<tr>
<td>2. Nothing in this section shall be construed or is intended as or shall imply a grant of entitlement for services to persons who are eligible for assistance due to an income level consistent with the waiting list requirements of section 237A.13. Any state obligation to provide services pursuant to this section is limited to the extent of the funds appropriated in this section.</td>
<td></td>
</tr>
<tr>
<td>3. Of the funds appropriated in this section, $216,226 is allocated for the statewide grant program for child care resource and referral services under section 237A.26. A list of the registered and licensed child care facilities operating in the area served by a child care resource and referral service shall be made available to the families receiving state child care assistance in that area.</td>
<td>$216,226</td>
</tr>
<tr>
<td>4. Of the funds appropriated in this section, $468,487 is allocated for child care quality improvement initiatives including but not limited to the voluntary quality rating system.</td>
<td>$468,487</td>
</tr>
</tbody>
</table>

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 $1,380,284 to use the estimated surplus to cover the increased program costs.
- A decrease of $6,619,716 to use more TANF funds to cover the increased program costs.
- A decrease of $5,992,622 due to lower estimated child care expenditures.
- A decrease of $5,200,000 due to an increase in the TANF fund appropriation.

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

DETAIL: This is a 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.

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.

Eliminates the allocation for the statewide Child Care Resource and Referral Program. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

DETAIL: This Program will now be funded using federal funds. There is no decrease to the General Fund appropriation due to this change.

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

DETAIL: This will now be funded using federal funds. There is no
system in accordance with section 237A.30.

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

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

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

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

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

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

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

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

   $6,116,710
   12,233,420
   169.30

   Of the funds appropriated in this subsection, $45,575 shall be used for distribution to licensed classroom teachers at this and other institutions under the control of the department of human services based upon the average student yearly enrollment at each institution as determined by the department.

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

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

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.

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is no change in funding and an increase of 19.0 FTE positions compared to estimated FY 2016. The new FTE positions will be funded through the new DHS Facilities appropriation of $2,879,274 in this bill.

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

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

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2017.
SEC. 138. CHILD AND FAMILY SERVICES.

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

For child and family services: $42,670,969

2. Up to $2,600,000 of the amount of federal temporary assistance for needy families block grant funding appropriated in this division of this Act for child and family services shall be made available for purposes of juvenile delinquent graduated sanction services.

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

4. a. Of the funds appropriated in this section, up to $17,910,893 is allocated as the statewide expenditure target under section 232.143 for group foster care maintenance and services. If the department projects that such expenditures for the fiscal year will be less than the target amount allocated in this paragraph “a”, the department may reallocate the excess to provide additional funding for shelter care or the child welfare emergency services addressed with the allocation for shelter care.

b. If at any time after September 30, 2016, annualization requires the group foster care expenditure target to be reviewed

GENERAL FUND APPROPRIATIONS

General Fund appropriation for Child and Family Services.

DETAIL: This is a net decrease of $859,519 compared to estimated FY 2016. Changes include:

- 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 decrease of $2,423,232 to offset an increase 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.

Eliminates the allocation for juvenile delinquent graduated sanction services. Because it is no longer permissible to use TANF dollars for these services, TANF funds were replaced with General Fund dollars for this purpose.

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.

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

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.

Requires the group foster care expenditure target to be reviewed
of a service area’s current expenditures indicates a service area is at risk of exceeding its group foster care expenditure target under section 232.143 by more than 5 percent, the department and juvenile court services shall examine all group foster care placements in that service area in order to identify those which might be appropriate for termination. In addition, any aftercare services believed to be needed for the children whose placements may be terminated shall be identified. The department and juvenile court services shall initiate action to set dispositional review hearings for the placements identified. In such a dispositional review hearing, the juvenile court shall determine whether needed aftercare services are available and whether termination of the placement is in the best interest of the child and the community.

In accordance with the provisions of section 232.188, the department shall continue the child welfare and juvenile justice funding initiative during fiscal year 2016-2017. Of the funds appropriated in this section, $858,876 is allocated specifically for expenditure for fiscal year 2016-2017 through the decategorization services funding pools and governance boards established pursuant to section 232.188.

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

Notwithstanding section 234.35 or any other provision of law to the contrary, state funding for shelter care and the child welfare emergency services contracting implemented to provide for or prevent the need for shelter care shall be limited to $4,034,237.

Federal funds received by the state during the fiscal year beginning July 1, 2016, as the result of the expenditure of state funds appropriated during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for services and purposes provided for under this section. Notwithstanding section 8.33, moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for the purposes designated until the close of the succeeding fiscal year.
47 23 9. a. Of the funds appropriated in this section, up to
47 24 $1,645,000 $3,290,000 is allocated for the payment of the
47 25 expenses of court-ordered services provided to juveniles
47 26 who are under the supervision of juvenile court services,
47 27 which expenses are a charge upon the state pursuant to
47 28 section 232.141, subsection 4. Of the amount allocated in
47 29 this paragraph “a”, up to $778,143 $1,556,287 shall be made
47 30 available to provide school-based supervision of children
47 31 adjudicated under chapter 232, of which not more than $7,500
47 32 $15,000 may be used for the purpose of training. A portion of
47 33 the cost of each school-based liaison officer shall be paid by
47 34 the school district or other funding source as approved by the
47 35 chief juvenile court officer.
47 36  b. Of the funds appropriated in this section, up to
47 37 $374,492 $748,985 is allocated for the payment of the expenses
47 38 of court-ordered services provided to children who are under
47 39 the supervision of the department, which expenses are a charge
47 40 upon the state pursuant to section 232.141, subsection 4.
47 41  c. Notwithstanding section 232.141 or any other provision
47 42 of law to the contrary, the amounts allocated in this
47 43 subsection shall be distributed to the judicial districts
47 44 as determined by the state court administrator and to the
47 45 department's service areas as determined by the administrator
47 46 of the department of human services’ division of child and
47 47 family services. The state court administrator and the
47 48 division administrator shall make the determination of the
47 49 distribution amounts on or before June 15, 2016.
47 50  d. Notwithstanding chapter 232 or any other provision of
47 51 law to the contrary, a district or juvenile court shall not
47 52 order any service which is a charge upon the state pursuant
47 53 to section 232.141 if there are insufficient court-ordered
47 54 services funds available in the district court or departmental
47 55 service area distribution amounts to pay for the service. The
47 56 chief juvenile court officer and the departmental service area
47 57 manager shall encourage use of the funds allocated in this
47 58 subsection such that there are sufficient funds to pay for
47 59 all court-related services during the entire year. The chief
47 60 juvenile court officers and departmental service area managers
47 61 shall attempt to anticipate potential surpluses and shortfalls
47 62 in the distribution amounts and shall cooperatively request
47 63 the state court administrator or division administrator to
47 64 transfer funds between the judicial districts’ or departmental
47 65 service areas’ distribution amounts as prudent.
47 66  e. Notwithstanding any provision of law to the contrary,
47 67 a district or juvenile court shall not order a county to pay
47 68
48 2 Provides the following allocations related to court-ordered services for
48 3 juveniles:
48 4 - Allocates up to $3,290,000 for court-ordered services provided
48 5 to children that are under the supervision of juvenile court
48 6 services. Of this amount, allocates $1,556,287 for school-based
48 7 supervision of delinquent children, limits training funds to
48 8 $15,000, and requires a portion of the cost for school-based
48 9 liaisons to be paid by school districts.
48 10 - Allocates $748,985 for court-ordered services provided to
48 11 children that are under the supervision of the DHS.
48 12
48 13 **DETAIL:** This is no change compared to the FY 2016 allocations.
48 14
48 15 Requires allocations to the judicial districts, as determined by the Court
48 16 Administrator, and to the DHS districts, as determined by the Division of
48 18 **NOTE:** This section is effective on enactment.
48 19
48 20 Prohibits a court from ordering any service that is a charge to the state
48 21 if there are insufficient funds to reimburse the service. Requires the
48 22 Chief Juvenile Court Officer to use the funds in a manner that will
48 23 cover the entire fiscal year, and permits funds to be transferred
48 24 between districts.
48 25
48 26 Prohibits a court from ordering a county to pay for a service provided
48 27 to a juvenile that is chargeable to the state.
for any service provided to a juvenile pursuant to an order entered under chapter 232 which is a charge upon the state under section 232.141, subsection 4.

f. Of the funds allocated in this subsection, not more than $41,500 may be used by the judicial branch for administration of the requirements under this subsection.

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

10. Of the funds appropriated in this section, $4,026,613 is allocated for juvenile delinquent graduated sanctions services. Any state funds saved as a result of efforts by juvenile court services to earn a federal Title IV-E match for juvenile court services administration may be used for the juvenile delinquent graduated sanctions services.

11. Of the funds appropriated in this section, $1,658,285 is transferred to the department of public health to be used for the child protection center grant program for child protection centers located in Iowa in accordance with section 135.118. The grant amounts under the program shall be equalized so that each center receives a uniform base amount of $245,000, so that $50,000 is awarded to establish a satellite child protection center in a city in north central Iowa that is the county seat of a county with a population between 44,000 and 45,000 according to the 2010 federal decennial census, and so that the remaining funds be awarded through a funding formula based upon the volume of children served.

12. If the department receives federal approval to implement a waiver under Title IV-E of the federal Social Security Act to enable providers to serve children who remain in the children’s families and communities, for purposes of eligibility under the medical assistance program through 25

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

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

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

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

Allocates $13,253,227 for juvenile delinquent graduated sanctions services.

DETAIL: This is an increase of $5,200,000 compared to the FY 2016 allocation. This $5,200,000 was previously allocated through the federal TANF Block Grant funding appropriated for Child and Family Services. Any state funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for graduated sanctions services.

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

DETAIL: This is an increase of $50,000 compared to the FY 2016 allocation. The increase is to establish a satellite Child Protection Center in Mason City, Iowa.

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.
years of age, children who participate in the waiver shall be considered to be placed in foster care.

Of the funds appropriated in this section, $2,012,583 is allocated for the preparation for adult living program pursuant to section 234.46.

Of the funds appropriated in this section, $113,668 shall be used for the public purpose of continuing a grant to a nonprofit human services organization providing services to individuals and families in multiple locations in southwest Iowa and Nebraska for support of a project providing immediate, sensitive support and forensic interviews, medical exams, needs assessments, and referrals for victims of child abuse and their nonoffending family members.

Of the funds appropriated in this section, $150,310 is allocated for the foster care youth council approach of providing a support network to children placed in foster care.

Of the funds appropriated in this section, $101,000 is allocated for use pursuant to section 235A.1 for continuation of the initiative to address child sexual abuse implemented pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection 21.

Of the funds appropriated in this section, $315,120 is allocated for the community partnership for child protection sites.

Of the funds appropriated in this section, $185,625 is allocated for the department’s minority youth and family projects under the redesign of the child welfare system.

Of the funds appropriated in this section, $593,297 is allocated for funding of the community circle of care collaboration for children and youth in northeast Iowa.

Of the funds appropriated in this section, at least $73,579 shall be used for the continuation of the child welfare provider training academy, a collaboration between the coalition for family and children’s services in

Allocates $2,012,583 for the Preparation for Adult Living (PALs) Program.

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

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.

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

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

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

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

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

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

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.

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

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

Allocates $147,158 for the child welfare provider online training academy.

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

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.

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.

Allocates $110,000 for Tanager Place Home Health.

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

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 $630,352 to fund caseload growth.
- An increase of $125,000 due to a federal mandate requiring
b. (1) The funds appropriated in this section shall be used as authorized or allowed by federal law or regulation for any of the following purposes:

   a. For adoption subsidy payments and related costs.
   b. For post-adoption services and for other purposes under Tit.IV-B or Tit.IV-E of the federal Social Security Act.

   (2) The department of human services may transfer funds appropriated in this subsection to the appropriation for child and family services in this Act for the purposes of post-adoption services as specified in this paragraph “b”.

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

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

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

SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

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

<table>
<thead>
<tr>
<th>Service or Activity</th>
<th>Appropriation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support Center</td>
<td>$536,066</td>
</tr>
<tr>
<td>General Administration</td>
<td>$1,069,282</td>
</tr>
</tbody>
</table>

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.

General Fund appropriation for the Family Support Program.

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.

2. The department shall use at least $320,750 of the moneys appropriated in this section to continue the Family Support Center component of the program.
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.
support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

- Glenwood: $10,762,241, FTEs 233.00
- Woodward: $7,291,903, FTEs 233.00

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

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

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.

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

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

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

SEC. 145. SEXUALLY VIOLENT PREDATORS.

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

For costs associated with the commitment and treatment of assessment and respite services.

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.

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

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.
sexually violent predators in the unit located at the state mental health institute at Cherokee, including costs of legal services and other associated costs, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

$4,946,539

10,193,079

FTEs 132.50

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

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

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

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

$29,460,488

54,442,877

FTEs 1,837.00

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

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

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

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

- $7,449,099
- 309.00 FTEs

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

3. Of the funds appropriated in this section, $250,000 shall be transferred to the Treasurer of State to implement the ABLE Trust Act.

4. Of the funds appropriated in this section, $125,000 shall be transferred to and deposited in the administrative fund of the Iowa ABLE savings plan trust created in section 12I.4, if enacted in this or any other Act, to be used for implementation and administration activities of the Iowa ABLE savings plan trust.

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

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

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 $300,000 to support the AmeriCorps RefugeeRISE Program. Funds will be transferred from the DHS to the Iowa Economic Development Authority's Commission on Volunteer Service.
- An increase of 16.06 FTE positions to restore to the authorized FY 2016 level.

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.

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.

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

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

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 program is established in Division XIII of this bill.

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

DETAIL: This is a new allocation for FY 2017.
7. Of the funds appropriated in this section, $300,000 is transferred to the economic development authority for RefugeeRISE AmeriCorps program member recruitment and training to improve the economic well-being and health of economically disadvantaged refugees in local communities across Iowa. Funds transferred may be used to supplement federal funds under federal regulations.

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

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

For salaries, support, maintenance, and miscellaneous purposes at facilities under the purview of the department of human services:

.................................................................................. $ 2,879,274

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

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

For development and coordination of volunteer services:

............................................................................. $ 42,343

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

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

1. a. (1) For the fiscal year beginning July 1, 2016, the total state funding amount for the nursing facility budget shall not exceed $151,421,458.

(2) The department, in cooperation with nursing facility representatives, shall review projections for state funding expenditures for reimbursement of nursing facilities on a quarterly basis and the department shall determine if an

Transfers $300,000 to the Economic Development Authority through the Department of Human Services for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is a new allocation for FY 2017. Requires funds to be used to supplement federal funds.

General Fund appropriation for the DHS facilities.

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.

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

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

Eliminates language relating to the nursing facility cap. This language is no longer necessary under managed care.
adjustment to the medical assistance reimbursement rate is necessary in order to provide reimbursement within the state funding amount for the fiscal year. Notwithstanding 2001 Iowa Acts, chapter 192, section 4, subsection 2, paragraph “c”, and subsection 3, paragraph “a”, subparagraph (2), if the state funding expenditures for the nursing facility budget for the fiscal year are projected to exceed the amount specified in subparagraph (1), the department shall adjust the reimbursement for nursing facilities reimbursed under the case-mix reimbursement system to maintain expenditures of the nursing facility budget within the specified amount for the fiscal year.

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

(b) For managed care claims, the department of human services shall adjust the payment rate floor for nursing facilities annually, to maintain a rate floor that is no lower than the Medicaid fee-for-service case-mix adjusted rate calculated in accordance with 441 IAC 81.6. The department shall then calculate adjusted reimbursement rates, including but not limited to add-on-payments, annually, and shall notify Medicaid managed care organizations of the adjusted reimbursement rates within 30 days of determining the adjusted reimbursement rates. Any adjustment of reimbursement rates under this subparagraph division shall be budget neutral to the state.

(4) For any open or unsettled nursing facility cost report for a fiscal year prior to and including the fiscal year beginning July 1, 2015, including any cost report remanded on judicial review for inclusion of prescription drug, laboratory, or x-ray costs, the department shall offset all reported prescription drug, laboratory, and x-ray costs with any revenue received from Medicare or other revenue source for any purpose. For purposes of this subparagraph, 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.

b. (1) For the fiscal year beginning July 1, 2016, the department shall establish the pharmacy dispensing fee reimbursement rate at $11.73 per prescription. The actual dispensing fee requiring 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.

Requires the DHS to adjust payment rates for nursing facilities to account for changes in case-mix. The DHS is to adjust rates annually, and the changes are required to be budget neutral to the state.

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

DETAIL: This is no change compared to the FY 2016 fee.
shall be determined by a cost of dispensing survey performed by the department and required to be completed by all medical assistance program participating pharmacies every two years, adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

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

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

c. (1) For the fiscal year beginning July 1, 2016, reimbursement rates for outpatient hospital services shall remain at the rates in effect on June 30, 2016, subject to Medicaid program upper payment limit rules, and adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

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

(3) For the fiscal year beginning July 1, 2016, the graduate medical education and disproportionate share hospital funds to remain the same as the

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.

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).

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.

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.

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the
fund shall remain at the amount in effect on June 30, 2016, except that the portion of the fund attributable to graduate medical education shall be reduced in an amount that reflects the elimination of graduate medical education payments made to out-of-state hospitals.

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

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

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

f. (1) For the fiscal year beginning July 1, 2016, reimbursement rates for home health agencies shall continue to be based on the Medicare low utilization payment adjustment (LUPA) methodology with state geographic wage adjustments, and updated to reflect the most recent Medicare LUPA rates shall be adjusted to increase the rates to the extent possible within the $1,000,000 of state funding appropriated for this purpose. The department shall continue to update the rates every two years to reflect the most recent Medicare LUPA rates.

(2) For the fiscal year beginning July 1, 2016, rates for private duty nursing and personal care services under the early and periodic screening, diagnostic, and treatment (EPSDT) Program benefit shall be calculated based on the methodology in effect on June 30, 2016.

g. For the fiscal year beginning July 1, 2016, federally qualified health centers and rural health clinics shall receive cost-based reimbursement for 100 percent of the reasonable costs for the provision of services to recipients of medical assistance.

h. For the fiscal year beginning July 1, 2016, the reimbursement rates for dental services shall remain at the FY 2016 reimbursement rate.

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

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

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

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA) and be increased by $1,000,000 compared to the rates in effect in FY 2016.

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.

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.

Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2016.
For the fiscal year beginning July 1, 2016, state-owned psychiatric medical institutions for children shall receive cost-based reimbursement for 100 percent of the actual and allowable costs for the provision of services to recipients of medical assistance.

For the nonstate-owned psychiatric medical institutions for children, reimbursement rates shall be based on the reimbursement methodology developed by the Medicaid managed care contractor for behavioral health services as required for federal compliance in effect on June 30, 2016.

As a condition of participation in the medical assistance program, enrolled providers shall accept the medical assistance reimbursement rate for any covered goods or services provided to recipients of medical assistance who are children under the custody of a psychiatric medical institution for children.

For the fiscal year beginning July 1, 2016, unless otherwise specified in this Act, all noninstitutional medical assistance provider reimbursement rates shall remain at the rates in effect on June 30, 2016, except for area education agencies, local education agencies, infant and toddler services providers, home and community-based services providers including consumer-directed attendant care providers, targeted case management providers, and those providers whose rates are required to be determined pursuant to section 249A.20.

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

Notwithstanding section 249A.20, for the fiscal year beginning July 1, 2016, the average reimbursement rate 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 on June 30, 2016; however, this rate shall not exceed the maximum level authorized by the federal government.

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

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

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

1. For 100 percent of the reasonable costs of the services.
2. In accordance with the alternative reimbursement rate methodology established by the medical assistance program's managed care contractor for mental health services and approved by the department of human services in effect on June 30, 2016.

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

q. For the fiscal year beginning July 1, 2016, the upper limits and reimbursement rates for providers of home and community-based services waiver services shall remain at the limits in effect on June 30, 2016 for which the rate floor is based on the average aggregate reimbursement rate for the fiscal year beginning July 1, 2014, shall be determined as follows:

1. For fee-for-service claims, the reimbursement rate shall be increased by 1 percent over the rates in effect on June 30, 2016.
2. For managed care claims, the reimbursement rate floor shall be increased by 1 percent over the rate floor in effect on April 1, 2016.

r. For the fiscal year beginning July 1, 2016, the reimbursement rates for emergency medical service providers shall remain at the rate in effect in FY 2016.
shall remain at the rates in effect on June 30, 2016.

2. For the fiscal year beginning July 1, 2016, the reimbursement rate for providers reimbursed under the in-home-related care program shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

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

4. Notwithstanding section 234.38, for the fiscal year beginning July 1, 2016, the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages 0 through 5 years shall be $16.78, the rate for children ages 6 through 11 years shall be $17.45, the rate for children ages 12 through 15 years shall be $19.10, and the rate for children and young adults ages 16 and older shall be $19.35. For youth ages 18 to 21 who have exited foster care, the preparation for adult living program maintenance rate shall be $602.70 per month. The maximum payment for adoption subsidy nonrecurring expenses shall be limited to $500 and the disallowance of additional amounts for court costs and other related legal expenses implemented pursuant to 2010 Iowa Acts, chapter 1031, section 408, shall be continued.

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

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

Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2017.

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

Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2016.

Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2016. However, if a new service or service provider is added during FY 2017, the initial reimbursement rate will be based on a weighted average of provider rates for similar services.

Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rate in effect in FY 2016.
7. a. For the purposes of this subsection, “combined reimbursement rate” means the combined service and maintenance reimbursement rate for a service level under the department’s reimbursement methodology. Effective July 1, 2016, the combined reimbursement rate for a group foster care service level shall be the amount designated in this subsection. However, if a group foster care provider’s reimbursement rate for a service level as of June 30, 2016, is more than the rate designated in this subsection, the provider’s reimbursement shall remain at the higher rate.

    b. Unless a group foster care provider is subject to the exception provided in paragraph “a,” effective July 1, 2016, the combined reimbursement rates for the service levels under the department’s reimbursement methodology shall be as follows:

(1) For service level, community - D1, the daily rate shall be at least $84.17.
(2) For service level, comprehensive - D2, the daily rate shall be at least $119.09.
(3) For service level, enhanced - D3, the daily rate shall be at least $131.09.

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

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

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

    c. Notwithstanding section 232.141, subsection 8, for the fiscal year beginning July 1, 2016, the amount of the statewide Average Reimbursement Rates paid to shelter care providers in FY 2017 to remain at the rate in effect in FY 2016.
66  4. statewide average of the actual and allowable rates for
66  5. reimbursement of juvenile shelter care homes that is utilized
66  6. for the limitation on recovery of unpaid costs shall remain
66  7. at the amount in effect for this purpose in the fiscal year
66  8. beginning July 1, 2015.
66  9. 10. For the fiscal year beginning July 1, 2016,
66 10. the department shall calculate reimbursement rates for
66 11. intermediate care facilities for persons with an intellectual
66 12. disability at the 80th percentile. Beginning July 1, 2016,
66 13. the rate calculation methodology shall utilize the consumer
66 14. price index inflation factor applicable to the fiscal year
66 15. beginning July 1, 2016.
66 16. 11. For the fiscal year beginning July 1, 2016, for
66 17. child care providers reimbursed under the state child
66 18. care assistance program, the department shall set provider
66 19. reimbursement rates based on the rate reimbursement survey
66 20. completed in December 2004. Effective July 1, 2016, the child
66 21. care provider reimbursement rates shall remain at the rates
66 22. in effect on June 30, 2016. The department shall set rates
66 23. in a manner so as to provide incentives for a nonregistered
66 24. provider to become registered by applying the increase only to
66 25. registered and licensed providers.
66 26. 11A. For the fiscal year beginning July 1, 2016,
66 27. notwithstanding any provision to the contrary under this
66 28. section, affected providers or services shall be reimbursed
66 29. as follows:
66 30. a. For fee-for-service claims, reimbursement shall be
66 31. calculated based on the methodology otherwise specified in
66 32. this section for the fiscal year beginning July 1, 2016, for
66 33. the respective provider or service.
66 34. b. For claims subject to a managed care contract:
66 35. (1) With the exception of any provider or service to
66 36. which a reimbursement increase is applicable for the fiscal
66 37. year under this section, reimbursement shall be based on
66 38. the methodology established by the managed care contract.
66 39. However, any reimbursement established under such contract
67  1. shall not be lower than the rate floor established by the
67  2. department of human services as the managed care organization
67  3. provider or service reimbursement rate floor for the
67  4. respective provider or service in effect on April 1, 2016.
67  5. (2) For any provider or service to which a reimbursement

NOTE: During the 2016 Legislative Session, SF 2035 (FY 2016 Shelter Care Providers Increase Act) increased the statewide average of the actual and allowable by $4.85 retroactive to July 1, 2015.

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

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.

Specifies that fee-for-services rates are to be calculated based on the methodology in this section.

Specifies that with the exception of the rate increases provided in this section, managed care rates shall be based on the methodology established by contract but no lower than the rate floor established by the DHS on April 1, 2016.

Specifies that any provider that received an increase in this section
increase is applicable for the fiscal year under this section, upon the effective date of the reimbursement increase, the department of human services shall modify the rate floor in effect on April 1, 2016, to reflect the increase specified under this section. Any reimbursement established under the managed care contract shall not be lower than the rate floor as modified by the department of human services to reflect the provider rate increase specified under this section.

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

Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding the following new section:

NEW SECTION SEC. 151A. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN APPROPRIATIONS FY 2016-2017. Notwithstanding section 8.39, subsection 1, for the fiscal year beginning July 1, 2016, if savings resulting from the governor’s Medicaid modernization initiative accrue to the medical contracts or children’s health insurance program appropriation from the general fund of the state and not to the medical assistance appropriation from the general fund of the state under this division of this Act, such savings may be transferred to such medical assistance appropriation for the same fiscal year without prior written consent and approval of the governor and the director of the department of management. The department of human services shall report any transfers made pursuant to this section to the legislative services agency.

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

SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is appropriated from the pharmaceutical settlement account created in section 249A.33 to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

Notwithstanding any provision of law to the contrary, to supplement the appropriations made in this Act for medical contracts under the medical assistance program for the fiscal year beginning July 1, 2016, and ending June 30, 2017:

$ 4,001,088

$ 1,300,000

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

DETAIL: This is a decrease of $702,176 compared to estimated FY 2016.
Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is amended to read as follows:

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

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

$ 18,602,604

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

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

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

$ 17,350,000

DIVISION VII

PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY —— FY 2016-2017

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

SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The moneys transferred to the property tax relief fund for the fiscal year beginning July 1, 2016, from the federal social services block grant pursuant to 2015 Iowa Acts, House File 630, and from the federal temporary assistance for needy families block grant, totaling at least $456,296, are appropriated to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, to be used for the purposes of supplementing the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

$ 7,456,296

DETAIL: This 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.

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

DETAIL: This is a decrease of $3,934,052 compared to estimated FY 2016. The decrease in funding from this source is being made up by additional TANF Funds.

Appropriates $7,456,296 from the federal Social Services Block Grant to the Child and Family Services appropriation for FY 2017.

DETAIL: This is a decrease of $3,934,052 compared to estimated FY 2016. The decrease in funding from this source is being made up by additional TANF Funds.
designated, notwithstanding any provision of law to the
contrary:

1. For distribution to any mental health and disability
services region where 25 percent of the region’s projected
expenditures exceeds the region’s projected fund balance:

$480,000

a. For purposes of this subsection:
(1) “Available funds” means a county mental health and
services fund balance on June 30, 2015, plus the maximum
amount a county was allowed to levy for the fiscal year
beginning July 1, 2015.
(2) “Projected expenditures” means the actual expenditures
of a mental health and disability services region as of June
30, 2015, multiplied by an annual inflation rate of 2 percent
plus the projected costs for new core services administered by
the region as provided in a region’s regional service system
management plan approved pursuant to section 331.393 for the
fiscal year beginning July 1, 2015.
(3) “Projected fund balance” means the difference between
a mental health and disability services region’s available
funds and projected expenditures.

b. If sufficient funds are not available to implement this
subsection, the department of human services shall distribute
funds to a region in proportion to the availability of funds.

2. To be transferred to the appropriation in this Act for
child and family services for the fiscal year beginning July
1, 2016, to be used for the purpose of that appropriation:

$5,407,137

DIVISION VIII
PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016

Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection
4, paragraph e, is amended to read as follows:
e. For the JOBS program:
$17,540,398

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

FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016

Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered
paragraph 2, is amended to read as follows:

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

DETAIL: The deappropriated funds in this section are being redirected
to Fund the FY 2016 Medicaid shortfall.
70 18  ........................................................................ $ 48,673,875
70 19  44,773,875

70 20  Sec. 35.  2015 Iowa Acts, chapter 137, section 8, subsection
70 21  1, is amended to read as follows:
70 22  1.  Of the funds appropriated in this section, $7,402,220
70 23  $7,002,220 is allocated for the JOBS program.

70 24  MEDICAL ASSISTANCE APPROPRIATION —— FY 2015-2016

70 25  Sec. 36.  2015 Iowa Acts, chapter 137, section 12,
70 26  unnumbered paragraph 2, is amended to read as follows:
70 27  For medical assistance program reimbursement and
70 28  associated costs as specifically provided in the reimbursement
70 29  methodologies in effect on June 30, 2015, except as otherwise
70 30  expressly authorized by law, consistent with options under
70 31  federal law and regulations, and contingent upon receipt of
70 32  approval from the office of the governor of reimbursement for
70 33  each abortion performed under the program:
70 34  ........................................................................ $1,303,191,564
70 35  1,318,191,564

70 36  MODERNIZATION EMERGENCY RULES FY 2015-2016

70 37  Sec. 37.  2015 Iowa Acts, chapter 137, section 12,
70 38  subsection 24, is amended to read as follows:
70 39  24.  The department of human services may adopt emergency
71  1  rules as necessary to implement the governor’s Medicaid
71  2  modernization initiative beginning January 1, 2016.

71 3  AUTISM SUPPORT PROGRAM FUND FY 2015-2016

71 4  Sec. 38.  2015 Iowa Acts, chapter 137, section 13,
71 5  subsection 5, unnumbered paragraph 1, is amended to read as
71 6  follows:
71 7  Of the funds appropriated in this section, $2,000,000
71 8  shall be credited to the autism support program fund created
71 9  in section 225D.2 to be used for the autism support program
71 10  created in chapter 225D, with the exception of the following
71 11  amounts of this allocation which shall be used as follows:

71 12  STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016

71 13  Sec. 39.  2015 Iowa Acts, chapter 137, section 14,
71 14  unnumbered paragraph 2, is amended to read as follows:
71 15  For the state supplementary assistance program:
71 16  ........................................................................ $ 42,997,187
71 17  11,897,187

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

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

DETAIL: The supplemental appropriation, in addition to the $2,000,000 transfer from Decategorization funds and a $67,000,000 supplemental appropriation proposed in SF 2109 (FY 2016 Supplemental Appropriations Bill), provides an additional $84,000,000 for the Medicaid Program in FY 2016.

Strikes the language allowing the DHS to adopt emergency rules related to Medicaid managed care.

Specifies that the $2,000,000 appropriated for FY 2016 is credited to the Autism Support Program Fund.

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

DETAIL: The deappropriated funds in this section are being redirected to fund the FY 2016 Medicaid shortfall.
CHILD CARE ASSISTANCE FY 2015-2016

Sec. 40. 2015 Iowa Acts, chapter 137, section 16, unnumbered paragraph 2, is amended to read as follows:

For child care programs:

$51,408,668

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

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

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

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

NURSING FACILITY BUDGET FY 2015-2016

Sec. 43. 2015 Iowa Acts, chapter 137, section 29, subsection 1, paragraph a, subparagraph (1), is amended to read as follows:

(1) For the fiscal year beginning July 1, 2015, the total state funding amount for the nursing facility budget shall not exceed $151,421,158.

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

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

DIVISION IX

DECATEGORIZATION

Sec. 46. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO MEDICAID PROGRAM. Notwithstanding section 232.188, subsection 5, paragraph "b", any state appropriated moneys in the funding pool that remained unencumbered or unobligated at the close of the fiscal year shall not revert to the General Fund, but instead shall revert to the Medicaid program.

DETAIL: The estimated carryforward transfer is $2,000,000.
of the fiscal year beginning July 1, 2013, and were deemed carryover funding to remain available for the two succeeding fiscal years that still remain unencumbered or unobligated at the close of the fiscal year beginning July 1, 2015, shall not revert but shall be transferred to the medical assistance program for the fiscal year beginning July 1, 2015.

Sec. 47. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 48. RETROACTIVE APPLICABILITY. This division of this Act is retroactively applicable to July 1, 2015.

DIVISION X
CODE CHANGES
LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

Sec. 49. Section 231E.4, subsection 3, paragraph a, Code 2016, is amended to read as follows: a. Select persons through a request for proposals process to establish local offices of substitute decision maker in each of the planning and service areas. Local offices shall be established statewide on or before July 1, 2017.

INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY — ASSESSMENT

Sec. 50. Section 222.60A, Code 2016, is amended to read as follows: 222.60A COST OF ASSESSMENT. Notwithstanding any provision of this chapter to the contrary, any amount attributable to any fee assessed pursuant to section 249A.21 that would otherwise be the liability of any county shall be paid by the state. The department may transfer funds from the appropriation for medical assistance to pay any amount attributable to any fee assessed pursuant to section 249A.21 that is a liability of the state.

Sec. 51. Section 249A.12, subsection 3, paragraph c, Code 2016, is amended to read as follows: c. Effective February 1, 2002, the state shall be responsible for all of the nonfederal share of the costs of intermediate care facility for persons with an intellectual disability services provided under medical assistance attributable to the assessment fee for intermediate care facilities for individuals with an intellectual disability.
imposed pursuant to section 249A.21. Effective February 1, 2003, a county is not required to reimburse the department and shall not be billed for the nonfederal share of the costs of such services attributable to the assessment fee.

Sec. 52. Section 249A.21, Code 2016, is amended to read as follows:

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

1. The department may assess an intermediate care facility for persons with an intellectual disability, as defined in section 135C.1, a fee in an amount for the preceding calendar quarter, not to exceed six percent of the total annual revenue of the facility for the preceding fiscal year actual paid claims for the previous quarter.

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

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

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

5. An intermediate care facility for persons with an intellectual disability that fails to pay the assessment within the time frame specified in this section shall pay, in addition to the outstanding assessment, a penalty in the amount of one and five-tenths percent of the assessment amount owed for each month or portion of each month the payment is overdue. However, if the department determines that good cause is shown for failure to comply with payment of

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.
the assessment, the department shall waive the penalty or a
portion of the penalty.
6. If an assessment has not been received by the department
by the last day of the third month after the payment is due,
the department shall suspend payment due the intermediate care
facility for persons with an intellectual disability under the
medical assistance program including payments made on behalf
of the medical assistance program by a Medicaid managed care
contractor.
7. The assessment imposed under this section constitutes
a debt due and owing the state and may be collected by civil
action, including but not limited to the filing of tax liens,
and any other method provided for by law.
8. If federal financial participation to match the
assessments made under subsection 1 becomes unavailable under
federal law, the department shall terminate the imposing
of the assessments beginning on the date that the federal
statutory, regulatory, or interpretive change takes effect.
9. The department of human services may procure a sole
source contract to implement the provisions of this section.
10. The department may adopt administrative rules under
section 17A.4, subsection 3, and section 17A.5, subsection 2,
paragraph “b”, to implement this section, and any fee assessed
pursuant to this section against an intermediate care facility
for persons with an intellectual disability that is operated
by the state may be made retroactive to October 1, 2003.

DIVISION XI
HOSPITAL HEALTH CARE ACCESS ASSESSMENT

Sec. 53. Section 249M.5, Code 2016, is amended to read as
follows:
249M.5 FUTURE REPEAL.

This chapter is repealed June 30, 2016 July 1, 2017.

Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT
METHODOLOGY. The department of human services shall
explore alternative hospital health care access assessment
methodologies and shall make recommendations to the governor
and the general assembly by December 15, 2016, regarding
continuation of the hospital health care access assessment
program beyond July 1, 2017, and an alternative assessment
methodology. Any continuation of the program and assessment
methodology shall meet all of the following guidelines:
1. All funds generated by the assessment shall be returned
to participating hospitals in the form of higher Medicaid
payments, with the exception of $3,800,000 which shall be used
to supplement the medical assistance appropriation.

CODE: Extends the repeal of the Hospital Health Care Access
Assessment Program until the end of FY 2017.

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

Sec. 55. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 56. RETROACTIVE APPLICABILITY. The section of this division of this Act amending section 249M.5, Code 2016, is retroactively applicable to June 30, 2016.

DIVISION XII AUTISM SUPPORT PROGRAM

Sec. 57. Section 135.181, subsections 1 and 2, Code 2016, are amended to read as follows:

1. The department shall establish a board-certified behavior analyst and board-certified assistant behavior analyst grants program to provide grants to Iowa resident and nonresident applicants who have been accepted for admission or are attending a board of regents university, community college, or an accredited private institution, within or outside the state of Iowa, are enrolled in a program that is accredited and meets coursework requirements to prepare the

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

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

CODE: Expands the Grant Program to any accredited university, community college, or accredited private institution within or outside the State of Iowa.
applicant to be eligible for board certification as a behavior analyst or assistant behavior analyst, and demonstrate financial need. Priority in the awarding of a grant shall be given to applicants who are residents of Iowa.

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

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

b. The application process for the grant.

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

d. Determination of the amount of a grant. The amount of funding awarded to each applicant shall be based on the applicant’s enrollment status, the number of applicants, and the total amount of available funds. The total amount of funds awarded to an individual applicant shall not exceed fifty percent of the total costs attributable to program tuition and fees annually.

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

Sec. 58. Section 135.181, Code 2016, is amended by adding the following new subsection:

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

a. The number of applications received for the immediately preceding fiscal year.
b. The number of applications approved and the total amount of funding awarded in grants in the immediately preceding fiscal year.

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

d. Recommendations for any changes to the program.

Sec. 59. Section 225D.1, subsection 8, Code 2016, is amended to read as follows:

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

Sec. 60. Section 225D.2, subsection 2, paragraphs c and d, Code 2016, are amended to read as follows:

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

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

Sec. 61. AUTISM SUPPORT FUND —— TRANSFER. Notwithstanding section 225D.2, moneys credited to the autism support fund that remain unexpended or unobligated at the close of the fiscal year beginning July 1, 2015, shall be transferred to the appropriation in this Act for medical contracts to be used for the purpose of that appropriation for the succeeding fiscal year.

Sec. 62. EFFECTIVE DATE. The section of this division of this Act providing for transfer of moneys in the autism services fund that remain unexpended or unobligated at the close of the fiscal year beginning July 1, 2015, being deemed effective on enactment and retroactive to July 1, 2015.

CODE: Expands eligibility from nine to fourteen years of age and from 400.00% to 500.00% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.00% to 15.00%.

DETAIL: The federal poverty level for a family of four is $121,500 at 500.00%.

Specifications 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.
of immediate importance, takes effect upon enactment.

Sec. 63. RETROACTIVE APPLICABILITY. The section of this division of this Act providing for transfer of moneys in the autism support fund that remain unexpended or unobligated at the close of the fiscal year beginning July 1, 2015, is retroactively applicable to July 1, 2015.

DIVISION XIII
CHILDREN’S MENTAL HEALTH AND WELL-BEING

Sec. 64. CHILDREN’S MENTAL HEALTH CRISIS SERVICES —— PLANNING GRANTS.

1. The department of human services shall establish a request for proposals process, in cooperation with the departments of public health and education and the judicial branch, which shall be based upon recommendations for children’s mental health crisis services described in the children’s mental health and well-being workgroup final report submitted to the department on December 15, 2015.

2. Planning grants shall be awarded to two lead entities. Each lead entity should be a member of a specifically designated coalition of three to four other entities that propose to serve different geographically defined areas of the state, but a lead entity shall not be a mental health and disability services region.

3. The request for proposals shall require each grantee to develop a plan for children’s mental health crisis services for the grantee’s defined geographic area that includes all of the following:
   a. Identification of the existing children’s mental health crisis services in the defined area.
   b. Identification of gaps in children’s mental health crisis services in the defined area.
   c. A plan for collection of data that demonstrates the effects of children’s mental health crisis services through the collection of outcome data and surveys of the children affected and their families.
   d. A method for using federal, state, and other funding including funding currently available, to implement and support children’s mental health crisis services.
   e. Utilization of collaborative processes developed from the recommendations from the children’s mental health and well-being workgroup final report submitted to the department on December 15, 2015.
   f. A recommendation for any additional state funding needed to establish a children’s mental health crisis service.

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.

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.

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.
system in the defined area.

g. A recommendation for statewide standard requirements for children’s mental health crisis services, as defined in the children’s mental health and well-being workgroup final report submitted to the department of human services on December 15, 2015, including but not limited to all of the following:

(1) Standardized primary care practitioner screenings.
(2) Standardized mental health crisis screenings.
(3) Standardized mental health and substance use disorder assessments.
(4) Requirements for certain inpatient psychiatric hospitals and psychiatric medical institutions for children to accept and treat all children regardless of the acuity of their condition.

Each grantee shall submit a report to the department by December 15, 2016. The department shall combine the essentials of each report and shall submit a report to the general assembly by January 15, 2017, regarding the department’s conclusions and recommendations.

Sec. 65. CHILDREN’S WELL-BEING LEARNING LABS. The department of human services, utilizing existing departmental resources and with the continued assistance of a private child welfare foundation focused on improving child well-being, shall study and collect data on emerging, collaborative efforts in existing programs engaged in addressing well-being for children with complex needs and their families in communities across the state. The department shall establish guidelines based upon recommendations in the children’s mental health and well-being workgroup final report submitted to the department on December 15, 2015, to select three to five such programs to serve as designated learning labs. The department shall submit a report on existing programs engaged in addressing the well-being of children with complex needs and their families, including lessons learned, policy changes, best practices, implications for funding and recommendations. The report is due to the General Assembly by January 15, 2017.

Sec. 66. DEPARTMENT OF HUMAN SERVICES —— ADDITIONAL STUDY REPORTS. The department of human services shall, in consultation with the department of public health, the mental health and disability services commission, and the mental health planning council, submit a 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, as well as a
The creation and implementation of a statewide children's mental health crisis service system to include but not be limited to an inventory of all current children's mental health crisis service systems in the state including children's mental health crisis service system telephone lines. The report shall include recommendations regarding proposed changes to improve the effectiveness of and access to children's mental health crisis services.

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

Sec. 67. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY COMMITTEE. The department of human services shall create and provide support to a children's mental health and well-being advisory committee to continue the coordinated efforts of the children's mental health subcommittee and the children's well-being subcommittee of the children's mental health and well-being workgroup. Consideration shall be given to continued service by members of the children's mental health and well-being workgroup created pursuant to 2015 Iowa Acts, ch. 137, and representatives from the departments of human services, public health, and education; the judicial branch; and other appropriate stakeholders designated by the director. The advisory committee shall do all of the following:

1. Provide guidance regarding implementation of the recommendations in the children's mental health and well-being workgroup final report submitted to the department on December 15, 2015, and subsequent reports required by this Act.

2. Select and study additional children's well-being learning labs to assure a continued commitment to joint learning and comparison for all learning lab sites.

DIVISION XIV

OPIOID ANTAGONIST REVISION

Sec. 68. Section 135.190, subsection 1, as enacted by 2016 Iowa Acts, Senate File 2218, section 1, is amended by adding the following new paragraph:

0a. “Licensed health care professional” means the same as defined in section 280.16.

Sec. 69. Section 135.190, as enacted by 2016 Iowa Acts, Senate File 2218, section 1, is amended by adding the
following new subsections:

NEW SUBSECTION 1A. a. Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist to a person in a position to assist.

b. (1) Notwithstanding any other provision of law to the contrary, a pharmacist licensed under chapter 155A may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist to a person in a position to assist.

(2) A pharmacist who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement shall provide instruction to the recipient in accordance with the protocols and instructions developed by the department under this section.

NEW SUBSECTION 4. The department may adopt rules pursuant to chapter 17A to implement and administer this section.

Sec. 70. Section 135.190, subsection 3, as enacted by 2016 Iowa Acts, Senate File 2218, section 1, is amended to read as follows:

3. A person in a position to assist or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist as provided in this section.

Sec. 71. Section 147A.18, subsections 1 and 5, as enacted by 2016 Iowa Acts, Senate File 2218, section 3, are amended to read as follows:

1. a. Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist in the name of a service program, law enforcement agency, or fire department to be maintained for use as provided in this section.

b. (1) Notwithstanding any other provision of law to the contrary, a pharmacist licensed under chapter 155A may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist in the name of a service program, law enforcement agency, or fire department to be maintained for use as provided in this section.

(2) A pharmacist who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement shall provide instruction to the recipient in accordance with the

CODE: Allows a licensed pharmacist to prescribe an opioid antagonist to a person in position to assist under a standing order or collaborative agreement. Requires the pharmacist to provide instructions to the recipient. Permits the DPH to adopt rules to administer this section.

CODE: Adds a prescriber of an opioid antagonist to those covered by liability coverage.

CODE: Allows a licensed health care professional or pharmacist to prescribe an opioid antagonist to a trauma service program, law enforcement agency, or fire department under a standing order or collaborative agreement.
protocol and instructions developed by the department under this section.

5. The department may adopt rules pursuant to chapter 17A to implement and administer this section, including but not limited to standards and procedures for the prescription, distribution, storage, replacement, and administration of opioid antagonists, and for the training and authorization to be required for first responders to administer an opioid antagonist.

Sec. 72. OPIOID ANTAGONIST IMPLEMENTATION CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section 4, is repealed.

Sec. 73. 2016 Iowa Acts, Senate File 2218, as enacted, is amended by adding the following new section:

NEW SECTION SEC. ___. EFFECTIVE UPON ENACTMENT. This Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 74. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 75. RETROACTIVE APPLICABILITY. This division of this Act applies retroactively to April 6, 2016.

DIVISION XV
NURSING GRANT PROGRAMS

Sec. 76. Section 135.178, Code 2016, is amended to read as follows:

135.178 NURSE RESIDENCY STATE MATCHING GRANTS PROGRAM ——

REPEAL.

The department shall establish a nurse residency state matching grants program to provide matching state funding to sponsors of nurse residency programs in this state to establish, expand, or support nurse residency programs that meet standards adopted by rule of the department. Funding for the program may be provided through the health care workforce shortage fund or the nurse residency state matching grants program account created in section 135.175. The department, in cooperation with the Iowa board of nursing, the department of education, Iowa institutions of higher education with board of nursing-approved programs to educate nurses, and the Iowa nurses association, shall adopt rules pursuant to chapter 17A to establish minimum standards for nurse residency programs to be eligible for a matching grant that address all of the following:

1. Eligibility requirements for and qualifications of
a sponsor of a nurse residency program to receive a grant, including that the program includes both rural and urban components.

The application process for the grant.

Criteria for preference in awarding of the grants.

Determination of the amount of a grant.

Use of the funds awarded. Funds may be used to pay the costs of establishing, expanding, or supporting a nurse residency program as specified in this section, including but not limited to the costs associated with residency stipends and nursing faculty stipends.

This section is repealed June 30, 2016.

Sec. 77. Section 261.129, Code 2016, is amended to read as follows:

261.129 IOWA NEEDS NURSES NOW INITIATIVE —— REPEAL.

1. Nurse educator incentive payment program.

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

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

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

d. The commission, in consultation with the department of public health, the board of nursing, the department of education, and the Iowa nurses association, shall adopt: 

rules pursuant to chapter 17A relating to the establishment
and administration of the nurse educator incentive payment
program. The rules shall include provisions specifying what
constitutes a qualifying teaching position.

2. Nursing faculty fellowship program.
a. The commission shall establish a nursing faculty
fellowship program to provide funds to nursing schools in
the state, including but not limited to nursing schools
located at community colleges, for fellowships for individuals
employed in qualifying positions on the nursing faculty.
Funding for the program may be provided through the health
care workforce shortage fund or the health care professional
and the Iowa needs nurses now initiative account created in
section 135.175. The program shall be designed to assist
nursing schools in filling vacancies in qualifying positions
throughout the state.
b. The commission, in consultation with the department
of public health, the board of nursing, the department of
education, and the Iowa nurses association, shall adopt
rules pursuant to chapter 17A to administer the program. The
rules shall include provisions specifying what constitutes a
qualifying position at a nursing school.
c. The commission, in consultation with the department
of public health, the board of nursing, the department of
education, and the Iowa nurses association, shall adopt
rules pursuant to chapter 17A to administer the program. The
rules shall include provisions specifying what constitutes a
qualifying position at a nursing school.
d. In determining eligibility for a fellowship, the
commission shall consider all of the following:
(1) The length of time a qualifying position has gone
unfilled at a nursing school.
(2) Documented recruiting efforts by a nursing school.
(3) The geographic location of a nursing school.
(4) The type of nursing program offered at the nursing
school, including associate, bachelor's, master's, or doctoral
degrees in nursing, and the need for the specific nursing
program in the state.

3. Nurse educator scholarship program.
a. The commission shall establish a nurse educator
scholarship program. Funding for the program may be provided
through the health care workforce shortage fund or the health
care professional and the Iowa needs nurses now initiative
account created in section 135.175. The goal of the nurse
educator scholarship program is to address the waiting list of
qualified applicants to Iowa’s nursing schools by providing incentives for the training of additional nursing educators.

For the purposes of this subsection, “nurse educator” means a registered nurse who holds a master’s degree or doctorate degree and is employed as a faculty member who teaches nursing in a nursing education program as provided in 655 IAC 2.6 at a community college, an accredited private institution, or an institution of higher education governed by the state board of regents.

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

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


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

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

c. The scholarship-in-exchange-for-service recipient and the commission shall enter into an agreement specifying...
the obligations of the applicant and the commission. If the nurse educator leaves the qualifying teaching position prior to teaching for four consecutive academic years, the nurse educator shall be liable to repay the scholarship-in-exchange-for-service amount to the state plus interest as specified by rule. However, if the nurse educator leaves the qualified teaching position involuntarily, the nurse educator shall be liable to repay only a pro rata amount of the scholarship based on incomplete years of service.

d. The receipt of a nurse educator scholarship-in-exchange-for-service shall not impact eligibility of an individual for other financial incentives including but not limited to loan forgiveness programs.
e. The commission, in consultation with the department of education, and the Iowa nurses association, shall adopt rules pursuant to chapter 17A relating to the establishment and administration of the nurse educator scholarship-in-exchange-for-service program. The rules shall include the provisions specifying what constitutes a qualifying teaching position and the amount of any scholarship-in-exchange-for-service.

5. REPEAL. This section is repealed June 30, 2016.

Sec. 78. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 79. RETROACTIVE APPLICABILITY. This division of this Act is retroactively applicable to June 30, 2016.

DIVISION XVI
NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM

Division XVI creates the Nursing Facility Supplemental Payment Program. The Program, if approved by the Centers for Medicare and Medicaid Services (CMS), will allow non-state-owned nursing facilities to partner with county hospitals by turning over their license to the hospital, enabling both to take advantage of the higher hospital-based Medicaid reimbursement rate for nursing facilities. Additional federal funds received from the transaction would be split between the nursing home and the hospital based on an agreement, and the state matching funds would be provided by the county hospital. There are currently three states that take advantage of this sort of Intergovernmental Transfer (IGT).

FISCAL IMPACT: This Division has no fiscal impact to the state. The Iowa Healthcare Association estimates that the Program could draw an additional $206.4 million in federal funds for non-state-owned nursing facilities and hospitals, depending on the number of hospitals and nursing facilities that decide to partner and take advantage of this Program. The Program would require increased administration by DHS,
Sec. 80. Section 249L.2, Code 2016, is amended by adding the following new subsections:

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

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

Sec. 81. Section 249L.2, subsection 6, Code 2016, is amended to read as follows:

6. "Nursing facility" means a licensed nursing facility as defined in section 135C.1 that is a freestanding facility or a nursing facility operated by a hospital licensed pursuant to chapter 135B, but does not include a distinct-part skilled nursing unit or a swing-bed unit operated by a hospital, or a nursing facility owned by the state or federal government or other governmental unit. "Nursing facility" includes a non-state government-owned nursing facility if the nursing facility participates in the non-state government-owned nursing facility upper payment limit supplemental payment program.

Sec. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

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

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

a. A non-state governmental entity shall provide the state share of the expected supplemental payment in the form of an intergovernmental payment established for the nursing facility under a Medicaid managed care contract.

Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow qualifying non-state-owned nursing facilities to receive a supplemental payment in accordance with upper payment limit requirements.

Requires the non-state-owned entity to provide the state share of the expected supplemental payment in the form of an intergovernmental payment established for the nursing facility under a Medicaid managed care contract.
b. The state shall claim federal matching funds and shall make supplemental payments to eligible non-state governmental entities based on the supplemental amount as calculated by the state for each nursing facility for which a non-state governmental entity owns the nursing facility’s license. A managed care contractor shall not retain any portion of the supplemental payment, but shall treat the supplemental payment as a pass through payment to the eligible non-state governmental entity.

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

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

e. No portion of the supplemental payment paid to a participating nursing facility may be used for contingent fees. Expenditures for development fees, legal fees, or consulting fees shall not exceed five percent of the supplemental funds received annually, and any such expenditures shall be reported to the department of human services, and included in the department’s annual report pursuant to subsection 3.

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

(1) A portion of the amount received may be used for nursing facility quality improvement initiatives including but not limited to educational scholarships and nonmandatory training. Priority in the awarding of contracts for such initiatives shall be given to providers offering priority care to low income individuals. Nursing facility remodeling or renovation.

- Health information technology infrastructure and software.
- Endowments to offset costs associated with maintenance of hospitals licensed under Iowa Code chapter 135B and nursing facilities.
training shall be for Iowa-based organizations.

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

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

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

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

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

4. The department of human services shall work collaboratively with representatives of nursing facilities, hospitals, and other affected stakeholders in adopting administrative rules, and in implementing and administering this program.

5. As used in this section:

a. “Non-state governmental entity” means a hospital authority, hospital district, health care district, city, or county.

b. “Non-state government-owned nursing facility” means a nursing facility owned or operated by a non-state governmental entity for which a non-state governmental entity holds facilities licensed under Iowa Code chapter 135C.
the nursing facility’s license and is party to the nursing
facility’s Medicaid contract.

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

92 Sec. 84. IMPLEMENTATION PROVISIONS.
1. The section of this division of this Act directing the
department of human services to submit a Medicaid state plan
amendment to CMS shall be implemented as soon as possible
following enactment, consistent with all applicable federal
requirements.
2. The sections of this division of this Act amending
section 249L.2, shall only be implemented upon receipt by
the department of human services of approval of the Medicaid
state plan amendment by the centers for Medicare and Medicaid
services of the United States department of health and human
services, and if such approval is received, are applicable no
earlier than the first day of the calendar quarter following
the date of receipt of such approval.

DIVISION XVII
TRAUMA CARE SYSTEM

93 Sec. 85. Section 147A.23, subsection 2, paragraph c, Code
2016, is amended to read as follows:
93 c. (1) Upon verification and the issuance of a certificate
93 of verification, a hospital or emergency care facility agrees
93 to maintain a level of commitment and resources sufficient to
93 meet responsibilities and standards as required by the trauma
care criteria established by rule under this subchapter.
93 Verifications are valid for a period of three years or as
93 determined by the department and are renewable. As part
93 of the verification and renewal process, the department
93 may conduct periodic on-site reviews of the services and
93 facilities of the hospital or emergency care facility.
93 (2) Notwithstanding subparagraph (1), the department shall
93 not decrease a level II certificate of verification issued to
93 a trauma care facility by the department on or before July 1,
93 2015, unless the facility subsequently fails to comply with
93 the trauma care criteria established in administrative rules
93 in effect on July 1, 2015.

93 Sec. 86. EFFECTIVE UPON ENACTMENT. This division of this
Act, being deemed of immediate importance, takes effect upon
enactment.

93 Sec. 87. RETROACTIVE APPLICABILITY. This division of this

The Division relating to creating a Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program is effective on enactment.

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

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

This Division is effective on enactment and applies retroactively to June 30, 2015.
Act applies retroactively to June 30, 2015.

DIVISION XVIII
MENTAL HEALTH AND DISABILITY SERVICES REGIONS —— FUNDING
Sec. 88. MENTAL HEALTH AND DISABILITY SERVICES REGIONS —— FUNDING.

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

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

$ 500,000

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

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

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

$ 2,500,000

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

3. The department shall distribute moneys appropriated... Requires the funds appropriated in the section to be distributed within...
in this section within 60 days of the date of signing of the
memorandum of understanding between the department and each
region.

4. Moneys awarded under this section shall be used by
the regions consistent with each region's service system
management plan as approved by the department.

DIVISION XIX
MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT

Sec. 89. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN
PROGRESS REPORT. The department of human services shall
review and report progress on the implementation of the
adult mental health and disability services redesign and
shall identify any challenges faced in achieving the goals of the redesign. The progress report shall include but
not be limited to information regarding the mental health and disability services regional service system including
governance, management, and administration; the implementation of best practices including evidence-based best practices;
the availability of, access to, and provision of initial core services and additional core services to and for required core
service populations and additional core service populations;
and the financial stability and fiscal viability of the redesign. The department shall submit its report with
findings to the governor and the general assembly no later than November 15, 2016.

DIVISION XX
REFUGEERISE AMERICORPS PROGRAM
Sec. 90. Section 15H.5, subsection 5, paragraph a, Code 2016, is amended to read as follows:

a. Funding for the Iowa summer youth corps program, the Iowa green corps program established pursuant to section
15H.6, and the Iowa reading corps program established pursuant to section 15H.7, and the RefugeeRISE AmeriCorps program established pursuant to section 15H.8, shall be obtained from private sector, and local, state, and federal government sources, or from other available funds credited to the community programs account, which shall be created within the economic development authority under the authority of the commission. Moneys available in the account for a fiscal year are appropriated to the commission to be used for the programs. The commission may establish an escrow account within the authority and obligate moneys within that escrow account for tuition or program payments to be

60 days of the date of signing of a memorandum of understanding between the region and the DHS.

Specifies funds appropriated in the section are to be used by the regions in a manner that is consistent with each region's service system management plan.

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

CODE: Adds the RefugeeRISE AmeriCorps Program to the Iowa Economic Development Authority's Community Programs Account.
made beyond the term of any fiscal year. Notwithstanding section 12C.7, subsection 2, interest earned on moneys in the community programs account shall be credited to the account. Notwithstanding section 8.33, moneys in the community programs account or escrow account shall not revert to the general fund but shall remain available for expenditure in future fiscal years.

Sec. 91. NEW SECTION 15H.8 REFUGEERISE AMERICORPS PROGRAM.

1. a. The Iowa commission on volunteer service, in collaboration with the department of human services, shall establish a Refugee Rebuild, Integrate, Serve, Empower (RefugeeRISE) AmeriCorps program to increase community integration and engagement for diverse refugee communities in rural and urban areas across the state.

b. The commission, in collaboration with the department of human services, may adopt rules pursuant to chapter 17A to implement and administer this section.

2. The commission may use moneys in and lawfully available to the community programs account created in section 15H.5 to fund the program.

3. The commission shall submit an annual report to the general assembly and the department of human services relating to the efficacy of the program.

DIVISION XXI
MENINGOCOCCAL IMMUNIZATION

Sec. 92. Section 139A.8, subsection 2, Code 2016, is amended by adding the following new paragraph:

e. A person shall not be enrolled in school in the seventh grade or twelfth grade in Iowa without evidence of adequate immunization against meningococcal disease in accordance with standards approved by the United States public health service of the United States department of health and human services for such biological products and is in accordance with immunization practices recommended by the advisory committee on immunization practices of the centers for disease control and prevention.

DIVISION XXII
MEDICAID MANAGED CARE OVERSIGHT

REPORTING AND PUBLIC POSTING OF REPORTS —— CONSUMER PROTECTION, OUTCOME ACHIEVEMENT, AND PROGRAM INTEGRITY INFORMATION
Sec. 93. DEPARTMENT OF HUMAN SERVICES — REPORTS. The department of human services shall submit to the chairpersons and ranking members of the human resources committees of the senate and the house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, quarterly reports, and an annual report beginning December 15, 2016, and annually by December 15, thereafter, regarding Medicaid program consumer protections, outcome achievement, and program integrity as specified in this division. The reports shall be based on and updated to include the most recent information available. The reports shall include an executive summary of the information and data compiled, an analysis of the information and data, and any trends or issues identified through such analysis, to the extent such information is not otherwise considered confidential or protected information pursuant to federal or state law. The joint appropriations subcommittee on health and human services shall dedicate a meeting of the subcommittee during the subsequent session of the general assembly to review the annual report.

1. CONSUMER PROTECTION.
   The general assembly recognizes the need for ongoing review of Medicaid member engagement with and feedback regarding Medicaid managed care. The Iowa high quality health care initiative shall ensure access to medically necessary services and shall ensure that Medicaid members are fully engaged in their own health care in order to achieve overall positive health outcomes. The consumer protection component of the reports submitted as required under this section shall be based on all of the following reports relating to member and provider services:
   a. Member enrollment and disenrollment.
   b. Member grievances and appeals including all of the following:
      (1) The percentage of grievances and appeals resolved timely.
      (2) The number of grievances and appeals received.
   c. Member call center performance including the service level for members, providers, and pharmacy.
   d. Prior authorization denials and modifications including all of the following:
      (1) The percentage of prior authorizations approved, denied, and modified.
      (2) The percentage of prior authorizations processed within required timeframes.
   e. Provider network access including key gaps in provider coverage based on contract time, distance standards, and

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, beginning November 15, the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services are required to regularly review Medicaid managed care and are to submit annual executive summaries of pertinent information regarding their deliberations during the prior year.
98 12 market share.
98 13 f. Care coordination and case management, including the
98 14 ratio of members to care coordinators or case managers, and
98 15 the average number of contacts made with members per reporting
98 16 period.
98 17 g. Level of care and functional assessments, including the
98 18 percentage of level of care assessments completed timely.
98 19 h. Population-specific reporting including all of the
98 20 following:
98 21 (1) General population, including adults and children.
98 22 (2) Special needs, including adults and children.
98 23 (3) Behavioral health, including adults and children.
98 24 (4) Elderly.
98 25 i. Number of individuals served on the home and
98 26 community-based services (HCBS) waivers by waiver type, and
98 27 HCBS waiver waiting list reductions or increases.
98 28 2. OUTCOME ACHIEVEMENT.
98 29 The primary focus of the general assembly in moving to
98 30 Medicaid managed care is to improve the quality of care and
98 31 outcomes for Medicaid members. The state has demonstrated
98 32 how preventive services and the coordination of care for all
98 33 of a Medicaid member’s treatment significantly improve the
98 34 health and well-being of the state’s most vulnerable citizens.
98 35 In order to ensure continued improvement, ongoing review of
98 36 member outcomes as well as of the process that supports a
98 37 strong provider network is necessary. The outcome achievement
98 38 component of the reports submitted as required under this
98 39 section shall be based on all of the following reports:
98 40 a. Contract management including all of the following:
98 41 (1) Claims processing including all of the following:
98 42 (a) The percentage of claims paid, denied, and disputed,
98 43 and the ten most common reasons for claims denials.
98 44 (b) The percentage of claims adjudicated timely.
98 45 (2) Encounter data including all of the following:
98 46 (a) Timeliness.
98 47 (b) Completeness.
98 48 (c) Accuracy.
98 49 (3) Value-based purchasing (VBP) enrollment including the
98 50 percentage of members covered by a VBP arrangement.
98 51 (4) Financial information including all of the following:
98 52 (a) Managed care organization capitation payments.
98 53 (b) The medical loss ratio, administrative loss ratio, and
98 54 underwriting ratio.
98 55 (c) Program cost savings.
98 56 (5) Utilization of health care services by diagnostic
98 57 related group and ambulatory payment classification as well
98 58 as total claims volume.
98 59 (6) Utilization of value-added services.
(7) Payment of claims by department-identified provider type.

b. Member health outcomes including all of the following:
   (1) Annual health care effectiveness and information set (HEDIS) performance.
   (2) Other quality measures including all of the following:
      (a) Behavioral health.
      (b) Children’s health outcomes.
      (c) Prenatal and birth outcomes.
      (d) Chronic condition management.
      (e) Adult preventative care.
   (3) Value index score (VIS) performance.
   (4) Annual consumer assessment of health care providers and systems (CAHPS) performance.
   (5) Utilization information including all of the following:
      (a) Inpatient hospital admissions and potential preventative admissions.
      (b) Readmissions.
      (c) Outpatient visits.
      (d) Emergency department visits and potentially preventable emergency department visits.

c. Consumer satisfaction survey.

3. PROGRAM INTEGRITY.
   a. The Medicaid program has traditionally included comprehensive oversight and program integrity controls.
   Under Medicaid managed care, federal, state, and contractual safeguards will continue to be incorporated to prevent, detect, and eliminate provider fraud, waste, and abuse to maintain a sustainable Medicaid program. The program integrity component of the reports submitted as required under this section shall be based on all of the following reports relating to program integrity:
   (1) The level of fraud, waste, and abuse identified by the managed care organizations.
   (2) Managed care organization adherence to the program integrity plan, including identification of program overpayments.
   (3) Notification of the state by the managed care organizations regarding fraud, waste, and abuse.
   (4) The impact of program activities on capitation payments.
   (5) Enrollment and payment information including all of the following:
      (a) Eligibility.
      (b) Third-party liability.
   (6) Managed care organization reserves compared to minimum reserves required by the insurance division of the department.
of commerce.

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

b. The results of any external quality review organization review shall be submitted directly to the governor, the general assembly, and the health policy oversight committee created in section 2.45.

c. The department of human services shall require each Medicaid managed care organization to authorize the national committee for quality assurance (NCQA) to submit directly to the governor, the general assembly, and the health policy oversight committee created in section 2.45, the evaluation report upon which the Medicaid managed care organization’s NCQA accreditation was granted, and any subsequent evaluations of the Medicaid managed care organization.

4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT ENTITIES.

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

5. PUBLIC POSTING OF INFORMATION REPORTED.

The department of human services shall post all of the reports specified under this section, as the information becomes available and to the extent such information is not otherwise considered confidential or protected information pursuant to federal or state law, on the Iowa health link internet site.

Sec. 94. ADDITIONAL OVERSIGHT.

The council on human services, the medical assistance advisory council, and the hawk-i board shall submit to the chairpersons and ranking members of the senate and the house of representatives and to the chairpersons and ranking members of the joint committees of the senate and the house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis, minutes of their respective meetings during which the council or board addressed Medicaid managed care.

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. The DHS Director is to submit input from a series of public meetings quarterly to the same committees.
Sec. 95. PROGRAM POLICY IMPROVEMENT. The department of human services shall ensure that Medicaid managed care organizations comply with all of the following:

1. In accordance with 42 C.F.R. §438.420, a Medicaid managed care organization, upon a recipient's request, shall continue a recipient's benefits during an appeal process. If, as allowed when final resolution of an appeal is adverse to the Medicaid recipient, the Medicaid managed care organization chooses to recover the costs of the services furnished to the recipient while an appeal is pending, the Medicaid managed care organization shall provide adequate prior notice of potential recovery of costs to the recipient at the time the appeal is filed.

2. A Medicaid managed care organization shall allow providers to appeal on a recipient's behalf if the recipient designates the provider as the recipient's representative.

3. a. A Medicaid managed care organization may include as a primary care provider any provider designated by the state as a primary care provider, subject to a provider's respective state certification standards, including but not limited to:
   (1) A physician who is a family or general practitioner, a pediatrician, an internist, an obstetrician, or a gynecologist.
   (2) An advanced registered nurse practitioner.
   (3) A physician assistant.
   (4) A chiropractor licensed pursuant to chapter 151.

   b. A Medicaid managed care organization shall not impose more restrictive, scope of practice requirements or standards of practice on a primary care provider than those prescribed by state law as a prerequisite for participation in the managed care organization's provider network.

Sec. 96. SINGLE-CASE AGREEMENT. A Medicaid managed care organization shall, at the request of a Medicaid recipient, attempt to negotiate in good faith a single-case agreement with a recipient's out-of-network provider to provide for continuity of care when the recipient has an existing relationship with such provider. The out-of-network provider may be located outside of the state. If a provider of a medically necessary service is not available within the managed care network, the Medicaid recipient shall be entitled to continue with the out-of-network provider until the continuity of care is restored.

Requires the DHS to ensure managed care companies comply with the following:

- Continue a recipient's benefits during an appeal process, upon a recipient's request.
- Allow providers to appeal on a recipient's behalf if the recipient designates the provider as the recipient's representative.
- Allows an MCO to include as a primary care provider any provider designated by the state as a primary care provider, subject to a provider's respective state certification standards.
- Specifies that an MCO cannot impose more restrictive scope of practice requirements or standards of practice on a primary care provider than those prescribed by state law as a prerequisite for participation in the managed care organization's provider network.
If a provider of a medically necessary service is not available within the managed care organization’s network, the managed care organization shall, at the request of a Medicaid recipient, attempt to negotiate in good faith a single-case agreement with an out-of-network provider, regardless of the existence of an established relationship between the recipient and the provider.

HEALTH POLICY OVERSIGHT COMMITTEE

The legislative health policy oversight committee, which shall be composed of ten members of the general assembly, consisting of five members from each house, to be appointed by the legislative council. The legislative health policy oversight committee shall receive updates and review data, public input and concerns, and make recommendations for improvements to and changes in law or rule regarding at least two times annually during the legislative interim to provide continuing oversight for Medicaid managed care, and to ensure effective and efficient administration of the program, address stakeholder concerns, monitor program costs and expenditures, and make recommendations.

MANAGED CARE OMBUDSMAN

The office of long-term care ombudsman and representatives of the office, when providing assistance and advocacy services under this section, shall be considered a health oversight agency as defined in 45 C.F.R. §164.501 for the purposes of health oversight activities as described in 45 C.F.R. §164.512(d). Recipient information available to the office of long-term care ombudsman and representatives of the office under this subsection shall be limited to the recipient’s protected health information as defined in 45 C.F.R. §160.103 for the purpose of recipient case resolution.

CODE: Specifies that there are 10 members of the Health Policy Oversight Committee and that they are to meet at least twice annually during the legislative interim to ensure effective and efficient administration of the Program, address stakeholder concerns, monitor program costs and expenditures, and make recommendations.

CODE: Makes the duties and authority of the Medicaid Long-Term Care Ombudsman consistent with those of the existing Long-Term Care Ombudsman authorized by the federal Older Americans Act. The section also requires the Office to adopt rules to implement these changes.
authorize such ombudsmen to function in a manner consistent
with long-term care ombudsmen under the federal Act.

MEDICAL ASSISTANCE ADVISORY COUNCIL

Sec. 99. Section 249A.4B, Code 2016, is amended to read as
follows:

249A.4B MEDICAL ASSISTANCE ADVISORY COUNCIL.

1. A medical assistance advisory council is created to
comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of
the federal Social Security Act and to advise the director
about health and medical care services under the medical
assistance program. The council shall meet no more than
quarterly. The director of public health and a public member
of the council selected by the public members of the council
specified in subsection 2, paragraph “b”, shall serve as
chairperson co-chairpersons of the council.

2. The council shall include all of the following voting
members:

a. The president, or the president's representative, of
each of the following professional or business entities, or
a member of each of the following professional or business
entities, selected by the entity:

(1) The Iowa medical society.
(2) The Iowa osteopathic medical association.
(3) The Iowa academy of family physicians.
(4) The Iowa chapter of the American academy of pediatrics.
(5) The Iowa physical therapy association.
(6) The Iowa dental association.
(7) The Iowa nurses association.
(8) The Iowa pharmacy association.
(9) The Iowa podiatric medical society.
(10) The Iowa optometric association.
(11) The Iowa association of community providers.
(12) The Iowa psychological association.
(13) The Iowa psychiatric society.
(14) The Iowa chapter of the national association of social
workers.
(15) The coalition for family and children's services in
Iowa.
(16) The Iowa hospital association.
(17) The Iowa association of rural health clinics.
(18) The Iowa primary care association.
(19) Free clinics of Iowa.
(20) The opticians’ association of Iowa, inc.
(21) The Iowa association of hearing health professionals.
(22) The Iowa speech and hearing association.
(23) The Iowa health care association.

CODE: Makes various changes to the Medical Assistance Advisory
Council (MAAC) including:

- Adds a co-chairperson.
- Specifies voting and nonvoting members.
- Specifies there are to be 10 public members.
- Adds nonvoting members.
The Iowa association of area agencies on aging.
AARP.
The Iowa caregivers association.
The Iowa coalition of home and community-based services for seniors.
The Iowa adult day services association.
Leading age Iowa.
The Iowa association for home care.
The Iowa council of health care centers.
The Iowa physician assistant society.
The Iowa association of nurse practitioners.
The Iowa nurse practitioner society.
The Iowa occupational therapy association.
The ARC of Iowa, formerly known as the association for retarded citizens of Iowa.
The national alliance for the mentally ill of Iowa on mental illness.
The Iowa state association of counties.
The Iowa developmental disabilities council.
The Iowa chiropractic society.
The Iowa academy of nutrition and dietetics.
The Iowa behavioral health association.
The midwest association for medical equipment services or an affiliated Iowa organization.
Ten public representatives which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, equal in number to the number of representatives represented under paragraph “a”, appointed by the governor for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph “a”, and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.
A member of the hawk-i board created in section 514I.5, selected by the members of the hawk-i board.
The council shall include all of the following nonvoting members:
The director of public health, or the director’s designee.
The director of the department on aging, or the director’s designee.
The long-term care ombudsman, or the long-term care ombudsman’s designee.
The dean of Des Moines university —— osteopathic medical center, or the dean’s designee.
The dean of the university of Iowa college of medicine, or the dean’s designee.

The following members of the general assembly, each for a term of two years as provided in section 69.16B:

(1) Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives.

(2) Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

3. An executive committee of the council is created and shall consist of the following members of the council:

(1) Five of the professional or business entity members designated pursuant to subsection 2, paragraph “a”, and selected by the members specified under that paragraph as voting members.

(2) Five of the public members appointed pursuant to subsection 2, paragraph “b”, and selected by the members specified under that paragraph as voting members. Of the five public members, at least one member shall be a recipient of medical assistance.

(3) The director of public health, or the director’s designee, as a nonvoting member.

The executive committee shall meet on a monthly basis. The director of public health and the public member serving as co-chairperson of the council shall serve as chairperson of the executive committee.

Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program.

For each council meeting, other than those held during the time the general assembly is in session, each legislative member of the council shall be reimbursed for actual travel and other necessary expenses and shall receive a per diem as specified in section 7E.6 for each day in attendance, as shall the members of the council or the executive committee who are recipients or the family members of recipients of medical assistance, regardless of whether the general assembly is in session.

The department shall provide staff support and independent technical assistance to the council and the executive committee.

The director shall consider the recommendations offered by the council and the executive committee in the director’s preparation of medical assistance budget.
recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies.

Sec. 100. APPOINTMENT OF PUBLIC REPRESENTATIVES TO MEDICAL ASSISTANCE ADVISORY COUNCIL —— 2016. The director of human services shall make recommendations to the governor for appointment of public representatives to the medical assistance advisory council pursuant to section 249A.4B, subsection 1, paragraph “b”, in order to fill all public representative positions on the council no later than June 30, 2016.

Sec. 101. EFFECTIVE UPON ENACTMENT. The following provision of this division of this Act, being deemed of immediate importance, takes effect upon enactment:

1. The section of this division of this Act directing the appointment of public representatives to the medical assistance advisory council no later than June 30, 2016.

CONTINUATION OF STATEWIDE PUBLIC MEETINGS

Sec. 102. 2015 Iowa Acts, chapter 137, section 63, is amended to read as follows:

SEC. 63. HEALTH POLICY OVERSIGHT —— MEDICAID MANAGED CARE.
1. The department of human services shall partner with appropriate stakeholders to convene monthly statewide public meetings beginning in March 2016, and bi-monthly statewide public meetings beginning March 2017 and continuing through December 31, 2017, to receive input and recommendations from stakeholders and members of the public regarding Medicaid managed care, beginning in March 2016. The meetings shall be held in both rural and urban areas, in small communities and large population centers, and in a manner that is geographically balanced. The department shall encourage representatives of Medicaid managed care organizations to attend the public meetings. The input and recommendations of the public meetings shall be compiled by the department of human services and submitted to the executive committee of the medical assistance advisory council created in section 249A.4B.
2. a. The executive committee of the medical assistance advisory council shall review the compilation of the input and recommendations of the public meetings convened pursuant to subsection 1, and shall submit recommendations based upon the compilation to the director of human services on a quarterly basis through December 31, 2017.
   b. The director of human services shall submit the
compilation and the recommendations made under paragraph “a”

Sec. 103. EFFECTIVE UPON ENACTMENT. The sections of this division of this Act amending 2015 Iowa Acts, chapter 137, section 63, being deemed of immediate importance, takes effect upon enactment.

HAWK-I PROGRAM

Sec. 104. Section 514I.5, subsection 8, paragraph d, Code 2016, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH (17) Occupational therapy.

Sec. 105. Section 514I.5, Code 2016, is amended by adding the following new subsection:

NEW SUBSECTION 10. The hawk-i board shall monitor the capacity of Medicaid managed care organizations to specifically and appropriately address the unique needs of children and children's health delivery.

DIVISION XXIII

FOOD PROGRAM

Sec. 106. IOWA EMERGENCY FOOD PURCHASE PROGRAM. There is appropriated from the general fund of the state to the department of agriculture and land stewardship for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

1. For purposes of supporting an Iowa emergency food purchase program: $100,000

2. The purpose of the Iowa emergency food purchase program is to relieve situations of emergency experienced by families or individuals who reside in this state, including low-income families and individuals and unemployed families, by distributing food to those persons.

3. The Iowa emergency food purchase program shall be managed by an Iowa food bank association selected by the department. The department may enter into a contract with the Iowa food bank association. The Iowa food bank association managing the program shall distribute food under the program to emergency feeding organizations in this state. The Iowa food bank association shall report to the department as required by the department.
4. The moneys appropriated in this section shall be allocated to support the Iowa emergency food purchase program only to the extent that the allocated moneys are matched on a dollar-for-dollar basis.

5. “Iowa food bank association” means a private nonprofit entity that meets all of the following requirements:
   a. The association is organized under chapter 504.
   b. The association qualifies under section 501(c)(3) of the Internal Revenue Code as an organization exempt from federal income tax under section 501(a) of the Internal Revenue Code.
   c. The association’s members include food banks, or affiliations of food banks, that together serve all counties in this state.
   d. The association’s principal office is located in this state.

Requires the appropriation to be matched dollar-for-dollar.

Defines standards the selected food bank association must meet to manage and administer the Iowa Emergency Food Purchase Program.
## Summary Data
### General Fund

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### Human Services, Dept. of

#### Assistance

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#### Toledo Juvenile Home

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#### Eldora Training School

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#### Cherokee

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#### Clarinda

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#### Independence

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## Human Services, Dept. of

### General Administration

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### Assistance

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## Health and Human Services
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### Human Services, Dept. of

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## Health and Human Services
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