

Health and Human Services Appropriations Bill House File 653

Last Action:
**House Appropriations
Committee**
April 17, 2017

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

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

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

LSA Contacts: Jess R. Benson (515)281-4611 Kenneth C. Ohms (515)725-2200 Angel Banks-Adams (515)281-6301

FUNDING SUMMARY

General Fund FY 2018: Appropriates a total of \$1,766.4 million from the General Fund and 4,665.2 FTE positions to the Department on Aging (IDA), the Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is a decrease of \$27.9 million and a decrease of 0.5 FTE positions compared to estimated net FY 2017.

Other Funds FY 2018: Appropriates a total of \$426.2 million from other funds. This is a decrease of \$23.3 million compared to estimated net FY 2017.

Standing Appropriations FY 2018: 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:

- \$224,000 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.

General Fund FY 2019: Appropriates a total of \$883.5 million from the General Fund and 4,665.2 FTE positions to the IDA, DPH, DHS, IVA, and the IVH. This is a 50.0% decrease in funding, with the exception of the standing appropriations and no change in FTE positions compared to FY 2018.

Other Funds FY 2019: Appropriates a total of \$324.1 million from other funds. This is a decrease of \$102.1 million compared to estimated FY 2018.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

State Family Planning Program: Establishes a State Family Planning Services Program to replicate the eligibility requirements and other provisions included in the Medicaid Family Planning Network Waiver. The Program funds are to be distributed in a manner that continues access to family planning services, but are not to be distributed to any entity that performs abortions or maintains or operates a facility where abortions are performed, or for direct or indirect costs related to providing abortions.

Home and Community-Based Services (HCBS) Rate Methodology: Requires the DHS to discontinue using the cost settlement methodology and begin using a tiered rate methodology for providers of supported community living, day habilitation, and adult day services for persons with intellectual disabilities under the HCBS waiver program.

Page 136, Line 6

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates \$11.0 million and 27.0 FTE positions. This is a decrease of \$1.0 million and no change in FTE positions compared to estimated net FY 2017.

Page 1, Line 3

Office of Long-Term Care Ombudsman: Appropriates \$1.2 million and 16.0 FTE positions. This is a decrease of \$164,000 and no change in FTE positions compared to estimated net FY 2017.

Page 3, Line 21

Department of Public Health: Appropriates \$51.2 million and 186.0 FTE positions. This is a net decrease of \$5.8 million and no change in FTE positions compared to estimated net FY 2017. The significant changes include:

Page 3, Line 34

- A decrease of \$1.3 million to the Addictive Disorders appropriation.
- A decrease of \$112,000 to the Healthy Children and Families appropriation.
- A net decrease of \$658,000 to the Chronic Conditions appropriation.
- A net decrease of \$4.0 million to the Community Capacity appropriation.
- An increase of \$1.1 million to the Essential Public Health Services appropriation.
- A net increase of \$398,000 to the Infectious Diseases appropriation.
- A net decrease of \$52,000 to the Public Protection appropriation.
- A decrease of \$1.3 million to be spread across all Department appropriations.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$11.3 million and 15.0 FTE positions. This is a decrease of \$638,000 and an increase of 0.8 FTE position compared to estimated net FY 2017.

Page 15, Line 19

Department of Human Services: Appropriates \$1.692 billion from the General Fund and 4,421.2 FTE positions. This is a net decrease of \$20.3 million and 1.2 FTE positions compared to estimated net FY 2017. Significant changes include:

Page 17, Line 1

- A net increase of \$6.8 million for the Family Investment Program/PROMISE JOBS appropriation.
- A net decrease of \$2.1 million for the Child Support Recovery Unit appropriation.
- A net decrease of \$18.6 million for the Medicaid appropriation.
- A net increase of \$581,000 for the Medical Contracts appropriation.
- A decrease of \$349,000 for the State Supplementary Assistance appropriation.

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- A net decrease of \$917,000 for the State Children's Health Insurance Program (hawk-i Program) appropriation.
- A net increase of \$7.6 million for the Child Care Assistance appropriation.
- A decrease of \$883,000 for the State Training School at Eldora appropriation.
- A net increase of \$3.5 million for the Child and Family Services appropriation.
- A decrease of \$1.9 million for the Adoption Subsidy appropriation.
- A net increase of \$297,000 for the Family Support Subsidy appropriation.
- A combined decrease of \$1.7 million for the two Mental Health Institute (MHI) appropriations.
- A combined decrease of \$4.5 million for the two State Resource Center appropriations.
- A decrease of \$1.2 million for the Civil Commitment Unit for Sexual Offenders appropriation.
- A decrease of \$886,000 for the Field Operations appropriation.
- A decrease of \$1.6 million for the General Administration appropriation.
- A decrease of \$3.0 million for the Regional Mental Health Grants appropriation.
- A decrease of \$1.5 million to be spread across all Department appropriations.

Temporary Assistance for Needy Families (TANF) Federal Block Grant: Appropriates \$132.0 million for FY 2018 for various DHS programs. This is a net decrease of \$24.3 million compared to estimated net FY 2017.

Page 17, Line 3

Health Care Trust Fund: Appropriates \$221.9 million for FY 2018 for the Medicaid Program. This is an increase of \$2.0 million compared to estimated net FY 2017.

Page 26, Line 27

Medicaid Fraud Fund: Appropriates \$500,000 for FY 2018 for the Medicaid Program. This is no change compared to estimated net FY 2017.

Page 27, Line 1

Pharmaceutical Settlement Account: Appropriates \$800,000 for FY 2018 for Medical Contracts. This is a decrease of \$500,000 compared to estimated net FY 2017.

Page 65, Line 3

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2018 for the Medicaid Program. This no change compared to estimated net FY 2017.

Page 65, Line 14

Hospital Health Care Access Trust Fund: Appropriates \$33.9 million for FY 2018 for the Medicaid Program. This is a decrease of \$779,000 compared to estimated net FY 2017.

Page 65, Line 26

Iowa Care Fund: Appropriates \$258,000 for FY 2018 for the Medicaid Program. This is a one-time appropriation.

Page 141, Line 18

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 653

Nonparticipating Provider Reimbursement Fund: Appropriates \$103,000 for FY 2018 for the Medicaid Program. This is a one-time appropriation.

Page 141, Line 18

STUDIES AND INTENT

Department of Human Services

Child Care Assistance Program: States that although the Program is not an entitlement and services are limited to the extent of the funds appropriated for the Program, it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2018 to avoid the establishment of a waiting list.

Page 38, Line 18

Background Checks Report: Requires the DHS and Department of Public Safety to review alternatives for contracting the performance of state mandated criminal background checks to a non-state entity and to submit a report by December 15, 2017.

Page 131, Line 23

Department of Public Health

Alzheimer's Association Project: Requires the DPH to assist the Alzheimer's Association of Greater Iowa with identifying funding opportunities to support the HERO Project for individuals caring for a family member with dementia-related conditions.

Page 139, Line 17

Department on Aging

Dementia-Specific Care: Requires the IDA, DPH, Department of Inspections and Appeals (DIA), and DHS to analyze and make recommendations for coordinating between State agencies and private entities to promote increased access to care for individuals diagnosed with dementia. A report must be filed with the Governor and General Assembly by December 15, 2017.

Page 139, Line 23

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.

Page 16, Line 12

Legislative Council

Telehealth Parity Interim Committee: Requests the Legislative Council establish an Interim Study Committee to examine issues relating to telehealth parity for private insurance and State employee health plans and report to the General Assembly by December 15, 2017.

Page 137, Line 26

SIGNIFICANT CODE CHANGES

Department of Human Services

Biologics and Genetically Targeted Drugs: Requires the Pharmaceutical and Therapeutics Committee under Medicaid request and consider information from individuals who possess scientific or medical training with respect to the drug, biological product, or rare disease when making recommendations regarding drugs and to develop a preferred drug list by considering each drug's clinically meaningful therapeutic advantages in terms of safety. Page 129, Line 35

Hospital Health Care Access Trust Fund: Extends the repeal of the Hospital Health Care Access Assessment Program to July 1, 2019 (FY 2020). Page 142, Line 4

State Supplementary Assistance: Specifies that beginning July 1, 2017, privately operated licensed custodial care facilities are to be reimbursed based on the maximum per diem rates established by the General Assembly for the State Supplementary Assistance Program. Page 142, Line 15

Juvenile Beds Cap: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272 , and from 272 to 282 beds in FY 2019. Page 143, Line 1

Civil Commitment Unit for Sexual Offenders Transfer: Amends language that allows the DHS to transfer funds between the institutions to include the CCUSO. Page 143, Line 14

Department of Public Health

Office of Minority and Multicultural Health: Repeals the Office of Minority and Multicultural Health that was created in 2006. Page 140, Line 3

Prior Consent: Prohibits a licensed or certified medical practitioner or clinical student or resident in those professions from performing a pelvic examination on an anesthetized patient without prior written consent. Page 143, Line 29

EFFECTIVE DATE

Department of Human Services

The Division transferring Child Care Facility Funds is effective upon enactment and retroactive to July 1, 2016. Page 129, Line 32

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 653

- The Division directing the DHS to evaluate an opportunity to join a pilot program that utilizes the National Accuracy Clearinghouse to verify participation in public assistance programs, including Medicaid, the FIP, the Supplemental Nutrition Assistance Program, and the CCA Program is effective upon enactment and retroactive to March 30, 2017. Page 131, Line 18
- The Division creating a State Family Planning Services Program is effective upon enactment. Page 136, Line 3
- The Division relating to rate methodology and documentation for Home and Community-Based Services (HCBS) providers is effective upon enactment. Page 137, Line 23
- The Division relating to the carryforward of Title IV-E funding and the transfer of Decategorization dollars to Medicaid is effective upon enactment and is retroactive to July 1, 2016. Page 141, Line 13
- The Division appropriating the balance of the Nonparticipating Provider Reimbursement Fund and the IowaCare Account to Medicaid is effective upon enactment. Page 142, Line 1
- The Division relating to the repeal of the Hospital Health Care Access Provider Assessment is effective upon enactment and retroactive to June 30, 2017. Page 142, Line 10

House File 653 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
130	2	79	Amend	249A.20A.3
130	29	80	Add	249A.24.2A
134	32	88	New	217.41B
140	5	96	Amend	135.159.3.i
140	18	97	Repeal	135.12
142	6	104	Amend	249M.5
142	17	107	Amend	249.12
143	3	108	Amend	232.142.5
143	16	109	Amend	218.6
143	31	110	New	147.114

1 1 DIVISION I
 1 2 DEPARTMENT ON AGING — FY 2017-2018

1 3 Section 1. DEPARTMENT ON AGING. There is appropriated from
 1 4 the general fund of the state to the department on aging for
 1 5 the fiscal year beginning July 1, 2017, and ending June 30,
 1 6 2018, the following amount, or so much thereof as is necessary,
 1 7 to be used for the purposes designated:

1 8 For aging programs for the department on aging and area
 1 9 agencies on aging to provide citizens of Iowa who are 60 years
 1 10 of age and older with case management for frail elders, Iowa's
 1 11 aging and disabilities resource center, and other services
 1 12 which may include but are not limited to adult day services,
 1 13 respite care, chore services, information and assistance,
 1 14 and material aid, for information and options counseling for
 1 15 persons with disabilities who are 18 years of age or older,
 1 16 and for salaries, support, administration, maintenance, and
 1 17 miscellaneous purposes, and for not more than the following
 1 18 full-time equivalent positions:

1 19	.....	\$	11,042,476
1 20	.....	FTEs	27.00

1 21 1. Funds appropriated in this section may be used to
 1 22 supplement federal funds under federal regulations. To
 1 23 receive funds appropriated in this section, a local area
 1 24 agency on aging shall match the funds with moneys from other
 1 25 sources according to rules adopted by the department. Funds
 1 26 appropriated in this section may be used for elderly services
 1 27 not specifically enumerated in this section only if approved
 1 28 by an area agency on aging for provision of the service within
 1 29 the area.

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

1 34 3. a. The department on aging shall establish and enforce
 1 35 procedures relating to expenditure of state and federal funds
 2 1 by area agencies on aging that require compliance with both
 2 2 state and federal laws, rules, and regulations, including but
 2 3 not limited to all of the following:
 2 4 (1) Requiring that expenditures are incurred only for goods
 2 5 or services received or performed prior to the end of the
 2 6 fiscal period designated for use of the funds.

General Fund appropriation to the [Department on Aging](#) for FY 2018.

DETAIL: This is a decrease of \$1,028,674 and no change in FTE positions compared to estimated net FY 2017. The changes include:

- A decrease of \$150,000 to the Elder Abuse Initiative.
- A decrease of \$250,000 to the LifeLong Links Program.
- A decrease of \$628,674 due to a general reduction to the Department.

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 Service in the Iowa Economic Development Authority for the Retired and Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

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

2 7 (2) Prohibiting prepayment for goods or services not
 2 8 received or performed prior to the end of the fiscal period
 2 9 designated for use of the funds.
 2 10 (3) Prohibiting the prepayment for goods or services
 2 11 not defined specifically by good or service, time period, or
 2 12 recipient.
 2 13 (4) Prohibiting the establishment of accounts from which
 2 14 future goods or services which are not defined specifically by
 2 15 good or service, time period, or recipient, may be purchased.
 2 16 b. The procedures shall provide that if any funds are
 2 17 expended in a manner that is not in compliance with the
 2 18 procedures and applicable federal and state laws, rules, and
 2 19 regulations, and are subsequently subject to repayment, the
 2 20 area agency on aging expending such funds in contravention of
 2 21 such procedures, laws, rules and regulations, not the state,
 2 22 shall be liable for such repayment.

2 23 4. Of the funds appropriated in this section, at least
 2 24 \$250,000 shall be used to fund the unmet needs identified
 2 25 through Iowa's aging and disability resource center network.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

2 26 5. Of the funds appropriated in this section, at least
 2 27 \$600,000 shall be used to fund home and community-based
 2 28 services through the area agencies on aging that enable older
 2 29 individuals to avoid more costly utilization of residential or
 2 30 institutional services and remain in their own homes.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

2 31 6. Of the funds appropriated in this section, \$812,537
 2 32 shall be used for the purposes of chapter 231E and section
 2 33 231.56A, of which \$350,000 shall be used for the office of
 2 34 substitute decision maker pursuant to chapter 231E, and the
 2 35 remainder shall be distributed equally to the area agencies on
 3 1 aging to administer the prevention of elder abuse, neglect, and
 3 2 exploitation program pursuant to section 231.56A, in accordance
 3 3 with the requirements of the federal Older Americans Act of
 3 4 1965, 42 U.S.C. §3001 et seq., as amended.

Allocates \$812,537 for the following:

- \$462,537 to administer programs for the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Center.
- \$350,000 for the Office of Substitute Decision Maker.

DETAIL: This is a decrease of \$150,000 to the Aging and Disability Resource Center and no change to the Office of Substitute Decision Maker compared to the estimated net FY 2017 allocation.

3 5 7. Of the funds appropriated in this section, \$750,000
 3 6 shall be used to fund continuation of the aging and disability
 3 7 resource center lifelong links to provide individuals and
 3 8 caregivers with information and services to plan for and
 3 9 maintain independence.

Allocates \$750,000 to continue the LifeLong Links Resource Program.

DETAIL: This is a decrease of \$250,000 compared to the estimated net FY 2017 allocation. LifeLong Links helps to connect older adults, adults with disabilities, veterans, and their caregivers to local service providers who can help these individuals maintain their independence

at home or in the community of their choice.

3 10 8. Notwithstanding section 8.39, for the fiscal year
3 11 beginning July 1, 2017, the department may transfer funds
3 12 within or between the allocations made in this division of this
3 13 Act for the same fiscal year in accordance with departmental
3 14 priorities. The department shall report any such transfers
3 15 to the individuals specified in this Act for submission of
3 16 reports. This subsection shall not be construed to prohibit
3 17 the use of existing state transfer authority for other
3 18 purposes.

Permits the IDA to transfer funds within or between allocations in this Division of this Bill. Requires the IDA to report any transfers to the individuals identified in the Bill.

3 19 DIVISION II
3 20 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2017-2018

3 21 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
3 22 appropriated from the general fund of the state to the office
3 23 of long-term care ombudsman for the fiscal year beginning July
3 24 1, 2017, and ending June 30, 2018, the following amount, or
3 25 so much thereof as is necessary, to be used for the purposes
3 26 designated:
3 27 For salaries, support, administration, maintenance, and
3 28 miscellaneous purposes, and for not more than the following
3 29 full-time equivalent positions:
3 30 \$ 1,160,281
3 31 FTEs 16.00

General Fund appropriation to the [Office of Long-Term Care Ombudsman](#) for FY 2018.

DETAIL: This is an decrease of \$163,921, due to a general reduction, and no change in FTE positions compared to estimated net FY 2017.

3 32 DIVISION III
3 33 DEPARTMENT OF PUBLIC HEALTH — FY 2017-2018

3 34 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
3 35 from the general fund of the state to the department of public
4 1 health for the fiscal year beginning July 1, 2017, and ending
4 2 June 30, 2018, the following amounts, or so much thereof as is
4 3 necessary, to be used for the purposes designated:

4 4 1. ADDICTIVE DISORDERS
4 5 For reducing the prevalence of the use of tobacco, alcohol,
4 6 and other drugs, and treating individuals affected by addictive
4 7 behaviors, including gambling, and for not more than the
4 8 following full-time equivalent positions:
4 9 \$ 24,985,831
4 10 FTEs 10.00

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

DETAIL: This is a decrease of \$1,272,603 and no change in FTE positions compared to estimated net FY 2017. The changes are as follows:

- A decrease of \$1,000,000 to the Tobacco Cessation Program.
- A decrease of \$272,603 to eliminate the Culturally Competent Substance Abuse Grants.

4 11 a. (1) Of the funds appropriated in this subsection,
4 12 \$4,021,225 shall be used for the tobacco use prevention

Allocates \$4,021,225 for tobacco use prevention and control initiatives, including Community Partnerships. Requires activities of the

4 13 and control initiative, including efforts at the state and
 4 14 local levels, as provided in chapter 142A. The commission
 4 15 on tobacco use prevention and control established pursuant
 4 16 to section 142A.3 shall advise the director of public health
 4 17 in prioritizing funding needs and the allocation of moneys
 4 18 appropriated for the programs and initiatives. Activities
 4 19 of the programs and initiatives shall be in alignment with
 4 20 the United States centers for disease control and prevention
 4 21 best practices for comprehensive tobacco control programs that
 4 22 include the goals of preventing youth initiation of tobacco
 4 23 usage, reducing exposure to secondhand smoke, and promotion
 4 24 of tobacco cessation. To maximize resources, the department
 4 25 shall determine if third-party sources are available to
 4 26 instead provide nicotine replacement products to an applicant
 4 27 prior to provision of such products to an applicant under
 4 28 the initiative. The department shall track and report to
 4 29 the individuals specified in this Act, any reduction in
 4 30 the provision of nicotine replacement products realized by
 4 31 the initiative through implementation of the prerequisite
 4 32 screening.

4 33 (2) (a) The department shall collaborate with the
 4 34 alcoholic beverages division of the department of commerce for
 4 35 enforcement of tobacco laws, regulations, and ordinances and to
 5 1 engage in tobacco control activities approved by the division
 5 2 of tobacco use prevention and control of the department of
 5 3 public health as specified in the memorandum of understanding
 5 4 entered into between the divisions.

5 5 (b) For the fiscal year beginning July 1, 2017, and ending
 5 6 June 30, 2018, the terms of the memorandum of understanding,
 5 7 entered into between the division of tobacco use prevention
 5 8 and control of the department of public health and the
 5 9 alcoholic beverages division of the department of commerce,
 5 10 governing compliance checks conducted to ensure licensed retail
 5 11 tobacco outlet conformity with tobacco laws, regulations, and
 5 12 ordinances relating to persons under 18 years of age, shall
 5 13 continue to restrict the number of such checks to one check per
 5 14 retail outlet, and one additional check for any retail outlet
 5 15 found to be in violation during the first check.

5 16 b. Of the funds appropriated in this subsection,
 5 17 \$20,964,606 shall be used for problem gambling and
 5 18 substance-related disorder prevention, treatment, and recovery
 5 19 services, including a 24-hour helpline, public information
 5 20 resources, professional training, youth prevention, and program
 5 21 evaluation.

Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention best practices. Requires a report on any reduction in providing nicotine replacement products realized by screening for third-party sources of funding for the nicotine replacement products.

DETAIL: This is a decrease of \$1,000,000 compared to the estimated net FY 2017 allocation. The decrease is to the Tobacco Cessation Program.

Requires the Department of Public Health (DPH) to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

Allocates \$20,964,606 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is a decrease of \$272,603 compared to the estimated net FY 2017 allocation. The decrease eliminates funding for the Cultural Competent Substance Abuse grants.

5 22 c. The requirement of section 123.17, subsection 5, is met
 5 23 by the appropriations and allocations made in this division of
 5 24 this Act for purposes of substance-related disorder treatment
 5 25 and addictive disorders for the fiscal year beginning July 1,
 5 26 2017.

Specifies that the requirements of Iowa Code section [123.17](#) are met by the appropriations made in this Bill.

DETAIL: This Code section requires the Department of Commerce to transfer \$2,000,000, plus an amount determined by the General Assembly, from the Beer and Liquor Control Fund to the General Fund for the Comprehensive Substance Abuse Program.

5 27 2. HEALTHY CHILDREN AND FAMILIES

5 28 For promoting the optimum health status for children,
 5 29 adolescents from birth through 21 years of age, and families,
 5 30 and for not more than the following full-time equivalent
 5 31 positions:
 5 32 \$ 5,325,632
 5 33 FTEs 12.00

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

DETAIL: This is a decrease of \$111,995 and no change in FTE positions compared to estimated net FY 2017. The decrease will eliminate funding for the Childhood Obesity allocation.

5 34 a. Of the funds appropriated in this subsection, not more
 5 35 than \$734,841 shall be used for the healthy opportunities for
 6 1 parents to experience success (HOPES)-healthy families Iowa
 6 2 (HFI) program established pursuant to section 135.106. The
 6 3 funding shall be distributed to renew the grants that were
 6 4 provided to the grantees that operated the program during the
 6 5 fiscal year ending June 30, 2017.

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 2017 allocation. Requires funds to be distributed to the grantees who received funding in FY 2017. This Program provides support for families through home visits that begin during pregnancy or at the birth of a child, and can continue through age four.

6 6 b. In order to implement the legislative intent stated in
 6 7 sections 135.106 and 256I.9, that priority for home visitation
 6 8 program funding be given to programs using evidence-based or
 6 9 promising models for home visitation, it is the intent of the
 6 10 general assembly to phase in the funding priority in accordance
 6 11 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 6 12 paragraph "0b".

Implements legislative intent for Iowa Code section [135.106](#), HOPES-HFI, and Iowa Code section [256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation. Funding priority is to be phased in as established in prior legislation.

6 13 c. Of the funds appropriated in this subsection, \$3,075,101
 6 14 shall be used for continuation of the department's initiative
 6 15 to provide for adequate developmental surveillance and
 6 16 screening during a child's first five years. The funds shall
 6 17 be used first to fully fund the current sites to ensure that
 6 18 the sites are fully operational, with the remaining funds
 6 19 to be used for expansion to additional sites. The full
 6 20 implementation and expansion shall include enhancing the scope
 6 21 of the program through collaboration with the child health
 6 22 specialty clinics to promote healthy child development through
 6 23 early identification and response to both biomedical and social
 6 24 determinants of healthy development; by monitoring child

Allocates \$3,075,101 for the Iowa 1st Five Healthy Mental Development Initiative programs.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program is a public-private Mental Development Initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children birth to age five that then coordinates referrals, interventions, and follow-up.

6 25 health metrics to inform practice, document long-term health
 6 26 impacts and savings, and provide for continuous improvement
 6 27 through training, education, and evaluation; and by providing
 6 28 for practitioner consultation particularly for children with
 6 29 behavioral conditions and needs. The department of public
 6 30 health shall also collaborate with the Iowa Medicaid enterprise
 6 31 and the child health specialty clinics to integrate the
 6 32 activities of the first five initiative into the establishment
 6 33 of patient-centered medical homes, community utilities,
 6 34 accountable care organizations, and other integrated care
 6 35 models developed to improve health quality and population
 7 1 health while reducing health care costs. To the maximum extent
 7 2 possible, funding allocated in this paragraph shall be utilized
 7 3 as matching funds for medical assistance program reimbursement.

7 4 d. Of the funds appropriated in this subsection, \$64,640
 7 5 shall be distributed to a statewide dental carrier to provide
 7 6 funds to continue the donated dental services program patterned
 7 7 after the projects developed by the lifeline network to provide
 7 8 dental services to indigent individuals who are elderly or with
 7 9 disabilities.

Allocates \$64,640 for a Donated Dental Services Program for indigent elderly and disabled individuals.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

7 10 e. Of the funds appropriated in this subsection, \$156,482
 7 11 shall be used to provide audiological services and hearing
 7 12 aids for children. The department may enter into a contract
 7 13 to administer this paragraph.

Allocates \$156,482 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

7 14 f. Of the funds appropriated in this subsection, \$23,000 is
 7 15 transferred to the university of Iowa college of dentistry for
 7 16 provision of primary dental services to children. State funds
 7 17 shall be matched on a dollar-for-dollar basis. The university
 7 18 of Iowa college of dentistry shall coordinate efforts with the
 7 19 department of public health, bureau of oral and health delivery
 7 20 systems, to provide dental care to underserved populations
 7 21 throughout the state.

Transfers \$23,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

7 22 g. Of the funds appropriated in this subsection, \$50,000
 7 23 shall be used to address youth suicide prevention.

Allocates \$50,000 for a Youth Suicide Prevention Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

7 24 h. Of the funds appropriated in this subsection, \$40,511
 7 25 shall be used to support the Iowa effort to address the survey
 7 26 of children who experience adverse childhood experiences known
 7 27 as ACEs.

Allocates \$40,511 to support the Iowa effort to address the study of children who experience adverse childhood experiences (ACEs).

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

7 28 i. The department of public health shall continue to
 7 29 administer the program to assist parents in this state with
 7 30 costs resulting from the death of a child in accordance with
 7 31 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
 7 32 subsection 12.

allocation.

Requires the DPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to Department of Human Services (DHS).

DETAIL: The Program received an allocation of \$100,000 with nonreversion language in FY 2016. As of April 1, 2017, no funds remain available for the Program.

7 33 3. CHRONIC CONDITIONS
 7 34 For serving individuals identified as having chronic
 7 35 conditions or special health care needs, and for not more than
 8 1 the following full-time equivalent positions:
 8 2 \$ 4,170,750
 8 3 FTEs 5.00

General Fund appropriation to [Chronic Conditions](#) programs.

DETAIL: This is a net decrease of \$658,167 and no change in FTE positions compared to estimated net FY 2017. Changes include:

- A decrease of \$124,414 to relocate the Prescription Drug Donation Program to Community Capacity.
- A decrease of \$512,062 to relocate the AIDS Drug Assistance Program (ADAP) To Infectious Diseases.
- A decrease of \$100,000 to the Cervical Cancer Screening Program.
- An increase of \$50,000 to the Melanoma Research and Clinical Trials allocation.
- An increase of \$28,309 to Child Health Specialty Clinics (CHSC).

8 4 a. Of the funds appropriated in this subsection, \$153,755
 8 5 shall be used for grants to individual patients who have an
 8 6 inherited metabolic disorder to assist with the costs of
 8 7 medically necessary foods and formula.

Allocates \$153,755 for grants to individual patients with inherited metabolic disorders to assist with necessary costs for special foods.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

8 8 b. Of the funds appropriated in this subsection, \$1,020,794
 8 9 shall be used for the brain injury services program pursuant
 8 10 to section 135.22B, including for contracting with an existing
 8 11 nationally affiliated and statewide organization whose purpose
 8 12 is to educate, serve, and support lowans with brain injury and
 8 13 their families for resource facilitator services in accordance
 8 14 with section 135.22B, subsection 9, and for contracting to
 8 15 enhance brain injury training and recruitment of service
 8 16 providers on a statewide basis. Of the amount allocated in
 8 17 this paragraph, \$95,000 shall be used to fund one full-time
 8 18 equivalent position to serve as the state brain injury services
 8 19 program manager.

Allocates \$1,020,794 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

8 20 c. Of the funds appropriated in this subsection, \$144,097
 8 21 shall be used for the public purpose of continuing to contract
 8 22 with an existing national-affiliated organization to provide
 8 23 education, client-centered programs, and client and family
 8 24 support for people living with epilepsy and their families.
 8 25 The amount allocated in this paragraph in excess of \$100,000
 8 26 shall be matched dollar-for-dollar by the organization
 8 27 specified.

Allocates \$144,097 for epilepsy education and support. Requires a dollar-for-dollar match of \$44,097 of the funds received.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

8 28 d. Of the funds appropriated in this subsection, \$809,550
 8 29 shall be used for child health specialty clinics.

Allocates \$809,550 for Child Health Specialty Clinics (CHSC).

DETAIL: This is an increase of \$28,309 compared to the estimated net FY 2017 allocation. The Program is operated by the University of Iowa, Department of Pediatrics, and facilitates the development of family centered, community-based, coordinated systems of care for children and youth with special health care needs. CHSC serves children and youth, from birth through 21 years of age, who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

8 30 e. Of the funds appropriated in this subsection, \$384,552
 8 31 shall be used by the regional autism assistance program
 8 32 established pursuant to section 256.35, and administered by
 8 33 the child health specialty clinic located at the university of
 8 34 Iowa hospitals and clinics. The funds shall be used to enhance
 8 35 interagency collaboration and coordination of educational,
 9 1 medical, and other human services for persons with autism,
 9 2 their families, and providers of services, including delivering
 9 3 regionalized services of care coordination, family navigation,
 9 4 and integration of services through the statewide system of
 9 5 regional child health specialty clinics and fulfilling other
 9 6 requirements as specified in chapter 225D. The university of
 9 7 Iowa shall not receive funds allocated under this paragraph for
 9 8 indirect costs associated with the regional autism assistance
 9 9 program.

Allocates \$384,552 to be used by the Regional Autism Assistance Program (RAP) to create autism support programs administered by the CHSC located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.

9 10 f. Of the funds appropriated in this subsection, \$577,375
 9 11 shall be used for the comprehensive cancer control program to
 9 12 reduce the burden of cancer in Iowa through prevention, early
 9 13 detection, effective treatment, and ensuring quality of life.
 9 14 Of the funds allocated in this paragraph "f", \$150,000 shall
 9 15 be used to support a melanoma research symposium, a melanoma
 9 16 biorepository and registry, basic and translational melanoma
 9 17 research, and clinical trials.

Allocates \$577,375 for the Iowa Comprehensive Cancer Control Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is an increase of \$50,000 compared to the estimated net FY 2017 allocation. The increase sets the melanoma research allocation at the FY 2016 level.

9 18 g. Of the funds appropriated in this subsection, \$97,532
 9 19 shall be used for cervical and colon cancer screening, and
 9 20 \$177,720 shall be used to enhance the capacity of the cervical
 9 21 cancer screening program to include provision of recommended
 9 22 prevention and early detection measures to a broader range of
 9 23 low-income women.

Allocates \$97,532 for cervical and colon cancer screening and \$177,720 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$275,252.

DETAIL: This is a decrease of \$100,000 for the enhanced capacity allocation compared to the estimated net FY 2017 allocation.

9 24 h. Of the funds appropriated in this subsection, \$506,355
 9 25 shall be used for the center for congenital and inherited
 9 26 disorders.

Allocates \$506,355 for the Center for Congenital and Inherited Disorders (CCID) central registry.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans.

9 27 i. Of the funds appropriated in this subsection,
 9 28 \$215,263 shall be used by the department of public health
 9 29 for reform-related activities, including but not limited to
 9 30 facilitation of communication to stakeholders at the state and
 9 31 local level, administering the patient-centered health advisory
 9 32 council pursuant to section 135.159, and involvement in health
 9 33 care system innovation activities occurring across the state.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

9 34 j. Of the funds appropriated in this subsection, \$22,100
 9 35 shall be used for administration of chapter 124D, the medical
 10 1 cannabidiol Act.

Allocates \$22,100 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

10 2 4. COMMUNITY CAPACITY

10 3 For strengthening the health care delivery system at the
 10 4 local level, and for not more than the following full-time
 10 5 equivalent positions:
 10 6 \$ 2,807,776
 10 7 FTEs 13.00

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

DETAIL: This is a net decrease of \$3,977,264 and no change in FTE positions compared to estimated net FY 2017. The General Fund changes include:

- A decrease of \$1,119,650 to relocate Essential Public Health Services funding to the Essential Public Health Services appropriation in subsection 5.
- A decrease of \$48,069 to relocate Iowa Coalition Against Sexual Violence funding to the Public Protection appropriation in subsection 7.
- An increase of \$124,414 to relocate Prescription Drug Corporation funding from the Chronic Conditions appropriation.
- An increase of \$25,000 for rural healthcare clinics.
- A decrease of \$2,000,000 to suspend the Medical Residency

<p>10 8 a. Of the funds appropriated in this subsection, \$95,575</p> <p>10 9 is allocated for continuation of the child vision screening</p> <p>10 10 program implemented through the university of Iowa hospitals</p> <p>10 11 and clinics in collaboration with early childhood Iowa areas.</p> <p>10 12 The program shall submit a report to the individuals identified</p> <p>10 13 in this Act for submission of reports regarding the use of</p> <p>10 14 funds allocated under this paragraph "a". The report shall</p> <p>10 15 include the objectives and results for the program year</p> <p>10 16 including the target population and how the funds allocated</p> <p>10 17 assisted the program in meeting the objectives; the number,</p> <p>10 18 age, and location within the state of individuals served;</p> <p>10 19 the type of services provided to the individuals served; the</p> <p>10 20 distribution of funds based on service provided; and the</p> <p>10 21 continuing needs of the program.</p> <p>10 22 b. Of the funds appropriated in this subsection, \$105,656 is</p> <p>10 23 allocated for continuation of an initiative implemented at the</p> <p>10 24 university of Iowa to expand and improve the workforce engaged</p> <p>10 25 in mental health treatment and services. The initiative shall</p> <p>10 26 receive input from the university of Iowa, the department of</p> <p>10 27 human services, the department of public health, and the mental</p> <p>10 28 health and disability services commission to address the focus</p> <p>10 29 of the initiative.</p>	<p>Program.</p> <ul style="list-style-type: none"> • A decrease of \$8,000 to eliminate the Cherokee Mental Health Institute Workforce Training Program. • A decrease of \$90,395 to the Iowa Donor Registry. • A decrease of \$104,000 to the Direct Care Worker Association. • A decrease of \$72,104 to eliminate the Direct Care Worker Scholarship allocation. • A decrease of \$35,000 to the Bureau of Oral and Health Delivery Systems. • A decrease of \$96,140 to the DPH Workforce Initiative and Report. • A decrease of \$17,000 to the Child Vision Screening Program that processes data related to the Program as enacted in Iowa Code section 135.39D. • A decrease of \$74,389 to eliminate the Office on Minority and Multicultural Health. • A decrease of \$178,129 to eliminate funding for the Iowa Primary Care Association Collaborative Safety Net Administration. • A decrease of \$205,493 to eliminate funding for specialty healthcare clinics operated by the Polk County Medical Society. • A decrease of \$78,309 to eliminate funding for the University of Iowa Primary Care Model for Mental Health Treatment Program. <p>Allocates \$95,575 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the Department to submit a report to the individuals referenced in the Bill regarding the use of funds allocated to the Iowa KidSight Child Vision Screening Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p> <p>Allocates \$105,656 for a UI initiative to expand and improve the mental health treatment and services workforce.</p> <p>DETAIL: Eliminates the \$8,000 allocation that was included in estimated net FY 2017 for the initiative at the Mental Health Institute (MHI) at Cherokee. This is no change compared to the estimated net FY 2017 allocation for the remaining program.</p>
---	--

10 30 c. Of the funds appropriated in this section, \$83,315 shall
 10 31 be deposited in the governmental public health system fund
 10 32 created in section 135A.8 to be used for the purposes of the
 10 33 fund.

Allocates \$83,315 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

10 34 d. Of the funds appropriated in this subsection,
 10 35 \$48,069 shall be used for a grant to a statewide association
 11 1 of psychologists that is affiliated with the American
 11 2 psychological association to be used for continuation of a
 11 3 program to rotate intern psychologists in placements in urban
 11 4 and rural mental health professional shortage areas, as defined
 11 5 in section 135.180.

Allocates \$48,069 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

11 6 e. Of the funds appropriated in this subsection, the
 11 7 following amounts are allocated to be used as follows to
 11 8 support the Iowa collaborative safety net provider network
 11 9 goals of increased access, health system integration, and
 11 10 engagement:
 11 11 (1) Not less than \$521,863 is allocated to the Iowa
 11 12 prescription drug corporation for continuation of the
 11 13 pharmaceutical infrastructure for safety net providers as
 11 14 described in 2007 Iowa Acts, chapter 218, section 108, and for
 11 15 the prescription drug donation repository program created in
 11 16 chapter 135M.
 11 17 (2) Not less than \$334,870 is allocated to free clinics and
 11 18 free clinics of Iowa for necessary infrastructure, statewide
 11 19 coordination, provider recruitment, service delivery, and
 11 20 provision of assistance to patients in securing a medical home
 11 21 inclusive of oral health care.
 11 22 (3) Not less than \$25,000 is allocated to the Iowa
 11 23 association of rural health clinics for necessary
 11 24 infrastructure and service delivery transformation.

Allocates a total of \$881,733 to support the goals of the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#). Of that amount, \$521,863 is allocated for the Iowa Prescription Drug Corporation, \$334,870 for free clinic and Free Clinics of Iowa, and \$25,000 is allocated for rural health clinics.

DETAIL: This is a decrease of \$358,622 compared to the estimated net FY 2017 allocation. Changes include:

- A decrease of \$178,129 to eliminate the Iowa Collaborative Safety Net Provider Network administration.
- A decrease of \$205,493 to eliminate the funding for Specialty Healthcare Clinics.
- An increase of \$25,000 to fund rural health clinics that received funding through the administration allocation being eliminated.

11 25 f. Of the funds appropriated in this subsection, \$163,400
 11 26 shall be used for continuation of the work of the direct care
 11 27 worker advisory council established pursuant to 2008 Iowa Acts,
 11 28 chapter 1188, section 69, in implementing the recommendations
 11 29 in the final report submitted by the advisory council to the
 11 30 governor and the general assembly in March 2012, including
 11 31 by continuing to develop, promote, and make available on a
 11 32 statewide basis the prepare-to-care core curriculum and its
 11 33 associated modules and specialties through various formats
 11 34 including online access, community colleges, and other venues;
 11 35 exploring new and maintaining existing specialties including
 12 1 but not limited to oral health and dementia care; supporting
 12 2 instructor training; and assessing and making recommendations

Allocates \$163,400 for the Direct Care Worker Advisory Council.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Direct Care Worker Advisory Council advises the director of the DPH on the regulation and certification of direct care workers. The group also develops recommendations on certification, education and training, standardization requirements for supervision, and functions for direct care workers.

<p>12 3 concerning the lowa care book and information technology 12 4 systems and infrastructure uses and needs.</p>	
<p>12 5 g. Of the funds appropriated in this subsection, \$104,019 12 6 shall be allocated for continuation of the contract with 12 7 an independent statewide direct care worker organization 12 8 previously selected through a request for proposals process. 12 9 The contract shall continue to include performance and outcomes 12 10 measures, and shall continue to allow the contractor to use a 12 11 portion of the funds received under the contract to collect 12 12 data to determine results based on the performance and outcomes 12 13 measures.</p>	<p>Allocates \$104,019 for the continuation of a contract previously awarded through a request for proposal process for an independent direct care worker organization for promotion and education on direct care workforce issues.</p> <p>DETAIL: This is a decrease of \$104,000 compared to the estimated net FY 2017 allocation.</p>
<p>12 14 h. Of the funds appropriated in this subsection, the 12 15 department may use up to \$58,175 for up to one full-time 12 16 equivalent position to administer the volunteer health care 12 17 provider program pursuant to section 135.24.</p>	<p>Permits the DPH to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program goal is to increase volunteerism by competent health care professionals by offering employer tort claim protection to eligible volunteer health care providers and eligible clinics providing free health care services in Iowa.</p>
<p>12 18 i. Of the funds appropriated in this subsection, \$96,138 12 19 shall be used for a matching dental education loan repayment 12 20 program to be allocated to a dental nonprofit health service 12 21 corporation to continue to develop the criteria and implement 12 22 the loan repayment program.</p>	<p>Allocates \$96,138 for the FIND Dental Education Loan Repayment Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>12 23 j. Of the funds appropriated in this subsection, \$52,911 is 12 24 transferred to the college student aid commission for deposit 12 25 in the rural Iowa primary care trust fund created in section 12 26 261.113 to be used for the purposes of the fund.</p>	<p>Allocates \$52,911 for transfer to the College Student Aid Commission for deposit in the Primary Care Trust.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>12 27 k. Of the funds appropriated in this subsection, \$150,000 12 28 shall be used for the purposes of the Iowa donor registry as 12 29 specified in section 142C.18.</p>	<p>Allocates \$150,000 to the Iowa Donor Registry.</p> <p>DETAIL: This a decrease of \$90,395 compared to the estimated net FY 2017 allocation.</p>
<p>12 30 l. Of the funds appropriated in this subsection, \$96,138 12 31 shall be used for continuation of a grant to a nationally 12 32 affiliated volunteer eye organization that has an established 12 33 program for children and adults and that is solely dedicated to 12 34 preserving sight and preventing blindness through education, 12 35 nationally certified vision screening and training, and 13 1 community and patient service programs. The organization</p>	<p>Allocates \$96,138 to Prevent Blindness Iowa for a vision screening and training program. Requires a report regarding the objectives and results of the Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program is required to submit a report outlining objectives, target population and locations, services provided, and other</p>

13 2 shall submit a report to the individuals identified in this
 13 3 Act for submission of reports regarding the use of funds
 13 4 allocated under this paragraph "I". The report shall include
 13 5 the objectives and results for the program year including
 13 6 the target population and how the funds allocated assisted
 13 7 the program in meeting the objectives; the number, age, and
 13 8 location within the state of individuals served; the type of
 13 9 services provided to the individuals served; the distribution
 13 10 of funds based on services provided; and the continuing needs
 13 11 of the program.

details.

13 12 5. ESSENTIAL PUBLIC HEALTH SERVICES
 13 13 To provide public health services that reduce risks and
 13 14 invest in promoting and protecting good health over the
 13 15 course of a lifetime with a priority given to older lowans and
 13 16 vulnerable populations:
 13 17 \$ 8,197,878

General Fund appropriation to [Healthy Aging](#) programs, which is renamed Essential Public Health Services.

DETAIL: This is an increase of \$1,119,650 compared to the estimated net FY 2017. The increase is due to the transfer of local board of health funding from Community Capacity so as to include funding for counties within one appropriation.

13 18 6. INFECTIOUS DISEASES
 13 19 For reducing the incidence and prevalence of communicable
 13 20 diseases, and for not more than the following full-time
 13 21 equivalent positions:
 13 22 \$ 1,646,426
 13 23 FTEs 4.00

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

DETAIL: This is an increase of \$398,033 and no change in FTE positions compared to estimated net FY 2017. The changes include:

- An increase of \$512,062 to relocate the funding for the AIDS Drug Assistance Program from Chronic Conditions.
- A decrease of \$114,029 to eliminate the Viral Hepatitis Education, Treatment, and Prevention Program.

13 24 7. PUBLIC PROTECTION
 13 25 For protecting the health and safety of the public through
 13 26 establishing standards and enforcing regulations, and for not
 13 27 more than the following full-time equivalent positions:
 13 28 \$ 4,195,139
 13 29 FTEs 138.00

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

DETAIL: This is a decrease of \$51,931 and no change in FTE positions compared to estimated net FY 2017. The changes include:

- A decrease of \$100,000 to the Emergency Medical Services (EMS) Fund.
- An increase of \$48,069 to relocate the funding for the Iowa Coalition Against Sexual Assault from Community Capacity.

13 30 a. Of the funds appropriated in this subsection, not more
 13 31 than \$304,700 shall be credited to the emergency medical
 13 32 services fund created in section 135.25. Moneys in the
 13 33 emergency medical services fund are appropriated to the
 13 34 department to be used for the purposes of the fund.

Allocates up to \$304,700 for the EMS Fund.

DETAIL: This is a decrease of \$100,000 compared to the estimated net FY 2017 allocation. The Fund provides a one-to-one match to counties for the acquisition of equipment and provision of education and training related to EMS.

13 35 b. Of the funds appropriated in this subsection, up
 14 1 to \$243,260 shall be used for sexual violence prevention
 14 2 programming through a statewide organization representing
 14 3 programs serving victims of sexual violence through the
 14 4 department's sexual violence prevention program, and for
 14 5 continuation of a training program for sexual assault
 14 6 response team (SART) members, including representatives of
 14 7 law enforcement, victim advocates, prosecutors, and certified
 14 8 medical personnel. The amount allocated in this paragraph "b"
 14 9 shall not be used to supplant funding administered for other
 14 10 sexual violence prevention or victims assistance programs.

Allocates \$243,260 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the estimated net FY 2017 allocation for total funding. This provision consolidate \$48,069 in funding from the Community Capacity appropriation.

14 11 c. Of the funds appropriated in this subsection, up to
 14 12 \$575,627 shall be used for the state poison control center.
 14 13 Pursuant to the directive under 2014 Iowa Acts, chapter
 14 14 1140, section 102, the federal matching funds available to
 14 15 the state poison control center from the department of human
 14 16 services under the federal Children's Health Insurance Program
 14 17 Reauthorization Act allotment shall be subject to the federal
 14 18 administrative cap rule of 10 percent applicable to funding
 14 19 provided under Tit.XXI of the federal Social Security Act and
 14 20 included within the department's calculations of the cap.

Allocates up to \$575,627 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

14 21 d. Of the funds appropriated in this subsection, up to
 14 22 \$516,982 shall be used for childhood lead poisoning provisions.

Allocates \$516,982 for childhood lead poisoning testing.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

14 23 8. RESOURCE MANAGEMENT

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

14 24 For establishing and sustaining the overall ability of the
 14 25 department to deliver services to the public, and for not more
 14 26 than the following full-time equivalent positions:

DETAIL: This is no change compared to estimated net FY 2017.

14 27	.....	\$	971,215
14 28	.....	FTEs	4.00

14 29 9. MISCELLANEOUS PROVISIONS

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

14 30 The university of Iowa hospitals and clinics under the
 14 31 control of the state board of regents shall not receive
 14 32 indirect costs from the funds appropriated in this section.
 14 33 The university of Iowa hospitals and clinics billings to the
 14 34 department shall be on at least a quarterly basis.

14 35 10. GENERAL REDUCTION

General Fund reduction of \$1,281,367 to all appropriations under the DPH.

15 1 For the period beginning July 1, 2017, and ending June 30,
 15 2 2018, the department of public health, in consultation with
 15 3 the department of management, shall identify and implement a
 15 4 reduction in expenditures made from appropriations from the

DETAIL: These reductions will be implemented in consultation with the Department of Management (DOM). This represents a reduction of

15 5 general fund to the department of public health in the amount
15 6 of \$1,281,367.

2.32% of the General Fund appropriations made in this Section.

15 7 11. TRANSFERS

15 8 Notwithstanding section 8.39, for the fiscal year beginning
15 9 July 1, 2017, the department may transfer funds within or
15 10 between any of the allocations or appropriations made in this
15 11 division of this Act for the same fiscal year, to be used in
15 12 accordance with departmental priorities as specified in the
15 13 department's report to the general assembly submitted pursuant
15 14 to 2016 Iowa Acts, chapter 1139, section 3. The department
15 15 shall report any such transfers to the individuals specified
15 16 in this Act for submission of reports. This subsection shall
15 17 not be construed to prohibit the use of existing state transfer
15 18 authority for other purposes.

Allows the DPH to transfer funds within or between allocations or appropriations in this Division. Requires the DPH to report any transfers to the individuals specified in this Bill.

15 19 DIVISION IV
15 20 DEPARTMENT OF VETERANS AFFAIRS — FY 2017-2018

15 21 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
15 22 appropriated from the general fund of the state to the
15 23 department of veterans affairs for the fiscal year beginning
15 24 July 1, 2017, and ending June 30, 2018, the following amounts,
15 25 or so much thereof as is necessary, to be used for the purposes
15 26 designated:

15 27 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

15 28 For salaries, support, maintenance, and miscellaneous
15 29 purposes, and for not more than the following full-time
15 30 equivalent positions:
15 31 \$ 1,142,557
15 32 FTEs 15.00

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

DETAIL: This is a decrease of \$7,946 and an increase of 0.75 FTE position compared to estimated net FY 2017. The decrease in funding is a general reduction, and the increase in FTE positions matches the FY 2017 authorized amount.

15 33 2. IOWA VETERANS HOME

15 34 For salaries, support, maintenance, and miscellaneous
15 35 purposes:
16 1 \$ 7,228,140

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

DETAIL: This is a decrease of \$87,960, due to a general reduction, compared to estimated net FY 2017.

16 2 a. The Iowa veterans home billings involving the department
16 3 of human services shall be submitted to the department on at
16 4 least a monthly basis.

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

16 5 b. Within available resources and in conformance with
16 6 associated state and federal program eligibility requirements,
16 7 the Iowa veterans home may implement measures to provide
16 8 financial assistance to or on behalf of veterans or their
16 9 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance within State and federal eligibility requirements to support participation in the Community Reentry Program.

16 10 c. The Iowa veterans home expenditure report shall be
16 11 submitted monthly to the legislative services agency.

Requires the IVH to submit a monthly expenditure report to the Legislative Services Agency (LSA).

16 12 d. The Iowa veterans home shall continue to include in the
16 13 annual discharge report applicant information to provide for
16 14 the collection of demographic information including but not
16 15 limited to the number of individuals applying for admission and
16 16 admitted or denied admittance and the basis for the admission
16 17 or denial; the age, gender, and race of such individuals;
16 18 and the level of care for which such individuals applied for
16 19 admission including residential or nursing level of care.

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

16 20 3. HOME OWNERSHIP ASSISTANCE PROGRAM
16 21 For transfer to the Iowa finance authority for the
16 22 continuation of the home ownership assistance program for
16 23 persons who are or were eligible members of the armed forces of
16 24 the United States, pursuant to section 16.54:
16 25 \$ 2,000,000

General Fund appropriation to the veterans [Home Ownership Assistance Program](#) for military service members, to be transferred to the Iowa Finance Authority.

DETAIL: This is a decrease of \$500,000 compared to estimated net FY 2017.

16 26 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
16 27 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
16 28 appropriation in section 35A.16 for the fiscal year beginning
16 29 July 1, 2017, and ending June 30, 2018, the amount appropriated
16 30 from the general fund of the state pursuant to that section
16 31 for the following designated purposes shall not exceed the
16 32 following amount:
16 33 For the county commissions of veteran affairs fund under
16 34 section 35A.16:
16 35 \$ 947,925

Requires the FY 2017 General Fund standing appropriation to the [County Commissions of Veteran Affairs Fund](#) to be limited to \$947,925.

DETAIL: This is a decrease of \$52,075 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is a decrease of \$42,075 compared to estimated net FY 2017.

17 1 DIVISION V
17 2 DEPARTMENT OF HUMAN SERVICES — FY 2017-2018

17 3 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
17 4 GRANT. There is appropriated from the fund created in section
17 5 8.41 to the department of human services for the fiscal year
17 6 beginning July 1, 2017, and ending June 30, 2018, from moneys
17 7 received under the federal temporary assistance for needy
17 8 families (TANF) block grant pursuant to the federal Personal
17 9 Responsibility and Work Opportunity Reconciliation Act of 1996,
17 10 Pub.L.No.104-193, and successor legislation, the following
17 11 amounts, or so much thereof as is necessary, to be used for the
17 12 purposes designated:

Appropriates moneys from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriations for FY 2018.

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

17 13 1. To be credited to the family investment program account

Appropriates funds from the TANF FY 2018 Block Grant appropriation

17 14 and used for assistance under the family investment program
 17 15 under chapter 239B:
 17 16 \$ 5,112,462

to the Family Investment Program (FIP) Account.

DETAIL: This is a decrease of \$10,000,000 compared to estimated net FY 2017. This decrease is due to a one-time use of TANF funds during FY 2017. Iowa's FIP Program is a cash assistance program to support low-income families with children and to provide services to help them to become self-sufficient.

17 17 2. To be credited to the family investment program account
 17 18 and used for the job opportunities and basic skills (JOBS)
 17 19 program and implementing family investment agreements in
 17 20 accordance with chapter 239B:
 17 21 \$ 5,575,693

Appropriates funds from the TANF FY 2018 Block Grant appropriation to the PROMISE JOBS Program.

DETAIL: There is no change compared to estimated net FY 2017. The PROMISE JOBS Program provides training, education, and employment services. In addition, the Program pays allowances for specified costs, such as transportation, related to participating in program activities.

17 22 3. To be used for the family development and
 17 23 self-sufficiency grant program in accordance with section
 17 24 216A.107:
 17 25 \$ 2,898,980

Appropriates funds from the TANF FY 2018 Block Grant appropriation to the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is no change compared to estimated net FY 2017. FaDSS is a home-based supportive service to assist families with significant or multiple barriers to reach self-sufficiency. The program was created during the 1988 General Assembly to assist families participating in the Family Investment Program.

17 26 Notwithstanding section 8.33, moneys appropriated in this
 17 27 subsection that remain unencumbered or unobligated at the close
 17 28 of the fiscal year shall not revert but shall remain available
 17 29 for expenditure for the purposes designated until the close of
 17 30 the succeeding fiscal year. However, unless such moneys are
 17 31 encumbered or obligated on or before September 30, 2017, the
 17 32 moneys shall revert.

Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2018 to remain available for expenditure in FY 2019.

17 33 4. For field operations:
 17 34 \$ 31,296,232

Appropriates funds from the TANF FY 2018 Block Grant appropriation to Field Operations.

DETAIL: This is a decrease of \$7,478,099 compared to estimated net FY 2017. This decrease is due to the use of one-time TANF funds in FY 2017.

17 35 5. For general administration:
 18 1 \$ 3,744,000

Appropriates funds from the TANF FY 2018 Block Grant appropriation to General Administration.

DETAIL: This is no change compared to estimated net FY 2017.

18 2 6. For state child care assistance:
 18 3 \$ 47,866,826

Appropriates funds from the TANF FY 2018 Block Grant appropriation to Child Care Assistance.

DETAIL: This is a net decrease of \$2,000,000 compared to estimated net FY 2017 due to the following changes:

- A decrease of \$3,000,000 in one-time TANF funds used in FY 2017.
- An increase of \$1,000,000 to address Program needs and comply with federal regulations.

18 4 a. Of the funds appropriated in this subsection,
 18 5 \$26,328,097 is transferred to the child care and development
 18 6 block grant appropriation made by the Eighty-seventh General
 18 7 Assembly, 2017 session, for the federal fiscal year beginning
 18 8 October 1, 2017, and ending September 30, 2018. Of this
 18 9 amount, \$200,000 shall be used for provision of educational
 18 10 opportunities to registered child care home providers in order
 18 11 to improve services and programs offered by this category
 18 12 of providers and to increase the number of providers. The
 18 13 department may contract with institutions of higher education
 18 14 or child care resource and referral centers to provide
 18 15 the educational opportunities. Allowable administrative
 18 16 costs under the contracts shall not exceed 5 percent. The
 18 17 application for a grant shall not exceed two pages in length.

Requires the DHS to transfer \$26,328,097 to the Child Care and Development Block Grant appropriation and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges and universities or child care resource and referral centers, and specifies requirements for grant funding and applications. Requires that contractor administrative costs do not exceed 5.00%.

18 18 b. Any funds appropriated in this subsection remaining
 18 19 unallocated shall be used for state child care assistance
 18 20 payments for families who are employed including but not
 18 21 limited to individuals enrolled in the family investment
 18 22 program.

Specifies that approximately \$21,538,729 will be used for Child Care Assistance for employed individuals enrolled in the Family Investment Program (FIP).

18 23 7. For child and family services:
 18 24 \$ 32,380,654

Appropriates funds from the TANF FY 2018 Block Grant appropriation to Child and Family Services.

DETAIL: This is a decrease of \$4,875,927, due to the replacement of one-time TANF funds used in FY 2017 with General Fund dollars.

18 25 8. For child abuse prevention grants:
 18 26 \$ 125,000

Appropriates funds from the TANF FY 2018 Block Grant appropriation to child abuse prevention grants.

DETAIL: This is no change compared to estimated net FY 2017.

18 27 9. For pregnancy prevention grants on the condition that
 18 28 family planning services are funded:
 18 29 \$ 1,930,067

Appropriates funds from the TANF FY 2018 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated net FY 2017.

18 30 Pregnancy prevention grants shall be awarded to programs
 18 31 in existence on or before July 1, 2017, if the programs have
 18 32 demonstrated positive outcomes. Grants shall be awarded to
 18 33 pregnancy prevention programs which are developed after July
 18 34 1, 2017, if the programs are based on existing models that
 18 35 have demonstrated positive outcomes. Grants shall comply with
 19 1 the requirements provided in 1997 Iowa Acts, chapter 208,
 19 2 section 14, subsections 1 and 2, including the requirement that
 19 3 grant programs must emphasize sexual abstinence. Priority in
 19 4 the awarding of grants shall be given to programs that serve
 19 5 areas of the state which demonstrate the highest percentage of
 19 6 unplanned pregnancies of females of childbearing age within the
 19 7 geographic area to be served by the grant.

Requires the DHS to award pregnancy prevention grants that are based on existing models and award grants only 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.

19 8 10. For technology needs and other resources necessary
 19 9 to meet federal welfare reform reporting, tracking, and case
 19 10 management requirements:
 19 11 \$ 1,037,186

Appropriates funds from the TANF FY 2018 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated net FY 2017.

19 12 11. a. Notwithstanding any provision to the contrary,
 19 13 including but not limited to requirements in section 8.41 or
 19 14 provisions in 2016 or 2017 Iowa Acts regarding the receipt and
 19 15 appropriation of federal block grants, federal funds from the
 19 16 temporary assistance for needy families block grant received by
 19 17 the state and not otherwise appropriated in this section and
 19 18 remaining available for the fiscal year beginning July 1, 2017,
 19 19 are appropriated to the department of human services to the
 19 20 extent as may be necessary to be used in the following priority
 19 21 order:the family investment program, for state child care
 19 22 assistance program payments for families who are employed, and
 19 23 for the family investment program share of costs to develop and
 19 24 maintain a new, integrated eligibility determination system.
 19 25 The federal funds appropriated in this paragraph "a" shall be
 19 26 expended only after all other funds appropriated in subsection
 19 27 1 for the assistance under the family investment program,
 19 28 in subsection 6 for child care assistance, or in subsection
 19 29 12 for the family investment program share of the costs to
 19 30 continue to develop and maintain a new, integrated eligibility
 19 31 determination system, as applicable, have been expended. For
 19 32 the purposes of this subsection, the funds appropriated in
 19 33 subsection 6, paragraph "a", for transfer to the child care
 19 34 and development block grant appropriation are considered fully
 19 35 expended when the full amount has been transferred.

Permits the DHS to carry forward unused TANF funds.

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

20 1 b. The department shall, on a quarterly basis, advise the
 20 2 legislative services agency and department of management of
 20 3 the amount of funds appropriated in this subsection that was
 20 4 expended in the prior quarter.

Requires the DHS to submit quarterly reports to the LSA and the DOM regarding expenditures in this section.

20 5 12. Of the amounts appropriated in this section,
 20 6 \$12,962,008 for the fiscal year beginning July 1, 2017, is
 20 7 transferred to the appropriation of the federal social services
 20 8 block grant made to the department of human services for that
 20 9 fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated net FY 2017.

20 10 13. For continuation of the program providing categorical
 20 11 eligibility for the food assistance program as specified
 20 12 for the program in the section of this division of this Act
 20 13 relating to the family investment program account:
 20 14 \$ 25,000

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

DETAIL: This is no change compared to estimated net FY 2017. This language provides for consistent eligibility determination both for households that are categorically eligible for Food Assistance due to eligibility for the Promoting Awareness of the Benefits of a Healthy Marriage Program and for the few households that cannot meet categorical eligibility criteria.

20 15 14. The department may transfer funds allocated in this
 20 16 section to the appropriations made in this division of this Act
 20 17 for the same fiscal year for general administration and field
 20 18 operations for resources necessary to implement and operate the
 20 19 services referred to in this section and those funded in the
 20 20 appropriation made in this division of this Act for the same
 20 21 fiscal year for the family investment program from the general
 20 22 fund of the state.

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

20 23 15. With the exception of moneys allocated under this
 20 24 section for the family development and self-sufficiency grant
 20 25 program, to the extent moneys allocated in this section are
 20 26 deemed by the department not to be necessary to support the
 20 27 purposes for which they are allocated, such moneys may be
 20 28 credited to the family investment program account as specified
 20 29 under subsection 1 of this section and used for the purposes of
 20 30 assistance under the family investment program in accordance
 20 31 with chapter 239B in the same fiscal year.

Permits the DHS to transfer excess funds from the TANF Block Grant appropriation to the Family Investment Program account to be used for assistance through that Program within the same fiscal year.

20 32 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

20 33 1. Moneys credited to the family investment program (FIP)
 20 34 account for the fiscal year beginning July 1, 2017, and
 20 35 ending June 30, 2018, shall be used to provide assistance in
 21 1 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2018 to be used as specified in the Iowa Code.

21 2 2. The department may use a portion of the moneys credited
21 3 to the FIP account under this section as necessary for
21 4 salaries, support, maintenance, and miscellaneous purposes.

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

21 5 3. The department may transfer funds allocated in
21 6 subsection 4 to the appropriations made in this division of
21 7 this Act for the same fiscal year for general administration
21 8 and field operations for resources necessary to implement and
21 9 operate the family investment program services referred to in
21 10 this section and those funded in the appropriation made in this
21 11 division of this Act for the same fiscal year for the family
21 12 investment program from the general fund of the state.

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

21 13 4. Moneys appropriated in this division of this Act and
21 14 credited to the FIP account for the fiscal year beginning July
21 15 1, 2017, and ending June 30, 2018, are allocated as follows:

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

21 16 a. To be retained by the department of human services to
21 17 be used for coordinating with the department of human rights
21 18 to more effectively serve participants in FIP and other shared
21 19 clients and to meet federal reporting requirements under the
21 20 federal temporary assistance for needy families block grant:
21 21 \$ 20,000

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

21 22 b. To the department of human rights for staffing,
21 23 administration, and implementation of the family development
21 24 and self-sufficiency grant program in accordance with section
21 25 216A.107:
21 26 \$ 6,192,834

Allocates \$6,192,834 of the FY 2018 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is no change compared to estimated net FY 2017.

21 27 (1) Of the funds allocated for the family development
21 28 and self-sufficiency grant program in this paragraph "b",
21 29 not more than 5 percent of the funds shall be used for the
21 30 administration of the grant program.

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

21 31 (2) The department of human rights may continue to implement
21 32 the family development and self-sufficiency grant program
21 33 statewide during fiscal year 2017-2018.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2018.

21 34 (3) The department of human rights may engage in activities
21 35 to strengthen and improve family outcomes measures and
22 1 data collection systems under the family development and
22 2 self-sufficiency grant program.

Permits the Department of Human Rights to collect data and measure outcomes of the FaDSS Grant Program.

22 3 c. For the diversion subaccount of the FIP account:
22 4 \$ 815,000
22 5 A portion of the moneys allocated for the subaccount may
22 6 be used for field operations, salaries, data management

Allocates \$815,000 of FY 2018 TANF funds for the FIP Diversion Subaccount. Permits a portion of the allocation to be used for field operations, salaries, data management system development, and implementation costs and support needed to administer the FIP

22 7 system development, and implementation costs and support
 22 8 deemed necessary by the director of human services in order to
 22 9 administer the FIP diversion program. To the extent moneys
 22 10 allocated in this paragraph "c" are deemed by the department
 22 11 not to be necessary to support diversion activities, such
 22 12 moneys may be used for other efforts intended to increase
 22 13 engagement by family investment program participants in work,
 22 14 education, or training activities, or for the purposes of
 22 15 assistance under the family investment program in accordance
 22 16 with chapter 239B.

Diversion Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

22 17 d. For the food assistance employment and training program:
 22 18 \$ 66,588

Allocates \$66,588 of FY 2018 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to estimated net FY 2017.

22 19 (1) The department shall apply the federal supplemental
 22 20 nutrition assistance program (SNAP) employment and training
 22 21 state plan in order to maximize to the fullest extent permitted
 22 22 by federal law the use of the 50 percent federal reimbursement
 22 23 provisions for the claiming of allowable federal reimbursement
 22 24 funds from the United States department of agriculture
 22 25 pursuant to the federal SNAP employment and training program
 22 26 for providing education, employment, and training services
 22 27 for eligible food assistance program participants, including
 22 28 but not limited to related dependent care and transportation
 22 29 expenses.

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

22 30 (2) The department shall continue the categorical federal
 22 31 food assistance program eligibility at 160 percent of the
 22 32 federal poverty level and continue to eliminate the asset test
 22 33 from eligibility requirements, consistent with federal food
 22 34 assistance program requirements. The department shall include
 22 35 as many food assistance households as is allowed by federal
 23 1 law. The eligibility provisions shall conform to all federal
 23 2 requirements including requirements addressing individuals who
 23 3 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals who are incarcerated.

23 4 e. For the JOBS program:
 23 5 \$ 13,523,290

Permits the DHS to allocate \$13,523,290 of the FY 2018 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a reduction of \$2,605,811 compared to estimated net FY 2017 due to declining caseloads.

23 6 5. Of the child support collections assigned under FIP,
 23 7 an amount equal to the federal share of support collections
 23 8 shall be credited to the child support recovery appropriation

Requires the federal share of child support collections recovered by the State to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is

23 9 made in this division of this Act. Of the remainder of the
 23 10 assigned child support collections received by the child
 23 11 support recovery unit, a portion shall be credited to the FIP
 23 12 account, a portion may be used to increase recoveries, and a
 23 13 portion may be used to sustain cash flow in the child support
 23 14 payments account. If as a consequence of the appropriations
 23 15 and allocations made in this section the resulting amounts
 23 16 are insufficient to sustain cash assistance payments and meet
 23 17 federal maintenance of effort requirements, the department
 23 18 shall seek supplemental funding. If child support collections
 23 19 assigned under FIP are greater than estimated or are otherwise
 23 20 determined not to be required for maintenance of effort, the
 23 21 state share of either amount may be transferred to or retained
 23 22 in the child support payments account.

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

23 23 6. The department may adopt emergency rules for the family
 23 24 investment, JOBS, food assistance, and medical assistance
 23 25 programs if necessary to comply with federal requirements.

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

23 26 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 23 27 is appropriated from the general fund of the state to the
 23 28 department of human services for the fiscal year beginning July
 23 29 1, 2017, and ending June 30, 2018, the following amount, or
 23 30 so much thereof as is necessary, to be used for the purpose
 23 31 designated:
 23 32 To be credited to the family investment program (FIP)
 23 33 account and used for family investment program assistance under
 23 34 chapter 239B:
 23 35 \$ 43,004,480

General Fund appropriation to the DHS for the FIP to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: This is a net increase of \$6,804,284, due to the following changes:

- An increase of \$12,473,679 to backfill a one-time reduction in FY 2017.
- A decrease of \$5,669,395 due to declining caseloads.

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).

24 1 1. Of the funds appropriated in this section, \$7,947,597 is
 24 2 allocated for the JOBS program.

General Fund allocation of \$7,947,597 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$2,605,811 compared to estimated net FY 2017, due to declining caseloads and the cost per case.

24 3 2. Of the funds appropriated in this section, \$3,313,854 is
 24 4 allocated for the family development and self-sufficiency grant
 24 5 program.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

24 6 3. Notwithstanding section 8.39, for the fiscal year

Specifies that the DHS has the authority to transfer TANF funds to the

24 7 beginning July 1, 2017, if necessary to meet federal
 24 8 maintenance of effort requirements or to transfer federal
 24 9 temporary assistance for needy families block grant funding
 24 10 to be used for purposes of the federal social services block
 24 11 grant or to meet cash flow needs resulting from delays in
 24 12 receiving federal funding or to implement, in accordance with
 24 13 this division of this Act, activities currently funded with
 24 14 juvenile court services, county, or community moneys and state
 24 15 moneys used in combination with such moneys; to comply with
 24 16 federal requirements; or to maximize the use of federal funds,
 24 17 the department of human services may transfer funds within or
 24 18 between any of the appropriations made in this division of this
 24 19 Act and appropriations in law for the federal social services
 24 20 block grant to the department for the following purposes,
 24 21 provided that the combined amount of state and federal
 24 22 temporary assistance for needy families block grant funding
 24 23 for each appropriation remains the same before and after the
 24 24 transfer:

- 24 25 a. For the family investment program.
- 24 26 b. For child care assistance.
- 24 27 c. For child and family services.
- 24 28 d. For field operations.
- 24 29 e. For general administration.

Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.

24 30 This subsection shall not be construed to prohibit the use
 24 31 of existing state transfer authority for other purposes. The
 24 32 department shall report any transfers made pursuant to this
 24 33 subsection to the legislative services agency.

Requires the DHS to report any transfers to the Legislative Services Agency.

24 34 4. Of the funds appropriated in this section, \$195,678 shall
 24 35 be used for continuation of a grant to an Iowa-based nonprofit
 25 1 organization with a history of providing tax preparation
 25 2 assistance to low-income Iowans in order to expand the usage of
 25 3 the earned income tax credit. The purpose of the grant is to
 25 4 supply this assistance to underserved areas of the state.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

25 5 5. Of the funds appropriated in this section, \$60,000 shall
 25 6 be used for the continuation of an unfunded pilot project, as
 25 7 defined in 441 IAC 100.1, relating to parental obligations,
 25 8 in which the child support recovery unit participates, to
 25 9 support the efforts of a nonprofit organization committed
 25 10 to strengthening the community through youth development,
 25 11 healthy living, and social responsibility headquartered in
 25 12 a county with a population over 350,000 according to the
 25 13 latest certified federal census. The funds allocated in this
 25 14 subsection shall be used by the recipient organization to
 25 15 develop a larger community effort, through public and private
 25 16 partnerships, to support a broad-based multi-county fatherhood

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Fatherhood Initiative at the John R. Grubb YMCA in Des Moines, Iowa, is a program designed to strengthen parental skills and involvement of men who are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

25 17 initiative that promotes payment of child support obligations,
25 18 improved family relationships, and full-time employment.

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

25 19 6. The department may transfer funds appropriated in this
25 20 section to the appropriations made in this division of this Act
25 21 for general administration and field operations as necessary
25 22 to administer this section and the overall family investment
25 23 program.

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

25 24 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
25 25 from the general fund of the state to the department of human
25 26 services for the fiscal year beginning July 1, 2017, and ending
25 27 June 30, 2018, the following amount, or so much thereof as is
25 28 necessary, to be used for the purposes designated:

DETAIL: This is a decrease of \$2,076,738 and no change in FTE positions compared to estimated net FY 2017. The changes include:

25 29 For child support recovery, including salaries, support,
25 30 maintenance, and miscellaneous purposes, and for not more than
25 31 the following full-time equivalent positions:
25 32 \$ 12,586,635
25 33 FTEs 459.00

- An increase of \$1,585,050 to offset the depletion of federal incentive dollars.
- A decrease of \$1,661,788 due to a general Department reduction.
- A decrease of \$2,000,000 due to a replacement of General Fund dollars with funds from the Collection Services Refund Account.

25 34 1. The department shall expend up to \$24,329, including
25 35 federal financial participation, for the fiscal year beginning
26 1 July 1, 2017, for a child support public awareness campaign.
26 2 The department and the office of the attorney general shall
26 3 cooperate in continuation of the campaign. The public
26 4 awareness campaign shall emphasize, through a variety of
26 5 media activities, the importance of maximum involvement of
26 6 both parents in the lives of their children as well as the
26 7 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2018 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 estimated net FY 2017 allocation.

26 8 2. Federal access and visitation grant moneys shall be
26 9 issued directly to private not-for-profit agencies that provide
26 10 services designed to increase compliance with the child access
26 11 provisions of court orders, including but not limited to
26 12 neutral visitation sites and mediation services.

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

26 13 3. The appropriation made to the department for child
26 14 support recovery may be used throughout the fiscal year in the
26 15 manner necessary for purposes of cash flow management, and for
26 16 cash flow management purposes the department may temporarily
26 17 draw more than the amount appropriated, provided the amount
26 18 appropriated is not exceeded at the close of the fiscal year.

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

26 19 4. With the exception of the funding amount specified, the
26 20 requirements established under 2001 Iowa Acts, chapter 191,

Specifies that the DHS is to continue to operate the Child Support Recovery Unit under the guidelines established in Iowa Code section

26 21 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 26 22 be applicable to parental obligation pilot projects for the
 26 23 fiscal year beginning July 1, 2017, and ending June 30, 2018.
 26 24 Notwithstanding 441 IAC 100.8, providing for termination of
 26 25 rules relating to the pilot projects, the rules shall remain
 26 26 in effect until June 30, 2018.

252B.

26 27 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 26 28 FY 2017-2018. Any funds remaining in the health care trust
 26 29 fund created in section 453A.35A for the fiscal year beginning
 26 30 July 1, 2017, and ending June 30, 2018, are appropriated to
 26 31 the department of human services to supplement the medical
 26 32 assistance program appropriations made in this division of this
 26 33 Act, for medical assistance reimbursement and associated costs,
 26 34 including program administration and costs associated with
 26 35 program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2018.

DETAIL: It is estimated that there will be \$221,900,000 available. This is an increase of \$2,010,000 compared to estimated net FY 2017.

27 1 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 27 2 2017-2018. Any funds remaining in the Medicaid fraud fund
 27 3 created in section 249A.50 for the fiscal year beginning
 27 4 July 1, 2017, and ending June 30, 2018, are appropriated to
 27 5 the department of human services to supplement the medical
 27 6 assistance appropriations made in this division of this Act,
 27 7 for medical assistance reimbursement and associated costs,
 27 8 including program administration and costs associated with
 27 9 program implementation.

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2017.

DETAIL: It is estimated that there will be \$500,000 available. This is no change compared to estimated net FY 2017.

27 10 Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the
 27 11 general fund of the state to the department of human services
 27 12 for the fiscal year beginning July 1, 2017, and ending June 30,
 27 13 2018, the following amount, or so much thereof as is necessary,
 27 14 to be used for the purpose designated:

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

DETAIL: This is a net decrease of \$18,584,997 compared to estimated net FY 2017. The changes include:

27 15 For medical assistance program reimbursement and associated
 27 16 costs as specifically provided in the reimbursement
 27 17 methodologies in effect on June 30, 2017, except as otherwise
 27 18 expressly authorized by law, consistent with options under
 27 19 federal law and regulations, and contingent upon receipt of
 27 20 approval from the office of the governor of reimbursement for
 27 21 each abortion performed under the program:
 27 22 \$1,284,605,740

- An increase of \$36,405,674 to fund Medicaid at the Governor's recommended funding level.
- An increase of \$2,500,000 to rebase nursing facilities.
- A decrease of \$500,000 to implement the cost containment strategy eliminating consultation codes.
- A decrease of \$1,200,000 due to greater than anticipated prescription drug rebates.
- A decrease of \$1,708,857 due to process improvement changes by the DHS.
- A decrease of \$2,000,000 to implement the site-of-service cost containment strategy.
- A decrease of \$3,100,000 due to the cost containment strategy aligning anesthesiologist payments with Medicare.
- A decrease of \$4,281,814 to implement the cost containment strategy eliminating three-month retroactive eligibility.
- A decrease of \$5,000,000 to eliminate enhanced payments for

PG LN	GA:87 HF653	Explanation
27 23 1. lowans support reducing the number of abortions 27 24 performed in our state. Funds appropriated under this section 27 25 shall not be used for abortions, unless otherwise authorized 27 26 under this section.		<p>primary care physicians originally implemented under the federal Affordable Care Act.</p> <ul style="list-style-type: none">• A decrease of \$7,700,000 to implement the cost containment strategy related to crossover claims.• A decrease of \$9,500,000 due to the managed care organizations (MCOs) not earning the 2.00% incentive payment in FY 2017. These funds will be carried forward to fund Medicaid in FY 2018.• A decrease of \$10,000,000 to implement the cost containment strategy related to the diagnostic related group (DRG) cost threshold formula.• A decrease of \$12,500,000 due to a reduction in the amount estimated the MCOs will earn from the 2.00% incentive payment in FY 2018.
27 27 2. The provisions of this section relating to abortions 27 28 shall also apply to the Iowa health and wellness plan created 27 29 pursuant to chapter 249N.		<p>Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.</p> <p>Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.</p>
27 30 3. The department shall utilize not more than \$60,000 of 27 31 the funds appropriated in this section to continue the AIDS/HIV 27 32 health insurance premium payment program as established in 1992 27 33 Iowa Acts, Second Extraordinary Session, chapter 1001, section 27 34 409, subsection 6. Of the funds allocated in this subsection, 27 35 not more than \$5,000 may be expended for administrative 28 1 purposes.		<p>Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment Program as established during the 1992 Second Extraordinary Session. Requires that administrative costs be limited to \$5,000.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
28 2 4. Of the funds appropriated in this Act to the department 28 3 of public health for addictive disorders, \$950,000 for 28 4 the fiscal year beginning July 1, 2017, is transferred 28 5 to the department of human services for an integrated 28 6 substance-related disorder managed care system. The 28 7 departments of human services and public health shall 28 8 work together to maintain the level of mental health and 28 9 substance-related disorder treatment services provided by the 28 10 managed care contractors. Each department shall take the steps 28 11 necessary to continue the federal waivers as necessary to 28 12 maintain the level of services.		<p>Requires that \$950,000 of the Addictive Disorders appropriation to the DPH for Substance Abuse Grants be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.</p>
28 13 5. a. The department shall aggressively pursue options for 28 14 providing medical assistance or other assistance to individuals		<p>Requires the DHS to aggressively pursue options for assisting special needs individuals who become ineligible for continued services under</p>

28 15 with special needs who become ineligible to continue receiving
 28 16 services under the early and periodic screening, diagnostic,
 28 17 and treatment program under the medical assistance program
 28 18 due to becoming 21 years of age who have been approved for
 28 19 additional assistance through the department's exception to
 28 20 policy provisions, but who have health care needs in excess
 28 21 of the funding available through the exception to policy
 28 22 provisions.

28 23 b. Of the funds appropriated in this section, \$100,000
 28 24 shall be used for participation in one or more pilot projects
 28 25 operated by a private provider to allow the individual or
 28 26 individuals to receive service in the community in accordance
 28 27 with principles established in *Olmstead v.L.C.*, 527 U.S.581
 28 28 (1999), for the purpose of providing medical assistance or
 28 29 other assistance to individuals with special needs who become
 28 30 ineligible to continue receiving services under the early and
 28 31 periodic screening, diagnostic, and treatment program under
 28 32 the medical assistance program due to becoming 21 years of
 28 33 age who have been approved for additional assistance through
 28 34 the department's exception to policy provisions, but who have
 28 35 health care needs in excess of the funding available through
 29 1 the exception to the policy provisions.

29 2 6. Of the funds appropriated in this section, up to
 29 3 \$3,050,082 may be transferred to the field operations or
 29 4 general administration appropriations in this division of this
 29 5 Act for operational costs associated with Part D of the federal
 29 6 Medicare Prescription Drug Improvement and Modernization Act
 29 7 of 2003, Pub.L.No.108-173.

29 8 7. Of the funds appropriated in this section, up to \$442,100
 29 9 may be transferred to the appropriation in this division
 29 10 of this Act for medical contracts to be used for clinical
 29 11 assessment services and prior authorization of services.

29 12 8. A portion of the funds appropriated in this section
 29 13 may be transferred to the appropriations in this division of
 29 14 this Act for general administration, medical contracts, the
 29 15 children's health insurance program, or field operations to be
 29 16 used for the state match cost to comply with the payment error
 29 17 rate measurement (PERM) program for both the medical assistance
 29 18 and children's health insurance programs as developed by the
 29 19 centers for Medicare and Medicaid services of the United States
 29 20 department of health and human services to comply with the
 29 21 federal Improper Payments Information Act of 2002, Pub.L.No.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

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 estimated net FY 2017 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 estimated net FY 2017 allocation.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues DHS compliance with the federal Improper Payments Information Act of 2002.

DETAIL: The PERM Program measures improper payments in Medicaid and CHIP, and produces error rates for each program. Error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year under review. It is important to note the error rate is not a "fraud

29 22 107-300.	rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.
29 23 9. The department shall continue to implement the 29 24 recommendations of the assuring better child health and 29 25 development initiative II (ABCDII) clinical panel to the 29 26 Iowa early and periodic screening, diagnostic, and treatment 29 27 services healthy mental development collaborative board 29 28 regarding changes to billing procedures, codes, and eligible 29 29 service providers.	Requires the DHS to continue to implement the recommendations of the Assuring Better Child Health and Development (ABCDII) Clinical Panel for changes to billing procedures, codes, and eligible service providers.
29 30 10. Of the funds appropriated in this section, a sufficient 29 31 amount is allocated to supplement the incomes of residents of 29 32 nursing facilities, intermediate care facilities for persons 29 33 with mental illness, and intermediate care facilities for 29 34 persons with an intellectual disability, with incomes of less 29 35 than \$50 in the amount necessary for the residents to receive a 30 1 personal needs allowance of \$50 per month pursuant to section 30 2 249A.30A.	Requires the DHS to provide residents of nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability with a personal needs allowance of \$50 per month. DETAIL: This is no change compared to the FY 2017 allowance.
30 3 11. a. Hospitals that meet the conditions specified 30 4 in subparagraphs (1) and (2) shall either certify public 30 5 expenditures or transfer to the medical assistance program 30 6 an amount equal to provide the nonfederal share for a 30 7 disproportionate share hospital payment in an amount up to the 30 8 hospital-specific limit as approved in the Medicaid state plan. 30 9 The hospitals that meet the conditions specified shall receive 30 10 and retain 100 percent of the total disproportionate share 30 11 hospital payment in an amount up to the hospital-specific limit 30 12 as approved in the Medicaid state plan. 30 13 (1) The hospital qualifies for disproportionate share and 30 14 graduate medical education payments. 30 15 (2) The hospital is an Iowa state-owned hospital with more 30 16 than 500 beds and eight or more distinct residency specialty 30 17 or subspecialty programs recognized by the American college of 30 18 graduate medical education.	Specifies that the UIHC is to either use Certified Public Expenditures or transfer the amount necessary within the disproportionate share hospital (DSH) limit to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment.
30 19 b. Distribution of the disproportionate share payments 30 20 shall be made on a monthly basis. The total amount of 30 21 disproportionate share payments including graduate medical 30 22 education, enhanced disproportionate share, and Iowa 30 23 state-owned teaching hospital payments shall not exceed the 30 24 amount of the state's allotment under Pub.L.No.102-234. 30 25 In addition, the total amount of all disproportionate 30 26 share payments shall not exceed the hospital-specific 30 27 disproportionate share limits under Pub.L.No.103-66.	Specifies that the DSH payments are to be distributed on a monthly basis and that the total amount of DSH payments is not to exceed the federal limit.
30 28 12. One hundred percent of the nonfederal share of payments	Allocates Medicaid funds to Area Education Agencies.

30 29 to area education agencies that are medical assistance
 30 30 providers for medical assistance-covered services provided to
 30 31 medical assistance-covered children, shall be made from the
 30 32 appropriation made in this section.

30 33 13. A portion of the funds appropriated in this section
 30 34 may be transferred to the appropriation in this division of
 30 35 this Act for medical contracts to be used for administrative
 31 1 activities associated with the money follows the person
 31 2 demonstration project.

Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person demonstration project.

31 3 14. Of the funds appropriated in this section, \$349,011
 31 4 shall be used for the administration of the health insurance
 31 5 premium payment program, including salaries, support,
 31 6 maintenance, and miscellaneous purposes.

Allocates \$349,011 to the Health Insurance Premium Payment Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

31 7 15. a. The department shall implement all of the following
 31 8 cost containment strategies:

Requires the DHS to implement the following cost containment strategies for the Medicaid Program.

31 9 (1) An adjustment to the reimbursement policy in order
 31 10 to eliminate the primary care physician rate increase
 31 11 originally authorized by the federal Health Care and Education
 31 12 Reconciliation Act of 2010, section 1202, Pub.L. No.111-152,
 31 13 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care
 31 14 physicians to receive the greater of the Medicare rate or
 31 15 Medicaid rate for a specified set of codes.

Reduces primary care physician rates to the levels provided before they were increased by the Affordable Care Act (ACA).

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$5,000,000 in FY 2018 and FY 2019.

31 16 (2) A strategy to ensure that total reimbursement for
 31 17 Medicare Part A and Medicare Part B crossover claims is limited
 31 18 to the Medicaid reimbursement rate.

Requires the DHS to implement the cost containment strategy related to crossover claims.

DETAIL: When Medicaid pays the Medicare coinsurance, copayment, and/or a deductible of a Medicare allowed claim, Iowa currently pays crossover claims at Medicare rates. The crossover claim is the amount which a Medicare member would be responsible for paying if the member did not have Medicaid, or secondary coverage. Implementing the cost containment strategy will result in Medicaid only reimbursing providers up to the Medicaid rate instead of the Medicare rate for the crossover claim.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$7,700,000 in FY 2018 and FY 2019.

31 19 (3) An adjustment to Medicaid reimbursement rates for
 31 20 physician services by applying a site of service differential
 31 21 to reflect the difference between the cost of physician

Requires the DHS to implement the cost containment strategy related to site of service.

<p>31 22 services when provided in a health facility setting and the 31 23 cost of physician services when provided in a physician's 31 24 office.</p>	<p>DETAIL: This change adjusts Medicaid reimbursement to reflect the difference in cost of providing services in a hospital compared to providing services in an office.</p> <p>FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$2,000,000 in FY 2018 and FY 2019.</p>
<p>31 25 (4) An adjustment to the inpatient diagnostic related group 31 26 (DRG) cost threshold formula to be the greater of two times the 31 27 statewide average DRG payment for that case or the hospital's 31 28 individual DRG payment for that case plus \$75,000.</p>	<p>Requires the DHS to implement the cost containment strategy related to DRG cost threshold formula.</p> <p>DETAIL: This change adjusts the Medicaid DRG outlier formula to align with Medicare.</p> <p>FISCAL IMPACT: Implementing this change is estimated to save the State \$10,000,000 in FY 2018 and FY 2019.</p>
<p>31 29 (5) An adjustment to the Medicaid anesthesia conversion 31 30 factor to be equal to the calendar year 2017 Medicare 31 31 anesthesia conversion factor as adjusted for the state, and 31 32 converted to a per minute amount. Each January 1, thereafter, 31 33 the department shall apply the applicable Medicare anesthesia 31 34 conversion factor adjusted for the state, and converted to a 31 35 per minute amount.</p>	<p>Adjusts the Medicaid reimbursement rate for anesthesia to Medicare rates.</p> <p>FISCAL IMPACT: The rate adjustment is estimated to save the State \$3,100,000 in FY 2018 and FY 2019.</p>
<p>32 1 (6) An alignment of billing and reimbursement for 32 2 consultation services rendered in an office, other outpatient, 32 3 or inpatient setting with Medicare billing and reimbursement.</p>	<p>Aligns Medicaid reimbursement for consultation codes with Medicare.</p> <p>FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$500,000 in FY 2018 and FY 2019.</p>
<p>32 4 (7) Elimination of the three-month retroactive Medicaid 32 5 coverage benefit for Medicaid applicants effective October 1, 32 6 2017. The department shall seek a waiver from the centers for 32 7 Medicare and Medicaid services of the United States department 32 8 of health and human services to implement the strategy. 32 9 If federal approval is received, an applicant's Medicaid 32 10 coverage shall be effective on the first day of the month of 32 11 application, as allowed under the Medicaid state plan.</p>	<p>Eliminates the three-month retroactive coverage benefit for Medicaid applicants.</p> <p>FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$4,821,814 in FY 2018 and FY 2019.</p>
<p>32 12 b. The department shall implement the cost containment 32 13 strategies specified in this subsection beginning July 1, 2017, 32 14 or as otherwise specified. If federal approval is required, 32 15 the strategy shall be implemented effective upon receipt of 32 16 federal approval.</p>	<p>Specifies that the DHS is to implement the cost containment strategies beginning July 1, 2017, or upon receipt of federal approval.</p>
<p>32 17 c. The department may adopt emergency rules to implement 32 18 this subsection.</p>	<p>Allows the DHS to adopt emergency rules to implement the cost containment strategies.</p>

32 19 16. a. The department may increase the amounts allocated
 32 20 for salaries, support, maintenance, and miscellaneous purposes
 32 21 associated with the medical assistance program, as necessary,
 32 22 to implement cost containment strategies. The department shall
 32 23 report any such increase to the legislative services agency and
 32 24 the department of management.

Permits the DHS to increase funding allocated for staff salaries and support to implement the cost containment strategies in this Division.

DETAIL: The Department is required to report any increase to the LSA and the DOM.

32 25 b. If the savings to the medical assistance program from
 32 26 cost containment efforts exceed the cost for the fiscal
 32 27 year beginning July 1, 2017, the department may transfer any
 32 28 savings generated for the fiscal year due to medical assistance
 32 29 program cost containment efforts to the appropriation
 32 30 made in this division of this Act for medical contracts or
 32 31 general administration to defray the increased contract costs
 32 32 associated with implementing such efforts.

Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2018.

32 33 17. For the fiscal year beginning July 1, 2017, and ending
 32 34 June 30, 2018, the replacement generation tax revenues required
 32 35 to be deposited in the property tax relief fund pursuant to
 33 1 section 437A.8, subsection 4, paragraph "d", and section
 33 2 437A.15, subsection 3, paragraph "f", shall instead be credited
 33 3 to and supplement the appropriation made in this section and
 33 4 used for the allocations made in this section.

Requires the replacement generation tax revenues to be allocated to the Medicaid appropriation instead of being deposited into the Property Tax Relief Fund.

DETAIL: It is estimated there will be approximately \$980,730 allocated to Medicaid. This is no change compared to the estimated net FY 2017 allocation.

33 5 18. a. Of the funds appropriated in this section, up
 33 6 to \$50,000 may be transferred by the department to the
 33 7 appropriation made in this division of this Act to the
 33 8 department for the same fiscal year for general administration
 33 9 to be used for associated administrative expenses and for not
 33 10 more than one full-time equivalent position, in addition to
 33 11 those authorized for the same fiscal year, to be assigned to
 33 12 implementing the children's mental health home project.

Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of children's mental health homes.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

33 13 b. Of the funds appropriated in this section, up to \$400,000
 33 14 may be transferred by the department to the appropriation made
 33 15 to the department in this division of this Act for the same
 33 16 fiscal year for Medicaid program-related general administration
 33 17 planning and implementation activities. The funds may be used
 33 18 for contracts or for personnel in addition to the amounts
 33 19 appropriated for and the positions authorized for general
 33 20 administration for the fiscal year.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

33 21 c. Of the funds appropriated in this section, up to
 33 22 \$3,000,000 may be transferred by the department to the
 33 23 appropriations made in this division of this Act for the same
 33 24 fiscal year for general administration or medical contracts
 33 25 to be used to support the development and implementation of

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, developmental disabilities, or brain injuries.

33 26 standardized assessment tools for persons with mental illness, 33 27 an intellectual disability, a developmental disability, or a 33 28 brain injury.	DETAIL: This is no change compared to the estimated net FY 2017 allocation.
33 29 19. Of the funds appropriated in this section, \$150,000 33 30 shall be used for lodging expenses associated with care 33 31 provided at the university of Iowa hospitals and clinics for 33 32 patients with cancer whose travel distance is 30 miles or more 33 33 and whose income is at or below 200 percent of the federal 33 34 poverty level as defined by the most recently revised poverty 33 35 income guidelines published by the United States department of 34 1 health and human services. The department of human services 34 2 shall establish the maximum number of overnight stays and the 34 3 maximum rate reimbursed for overnight lodging, which may be 34 4 based on the state employee rate established by the department 34 5 of administrative services. The funds allocated in this 34 6 subsection shall not be used as nonfederal share matching 34 7 funds.	Allocates \$150,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients who travel 30 miles or more to receive treatment. DETAIL: This is no change compared to the estimated net FY 2017 allocation.
34 8 20. Of the funds appropriated in this section, up to 34 9 \$3,383,880 shall be used for administration of the state family 34 10 planning services program as enacted in this 2017 Act, and 34 11 of this amount, the department may use up to \$200,000 for 34 12 administrative expenses.	Allocates \$3,383,880 to administer a State Family Planning Program. DETAIL: This is a new program for FY 2018. The language implementing the Program is in Division XIX.
34 13 21. The department shall report the implementation of 34 14 any cost containment strategies to the individuals specified 34 15 in this division of this Act for submission of reports upon 34 16 implementation.	Requires the DHS to report on any cost containment strategies implemented as specified in this Bill.
34 17 22. The department shall report the implementation of any 34 18 process improvement changes and any related cost reductions 34 19 to the individuals specified in this division of this Act for 34 20 submission of reports upon implementation.	Requires the DHS to report on any process improvement changes implemented as specified in this Bill.
34 21 23. The Medicaid managed care organizations shall explore 34 22 options provided by national human services nonprofit 34 23 organizations that provide innovative services for persons with 34 24 behavioral health challenges to incorporate assertive community 34 25 treatment teams into the services provided to individuals with 34 26 severe and persistent mental illness in order to minimize or 34 27 prevent recurrent acute episodes and to enhance quality of life 34 28 and functioning.	Requires MCOs to explore options for innovative services for persons with behavioral health challenges to incorporate assertive community treatment (ACT) teams.
34 29 24. To the extent a managed care organization has developed 34 30 a closed or exclusive provider network through contractual 34 31 arrangements with selected providers, such managed care 34 32 organization shall accept into such closed or exclusive network	Requires an MCO to accept any willing provider as long as the provider is willing to accept the MCO reimbursement rates.

34 33 any willing licensed or certified health care provider who
 34 34 holds a current, active license or certification in good
 34 35 standing, as applicable, who is not experiencing adverse care
 35 1 quality issues, and who agrees to accept the fee schedule,
 35 2 payment, or reimbursement rate for such health care provider in
 35 3 that network in the specific geographic area of the licensed or
 35 4 certified health care provider.

35 5 25. The department of human services shall include in the
 35 6 Medicaid managed care contracts beginning with the contract
 35 7 period effective July 1, 2017, per member per month capitation
 35 8 payments to managed care organizations that encourage the
 35 9 utilization of home and community-based services as an
 35 10 alternative to residential care for members.

35 11 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
 35 12 general fund of the state to the department of human services
 35 13 for the fiscal year beginning July 1, 2017, and ending June 30,
 35 14 2018, the following amount, or so much thereof as is necessary,
 35 15 to be used for the purpose designated:

35 16 For medical contracts:
 35 17 \$ 17,626,464

35 18 1. The department of inspections and appeals shall
 35 19 provide all state matching funds for survey and certification
 35 20 activities performed by the department of inspections
 35 21 and appeals. The department of human services is solely
 35 22 responsible for distributing the federal matching funds for
 35 23 such activities.

35 24 2. Of the funds appropriated in this section, \$50,000 shall
 35 25 be used for continuation of home and community-based services
 35 26 waiver quality assurance programs, including the review and
 35 27 streamlining of processes and policies related to oversight and
 35 28 quality management to meet state and federal requirements.

35 29 3. Of the amount appropriated in this section, up to
 35 30 \$200,000 may be transferred to the appropriation for general
 35 31 administration in this division of this Act to be used for

Requires the DHS and MCO to include per member per month payments to managed care organizations in their contract to encourage the utilization of HCBS services and home health services rather than residential care for members.

General Fund appropriation to Medical Contracts.

DETAIL: This is a net increase of \$580,500 compared to estimated net FY 2017. The changes include:

- An increase of \$1,268,000 to replace a transfer of funds available from the Autism Support Program Fund to Medicaid Contracts in FY 2017.
- An increase of \$800,000 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$437,500 due to a general reduction for Medical Contracts.
- A decrease of \$1,050,000 to reduce the \$2,000,000 allocation to the Autism Support Program.

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.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program reviews policies related to oversight and quality management to meet State and federal requirements.

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

35 32 additional full-time equivalent positions in the development of
 35 33 key health initiatives such as cost containment, development
 35 34 and oversight of managed care programs, and development of
 35 35 health strategies targeted toward improved quality and reduced
 36 1 costs in the Medicaid program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

36 2 4. Of the funds appropriated in this section, \$1,000,000
 36 3 shall be used for planning and development, in cooperation with
 36 4 the department of public health, of a phased-in program to
 36 5 provide a dental home for children.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The I-Smile Dental Home Initiative is a program that helps Iowa's children connect with dental services.

36 6 5. Of the funds appropriated in this section, \$950,000
 36 7 shall be credited to the autism support program fund created
 36 8 in section 225D.2 to be used for the autism support program
 36 9 created in chapter 225D, with the exception of the following
 36 10 amounts of this allocation which shall be used as follows:

Allocates \$950,000 to the Autism Support Program.

DETAIL: This is a decrease of \$1,050,000 compared to the estimated net FY 2017 allocation. This Program was created in FY 2014, and the funds are to be used to provide applied behavioral analysis and other treatment for children who do not qualify for Medicaid or autism coverage under private insurance.

36 11 a. Of the amount appropriated in this section, \$202,000
 36 12 shall be used for the public purpose of providing a one-year
 36 13 grant to Drake university to establish a master's program in
 36 14 applied behavioral analysis, including the establishment of
 36 15 remote learning sites and a remote system to maximize outreach
 36 16 and enrollment in the program.

Allocates \$202,000 from the \$950,000 Autism Support Program allocation to Drake University to establish a Master's program in applied behavioral analysis.

DETAIL: This is a new one-time allocation for FY 2018.

36 17 b. Of the funds allocated in this subsection, \$25,000
 36 18 shall be used for the public purpose of continuation of a
 36 19 grant to a child welfare services provider headquartered in a
 36 20 county with a population between 205,000 and 215,000 in the
 36 21 latest certified federal census that provides multiple services
 36 22 including but not limited to a psychiatric medical institution
 36 23 for children, shelter, residential treatment, after school
 36 24 programs, school-based programming, and an Asperger's syndrome
 36 25 program, to be used for support services for children with
 36 26 autism spectrum disorder and their families.

Allocates \$25,000 from the \$950,000 Autism Support Program allocation to Four Oaks for various autism spectrum disorder services.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

36 27 c. Of the funds allocated in this subsection, \$25,000
 36 28 shall be used for the public purpose of continuing a grant to
 36 29 a hospital-based provider headquartered in a county with a
 36 30 population between 90,000 and 95,000 in the latest certified
 36 31 federal census that provides multiple services including
 36 32 but not limited to diagnostic, therapeutic, and behavioral
 36 33 services to individuals with autism spectrum disorder across
 36 34 one's lifespan. The grant recipient shall utilize the funds
 36 35 to continue the pilot project to determine the necessary

Allocates \$25,000 from the \$950,000 Autism Support Program 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 estimated net FY 2017 allocation.

37 1 support services for children with autism spectrum disorder and
 37 2 their families to be included in the children's disabilities
 37 3 services system. The grant recipient shall submit findings and
 37 4 recommendations based upon the results of the pilot project
 37 5 to the individuals specified in this division of this Act for
 37 6 submission of reports by December 31, 2017.

37 7 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.
 37 8 1. There is appropriated from the general fund of the
 37 9 state to the department of human services for the fiscal year
 37 10 beginning July 1, 2017, and ending June 30, 2018, the following
 37 11 amount, or so much thereof as is necessary, to be used for the
 37 12 purpose designated:
 37 13 For the state supplementary assistance program:
 37 14 \$ 10,372,658

37 15 2. The department shall increase the personal needs
 37 16 allowance for residents of residential care facilities by the
 37 17 same percentage and at the same time as federal supplemental
 37 18 security income and federal social security benefits are
 37 19 increased due to a recognized increase in the cost of living.
 37 20 The department may adopt emergency rules to implement this
 37 21 subsection.

37 22 3. If during the fiscal year beginning July 1, 2017,
 37 23 the department projects that state supplementary assistance
 37 24 expenditures for a calendar year will not meet the federal
 37 25 pass-through requirement specified in Tit.XVI of the federal
 37 26 Social Security Act, section 1618, as codified in 42 U.S.C.
 37 27 §1382g, the department may take actions including but not
 37 28 limited to increasing the personal needs allowance for
 37 29 residential care facility residents and making programmatic
 37 30 adjustments or upward adjustments of the residential care
 37 31 facility or in-home health-related care reimbursement rates
 37 32 prescribed in this division of this Act to ensure that federal
 37 33 requirements are met. In addition, the department may make
 37 34 other programmatic and rate adjustments necessary to remain
 37 35 within the amount appropriated in this section while ensuring
 38 1 compliance with federal requirements. The department may adopt
 38 2 emergency rules to implement the provisions of this subsection.

38 3 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.
 38 4 1. There is appropriated from the general fund of the
 38 5 state to the department of human services for the fiscal year
 38 6 beginning July 1, 2017, and ending June 30, 2018, the following
 38 7 amount, or so much thereof as is necessary, to be used for the
 38 8 purpose designated:
 38 9 For maintenance of the healthy and well kids in Iowa (hawk-i)

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

DETAIL: This is a decrease of \$349,477 compared to estimated net FY 2017 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 \$917,379 compared to estimated net FY 2017. The changes include:

- An increase of \$737,324 to fund the Program at the Governor's

38 10 program pursuant to chapter 514I, including supplemental dental
 38 11 services, for receipt of federal financial participation under
 38 12 Tit.XXI of the federal Social Security Act, which creates the
 38 13 children's health insurance program:
 38 14 \$ 8,518,452

38 15 2. Of the funds appropriated in this section, \$42,800 is
 38 16 allocated for continuation of the contract for outreach with
 38 17 the department of public health.

38 18 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 38 19 from the general fund of the state to the department of human
 38 20 services for the fiscal year beginning July 1, 2017, and ending
 38 21 June 30, 2018, the following amount, or so much thereof as is
 38 22 necessary, to be used for the purpose designated:
 38 23 For child care programs:
 38 24 \$ 39,343,616

38 25 1. Of the funds appropriated in this section, \$33,493,616
 38 26 shall be used for state child care assistance in accordance
 38 27 with section 237A.13.

38 28 2. Nothing in this section shall be construed or is
 38 29 intended as or shall imply a grant of entitlement for services
 38 30 to persons who are eligible for assistance due to an income

- FY 2018 recommended funding level.
- A decrease of \$1,654,703 due to an adjustment to the FMAP rate.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

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

DETAIL: This is a net increase of \$7,621,166 compared to estimated net FY 2017. The changes include:

- An increase of \$3,520,688 to implement the annualized cost of federally mandated Child Care Development Block Grant changes related to the CCA Plus exit eligibility component.
- An increase of \$7,323,396 to cover caseload growth and costs per case.
- A decrease of \$1,500,000 to use the estimated surplus to cover the increased program costs.
- A decrease of \$500,000 for the Early Childhood Iowa grants.
- A decrease of \$1,000,000 to use more TANF funds to cover the increased program costs.
- A decrease of \$222,918 to use funding from the Child Care Facility Fund.

Total funding for FY 2018 is a total of \$137,180,900 from all funding sources including the Child Care Development Fund in SF 498 (Federal Block Grant Bill) section 16. This is an increase of \$3,022,669 compared to estimated net FY 2017. This funds the Program at \$4,265,002 below the estimated need from the March Forecasting Group when accounting for the estimated surplus in FY 2017.

Allocates \$33,493,616 to the CCA Program.

DETAIL: This is an increase of \$3,454,055 compared to the estimated net FY 2017 allocation for the reasons outlined above.

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

38 31 level consistent with the waiting list requirements of section
 38 32 237A.13. Any state obligation to provide services pursuant to
 38 33 this section is limited to the extent of the funds appropriated
 38 34 in this section.

38 35 3. A list of the registered and licensed child care
 39 1 facilities operating in the area served by a child care
 39 2 resource and referral service shall be made available to the
 39 3 families receiving state child care assistance in that area.

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 CCA Program.

39 4 4. Of the funds appropriated in this section, \$5,850,000
 39 5 shall be credited to the early childhood programs grants
 39 6 account in the early childhood Iowa fund created in section
 39 7 256I.11. The moneys shall be distributed for funding of
 39 8 community-based early childhood programs targeted to children
 39 9 from birth through five years of age developed by early
 39 10 childhood Iowa areas in accordance with approved community
 39 11 plans as provided in section 256I.8.

Allocates \$5,850,000 to be transferred to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is a decrease of \$500,000 compared to the estimated net FY 2017 allocation.

39 12 5. The department may use any of the funds appropriated
 39 13 in this section as a match to obtain federal funds for use in
 39 14 expanding child care assistance and related programs. For
 39 15 the purpose of expenditures of state and federal child care
 39 16 funding, funds shall be considered obligated at the time
 39 17 expenditures are projected or are allocated to the department's
 39 18 service areas. Projections shall be based on current and
 39 19 projected caseload growth, current and projected provider
 39 20 rates, staffing requirements for eligibility determination
 39 21 and management of program requirements including data systems
 39 22 management, staffing requirements for administration of the
 39 23 program, contractual and grant obligations and any transfers
 39 24 to other state agencies, and obligations for decategorization
 39 25 or innovation projects.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

39 26 6. A portion of the state match for the federal child care
 39 27 and development block grant shall be provided as necessary to
 39 28 meet federal matching funds requirements through the state
 39 29 general fund appropriation made for child development grants
 39 30 and other programs for at-risk children in section 279.51.

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

39 31 7. If a uniform reduction ordered by the governor under
 39 32 section 8.31 or other operation of law, transfer, or federal
 39 33 funding reduction reduces the appropriation made in this
 39 34 section for the fiscal year, the percentage reduction in the
 39 35 amount paid out to or on behalf of the families participating
 40 1 in the state child care assistance program shall be equal to or
 40 2 less than the percentage reduction made for any other purpose
 40 3 payable from the appropriation made in this section and the

Requires the following, related to program operations:

- Any reductions to the child care assistance appropriation, either State or federal, must be applied in an equal percentage across all operating areas of the Program before a reduction to service payments is made. The reduction for payable services must be equal or less than the reduction for other items.
- Any unanticipated increase in federal funding must be used only

40 4 federal funding relating to it. The percentage reduction to
 40 5 the other allocations made in this section shall be the same as
 40 6 the uniform reduction ordered by the governor or the percentage
 40 7 change of the federal funding reduction, as applicable.
 40 8 If there is an unanticipated increase in federal funding
 40 9 provided for state child care assistance, the entire amount
 40 10 of the increase shall be used for state child care assistance
 40 11 payments. If the appropriations made for purposes of the
 40 12 state child care assistance program for the fiscal year are
 40 13 determined to be insufficient, it is the intent of the general
 40 14 assembly to appropriate sufficient funding for the fiscal year
 40 15 in order to avoid establishment of waiting list requirements.

for the Child Care Assistance Subsidy Program.
 • It is the intent of the General Assembly to provide sufficient funding for the Program in FY 2018 to avoid the establishment of a waiting list.

40 16 8. Notwithstanding section 8.33, moneys advanced for
 40 17 purposes of the programs developed by early childhood Iowa
 40 18 areas, advanced for purposes of wraparound child care, or
 40 19 received from the federal appropriations made for the purposes
 40 20 of this section that remain unencumbered or unobligated at the
 40 21 close of the fiscal year shall not revert to any fund but shall
 40 22 remain available for expenditure for the purposes designated
 40 23 until the close of the succeeding fiscal year.

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

40 24 Sec. 17. JUVENILE INSTITUTION. There is appropriated
 40 25 from the general fund of the state to the department of human
 40 26 services for the fiscal year beginning July 1, 2017, and ending
 40 27 June 30, 2018, the following amounts, or so much thereof as is
 40 28 necessary, to be used for the purposes designated:

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

DETAIL: This is a decrease of \$882,977 compared to estimated net FY 2017.

40 29 1. For operation of the state training school at Eldora and
 40 30 for salaries, support, maintenance, and miscellaneous purposes,
 40 31 and for not more than the following full-time equivalent
 40 32 positions:
 40 33 \$ 11,350,443
 40 34 FTEs 189.00

40 35 Of the funds appropriated in this subsection, \$91,150 shall
 41 1 be used for distribution to licensed classroom teachers at this
 41 2 and other institutions under the control of the department of
 41 3 human services based upon the average student yearly enrollment
 41 4 at each institution as determined by the department.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

41 5 2. A portion of the moneys appropriated in this section
 41 6 shall be used by the state training school at Eldora for
 41 7 grants for adolescent pregnancy prevention activities at the
 41 8 institution in the fiscal year beginning July 1, 2017.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2018.

41 9 Sec. 18. CHILD AND FAMILY SERVICES.
 41 10 1. There is appropriated from the general fund of the

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

41 11 state to the department of human services for the fiscal year
 41 12 beginning July 1, 2017, and ending June 30, 2018, the following
 41 13 amount, or so much thereof as is necessary, to be used for the
 41 14 purpose designated:
 41 15 For child and family services:
 41 16 \$ 87,329,375

DETAIL: This is a net increase of \$3,478,098 compared to estimated net FY 2017. Changes include:

- An increase of \$5,478,098 to replace TANF funds from FY 2017.
- A decrease of \$287,436 due to the FMAP rate adjustment.
- An increase of \$482,035 due to a transfer from Medicaid.
- A decrease of \$2,000,000 due to reduced end-of-fiscal-year transfers earmarked for the Decategorization Program.
- A decrease of \$194,599 due to general Department reductions.

41 17 2. The department may transfer funds appropriated in this
 41 18 section as necessary to pay the nonfederal costs of services
 41 19 reimbursed under the medical assistance program, state child
 41 20 care assistance program, or the family investment program which
 41 21 are provided to children who would otherwise receive services
 41 22 paid under the appropriation in this section. The department
 41 23 may transfer funds appropriated in this section to the
 41 24 appropriations made in this division of this Act for general
 41 25 administration and for field operations for resources necessary
 41 26 to implement and operate the services funded in this section.

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

41 27 3. a. Of the funds appropriated in this section, up to
 41 28 \$35,736,649 is allocated as the statewide expenditure target
 41 29 under section 232.143 for group foster care maintenance and
 41 30 services. If the department projects that such expenditures
 41 31 for the fiscal year will be less than the target amount
 41 32 allocated in this paragraph "a", the department may reallocate
 41 33 the excess to provide additional funding for shelter care
 41 34 or the child welfare emergency services addressed with the
 41 35 allocation for shelter care.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

42 1 b. If at any time after September 30, 2017, annualization
 42 2 of a service area's current expenditures indicates a service
 42 3 area is at risk of exceeding its group foster care expenditure
 42 4 target under section 232.143 by more than 5 percent, the
 42 5 department and juvenile court services shall examine all
 42 6 group foster care placements in that service area in order to
 42 7 identify those which might be appropriate for termination.
 42 8 In addition, any aftercare services believed to be needed
 42 9 for the children whose placements may be terminated shall be
 42 10 identified. The department and juvenile court services shall
 42 11 initiate action to set dispositional review hearings for the
 42 12 placements identified. In such a dispositional review hearing,
 42 13 the juvenile court shall determine whether needed aftercare
 42 14 services are available and whether termination of the placement
 42 15 is in the best interest of the child and the community.

Requires the group foster care expenditure target to be reviewed if it is at risk of exceeding its group foster care spending target, and requires review hearings when appropriate.

<p>42 16 4. In accordance with the provisions of section 232.188, 42 17 the department shall continue the child welfare and juvenile 42 18 justice funding initiative during fiscal year 2017-2018. Of 42 19 the funds appropriated in this section, \$1,717,753 is allocated 42 20 specifically for expenditure for fiscal year 2017-2018 through 42 21 the decategorization services funding pools and governance 42 22 boards established pursuant to section 232.188.</p>	<p>Allocates \$1,717,753 for decategorization services.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>42 23 5. A portion of the funds appropriated in this section 42 24 may be used for emergency family assistance to provide other 42 25 resources required for a family participating in a family 42 26 preservation or reunification project or successor project to 42 27 stay together or to be reunified.</p>	<p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p>
<p>42 28 6. Notwithstanding section 234.35 or any other provision 42 29 of law to the contrary, state funding for shelter care and 42 30 the child welfare emergency services contracting implemented 42 31 to provide for or prevent the need for shelter care shall be 42 32 limited to \$8,096,158.</p>	<p>Limits State funding for shelter care to \$8,096,158.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>42 33 7. Federal funds received by the state during the fiscal 42 34 year beginning July 1, 2017, as the result of the expenditure 42 35 of state funds appropriated during a previous state fiscal 43 1 year for a service or activity funded under this section are 43 2 appropriated to the department to be used as additional funding 43 3 for services and purposes provided for under this section. 43 4 Notwithstanding section 8.33, moneys received in accordance 43 5 with this subsection that remain unencumbered or unobligated at 43 6 the close of the fiscal year shall not revert to any fund but 43 7 shall remain available for the purposes designated until the 43 8 close of the succeeding fiscal year.</p>	<p>Requires federal funds received in FY 2017 for the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2018.</p>
<p>43 9 8. a. Of the funds appropriated in this section, up to 43 10 \$3,290,000 is allocated for the payment of the expenses of 43 11 court-ordered services provided to juveniles who are under the 43 12 supervision of juvenile court services, which expenses are a 43 13 charge upon the state pursuant to section 232.141, subsection 43 14 4. Of the amount allocated in this paragraph "a", up to 43 15 \$1,556,287 shall be made available to provide school-based 43 16 supervision of children adjudicated under chapter 232, of which 43 17 not more than \$15,000 may be used for the purpose of training. 43 18 A portion of the cost of each school-based liaison officer 43 19 shall be paid by the school district or other funding source as 43 20 approved by the chief juvenile court officer. 43 21 b. Of the funds appropriated in this section, up to \$748,985 43 22 is allocated for the payment of the expenses of court-ordered 43 23 services provided to children who are under the supervision 43 24 of the department, which expenses are a charge upon the state</p>	<p>Provides the following allocations related to court-ordered services for juveniles:</p> <ul style="list-style-type: none"> • Allocates up to \$3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, \$1,556,287 is allocated to school-based supervision of delinquent children, \$15,000 is limited to training funds. A portion of the cost for school-based liaisons are required to be paid by school districts. • Allocates \$748,985 to court-ordered services provided to children who are under the supervision of the DHS. <p>DETAIL: This is no change compared to the estimated net FY 2017 allocations.</p>

43 25 pursuant to section 232.141, subsection 4.

43 26 c. Notwithstanding section 232.141 or any other provision
 43 27 of law to the contrary, the amounts allocated in this
 43 28 subsection shall be distributed to the judicial districts
 43 29 as determined by the state court administrator and to the
 43 30 department's service areas as determined by the administrator
 43 31 of the department of human services' division of child and
 43 32 family services. The state court administrator and the
 43 33 division administrator shall make the determination of the
 43 34 distribution amounts on or before June 15, 2017.

Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2017.

NOTE: This Section is effective on enactment.

43 35 d. Notwithstanding chapter 232 or any other provision of
 44 1 law to the contrary, a district or juvenile court shall not
 44 2 order any service which is a charge upon the state pursuant
 44 3 to section 232.141 if there are insufficient court-ordered
 44 4 services funds available in the district court or departmental
 44 5 service area distribution amounts to pay for the service. The
 44 6 chief juvenile court officer and the departmental service area
 44 7 manager shall encourage use of the funds allocated in this
 44 8 subsection such that there are sufficient funds to pay for
 44 9 all court-related services during the entire year. The chief
 44 10 juvenile court officers and departmental service area managers
 44 11 shall attempt to anticipate potential surpluses and shortfalls
 44 12 in the distribution amounts and shall cooperatively request the
 44 13 state court administrator or division administrator to transfer
 44 14 funds between the judicial districts' or departmental service
 44 15 areas' distribution amounts as prudent.

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

44 16 e. Notwithstanding any provision of law to the contrary,
 44 17 a district or juvenile court shall not order a county to pay
 44 18 for any service provided to a juvenile pursuant to an order
 44 19 entered under chapter 232 which is a charge upon the state
 44 20 under section 232.141, subsection 4.

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

44 21 f. Of the funds allocated in this subsection, not more than
 44 22 \$83,000 may be used by the judicial branch for administration
 44 23 of the requirements under this subsection.

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 estimated net FY 2017 allocation.

44 24 g. Of the funds allocated in this subsection, \$17,000
 44 25 shall be used by the department of human services to support
 44 26 the interstate commission for juveniles in accordance with
 44 27 the interstate compact for juveniles as provided in section
 44 28 232.173.

Requires that \$17,000 of the funds allocated to the DHS be used to support the InterState Commission for Juveniles in accordance with the InterState Compact for Juveniles.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

44 29 9. Of the funds appropriated in this section, \$12,253,227 is
 44 30 allocated for juvenile delinquent graduated sanctions services.
 44 31 Any state funds saved as a result of efforts by juvenile court
 44 32 services to earn a federal Tit.IV-E match for juvenile court
 44 33 services administration may be used for the juvenile delinquent
 44 34 graduated sanctions services.

Allocates \$12,253,227 to juvenile delinquent graduated sanctions services.

DETAIL: This is a decrease of \$1,000,000 compared to the estimated net FY 2017 allocation, due to a reduction in end-of-fiscal-year transfers from Decategorization. This decrease represents 50.00% of the total decrease to the Child and Family Services General Fund appropriation. 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.

44 35 10. Of the funds appropriated in this section, \$1,658,285 is
 45 1 transferred to the department of public health to be used for
 45 2 the child protection center grant program for child protection
 45 3 centers located in Iowa in accordance with section 135.118.
 45 4 The grant amounts under the program shall be equalized so that
 45 5 each center receives a uniform base amount of \$245,000, so that
 45 6 \$50,000 is awarded to establish a satellite child protection
 45 7 center in a city in north central Iowa that is the county
 45 8 seat of a county with a population between 44,000 and 45,000
 45 9 according to the latest certified federal census, and so that
 45 10 the remaining funds are awarded through a funding formula based
 45 11 upon the volume of children served.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

45 12 11. If the department receives federal approval to
 45 13 implement a waiver under Tit.IV-E of the federal Social
 45 14 Security Act to enable providers to serve children who remain
 45 15 in the children's families and communities, for purposes of
 45 16 eligibility under the medical assistance program through 25
 45 17 years of age, children who participate in the waiver shall be
 45 18 considered to be placed in foster care.

Requires children who 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.

45 19 12. Of the funds appropriated in this section, \$4,025,167 is
 45 20 allocated for the preparation for adult living program pursuant
 45 21 to section 234.46.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

45 22 13. Of the funds appropriated in this section, \$227,337
 45 23 shall be used for the public purpose of continuing a grant to
 45 24 a nonprofit human services organization providing services to
 45 25 individuals and families in multiple locations in southwest
 45 26 Iowa and Nebraska for support of a project providing immediate,
 45 27 sensitive support and forensic interviews, medical exams, needs

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

45 28	assessments, and referrals for victims of child abuse and their	
45 29	nonoffending family members.	
45 30	14. Of the funds appropriated in this section, \$300,620	Allocates \$300,620 to provide support for foster care youth councils.
45 31	is allocated for the foster care youth council approach of	
45 32	providing a support network to children placed in foster care.	DETAIL: This is no change compared to the estimated net FY 2017 allocation.
45 33	15. Of the funds appropriated in this section, \$202,000 is	Allocates \$202,000 to an initiative to address child sexual abuse.
45 34	allocated for use pursuant to section 235A.1 for continuation	
45 35	of the initiative to address child sexual abuse implemented	DETAIL: This is no change compared to the estimated net FY 2017 allocation.
46 1	pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection	
46 2	21.	
46 3	16. Of the funds appropriated in this section, \$630,240 is	Allocates \$630,240 to the Child Welfare Community Partnership for
46 4	allocated for the community partnership for child protection	Child Protection sites. Community Partnership for Protecting Children
46 5	sites.	(CPPC) is a community-based approach to child protection.
		DETAIL: This is no change compared to the estimated net FY 2017 allocation. Partnerships work to prevent child abuse and neglect, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care.
46 6	17. Of the funds appropriated in this section, \$371,250	Allocates \$371,250 to minority youth and family projects included in the
46 7	is allocated for the department's minority youth and family	child welfare redesign.
46 8	projects under the redesign of the child welfare system.	DETAIL: This is no change compared to the estimated net FY 2017 allocation.
46 9	18. Of the funds appropriated in this section, \$1,186,595	Allocates \$1,186,595 to the Circle of Care Grant in northeast Iowa.
46 10	is allocated for funding of the community circle of care	
46 11	collaboration for children and youth in northeast Iowa.	DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Circle of Care Program is a regional System of Care Program that coordinates community-based services and supports to address the needs of children and youth with severe behavioral or mental health conditions.
46 12	19. Of the funds appropriated in this section, at least	Allocates \$147,158 to the Online Child Welfare Provider Training
46 13	\$147,158 shall be used for the continuation of the child	Academy.
46 14	welfare provider training academy, a collaboration between the	
46 15	coalition for family and children's services in Iowa and the	DETAIL: This is no change compared to the estimated net FY 2017 allocation.
46 16	department.	
46 17	20. Of the funds appropriated in this section, \$211,872	Allocates \$211,872 to continuation of a System of Care Program in
46 18	shall be used for continuation of the central Iowa system of	Polk County.

46 19 care program grant through June 30, 2018.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

46 20 21. Of the funds appropriated in this section, \$235,000
46 21 shall be used for the public purpose of the continuation
46 22 and expansion of a system of care program grant implemented
46 23 in Cerro Gordo and Linn counties to utilize a comprehensive
46 24 and long-term approach for helping children and families by
46 25 addressing the key areas in a child's life of childhood basic
46 26 needs, education and work, family, and community.

Allocates \$235,000 to 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 estimated net FY 2017 allocation.

46 27 22. Of the funds appropriated in this section, at least
46 28 \$25,000 shall be used to continue and to expand the foster
46 29 care respite pilot program in which postsecondary students in
46 30 social work and other human services-related programs receive
46 31 experience by assisting family foster care providers with
46 32 respite and other support.

Allocates at least \$25,000 to the Foster Care Respite Pilot Program at Wartburg College for students in social work and other human services-related programs to allow for Program expansion to additional counties.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

46 33 23. Of the funds appropriated in this section, \$110,000
46 34 shall be used for the public purpose of funding community-based
46 35 services and other supports with a system of care approach
47 1 for children with a serious emotional disturbance and their
47 2 families through a nonprofit provider of child welfare services
47 3 that has been in existence for more than 115 years, is located
47 4 in a county with a population of more than 200,000 but less
47 5 than 220,000 according to the latest certified federal census,
47 6 is licensed as a psychiatric medical institution for children,
47 7 and was a system of care grantee prior to July 1, 2017.

Allocates \$110,000 to Tanager Place Home Health Cedar Rapids.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

47 8 Sec. 19. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

47 9 1. There is appropriated from the general fund of the
47 10 state to the department of human services for the fiscal year
47 11 beginning July 1, 2017, and ending June 30, 2018, the following
47 12 amount, or so much thereof as is necessary, to be used for the
47 13 purpose designated:

DETAIL: This is a decrease of \$1,868,754 compared to estimated net FY 2017. The changes include the following:

47 14 a. For adoption subsidy payments and services:
47 15 \$ 40,777,910

- A decrease of \$1,063,483 to account for changes in the Iowa FMAP rate and Title IV-E eligibility.
- A decrease of \$805,271 due to the Adoption Subsidy Workgroup's projected surplus for the Adoption Subsidy Program.

47 16 b. (1) The funds appropriated in this section shall be used
47 17 as authorized or allowed by federal law or regulation for any
47 18 of the following purposes:

Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act. The DHS may also transfer funds (specifically those funds from

47 19 (a) For adoption subsidy payments and related costs.

47 20 (b) For post-adoption services and for other purposes under
 47 21 Tit.IV-B or Tit.IV-E of the federal Social Security Act.
 47 22 (2) The department of human services may transfer funds
 47 23 appropriated in this subsection to the appropriation for
 47 24 child and family services in this Act for the purposes of
 47 25 post-adoption services as specified in this paragraph "b".

federal Title IV-E savings) to the Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be used for child welfare services.

47 26 2. The department may transfer funds appropriated in
 47 27 this section to the appropriation made in this division of
 47 28 this Act for general administration for costs paid from the
 47 29 appropriation relating to adoption subsidy.

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

47 30 3. Federal funds received by the state during the
 47 31 fiscal year beginning July 1, 2017, as the result of the
 47 32 expenditure of state funds during a previous state fiscal
 47 33 year for a service or activity funded under this section are
 47 34 appropriated to the department to be used as additional funding
 47 35 for the services and activities funded under this section.
 48 1 Notwithstanding section 8.33, moneys received in accordance
 48 2 with this subsection that remain unencumbered or unobligated
 48 3 at the close of the fiscal year shall not revert to any fund
 48 4 but shall remain available for expenditure for the purposes
 48 5 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2018 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 2019.

48 6 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 48 7 in the juvenile detention home fund created in section 232.142
 48 8 during the fiscal year beginning July 1, 2017, and ending June
 48 9 30, 2018, are appropriated to the department of human services
 48 10 for the fiscal year beginning July 1, 2017, and ending June 30,
 48 11 2018, for distribution of an amount equal to a percentage of
 48 12 the costs of the establishment, improvement, operation, and
 48 13 maintenance of county or multicounty juvenile detention homes
 48 14 in the fiscal year beginning July 1, 2015. Moneys appropriated
 48 15 for distribution in accordance with this section shall be
 48 16 allocated among eligible detention homes, prorated on the basis
 48 17 of an eligible detention home's proportion of the costs of all
 48 18 eligible detention homes in the fiscal year beginning July
 48 19 1, 2015. The percentage figure shall be determined by the
 48 20 department based on the amount available for distribution for
 48 21 the fund. Notwithstanding section 232.142, subsection 3, the
 48 22 financial aid payable by the state under that provision for the
 48 23 fiscal year beginning July 1, 2017, shall be limited to the
 48 24 amount appropriated for the purposes of this section.

Requires funds deposited in the Juvenile Detention Fund to be distributed to the eligible juvenile detention centers. Funds are to be allocated to the detention centers based on FY 2018 projected operation budgets.

48 25 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 48 26 1. There is appropriated from the general fund of the
 48 27 state to the department of human services for the fiscal year
 48 28 beginning July 1, 2017, and ending June 30, 2018, the following

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

DETAIL: This is a net increase of \$297,180 compared to estimated net FY 2017. The changes include:

48 29 amount, or so much thereof as is necessary, to be used for the
 48 30 purpose designated:
 48 31 For the family support subsidy program subject to the
 48 32 enrollment restrictions in section 225C.37, subsection 3:
 48 33 \$ 1,069,282

- An increase of \$297,180 to backfill a one-time reduction.
- A decrease of \$60,000 due to children phasing out of the Family Support Subsidy Program.
- An increase of \$60,000 for the Children at Home Program.

48 34 2. At least \$787,500 of the moneys appropriated in this
 48 35 section is transferred to the department of public health for
 49 1 the family support center component of the comprehensive family
 49 2 support program under chapter 225C, subchapter V.

Requires an allocation of \$787,500 from the Family Support Subsidy appropriation to the DPH to continue the Family Support Center component of the Children at Home Program in current counties. Permits the DHS to transfer the appropriated funds to make funding available statewide. The DPH has existing statewide coordinated intake through the Division of Health Promotion for family support services.

DETAIL: This allocation is an increase of \$60,000 compared to estimated net FY 2017 due to the expansion of services in three new counties.

49 3 3. If at any time during the fiscal year, the amount of
 49 4 funding available for the family support subsidy program
 49 5 is reduced from the amount initially used to establish the
 49 6 figure for the number of family members for whom a subsidy
 49 7 is to be provided at any one time during the fiscal year,
 49 8 notwithstanding section 225C.38, subsection 2, the department
 49 9 shall revise the figure as necessary to conform to the amount
 49 10 of funding available.

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

49 11 Sec. 22. CONNER DECREE. There is appropriated from the
 49 12 general fund of the state to the department of human services
 49 13 for the fiscal year beginning July 1, 2017, and ending June 30,
 49 14 2018, the following amount, or so much thereof as is necessary,
 49 15 to be used for the purpose designated:
 49 16 For building community capacity through the coordination
 49 17 and provision of training opportunities in accordance with the
 49 18 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 49 19 Iowa, July 14, 1994):
 49 20 \$ 33,632

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

DETAIL: This is no change compared to estimated net FY 2017. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

49 21 Sec. 23. MENTAL HEALTH INSTITUTES.
 49 22 1. There is appropriated from the general fund of the
 49 23 state to the department of human services for the fiscal year
 49 24 beginning July 1, 2017, and ending June 30, 2018, the following
 49 25 amounts, or so much thereof as is necessary, to be used for the
 49 26 purposes designated:

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

49 27 a. For operation of the state mental health institute at
 49 28 Cherokee as required by chapters 218 and 226 for salaries,
 49 29 support, maintenance, and miscellaneous purposes, and for not

DETAIL: This is a decrease of \$788,340 and no change in FTE

49 30 more than the following full-time equivalent positions:
 49 31 \$ 13,870,254
 49 32 FTEs 162.00

positions compared to estimated net FY 2017 due to a general reduction for the MHI.

49 33 b. For operation of the state mental health institute at
 49 34 Independence as required by chapters 218 and 226 for salaries,
 49 35 support, maintenance, and miscellaneous purposes, and for not
 50 1 more than the following full-time equivalent positions:
 50 2 \$ 17,513,621
 50 3 FTEs 204.00

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

DETAIL: This is a decrease of \$950,394 and no change in FTE positions compared to estimated net FY 2017 due to a general reduction for the MHI.

50 4 2. Notwithstanding sections 218.78 and 249A.11, any revenue
 50 5 received from the state mental health institute at Cherokee or
 50 6 the state mental health institute at Independence pursuant to
 50 7 42 C.F.R §438.6(e) may be retained and expended by the mental
 50 8 health institute.

Allow the DHS to retain Medicaid revenues received by the MHI.

50 9 3. Notwithstanding any provision of law to the contrary,
 50 10 a Medicaid member residing at the state mental health
 50 11 institute at Cherokee or the state mental health institute
 50 12 at Independence shall retain Medicaid eligibility during
 50 13 the period of the Medicaid member's stay for which federal
 50 14 financial participation is available.

Specifies that Medicaid members residing at one of the two MHIs is required to retain Medicaid eligibility for the first 14 days of their residence.

50 15 Sec. 24. STATE RESOURCE CENTERS.

50 16 1. There is appropriated from the general fund of the
 50 17 state to the department of human services for the fiscal year
 50 18 beginning July 1, 2017, and ending June 30, 2018, the following
 50 19 amounts, or so much thereof as is necessary, to be used for the
 50 20 purposes designated:

50 21 a. For the state resource center at Glenwood for salaries,
 50 22 support, maintenance, and miscellaneous purposes:
 50 23 \$ 17,887,781

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

DETAIL: This is a decrease of \$2,581,021 compared to estimated net FY 2017. The changes include:

- A decrease of \$1,378,539 due to a general reduction for the Resource Center.
- A decrease of \$1,202,482 due to an adjustment in the FMAP rate.

50 24 b. For the state resource center at Woodward for salaries,
 50 25 support, maintenance, and miscellaneous purposes:
 50 26 \$ 12,077,034

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

DETAIL: This is a decrease of \$1,918,318 compared to estimated net FY 2017. The changes include:

- A decrease of \$1,106,317 due to a general reduction for the Resource Center.
- A decrease of \$812,001 due to an adjustment in the FMAP rate.

50 27 2. The department may continue to bill for state resource
50 28 center services utilizing a scope of services approach used for
50 29 private providers of intermediate care facilities for persons
50 30 with an intellectual disability services, in a manner which
50 31 does not shift costs between the medical assistance program,
50 32 counties, or other sources of funding for the state resource
50 33 centers.

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

50 34 3. The state resource centers may expand the time-limited
50 35 assessment and respite services during the fiscal year.

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

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

51 1 4. If the department's administration and the department
51 2 of management concur with a finding by a state resource
51 3 center's superintendent that projected revenues can reasonably
51 4 be expected to pay the salary and support costs for a new
51 5 employee position, or that such costs for adding a particular
51 6 number of new positions for the fiscal year would be less
51 7 than the overtime costs if new positions would not be added,
51 8 the superintendent may add the new position or positions. If
51 9 the vacant positions available to a resource center do not
51 10 include the position classification desired to be filled, the
51 11 state resource center's superintendent may reclassify any
51 12 vacant position as necessary to fill the desired position. The
51 13 superintendents of the state resource centers may, by mutual
51 14 agreement, pool vacant positions and position classifications
51 15 during the course of the fiscal year in order to assist one
51 16 another in filling necessary positions.

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

51 17 5. If existing capacity limitations are reached in
51 18 operating units, a waiting list is in effect for a service or
51 19 a special need for which a payment source or other funding
51 20 is available for the service or to address the special need,
51 21 and facilities for the service or to address the special need
51 22 can be provided within the available payment source or other
51 23 funding, the superintendent of a state resource center may

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

51 24 authorize opening not more than two units or other facilities
51 25 and begin implementing the service or addressing the special
51 26 need during fiscal year 2017-2018.

51 27 Sec. 25. SEXUALLY VIOLENT PREDATORS.
51 28 1. There is appropriated from the general fund of the
51 29 state to the department of human services for the fiscal year
51 30 beginning July 1, 2017, and ending June 30, 2018, the following
51 31 amount, or so much thereof as is necessary, to be used for the
51 32 purpose designated:

51 33 For costs associated with the commitment and treatment of
51 34 sexually violent predators in the unit located at the state
51 35 mental health institute at Cherokee, including costs of legal
52 1 services and other associated costs, including salaries,
52 2 support, maintenance, and miscellaneous purposes, and for not
52 3 more than the following full-time equivalent positions:
52 4 \$ 9,464,747
52 5 FTEs 112.00

52 6 2. Unless specifically prohibited by law, if the amount
52 7 charged provides for recoupment of at least the entire amount
52 8 of direct and indirect costs, the department of human services
52 9 may contract with other states to provide care and treatment
52 10 of persons placed by the other states at the unit for sexually
52 11 violent predators at Cherokee. The moneys received under
52 12 such a contract shall be considered to be repayment receipts
52 13 and used for the purposes of the appropriation made in this
52 14 section.

52 15 Sec. 26. FIELD OPERATIONS. There is appropriated from the
52 16 general fund of the state to the department of human services
52 17 for the fiscal year beginning July 1, 2017, and ending June 30,
52 18 2018, the following amount, or so much thereof as is necessary,
52 19 to be used for the purposes designated:

52 20 For field operations, including salaries, support,
52 21 maintenance, and miscellaneous purposes, and for not more than
52 22 the following full-time equivalent positions:
52 23 \$ 48,484,435
52 24 FTEs 1,583.00

52 25 Priority in filling full-time equivalent positions shall be
52 26 given to those positions related to child protection services
52 27 and eligibility determination for low-income families.

52 28 Sec. 27. GENERAL ADMINISTRATION. There is appropriated
52 29 from the general fund of the state to the department of human
52 30 services for the fiscal year beginning July 1, 2017, and ending
52 31 June 30, 2018, the following amount, or so much thereof as is

General Fund appropriation to the DHS for the [Civil Commitment Unit for Sexual Offenders](#).

DETAIL: This is an decrease of \$1,207,210 and no change in FTE positions compared to estimated net FY 2017 due to general reduction for the facility.

Allows the DHS to contract with other states to provide treatment services at the Civil Commitment Unit for Sexual Offenders (CCUSO) unit.

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

DETAIL: This is a net decrease of \$885,682 and 1.00 FTE positions compared to estimated net FY 2017. The changes include:

- An increase of \$4,478,099 to replace one-time TANF funds.
- A decrease of \$590,082 to be replaced with Child Care Facility Fund dollars.
- A decrease of \$4,773,699 due to a general reduction.

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

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

DETAIL: This is a decrease of \$1,565,158 and an increase of 0.07 FTE position compared to estimated net FY 2017. The changes

52 32 necessary, to be used for the purpose designated:
 52 33 For general administration, including salaries, support,
 52 34 maintenance, and miscellaneous purposes, and for not more than
 52 35 the following full-time equivalent positions:
 53 1 \$ 13,883,040
 53 2 FTEs 294.00

include:

- A decrease of \$1,265,158 due to a general reduction.
- A decrease of \$200,000 to eliminate funding for the College of Direct Support.
- A decrease of \$100,000 for the RefugeeRISE Program.
- An increase of 0.07 FTE position for a general increase.

53 3 1. The department shall report at least monthly to the
 53 4 legislative services agency concerning the department's
 53 5 operational and program expenditures.

Requires the DHS to provide an expenditures report for operations and programs to the LSA.

53 6 2. Of the funds appropriated in this section, \$150,000 shall
 53 7 be used to continue the contract for the provision of a program
 53 8 to provide technical assistance, support, and consultation to
 53 9 providers of habilitation services and home and community-based
 53 10 services waiver services for adults with disabilities under the
 53 11 medical assistance program.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

53 12 3. Of the funds appropriated in this section, \$50,000
 53 13 is transferred to the Iowa finance authority to be used
 53 14 for administrative support of the council on homelessness
 53 15 established in section 16.2D and for the council to fulfill its
 53 16 duties in addressing and reducing homelessness in the state.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

53 17 4. Of the funds appropriated in this section, \$250,000 shall
 53 18 be transferred to and deposited in the administrative fund of
 53 19 the Iowa ABLÉ savings plan trust created in section 121.4, to
 53 20 be used for implementation and administration activities of the
 53 21 Iowa ABLÉ savings plan trust.

Transfers \$250,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The ABLÉ Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

53 22 5. Of the funds appropriated in this section, \$200,000
 53 23 is transferred to the economic development authority for
 53 24 the Iowa commission on volunteer services to continue to be
 53 25 used for RefugeeRISE AmeriCorps program established under
 53 26 Code section 15H.8 for member recruitment and training to
 53 27 improve the economic well-being and health of economically
 53 28 disadvantaged refugees in local communities across Iowa. Funds
 53 29 transferred may be used to supplement federal funds under
 53 30 federal regulations.

Transfers \$200,000 to the Economic Development Authority through the DHS for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is a decrease of \$100,000 compared to estimated net FY 2017. This transfer was authorized for the first time in FY 2017. Requires funds to be used to supplement federal funds.

53 31 6. Of the funds appropriated in this section, \$300,000 shall
 53 32 be used to contract for children's well-being collaboratives
 53 33 grants for the development and implementation of children's

Transfers \$300,000 to the DHS for the purpose of continuing the development and implementation of children's mental health crisis services.

53 34 well-being collaboratives to establish and coordinate
 53 35 prevention and early intervention services to promote improved
 54 1 mental health and well-being for children and families, as
 54 2 enacted in this 2017 Act.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

54 3 Sec. 28. DEPARTMENT-WIDE DUTIES. There is appropriated
 54 4 from the general fund of the state to the department of human
 54 5 services for the fiscal year beginning July 1, 2017, and ending
 54 6 June 30, 2018, the following amount, or so much thereof as is
 54 7 necessary, to be used for the purposes designated:
 54 8 For salaries, support, maintenance, and miscellaneous
 54 9 purposes at facilities under the purview of the department of
 54 10 human services:
 54 11 \$ 2,879,274

General Fund appropriation to the DHS facilities.

DETAIL: This is no change compared to estimated net FY 2017. This appropriation is to ensure adequate staffing among the DHS facilities and transfer staff as needed, while remaining within the set number of authorized positions.

54 12 Sec. 29. VOLUNTEERS. There is appropriated from the general
 54 13 fund of the state to the department of human services for the
 54 14 fiscal year beginning July 1, 2017, and ending June 30, 2018,
 54 15 the following amount, or so much thereof as is necessary, to be
 54 16 used for the purpose designated:
 54 17 For development and coordination of volunteer services:
 54 18 \$ 84,686

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

DETAIL: This is no change compared to estimated net FY 2017.

54 19 Sec. 30. GENERAL REDUCTION. For the period beginning July
 54 20 1, 2017, and ending June 30, 2018, the department of human
 54 21 services, in consultation with the department of management,
 54 22 shall identify and implement a reduction in expenditures made
 54 23 from appropriations from the general fund to the department of
 54 24 human services in the amount of \$1,467,303.

General Fund reduction of \$1,467,303 to all appropriations under the DHS.

DETAIL: These cuts will be implemented in consultation with the DOM.

54 25 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 54 26 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 54 27 DEPARTMENT OF HUMAN SERVICES.

Requires the DHS to rebase case-mix nursing facility rates effective July 1, 2017. Non-case-mix and special population nursing facilities reimbursements are to remain the same as the methodology in effect on June 30, 2017.

54 28 1. a. (1) (a) For the fiscal year beginning July 1, 2017,
 54 29 the department shall rebase case-mix nursing facility rates
 54 30 effective July 1, 2017, to the extent possible within the state
 54 31 funding appropriated for this purpose.

FISCAL IMPACT: The General Assembly increased the Medicaid Program appropriation by \$2,500,000 to be included in the case-mix nursing facility rebase.

54 32 (b) For the fiscal year beginning July 1, 2017, non-case-mix
 54 33 and special population nursing facilities shall be reimbursed
 54 34 in accordance with the methodology in effect on June 30 of the
 54 35 prior fiscal year.

55 1 (c) For managed care claims, the department of human
 55 2 services shall adjust the payment rate floor for nursing
 55 3 facilities, annually, to maintain a rate floor that is no
 55 4 lower than the Medicaid fee-for-service case-mix adjusted rate
 55 5 calculated in accordance with 441 IAC 81.6. The department
 55 6 shall then calculate adjusted reimbursement rates, including
 55 7 but not limited to add-on-payments, annually, and shall

55 8 notify Medicaid managed care organizations of the adjusted
 55 9 reimbursement rates within 30 days of determining the adjusted
 55 10 reimbursement rates. Any adjustment of reimbursement rates
 55 11 under this subparagraph division shall be budget neutral to the
 55 12 state budget.

55 13 (2) For any open or unsettled nursing facility cost report
 55 14 for a fiscal year prior to and including the fiscal year
 55 15 beginning July 1, 2016, including any cost report remanded on
 55 16 judicial review for inclusion of prescription drug, laboratory,
 55 17 or x-ray costs, the department shall offset all reported
 55 18 prescription drug, laboratory, and x-ray costs with any revenue
 55 19 received from Medicare or other revenue source for any purpose.
 55 20 For purposes of this subparagraph, a nursing facility cost
 55 21 report is not considered open or unsettled if the facility did
 55 22 not initiate an administrative appeal under chapter 17A or if
 55 23 any appeal rights initiated have been exhausted.

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

55 24 b. (1) For the fiscal year beginning July 1, 2017,
 55 25 the department shall establish the pharmacy dispensing fee
 55 26 reimbursement at \$10.02 per prescription, until a cost of
 55 27 dispensing survey is completed. The actual dispensing fee
 55 28 shall be determined by a cost of dispensing survey performed
 55 29 by the department and required to be completed by all medical
 55 30 assistance program participating pharmacies every two years,
 55 31 adjusted as necessary to maintain expenditures within the
 55 32 amount appropriated to the department for this purpose for the
 55 33 fiscal year.

Requires a pharmacy dispensing fee reimbursement rate of \$10.02 per prescription.

DETAIL: This is a decrease of \$1.70 compared to the FY 2017 fee.

55 34 (2) The department shall utilize an average acquisition
 55 35 cost reimbursement methodology for all drugs covered under the
 56 1 medical assistance program in accordance with 2012 Iowa Acts,
 56 2 chapter 1133, section 33.

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

56 3 c. (1) For the fiscal year beginning July 1, 2017,
 56 4 reimbursement rates for outpatient hospital services shall
 56 5 be rebased effective January 1, 2018, subject to Medicaid
 56 6 program upper payment limit rules, and adjusted as necessary
 56 7 to maintain expenditures within the amount appropriated to the
 56 8 department for this purpose for the fiscal year.

Requires the rate of reimbursement for outpatient hospital services to be rebased effective January 1, 2018, subject to the Medicaid upper payment limit (UPL) rules.

DETAIL: The General Assembly did not provide any funding for the rebase, and therefore the rebase will be budget neutral.

56 9 (2) For the fiscal year beginning July 1, 2017,
 56 10 reimbursement rates for inpatient hospital services shall
 56 11 remain at the rates in effect on June 30, 2017, subject to
 56 12 Medicaid program upper payment limit rules, and adjusted

Requires the rate of reimbursement for inpatient services to remain at the rate in effect in FY 2017, subject to the Medicaid UPL rules.

56 13 as necessary to maintain expenditures within the amount 56 14 appropriated to the department for this purpose for the fiscal 56 15 year.	
56 16 (3) For the fiscal year beginning July 1, 2017, the graduate 56 17 medical education and disproportionate share hospital fund 56 18 shall remain at the amount in effect on June 30, 2017, except 56 19 that the portion of the fund attributable to graduate medical 56 20 education shall be reduced in an amount that reflects the 56 21 elimination of graduate medical education payments made to 56 22 out-of-state hospitals.	Requires the rate of reimbursement for the Graduate Medical Education and Disproportionate Share Hospital Fund to remain at the rate in effect in FY 2017.
56 23 (4) In order to ensure the efficient use of limited state 56 24 funds in procuring health care services for low-income lowans, 56 25 funds appropriated in this Act for hospital services shall 56 26 not be used for activities which would be excluded from a 56 27 determination of reasonable costs under the federal Medicare 56 28 program pursuant to 42 U.S.C.§1395x(v)(1)(N).	Requires funds appropriated to hospital activities to be used for activities pursuant to the federal Medicare program.
56 29 d. For the fiscal year beginning July 1, 2017, reimbursement 56 30 rates for hospices and acute mental hospitals shall be 56 31 increased in accordance with increases under the federal 56 32 Medicare program or as supported by their Medicare audited 56 33 costs.	Requires hospice services and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2018.
56 34 e. For the fiscal year beginning July 1, 2017, independent 56 35 laboratories and rehabilitation agencies shall be reimbursed 57 1 using the same methodology in effect on June 30, 2017.	Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology used in FY 2017.
57 2 f. (1) For the fiscal year beginning July 1, 2017, 57 3 reimbursement rates for home health agencies shall continue to 57 4 be based on the Medicare low utilization payment adjustment 57 5 (LUPA) methodology with state geographic wage adjustments. 57 6 The department shall continue to update the rates every two 57 7 years to reflect the most recent Medicare LUPA rates to the 57 8 extent possible within the state funding appropriated for this 57 9 purpose.	Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Adjustment (LUPA) methodology to be adjusted according to funds appropriated for FY 2018.
57 10 (2) For the fiscal year beginning July 1, 2017, rates for 57 11 private duty nursing and personal care services under the early 57 12 and periodic screening, diagnostic, and treatment program 57 13 benefit shall be calculated based on the methodology in effect 57 14 on June 30, 2017.	Requires rates for private duty nursing and personal care services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain at the same level as the FY 2017 methodology.
57 15 g. For the fiscal year beginning July 1, 2017, federally 57 16 qualified health centers and rural health clinics shall receive 57 17 cost-based reimbursement for 100 percent of the reasonable 57 18 costs for the provision of services to recipients of medical	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.

57 19 assistance.

57 20 h. For the fiscal year beginning July 1, 2017, the
57 21 reimbursement rates for dental services shall remain at the
57 22 rates in effect on June 30, 2017.

Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2017.

57 23 i. (1) For the fiscal year beginning July 1, 2017,
57 24 reimbursement rates for non-state-owned psychiatric medical
57 25 institutions for children shall be based on the reimbursement
57 26 methodology in effect on June 30, 2017.

Requires non-state-owned Psychiatric Medical Institutions for Children (PMICs) to be reimbursed based on the reimbursement methodology effective in FY 2017.

57 27 (2) As a condition of participation in the medical
57 28 assistance program, enrolled providers shall accept the medical
57 29 assistance reimbursement rate for any covered goods or services
57 30 provided to recipients of medical assistance who are children
57 31 under the custody of a psychiatric medical institution for
57 32 children.

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

57 33 j. For the fiscal year beginning July 1, 2017, unless
57 34 otherwise specified in this Act, all noninstitutional medical
57 35 assistance provider reimbursement rates shall remain at the
58 1 rates in effect on June 30, 2017, except for area education
58 2 agencies, local education agencies, infant and toddler
58 3 services providers, home and community-based services providers
58 4 including consumer-directed attendant care providers under a
58 5 section 1915(c) or 1915(i) waiver, targeted case management
58 6 providers, and those providers whose rates are required to be
58 7 determined pursuant to section 249A.20.

Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2017.

58 8 k. Notwithstanding any provision to the contrary, for the
58 9 fiscal year beginning July 1, 2017, the reimbursement rate
58 10 for anesthesiologists shall be adjusted to implement the cost
58 11 containment strategies authorized for the medical assistance
58 12 program in this 2017 Act.

Requires the reimbursement rates for anesthesiologists to be reduced to the Medicare level for FY 2018.

FISCAL IMPACT: This change is estimated to save the State \$3,100,000 for FY 2018.

58 13 l. Notwithstanding section 249A.20, for the fiscal year
58 14 beginning July 1, 2017, the average reimbursement rate for
58 15 health care providers eligible for use of the federal Medicare
58 16 resource-based relative value scale reimbursement methodology
58 17 under section 249A.20 shall remain at the rate in effect on
58 18 June 30, 2017; however, this rate shall not exceed the maximum
58 19 level authorized by the federal government.

Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2017 and not to exceed the maximum level authorized by the federal government.

58 20 m. For the fiscal year beginning July 1, 2017, the
58 21 reimbursement rate for residential care facilities shall not
58 22 be less than the minimum payment level as established by the
58 23 federal government to meet the federally mandated maintenance
58 24 of effort requirement. The flat reimbursement rate for

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

58 25 facilities electing not to file annual cost reports shall not
58 26 be less than the minimum payment level as established by the
58 27 federal government to meet the federally mandated maintenance
58 28 of effort requirement.

58 29 n. For the fiscal year beginning July 1, 2017, the
58 30 reimbursement rates for inpatient mental health services
58 31 provided at hospitals shall remain at the rates in effect on
58 32 June 30, 2017, subject to Medicaid program upper payment limit
58 33 rules; and psychiatrists shall be reimbursed at the medical
58 34 assistance program fee-for-service rate in effect on June 30,
58 35 2017.

Requires the reimbursement rates for inpatient psychiatric hospital services to remain at the rate in effect in FY 2017.

59 1 o. For the fiscal year beginning July 1, 2017, community
59 2 mental health centers may choose to be reimbursed for the
59 3 services provided to recipients of medical assistance through
59 4 either of the following options:
59 5 (1) For 100 percent of the reasonable costs of the services.
59 6 (2) In accordance with the alternative reimbursement rate
59 7 methodology approved by the department of human services in
59 8 effect on June 30, 2017.

Allows Community Mental Health Centers (CMHCs) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service and uses a cost settlement methodology. The second option is based on rates in effect in FY 2017.

59 9 p. For the fiscal year beginning July 1, 2017, the
59 10 reimbursement rate for providers of family planning services
59 11 that are eligible to receive a 90 percent federal match shall
59 12 remain at the rates in effect on June 30, 2017.

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2017.

59 13 q. Unless otherwise subject to a tiered rate methodology,
59 14 for the fiscal year beginning July 1, 2017, the upper
59 15 limits and reimbursement rates for providers of home and
59 16 community-based services waiver services shall be reimbursed
59 17 using the reimbursement methodology in effect on June 30, 2017.

Requires the reimbursement rates for home and community-based services waiver service providers to remain at the rate in effect in FY 2017.

59 18 r. For the fiscal year beginning July 1, 2017, the
59 19 reimbursement rates for emergency medical service providers
59 20 shall remain at the rates in effect on June 30, 2017.

Requires the reimbursement rates for emergency medical service providers to remain at the rate in effect in FY 2017.

59 21 s. For the fiscal year beginning July 1, 2017, reimbursement
59 22 rates for substance-related disorder treatment programs
59 23 licensed under section 125.13 shall remain at the rates in
59 24 effect on June 30, 2017.

Requires the reimbursement rates for substance abuse treatment providers to remain at the rate in effect in FY 2017.

59 25 2. For the fiscal year beginning July 1, 2017, the
59 26 reimbursement rate for providers reimbursed under the
59 27 in-home-related care program shall not be less than the minimum
59 28 payment level as established by the federal government to meet
59 29 the federally mandated maintenance of effort requirement.

Requires that the minimum reimbursement payment for providers of the In-Home-Related Care Program be no less than the minimum payment established by the federal government for FY 2018.

59 30 3. Unless otherwise directed in this section, when the

Specifies that when the required reimbursement methodology for

59 31 department's reimbursement methodology for any provider
 59 32 reimbursed in accordance with this section includes an
 59 33 inflation factor, this factor shall not exceed the amount
 59 34 by which the consumer price index for all urban consumers
 59 35 increased during the calendar year ending December 31, 2002.

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.

60 1 4. Notwithstanding section 234.38, for the fiscal
 60 2 year beginning July 1, 2017, the foster family basic daily
 60 3 maintenance rate and the maximum adoption subsidy rate for
 60 4 children ages 0 through 5 years shall be \$16.78, the rate for
 60 5 children ages 6 through 11 years shall be \$17.45, the rate for
 60 6 children ages 12 through 15 years shall be \$19.10, and the
 60 7 rate for children and young adults ages 16 and older shall
 60 8 be \$19.35. For youth ages 18 to 21 who have exited foster
 60 9 care, the preparation for adult living program maintenance rate
 60 10 shall be \$602.70 per month. The maximum payment for adoption
 60 11 subsidy nonrecurring expenses shall be limited to \$500 and the
 60 12 disallowance of additional amounts for court costs and other
 60 13 related legal expenses implemented pursuant to 2010 Iowa Acts,
 60 14 chapter 1031, section 408, shall be continued.

Requires the reimbursement rates for the Foster Family Basic Daily Maintenance Rate and the Maximum Adoption Subsidy Rate for children from birth through age 21 to remain at the rate in effect for FY 2017.

60 15 5. For the fiscal year beginning July 1, 2017, the maximum
 60 16 reimbursement rates for social services providers under
 60 17 contract shall remain at the rates in effect on June 30, 2017,
 60 18 or the provider's actual and allowable cost plus inflation for
 60 19 each service, whichever is less. However, if a new service
 60 20 or service provider is added after June 30, 2017, the initial
 60 21 reimbursement rate for the service or provider shall be based
 60 22 upon a weighted average of provider rates for similar services.

Requires the reimbursement rates for social services providers under contract to remain at the rate in effect for FY 2017.

60 23 6. a. For the fiscal year beginning July 1, 2017, the
 60 24 reimbursement rates for resource family recruitment and
 60 25 retention contractors shall be established by contract.
 60 26 b. For the fiscal year beginning July 1, 2017, the
 60 27 reimbursement rates for supervised apartment living foster care
 60 28 providers shall be established by contract.

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 2017.

60 29 7. a. For the purposes of this subsection, "combined
 60 30 reimbursement rate" means the combined service and maintenance
 60 31 reimbursement rate for a service level under the department's
 60 32 reimbursement methodology. Effective July 1, 2017, the
 60 33 combined reimbursement rate for a group foster care service
 60 34 level shall be the amount designated in this subsection.
 60 35 However, if a group foster care provider's reimbursement rate
 61 1 for a service level as of June 30, 2017, is more than the rate
 61 2 designated in this subsection, the provider's reimbursement
 61 3 shall remain at the higher rate.
 61 4 b. Unless a group foster care provider is subject to the

Requires the rate for group foster care providers to remain at the rate in effect in FY 2017.

61 5 exception provided in paragraph "a", effective July 1, 2017,
 61 6 the combined reimbursement rates for the service levels under
 61 7 the department's reimbursement methodology shall be as follows:
 61 8 (1) For service level, community - D1, the daily rate shall
 61 9 be at least \$84.17.
 61 10 (2) For service level, comprehensive - D2, the daily rate
 61 11 shall be at least \$119.09.
 61 12 (3) For service level, enhanced - D3, the daily rate shall
 61 13 be at least \$131.09.

61 14 8. The group foster care reimbursement rates paid for
 61 15 placement of children out of state shall be calculated
 61 16 according to the same rate-setting principles as those used for
 61 17 in-state providers, unless the director of human services or
 61 18 the director's designee determines that appropriate care cannot
 61 19 be provided within the state. The payment of the daily rate
 61 20 shall be based on the number of days in the calendar month in
 61 21 which service is provided.

61 22 9. a. For the fiscal year beginning July 1, 2017, the
 61 23 reimbursement rate paid for shelter care and the child welfare
 61 24 emergency services implemented to provide or prevent the need
 61 25 for shelter care shall be established by contract.

61 26 b. For the fiscal year beginning July 1, 2017, the combined
 61 27 service and maintenance components of the reimbursement rate
 61 28 paid for shelter care services shall be based on the financial
 61 29 and statistical report submitted to the department. The
 61 30 maximum reimbursement rate shall be \$101.83 per day. The
 61 31 department shall reimburse a shelter care provider at the
 61 32 provider's actual and allowable unit cost, plus inflation, not
 61 33 to exceed the maximum reimbursement rate.

61 34 c. Notwithstanding section 232.141, subsection 8, for the
 61 35 fiscal year beginning July 1, 2017, the amount of the statewide
 62 1 average of the actual and allowable rates for reimbursement of
 62 2 juvenile shelter care homes that is utilized for the limitation
 62 3 on recovery of unpaid costs shall remain at the amount in
 62 4 effect for this purpose in the fiscal year beginning July 1,
 62 5 2016.

62 6 10. For the fiscal year beginning July 1, 2017, the
 62 7 department shall calculate reimbursement rates for intermediate
 62 8 care facilities for persons with an intellectual disability
 62 9 at the 80th percentile. Beginning July 1, 2017, the rate
 62 10 calculation methodology shall utilize the consumer price index
 62 11 inflation factor applicable to the fiscal year beginning July
 62 12 1, 2017.

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

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

Requires the FY 2018 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

Requires the Statewide average reimbursement rates paid to shelter care providers in FY 2018 to remain at the rate in effect in FY 2017.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2017.

62 13 11. For the fiscal year beginning July 1, 2017, for child
 62 14 care providers reimbursed under the state child care assistance
 62 15 program, the department shall set provider reimbursement
 62 16 rates based on the rate reimbursement survey completed in
 62 17 December 2004. Effective July 1, 2017, the child care provider
 62 18 reimbursement rates shall remain at the rates in effect on June
 62 19 30, 2017. The department shall set rates in a manner so as
 62 20 to provide incentives for a nonregistered provider to become
 62 21 registered by applying the increase only to registered and
 62 22 licensed providers.

Requires the CCA Program rates paid to providers in FY 2018 to remain at the rate in effect in FY 2017.

62 23 12. For the fiscal year beginning July 1, 2017,
 62 24 notwithstanding any provision to the contrary under this
 62 25 section, affected providers or services shall be reimbursed as
 62 26 follows:

62 27 a. For fee-for-service claims, a rate or reimbursement
 62 28 shall be calculated based on the methodology otherwise
 62 29 specified in this section for the fiscal year beginning July 1,
 62 30 2017, for the respective provider or service.

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

62 31 b. For claims subject to a managed care contract with
 62 32 the exception of any provider or service to which a rate or
 62 33 reimbursement increase is applicable for the fiscal year under
 62 34 this section, the rate or reimbursement shall be based on the
 62 35 methodology established by the managed care contract. However,
 63 1 any rate or reimbursement established under such contract
 63 2 shall not be lower than the rate or reimbursement floor
 63 3 established by the department of human services as the managed
 63 4 care organization rate or reimbursement floor for a respective
 63 5 provider or service in effect on April 1, 2016.

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.

63 6 13. Notwithstanding any provision to the contrary,
 63 7 reimbursement rates and methodologies under this section may
 63 8 be adjusted as necessary to implement the cost containment
 63 9 strategies authorized for the medical assistance program in
 63 10 this 2017 Act.

63 11 14. The department may adopt emergency rules to implement
 63 12 this section.

Allows the DHS to adopt emergency rules to implement the section dealing with reimbursement rates.

63 13 Sec. 32. EMERGENCY RULES.

63 14 1. If specifically authorized by a provision of this
 63 15 division of this Act, the department of human services or
 63 16 the mental health and disability services commission may
 63 17 adopt administrative rules under section 17A.4, subsection
 63 18 3, and section 17A.5, subsection 2, paragraph "b", to
 63 19 implement the provisions of this division of this Act and
 63 20 the rules shall become effective immediately upon filing or
 63 21 on a later effective date specified in the rules, unless the

63 22 effective date of the rules is delayed or the applicability
 63 23 of the rules is suspended by the administrative rules review
 63 24 committee. Any rules adopted in accordance with this section
 63 25 shall not take effect before the rules are reviewed by the
 63 26 administrative rules review committee. The delay authority
 63 27 provided to the administrative rules review committee under
 63 28 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 63 29 shall be applicable to a delay imposed under this section,
 63 30 notwithstanding a provision in those sections making them
 63 31 inapplicable to section 17A.5, subsection 2, paragraph "b".
 63 32 Any rules adopted in accordance with the provisions of this
 63 33 section shall also be published as a notice of intended action
 63 34 as provided in section 17A.4.

63 35 2. If during a fiscal year, the department of human
 64 1 services is adopting rules in accordance with this section
 64 2 or as otherwise directed or authorized by state law, and the
 64 3 rules will result in an expenditure increase beyond the amount
 64 4 anticipated in the budget process or if the expenditure was
 64 5 not addressed in the budget process for the fiscal year, the
 64 6 department shall notify the persons designated by this division
 64 7 of this Act for submission of reports, the chairpersons and
 64 8 ranking members of the committees on appropriations, and
 64 9 the department of management concerning the rules and the
 64 10 expenditure increase. The notification shall be provided at
 64 11 least 30 calendar days prior to the date notice of the rules
 64 12 is submitted to the administrative rules coordinator and the
 64 13 administrative code editor.

64 14 Sec. 33. REPORTS. Any reports or other information
 64 15 required to be compiled and submitted under this Act during the
 64 16 fiscal year beginning July 1, 2017, shall be submitted to the
 64 17 chairpersons and ranking members of the joint appropriations
 64 18 subcommittee on health and human services, the legislative
 64 19 services agency, and the legislative caucus staffs on or
 64 20 before the dates specified for submission of the reports or
 64 21 information.

64 22 Sec. 34. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN
 64 23 APPROPRIATIONS FY 2017-2018. Notwithstanding section 8.39,
 64 24 subsection 1, for the fiscal year beginning July 1, 2017, if
 64 25 savings resulting from the governor's Medicaid modernization
 64 26 initiative accrue to the medical contracts or children's health
 64 27 insurance program appropriation from the general fund of the
 64 28 state and not to the medical assistance appropriation from the
 64 29 general fund of the state under this division of this Act,
 64 30 such savings may be transferred to such medical assistance
 64 31 appropriation for the same fiscal year without prior written

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

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

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative. Requires the DHS to report any transfers made pursuant to this Section to the LSA.

64 32 consent and approval of the governor and the director of the
 64 33 department of management. The department of human services
 64 34 shall report any transfers made pursuant to this section to the
 64 35 legislative services agency.

65 1 DIVISION VI
 65 2 HEALTH CARE ACCOUNTS AND FUNDS — FY 2017-2018

65 3 Sec. 35. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 65 4 appropriated from the pharmaceutical settlement account created
 65 5 in section 249A.33 to the department of human services for the
 65 6 fiscal year beginning July 1, 2017, and ending June 30, 2018,
 65 7 the following amount, or so much thereof as is necessary, to be
 65 8 used for the purpose designated:

65 9 Notwithstanding any provision of law to the contrary, to
 65 10 supplement the appropriations made in this Act for medical
 65 11 contracts under the medical assistance program for the fiscal
 65 12 year beginning July 1, 2017, and ending June 30, 2018:
 65 13 \$ 800,000

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

DETAIL: This is a decrease of \$500,000 compared to estimated net FY 2017.

65 14 Sec. 36. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 65 15 SERVICES. Notwithstanding any provision to the contrary and
 65 16 subject to the availability of funds, there is appropriated
 65 17 from the quality assurance trust fund created in section
 65 18 249L.4 to the department of human services for the fiscal year
 65 19 beginning July 1, 2017, and ending June 30, 2018, the following
 65 20 amounts, or so much thereof as is necessary, for the purposes
 65 21 designated:

65 22 To supplement the appropriation made in this Act from the
 65 23 general fund of the state to the department of human services
 65 24 for medical assistance for the same fiscal year:
 65 25 \$ 36,705,208

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

DETAIL: This is no change compared to estimated net FY 2017.

65 26 Sec. 37. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 65 27 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 65 28 the contrary and subject to the availability of funds, there is
 65 29 appropriated from the hospital health care access trust fund
 65 30 created in section 249M.4 to the department of human services
 65 31 for the fiscal year beginning July 1, 2017, and ending June
 65 32 30, 2018, the following amounts, or so much thereof as is
 65 33 necessary, for the purposes designated:

65 34 To supplement the appropriation made in this Act from the
 65 35 general fund of the state to the department of human services
 66 1 for medical assistance for the same fiscal year:
 66 2 \$ 33,920,554

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

DETAIL: This is a decrease of \$779,446 compared to estimated net FY 2017, due to less revenue available in the fund.

66 3 Sec. 38. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 66 4 FOR FY 2017-2018. Notwithstanding section 8.33, if moneys

Requires nonreversion of funds from the Medicaid Program. The funds will remain available for use in the succeeding fiscal year.

66 5 appropriated for purposes of the medical assistance program for
 66 6 the fiscal year beginning July 1, 2017, and ending June 30,
 66 7 2018, from the general fund of the state, the quality assurance
 66 8 trust fund and the hospital health care access trust fund, are
 66 9 in excess of actual expenditures for the medical assistance
 66 10 program and remain unencumbered or unobligated at the close
 66 11 of the fiscal year, the excess moneys shall not revert but
 66 12 shall remain available for expenditure for the purposes of the
 66 13 medical assistance program until the close of the succeeding
 66 14 fiscal year.

66 15 DIVISION VII
 66 16 DEPARTMENT ON AGING — FY 2018-2019

66 17 Sec. 39. DEPARTMENT ON AGING. There is appropriated from
 66 18 the general fund of the state to the department on aging for
 66 19 the fiscal year beginning July 1, 2018, and ending June 30,
 66 20 2019, the following amount, or so much thereof as is necessary,
 66 21 to be used for the purposes designated:

66 22 For aging programs for the department on aging and area
 66 23 agencies on aging to provide citizens of Iowa who are 60 years
 66 24 of age and older with case management for frail elders, Iowa's
 66 25 aging and disabilities resource center, and other services
 66 26 which may include but are not limited to adult day services,
 66 27 respite care, chore services, information and assistance,
 66 28 and material aid, for information and options counseling for
 66 29 persons with disabilities who are 18 years of age or older,
 66 30 and for salaries, support, administration, maintenance, and
 66 31 miscellaneous purposes, and for not more than the following
 66 32 full-time equivalent positions:

66 33	.....	\$	5,521,238
66 34	.....	FTEs	27.00

66 35 1. Funds appropriated in this section may be used to
 67 1 supplement federal funds under federal regulations. To
 67 2 receive funds appropriated in this section, a local area
 67 3 agency on aging shall match the funds with moneys from other
 67 4 sources according to rules adopted by the department. Funds
 67 5 appropriated in this section may be used for elderly services
 67 6 not specifically enumerated in this section only if approved
 67 7 by an area agency on aging for provision of the service within
 67 8 the area.

67 9 2. Of the funds appropriated in this section, \$139,973 is
 67 10 transferred to the economic development authority for the Iowa
 67 11 commission on volunteer services to be used for the retired and
 67 12 senior volunteer program.

67 13 3. a. The department on aging shall establish and enforce
 67 14 procedures relating to expenditure of state and federal funds
 67 15 by area agencies on aging that require compliance with both
 67 16 state and federal laws, rules, and regulations, including but

Divisions VII through XII make FY 2019 General Fund, other fund, and FTE position appropriations. All appropriations and allocations are at 50.00% of the FY 2018 level, with the following exceptions:

- **Medical Contracts, Autism Support Program:** A reallocation of \$125,000 to the Behavioral-Analyst and Assistant Behavioral-Analyst Grant Program Fund instead of Drake University.
- **Community Capacity:** An allocation of \$436,327 for the Medical Residency Program.
- Standing appropriations or appropriations that consist of entire fund balances.

67 17 not limited to all of the following:

67 18 (1) Requiring that expenditures are incurred only for goods
67 19 or services received or performed prior to the end of the
67 20 fiscal period designated for use of the funds.

67 21 (2) Prohibiting prepayment for goods or services not
67 22 received or performed prior to the end of the fiscal period
67 23 designated for use of the funds.

67 24 (3) Prohibiting the prepayment for goods or services
67 25 not defined specifically by good or service, time period, or
67 26 recipient.

67 27 (4) Prohibiting the establishment of accounts from which
67 28 future goods or services which are not defined specifically by
67 29 good or service, time period, or recipient, may be purchased.

67 30 b. The procedures shall provide that if any funds are
67 31 expended in a manner that is not in compliance with the
67 32 procedures and applicable federal and state laws, rules, and
67 33 regulations, and are subsequently subject to repayment, the
67 34 area agency on aging expending such funds in contravention of
67 35 such procedures, laws, rules and regulations, not the state,
68 1 shall be liable for such repayment.

68 2 4. Of the funds appropriated in this section, at least
68 3 \$125,000 shall be used to fund the unmet needs identified
68 4 through Iowa's aging and disability resource center network.

68 5 5. Of the funds appropriated in this section, at least
68 6 \$300,000 shall be used to fund home and community-based
68 7 services through the area agencies on aging that enable older
68 8 individuals to avoid more costly utilization of residential or
68 9 institutional services and remain in their own homes.

68 10 6. Of the funds appropriated in this section, \$406,268
68 11 shall be used for the purposes of chapter 231E and section
68 12 231.56A, of which \$175,000 shall be used for the office of
68 13 substitute decision maker pursuant to chapter 231E, and the
68 14 remainder shall be distributed equally to the area agencies on
68 15 aging to administer the prevention of elder abuse, neglect, and
68 16 exploitation program pursuant to section 231.56A, in accordance
68 17 with the requirements of the federal Older Americans Act of
68 18 1965, 42 U.S.C. §3001 et seq., as amended.

68 19 7. Of the funds appropriated in this section, \$375,000
68 20 shall be used to fund continuation of the aging and disability
68 21 resource center lifelong links to provide individuals and
68 22 caregivers with information and services to plan for and
68 23 maintain independence.

68 24 8. Notwithstanding section 8.39, for the fiscal year
68 25 beginning July 1, 2018, the department may transfer funds
68 26 within or between the allocations made in this division of this
68 27 Act for the same fiscal year in accordance with departmental
68 28 priorities. The department shall report any such transfers
68 29 to the individuals specified in this Act for submission of

68 30 reports. This subsection shall not be construed to prohibit
68 31 the use of existing state transfer authority for other
68 32 purposes.

68 33 DIVISION VIII

68 34 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2018-2019

68 35 Sec. 40. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
69 1 appropriated from the general fund of the state to the office
69 2 of long-term care ombudsman for the fiscal year beginning July
69 3 1, 2018, and ending June 30, 2019, the following amount, or
69 4 so much thereof as is necessary, to be used for the purposes
69 5 designated:

69 6 For salaries, support, administration, maintenance, and
69 7 miscellaneous purposes, and for not more than the following
69 8 full-time equivalent positions:
69 9 \$ 580,140
69 10 FTEs 16.00

69 11 DIVISION IX

69 12 DEPARTMENT OF PUBLIC HEALTH — FY 2018-2019

69 13 Sec. 41. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
69 14 from the general fund of the state to the department of public
69 15 health for the fiscal year beginning July 1, 2018, and ending
69 16 June 30, 2019, the following amounts, or so much thereof as is
69 17 necessary, to be used for the purposes designated:

69 18 1. ADDICTIVE DISORDERS

69 19 For reducing the prevalence of the use of tobacco, alcohol,
69 20 and other drugs, and treating individuals affected by addictive
69 21 behaviors, including gambling, and for not more than the
69 22 following full-time equivalent positions:

69 23 \$ 12,492,915
69 24 FTEs 10.00

69 25 a. (1) Of the funds appropriated in this subsection,
69 26 \$2,010,612 shall be used for the tobacco use prevention
69 27 and control initiative, including efforts at the state and
69 28 local levels, as provided in chapter 142A. The commission
69 29 on tobacco use prevention and control established pursuant
69 30 to section 142A.3 shall advise the director of public health
69 31 in prioritizing funding needs and the allocation of moneys
69 32 appropriated for the programs and initiatives. Activities
69 33 of the programs and initiatives shall be in alignment with
69 34 the United States centers for disease control and prevention
69 35 best practices for comprehensive tobacco control programs that
70 1 include the goals of preventing youth initiation of tobacco
70 2 usage, reducing exposure to secondhand smoke, and promotion
70 3 of tobacco cessation. To maximize resources, the department
70 4 shall determine if third-party sources are available to
70 5 instead provide nicotine replacement products to an applicant
70 6 prior to provision of such products to an applicant under
70 7 the initiative. The department shall track and report to

70 8 the individuals specified in this Act, any reduction in
70 9 the provision of nicotine replacement products realized by
70 10 the initiative through implementation of the prerequisite
70 11 screening.

70 12 (2) (a) The department shall collaborate with the
70 13 alcoholic beverages division of the department of commerce for
70 14 enforcement of tobacco laws, regulations, and ordinances and to
70 15 engage in tobacco control activities approved by the division
70 16 of tobacco use prevention and control of the department of
70 17 public health as specified in the memorandum of understanding
70 18 entered into between the divisions.

70 19 (b) For the fiscal year beginning July 1, 2018, and ending
70 20 June 30, 2019, the terms of the memorandum of understanding,
70 21 entered into between the division of tobacco use prevention
70 22 and control of the department of public health and the
70 23 alcoholic beverages division of the department of commerce,
70 24 governing compliance checks conducted to ensure licensed retail
70 25 tobacco outlet conformity with tobacco laws, regulations, and
70 26 ordinances relating to persons under 18 years of age, shall
70 27 continue to restrict the number of such checks to one check per
70 28 retail outlet, and one additional check for any retail outlet
70 29 found to be in violation during the first check.

70 30 b. Of the funds appropriated in this subsection,
70 31 \$10,482,303 shall be used for problem gambling and
70 32 substance-related disorder prevention, treatment, and recovery
70 33 services, including a 24-hour helpline, public information
70 34 resources, professional training, youth prevention, and program
70 35 evaluation.

71 1 c. The requirement of section 123.17, subsection 5, is met
71 2 by the appropriations and allocations made in this division of
71 3 this Act for purposes of substance-related disorder treatment
71 4 and addictive disorders for the fiscal year beginning July 1,
71 5 2018.

71 6 2. HEALTHY CHILDREN AND FAMILIES

71 7 For promoting the optimum health status for children,
71 8 adolescents from birth through 21 years of age, and families,
71 9 and for not more than the following full-time equivalent
71 10 positions:

71 11	.....	\$	2,662,816
71 12	.....	FTEs	12.00

71 13 a. Of the funds appropriated in this subsection, not more
71 14 than \$367,420 shall be used for the healthy opportunities for
71 15 parents to experience success (HOPES)-healthy families Iowa
71 16 (HFI) program established pursuant to section 135.106. The
71 17 funding shall be distributed to renew the grants that were
71 18 provided to the grantees that operated the program during the
71 19 fiscal year ending June 30, 2018.

71 20 b. In order to implement the legislative intent stated in

71 21 sections 135.106 and 256I.9, that priority for home visitation
71 22 program funding be given to programs using evidence-based or
71 23 promising models for home visitation, it is the intent of the
71 24 general assembly to phase in the funding priority in accordance
71 25 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
71 26 paragraph "0b".

71 27 c. Of the funds appropriated in this subsection, \$1,537,550
71 28 shall be used for continuation of the department's initiative
71 29 to provide for adequate developmental surveillance and
71 30 screening during a child's first five years. The funds shall
71 31 be used first to fully fund the current sites to ensure that
71 32 the sites are fully operational, with the remaining funds
71 33 to be used for expansion to additional sites. The full
71 34 implementation and expansion shall include enhancing the scope
71 35 of the program through collaboration with the child health
72 1 specialty clinics to promote healthy child development through
72 2 early identification and response to both biomedical and social
72 3 determinants of healthy development; by monitoring child
72 4 health metrics to inform practice, document long-term health
72 5 impacts and savings, and provide for continuous improvement
72 6 through training, education, and evaluation; and by providing
72 7 for practitioner consultation particularly for children with
72 8 behavioral conditions and needs. The department of public
72 9 health shall also collaborate with the Iowa Medicaid enterprise
72 10 and the child health specialty clinics to integrate the
72 11 activities of the first five initiative into the establishment
72 12 of patient-centered medical homes, community utilities,
72 13 accountable care organizations, and other integrated care
72 14 models developed to improve health quality and population
72 15 health while reducing health care costs. To the maximum extent
72 16 possible, funding allocated in this paragraph shall be utilized
72 17 as matching funds for medical assistance program reimbursement.

72 18 d. Of the funds appropriated in this subsection, \$32,320
72 19 shall be distributed to a statewide dental carrier to provide
72 20 funds to continue the donated dental services program patterned
72 21 after the projects developed by the lifeline network to provide
72 22 dental services to indigent individuals who are elderly or with
72 23 disabilities.

72 24 e. Of the funds appropriated in this subsection, \$78,241
72 25 shall be used to provide audiological services and hearing
72 26 aids for children. The department may enter into a contract
72 27 to administer this paragraph.

72 28 f. Of the funds appropriated in this subsection, \$11,500 is
72 29 transferred to the university of Iowa college of dentistry for
72 30 provision of primary dental services to children. State funds
72 31 shall be matched on a dollar-for-dollar basis. The university
72 32 of Iowa college of dentistry shall coordinate efforts with the
72 33 department of public health, bureau of oral and health delivery

72 34 systems, to provide dental care to underserved populations
72 35 throughout the state.

73 1 g. Of the funds appropriated in this subsection, \$25,000
73 2 shall be used to address youth suicide prevention.

73 3 h. Of the funds appropriated in this subsection, \$20,255
73 4 shall be used to support the Iowa effort to address the survey
73 5 of children who experience adverse childhood experiences known
73 6 as ACEs.

73 7 i. The department of public health shall continue to
73 8 administer the program to assist parents in this state with
73 9 costs resulting from the death of a child in accordance with
73 10 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
73 11 subsection 12.

73 12 3. CHRONIC CONDITIONS

73 13 For serving individuals identified as having chronic
73 14 conditions or special health care needs, and for not more than
73 15 the following full-time equivalent positions:

73 16	.....	\$	2,085,375
73 17	.....	FTEs	5.00

73 18 a. Of the funds appropriated in this subsection, \$76,877
73 19 shall be used for grants to individual patients who have an
73 20 inherited metabolic disorder to assist with the costs of
73 21 medically necessary foods and formula.

73 22 b. Of the funds appropriated in this subsection, \$510,397
73 23 shall be used for the brain injury services program pursuant
73 24 to section 135.22B, including for contracting with an existing
73 25 nationally affiliated and statewide organization whose purpose
73 26 is to educate, serve, and support Iowans with brain injury and
73 27 their families for resource facilitator services in accordance
73 28 with section 135.22B, subsection 9, and for contracting to
73 29 enhance brain injury training and recruitment of service
73 30 providers on a statewide basis. Of the amount allocated in
73 31 this paragraph, \$47,500 shall be used to fund one full-time
73 32 equivalent position to serve as the state brain injury services
73 33 program manager.

73 34 c. Of the funds appropriated in this subsection, \$72,048
73 35 shall be used for the public purpose of continuing to contract
74 1 with an existing national-affiliated organization to provide
74 2 education, client-centered programs, and client and family
74 3 support for people living with epilepsy and their families.
74 4 The amount allocated in this paragraph in excess of \$50,000
74 5 shall be matched dollar-for-dollar by the organization
74 6 specified.

74 7 d. Of the funds appropriated in this subsection, \$404,775
74 8 shall be used for child health specialty clinics.

74 9 e. Of the funds appropriated in this subsection, \$192,276
74 10 shall be used by the regional autism assistance program
74 11 established pursuant to section 256.35, and administered by

74 12 the child health specialty clinic located at the university of
 74 13 iowa hospitals and clinics. The funds shall be used to enhance
 74 14 interagency collaboration and coordination of educational,
 74 15 medical, and other human services for persons with autism,
 74 16 their families, and providers of services, including delivering
 74 17 regionalized services of care coordination, family navigation,
 74 18 and integration of services through the statewide system of
 74 19 regional child health specialty clinics and fulfilling other
 74 20 requirements as specified in chapter 225D. The university of
 74 21 iowa shall not receive funds allocated under this paragraph for
 74 22 indirect costs associated with the regional autism assistance
 74 23 program.

74 24 f. Of the funds appropriated in this subsection, \$288,687
 74 25 shall be used for the comprehensive cancer control program to
 74 26 reduce the burden of cancer in iowa through prevention, early
 74 27 detection, effective treatment, and ensuring quality of life.
 74 28 Of the funds allocated in this paragraph "f", \$75,000 shall
 74 29 be used to support a melanoma research symposium, a melanoma
 74 30 biorepository and registry, basic and translational melanoma
 74 31 research, and clinical trials.

74 32 g. Of the funds appropriated in this subsection, \$48,766
 74 33 shall be used for cervical and colon cancer screening, and
 74 34 \$88,860 shall be used to enhance the capacity of the cervical
 74 35 cancer screening program to include provision of recommended
 75 1 prevention and early detection measures to a broader range of
 75 2 low-income women.

75 3 h. Of the funds appropriated in this subsection, \$253,177
 75 4 shall be used for the center for congenital and inherited
 75 5 disorders.

75 6 i. Of the funds appropriated in this subsection,
 75 7 \$107,631 shall be used by the department of public health
 75 8 for reform-related activities, including but not limited to
 75 9 facilitation of communication to stakeholders at the state and
 75 10 local level, administering the patient-centered health advisory
 75 11 council pursuant to section 135.159, and involvement in health
 75 12 care system innovation activities occurring across the state.

75 13 j. Of the funds appropriated in this subsection, \$11,050
 75 14 shall be used for administration of chapter 124D, the medical
 75 15 cannabidiol Act.

75 16 4. COMMUNITY CAPACITY

75 17 For strengthening the health care delivery system at the
 75 18 local level, and for not more than the following full-time
 75 19 equivalent positions:

75 20	.....	\$	1,403,888
75 21	.....	FTEs	13.00

75 22 a. Of the funds appropriated in this subsection, \$47,787
 75 23 is allocated for continuation of the child vision screening
 75 24 program implemented through the university of iowa hospitals

75 25 and clinics in collaboration with early childhood Iowa areas.
75 26 The program shall submit a report to the individuals identified
75 27 in this Act for submission of reports regarding the use of
75 28 funds allocated under this paragraph "a". The report shall
75 29 include the objectives and results for the program year
75 30 including the target population and how the funds allocated
75 31 assisted the program in meeting the objectives; the number,
75 32 age, and location within the state of individuals served;
75 33 the type of services provided to the individuals served; the
75 34 distribution of funds based on service provided; and the
75 35 continuing needs of the program.

76 1 b. Of the funds appropriated in this subsection, \$52,828 is
76 2 allocated for continuation of an initiative implemented at the
76 3 university of Iowa to expand and improve the workforce engaged
76 4 in mental health treatment and services. The initiative shall
76 5 receive input from the university of Iowa, the department of
76 6 human services, the department of public health, and the mental
76 7 health and disability services commission to address the focus
76 8 of the initiative.

76 9 c. Of the funds appropriated in this section, \$41,657 shall
76 10 be deposited in the governmental public health system fund
76 11 created in section 135A.8 to be used for the purposes of the
76 12 fund.

76 13 d. Of the funds appropriated in this subsection,
76 14 \$24,034 shall be used for a grant to a statewide association
76 15 of psychologists that is affiliated with the American
76 16 psychological association to be used for continuation of a
76 17 program to rotate intern psychologists in placements in urban
76 18 and rural mental health professional shortage areas, as defined
76 19 in section 135.180.

76 20 e. Of the funds appropriated in this subsection, the
76 21 following amounts are allocated to be used as follows to
76 22 support the Iowa collaborative safety net provider network
76 23 goals of increased access, health system integration, and
76 24 engagement.

76 25 (1) Not less than \$260,931 is allocated to the Iowa
76 26 prescription drug corporation for continuation of the
76 27 pharmaceutical infrastructure for safety net providers as
76 28 described in 2007 Iowa Acts, chapter 218, section 108, and for
76 29 the prescription drug donation repository program created in
76 30 chapter 135M.

76 31 (2) Not less than \$167,435 is allocated to free clinics and
76 32 free clinics of Iowa for necessary infrastructure, statewide
76 33 coordination, provider recruitment, service delivery, and
76 34 provision of assistance to patients in securing a medical home
76 35 inclusive of oral health care.

77 1 (3) Not less than \$12,500 is allocated to the Iowa
77 2 association of rural health clinics for necessary

77 3 infrastructure and service delivery transformation.

77 4 f. Of the funds appropriated in this subsection, \$81,700
77 5 shall be used for continuation of the work of the direct care
77 6 worker advisory council established pursuant to 2008 Iowa Acts,
77 7 chapter 1188, section 69, in implementing the recommendations
77 8 in the final report submitted by the advisory council to the
77 9 governor and the general assembly in March 2012, including
77 10 by continuing to develop, promote, and make available on a
77 11 statewide basis the prepare-to-care core curriculum and its
77 12 associated modules and specialties through various formats
77 13 including online access, community colleges, and other venues;
77 14 exploring new and maintaining existing specialties including
77 15 but not limited to oral health and dementia care; supporting
77 16 instructor training; and assessing and making recommendations
77 17 concerning the Iowa care book and information technology
77 18 systems and infrastructure uses and needs.

77 19 g. Of the funds appropriated in this subsection, \$52,009
77 20 shall be allocated for continuation of the contract with
77 21 an independent statewide direct care worker organization
77 22 previously selected through a request for proposals process.
77 23 The contract shall continue to include performance and outcomes
77 24 measures, and shall continue to allow the contractor to use a
77 25 portion of the funds received under the contract to collect
77 26 data to determine results based on the performance and outcomes
77 27 measures.

77 28 h. Of the funds appropriated in this subsection, the
77 29 department may use up to \$29,087 for up to one full-time
77 30 equivalent position to administer the volunteer health care
77 31 provider program pursuant to section 135.24.

77 32 i. Of the funds appropriated in this subsection, \$48,069
77 33 shall be used for a matching dental education loan repayment
77 34 program to be allocated to a dental nonprofit health service
77 35 corporation to continue to develop the criteria and implement
78 1 the loan repayment program.

78 2 j. Of the funds appropriated in this subsection, \$26,455 is
78 3 transferred to the college student aid commission for deposit
78 4 in the rural Iowa primary care trust fund created in section
78 5 261.113 to be used for the purposes of the fund.

78 6 k. Of the funds appropriated in this subsection, \$75,000
78 7 shall be used for the purposes of the Iowa donor registry as
78 8 specified in section 142C.18.

78 9 l. Of the funds appropriated in this subsection, \$48,069
78 10 shall be used for continuation of a grant to a nationally
78 11 affiliated volunteer eye organization that has an established
78 12 program for children and adults and that is solely dedicated to
78 13 preserving sight and preventing blindness through education,
78 14 nationally certified vision screening and training, and
78 15 community and patient service programs. The organization

78 16 shall submit a report to the individuals identified in this
 78 17 Act for submission of reports regarding the use of funds
 78 18 allocated under this paragraph "l". The report shall include
 78 19 the objectives and results for the program year including
 78 20 the target population and how the funds allocated assisted
 78 21 the program in meeting the objectives; the number, age, and
 78 22 location within the state of individuals served; the type of
 78 23 services provided to the individuals served; the distribution
 78 24 of funds based on services provided; and the continuing needs
 78 25 of the program.

78 26 m. Of the funds appropriated in this subsection, \$436,327
 78 27 shall be deposited in the medical residency training account
 78 28 created in section 135.175, subsection 5, paragraph "a", and
 78 29 is appropriated from the account to the department of public
 78 30 health to be used for the purposes of the medical residency
 78 31 training state matching grants program as specified in section
 78 32 135.176.

78 33 5. ESSENTIAL PUBLIC HEALTH SERVICES

78 34 To provide public health services that reduce risks and
 78 35 invest in promoting and protecting good health over the
 79 1 course of a lifetime with a priority given to older lowans and
 79 2 vulnerable populations:

79 3 \$ 4,098,939

79 4 6. INFECTIOUS DISEASES

79 5 For reducing the incidence and prevalence of communicable
 79 6 diseases, and for not more than the following full-time
 79 7 equivalent positions:

79 8 \$ 823,213

79 9 FTEs 4.00

79 10 7. PUBLIC PROTECTION

79 11 For protecting the health and safety of the public through
 79 12 establishing standards and enforcing regulations, and for not
 79 13 more than the following full-time equivalent positions:

79 14 \$ 2,097,569

79 15 FTEs 138.00

79 16 a. Of the funds appropriated in this subsection, not more
 79 17 than \$152,350 shall be credited to the emergency medical
 79 18 services fund created in section 135.25. Moneys in the
 79 19 emergency medical services fund are appropriated to the
 79 20 department to be used for the purposes of the fund.

79 21 b. Of the funds appropriated in this subsection, up
 79 22 to \$121,630 shall be used for sexual violence prevention
 79 23 programming through a statewide organization representing
 79 24 programs serving victims of sexual violence through the
 79 25 department's sexual violence prevention program, and for
 79 26 continuation of a training program for sexual assault
 79 27 response team (SART) members, including representatives of
 79 28 law enforcement, victim advocates, prosecutors, and certified

79 29 medical personnel. The amount allocated in this paragraph “b”
 79 30 shall not be used to supplant funding administered for other
 79 31 sexual violence prevention or victims assistance programs.
 79 32 c. Of the funds appropriated in this subsection, up to
 79 33 \$287,813 shall be used for the state poison control center.
 79 34 Pursuant to the directive under 2014 Iowa Acts, chapter
 79 35 1140, section 102, the federal matching funds available to
 80 1 the state poison control center from the department of human
 80 2 services under the federal Children’s Health Insurance Program
 80 3 Reauthorization Act allotment shall be subject to the federal
 80 4 administrative cap rule of 10 percent applicable to funding
 80 5 provided under Tit.XXI of the federal Social Security Act and
 80 6 included within the department’s calculations of the cap.

80 7 d. Of the funds appropriated in this subsection, up to
 80 8 \$258,491 shall be used for childhood lead poisoning provisions.

80 9 8. RESOURCE MANAGEMENT

80 10 For establishing and sustaining the overall ability of the
 80 11 department to deliver services to the public, and for not more
 80 12 than the following full-time equivalent positions:

80 13	\$	485,607
80 14	FTEs	4.00

80 15 9. MISCELLANEOUS PROVISIONS

80 16 The university of Iowa hospitals and clinics under the
 80 17 control of the state board of regents shall not receive
 80 18 indirect costs from the funds appropriated in this section.
 80 19 The university of Iowa hospitals and clinics billings to the
 80 20 department shall be on at least a quarterly basis.

80 21 10. GENERAL REDUCTION

80 22 For the period beginning July 1, 2018, and ending June 30,
 80 23 2019, the department of public health, in consultation with
 80 24 the department of management, shall identify and implement a
 80 25 reduction in expenditures made from appropriations from the
 80 26 general fund of the state to the department of public health in
 80 27 the amount of \$640,683.

80 28 11. TRANSFERS

80 29 Notwithstanding section 8.39, for the fiscal year beginning
 80 30 July 1, 2018, the department may transfer funds within or
 80 31 between any of the allocations or appropriations made in this
 80 32 division of this Act for the same fiscal year, to be used in
 80 33 accordance with departmental priorities as specified in the
 80 34 department’s report to the general assembly submitted pursuant
 80 35 to 2016 Iowa Acts, chapter 1139, section 3. The department
 81 1 shall report any such transfers to the individuals specified
 81 2 in this Act for submission of reports. This subsection shall
 81 3 not be construed to prohibit the use of existing state transfer
 81 4 authority for other purposes.

81 7 Sec. 42. DEPARTMENT OF VETERANS AFFAIRS. There is
 81 8 appropriated from the general fund of the state to the
 81 9 department of veterans affairs for the fiscal year beginning
 81 10 July 1, 2018, and ending June 30, 2019, the following amounts,
 81 11 or so much thereof as is necessary, to be used for the purposes
 81 12 designated:

81 13 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 81 14 For salaries, support, maintenance, and miscellaneous
 81 15 purposes, and for not more than the following full-time
 81 16 equivalent positions:

81 17	.....	\$	571,278
81 18	.....	FTEs	15.00

81 19 2. IOWA VETERANS HOME
 81 20 For salaries, support, maintenance, and miscellaneous
 81 21 purposes:

81 22	\$	3,614,070
-------	-------	----	-----------

81 23 a. The Iowa veterans home billings involving the department
 81 24 of human services shall be submitted to the department on at
 81 25 least a monthly basis.

81 26 b. Within available resources and in conformance with
 81 27 associated state and federal program eligibility requirements,
 81 28 the Iowa veterans home may implement measures to provide
 81 29 financial assistance to or on behalf of veterans or their
 81 30 spouses who are participating in the community reentry program.

81 31 c. The Iowa veterans home expenditure report shall be
 81 32 submitted monthly to the legislative services agency.

81 33 d. The Iowa veterans home shall continue to include in the
 81 34 annual discharge report applicant information and to provide
 81 35 for the collection of demographic information including but not
 82 1 limited to the number of individuals applying for admission and
 82 2 admitted or denied admittance and the basis for the admission
 82 3 or denial; the age, gender, and race of such individuals;
 82 4 and the level of care for which such individuals applied for
 82 5 admission including residential or nursing level of care.

82 6 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 82 7 For transfer to the Iowa finance authority for the
 82 8 continuation of the home ownership assistance program for
 82 9 persons who are or were eligible members of the armed forces of
 82 10 the United States, pursuant to section 16.54:

82 11	\$	1,000,000
-------	-------	----	-----------

82 12 Sec. 43. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
 82 13 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 82 14 standing appropriation in section 35A.16 for the fiscal year
 82 15 beginning July 1, 2018, and ending June 30, 2019, the amount
 82 16 appropriated from the general fund of the state pursuant to
 82 17 that section for the following designated purposes shall not
 82 18 exceed the following amount:

82 19 For the county commissions of veteran affairs fund under

82 20 section 35A.16:
82 21 \$ 473,962
82 22 DIVISION XI
82 23 DEPARTMENT OF HUMAN SERVICES — FY 2018-2019
82 24 Sec. 44. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
82 25 GRANT. There is appropriated from the fund created in section
82 26 8.41 to the department of human services for the fiscal year
82 27 beginning July 1, 2018, and ending June 30, 2019, from moneys
82 28 received under the federal temporary assistance for needy
82 29 families (TANF) block grant pursuant to the federal Personal
82 30 Responsibility and Work Opportunity Reconciliation Act of 1996,
82 31 Pub.L.No.104-193, and successor legislation, the following
82 32 amounts, or so much thereof as is necessary, to be used for the
82 33 purposes designated:
82 34 1. To be credited to the family investment program account
82 35 and used for assistance under the family investment program
83 1 under chapter 239B:
83 2 \$ 2,556,231
83 3 2. To be credited to the family investment program account
83 4 and used for the job opportunities and basic skills (JOBS)
83 5 program and implementing family investment agreements in
83 6 accordance with chapter 239B:
83 7 \$ 2,787,846
83 8 3. To be used for the family development and
83 9 self-sufficiency grant program in accordance with section
83 10 216A.107:
83 11 \$ 1,449,490
83 12 Notwithstanding section 8.33, moneys appropriated in this
83 13 subsection that remain unencumbered or unobligated at the close
83 14 of the fiscal year shall not revert but shall remain available
83 15 for expenditure for the purposes designated until the close of
83 16 the succeeding fiscal year. However, unless such moneys are
83 17 encumbered or obligated on or before September 30, 2018, the
83 18 moneys shall revert.
83 19 4. For field operations:
83 20 \$ 15,648,116
83 21 5. For general administration:
83 22 \$ 1,872,000
83 23 6. For state child care assistance:
83 24 \$ 23,933,413
83 25 a. Of the funds appropriated in this subsection,
83 26 \$13,164,048 is transferred to the child care and development
83 27 block grant appropriation made by the Eighty-seventh General
83 28 Assembly, 2018 session, for the federal fiscal year beginning
83 29 October 1, 2018, and ending September 30, 2019. Of this
83 30 amount, \$100,000 shall be used for provision of educational
83 31 opportunities to registered child care home providers in order
83 32 to improve services and programs offered by this category

83 33 of providers and to increase the number of providers. The
 83 34 department may contract with institutions of higher education
 83 35 or child care resource and referral centers to provide
 84 1 the educational opportunities. Allowable administrative
 84 2 costs under the contracts shall not exceed 5 percent. The
 84 3 application for a grant shall not exceed two pages in length.

84 4 b. Any funds appropriated in this subsection remaining
 84 5 unallocated shall be used for state child care assistance
 84 6 payments for families who are employed including but not
 84 7 limited to individuals enrolled in the family investment
 84 8 program.

84 9 7. For child and family services:
 84 10 \$ 16,190,327

84 11 8. For child abuse prevention grants:
 84 12 \$ 62,500

84 13 9. For pregnancy prevention grants on the condition that
 84 14 family planning services are funded:
 84 15 \$ 965,033

84 16 Pregnancy prevention grants shall be awarded to programs
 84 17 in existence on or before July 1, 2018, if the programs have
 84 18 demonstrated positive outcomes. Grants shall be awarded to
 84 19 pregnancy prevention programs which are developed after July
 84 20 1, 2018, if the programs are based on existing models that
 84 21 have demonstrated positive outcomes. Grants shall comply with
 84 22 the requirements provided in 1997 Iowa Acts, chapter 208,
 84 23 section 14, subsections 1 and 2, including the requirement that
 84 24 grant programs must emphasize sexual abstinence. Priority in
 84 25 the awarding of grants shall be given to programs that serve
 84 26 areas of the state which demonstrate the highest percentage of
 84 27 unplanned pregnancies of females of childbearing age within the
 84 28 geographic area to be served by the grant.

84 29 10. For technology needs and other resources necessary
 84 30 to meet federal welfare reform reporting, tracking, and case
 84 31 management requirements:
 84 32 \$ 518,593

84 33 11. a. Notwithstanding any provision to the contrary,
 84 34 including but not limited to requirements in section 8.41 or
 84 35 provisions in 2017 or 2018 Iowa Acts regarding the receipt and
 85 1 appropriation of federal block grants, federal funds from the
 85 2 temporary assistance for needy families block grant received by
 85 3 the state and not otherwise appropriated in this section and
 85 4 remaining available for the fiscal year beginning July 1, 2018,
 85 5 are appropriated to the department of human services to the
 85 6 extent as may be necessary to be used in the following priority
 85 7 order:the family investment program, for state child care
 85 8 assistance program payments for families who are employed, and
 85 9 for the family investment program share of costs to develop and
 85 10 maintain a new, integrated eligibility determination system.

85 11 The federal funds appropriated in this paragraph "a" shall be
 85 12 expended only after all other funds appropriated in subsection
 85 13 1 for the assistance under the family investment program,
 85 14 in subsection 6 for child care assistance, or in subsection
 85 15 12 for the family investment program share of the costs to
 85 16 continue to develop and maintain a new, integrated eligibility
 85 17 determination system, as applicable, have been expended. For
 85 18 the purposes of this subsection, the funds appropriated in
 85 19 subsection 6, paragraph "a", for transfer to the child care
 85 20 and development block grant appropriation are considered fully
 85 21 expended when the full amount has been transferred.

85 22 b. The department shall, on a quarterly basis, advise the
 85 23 legislative services agency and department of management of
 85 24 the amount of funds appropriated in this subsection that was
 85 25 expended in the prior quarter.

85 26 12. Of the amounts appropriated in this section, \$6,481,004
 85 27 for the fiscal year beginning July 1, 2018, is transferred to
 85 28 the appropriation of the federal social services block grant
 85 29 made to the department of human services for that fiscal year.

85 30 13. For continuation of the program providing categorical
 85 31 eligibility for the food assistance program as specified
 85 32 for the program in the section of this division of this Act
 85 33 relating to the family investment program account:
 85 34 \$ 12,500

85 35 14. The department may transfer funds allocated in this
 86 1 section to the appropriations made in this division of this Act
 86 2 for the same fiscal year for general administration and field
 86 3 operations for resources necessary to implement and operate the
 86 4 services referred to in this section and those funded in the
 86 5 appropriation made in this division of this Act for the same
 86 6 fiscal year for the family investment program from the general
 86 7 fund of the state.

86 8 15. With the exception of moneys allocated under this
 86 9 section for the family development and self-sufficiency grant
 86 10 program, to the extent moneys allocated in this section are
 86 11 deemed by the department not to be necessary to support the
 86 12 purposes for which they are allocated, such moneys may be
 86 13 credited to the family investment program account as specified
 86 14 under subsection 1 of this section and used for the purposes of
 86 15 assistance under the family investment program under chapter
 86 16 239B in the same fiscal year.

86 17 Sec. 45. FAMILY INVESTMENT PROGRAM ACCOUNT.

86 18 1. Moneys credited to the family investment program (FIP)
 86 19 account for the fiscal year beginning July 1, 2018, and
 86 20 ending June 30, 2019, shall be used to provide assistance in
 86 21 accordance with chapter 239B.

86 22 2. The department may use a portion of the moneys credited
 86 23 to the FIP account under this section as necessary for

86 24 salaries, support, maintenance, and miscellaneous purposes.
 86 25 3. The department may transfer funds allocated in
 86 26 subsection 4 to the appropriations made in this division of
 86 27 this Act for the same fiscal year for general administration
 86 28 and field operations for resources necessary to implement and
 86 29 operate the family investment program services referred to in
 86 30 this section and those funded in the appropriation made in this
 86 31 division of this Act for the same fiscal year for the family
 86 32 investment program from the general fund of the state.

86 33 4. Moneys appropriated in this division of this Act and
 86 34 credited to the FIP account for the fiscal year beginning July
 86 35 1, 2018, and ending June 30, 2019, are allocated as follows:

87 1 a. To be retained by the department of human services to
 87 2 be used for coordinating with the department of human rights
 87 3 to more effectively serve participants in FIP and other shared
 87 4 clients and to meet federal reporting requirements under the
 87 5 federal temporary assistance for needy families block grant:
 87 6 \$ 10,000

87 7 b. To the department of human rights for staffing,
 87 8 administration, and implementation of the family development
 87 9 and self-sufficiency grant program in accordance with section
 87 10 216A.107:
 87 11 \$ 3,096,417

87 12 (1) Of the funds allocated for the family development
 87 13 and self-sufficiency grant program in this paragraph "b",
 87 14 not more than 5 percent of the funds shall be used for the
 87 15 administration of the grant program.

87 16 (2) The department of human rights may continue to implement
 87 17 the family development and self-sufficiency grant program
 87 18 statewide during fiscal year 2018-2019.

87 19 (3) The department of human rights may engage in activities
 87 20 to strengthen and improve family outcomes measures and
 87 21 data collection systems under the family development and
 87 22 self-sufficiency grant program.

87 23 c. For the diversion subaccount of the FIP account:
 87 24 \$ 407,500

87 25 A portion of the moneys allocated for the subaccount may
 87 26 be used for field operations, salaries, data management
 87 27 system development, and implementation costs and support
 87 28 deemed necessary by the director of human services in order to
 87 29 administer the FIP diversion program. To the extent moneys
 87 30 allocated in this paragraph "c" are deemed by the department
 87 31 not to be necessary to support diversion activities, such
 87 32 moneys may be used for other efforts intended to increase
 87 33 engagement by family investment program participants in work,
 87 34 education, or training activities, or for the purposes of
 87 35 assistance under the family investment program in accordance
 88 1 with chapter 239B.

88 2 d. For the food assistance employment and training program:
 88 3 \$ 33,294

88 4 (1) The department shall apply the federal supplemental
 88 5 nutrition assistance program (SNAP) employment and training
 88 6 state plan in order to maximize to the fullest extent permitted
 88 7 by federal law the use of the 50 percent federal reimbursement
 88 8 provisions for the claiming of allowable federal reimbursement
 88 9 funds from the United States department of agriculture
 88 10 pursuant to the federal SNAP employment and training program
 88 11 for providing education, employment, and training services
 88 12 for eligible food assistance program participants, including
 88 13 but not limited to related dependent care and transportation
 88 14 expenses.

88 15 (2) The department shall continue the categorical federal
 88 16 food assistance program eligibility at 160 percent of the
 88 17 federal poverty level and continue to eliminate the asset test
 88 18 from eligibility requirements, consistent with federal food
 88 19 assistance program requirements. The department shall include
 88 20 as many food assistance households as is allowed by federal
 88 21 law. The eligibility provisions shall conform to all federal
 88 22 requirements including requirements addressing individuals who
 88 23 are incarcerated or otherwise ineligible.

88 24 e. For the JOBS program:
 88 25 \$ 6,761,645

88 26 5. Of the child support collections assigned under FIP,
 88 27 an amount equal to the federal share of support collections
 88 28 shall be credited to the child support recovery appropriation
 88 29 made in this division of this Act. Of the remainder of the
 88 30 assigned child support collections received by the child
 88 31 support recovery unit, a portion shall be credited to the FIP
 88 32 account, a portion may be used to increase recoveries, and a
 88 33 portion may be used to sustain cash flow in the child support
 88 34 payments account. If as a consequence of the appropriations
 88 35 and allocations made in this section the resulting amounts
 89 1 are insufficient to sustain cash assistance payments and meet
 89 2 federal maintenance of effort requirements, the department
 89 3 shall seek supplemental funding. If child support collections
 89 4 assigned under FIP are greater than estimated or are otherwise
 89 5 determined not to be required for maintenance of effort, the
 89 6 state share of either amount may be transferred to or retained
 89 7 in the child support payments account.

89 8 6. The department may adopt emergency rules for the family
 89 9 investment, JOBS, food assistance, and medical assistance
 89 10 programs if necessary to comply with federal requirements.

89 11 Sec. 46. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 89 12 is appropriated from the general fund of the state to the
 89 13 department of human services for the fiscal year beginning July
 89 14 1, 2018, and ending June 30, 2019, the following amount, or

89 15 so much thereof as is necessary, to be used for the purpose
89 16 designated:
89 17 To be credited to the family investment program (FIP)
89 18 account and used for family investment program assistance under
89 19 chapter 239B:
89 20 \$ 21,502,240
89 21 1. Of the funds appropriated in this section, \$3,973,798 is
89 22 allocated for the JOBS program.
89 23 2. Of the funds appropriated in this section, \$1,656,927 is
89 24 allocated for the family development and self-sufficiency grant
89 25 program.
89 26 3. Notwithstanding section 8.39, for the fiscal year
89 27 beginning July 1, 2018, if necessary to meet federal
89 28 maintenance of effort requirements or to transfer federal
89 29 temporary assistance for needy families block grant funding
89 30 to be used for purposes of the federal social services block
89 31 grant or to meet cash flow needs resulting from delays in
89 32 receiving federal funding or to implement, in accordance with
89 33 this division of this Act, activities currently funded with
89 34 juvenile court services, county, or community moneys and state
89 35 moneys used in combination with such moneys; to comply with
90 1 federal requirements; or to maximize the use of federal funds,
90 2 the department of human services may transfer funds within or
90 3 between any of the appropriations made in this division of this
90 4 Act and appropriations in law for the federal social services
90 5 block grant to the department for the following purposes,
90 6 provided that the combined amount of state and federal
90 7 temporary assistance for needy families block grant funding
90 8 for each appropriation remains the same before and after the
90 9 transfer:
90 10 a. For the family investment program.
90 11 b. For child care assistance.
90 12 c. For child and family services.
90 13 d. For field operations.
90 14 e. For general administration.
90 15 This subsection shall not be construed to prohibit the use
90 16 of existing state transfer authority for other purposes. The
90 17 department shall report any transfers made pursuant to this
90 18 subsection to the legislative services agency.
90 19 4. Of the funds appropriated in this section, \$97,839 shall
90 20 be used for continuation of a grant to an Iowa-based nonprofit
90 21 organization with a history of providing tax preparation
90 22 assistance to low-income Iowans in order to expand the usage of
90 23 the earned income tax credit. The purpose of the grant is to
90 24 supply this assistance to underserved areas of the state.
90 25 5. Of the funds appropriated in this section, \$30,000 shall
90 26 be used for the continuation of an unfunded pilot project, as
90 27 defined in 441 IAC 100.1, relating to parental obligations,

90 28 in which the child support recovery unit participates, to
 90 29 support the efforts of a nonprofit organization committed
 90 30 to strengthening the community through youth development,
 90 31 healthy living, and social responsibility headquartered in
 90 32 a county with a population over 350,000 according to the
 90 33 latest certified federal census. The funds allocated in this
 90 34 subsection shall be used by the recipient organization to
 90 35 develop a larger community effort, through public and private
 91 1 partnerships, to support a broad-based multi-county fatherhood
 91 2 initiative that promotes payment of child support obligations,
 91 3 improved family relationships, and full-time employment.
 91 4 6. The department may transfer funds appropriated in this
 91 5 section to the appropriations made in this division of this Act
 91 6 for general administration and field operations as necessary
 91 7 to administer this section and the overall family investment
 91 8 program.

91 9 Sec. 47. CHILD SUPPORT RECOVERY. There is appropriated
 91 10 from the general fund of the state to the department of human
 91 11 services for the fiscal year beginning July 1, 2018, and ending
 91 12 June 30, 2019, the following amount, or so much thereof as is
 91 13 necessary, to be used for the purposes designated:

91 14 For child support recovery, including salaries, support,
 91 15 maintenance, and miscellaneous purposes, and for not more than
 91 16 the following full-time equivalent positions:
 91 17 \$ 6,293,317
 91 18 FTEs 459.00

91 19 1. The department shall expend up to \$12,164, including
 91 20 federal financial participation, for the fiscal year beginning
 91 21 July 1, 2018, for a child support public awareness campaign.
 91 22 The department and the office of the attorney general shall
 91 23 cooperate in continuation of the campaign. The public
 91 24 awareness campaign shall emphasize, through a variety of
 91 25 media activities, the importance of maximum involvement of
 91 26 both parents in the lives of their children as well as the
 91 27 importance of payment of child support obligations.

91 28 2. Federal access and visitation grant moneys shall be
 91 29 issued directly to private not-for-profit agencies that provide
 91 30 services designed to increase compliance with the child access
 91 31 provisions of court orders, including but not limited to
 91 32 neutral visitation sites and mediation services.

91 33 3. The appropriation made to the department for child
 91 34 support recovery may be used throughout the fiscal year in the
 91 35 manner necessary for purposes of cash flow management, and for
 92 1 cash flow management purposes the department may temporarily
 92 2 draw more than the amount appropriated, provided the amount
 92 3 appropriated is not exceeded at the close of the fiscal year.

92 4 4. With the exception of the funding amount specified, the
 92 5 requirements established under 2001 Iowa Acts, chapter 191,

92 6 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 92 7 be applicable to parental obligation pilot projects for the
 92 8 fiscal year beginning July 1, 2018, and ending June 30, 2019.
 92 9 Notwithstanding 441 IAC 100.8, providing for termination of
 92 10 rules relating to the pilot projects, the rules shall remain
 92 11 in effect until June 30, 2019.

92 12 Sec. 48. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 92 13 FY 2018-2019. Any funds remaining in the health care trust
 92 14 fund created in section 453A.35A for the fiscal year beginning
 92 15 July 1, 2018, and ending June 30, 2019, are appropriated to
 92 16 the department of human services to supplement the medical
 92 17 assistance program appropriations made in this division of this
 92 18 Act, for medical assistance reimbursement and associated costs,
 92 19 including program administration and costs associated with
 92 20 program implementation.

92 21 Sec. 49. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 92 22 2018-2019. Any funds remaining in the Medicaid fraud fund
 92 23 created in section 249A.50 for the fiscal year beginning
 92 24 July 1, 2018, and ending June 30, 2019, are appropriated to
 92 25 the department of human services to supplement the medical
 92 26 assistance appropriations made in this division of this Act,
 92 27 for medical assistance reimbursement and associated costs,
 92 28 including program administration and costs associated with
 92 29 program implementation.

92 30 Sec. 50. MEDICAL ASSISTANCE. There is appropriated from the
 92 31 general fund of the state to the department of human services
 92 32 for the fiscal year beginning July 1, 2018, and ending June 30,
 92 33 2019, the following amount, or so much thereof as is necessary,
 92 34 to be used for the purpose designated:

92 35 For medical assistance program reimbursement and associated
 93 1 costs as specifically provided in the reimbursement
 93 2 methodologies in effect on June 30, 2018, except as otherwise
 93 3 expressly authorized by law, consistent with options under
 93 4 federal law and regulations, and contingent upon receipt of
 93 5 approval from the office of the governor of reimbursement for
 93 6 each abortion performed under the program:

93 7 \$ 642,302,870

93 8 1. Iowans support reducing the number of abortions
 93 9 performed in our state. Funds appropriated under this section
 93 10 shall not be used for abortions, unless otherwise authorized
 93 11 under this section.

93 12 2. The provisions of this section relating to abortions
 93 13 shall also apply to the Iowa health and wellness plan created
 93 14 pursuant to chapter 249N.

93 15 3. The department shall utilize not more than \$30,000 of
 93 16 the funds appropriated in this section to continue the AIDS/HIV
 93 17 health insurance premium payment program as established in 1992
 93 18 Iowa Acts, Second Extraordinary Session, chapter 1001, section

93 19 409, subsection 6. Of the funds allocated in this subsection,
93 20 not more than \$2,500 may be expended for administrative
93 21 purposes.

93 22 4. Of the funds appropriated in this Act to the department
93 23 of public health for addictive disorders, \$475,000 for
93 24 the fiscal year beginning July 1, 2018, is transferred
93 25 to the department of human services for an integrated
93 26 substance-related disorder managed care system. The
93 27 departments of human services and public health shall
93 28 work together to maintain the level of mental health and
93 29 substance-related disorder treatment services provided by the
93 30 managed care contractors. Each department shall take the steps
93 31 necessary to continue the federal waivers as necessary to
93 32 maintain the level of services.

93 33 5. a. The department shall aggressively pursue options for
93 34 providing medical assistance or other assistance to individuals
93 35 with special needs who become ineligible to continue receiving
94 1 services under the early and periodic screening, diagnostic,
94 2 and treatment program under the medical assistance program
94 3 due to becoming 21 years of age who have been approved for
94 4 additional assistance through the department's exception to
94 5 policy provisions, but who have health care needs in excess
94 6 of the funding available through the exception to policy
94 7 provisions.

94 8 b. Of the funds appropriated in this section, \$50,000
94 9 shall be used for participation in one or more pilot projects
94 10 operated by a private provider to allow the individual or
94 11 individuals to receive service in the community in accordance
94 12 with principles established in *Olmstead v.L.C.*, 527 U.S.581
94 13 (1999), for the purpose of providing medical assistance or
94 14 other assistance to individuals with special needs who become
94 15 ineligible to continue receiving services under the early and
94 16 periodic screening, diagnostic, and treatment program under
94 17 the medical assistance program due to becoming 21 years of
94 18 age who have been approved for additional assistance through
94 19 the department's exception to policy provisions, but who have
94 20 health care needs in excess of the funding available through
94 21 the exception to the policy provisions.

94 22 6. Of the funds appropriated in this section, up to
94 23 \$1,525,041 may be transferred to the field operations or
94 24 general administration appropriations in this division of this
94 25 Act for operational costs associated with Part D of the federal
94 26 Medicare Prescription Drug Improvement and Modernization Act
94 27 of 2003, Pub.L.No.108-173.

94 28 7. Of the funds appropriated in this section, up to \$221,050
94 29 may be transferred to the appropriation in this division
94 30 of this Act for medical contracts to be used for clinical
94 31 assessment services and prior authorization of services.

94 32 8. A portion of the funds appropriated in this section
94 33 may be transferred to the appropriations in this division of
94 34 this Act for general administration, medical contracts, the
94 35 children's health insurance program, or field operations to be
95 1 used for the state match cost to comply with the payment error
95 2 rate measurement (PERM) program for both the medical assistance
95 3 and children's health insurance programs as developed by the
95 4 centers for Medicare and Medicaid services of the United States
95 5 department of health and human services to comply with the
95 6 federal Improper Payments Information Act of 2002, Pub.L.No.
95 7 107-300.

95 8 9. The department shall continue to implement the
95 9 recommendations of the assuring better child health and
95 10 development initiative II (ABCDII) clinical panel to the
95 11 Iowa early and periodic screening, diagnostic, and treatment
95 12 services healthy mental development collaborative board
95 13 regarding changes to billing procedures, codes, and eligible
95 14 service providers.

95 15 10. Of the funds appropriated in this section, a sufficient
95 16 amount is allocated to supplement the incomes of residents of
95 17 nursing facilities, intermediate care facilities for persons
95 18 with mental illness, and intermediate care facilities for
95 19 persons with an intellectual disability, with incomes of less
95 20 than \$50 in the amount necessary for the residents to receive a
95 21 personal needs allowance of \$50 per month pursuant to section
95 22 249A.30A.

95 23 11. a. Hospitals that meet the conditions specified
95 24 in subparagraphs (1) and (2) shall either certify public
95 25 expenditures or transfer to the medical assistance program
95 26 an amount equal to provide the nonfederal share for a
95 27 disproportionate share hospital payment in an amount up to the
95 28 hospital-specific limit as approved in the Medicaid state plan.
95 29 The hospitals that meet the conditions specified shall receive
95 30 and retain 100 percent of the total disproportionate share
95 31 hospital payment in an amount up to the hospital-specific limit
95 32 as approved in the Medicaid state plan.

95 33 (1) The hospital qualifies for disproportionate share and
95 34 graduate medical education payments.

95 35 (2) The hospital is an Iowa state-owned hospital with more
96 1 than 500 beds and eight or more distinct residency specialty
96 2 or subspecialty programs recognized by the American college of
96 3 graduate medical education.

96 4 b. Distribution of the disproportionate share payments
96 5 shall be made on a monthly basis. The total amount of
96 6 disproportionate share payments including graduate medical
96 7 education, enhanced disproportionate share, and Iowa
96 8 state-owned teaching hospital payments shall not exceed the
96 9 amount of the state's allotment under Pub.L.No.102-234.

96 10 In addition, the total amount of all disproportionate
96 11 share payments shall not exceed the hospital-specific
96 12 disproportionate share limits under Pub.L.No.103-66.

96 13 12. One hundred percent of the nonfederal share of payments
96 14 to area education agencies that are medical assistance
96 15 providers for medical assistance-covered services provided to
96 16 medical assistance-covered children, shall be made from the
96 17 appropriation made in this section.

96 18 13. A portion of the funds appropriated in this section
96 19 may be transferred to the appropriation in this division of
96 20 this Act for medical contracts to be used for administrative
96 21 activities associated with the money follows the person
96 22 demonstration project.

96 23 14. Of the funds appropriated in this section, \$174,505
96 24 shall be used for the administration of the health insurance
96 25 premium payment program, including salaries, support,
96 26 maintenance, and miscellaneous purposes.

96 27 15. a. The department may increase the amounts allocated
96 28 for salaries, support, maintenance, and miscellaneous purposes
96 29 associated with the medical assistance program, as necessary,
96 30 to implement cost containment strategies. The department shall
96 31 report any such increase to the legislative services agency and
96 32 the department of management.

96 33 b. If the savings to the medical assistance program from
96 34 cost containment efforts exceed the cost for the fiscal
96 35 year beginning July 1, 2018, the department may transfer any
97 1 savings generated for the fiscal year due to medical assistance
97 2 program cost containment efforts to the appropriation
97 3 made in this division of this Act for medical contracts or
97 4 general administration to defray the increased contract costs
97 5 associated with implementing such efforts.

97 6 16. For the fiscal year beginning July 1, 2018, and ending
97 7 June 30, 2019, the replacement generation tax revenues required
97 8 to be deposited in the property tax relief fund pursuant to
97 9 section 437A.8, subsection 4, paragraph "d", and section
97 10 437A.15, subsection 3, paragraph "f", shall instead be credited
97 11 to and supplement the appropriation made in this section and
97 12 used for the allocations made in this section.

97 13 17. a. Of the funds appropriated in this section, up
97 14 to \$25,000 may be transferred by the department to the
97 15 appropriation made in this division of this Act to the
97 16 department for the same fiscal year for general administration
97 17 to be used for associated administrative expenses and for not
97 18 more than one full-time equivalent position, in addition to
97 19 those authorized for the same fiscal year, to be assigned to
97 20 implementing the children's mental health home project.

97 21 b. Of the funds appropriated in this section, up to \$200,000
97 22 may be transferred by the department to the appropriation made

97 23 to the department in this division of this Act for the same
 97 24 fiscal year for Medicaid program-related general administration
 97 25 planning and implementation activities. The funds may be used
 97 26 for contracts or for personnel in addition to the amounts
 97 27 appropriated for and the positions authorized for general
 97 28 administration for the fiscal year.

97 29 c. Of the funds appropriated in this section, up to
 97 30 \$1,500,000 may be transferred by the department to the
 97 31 appropriations made in this division of this Act for the same
 97 32 fiscal year for general administration or medical contracts
 97 33 to be used to support the development and implementation of
 97 34 standardized assessment tools for persons with mental illness,
 97 35 an intellectual disability, a developmental disability, or a
 98 1 brain injury.

98 2 18. Of the funds appropriated in this section, \$75,000
 98 3 shall be used for lodging expenses associated with care
 98 4 provided at the university of Iowa hospitals and clinics for
 98 5 patients with cancer whose travel distance is 30 miles or more
 98 6 and whose income is at or below 200 percent of the federal
 98 7 poverty level as defined by the most recently revised poverty
 98 8 income guidelines published by the United States department of
 98 9 health and human services. The department of human services
 98 10 shall establish the maximum number of overnight stays and the
 98 11 maximum rate reimbursed for overnight lodging, which may be
 98 12 based on the state employee rate established by the department
 98 13 of administrative services. The funds allocated in this
 98 14 subsection shall not be used as nonfederal share matching
 98 15 funds.

98 16 19. Of the funds appropriated in this section, up to
 98 17 \$1,691,940 shall be used for administration of the state
 98 18 family planning services program as enacted in this 2017 Act,
 98 19 and of this amount the department may use to up \$100,000 for
 98 20 administrative expenses.

98 21 20. The department shall report the implementation of
 98 22 any cost containment strategies to the individuals specified
 98 23 in this division of this Act for submission of reports upon
 98 24 implementation.

98 25 21. The department shall report the implementation of any
 98 26 process improvement changes and any related cost reductions
 98 27 to the individuals specified in this division of this Act for
 98 28 submission of reports upon implementation.

98 29 Sec. 51. MEDICAL CONTRACTS. There is appropriated from the
 98 30 general fund of the state to the department of human services
 98 31 for the fiscal year beginning July 1, 2018, and ending June 30,
 98 32 2019, the following amount, or so much thereof as is necessary,
 98 33 to be used for the purpose designated:

98 34 For medical contracts:
 98 35 \$ 8,813,232

99 1 1. The department of inspections and appeals shall
99 2 provide all state matching funds for survey and certification
99 3 activities performed by the department of inspections
99 4 and appeals. The department of human services is solely
99 5 responsible for distributing the federal matching funds for
99 6 such activities.

99 7 2. Of the funds appropriated in this section, \$25,000 shall
99 8 be used for continuation of home and community-based services
99 9 waiver quality assurance programs, including the review and
99 10 streamlining of processes and policies related to oversight and
99 11 quality management to meet state and federal requirements.

99 12 3. Of the amount appropriated in this section, up to
99 13 \$100,000 may be transferred to the appropriation for general
99 14 administration in this division of this Act to be used for
99 15 additional full-time equivalent positions in the development of
99 16 key health initiatives such as cost containment, development
99 17 and oversight of managed care programs, and development of
99 18 health strategies targeted toward improved quality and reduced
99 19 costs in the Medicaid program.

99 20 4. Of the funds appropriated in this section, \$500,000 shall
99 21 be used for planning and development, in cooperation with the
99 22 department of public health, of a phased-in program to provide
99 23 a dental home for children.

99 24 5. Of the funds appropriated in this section, \$475,000
99 25 shall be credited to the autism support program fund created
99 26 in section 225D.2 to be used for the autism support program
99 27 created in chapter 225D, with the exception of the following
99 28 amounts of this allocation which shall be used as follows:

99 29 a. Of the funds allocated in this subsection, \$125,000
99 30 shall be deposited in the board-certified behavior analyst and
99 31 board-certified assistant behavior analyst grants program fund
99 32 created in section 135.181, to be used for the purposes of the
99 33 fund.

99 34 b. Of the funds allocated in this subsection, \$12,500
99 35 shall be used for the public purpose of continuation of a
100 1 grant to a child welfare services provider headquartered in a
100 2 county with a population between 205,000 and 215,000 in the
100 3 latest certified federal census that provides multiple services
100 4 including but not limited to a psychiatric medical institution
100 5 for children, shelter, residential treatment, after school
100 6 programs, school-based programming, and an Asperger's syndrome
100 7 program, to be used for support services for children with
100 8 autism spectrum disorder and their families.

100 9 c. Of the funds allocated in this subsection, \$12,500
100 10 shall be used for the public purpose of continuing a grant to
100 11 a hospital-based provider headquartered in a county with a
100 12 population between 90,000 and 95,000 in the latest certified
100 13 federal census that provides multiple services including

100 14 but not limited to diagnostic, therapeutic, and behavioral
 100 15 services to individuals with autism spectrum disorder across
 100 16 one's lifespan. The grant recipient shall utilize the funds
 100 17 to continue the pilot project to determine the necessary
 100 18 support services for children with autism spectrum disorder and
 100 19 their families to be included in the children's disabilities
 100 20 services system. The grant recipient shall submit findings and
 100 21 recommendations based upon the results of the pilot project
 100 22 to the individuals specified in this division of this Act for
 100 23 submission of reports by December 31, 2018.

100 24 Sec. 52. STATE SUPPLEMENTARY ASSISTANCE.

100 25 1. There is appropriated from the general fund of the
 100 26 state to the department of human services for the fiscal year
 100 27 beginning July 1, 2018, and ending June 30, 2019, the following
 100 28 amount, or so much thereof as is necessary, to be used for the
 100 29 purpose designated:

100 30 For the state supplementary assistance program:
 100 31 \$ 5,186,329

100 32 2. The department shall increase the personal needs
 100 33 allowance for residents of residential care facilities by the
 100 34 same percentage and at the same time as federal supplemental
 100 35 security income and federal social security benefits are
 101 1 increased due to a recognized increase in the cost of living.
 101 2 The department may adopt emergency rules to implement this
 101 3 subsection.

101 4 3. If during the fiscal year beginning July 1, 2018,
 101 5 the department projects that state supplementary assistance
 101 6 expenditures for a calendar year will not meet the federal
 101 7 pass-through requirement specified in Tit.XVI of the federal
 101 8 Social Security Act, section 1618, as codified in 42 U.S.C.
 101 9 §1382g, the department may take actions including but not
 101 10 limited to increasing the personal needs allowance for
 101 11 residential care facility residents and making programmatic
 101 12 adjustments or upward adjustments of the residential care
 101 13 facility or in-home health-related care reimbursement rates
 101 14 prescribed in this division of this Act to ensure that federal
 101 15 requirements are met. In addition, the department may make
 101 16 other programmatic and rate adjustments necessary to remain
 101 17 within the amount appropriated in this section while ensuring
 101 18 compliance with federal requirements. The department may adopt
 101 19 emergency rules to implement the provisions of this subsection.

101 20 Sec. 53. CHILDREN'S HEALTH INSURANCE PROGRAM.

101 21 1. There is appropriated from the general fund of the
 101 22 state to the department of human services for the fiscal year
 101 23 beginning July 1, 2018, and ending June 30, 2019, the following
 101 24 amount, or so much thereof as is necessary, to be used for the
 101 25 purpose designated:

101 26 For maintenance of the healthy and well kids in Iowa (hawk-i)

101 27 program pursuant to chapter 514I, including supplemental dental
 101 28 services, for receipt of federal financial participation under
 101 29 Tit.XXI of the federal Social Security Act, which creates the
 101 30 children's health insurance program:

101 31 \$ 4,259,226

101 32 2. Of the funds appropriated in this section, \$21,400 is
 101 33 allocated for continuation of the contract for outreach with
 101 34 the department of public health.

101 35 Sec. 54. CHILD CARE ASSISTANCE. There is appropriated
 102 1 from the general fund of the state to the department of human
 102 2 services for the fiscal year beginning July 1, 2018, and ending
 102 3 June 30, 2019, the following amount, or so much thereof as is
 102 4 necessary, to be used for the purpose designated:

102 5 For child care programs:

102 6 \$ 19,671,808

102 7 1. Of the funds appropriated in this section, \$16,746,808
 102 8 shall be used for state child care assistance in accordance
 102 9 with section 237A.13.

102 10 2. Nothing in this section shall be construed or is
 102 11 intended as or shall imply a grant of entitlement for services
 102 12 to persons who are eligible for assistance due to an income
 102 13 level consistent with the waiting list requirements of section
 102 14 237A.13. Any state obligation to provide services pursuant to
 102 15 this section is limited to the extent of the funds appropriated
 102 16 in this section.

102 17 3. A list of the registered and licensed child care
 102 18 facilities operating in the area served by a child care
 102 19 resource and referral service shall be made available to the
 102 20 families receiving state child care assistance in that area.

102 21 4. Of the funds appropriated in this section, \$2,925,000
 102 22 shall be credited to the early childhood programs grants
 102 23 account in the early childhood Iowa fund created in section
 102 24 256I.11. The moneys shall be distributed for funding of
 102 25 community-based early childhood programs targeted to children
 102 26 from birth through five years of age developed by early
 102 27 childhood Iowa areas in accordance with approved community
 102 28 plans as provided in section 256I.8.

102 29 5. The department may use any of the funds appropriated
 102 30 in this section as a match to obtain federal funds for use in
 102 31 expanding child care assistance and related programs. For
 102 32 the purpose of expenditures of state and federal child care
 102 33 funding, funds shall be considered obligated at the time
 102 34 expenditures are projected or are allocated to the department's
 102 35 service areas. Projections shall be based on current and
 103 1 projected caseload growth, current and projected provider
 103 2 rates, staffing requirements for eligibility determination
 103 3 and management of program requirements including data systems
 103 4 management, staffing requirements for administration of the

103 5 program, contractual and grant obligations and any transfers
103 6 to other state agencies, and obligations for decategorization
103 7 or innovation projects.
103 8 6. A portion of the state match for the federal child care
103 9 and development block grant shall be provided as necessary to
103 10 meet federal matching funds requirements through the state
103 11 general fund appropriation made for child development grants
103 12 and other programs for at-risk children in section 279.51.
103 13 7. If a uniform reduction ordered by the governor under
103 14 section 8.31 or other operation of law, transfer, or federal
103 15 funding reduction reduces the appropriation made in this
103 16 section for the fiscal year, the percentage reduction in the
103 17 amount paid out to or on behalf of the families participating
103 18 in the state child care assistance program shall be equal to or
103 19 less than the percentage reduction made for any other purpose
103 20 payable from the appropriation made in this section and the
103 21 federal funding relating to it. The percentage reduction to
103 22 the other allocations made in this section shall be the same as
103 23 the uniform reduction ordered by the governor or the percentage
103 24 change of the federal funding reduction, as applicable.
103 25 If there is an unanticipated increase in federal funding
103 26 provided for state child care assistance, the entire amount
103 27 of the increase shall be used for state child care assistance
103 28 payments. If the appropriations made for purposes of the
103 29 state child care assistance program for the fiscal year are
103 30 determined to be insufficient, it is the intent of the general
103 31 assembly to appropriate sufficient funding for the fiscal year
103 32 in order to avoid establishment of waiting list requirements.
103 33 8. Notwithstanding section 8.33, moneys advanced for
103 34 purposes of the programs developed by early childhood Iowa
103 35 areas, advanced for purposes of wraparound child care, or
104 1 received from the federal appropriations made for the purposes
104 2 of this section that remain unencumbered or unobligated at the
104 3 close of the fiscal year shall not revert to any fund but shall
104 4 remain available for expenditure for the purposes designated
104 5 until the close of the succeeding fiscal year.
104 6 Sec. 55. JUVENILE INSTITUTION. There is appropriated
104 7 from the general fund of the state to the department of human
104 8 services for the fiscal year beginning July 1, 2018, and ending
104 9 June 30, 2019, the following amounts, or so much thereof as is
104 10 necessary, to be used for the purposes designated:
104 11 1. For operation of the state training school at Eldora and
104 12 for salaries, support, maintenance, and miscellaneous purposes,
104 13 and for not more than the following full-time equivalent
104 14 positions:
104 15 \$ 5,675,221
104 16 FTEs 189.00
104 17 Of the funds appropriated in this subsection, \$45,575 shall

104 18 be used for distribution to licensed classroom teachers at this
 104 19 and other institutions under the control of the department of
 104 20 human services based upon the average student yearly enrollment
 104 21 at each institution as determined by the department.

104 22 2. A portion of the moneys appropriated in this section
 104 23 shall be used by the state training school at Eldora for
 104 24 grants for adolescent pregnancy prevention activities at the
 104 25 institution in the fiscal year beginning July 1, 2018.

104 26 Sec. 56. CHILD AND FAMILY SERVICES.

104 27 1. There is appropriated from the general fund of the
 104 28 state to the department of human services for the fiscal year
 104 29 beginning July 1, 2018, and ending June 30, 2019, the following
 104 30 amount, or so much thereof as is necessary, to be used for the
 104 31 purpose designated:

104 32 For child and family services:

104 33 \$ 43,664,687

104 34 2. The department may transfer funds appropriated in this
 104 35 section as necessary to pay the nonfederal costs of services
 105 1 reimbursed under the medical assistance program, state child
 105 2 care assistance program, or the family investment program which
 105 3 are provided to children who would otherwise receive services
 105 4 paid under the appropriation in this section. The department
 105 5 may transfer funds appropriated in this section to the
 105 6 appropriations made in this division of this Act for general
 105 7 administration and for field operations for resources necessary
 105 8 to implement and operate the services funded in this section.

105 9 3. a. Of the funds appropriated in this section, up to
 105 10 \$17,868,324 is allocated as the statewide expenditure target
 105 11 under section 232.143 for group foster care maintenance and
 105 12 services. If the department projects that such expenditures
 105 13 for the fiscal year will be less than the target amount
 105 14 allocated in this paragraph "a", the department may reallocate
 105 15 the excess to provide additional funding for shelter care
 105 16 or the child welfare emergency services addressed with the
 105 17 allocation for shelter care.

105 18 b. If at any time after September 30, 2018, annualization
 105 19 of a service area's current expenditures indicates a service
 105 20 area is at risk of exceeding its group foster care expenditure
 105 21 target under section 232.143 by more than 5 percent, the
 105 22 department and juvenile court services shall examine all
 105 23 group foster care placements in that service area in order to
 105 24 identify those which might be appropriate for termination.
 105 25 In addition, any aftercare services believed to be needed
 105 26 for the children whose placements may be terminated shall be
 105 27 identified. The department and juvenile court services shall
 105 28 initiate action to set dispositional review hearings for the
 105 29 placements identified. In such a dispositional review hearing,
 105 30 the juvenile court shall determine whether needed aftercare

105 31 services are available and whether termination of the placement
105 32 is in the best interest of the child and the community.

105 33 4. In accordance with the provisions of section 232.188,
105 34 the department shall continue the child welfare and juvenile
105 35 justice funding initiative during fiscal year 2018-2019. Of
106 1 the funds appropriated in this section, \$858,876 is allocated
106 2 specifically for expenditure for fiscal year 2018-2019 through
106 3 the decategorization services funding pools and governance
106 4 boards established pursuant to section 232.188.

106 5 5. A portion of the funds appropriated in this section
106 6 may be used for emergency family assistance to provide other
106 7 resources required for a family participating in a family
106 8 preservation or reunification project or successor project to
106 9 stay together or to be reunified.

106 10 6. Notwithstanding section 234.35 or any other provision
106 11 of law to the contrary, state funding for shelter care and
106 12 the child welfare emergency services contracting implemented
106 13 to provide for or prevent the need for shelter care shall be
106 14 limited to \$4,048,079.

106 15 7. Federal funds received by the state during the fiscal
106 16 year beginning July 1, 2018, as the result of the expenditure
106 17 of state funds appropriated during a previous state fiscal
106 18 year for a service or activity funded under this section are
106 19 appropriated to the department to be used as additional funding
106 20 for services and purposes provided for under this section.
106 21 Notwithstanding section 8.33, moneys received in accordance
106 22 with this subsection that remain unencumbered or unobligated at
106 23 the close of the fiscal year shall not revert to any fund but
106 24 shall remain available for the purposes designated until the
106 25 close of the succeeding fiscal year.

106 26 8. a. Of the funds appropriated in this section, up to
106 27 \$1,645,000 is allocated for the payment of the expenses of
106 28 court-ordered services provided to juveniles who are under
106 29 the supervision of juvenile court services, which expenses
106 30 are a charge upon the state pursuant to section 232.141,
106 31 subsection 4. Of the amount allocated in this paragraph "a",
106 32 up to \$778,143 shall be made available to provide school-based
106 33 supervision of children adjudicated under chapter 232, of which
106 34 not more than \$7,500 may be used for the purpose of training.
106 35 A portion of the cost of each school-based liaison officer
107 1 shall be paid by the school district or other funding source as
107 2 approved by the chief juvenile court officer.

107 3 b. Of the funds appropriated in this section, up to \$374,492
107 4 is allocated for the payment of the expenses of court-ordered
107 5 services provided to children who are under the supervision
107 6 of the department, which expenses are a charge upon the state
107 7 pursuant to section 232.141, subsection 4.

107 8 c. Notwithstanding section 232.141 or any other provision

107 9 of law to the contrary, the amounts allocated in this
107 10 subsection shall be distributed to the judicial districts
107 11 as determined by the state court administrator and to the
107 12 department's service areas as determined by the administrator
107 13 of the department of human services' division of child and
107 14 family services. The state court administrator and the
107 15 division administrator shall make the determination of the
107 16 distribution amounts on or before June 15, 2018.

107 17 d. Notwithstanding chapter 232 or any other provision of
107 18 law to the contrary, a district or juvenile court shall not
107 19 order any service which is a charge upon the state pursuant
107 20 to section 232.141 if there are insufficient court-ordered
107 21 services funds available in the district court or departmental
107 22 service area distribution amounts to pay for the service. The
107 23 chief juvenile court officer and the departmental service area
107 24 manager shall encourage use of the funds allocated in this
107 25 subsection such that there are sufficient funds to pay for
107 26 all court-related services during the entire year. The chief
107 27 juvenile court officers and departmental service area managers
107 28 shall attempt to anticipate potential surpluses and shortfalls
107 29 in the distribution amounts and shall cooperatively request the
107 30 state court administrator or division administrator to transfer
107 31 funds between the judicial districts' or departmental service
107 32 areas' distribution amounts as prudent.

107 33 e. Notwithstanding any provision of law to the contrary,
107 34 a district or juvenile court shall not order a county to pay
107 35 for any service provided to a juvenile pursuant to an order
108 1 entered under chapter 232 which is a charge upon the state
108 2 under section 232.141, subsection 4.

108 3 f. Of the funds allocated in this subsection, not more than
108 4 \$41,500 may be used by the judicial branch for administration
108 5 of the requirements under this subsection.

108 6 g. Of the funds allocated in this subsection, \$8,500
108 7 shall be used by the department of human services to support
108 8 the interstate commission for juveniles in accordance with
108 9 the interstate compact for juveniles as provided in section
108 10 232.173.

108 11 9. Of the funds appropriated in this section, \$6,126,613 is
108 12 allocated for juvenile delinquent graduated sanctions services.
108 13 Any state funds saved as a result of efforts by juvenile court
108 14 services to earn a federal Tit.IV-E match for juvenile court
108 15 services administration may be used for the juvenile delinquent
108 16 graduated sanctions services.

108 17 10. Of the funds appropriated in this section, \$829,142 is
108 18 transferred to the department of public health to be used for
108 19 the child protection center grant program for child protection
108 20 centers located in Iowa in accordance with section 135.118.
108 21 The grant amounts under the program shall be equalized so that

108 22 each center receives a uniform base amount of \$122,500, so that
108 23 \$25,000 is awarded to establish a satellite child protection
108 24 center in a city in north central Iowa that is the county
108 25 seat of a county with a population between 44,000 and 45,000
108 26 according to the 2010 federal decennial census, and so that the
108 27 remaining funds are awarded through a funding formula based
108 28 upon the volume of children served.

108 29 11. If the department receives federal approval to
108 30 implement a waiver under Tit.IV-E of the federal Social
108 31 Security Act to enable providers to serve children who remain
108 32 in the children's families and communities, for purposes of
108 33 eligibility under the medical assistance program through 25
108 34 years of age, children who participate in the waiver shall be
108 35 considered to be placed in foster care.

109 1 12. Of the funds appropriated in this section, \$2,012,583 is
109 2 allocated for the preparation for adult living program pursuant
109 3 to section 234.46.

109 4 13. Of the funds appropriated in this section, \$113,668
109 5 shall be used for the public purpose of continuing a grant to
109 6 a nonprofit human services organization providing services to
109 7 individuals and families in multiple locations in southwest
109 8 Iowa and Nebraska for support of a project providing immediate,
109 9 sensitive support and forensic interviews, medical exams, needs
109 10 assessments, and referrals for victims of child abuse and their
109 11 nonoffending family members.

109 12 14. Of the funds appropriated in this section, \$150,310
109 13 is allocated for the foster care youth council approach of
109 14 providing a support network to children placed in foster care.

109 15 15. Of the funds appropriated in this section, \$101,000 is
109 16 allocated for use pursuant to section 235A.1 for continuation
109 17 of the initiative to address child sexual abuse implemented
109 18 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
109 19 21.

109 20 16. Of the funds appropriated in this section, \$315,120 is
109 21 allocated for the community partnership for child protection
109 22 sites.

109 23 17. Of the funds appropriated in this section, \$185,625
109 24 is allocated for the department's minority youth and family
109 25 projects under the redesign of the child welfare system.

109 26 18. Of the funds appropriated in this section, \$593,297
109 27 is allocated for funding of the community circle of care
109 28 collaboration for children and youth in northeast Iowa.

109 29 19. Of the funds appropriated in this section, at least
109 30 \$73,579 shall be used for the continuation of the child
109 31 welfare provider training academy, a collaboration between the
109 32 coalition for family and children's services in Iowa and the
109 33 department.

109 34 20. Of the funds appropriated in this section, \$105,936

109 35 shall be used for continuation of the central Iowa system of
 110 1 care program grant through June 30, 2019.
 110 2 21. Of the funds appropriated in this section, \$117,500
 110 3 shall be used for the public purpose of the continuation
 110 4 and expansion of a system of care program grant implemented
 110 5 in Cerro Gordo and Linn counties to utilize a comprehensive
 110 6 and long-term approach for helping children and families by
 110 7 addressing the key areas in a child's life of childhood basic
 110 8 needs, education and work, family, and community.
 110 9 22. Of the funds appropriated in this section, at least
 110 10 \$12,500 shall be used to continue and to expand the foster
 110 11 care respite pilot program in which postsecondary students in
 110 12 social work and other human services-related programs receive
 110 13 experience by assisting family foster care providers with
 110 14 respite and other support.
 110 15 23. Of the funds appropriated in this section, \$55,000
 110 16 shall be used for the public purpose of funding community-based
 110 17 services and other supports with a system of care approach
 110 18 for children with a serious emotional disturbance and their
 110 19 families through a nonprofit provider of child welfare services
 110 20 that has been in existence for more than 115 years, is located
 110 21 in a county with a population of more than 200,000 but less
 110 22 than 220,000 according to the latest certified federal census,
 110 23 is licensed as a psychiatric medical institution for children,
 110 24 and was a system of care grantee prior to July 1, 2018.
 110 25 Sec. 57. ADOPTION SUBSIDY.
 110 26 1. There is appropriated from the general fund of the
 110 27 state to the department of human services for the fiscal year
 110 28 beginning July 1, 2018, and ending June 30, 2019, the following
 110 29 amount, or so much thereof as is necessary, to be used for the
 110 30 purpose designated:
 110 31 a. For adoption subsidy payments and services:
 110 32 \$ 20,388,955
 110 33 b. (1) The funds appropriated in this section shall be used
 110 34 as authorized or allowed by federal law or regulation for any
 110 35 of the following purposes:
 111 1 (a) For adoption subsidy payments and related costs.
 111 2 (b) For post-adoption services and for other purposes under
 111 3 Tit.IV-B or Tit.IV-E of the federal Social Security Act.
 111 4 (2) The department of human services may transfer funds
 111 5 appropriated in this subsection to the appropriation for
 111 6 child and family services in this Act for the purposes of
 111 7 post-adoption services as specified in this paragraph "b".
 111 8 2. The department may transfer funds appropriated in
 111 9 this section to the appropriation made in this division of
 111 10 this Act for general administration for costs paid from the
 111 11 appropriation relating to adoption subsidy.
 111 12 3. Federal funds received by the state during the

111 13 fiscal year beginning July 1, 2018, as the result of the
111 14 expenditure of state funds during a previous state fiscal
111 15 year for a service or activity funded under this section are
111 16 appropriated to the department to be used as additional funding
111 17 for the services and activities funded under this section.
111 18 Notwithstanding section 8.33, moneys received in accordance
111 19 with this subsection that remain unencumbered or unobligated
111 20 at the close of the fiscal year shall not revert to any fund
111 21 but shall remain available for expenditure for the purposes
111 22 designated until the close of the succeeding fiscal year.

111 23 Sec. 58. JUVENILE DETENTION HOME FUND. Moneys deposited
111 24 in the juvenile detention home fund created in section 232.142
111 25 during the fiscal year beginning July 1, 2018, and ending June
111 26 30, 2019, are appropriated to the department of human services
111 27 for the fiscal year beginning July 1, 2018, and ending June 30,
111 28 2019, for distribution of an amount equal to a percentage of
111 29 the costs of the establishment, improvement, operation, and
111 30 maintenance of county or multicounty juvenile detention homes
111 31 in the fiscal year beginning July 1, 2015. Moneys appropriated
111 32 for distribution in accordance with this section shall be
111 33 allocated among eligible detention homes, prorated on the basis
111 34 of an eligible detention home's proportion of the costs of all
111 35 eligible detention homes in the fiscal year beginning July
112 1 1, 2015. The percentage figure shall be determined by the
112 2 department based on the amount available for distribution for
112 3 the fund. Notwithstanding section 232.142, subsection 3, the
112 4 financial aid payable by the state under that provision for the
112 5 fiscal year beginning July 1, 2018, shall be limited to the
112 6 amount appropriated for the purposes of this section.

112 7 Sec. 59. FAMILY SUPPORT SUBSIDY PROGRAM.
112 8 1. There is appropriated from the general fund of the
112 9 state to the department of human services for the fiscal year
112 10 beginning July 1, 2018, and ending June 30, 2019, the following
112 11 amount, or so much thereof as is necessary, to be used for the
112 12 purpose designated:
112 13 For the family support subsidy program subject to the
112 14 enrollment restrictions in section 225C.37, subsection 3:
112 15 \$ 534,641

112 16 2. At least \$393,750 of the moneys appropriated in this
112 17 section is transferred to the department of public health for
112 18 the family support center component of the comprehensive family
112 19 support program under chapter 225C, subchapter V.
112 20 3. If at any time during the fiscal year, the amount of
112 21 funding available for the family support subsidy program
112 22 is reduced from the amount initially used to establish the
112 23 figure for the number of family members for whom a subsidy
112 24 is to be provided at any one time during the fiscal year,
112 25 notwithstanding section 225C.38, subsection 2, the department

112 26 shall revise the figure as necessary to conform to the amount
112 27 of funding available.

112 28 Sec. 60. CONNER DECREE. There is appropriated from the
112 29 general fund of the state to the department of human services
112 30 for the fiscal year beginning July 1, 2018, and ending June 30,
112 31 2019, the following amount, or so much thereof as is necessary,
112 32 to be used for the purpose designated:

112 33 For building community capacity through the coordination
112 34 and provision of training opportunities in accordance with the
112 35 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
113 1 Iowa, July 14, 1994):

113 2 \$ 16,816

113 3 Sec. 61. MENTAL HEALTH INSTITUTES.

113 4 1. There is appropriated from the general fund of the
113 5 state to the department of human services for the fiscal year
113 6 beginning July 1, 2018, and ending June 30, 2019, the following
113 7 amounts, or so much thereof as is necessary, to be used for the
113 8 purposes designated:

113 9 a. For operation of the state mental health institute at
113 10 Cherokee as required by chapters 218 and 226 for salaries,
113 11 support, maintenance, and miscellaneous purposes, and for not
113 12 more than the following full-time equivalent positions:

113 13 \$ 6,935,127

113 14 FTEs 162.00

113 15 b. For operation of the state mental health institute at
113 16 Independence as required by chapters 218 and 226 for salaries,
113 17 support, maintenance, and miscellaneous purposes, and for not
113 18 more than the following full-time equivalent positions:

113 19 \$ 8,756,810

113 20 FTEs 204.00

113 21 2. Notwithstanding sections 218.78 and 249A.11, any revenue
113 22 received from the state mental health institute at Cherokee or
113 23 the state mental health institute at Independence pursuant to
113 24 42 C.F.R §438.6(e) may be retained and expended by the mental
113 25 health institute.

113 26 3. Notwithstanding any provision of law to the contrary,
113 27 a Medicaid member residing at the state mental health
113 28 institute at Cherokee or the state mental health institute
113 29 at Independence shall retain Medicaid eligibility during
113 30 the period of the Medicaid member's stay for which federal
113 31 financial participation is available.

113 32 Sec. 62. STATE RESOURCE CENTERS.

113 33 1. There is appropriated from the general fund of the
113 34 state to the department of human services for the fiscal year
113 35 beginning July 1, 2018, and ending June 30, 2019, the following
114 1 amounts, or so much thereof as is necessary, to be used for the
114 2 purposes designated:

114 3 a. For the state resource center at Glenwood for salaries,

114 4 support, maintenance, and miscellaneous purposes:
 114 5 \$ 8,943,890
 114 6 b. For the state resource center at Woodward for salaries,
 114 7 support, maintenance, and miscellaneous purposes:
 114 8 \$ 6,038,517

114 9 2. The department may continue to bill for state resource
 114 10 center services utilizing a scope of services approach used for
 114 11 private providers of intermediate care facilities for persons
 114 12 with an intellectual disability services, in a manner which
 114 13 does not shift costs between the medical assistance program,
 114 14 counties, or other sources of funding for the state resource
 114 15 centers.

114 16 3. The state resource centers may expand the time-limited
 114 17 assessment and respite services during the fiscal year.

114 18 4. If the department's administration and the department
 114 19 of management concur with a finding by a state resource
 114 20 center's superintendent that projected revenues can reasonably
 114 21 be expected to pay the salary and support costs for a new
 114 22 employee position, or that such costs for adding a particular
 114 23 number of new positions for the fiscal year would be less
 114 24 than the overtime costs if new positions would not be added,
 114 25 the superintendent may add the new position or positions. If
 114 26 the vacant positions available to a resource center do not
 114 27 include the position classification desired to be filled, the
 114 28 state resource center's superintendent may reclassify any
 114 29 vacant position as necessary to fill the desired position. The
 114 30 superintendents of the state resource centers may, by mutual
 114 31 agreement, pool vacant positions and position classifications
 114 32 during the course of the fiscal year in order to assist one
 114 33 another in filling necessary positions.

114 34 5. If existing capacity limitations are reached in
 114 35 operating units, a waiting list is in effect for a service or
 115 1 a special need for which a payment source or other funding
 115 2 is available for the service or to address the special need,
 115 3 and facilities for the service or to address the special need
 115 4 can be provided within the available payment source or other
 115 5 funding, the superintendent of a state resource center may
 115 6 authorize opening not more than two units or other facilities
 115 7 and begin implementing the service or addressing the special
 115 8 need during fiscal year 2018-2019.

115 9 Sec. 63. SEXUALLY VIOLENT PREDATORS.

115 10 1. There is appropriated from the general fund of the
 115 11 state to the department of human services for the fiscal year
 115 12 beginning July 1, 2018, and ending June 30, 2019, the following
 115 13 amount, or so much thereof as is necessary, to be used for the
 115 14 purpose designated:

115 15 For costs associated with the commitment and treatment of
 115 16 sexually violent predators in the unit located at the state

115 17 mental health institute at Cherokee, including costs of legal
 115 18 services and other associated costs, including salaries,
 115 19 support, maintenance, and miscellaneous purposes, and for not
 115 20 more than the following full-time equivalent positions:

115 21	.....	\$	4,732,373
115 22	.....	FTEs	112.00

115 23 2. Unless specifically prohibited by law, if the amount
 115 24 charged provides for recoupment of at least the entire amount
 115 25 of direct and indirect costs, the department of human services
 115 26 may contract with other states to provide care and treatment
 115 27 of persons placed by the other states at the unit for sexually
 115 28 violent predators at Cherokee. The moneys received under
 115 29 such a contract shall be considered to be repayment receipts
 115 30 and used for the purposes of the appropriation made in this
 115 31 section.

115 32 Sec. 64. FIELD OPERATIONS. There is appropriated from the
 115 33 general fund of the state to the department of human services
 115 34 for the fiscal year beginning July 1, 2018, and ending June 30,
 115 35 2019, the following amount, or so much thereof as is necessary,

116 1 to be used for the purposes designated:

116 2	For field operations, including salaries, support,		
116 3	maintenance, and miscellaneous purposes, and for not more than		
116 4	the following full-time equivalent positions:		
116 5	.....	\$	24,242,217
116 6	.....	FTEs	1,583.00

116 7 Priority in filling full-time equivalent positions shall be
 116 8 given to those positions related to child protection services
 116 9 and eligibility determination for low-income families.

116 10 Sec. 65. GENERAL ADMINISTRATION. There is appropriated
 116 11 from the general fund of the state to the department of human
 116 12 services for the fiscal year beginning July 1, 2018, and ending
 116 13 June 30, 2019, the following amount, or so much thereof as is
 116 14 necessary, to be used for the purpose designated:

116 15 For general administration, including salaries, support,
 116 16 maintenance, and miscellaneous purposes, and for not more than
 116 17 the following full-time equivalent positions:

116 18	.....	\$	6,941,520
116 19	.....	FTEs	294.00

116 20 1. The department shall report at least monthly to the
 116 21 legislative services agency concerning the department's
 116 22 operational and program expenditures.

116 23 2. Of the funds appropriated in this section, \$75,000 shall
 116 24 be used to continue the contract for the provision of a program
 116 25 to provide technical assistance, support, and consultation to
 116 26 providers of habilitation services and home and community-based
 116 27 services waiver services for adults with disabilities under the
 116 28 medical assistance program.

116 29 3. Of the funds appropriated in this section, \$25,000

116 30 is transferred to the Iowa finance authority to be used
 116 31 for administrative support of the council on homelessness
 116 32 established in section 16.2D and for the council to fulfill its
 116 33 duties in addressing and reducing homelessness in the state.
 116 34 4. Of the funds appropriated in this section, \$125,000 shall
 116 35 be transferred to and deposited in the administrative fund of
 117 1 the Iowa ABLE savings plan trust created in section 121.4, to
 117 2 be used for implementation and administration activities of the
 117 3 Iowa ABLE savings plan trust.

117 4 5. Of the funds appropriated in this section, \$100,000
 117 5 is transferred to the economic development authority for
 117 6 the Iowa commission on volunteer services to continue to be
 117 7 used for RefugeeRISE AmeriCorps program established under
 117 8 Code section 15H.8 for member recruitment and training to
 117 9 improve the economic well-being and health of economically
 117 10 disadvantaged refugees in local communities across Iowa. Funds
 117 11 transferred may be used to supplement federal funds under
 117 12 federal regulations.

117 13 Sec. 66. DEPARTMENT-WIDE DUTIES. There is appropriated
 117 14 from the general fund of the state to the department of human
 117 15 services for the fiscal year beginning July 1, 2018, and ending
 117 16 June 30, 2019, the following amount, or so much thereof as is
 117 17 necessary, to be used for the purposes designated:

117 18 For salaries, support, maintenance, and miscellaneous
 117 19 purposes at facilities under the purview of the department of
 117 20 human services:
 117 21 \$ 1,439,637

117 22 Sec. 67. VOLUNTEERS. There is appropriated from the general
 117 23 fund of the state to the department of human services for the
 117 24 fiscal year beginning July 1, 2018, and ending June 30, 2019,
 117 25 the following amount, or so much thereof as is necessary, to be
 117 26 used for the purpose designated:

117 27 For development and coordination of volunteer services:
 117 28 \$ 42,343

117 29 Sec. 68. GENERAL REDUCTION. For the period beginning July
 117 30 1, 2018, and ending June 30, 2019, the department of human
 117 31 services, in consultation with the department of management,
 117 32 shall identify and implement a reduction in expenditures made
 117 33 from appropriations from the general fund to the department of
 117 34 human services in the amount of \$733,651.

117 35 Sec. 69. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 118 1 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 118 2 DEPARTMENT OF HUMAN SERVICES.

118 3 1. a. (1) (a) For the fiscal year beginning July
 118 4 1, 2018, case-mix, non-case mix, and special population
 118 5 nursing facilities shall be reimbursed in accordance with the
 118 6 methodology in effect on June 30, 2018.

118 7 (b) For managed care claims, the department of human

118 8 services shall adjust the payment rate floor for nursing
118 9 facilities, annually, to maintain a rate floor that is no
118 10 lower than the Medicaid fee-for-service case-mix adjusted rate
118 11 calculated in accordance with 441 IAC 81.6. The department
118 12 shall then calculate adjusted reimbursement rates, including
118 13 but not limited to add-on-payments, annually, and shall
118 14 notify Medicaid managed care organizations of the adjusted
118 15 reimbursement rates within 30 days of determining the adjusted
118 16 reimbursement rates. Any adjustment of reimbursement rates
118 17 under this subparagraph division shall be budget neutral to the
118 18 state budget.

118 19 (2) For any open or unsettled nursing facility cost report
118 20 for a fiscal year prior to and including the fiscal year
118 21 beginning July 1, 2017, including any cost report remanded on
118 22 judicial review for inclusion of prescription drug, laboratory,
118 23 or x-ray costs, the department shall offset all reported
118 24 prescription drug, laboratory, and x-ray costs with any revenue
118 25 received from Medicare or other revenue source for any purpose.
118 26 For purposes of this subparagraph, a nursing facility cost
118 27 report is not considered open or unsettled if the facility did
118 28 not initiate an administrative appeal under chapter 17A or if
118 29 any appeal rights initiated have been exhausted.

118 30 b. (1) For the fiscal year beginning July 1, 2018,
118 31 the department shall establish the pharmacy dispensing fee
118 32 reimbursement at \$10.02 per prescription, until a cost of
118 33 dispensing survey is completed. The actual dispensing fee
118 34 shall be determined by a cost of dispensing survey performed
118 35 by the department and required to be completed by all medical
119 1 assistance program participating pharmacies every two years,
119 2 adjusted as necessary to maintain expenditures within the
119 3 amount appropriated to the department for this purpose for the
119 4 fiscal year.

119 5 (2) The department shall utilize an average acquisition
119 6 cost reimbursement methodology for all drugs covered under the
119 7 medical assistance program in accordance with 2012 Iowa Acts,
119 8 chapter 1133, section 33.

119 9 c. (1) For the fiscal year beginning July 1, 2018,
119 10 reimbursement rates for outpatient hospital services shall
119 11 remain at the rates in effect on June 30, 2018, subject to
119 12 Medicaid program upper payment limit rules, and adjusted
119 13 as necessary to maintain expenditures within the amount
119 14 appropriated to the department for this purpose for the fiscal
119 15 year.

119 16 (2) For the fiscal year beginning July 1, 2018,
119 17 reimbursement rates for inpatient hospital services shall
119 18 be rebased effective October 1, 2018, subject to Medicaid
119 19 program upper payment limit rules, and adjusted as necessary
119 20 to maintain expenditures within the amount appropriated to the

119 21 department for this purpose for the fiscal year.

119 22 (3) For the fiscal year beginning July 1, 2018, the graduate
119 23 medical education and disproportionate share hospital fund
119 24 shall remain at the amount in effect on June 30, 2018, except
119 25 that the portion of the fund attributable to graduate medical
119 26 education shall be reduced in an amount that reflects the
119 27 elimination of graduate medical education payments made to
119 28 out-of-state hospitals.

119 29 (4) In order to ensure the efficient use of limited state
119 30 funds in procuring health care services for low-income lowans,
119 31 funds appropriated in this Act for hospital services shall
119 32 not be used for activities which would be excluded from a
119 33 determination of reasonable costs under the federal Medicare
119 34 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

119 35 d. For the fiscal year beginning July 1, 2018, reimbursement
120 1 rates for hospices and acute mental hospitals shall be
120 2 increased in accordance with increases under the federal
120 3 Medicare program or as supported by their Medicare audited
120 4 costs.

120 5 e. For the fiscal year beginning July 1, 2018, independent
120 6 laboratories and rehabilitation agencies shall be reimbursed
120 7 using the same methodology in effect on June 30, 2018.

120 8 f. (1) For the fiscal year beginning July 1, 2018,
120 9 reimbursement rates for home health agencies shall continue to
120 10 be based on the Medicare low utilization payment adjustment
120 11 (LUPA) methodology with state geographic wage adjustments.
120 12 The department shall continue to update the rates every two
120 13 years to reflect the most recent Medicare LUPA rates to the
120 14 extent possible within the state funding appropriated for this
120 15 purpose.

120 16 (2) For the fiscal year beginning July 1, 2018, rates for
120 17 private duty nursing and personal care services under the early
120 18 and periodic screening, diagnostic, and treatment program
120 19 benefit shall be calculated based on the methodology in effect
120 20 on June 30, 2018.

120 21 g. For the fiscal year beginning July 1, 2018, federally
120 22 qualified health centers and rural health clinics shall receive
120 23 cost-based reimbursement for 100 percent of the reasonable
120 24 costs for the provision of services to recipients of medical
120 25 assistance.

120 26 h. For the fiscal year beginning July 1, 2018, the
120 27 reimbursement rates for dental services shall remain at the
120 28 rates in effect on June 30, 2018.

120 29 i. (1) For the fiscal year beginning July 1, 2018,
120 30 reimbursement rates for the non-state-owned psychiatric medical
120 31 institution for children shall be based on the methodology in
120 32 effect on June 30, 2018.

120 33 (2) As a condition of participation in the medical

120 34 assistance program, enrolled providers shall accept the medical
120 35 assistance reimbursement rate for any covered goods or services
121 1 provided to recipients of medical assistance who are children
121 2 under the custody of a psychiatric medical institution for
121 3 children.

121 4 j. For the fiscal year beginning July 1, 2018, unless
121 5 otherwise specified in this Act, all noninstitutional medical
121 6 assistance provider reimbursement rates shall remain at the
121 7 rates in effect on June 30, 2018, except for area education
121 8 agencies, local education agencies, infant and toddler
121 9 services providers, home and community-based services providers
121 10 including consumer-directed attendant care providers under a
121 11 section 1915(c) or 1915(i) waiver, targeted case management
121 12 providers, and those providers whose rates are required to be
121 13 determined pursuant to section 249A.20.

121 14 k. Notwithstanding any provision to the contrary, for the
121 15 fiscal year beginning July 1, 2018, the reimbursement rate
121 16 for anesthesiologists shall be adjusted to implement the cost
121 17 containment strategies authorized for the medical assistance
121 18 program in this 2017 Act.

121 19 l. Notwithstanding section 249A.20, for the fiscal year
121 20 beginning July 1, 2018, the average reimbursement rate for
121 21 health care providers eligible for use of the federal Medicare
121 22 resource-based relative value scale reimbursement methodology
121 23 under section 249A.20 shall remain at the rate in effect on
121 24 June 30, 2018; however, this rate shall not exceed the maximum
121 25 level authorized by the federal government.

121 26 m. For the fiscal year beginning July 1, 2018, the
121 27 reimbursement rate for residential care facilities shall not
121 28 be less than the minimum payment level as established by the
121 29 federal government to meet the federally mandated maintenance
121 30 of effort requirement. The flat reimbursement rate for
121 31 facilities electing not to file annual cost reports shall not
121 32 be less than the minimum payment level as established by the
121 33 federal government to meet the federally mandated maintenance
121 34 of effort requirement.

121 35 n. For the fiscal year beginning July 1, 2018, the
122 1 reimbursement rates for inpatient mental health services
122 2 provided at hospitals shall remain at the rates in effect on
122 3 June 30, 2018, subject to Medicaid program upper payment limit
122 4 rules; and psychiatrists shall be reimbursed at the medical
122 5 assistance program fee-for-service rate in effect on June 30,
122 6 2018.

122 7 o. For the fiscal year beginning July 1, 2018, community
122 8 mental health centers may choose to be reimbursed for the
122 9 services provided to recipients of medical assistance through
122 10 either of the following options:

122 11 (1) For 100 percent of the reasonable costs of the services.

122 12 (2) In accordance with the alternative reimbursement rate
122 13 methodology approved by the department of human services in
122 14 effect on June 30, 2018.

122 15 p. For the fiscal year beginning July 1, 2018, the
122 16 reimbursement rate for providers of family planning services
122 17 that are eligible to receive a 90 percent federal match shall
122 18 remain at the rates in effect on June 30, 2018.

122 19 q. Unless otherwise subject to a tiered rate methodology,
122 20 for the fiscal year beginning July 1, 2018, the upper
122 21 limits and reimbursement rates for providers of home and
122 22 community-based services waiver services shall be reimbursed
122 23 using the reimbursement methodology in effect on June 30, 2018.

122 24 r. For the fiscal year beginning July 1, 2018, the
122 25 reimbursement rates for emergency medical service providers
122 26 shall remain at the rates in effect on June 30, 2018.

122 27 s. For the fiscal year beginning July 1, 2018, reimbursement
122 28 rates for substance-related disorder treatment programs
122 29 licensed under section 125.13 shall remain at the rates in
122 30 effect on June 30, 2018.

122 31 2. For the fiscal year beginning July 1, 2018, the
122 32 reimbursement rate for providers reimbursed under the
122 33 in-home-related care program shall not be less than the minimum
122 34 payment level as established by the federal government to meet
122 35 the federally mandated maintenance of effort requirement.

123 1 3. Unless otherwise directed in this section, when the
123 2 department's reimbursement methodology for any provider
123 3 reimbursed in accordance with this section includes an
123 4 inflation factor, this factor shall not exceed the amount
123 5 by which the consumer price index for all urban consumers
123 6 increased during the calendar year ending December 31, 2002.

123 7 4. Notwithstanding section 234.38, for the fiscal
123 8 year beginning July 1, 2018, the foster family basic daily
123 9 maintenance rate and the maximum adoption subsidy rate for
123 10 children ages 0 through 5 years shall be \$16.78, the rate for
123 11 children ages 6 through 11 years shall be \$17.43, the rate for
123 12 children ages 12 through 15 years shall be \$19.10, and the
123 13 rate for children and young adults ages 16 and older shall
123 14 be \$19.35. For youth ages 18 to 21 who have exited foster
123 15 care, the preparation for adult living program maintenance rate
123 16 shall be \$602.70 per month. The maximum payment for adoption
123 17 subsidy nonrecurring expenses shall be limited to \$500 and the
123 18 disallowance of additional amounts for court costs and other
123 19 related legal expenses implemented pursuant to 2010 Iowa Acts,
123 20 chapter 1031, section 408, shall be continued.

123 21 5. For the fiscal year beginning July 1, 2018, the maximum
123 22 reimbursement rates for social services providers under
123 23 contract shall remain at the rates in effect on June 30, 2018,
123 24 or the provider's actual and allowable cost plus inflation for

123 25 each service, whichever is less. However, if a new service
123 26 or service provider is added after June 30, 2018, the initial
123 27 reimbursement rate for the service or provider shall be based
123 28 upon a weighted average of provider rates for similar services.

123 29 6. a. For the fiscal year beginning July 1, 2018, the
123 30 reimbursement rates for resource family recruitment and
123 31 retention contractors shall be established by contract.

123 32 b. For the fiscal year beginning July 1, 2018, the
123 33 reimbursement rates for supervised apartment living foster care
123 34 providers shall be established by contract.

123 35 7. a. For the purposes of this subsection, "combined
124 1 reimbursement rate" means the combined service and maintenance
124 2 reimbursement rate for a service level under the department's
124 3 reimbursement methodology. Effective July 1, 2018, the
124 4 combined reimbursement rate for a group foster care service
124 5 level shall be the amount designated in this subsection.
124 6 However, if a group foster care provider's reimbursement rate
124 7 for a service level as of June 30, 2018, is more than the rate
124 8 designated in this subsection, the provider's reimbursement
124 9 shall remain at the higher rate.

124 10 b. Unless a group foster care provider is subject to the
124 11 exception provided in paragraph "a", effective July 1, 2018,
124 12 the combined reimbursement rates for the service levels under
124 13 the department's reimbursement methodology shall be as follows:

124 14 (1) For service level, community - D1, the daily rate shall
124 15 be at least \$84.17.

124 16 (2) For service level, comprehensive - D2, the daily rate
124 17 shall be at least \$119.09.

124 18 (3) For service level, enhanced - D3, the daily rate shall
124 19 be at least \$131.09.

124 20 8. The group foster care reimbursement rates paid for
124 21 placement of children out of state shall be calculated
124 22 according to the same rate-setting principles as those used for
124 23 in-state providers, unless the director of human services or
124 24 the director's designee determines that appropriate care cannot
124 25 be provided within the state. The payment of the daily rate
124 26 shall be based on the number of days in the calendar month in
124 27 which service is provided.

124 28 9. a. For the fiscal year beginning July 1, 2018, the
124 29 reimbursement rate paid for shelter care and the child welfare
124 30 emergency services implemented to provide or prevent the need
124 31 for shelter care shall be established by contract.

124 32 b. For the fiscal year beginning July 1, 2018, the combined
124 33 service and maintenance components of the reimbursement rate
124 34 paid for shelter care services shall be based on the financial
124 35 and statistical report submitted to the department. The
125 1 maximum reimbursement rate shall be \$101.83 per day. The
125 2 department shall reimburse a shelter care provider at the

125 3 provider's actual and allowable unit cost, plus inflation, not
125 4 to exceed the maximum reimbursement rate.
125 5 c. Notwithstanding section 232.141, subsection 8, for the
125 6 fiscal year beginning July 1, 2018, the amount of the statewide
125 7 average of the actual and allowable rates for reimbursement of
125 8 juvenile shelter care homes that is utilized for the limitation
125 9 on recovery of unpaid costs shall remain at the amount in
125 10 effect for this purpose in the fiscal year beginning July 1,
125 11 2017.

125 12 10. For the fiscal year beginning July 1, 2018, the
125 13 department shall calculate reimbursement rates for intermediate
125 14 care facilities for persons with an intellectual disability
125 15 at the 80th percentile. Beginning July 1, 2018, the rate
125 16 calculation methodology shall utilize the consumer price index
125 17 inflation factor applicable to the fiscal year beginning July
125 18 1, 2018.

125 19 11. For the fiscal year beginning July 1, 2018, for child
125 20 care providers reimbursed under the state child care assistance
125 21 program, the department shall set provider reimbursement
125 22 rates based on the rate reimbursement survey completed in
125 23 December 2004. Effective July 1, 2018, the child care provider
125 24 reimbursement rates shall remain at the rates in effect on June
125 25 30, 2018. The department shall set rates in a manner so as
125 26 to provide incentives for a nonregistered provider to become
125 27 registered by applying the increase only to registered and
125 28 licensed providers.

125 29 12. For the fiscal year beginning July 1, 2018,
125 30 notwithstanding any provision to the contrary under this
125 31 section, affected providers or services shall be reimbursed as
125 32 follows:

125 33 a. For fee-for-service claims, reimbursement shall be
125 34 calculated based on the methodology otherwise specified in this
125 35 section for the fiscal year beginning July 1, 2018, for the
126 1 respective provider or service.

126 2 b. For claims subject to a managed care contract with the
126 3 exception of any provider or service to which a reimbursement
126 4 increase is applicable for the fiscal year under this section,
126 5 reimbursement shall be based on the methodology established by
126 6 the managed care contract. However, any rate or reimbursement
126 7 established under such contract shall not be lower than the
126 8 rate or reimbursement floor established by the department
126 9 of human services as the managed care organization rate or
126 10 reimbursement floor for a respective provider or service in
126 11 effect on April 1, 2016.

126 12 13. Notwithstanding any provision to the contrary,
126 13 reimbursement rates and methodologies under this section may
126 14 be adjusted as necessary to implement the cost containment
126 15 strategies authorized for the medical assistance program in

126 16 this 2017 Act.
126 17 14. The department may adopt emergency rules to implement
126 18 this section.
126 19 Sec. 70. EMERGENCY RULES.
126 20 1. If specifically authorized by a provision of this
126 21 division of this Act, the department of human services or
126 22 the mental health and disability services commission may
126 23 adopt administrative rules under section 17A.4, subsection
126 24 3, and section 17A.5, subsection 2, paragraph "b", to
126 25 implement the provisions of this division of this Act and
126 26 the rules shall become effective immediately upon filing or
126 27 on a later effective date specified in the rules, unless the
126 28 effective date of the rules is delayed or the applicability
126 29 of the rules is suspended by the administrative rules review
126 30 committee. Any rules adopted in accordance with this section
126 31 shall not take effect before the rules are reviewed by the
126 32 administrative rules review committee. The delay authority
126 33 provided to the administrative rules review committee under
126 34 section 17A.4, subsection 7, and section 17A.8, subsection 9,
126 35 shall be applicable to a delay imposed under this section,
127 1 notwithstanding a provision in those sections making them
127 2 inapplicable to section 17A.5, subsection 2, paragraph "b".
127 3 Any rules adopted in accordance with the provisions of this
127 4 section shall also be published as a notice of intended action
127 5 as provided in section 17A.4.
127 6 2. If during a fiscal year, the department of human
127 7 services is adopting rules in accordance with this section
127 8 or as otherwise directed or authorized by state law, and the
127 9 rules will result in an expenditure increase beyond the amount
127 10 anticipated in the budget process or if the expenditure was
127 11 not addressed in the budget process for the fiscal year, the
127 12 department shall notify the persons designated by this division
127 13 of this Act for submission of reports, the chairpersons and
127 14 ranking members of the committees on appropriations, and
127 15 the department of management concerning the rules and the
127 16 expenditure increase. The notification shall be provided at
127 17 least 30 calendar days prior to the date notice of the rules
127 18 is submitted to the administrative rules coordinator and the
127 19 administrative code editor.
127 20 Sec. 71. REPORTS. Any reports or other information
127 21 required to be compiled and submitted under this Act during the
127 22 fiscal year beginning July 1, 2018, shall be submitted to the
127 23 chairpersons and ranking members of the joint appropriations
127 24 subcommittee on health and human services, the legislative
127 25 services agency, and the legislative caucus staffs on or
127 26 before the dates specified for submission of the reports or
127 27 information.
127 28 Sec. 72. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN

127 29 APPROPRIATIONS FY 2018-2019. Notwithstanding section 8.39,
 127 30 subsection 1, for the fiscal year beginning July 1, 2018, if
 127 31 savings resulting from the governor’s Medicaid modernization
 127 32 initiative accrue to the medical contracts or children’s health
 127 33 insurance program appropriation from the general fund of the
 127 34 state and not to the medical assistance appropriation from the
 127 35 general fund of the state under this division of this Act,
 128 1 such savings may be transferred to such medical assistance
 128 2 appropriation for the same fiscal year without prior written
 128 3 consent and approval of the governor and the director of the
 128 4 department of management. The department of human services
 128 5 shall report any transfers made pursuant to this section to the
 128 6 legislative services agency.

DIVISION XII

HEALTH CARE ACCOUNTS AND FUNDS — FY 2018-2019

128 8
 128 9 Sec. 73. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 128 10 appropriated from the pharmaceutical settlement account created
 128 11 in section 249A.33 to the department of human services for the
 128 12 fiscal year beginning July 1, 2018, and ending June 30, 2019,
 128 13 the following amount, or so much thereof as is necessary, to be
 128 14 used for the purpose designated:

128 15 Notwithstanding any provision of law to the contrary, to
 128 16 supplement the appropriations made in this Act for medical
 128 17 contracts under the medical assistance program for the fiscal
 128 18 year beginning July 1, 2018, and ending June 30, 2019:

128 19 \$ 400,000

128 20 Sec. 74. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 128 21 SERVICES. Notwithstanding any provision to the contrary and
 128 22 subject to the availability of funds, there is appropriated
 128 23 from the quality assurance trust fund created in section
 128 24 249L.4 to the department of human services for the fiscal year
 128 25 beginning July 1, 2018, and ending June 30, 2019, the following
 128 26 amounts, or so much thereof as is necessary, for the purposes
 128 27 designated:

128 28 To supplement the appropriation made in this Act from the
 128 29 general fund of the state to the department of human services
 128 30 for medical assistance for the same fiscal year:

128 31 \$ 18,352,604

128 32 Sec. 75. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 128 33 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 128 34 the contrary and subject to the availability of funds, there is
 128 35 appropriated from the hospital health care access trust fund
 129 1 created in section 249M.4 to the department of human services
 129 2 for the fiscal year beginning July 1, 2018, and ending June
 129 3 30, 2019, the following amounts, or so much thereof as is
 129 4 necessary, for the purposes designated:

129 5 To supplement the appropriation made in this Act from the
 129 6 general fund of the state to the department of human services

129 7 for medical assistance for the same fiscal year:
 129 8 \$ 16,960,277
 129 9 Sec. 76. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 129 10 FOR FY 2018-2019. Notwithstanding section 8.33, if moneys
 129 11 appropriated for purposes of the medical assistance program for
 129 12 the fiscal year beginning July 1, 2018, and ending June 30,
 129 13 2019, from the general fund of the state, the quality assurance
 129 14 trust fund and the hospital health care access trust fund, are
 129 15 in excess of actual expenditures for the medical assistance
 129 16 program and remain unencumbered or unobligated at the close
 129 17 of the fiscal year, the excess moneys shall not revert but
 129 18 shall remain available for expenditure for the purposes of the
 129 19 medical assistance program until the close of the succeeding
 129 20 fiscal year.

DIVISION XIII

129 22 CHILD CARE FACILITY FUND — USE FOR FIELD OPERATIONS

129 23 Sec. 77. CHILD CARE FACILITY FUND — USE FOR FIELD
 129 24 OPERATIONS. Notwithstanding section 237A.4A, subsection 5,
 129 25 Code 2017, for the fiscal year beginning July 1, 2017, and
 129 26 ending June 30, 2018, in addition to the costs of dedicated
 129 27 staffing to perform the duties described in section 237A.4A,
 129 28 up to \$590,082 of the moneys in the child care facility fund
 129 29 may be used by the department of human services for additional
 129 30 expenditures of the child care regulatory unit within the
 129 31 department's field operations.

Directs the DHS to transfer a total of \$813,000 from the Child Care Facility Fund to replace General Fund dollars for the Field Operations and Child Care Assistance General Fund appropriations in FY 2018.

DETAIL: This is a one-time transfer from the Child Care Facility Fund of \$590,082 to the Field Operations General Fund appropriation, and \$222,918 to the Child Care Assistance General Fund appropriation. The Fund collects fees from child care providers for the monitoring and regulating of child care facilities, contracting, related technology costs, record checks, grants and fee waivers, and other expenses for inspection of child care facilities.

129 32 Sec. 78. EFFECTIVE UPON ENACTMENT. This division of this
 129 33 Act, being deemed of immediate importance, takes effect upon
 129 34 enactment.

The Division is effective upon enactment and retroactive to July 1, 2016.

DIVISION XIV

130 1 BIOLOGICS AND GENETICALLY TARGETED DRUGS — MEDICAID

130 2 Sec. 79. Section 249A.20A, subsection 3, Code 2017, is
 130 3 amended to read as follows:
 130 4 3.a. The pharmaceutical and therapeutics committee shall
 130 5 recommend a preferred drug list to the department.
 130 6 b. The committee shall develop the preferred drug list
 130 7 by considering each drug's clinically meaningful therapeutic
 130 8 advantages in terms of safety, effectiveness, and clinical
 130 9 outcome.
 130 10 c. The committee shall use evidence-based research methods
 130 11 in selecting the drugs to be included on the preferred drug
 130 12 list.
 130 13 d. When making recommendations or determinations regarding

CODE: Requires the Pharmaceutical and Therapeutics Committee under the Medicaid Program request and consider information from individuals who possess scientific or medical training with respect to the drug, biological product, or rare disease when making recommendations regarding drugs, and to develop a preferred drug list by considering each drug's clinically meaningful therapeutic advantages in terms of safety.

130 14 beneficiary access to drugs and biological products for rare
 130 15 diseases and drugs and biological products that are genetically
 130 16 targeted, the committee shall request and consider information
 130 17 from individuals who possess scientific or medical training
 130 18 with respect to the drug, biological product, or rare disease.
 130 19 e. The committee shall periodically review all drug classes
 130 20 included on the preferred drug list and may amend the list to
 130 21 ensure that the list provides for medically appropriate drug
 130 22 therapies for medical assistance recipients and achieves cost
 130 23 savings to the medical assistance program.
 130 24 f. The department may procure a sole source contract
 130 25 with an outside entity or contractor to provide professional
 130 26 administrative support to the pharmaceutical and therapeutics
 130 27 committee in researching and recommending drugs to be placed on
 130 28 the preferred drug list.
 130 29 Sec. 80. Section 249A.24, Code 2017, is amended by adding
 130 30 the following new subsection:
 130 31 NEW SUBSECTION 2A. When making recommendations or
 130 32 determinations regarding beneficiary access to drugs and
 130 33 biological products for rare diseases and drugs and biological
 130 34 products that are genetically targeted, the commission shall
 130 35 request and consider information from individuals who possess
 131 1 scientific or medical training with respect to the drug,
 131 2 biological product, or rare disease.

131 3 DIVISION XV
 131 4 PUBLIC ASSISTANCE PROGRAMS OVERSIGHT
 131 5 Sec. 81. 2017 Iowa Acts, House File 531, section 2,
 131 6 subsection 1, as enacted, is amended to read as follows:
 131 7 1. The department of human services shall review state
 131 8 efforts, including pilot programs related to data sharing
 131 9 between states and technology-based solutions designed to curb
 131 10 interstate dual participation, to address program integrity
 131 11 for public assistance programs including Medicaid, the family
 131 12 investment program (FIP), the supplemental nutrition assistance
 131 13 program (SNAP), and the child care assistance program. As
 131 14 part of the review, the department shall explore opportunities
 131 15 to join existing pilot efforts in collaboration with other
 131 16 states including the effort involving the national accuracy
 131 17 clearinghouse, or to develop a separate pilot effort in Iowa.

131 18 Sec. 82. EFFECTIVE UPON ENACTMENT. This division of this
 131 19 Act, being deemed of immediate importance, takes effect upon
 131 20 enactment.
 131 21 Sec. 83. RETROACTIVE APPLICABILITY. This division of this
 131 22 Act applies retroactively to March 30, 2017.

131 23 DIVISION XVI

Amends House File 531 (Medicaid and Supplemental Nutrition Assistance Reform Act) to direct the DHS to evaluate an opportunity to join a pilot program that utilizes the National Accuracy Clearinghouse to verify participation in public assistance programs, including Medicaid, the FIP, the Supplemental Nutrition Assistance Program, and the CCA Program.

The Division is effective upon enactment and retroactive to March 30, 2017.

Requires the DHS and Department of Public Safety to review

131 24 BACKGROUND CHECK PRIVATE SECTOR ALTERNATIVES

131 25 Sec. 84. BACKGROUND CHECK — PRIVATE SECTOR
 131 26 ALTERNATIVES. The department of human services and the
 131 27 department of public safety shall jointly review private sector
 131 28 alternatives to the performance of state mandated criminal
 131 29 background checks currently performed solely by the department
 131 30 of public safety. The departments shall submit a report to
 131 31 the governor and the general assembly by December 15, 2017,
 131 32 including a description of the process used in reviewing
 131 33 private sector alternatives to perform criminal background
 131 34 checks, the findings from the review, and recommendations for
 131 35 utilizing private sector entities as an alternative to the
 132 1 department of public safety in performing criminal background
 132 2 checks.

alternatives for contracting the performance of State mandated criminal background checks to a non-state entity. The departments must submit a report to the Governor and the General Assembly by December 15, 2017.

132 3 DIVISION XVII
 132 4 PSYCHIATRIC BED TRACKING SYSTEM

132 5 Sec. 85. DEPARTMENT OF HUMAN SERVICES PSYCHIATRIC BED
 132 6 TRACKING SYSTEM. The department of human services shall amend
 132 7 its administrative rules pursuant to chapter 17A to require
 132 8 the state mental health institutes and hospitals licensed
 132 9 to provide inpatient psychiatric treatment and services to
 132 10 participate in the psychiatric bed tracking system and to
 132 11 ensure updates are made, at a minimum, two times per day to
 132 12 the psychiatric bed tracking system. Updates shall include
 132 13 information on the availability of inpatient child, adult,
 132 14 and geriatric psychiatric beds staffed and available and
 132 15 information on the gender that can be accepted for each
 132 16 available bed.

Requires the DHS to submit new administrative rules to require the State MHIs and hospitals with inpatient psychiatric treatment to update the psychiatric bed tracking system, at minimum, two times daily.

132 17 DIVISION XVIII
 132 18 CHILDREN'S WELL-BEING COLLABORATIVES AND ADVISORY COMMITTEE

132 19 Sec. 86. CHILDREN'S WELL-BEING COLLABORATIVES — GRANTS.

132 20 1. The department of human services shall establish a
 132 21 request for proposals process which shall be based upon
 132 22 recommendations for the development and implementation
 132 23 of children's well-being collaboratives described in the
 132 24 children's mental health study report submitted by the
 132 25 department to the general assembly on December 15, 2016.
 132 26 2. A well-being collaborative shall consist of a
 132 27 broad-based group of entities in a defined geographical area
 132 28 represented by a lead agency. Entities in the well-being
 132 29 collaborative shall include a broad-based representation of key
 132 30 providers including but not limited to providers of prevention
 132 31 and early intervention services and mental health services to
 132 32 the target population.
 132 33 3. A well-being collaborative shall be responsible for

Directs the DHS to establish a Request for Proposals (RFP) process for the purpose of contracting for planning grants for the development and implementation of children's well-being collaboratives described in the Children's Mental Health Study Report submitted to the General Assembly on December 15, 2016. Grantees will be required to submit reports to the DHS by December 15, 2017, and April 15, 2018.

132 34 developing interagency coordination and collaboration for
132 35 the provision of prevention and early intervention services
133 1 within the designated geographic area and shall, at a minimum,
133 2 demonstrate all of the following:
133 3 a. Experience and a strong understanding of how best to
133 4 engage children and families to achieve positive mental health
133 5 and well-being outcomes.
133 6 b. An ability to provide or administer prevention services
133 7 for the improvement of children's mental health and well-being.
133 8 c. Experience and effectiveness in coordinating the
133 9 collaborative efforts of multiple stakeholders working toward
133 10 a common goal of improving the effectiveness of the group's
133 11 efforts to achieve measurable improved outcomes.
133 12 4. A well-being collaborative shall build and maintain
133 13 intentional collaboration among all entities with the goal of
133 14 providing measurable improvements in outcomes for children and
133 15 families.
133 16 5. A well-being collaborative shall build and improve
133 17 coordination and effectiveness among entities to develop and
133 18 provide primary, secondary, and tertiary prevention and early
133 19 intervention services that are nonduplicative and that are
133 20 aligned to meet the needs of children and families in the
133 21 geographic area.
133 22 6. A well-being collaborative shall provide technical
133 23 assistance to a diverse array of stakeholders, facilitate
133 24 the distribution of public awareness materials that include
133 25 information aimed at reducing the stigma of mental illness,
133 26 and provide updates on changes in state and federal policy
133 27 in relation to prevention and early intervention efforts
133 28 concerning children's mental health and well-being.
133 29 7. A well-being collaborative shall establish or enhance
133 30 collaborative efforts in all of the following areas:
133 31 a. The selection and implementation of evidence-based or
133 32 promising prevention and early intervention models.
133 33 b. Understanding funding sources and how to utilize
133 34 available funding most effectively.
133 35 c. The adoption or development, implementation, and
134 1 analysis of community needs assessments.
134 2 d. The development, implementation, and analysis of a
134 3 community work plan based on the results of the community needs
134 4 assessment.
134 5 e. The adoption or development and implementation of a
134 6 uniform family assessment.
134 7 f. The utilization of research and data analysis to guide
134 8 the work of the well-being collaborative.
134 9 g. The provision of culturally competent services and the
134 10 ability to address issues relating to the disproportionate
134 11 representation of a population group.

134 12 h. The development of public awareness and training
 134 13 programs, including programs aimed at reducing the stigma of
 134 14 mental illness.
 134 15 i. The recruitment and retention of members in the
 134 16 well-being collaborative with a focus on achieving the goals
 134 17 and outcomes of the collaborative and supporting all members in
 134 18 the collaborative.
 134 19 8. Each grantee shall submit reports to the department of
 134 20 human services by December 15, 2017, and April 15, 2018, to
 134 21 include information relating to the accomplishments and future
 134 22 plans of each well-being collaborative.

134 23 Sec. 87. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY
 134 24 COMMITTEE. The department of human services shall create and
 134 25 provide support to a children's mental health and well-being
 134 26 advisory committee to continue efforts relating to improving
 134 27 children's mental health crisis services and children's
 134 28 well-being learning labs and supporting the children's
 134 29 well-being collaboratives.

134 30 DIVISION XIX
 134 31 STATE FAMILY PLANNING SERVICES PROGRAM
 134 32 Sec. 88. NEW SECTION 217.41B STATE FAMILY PLANNING
 134 33 SERVICES PROGRAM — ESTABLISHMENT — DISCONTINUATION OF
 134 34 MEDICAID PLANNING NETWORK WAIVER.

134 35 1. The department of human services shall discontinue the
 135 1 Medicaid family planning network waiver effective July 1, 2017,
 135 2 and shall instead establish a state family planning services
 135 3 program. The state program shall replicate the eligibility
 135 4 requirements and other provisions included in the Medicaid
 135 5 family planning network waiver as approved by the centers for
 135 6 Medicare and Medicaid services of the United States department
 135 7 of health and human services in effect on June 30, 2017.
 135 8 2. Distribution of family planning services program funds
 135 9 under this section shall be made in a manner that continues
 135 10 access to family planning services.
 135 11 3. Distribution of family planning services program funds
 135 12 shall not be made to any entity that performs abortions or that
 135 13 maintains or operates a facility where abortions are performed.
 135 14 For the purposes of this section, "abortion" does not include
 135 15 any of the following:
 135 16 a. The treatment of a woman for a physical disorder,
 135 17 physical injury, or physical illness, including a
 135 18 life-endangering physical condition caused by or arising from
 135 19 the pregnancy itself, that would, as certified by a physician,
 135 20 place the woman in danger of death.
 135 21 b. The treatment of a woman for a spontaneous abortion,
 135 22 commonly known as a miscarriage, when not all of the products

Requires the DHS to convene the Children's Mental Health and Well-Being Advisory Committee to improve children's mental health services and children's well-being learning labs, and to support the children's well-being collaboratives. The DHS is required to provide support to the Advisory Committee.

CODE: Directs the DHS to discontinue the Medicaid Iowa Family Planning Network (IFPN) Waiver effective July 1, 2017, and to instead establish a State Family Planning Services Program. The State Program is to replicate the eligibility requirements and other provisions included in the Medicaid Family Planning Network Waiver. The Program funds are to be distributed in a manner that continues access to family planning services, but are not to be distributed to any entity that performs abortions or maintains or operates a facility where abortions are performed, or for direct or indirect costs related to providing abortions.

FISCAL IMPACT: This Division is estimated to increase General Fund expenditures by \$3,100,000 in FY 2018 and FY 2019. An allocation of \$3,383,880 was provided under the Medicaid appropriation for this Program.

More information is available here:

<https://www.legis.iowa.gov/docs/publications/FN/851805.pdf>

135 23 of human conception are expelled.

135 24 4. Family planning services program funds distributed in
 135 25 accordance with this section shall not be used for direct or
 135 26 indirect costs, including but not limited to administrative
 135 27 costs or expenses, overhead, employee salaries, rent, and
 135 28 telephone and other utility costs, related to providing
 135 29 abortions as specified in subsection 3.

135 30 Sec. 89. EMERGENCY RULES. The department of human services
 135 31 may adopt emergency rules under section 17A.4, subsection 3,
 135 32 and section 17A.5, subsection 2, paragraph "b", to implement
 135 33 the provisions of this division of this Act, and the rules
 135 34 shall be effective immediately upon filing unless a later date
 135 35 is specified in the rules. Any rules adopted in accordance
 136 1 with this section shall also be published as a notice of
 136 2 intended action as provided in section 17A.4.

Permits the DHS to adopt emergency rules to implement the provisions of this Division of the Bill.

136 3 Sec. 90. EFFECTIVE UPON ENACTMENT. This division of this
 136 4 Act, being deemed of immediate importance, takes effect upon
 136 5 enactment.

Specifies that this Division is effective upon enactment.

136 6 DIVISION XX
 136 7 MEDICAID HOME AND COMMUNITY-BASED SERVICES PROVIDERS —
 136 8 COST-REPORTING
 136 9 Sec. 91. MEDICAID HOME AND COMMUNITY-BASED SERVICES
 136 10 PROVIDERS — TIERED RATES AND DOCUMENTATION CHANGES —
 136 11 EMERGENCY RULES.

136 12 1. Beginning July 1, 2017, the department of human
 136 13 services shall discontinue application of the retrospectively
 136 14 limited cost settlement methodology based on submission of
 136 15 required cost reports under 441 IAC 79.1, and shall implement
 136 16 tiered rates for providers of supported community living,
 136 17 day habilitation and adult day services for persons with an
 136 18 intellectual disability under the home and community-based
 136 19 services waiver program. The tiered rates shall be implemented
 136 20 in a phased-in approach to accommodate transition of providers
 136 21 to the revised reimbursement model. The department of human
 136 22 services and Medicaid managed care organizations may also
 136 23 establish tiered rates for other services.

Requires the DHS to discontinue using the cost settlement methodology and begin using a tiered rate methodology for providers of supported community living, day habilitation, and adult day services for persons with intellectual disabilities under the HCBS waiver program.

136 24 2. The department of human services shall amend 441 IAC
 136 25 24.4 relating to standards of service for providers of services
 136 26 to persons with mental illness, intellectual disabilities, or
 136 27 developmental disabilities pursuant to chapter 225C and 441
 136 28 IAC 79.3(2) relating to medical clinical records for providers
 136 29 of services under the Medicaid program pursuant to chapter
 136 30 249A, to provide, effective November 1, 2017, that in addition

Requires the DHS to allow providers of services for persons with mental illness, intellectual disabilities, or developmental disabilities to use check boxes for documenting the services provided.

136 31 to allowing documentation of the provision of services or
 136 32 standards of service in a narrative format, the following
 136 33 providers may also provide documentation in a checkbox form
 136 34 format in accordance with the provider's organizational
 136 35 policies and procedures and in compliance with procedures
 137 1 established by the centers for Medicare and Medicaid services
 137 2 of the United States department of health and human services:
 137 3 a. Advanced registered nurse practitioners.
 137 4 b. Psychologists.
 137 5 c. Community mental health centers.
 137 6 d. Home and community-based habilitation services
 137 7 providers.
 137 8 e. Behavioral health intervention.
 137 9 f. Case management services including home and
 137 10 community-based services case management services.
 137 11 g. Home and community-based services waiver services.
 137 12 h. Behavioral health services.
 137 13 i. Community-based neurobehavioral rehabilitation
 137 14 residential services and intermittent services.
 137 15 3. The department of human services may adopt emergency
 137 16 rules under section 17A.4, subsection 3, and section 17A.5,
 137 17 subsection 2, paragraph "b", to implement the provisions of
 137 18 this division of this Act, and the rules shall be effective
 137 19 immediately upon filing unless a later date is specified in the
 137 20 rules. Any rules adopted in accordance with this section shall
 137 21 also be published as a notice of intended action as provided
 137 22 in section 17A.4.

137 23 Sec. 92. EFFECTIVE UPON ENACTMENT. This division of this
 137 24 Act, being deemed of immediate importance, takes effect upon
 137 25 enactment.

The Division is effective upon enactment.

137 26 DIVISION XXI
 137 27 TELEHEALTH PARITY INTERIM COMMITTEE

137 28 Sec. 93. TELEHEALTH PARITY INTERIM COMMITTEE.
 137 29 1. The legislative council is requested to establish
 137 30 a study committee for the 2017 interim to examine issues
 137 31 relating to telehealth parity for private insurance and state
 137 32 employee health plans. The study committee shall consult with
 137 33 stakeholders to evaluate the benefits of telehealth parity
 137 34 within the context of the needs of lowans such as access to
 137 35 health care, review existing policies related to telehealth
 138 1 reimbursement and the impact on private insurance and state
 138 2 employee health plans, consider the costs associated with
 138 3 telehealth service utilization, consider telehealth's potential
 138 4 impact to economic development opportunities for Iowa's
 138 5 rural communities, and evaluate obstacles such as broadband
 138 6 accessibility.

Requests the Legislative Council to establish an Interim Study Committee to examine issues relating to telehealth parity for private insurance and State employee health plans. The Division specifies duties and membership of the Interim Committee and requires a report to be submitted to the General Assembly by December 15, 2017, for consideration during the 2018 Legislative Session.

138 7 2. The members of the committee shall include:

138 8 a. Ten members of the general assembly as voting members.

138 9 (1) Three members shall be appointed by the majority leader

138 10 of the senate, two by the minority leader of the senate, three

138 11 by the speaker of the house of representatives, and two by the

138 12 minority leader of the house of representatives.

138 13 (2) The legislators appointed shall include:

138 14 (a) The chairpersons and ranking members of the general

138 15 assembly's committees on human resources or a member of the

138 16 committee designated by the chairperson or ranking member.

138 17 (b) The co-chairpersons and ranking members of the joint

138 18 appropriations subcommittee on health and human services, or a

138 19 member of the subcommittee designated by the co-chairperson or

138 20 ranking member.

138 21 b. One representative of each of the following

138 22 organizations as nonvoting members:

138 23 (1) The signal center for health innovation.

138 24 (2) The Iowa hospital association.

138 25 (3) An independent medical clinic.

138 26 (4) The Iowa medical society.

138 27 (5) The Iowa healthcare association.

138 28 (6) The federation of Iowa insurers.

138 29 (7) AARP Iowa.

138 30 (8) The Iowa telecommunications association.

138 31 (9) A mental health and disability services region.

138 32 c. The following agency directors or commissioner as ex

138 33 officio nonvoting members:

138 34 (1) The director of public health, or the director's

138 35 designee.

139 1 (2) The director of the department of administrative

139 2 services, or the director's designee.

139 3 (3) The director of the department on aging, or the

139 4 director's designee.

139 5 (4) The commissioner of insurance or the commissioner's

139 6 designee.

139 7 3. The interim committee may request information and

139 8 assistance from state agencies as applicable to the purpose of

139 9 the interim committee, as needed to complete the work of the

139 10 interim committee.

139 11 4. The interim committee shall submit its findings and

139 12 recommendations to the general assembly by December 15, 2017,

139 13 for consideration during the 2018 legislative session.

139 14 DIVISION XXII

139 15 ALZHEIMER'S AND OTHER FORMS OF DEMENTIA — HEALTH AND

139 16 RESILIENCE OUTREACH (HERO) PROJECT — DEMENTIA-SPECIFIC CARE

139 17 Sec. 94. HERO PROJECT. The department of public health

Requires the DPH to assist in identifying funding opportunities for the

139 18 shall collaborate with stakeholders that support individuals
 139 19 with Alzheimer's disease to identify funding opportunities
 139 20 to support the health and resilience outreach (HERO) project
 139 21 for individuals caring for a family member with Alzheimer's or
 139 22 other forms of dementia.

Alzheimer's Association HERO Project. The overall goal of the HERO Project is to help caregivers of individuals with a form of dementia to stay healthy by providing support and resources to them on a consistent basis.

139 23 Sec. 95. ACCESS TO DEMENTIA-SPECIFIC CARE. The department
 139 24 on aging, the department of public health, the department of
 139 25 inspections and appeals, and the department of human services
 139 26 shall jointly analyze and make recommendations regarding
 139 27 options for coordination between state agencies and private
 139 28 entities to promote increased access to dementia-specific care
 139 29 in both residential and home and community-based settings. The
 139 30 analyses and recommendations shall address barriers to, gaps
 139 31 in, and opportunities for increased access, the availability of
 139 32 services in home and community-based settings as an alternative
 139 33 to residential settings, and any changes in law necessary to
 139 34 better address the needs of individuals with dementia and their
 139 35 families. The departments shall submit a joint report of
 140 1 findings and recommendations to the governor and the general
 140 2 assembly by December 15, 2017.

Requires the IDA, DPH, DIA, and DHS to analyze and make recommendations for coordinating between State agencies and private entities to promote increased access to care for individuals diagnosed with dementia. A report must be filed with the Governor and General Assembly by December 15, 2017.

140 3 DIVISION XXIII
 140 4 OFFICE OF MINORITY AND MULTICULTURAL HEALTH — REPEAL

CODE: Repeals the Office of Minority and Multicultural Health that was created in 2006.

140 5 Sec. 96. Section 135.159, subsection 3, paragraph i, Code
 140 6 2017, is amended to read as follows:

DETAIL: This is a decrease of \$74,389 and 0.50 FTE position from the Community Capacity appropriation compared to estimated net FY 2017.

140 7 i. For children, coordinate with and integrate guidelines,
 140 8 data, and information from existing newborn and child health
 140 9 programs and entities, including but not limited to the healthy
 140 10 opportunities for parents to experience success – healthy
 140 11 families Iowa program, the early childhood Iowa initiative,
 140 12 the center for congenital and inherited disorders screening
 140 13 and health care programs, standards of care for pediatric
 140 14 health guidelines, ~~the office of minority and multicultural~~
 140 15 ~~health established in section 135.12~~, the oral health bureau
 140 16 established in section 135.15, and other similar programs and
 140 17 services.

140 18 Sec. 97. REPEAL. Section 135.12, Code 2017, is repealed.

140 19 DIVISION XXIV
 140 20 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS
 140 21 ADOPTION SUBSIDY PAYMENTS AND SERVICES

140 22 Sec. 98. 2015 Iowa Acts, chapter 137, section 139, as
 140 23 amended by 2016 Iowa Acts, chapter 1139, section 17, subsection
 140 24 1, is amended by adding the following new paragraph:
 140 25 NEW PARAGRAPH c. Notwithstanding section 8.33,
 140 26 moneys corresponding to the state savings resulting from

Requires any identified State savings in the Adoption Subsidy Program resulting from federal Title IV-E eligibility to remain available for adoption subsidies and related support services. These savings will be identified separately from dollars remaining at the end of the fiscal year and will not revert to the General Fund.

140 27 implementation of the federal Fostering Connections to Success
 140 28 and Increasing Adoptions Act of 2008, Pub.L. No.110-351,
 140 29 and successor legislation, as determined in accordance with
 140 30 42 U.S.C. §673(a)(8), that remain unencumbered or unobligated
 140 31 at the close of the fiscal year, shall not revert to any fund
 140 32 but shall remain available for the purposes designated in this
 140 33 subsection until expended. The amount of such savings and any
 140 34 corresponding funds remaining at the close of the fiscal year
 140 35 shall be determined separately and any changes in either amount
 141 1 between fiscal years shall not result in an unfunded need.

141 2 DECATEGORIZATION
 141 3 Sec. 99. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO
 141 4 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection
 141 5 5, paragraph “b”, any state appropriated moneys in the funding
 141 6 pool that remained unencumbered or unobligated at the close
 141 7 of the fiscal year beginning July 1, 2014, and were deemed
 141 8 carryover funding to remain available for the two succeeding
 141 9 fiscal years that still remain unencumbered or unobligated at
 141 10 the close of the fiscal year beginning July 1, 2016, shall
 141 11 not revert but shall be transferred to the medical assistance
 141 12 program for the fiscal year beginning July 1, 2017.

Transfers to Medicaid decategorization funds that would have previously reverted to the General Fund.

DETAIL: It is estimated that \$500,000 will be transferred to Medicaid in FY 2018.

141 13 Sec. 100. EFFECTIVE UPON ENACTMENT. This division of this
 141 14 Act, being deemed of immediate importance, takes effect upon
 141 15 enactment.

The Division is effective upon enactment and is retroactive to July 1, 2016.

141 16 Sec. 101. RETROACTIVE APPLICABILITY. This division of this
 141 17 Act applies retroactively to July 1, 2016.

141 18 DIVISION XXV
 141 19 NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND IOWACARE
 141 20 ACCOUNT — BALANCES — REVERSIONS

Appropriates the balance of the Nonparticipating Provider Reimbursement Fund and the IowaCare Account to Medicaid to be used for the purposes under the IowaCare Program.

141 21 Sec. 102. NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND
 141 22 IOWACARE ACCOUNT — AVAILABILITY — REVERSIONS.

DETAIL: As of April 12, 2017, the the Nonparticipating Provider Reimbursement Fund had a balance of \$103,276 and the IowaCare Fund had a balance of \$258,184.

141 23 Notwithstanding any provision of law to the contrary, for the
 141 24 fiscal year beginning July 1, 2016, and ending June 30, 2017,
 141 25 there is appropriated from the IowaCare account established in
 141 26 section 249J.24, Code 2013, and the nonparticipating provider
 141 27 reimbursement fund established in section 249J.24A, Code
 141 28 2013, to the department of human services medical assistance
 141 29 appropriation in this 2017 Act any unencumbered or unobligated
 141 30 moneys from the account and fund to be used for the purposes of
 141 31 the IowaCare account as provided in section 249J.24, Code 2013.
 141 32 Notwithstanding section 8.33, moneys appropriated in this
 141 33 section that remain unencumbered or unobligated at the close of
 141 34 a fiscal year shall not revert but shall remain available for
 141 35 expenditure for the purposes designated until expended.

<p>142 1 Sec. 103. EFFECTIVE UPON ENACTMENT. This division of this 142 2 Act, being deemed of immediate importance, takes effect upon 142 3 enactment.</p>	<p>The Division is effective upon enactment.</p>
<p>142 4 142 5 DIVISION XXVI 142 6 HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM — REPEAL 142 7 Sec. 104. Section 249M.5, Code 2017, is amended to read as 142 8 follows: 142 9 249M.5 FUTURE REPEAL. 142 10 This chapter is repealed July 1, 2017 <u>2019</u>.</p>	<p>CODE: Extends the repeal of the Hospital Health Care Access Assessment Program to July 1, 2019 (FY 2020).</p>
<p>142 11 Sec. 105. EFFECTIVE UPON ENACTMENT. This division of this 142 12 Act, being deemed of immediate importance, takes effect upon 142 13 enactment. 142 14 Sec. 106. RETROACTIVE APPLICABILITY. This division of this 142 15 Act applies retroactively to June 30, 2017.</p>	<p>The Division is effective on enactment and retroactive to June 30, 2017.</p>
<p>142 16 142 17 DIVISION XXVII 142 18 CUSTODIAL CARE 142 19 Sec. 107. Section 249.12, Code 2017, is amended to read as 142 20 follows: 142 21 249.12 COST-RELATED SYSTEM. 142 22 1. In order to assure that the necessary data is available 142 23 to aid the general assembly to determine appropriate funding 142 24 for the custodial care program, the department of human 142 25 services shall develop a cost-related system for financial 142 26 supplementation to individuals who need custodial care and who 142 27 have insufficient resources to purchase the care needed. 142 28 2. All privately operated licensed custodial facilities in 142 29 Iowa shall cooperate with the department of human services to 142 30 develop the cost-related plan. After the plan is implemented, 142 31 state supplemental funds shall not be used for the care of 142 32 any individual in facilities that have not submitted cost 142 33 statements to the department of human services. 142 34 <u>3. Beginning July 1, 2017, privately operated licensed 142 35 custodial facilities in Iowa shall be reimbursed based on the 142 36 maximum per diem rates established by the general assembly 142 37 through the appropriations process.</u></p>	<p>CODE: Specifies that beginning July 1, 2017, privately operated licensed custodial care facilities are to be reimbursed based on the maximum per diem rates established by the General Assembly for the State Supplementary Assistance Program.</p>
<p>143 1 143 2 DIVISION XXVIII 143 3 JUVENILE BEDS CAP</p>	<p>CODE: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272, and from 272 to 282 beds in FY 2019.</p>
<p>143 4 Sec. 108. Section 232.142, subsection 5, Code 2017, is 143 5 amended to read as follows: 143 6 5. The director shall approve annually all such homes 143 7 established and maintained under the provisions of this 143 8 chapter. A home shall not be approved unless it complies with 143 9 minimal rules and standards adopted by the director and has 143 10 been inspected by the department of inspections and appeals.</p>	<p>CODE: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272, and from 272 to 282 beds in FY 2019.</p>

143 10 The statewide number of beds in the homes approved by the
 143 11 director shall not exceed two hundred ~~sixty-two~~ seventy-two
 143 12 beds beginning July 1, 2017, and shall not exceed two hundred
 143 13 eighty-two beds beginning July 1, 2018, and thereafter.

143 14 DIVISION XXIX
 143 15 TRANSFERS OF FUNDS BETWEEN DHS INSTITUTIONS
 143 16 Sec. 109. Section 218.6, Code 2017, is amended to read as
 143 17 follows:
 143 18 218.6 TRANSFER OF APPROPRIATIONS MADE TO INSTITUTIONS.
 143 19 Notwithstanding section 8.39, subsection 1, without the
 143 20 prior written consent and approval of the governor and the
 143 21 director of the department of management, the director of human
 143 22 services may transfer funds between the appropriations made for
 143 23 the ~~same type of institution~~ institutions, listed as follows:
 143 24 1. The state resource centers.
 143 25 2. The state mental health institutes.
 143 26 3. The state ~~juvenile institutions consisting of the state~~
 143 27 ~~training school and the Iowa juvenile home.~~
 143 28 4. The civil commitment unit for sexual offenders.

CODE: Amends language that allows the DHS to transfer funds between the institutions to include the CCUSO.

143 29 DIVISION XXX
 143 30 PELVIC EXAMS — PRIORITY CONSENT
 143 31 Sec. 110. NEW SECTION 147.114 PRIORITY INFORMED CONSENT
 143 32 RELATIVE TO PELVIC EXAMINATIONS — PATIENT UNDER ANESTHESIA OR
 143 33 UNCONSCIOUS — PENALTIES.
 143 34 1. A person licensed or certified to practice a
 143 35 profession, or a student undertaking a course of instruction
 144 1 or participating in a clinical training or residency program
 144 2 for a profession, shall not perform a pelvic examination on an
 144 3 anesthetized or unconscious patient unless one of the following
 144 4 conditions is met:
 144 5 a. The patient or the patient's authorized representative
 144 6 provides prior written informed consent to the pelvic
 144 7 examination, and the pelvic examination is necessary for
 144 8 preventive, diagnostic, or treatment purposes.
 144 9 b. The patient or the patient's authorized representative
 144 10 has provided prior written informed consent to a surgical
 144 11 procedure or diagnostic examination to be performed on the
 144 12 patient, and the performance of a pelvic examination is within
 144 13 the scope of care ordered for that surgical procedure or
 144 14 diagnostic examination.
 144 15 c. The patient is unconscious and incapable of providing
 144 16 prior informed consent, and the pelvic examination is necessary
 144 17 for diagnostic or treatment purposes.
 144 18 d. A court has ordered the performance of the pelvic
 144 19 examination for the purposes of collection of evidence.
 144 20 2. A person who violates this section is subject to the

CODE: Prohibits a licensed or certified medical practitioner or clinical student or resident in those professions from performing a pelvic examination on an anesthetized patient without prior written consent.

144 21 penalty specified under section 147.86, and any professional
144 22 disciplinary provisions, as applicable.

Summary Data

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)
Health and Human Services	\$ 1,900,443,621	\$ 1,794,365,942	\$ 1,776,437,202	\$ 1,766,437,202	\$ -27,928,740	\$ 883,518,739
Grand Total	\$ 1,900,443,621	\$ 1,794,365,942	\$ 1,776,437,202	\$ 1,766,437,202	\$ -27,928,740	\$ 883,518,739

Health and Human Services

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)	Page and Line # (7)
<u>Aging, Iowa Department on</u>							
Aging, Dept. on							
Aging Programs	\$ 11,399,732	\$ 12,071,150	\$ 11,942,476	\$ 11,042,476	\$ -1,028,674	\$ 5,521,238	PG 1 LN 3
Office of LTC Ombudsman	1,276,783	1,324,202	1,310,281	1,160,281	-163,921	580,140	PG 3 LN 21
Total Aging, Iowa Department on	\$ 12,676,515	\$ 13,395,352	\$ 13,252,757	\$ 12,202,757	\$ -1,192,595	\$ 6,101,378	
<u>Public Health, Department of</u>							
Public Health, Dept. of							
Addictive Disorders	\$ 27,263,690	\$ 26,258,434	\$ 25,992,095	\$ 24,985,831	\$ -1,272,603	\$ 12,492,915	PG 4 LN 4
Healthy Children and Families	4,617,543	5,437,627	5,538,385	5,325,632	-111,995	2,662,816	PG 5 LN 27
Chronic Conditions	4,955,692	4,828,917	4,065,156	4,170,750	-658,167	2,085,375	PG 7 LN 33
Community Capacity	8,821,335	6,785,040	5,145,083	2,807,776	-3,977,264	1,403,888	PG 10 LN 2
Essential Public Health Services	7,297,142	7,078,228	8,410,493	8,197,878	1,119,650	4,098,939	PG 13 LN 12
Infectious Diseases	1,335,155	1,248,393	1,871,725	1,646,426	398,033	823,213	PG 13 LN 18
Public Protection	4,339,191	4,247,070	4,266,410	4,195,139	-51,931	2,097,569	PG 13 LN 24
Resource Management	855,072	971,215	998,981	971,215	0	485,607	PG 14 LN 23
Congenital & Inherited Disorders Registry	216,838	223,521	216,563	223,521	0	223,521	
Public Health	0	0	0	-1,281,367	-1,281,367	-640,683	PG 14 LN 35
Total Public Health, Department of	\$ 59,701,658	\$ 57,078,445	\$ 56,504,891	\$ 51,242,801	\$ -5,835,644	\$ 25,733,160	
<u>Veterans Affairs, Department of</u>							
Veterans Affairs, Dept. of							
General Administration	\$ 1,200,546	\$ 1,150,503	\$ 1,142,557	\$ 1,142,557	\$ -7,946	\$ 571,278	PG 15 LN 27
Vets Home Ownership Program	2,500,000	2,500,000	2,393,750	2,000,000	-500,000	1,000,000	PG 16 LN 20
Veterans County Grants	990,000	990,000	947,925	947,925	-42,075	473,962	PG 16 LN 26
Veterans Affairs, Dept. of	\$ 4,690,546	\$ 4,640,503	\$ 4,484,232	\$ 4,090,482	\$ -550,021	\$ 2,045,240	
Veterans Affairs, Dept. of							
Iowa Veterans Home	\$ 7,594,996	\$ 7,316,100	\$ 7,228,140	\$ 7,228,140	\$ -87,960	\$ 3,614,070	PG 15 LN 33
Total Veterans Affairs, Department of	\$ 12,285,542	\$ 11,956,603	\$ 11,712,372	\$ 11,318,622	\$ -637,981	\$ 5,659,310	
<u>Human Services, Department of</u>							
Assistance							
Family Investment Program/JOBS	\$ 44,773,875	\$ 36,200,196	\$ 43,004,480	\$ 43,004,480	\$ 6,804,284	\$ 21,502,240	PG 23 LN 26
Medical Assistance	1,385,191,564	1,303,190,737	1,285,832,597	1,284,605,740	-18,584,997	642,302,870	PG 27 LN 10
Medical Contracts	19,613,964	17,045,964	17,626,464	17,626,464	580,500	8,813,232	PG 35 LN 11
State Supplementary Assistance	11,897,187	10,722,135	10,372,658	10,372,658	-349,477	5,186,329	PG 37 LN 7
State Children's Health Insurance	20,413,844	9,435,831	8,518,452	8,518,452	-917,379	4,259,226	PG 38 LN 3
Child Care Assistance	41,408,668	31,722,450	39,843,616	39,343,616	7,621,166	19,671,808	PG 38 LN 18

Health and Human Services

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)	Page and Line # (7)
Child and Family Services	85,341,938	83,851,277	87,329,375	87,329,375	3,478,098	43,664,687	PG 41 LN 9
Adoption Subsidy	42,998,286	42,646,664	40,777,910	40,777,910	-1,868,754	20,388,955	PG 47 LN 8
Family Support Subsidy	1,073,932	772,102	1,069,282	1,069,282	297,180	534,641	PG 48 LN 25
Connors Training	33,632	33,632	33,632	33,632	0	16,816	PG 49 LN 11
Volunteers	84,686	84,686	84,686	84,686	0	42,343	PG 54 LN 12
Child Abuse Prevention	216,908	232,570	232,570	232,570	0	232,570	
MHDS Regional Grants - Polk County and Easter	0	3,000,000	0	0	-3,000,000	0	
Assistance	\$ 1,653,048,484	\$ 1,538,938,244	\$ 1,534,725,722	\$ 1,532,998,865	\$ -5,939,379	\$ 766,615,717	
Eldora Training School							
Eldora Training School	\$ 12,233,420	\$ 12,233,420	\$ 11,350,443	\$ 11,350,443	\$ -882,977	\$ 5,675,221	PG 40 LN 24
Cherokee							
Cherokee MHI	\$ 5,545,616	\$ 14,658,594	\$ 13,870,254	\$ 13,870,254	\$ -788,340	\$ 6,935,127	PG 49 LN 27
Independence							
Independence MHI	\$ 10,324,209	\$ 18,464,015	\$ 17,513,621	\$ 17,513,621	\$ -950,394	\$ 8,756,810	PG 49 LN 33
Glenwood							
Glenwood Resource Center	\$ 21,524,482	\$ 20,468,802	\$ 17,887,781	\$ 17,887,781	\$ -2,581,021	\$ 8,943,890	PG 50 LN 21
Woodward							
Woodward Resource Center	\$ 14,583,806	\$ 13,995,352	\$ 12,077,034	\$ 12,077,034	\$ -1,918,318	\$ 6,038,517	PG 50 LN 24
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	\$ 9,893,079	\$ 10,671,957	\$ 9,464,747	\$ 9,464,747	\$ -1,207,210	\$ 4,732,373	PG 51 LN 27
Field Operations							
Child Support Recoveries	\$ 14,663,373	\$ 14,663,373	\$ 12,586,635	\$ 12,586,635	\$ -2,076,738	\$ 6,293,317	PG 25 LN 24
Field Operations	58,920,976	49,370,117	48,484,435	48,484,435	-885,682	24,242,217	PG 52 LN 15
Field Operations	\$ 73,584,349	\$ 64,033,490	\$ 61,071,070	\$ 61,071,070	\$ -2,962,420	\$ 30,535,534	
General Administration							
General Administration	\$ 14,898,198	\$ 15,448,198	\$ 13,983,040	\$ 13,883,040	\$ -1,565,158	\$ 6,941,520	PG 52 LN 28
DHS Facilities	0	2,879,274	2,879,274	2,879,274	0	1,439,637	PG 54 LN 3
Commission of Inquiry	1,394	1,394	1,394	1,394	0	1,394	
Nonresident Commitment Mental Illness	142,802	142,802	142,802	142,802	0	142,802	
Nonresident Transfers	67	0	0	0	0	0	
Human Services	0	0	0	-1,467,303	-1,467,303	-733,651	PG 54 LN 19
General Administration	\$ 15,042,461	\$ 18,471,668	\$ 17,006,510	\$ 15,439,207	\$ -3,032,461	\$ 7,791,702	
Total Human Services, Department of	\$ 1,815,779,906	\$ 1,711,935,542	\$ 1,694,967,182	\$ 1,691,673,022	\$ -20,262,520	\$ 846,024,891	
Health and Human Services	\$ 1,900,443,621	\$ 1,794,365,942	\$ 1,776,437,202	\$ 1,766,437,202	\$ -27,928,740	\$ 883,518,739	

Summary Data

Other Funds

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)
Health and Human Services	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930
Grand Total	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930

Health and Human Services

Other Funds

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)	Page and Line # (7)
Human Services, Department of							
General Administration							
FIP-TANF	\$ 4,056,848	\$ 15,112,462	\$ 5,112,462	\$ 5,112,462	\$ -10,000,000	\$ 2,556,231	PG 17 LN 13
Promise Jobs-TANF	7,542,817	5,575,693	5,575,693	5,575,693	0	2,787,846	PG 17 LN 17
FaDDS-TANF	2,885,740	2,898,980	2,898,980	2,898,980	0	1,449,490	PG 17 LN 22
Field Operations-TANF	31,296,232	38,774,331	31,296,232	31,296,232	-7,478,099	15,648,116	PG 17 LN 33
General Administration-TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	1,872,000	PG 17 LN 35
Child Care Assistance -TANF	35,047,110	49,866,826	47,866,826	47,866,826	-2,000,000	23,933,413	PG 18 LN 2
Child & Family Services-TANF	36,978,482	37,256,580	32,380,654	32,380,654	-4,875,926	16,190,327	PG 18 LN 23
Child Abuse Prevention-TANF	125,000	125,000	125,000	125,000	0	62,500	PG 18 LN 25
Training & Technology-TANF	247,247	1,037,186	1,037,186	1,037,186	0	518,593	PG 19 LN 8
General Administration	\$ 121,923,476	\$ 154,391,058	\$ 130,037,033	\$ 130,037,033	\$ -24,354,025	\$ 65,018,516	
Assistance							
Pregnancy Prevention-TANF	\$ 1,879,400	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 965,033	PG 18 LN 27
Promoting Healthy Marriage - TANF	13,992	25,000	25,000	25,000	0	12,500	PG 20 LN 10
Medical Assistance - HCTF	224,990,504	219,890,000	221,900,000	221,900,000	2,010,000	221,900,000	
Medical Contracts-Pharm Settlement - PhSA	2,002,176	1,300,000	800,000	800,000	-500,000	400,000	PG 65 LN 3
Medical Assistance - QATF	37,205,208	36,705,208	36,705,208	36,705,208	0	18,352,604	PG 65 LN 14
Medical Assistance-HHCAT	34,700,000	34,700,000	34,700,000	33,920,554	-779,446	16,960,277	PG 65 LN 26
IowaCare Fund	0	0	0	258,184	258,184	0	PG 141 LN 18
Medicaid Supplemental - MFF	1,021,178	500,000	500,000	500,000	0	500,000	
Nonparticipating Provider Reimb. Fund - NPPR	0	0	0	103,276	103,276	0	PG 141 LN 18
Assistance	\$ 301,812,458	\$ 295,050,275	\$ 296,560,275	\$ 296,142,289	\$ 1,092,014	\$ 259,090,414	
Total Human Services, Department of	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930	
Health and Human Services	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930	

Summary Data

FTE Positions

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)
Health and Human Services	4,462.07	4,665.70	4,663.67	4,665.22	-0.48	4,665.22
Grand Total	<u>4,462.07</u>	<u>4,665.70</u>	<u>4,663.67</u>	<u>4,665.22</u>	<u>-0.48</u>	<u>4,665.22</u>

Health and Human Services

FTE Positions

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Approp FY 2018 (4)	House Appr vs. Est Net 2017 (5)	House Appr YR2 FY 2019 (6)	Page and Line # (7)
<u>Aging, Iowa Department on</u>							
Aging, Dept. on							
Aging Programs	25.49	27.01	27.00	27.00	-0.01	27.00	PG 1 LN 3
Office of LTC Ombudsman	14.42	15.99	16.00	16.00	0.01	16.00	PG 3 LN 21
Total Aging, Iowa Department on	39.90	43.00	43.00	43.00	0.00	43.00	
<u>Public Health, Department of</u>							
Public Health, Dept. of							
Addictive Disorders	7.71	10.00	10.00	10.00	0.00	10.00	PG 4 LN 4
Healthy Children and Families	11.30	12.00	12.00	12.00	0.00	12.00	PG 5 LN 27
Chronic Conditions	4.16	5.00	5.00	5.00	0.00	5.00	PG 7 LN 33
Community Capacity	6.87	13.00	13.00	13.00	0.00	13.00	PG 10 LN 2
Environmental Hazards	0.01	0.00	0.00	0.00	0.00	0.00	
Infectious Diseases	2.19	4.00	4.00	4.00	0.00	4.00	PG 13 LN 18
Public Protection	133.54	138.00	138.00	138.00	0.00	138.00	PG 13 LN 24
Resource Management	3.93	4.00	4.00	4.00	0.00	4.00	PG 14 LN 23
Total Public Health, Department of	169.71	186.00	186.00	186.00	0.00	186.00	
<u>Veterans Affairs, Department of</u>							
Veterans Affairs, Dept. of							
General Administration	13.88	14.25	14.25	15.00	0.75	15.00	PG 15 LN 27
Total Veterans Affairs, Department of	13.88	14.25	14.25	15.00	0.75	15.00	

Health and Human Services

FTE Positions

	Actual FY 2016 <u>(1)</u>	Estimated Net FY 2017 <u>(2)</u>	Rev Gov FY 2018 <u>(3)</u>	House Approp FY 2018 <u>(4)</u>	House Appr vs. Est Net 2017 <u>(5)</u>	House Appr YR2 FY 2019 <u>(6)</u>	Page and Line # <u>(7)</u>
Human Services, Department of							
Assistance							
Family Investment Program/JOBS	7.18	10.00	10.00	10.00	0.00	10.00	PG 23 LN 26
Child Care Assistance	2.69	0.00	0.00	0.00	0.00	0.00	PG 38 LN 18
Medical Assistance	12.36	14.00	14.00	14.00	0.00	14.00	PG 27 LN 10
Medical Contracts	3.02	0.00	0.00	0.00	0.00	0.00	PG 35 LN 11
Child and Family Services	3.14	1.00	0.00	0.00	-1.00	0.00	PG 41 LN 9
Assistance	<u>28.38</u>	<u>25.00</u>	<u>24.00</u>	<u>24.00</u>	<u>-1.00</u>	<u>24.00</u>	
Eldora Training School							
Eldora Training School	158.55	188.30	188.30	189.00	0.70	189.00	PG 40 LN 24
Cherokee							
Cherokee MHI	162.48	162.00	162.00	162.00	0.00	162.00	PG 49 LN 27
Clarinda							
Clarinda MHI	0.72	0.00	0.00	0.00	0.00	0.00	
Independence							
Independence MHI	208.90	204.00	204.00	204.00	0.00	204.00	PG 49 LN 33
Mount Pleasant							
Mt Pleasant MHI	0.71	0.00	0.00	0.00	0.00	0.00	
Glenwood							
Glenwood Resource Center	793.85	810.62	810.62	810.62	0.00	810.62	PG 50 LN 21
Woodward							
Woodward Resource Center	570.72	583.60	583.60	583.60	0.00	583.60	PG 50 LN 24
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	94.58	112.00	112.00	112.00	0.00	112.00	PG 51 LN 27
Field Operations							
Child Support Recoveries	441.36	459.00	459.00	459.00	0.00	459.00	PG 25 LN 24
Field Operations	1,527.35	1,584.00	1,583.00	1,583.00	-1.00	1,583.00	PG 52 LN 15
Field Operations	<u>1,968.72</u>	<u>2,043.00</u>	<u>2,042.00</u>	<u>2,042.00</u>	<u>-1.00</u>	<u>2,042.00</u>	
General Administration							
General Administration	250.96	293.93	293.90	294.00	0.07	294.00	PG 52 LN 28
Total Human Services, Department of	<u>4,238.57</u>	<u>4,422.45</u>	<u>4,420.42</u>	<u>4,421.22</u>	<u>-1.23</u>	<u>4,421.22</u>	
Health and Human Services	<u>4,462.07</u>	<u>4,665.70</u>	<u>4,663.67</u>	<u>4,665.22</u>	<u>-0.48</u>	<u>4,665.22</u>	