

Health and Human Services Appropriations Bill House File 653

Last Action:
House Floor
April 19, 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>

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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 138, Line 1

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 \$51.3 million and 186.0 FTE positions. This is a net decrease of \$5.7 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 \$3.9 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 22

Department of Human Services: Appropriates \$1.692 billion from the General Fund and 4,421.2 FTE positions. This is a net decrease of \$20.4 million and 1.2 FTE positions compared to estimated net FY 2017. Significant changes include:

Page 17, Line 4

- 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 \$18.8 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 \$3.4 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 \$1.4 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 6

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 29

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 3

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 66, Line 6

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 66, Line 17

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 66, Line 29

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

Page 143, Line 13

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HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

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

Page 143, Line 13

STUDIES AND INTENT

Department of Human Services

Step Therapy Report: Requires the DHS to review the use of step therapy protocols and the application of step therapy override exceptions under the Medicaid program and report the findings of the review and recommendations by November 15, 2017.

Page 35, Line 2

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 20

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 133, Line 18

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 141, Line 12

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 141, Line 18

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 15

Legislative Council

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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 139, Line 21

Opioid Epidemic Interim Committee: Requests that the Legislative Council establish an interim study committee on evaluating the State's response to the opioid epidemic. The interim committee is required to submit a report to the Governor and General Assembly by November 15, 2017, that includes findings and recommendations.

Page 150, Line 22

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 131, Line 27

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

Page 143, Line 34

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 144, Line 8

Juvenile Beds Cap: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272.

Page 144, Line 29

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

Page 145, Line 6

Nursing Facility IGT Program: Amends the Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program enacted in HF 2460 (FY 2017 Health and Human Services Appropriations Act).

Page 146, Line 15

Department of Public Health

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Office of Minority and Multicultural Health: Repeals the Office of Minority and Multicultural Health that was created in 2006. Page 141, Line 33

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 145, Line 21

EFFECTIVE DATE

Department of Human Services

The Division transferring Child Care Facility Funds is effective upon enactment and retroactive to July 1, 2016. Page 131, Line 24

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 133, Line 13

The Division creating a State Family Planning Services Program is effective upon enactment. Page 137, Line 33

The Division relating to rate methodology and documentation for Home and Community-Based Services (HCBS) providers is effective upon enactment. Page 139, Line 18

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 143, Line 8

The Division appropriating the balance of the Nonparticipating Provider Reimbursement Fund and the IowaCare Account to Medicaid is effective upon enactment. Page 143, Line 31

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 144, Line 5

Specifies that Division XXXI, pertaining to the Non-State Government-Owned Nursing Facility Upper Payment Limit Alternative Payment Program is effective upon enactment and applies retroactively to May 27, 2016. Page 150, Line 17

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

Page #	Line #	Bill Section	Action	Code Section
131	29	81	Amend	249A.20A.3
132	23	82	Add	249A.24.2A
136	27	90	New	217.41B
141	35	98	Amend	135.159.3.i
142	13	99	Repeal	135.12
144	1	106	Amend	249M.5
144	10	108	Amend	249.12
144	31	109	Amend	232.142.5
145	8	110	Amend	218.6
145	23	111	New	147.114
146	18	112	Strike and Replace	249I.2.6

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:

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 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

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:

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

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

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 initiative 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.

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.

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.

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

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 \$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.

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.

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.

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

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

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

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 \$ 2,907,776
 10 7 FTEs 13.00

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

DETAIL: This is a net decrease of \$3,877,264 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

10 8 a. Of the funds appropriated in this subsection, \$95,575
 10 9 is allocated for continuation of the child vision screening
 10 10 program implemented through the university of Iowa hospitals
 10 11 and clinics in collaboration with early childhood Iowa areas.
 10 12 The program shall submit a report to the individuals identified
 10 13 in this Act for submission of reports regarding the use of
 10 14 funds allocated under this paragraph "a". The report shall
 10 15 include the objectives and results for the program year
 10 16 including the target population and how the funds allocated
 10 17 assisted the program in meeting the objectives; the number,
 10 18 age, and location within the state of individuals served;
 10 19 the type of services provided to the individuals served; the
 10 20 distribution of funds based on service provided; and the
 10 21 continuing needs of the program.

10 22 b. Of the funds appropriated in this subsection, \$105,656 is
 10 23 allocated for continuation of an initiative implemented at the
 10 24 university of Iowa to expand and improve the workforce engaged
 10 25 in mental health treatment and services. The initiative shall
 10 26 receive input from the university of Iowa, the department of
 10 27 human services, the department of public health, and the mental
 10 28 health and disability services commission to address the focus

- Program.
- 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 \$87,169 to the Direct Care Worker Council.
 - A decrease of \$16,831 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 \$105,493 to reduce 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.

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.

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

Allocates \$105,656 for a UI initiative to expand and improve the mental health treatment and services workforce.

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.

10 29 of the initiative.

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.
11 25 (4) Not less than \$100,000 is allocated to the Polk county
11 26 medical society for continuation of the safety net provider
11 27 patient access to a specialty health care initiative as
11 28 described in 2007 Iowa Acts, chapter 218, section 109.

Allocates a total of \$981,733 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, \$25,000 is allocated for rural health clinics, and \$100,000 to the Polk County Medical Society for specialty health care clinics.

DETAIL: This is a decrease of \$258,622 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 \$105,493 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 29 f. Of the funds appropriated in this subsection,
11 30 \$76,231 shall be used by the department in implementing
11 31 the recommendations in the final report submitted by the
11 32 direct care worker advisory council to the governor and the
11 33 general assembly in March 2012, including by continuing to
11 34 develop, promote, and make available on a statewide basis the
11 35 prepare-to-care core curriculum and its associated modules

Allocates \$76,231 for the Direct Care Worker Advisory Council.

DETAIL: This a decrease of \$87,169 compared to the estimated net FY 2017 allocation. The decrease is to eliminate the Direct Care Worker Advisory Council and retains the 0.50 FTE position that works on related issues within the DPH.

12 1 and specialties through various formats including online
12 2 access, community colleges, and other venues; exploring new and
12 3 maintaining existing specialties including but not limited to
12 4 oral health and dementia care; supporting instructor training;
12 5 and assessing and making recommendations concerning the Iowa
12 6 care book and information technology systems and infrastructure
12 7 uses and needs.

12 8 g. Of the funds appropriated in this subsection, \$191,188
12 9 shall be allocated for continuation of the contract with
12 10 an independent statewide direct care worker organization
12 11 previously selected through a request for proposals process.
12 12 The contract shall continue to include performance and outcomes
12 13 measures, and shall continue to allow the contractor to use a
12 14 portion of the funds received under the contract to collect
12 15 data to determine results based on the performance and outcomes
12 16 measures.

12 17 h. Of the funds appropriated in this subsection, the
12 18 department may use up to \$58,175 for up to one full-time
12 19 equivalent position to administer the volunteer health care
12 20 provider program pursuant to section 135.24.

12 21 i. Of the funds appropriated in this subsection, \$96,138
12 22 shall be used for a matching dental education loan repayment
12 23 program to be allocated to a dental nonprofit health service
12 24 corporation to continue to develop the criteria and implement
12 25 the loan repayment program.

12 26 j. Of the funds appropriated in this subsection, \$52,911 is
12 27 transferred to the college student aid commission for deposit
12 28 in the rural Iowa primary care trust fund created in section
12 29 261.113 to be used for the purposes of the fund.

12 30 k. Of the funds appropriated in this subsection, \$150,000
12 31 shall be used for the purposes of the Iowa donor registry as
12 32 specified in section 142C.18.

12 33 l. Of the funds appropriated in this subsection, \$96,138
12 34 shall be used for continuation of a grant to a nationally

Allocates \$191,188 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.

DETAIL: This is a decrease of \$16,831 compared to the estimated net FY 2017 allocation.

Permits the DPH to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

DETAIL: This is no change compared to the 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.

Allocates \$96,138 for the FIND Dental Education Loan Repayment Program.

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

Allocates \$52,911 for transfer to the College Student Aid Commission for deposit in the Primary Care Trust.

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

Allocates \$150,000 to the Iowa Donor Registry.

DETAIL: This a decrease of \$90,395 compared to the estimated net FY 2017 allocation.

Allocates \$96,138 to Prevent Blindness Iowa for a vision screening and training program. Requires a report regarding the objectives and

12 35 affiliated volunteer eye organization that has an established
 13 1 program for children and adults and that is solely dedicated to
 13 2 preserving sight and preventing blindness through education,
 13 3 nationally certified vision screening and training, and
 13 4 community and patient service programs. The organization
 13 5 shall submit a report to the individuals identified in this
 13 6 Act for submission of reports regarding the use of funds
 13 7 allocated under this paragraph "I". The report shall include
 13 8 the objectives and results for the program year including
 13 9 the target population and how the funds allocated assisted
 13 10 the program in meeting the objectives; the number, age, and
 13 11 location within the state of individuals served; the type of
 13 12 services provided to the individuals served; the distribution
 13 13 of funds based on services provided; and the continuing needs
 13 14 of the program.

results of the Program.

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 details.

13 15 5. ESSENTIAL PUBLIC HEALTH SERVICES
 13 16 To provide public health services that reduce risks and
 13 17 invest in promoting and protecting good health over the
 13 18 course of a lifetime with a priority given to older lowans and
 13 19 vulnerable populations:
 13 20 \$ 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 21 6. INFECTIOUS DISEASES
 13 22 For reducing the incidence and prevalence of communicable
 13 23 diseases, and for not more than the following full-time
 13 24 equivalent positions:
 13 25 \$ 1,646,426
 13 26 FTEs 4.00

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

DETAIL: This is a net 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 27 7. PUBLIC PROTECTION
 13 28 For protecting the health and safety of the public through
 13 29 establishing standards and enforcing regulations, and for not
 13 30 more than the following full-time equivalent positions:
 13 31 \$ 4,195,139
 13 32 FTEs 138.00

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

DETAIL: This is a net 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 33 a. Of the funds appropriated in this subsection, not more
 13 34 than \$304,700 shall be credited to the emergency medical

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

13 35 services fund created in section 135.25. Moneys in the
14 1 emergency medical services fund are appropriated to the
14 2 department to be used for the purposes of the 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.

14 3 b. Of the funds appropriated in this subsection, up
14 4 to \$243,260 shall be used for sexual violence prevention
14 5 programming through a statewide organization representing
14 6 programs serving victims of sexual violence through the
14 7 department's sexual violence prevention program, and for
14 8 continuation of a training program for sexual assault
14 9 response team (SART) members, including representatives of
14 10 law enforcement, victim advocates, prosecutors, and certified
14 11 medical personnel. The amount allocated in this paragraph "b"
14 12 shall not be used to supplant funding administered for other
14 13 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 14 c. Of the funds appropriated in this subsection, up to
14 15 \$575,627 shall be used for the state poison control center.
14 16 Pursuant to the directive under 2014 Iowa Acts, chapter
14 17 1140, section 102, the federal matching funds available to
14 18 the state poison control center from the department of human
14 19 services under the federal Children's Health Insurance Program
14 20 Reauthorization Act allotment shall be subject to the federal
14 21 administrative cap rule of 10 percent applicable to funding
14 22 provided under Tit.XXI of the federal Social Security Act and
14 23 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 24 d. Of the funds appropriated in this subsection, up to
14 25 \$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 26 8. RESOURCE MANAGEMENT

14 27 For establishing and sustaining the overall ability of the
14 28 department to deliver services to the public, and for not more
14 29 than the following full-time equivalent positions:

14 30	.....	\$	971,215
14 31	.....	FTEs	4.00

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

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

14 32 9. MISCELLANEOUS PROVISIONS

14 33 The university of Iowa hospitals and clinics under the
14 34 control of the state board of regents shall not receive
14 35 indirect costs from the funds appropriated in this section.
15 1 The university of Iowa hospitals and clinics billings to the
15 2 department shall be on at least a quarterly basis.

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.

15 3 10. GENERAL REDUCTION
 15 4 For the period beginning July 1, 2017, and ending June 30,
 15 5 2018, the department of public health, in consultation with
 15 6 the department of management, shall identify and implement a
 15 7 reduction in expenditures made from appropriations from the
 15 8 general fund to the department of public health in the amount
 15 9 of \$1,281,367.

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

 DETAIL: These reductions will be implemented in consultation with the Department of Management (DOM). This represents a reduction of 2.32% of the General Fund appropriations made in this Section.

15 10 11. TRANSFERS
 15 11 Notwithstanding section 8.39, for the fiscal year beginning
 15 12 July 1, 2017, the department may transfer funds within or
 15 13 between any of the allocations or appropriations made in this
 15 14 division of this Act for the same fiscal year, to be used in
 15 15 accordance with departmental priorities as specified in the
 15 16 department's report to the general assembly submitted pursuant
 15 17 to 2016 Iowa Acts, chapter 1139, section 3. The department
 15 18 shall report any such transfers to the individuals specified
 15 19 in this Act for submission of reports. This subsection shall
 15 20 not be construed to prohibit the use of existing state transfer
 15 21 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 22 DIVISION IV
 15 23 DEPARTMENT OF VETERANS AFFAIRS — FY 2017-2018

15 24 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is
 15 25 appropriated from the general fund of the state to the
 15 26 department of veterans affairs for the fiscal year beginning
 15 27 July 1, 2017, and ending June 30, 2018, the following amounts,
 15 28 or so much thereof as is necessary, to be used for the purposes
 15 29 designated:

15 30 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 15 31 For salaries, support, maintenance, and miscellaneous
 15 32 purposes, and for not more than the following full-time
 15 33 equivalent positions:
 15 34 \$ 1,142,557
 15 35 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.

16 1 2. IOWA VETERANS HOME
 16 2 For salaries, support, maintenance, and miscellaneous
 16 3 purposes:
 16 4 \$ 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 5 a. The Iowa veterans home billings involving the department
 16 6 of human services shall be submitted to the department on at
 16 7 least a monthly basis.

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

16 8 b. Within available resources and in conformance with
 16 9 associated state and federal program eligibility requirements,
 16 10 the Iowa veterans home may implement measures to provide
 16 11 financial assistance to or on behalf of veterans or their
 16 12 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 13 c. The Iowa veterans home expenditure report shall be
 16 14 submitted monthly to the legislative services agency.

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

16 15 d. The Iowa veterans home shall continue to include in the
 16 16 annual discharge report applicant information to provide for
 16 17 the collection of demographic information including but not
 16 18 limited to the number of individuals applying for admission and
 16 19 admitted or denied admittance and the basis for the admission
 16 20 or denial; the age, gender, and race of such individuals;
 16 21 and the level of care for which such individuals applied for
 16 22 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 23 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 16 24 For transfer to the Iowa finance authority for the
 16 25 continuation of the home ownership assistance program for
 16 26 persons who are or were eligible members of the armed forces of
 16 27 the United States, pursuant to section 16.54:
 16 28 \$ 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 29 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
 16 30 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
 16 31 appropriation in section 35A.16 for the fiscal year beginning
 16 32 July 1, 2017, and ending June 30, 2018, the amount appropriated
 16 33 from the general fund of the state pursuant to that section
 16 34 for the following designated purposes shall not exceed the
 16 35 following amount:

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 For the county commissions of veteran affairs fund under
 17 2 section 35A.16:
 17 3 \$ 947,925

17 4 DIVISION V
 17 5 DEPARTMENT OF HUMAN SERVICES — FY 2017-2018

17 6 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 17 7 GRANT. There is appropriated from the fund created in section
 17 8 8.41 to the department of human services for the fiscal year
 17 9 beginning July 1, 2017, and ending June 30, 2018, from moneys
 17 10 received under the federal temporary assistance for needy
 17 11 families (TANF) block grant pursuant to the federal Personal
 17 12 Responsibility and Work Opportunity Reconciliation Act of 1996,
 17 13 Pub.L.No.104-193, and successor legislation, the following

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

17 14 amounts, or so much thereof as is necessary, to be used for the
 17 15 purposes designated:

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 16 1. To be credited to the family investment program account
 17 17 and used for assistance under the family investment program
 17 18 under chapter 239B:
 17 19 \$ 5,112,462

Appropriates funds from the TANF FY 2018 Block Grant appropriation 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 20 2. To be credited to the family investment program account
 17 21 and used for the job opportunities and basic skills (JOBS)
 17 22 program and implementing family investment agreements in
 17 23 accordance with chapter 239B:
 17 24 \$ 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 25 3. To be used for the family development and
 17 26 self-sufficiency grant program in accordance with section
 17 27 216A.107:
 17 28 \$ 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 29 Notwithstanding section 8.33, moneys appropriated in this
 17 30 subsection that remain unencumbered or unobligated at the close
 17 31 of the fiscal year shall not revert but shall remain available
 17 32 for expenditure for the purposes designated until the close of
 17 33 the succeeding fiscal year. However, unless such moneys are
 17 34 encumbered or obligated on or before September 30, 2018, the
 17 35 moneys shall revert.

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

18 1 4. For field operations:
 18 2 \$ 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.

18 3 5. For general administration:
 18 4 \$ 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 5 6. For state child care assistance:
 18 6 \$ 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 7 a. Of the funds appropriated in this subsection,
 18 8 \$26,328,097 is transferred to the child care and development
 18 9 block grant appropriation made by the Eighty-seventh General
 18 10 Assembly, 2017 session, for the federal fiscal year beginning
 18 11 October 1, 2017, and ending September 30, 2018. Of this
 18 12 amount, \$200,000 shall be used for provision of educational
 18 13 opportunities to registered child care home providers in order
 18 14 to improve services and programs offered by this category
 18 15 of providers and to increase the number of providers. The
 18 16 department may contract with institutions of higher education
 18 17 or child care resource and referral centers to provide
 18 18 the educational opportunities. Allowable administrative
 18 19 costs under the contracts shall not exceed 5 percent. The
 18 20 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 21 b. Any funds appropriated in this subsection remaining
 18 22 unallocated shall be used for state child care assistance
 18 23 payments for families who are employed including but not
 18 24 limited to individuals enrolled in the family investment
 18 25 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 26 7. For child and family services:
 18 27 \$ 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 28 8. For child abuse prevention grants:
 18 29 \$ 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 30 9. For pregnancy prevention grants on the condition that
18 31 family planning services are funded:
18 32 \$ 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 33 Pregnancy prevention grants shall be awarded to programs
18 34 in existence on or before July 1, 2017, if the programs have
18 35 demonstrated positive outcomes. Grants shall be awarded to
19 1 pregnancy prevention programs which are developed after July
19 2 1, 2017, if the programs are based on existing models that
19 3 have demonstrated positive outcomes. Grants shall comply with
19 4 the requirements provided in 1997 Iowa Acts, chapter 208,
19 5 section 14, subsections 1 and 2, including the requirement that
19 6 grant programs must emphasize sexual abstinence. Priority in
19 7 the awarding of grants shall be given to programs that serve
19 8 areas of the state which demonstrate the highest percentage of
19 9 unplanned pregnancies of females of childbearing age within the
19 10 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 11 10. For technology needs and other resources necessary
19 12 to meet federal welfare reform reporting, tracking, and case
19 13 management requirements:
19 14 \$ 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 15 11. a. Notwithstanding any provision to the contrary,
19 16 including but not limited to requirements in section 8.41 or
19 17 provisions in 2016 or 2017 Iowa Acts regarding the receipt and
19 18 appropriation of federal block grants, federal funds from the
19 19 temporary assistance for needy families block grant received by
19 20 the state and not otherwise appropriated in this section and
19 21 remaining available for the fiscal year beginning July 1, 2017,
19 22 are appropriated to the department of human services to the
19 23 extent as may be necessary to be used in the following priority
19 24 order:the family investment program, for state child care
19 25 assistance program payments for families who are employed, and
19 26 for the family investment program share of costs to develop and
19 27 maintain a new, integrated eligibility determination system.
19 28 The federal funds appropriated in this paragraph "a" shall be
19 29 expended only after all other funds appropriated in subsection
19 30 1 for assistance under the family investment program, in
19 31 subsection 6 for child care assistance, or in subsection 10
19 32 for technology costs related to the family investment program,

Permits the DHS to carry forward unused TANF funds.

DETAIL: Funds carried forward may be used for FIP, technology costs related to FIP, and Child Care Assistance.

19 33 as applicable, have been expended. For the purposes of this
 19 34 subsection, the funds appropriated in subsection 6, paragraph
 19 35 "a", for transfer to the child care and development block grant
 20 1 appropriation are considered fully expended when the full
 20 2 amount has been transferred.

20 3 b. The department shall, on a quarterly basis, advise the
 20 4 legislative services agency and department of management of
 20 5 the amount of funds appropriated in this subsection that was
 20 6 expended in the prior quarter.

20 7 12. Of the amounts appropriated in this section,
 20 8 \$12,962,008 for the fiscal year beginning July 1, 2017, is
 20 9 transferred to the appropriation of the federal social services
 20 10 block grant made to the department of human services for that
 20 11 fiscal year.

20 12 13. For continuation of the program providing categorical
 20 13 eligibility for the food assistance program as specified
 20 14 for the program in the section of this division of this Act
 20 15 relating to the family investment program account:
 20 16 \$ 25,000

20 17 14. The department may transfer funds allocated in this
 20 18 section to the appropriations made in this division of this Act
 20 19 for the same fiscal year for general administration and field
 20 20 operations for resources necessary to implement and operate the
 20 21 services referred to in this section and those funded in the
 20 22 appropriation made in this division of this Act for the same
 20 23 fiscal year for the family investment program from the general
 20 24 fund of the state.

20 25 15. With the exception of moneys allocated under this
 20 26 section for the family development and self-sufficiency grant
 20 27 program, to the extent moneys allocated in this section are
 20 28 deemed by the department not to be necessary to support the
 20 29 purposes for which they are allocated, such moneys may be
 20 30 credited to the family investment program account as specified
 20 31 under subsection 1 of this section and used for the purposes of
 20 32 assistance under the family investment program in accordance
 20 33 with chapter 239B in the same fiscal year.

20 34 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

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

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

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

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.

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

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.

<p>20 35 1. Moneys credited to the family investment program (FIP) 21 1 account for the fiscal year beginning July 1, 2017, and 21 2 ending June 30, 2018, shall be used to provide assistance in 21 3 accordance with chapter 239B.</p>	<p>Requires funds credited to the FIP Account for FY 2018 to be used as specified in the Iowa Code.</p>
<p>21 4 2. The department may use a portion of the moneys credited 21 5 to the FIP account under this section as necessary for 21 6 salaries, support, maintenance, and miscellaneous purposes.</p>	<p>Permits the DHS to use FIP funds for various administrative purposes.</p>
<p>21 7 3. The department may transfer funds allocated in 21 8 subsection 4 to the appropriations made in this division of 21 9 this Act for the same fiscal year for general administration 21 10 and field operations for resources necessary to implement and 21 11 operate the family investment program services referred to in 21 12 this section and those funded in the appropriation made in this 21 13 division of this Act for the same fiscal year for the family 21 14 investment program from the general fund of the state.</p>	<p>Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this section.</p>
<p>21 15 4. Moneys appropriated in this division of this Act and 21 16 credited to the FIP account for the fiscal year beginning July 21 17 1, 2017, and ending June 30, 2018, are allocated as follows:</p>	<p>Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.</p>
<p>21 18 a. To be retained by the department of human services to 21 19 be used for coordinating with the department of human rights 21 20 to more effectively serve participants in FIP and other shared 21 21 clients and to meet federal reporting requirements under the 21 22 federal temporary assistance for needy families block grant: 21 23 \$ 20,000</p>	<p>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.</p>
<p>21 24 b. To the department of human rights for staffing, 21 25 administration, and implementation of the family development 21 26 and self-sufficiency grant program in accordance with section 21 27 216A.107: 21 28 \$ 6,192,834</p>	<p>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.</p>
<p>21 29 (1) Of the funds allocated for the family development 21 30 and self-sufficiency grant program in this paragraph "b", 21 31 not more than 5 percent of the funds shall be used for the 21 32 administration of the grant program.</p>	<p>Requires that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.</p>
<p>21 33 (2) The department of human rights may continue to implement 21 34 the family development and self-sufficiency grant program 21 35 statewide during fiscal year 2017-2018.</p>	<p>Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2018.</p>
<p>22 1 (3) The department of human rights may engage in activities 22 2 to strengthen and improve family outcomes measures and 22 3 data collection systems under the family development and 22 4 self-sufficiency grant program.</p>	<p>Permits the Department of Human Rights to collect data and measure outcomes of the FaDSS Grant Program.</p>

22 5 c. For the diversion subaccount of the FIP account:
 22 6 \$ 815,000
 22 7 A portion of the moneys allocated for the subaccount may
 22 8 be used for field operations, salaries, data management
 22 9 system development, and implementation costs and support
 22 10 deemed necessary by the director of human services in order to
 22 11 administer the FIP diversion program. To the extent moneys
 22 12 allocated in this paragraph "c" are deemed by the department
 22 13 not to be necessary to support diversion activities, such
 22 14 moneys may be used for other efforts intended to increase
 22 15 engagement by family investment program participants in work,
 22 16 education, or training activities, or for the purposes of
 22 17 assistance under the family investment program in accordance
 22 18 with chapter 239B.

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 Diversion Program.

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

22 19 d. For the food assistance employment and training program:
 22 20 \$ 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 21 (1) The department shall apply the federal supplemental
 22 22 nutrition assistance program (SNAP) employment and training
 22 23 state plan in order to maximize to the fullest extent permitted
 22 24 by federal law the use of the 50 percent federal reimbursement
 22 25 provisions for the claiming of allowable federal reimbursement
 22 26 funds from the United States department of agriculture
 22 27 pursuant to the federal SNAP employment and training program
 22 28 for providing education, employment, and training services
 22 29 for eligible food assistance program participants, including
 22 30 but not limited to related dependent care and transportation
 22 31 expenses.

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

22 32 (2) The department shall continue the categorical federal
 22 33 food assistance program eligibility at 160 percent of the
 22 34 federal poverty level and continue to eliminate the asset test
 22 35 from eligibility requirements, consistent with federal food
 23 1 assistance program requirements. The department shall include
 23 2 as many food assistance households as is allowed by federal
 23 3 law. The eligibility provisions shall conform to all federal
 23 4 requirements including requirements addressing individuals who
 23 5 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 6 e. For the JOBS program:
 23 7 \$ 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 8 5. Of the child support collections assigned under FIP,
 23 9 an amount equal to the federal share of support collections
 23 10 shall be credited to the child support recovery appropriation
 23 11 made in this division of this Act. Of the remainder of the
 23 12 assigned child support collections received by the child
 23 13 support recovery unit, a portion shall be credited to the FIP
 23 14 account, a portion may be used to increase recoveries, and a
 23 15 portion may be used to sustain cash flow in the child support
 23 16 payments account. If as a consequence of the appropriations
 23 17 and allocations made in this section the resulting amounts
 23 18 are insufficient to sustain cash assistance payments and meet
 23 19 federal maintenance of effort requirements, the department
 23 20 shall seek supplemental funding. If child support collections
 23 21 assigned under FIP are greater than estimated or are otherwise
 23 22 determined not to be required for maintenance of effort, the
 23 23 state share of either amount may be transferred to or retained
 23 24 in the child support payments account.

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

23 25 6. The department may adopt emergency rules for the family
 23 26 investment, JOBS, food assistance, and medical assistance
 23 27 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 28 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 23 29 is appropriated from the general fund of the state to the
 23 30 department of human services for the fiscal year beginning July
 23 31 1, 2017, and ending June 30, 2018, the following amount, or
 23 32 so much thereof as is necessary, to be used for the purpose
 23 33 designated:
 23 34 To be credited to the family investment program (FIP)
 23 35 account and used for family investment program assistance under
 24 1 chapter 239B:
 24 2 \$ 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 3 1. Of the funds appropriated in this section, \$7,947,597 is
 24 4 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 5 2. Of the funds appropriated in this section, \$3,313,854 is
 24 6 allocated for the family development and self-sufficiency grant

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

<p>24 7 program.</p>	<p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>24 8 3. Notwithstanding section 8.39, for the fiscal year 24 9 beginning July 1, 2017, if necessary to meet federal 24 10 maintenance of effort requirements or to transfer federal 24 11 temporary assistance for needy families block grant funding 24 12 to be used for purposes of the federal social services block 24 13 grant or to meet cash flow needs resulting from delays in 24 14 receiving federal funding or to implement, in accordance with 24 15 this division of this Act, activities currently funded with 24 16 juvenile court services, county, or community moneys and state 24 17 moneys used in combination with such moneys; to comply with 24 18 federal requirements; or to maximize the use of federal funds, 24 19 the department of human services may transfer funds within or 24 20 between any of the appropriations made in this division of this 24 21 Act and appropriations in law for the federal social services 24 22 block grant to the department for the following purposes, 24 23 provided that the combined amount of state and federal 24 24 temporary assistance for needy families block grant funding 24 25 for each appropriation remains the same before and after the 24 26 transfer:</p> <p>24 27 a. For the family investment program. 24 28 b. For child care assistance. 24 29 c. For child and family services. 24 30 d. For field operations. 24 31 e. For general administration.</p> <p>24 32 This subsection shall not be construed to prohibit the use 24 33 of existing state transfer authority for other purposes. The 24 34 department shall report any transfers made pursuant to this 24 35 subsection to the legislative services agency.</p>	<p>Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.</p> <p>Requires the DHS to report any transfers to the Legislative Services Agency.</p>
<p>25 1 4. Of the funds appropriated in this section, \$195,678 shall 25 2 be used for continuation of a grant to an Iowa-based nonprofit 25 3 organization with a history of providing tax preparation 25 4 assistance to low-income Iowans in order to expand the usage of 25 5 the earned income tax credit. The purpose of the grant is to 25 6 supply this assistance to underserved areas of the state.</p>	<p>General Fund allocation of \$195,678 to provide tax preparation assistance to low-income Iowans.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>25 7 5. Of the funds appropriated in this section, \$60,000 shall 25 8 be used for the continuation of an unfunded pilot project, as 25 9 defined in 441 IAC 100.1, relating to parental obligations, 25 10 in which the child support recovery unit participates, to 25 11 support the efforts of a nonprofit organization committed 25 12 to strengthening the community through youth development, 25 13 healthy living, and social responsibility headquartered in</p>	<p>General Fund allocation of \$60,000 for the Fatherhood Initiative Pilot Project.</p> <p>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</p>

25 14 a county with a population over 350,000 according to the
 25 15 latest certified federal census. The funds allocated in this
 25 16 subsection shall be used by the recipient organization to
 25 17 develop a larger community effort, through public and private
 25 18 partnerships, to support a broad-based multi-county fatherhood
 25 19 initiative that promotes payment of child support obligations,
 25 20 improved family relationships, and full-time employment.

Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

25 21 6. The department may transfer funds appropriated in this
 25 22 section to the appropriations made in this division of this Act
 25 23 for general administration and field operations as necessary
 25 24 to administer this section and the overall family investment
 25 25 program.

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

25 26 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
 25 27 from the general fund of the state to the department of human
 25 28 services for the fiscal year beginning July 1, 2017, and ending
 25 29 June 30, 2018, the following amount, or so much thereof as is
 25 30 necessary, to be used for the purposes designated:

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

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 31 For child support recovery, including salaries, support,
 25 32 maintenance, and miscellaneous purposes, and for not more than
 25 33 the following full-time equivalent positions:
 25 34 \$ 12,586,635
 25 35 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.

26 1 1. The department shall expend up to \$24,329, including
 26 2 federal financial participation, for the fiscal year beginning
 26 3 July 1, 2017, for a child support public awareness campaign.
 26 4 The department and the office of the attorney general shall
 26 5 cooperate in continuation of the campaign. The public
 26 6 awareness campaign shall emphasize, through a variety of
 26 7 media activities, the importance of maximum involvement of
 26 8 both parents in the lives of their children as well as the
 26 9 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 10 2. Federal access and visitation grant moneys shall be
 26 11 issued directly to private not-for-profit agencies that provide
 26 12 services designed to increase compliance with the child access
 26 13 provisions of court orders, including but not limited to
 26 14 neutral visitation sites and mediation services.

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

26 15 3. The appropriation made to the department for child
 26 16 support recovery may be used throughout the fiscal year in the
 26 17 manner necessary for purposes of cash flow management, and for
 26 18 cash flow management purposes the department may temporarily

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 draw more than the amount appropriated, provided the amount
 26 20 appropriated is not exceeded at the close of the fiscal year.

26 21 4. With the exception of the funding amount specified, the
 26 22 requirements established under 2001 Iowa Acts, chapter 191,
 26 23 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 26 24 be applicable to parental obligation pilot projects for the
 26 25 fiscal year beginning July 1, 2017, and ending June 30, 2018.
 26 26 Notwithstanding 441 IAC 100.8, providing for termination of
 26 27 rules relating to the pilot projects, the rules shall remain
 26 28 in effect until June 30, 2018.

Specifies that the DHS is to continue to operate the Child Support Recovery Unit under the guidelines established in Iowa Code section 252B.

26 29 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 26 30 FY 2017-2018. Any funds remaining in the health care trust
 26 31 fund created in section 453A.35A for the fiscal year beginning
 26 32 July 1, 2017, and ending June 30, 2018, are appropriated to
 26 33 the department of human services to supplement the medical
 26 34 assistance program appropriations made in this division of this
 26 35 Act, for medical assistance reimbursement and associated costs,
 27 1 including program administration and costs associated with
 27 2 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 3 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 27 4 2017-2018. Any funds remaining in the Medicaid fraud fund
 27 5 created in section 249A.50 for the fiscal year beginning
 27 6 July 1, 2017, and ending June 30, 2018, are appropriated to
 27 7 the department of human services to supplement the medical
 27 8 assistance appropriations made in this division of this Act,
 27 9 for medical assistance reimbursement and associated costs,
 27 10 including program administration and costs associated with
 27 11 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 12 Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the
 27 13 general fund of the state to the department of human services
 27 14 for the fiscal year beginning July 1, 2017, and ending June 30,
 27 15 2018, the following amount, or so much thereof as is necessary,
 27 16 to be used for the purpose designated:

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

DETAIL: This is a net decrease of \$18,784,997 compared to estimated net FY 2017. The changes include:

27 17 For medical assistance program reimbursement and associated
 27 18 costs as specifically provided in the reimbursement
 27 19 methodologies in effect on June 30, 2017, except as otherwise
 27 20 expressly authorized by law, consistent with options under
 27 21 federal law and regulations, and contingent upon receipt of
 27 22 approval from the office of the governor of reimbursement for
 27 23 each abortion performed under the program:
 27 24 \$1,284,405,740

- 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 \$1,908,857 due to process improvement changes by the DHS.
- A decrease of \$2,000,000 to implement the site-of-service cost containment strategy.

					<p>A decrease of \$3,100,000 due to the cost containment strategy aligning anesthesiologist payments with Medicare.</p> <ul style="list-style-type: none"> • 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 primary care physicians originally implemented under the federal Affordable Care Act. • 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.
<p>27 25 1. Iowans support reducing the number of abortions 27 26 performed in our state. Funds appropriated under this section 27 27 shall not be used for abortions, unless otherwise authorized 27 28 under this section.</p>					<p>Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.</p>
<p>27 29 2. The provisions of this section relating to abortions 27 30 shall also apply to the Iowa health and wellness plan created 27 31 pursuant to chapter 249N.</p>					<p>Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.</p>
<p>27 32 3. The department shall utilize not more than \$60,000 of 27 33 the funds appropriated in this section to continue the AIDS/HIV 27 34 health insurance premium payment program as established in 1992 27 35 Iowa Acts, Second Extraordinary Session, chapter 1001, section 28 1 409, subsection 6. Of the funds allocated in this subsection, 28 2 not more than \$5,000 may be expended for administrative 28 3 purposes.</p>					<p>Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment 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>
<p>28 4 4. Of the funds appropriated in this Act to the department 28 5 of public health for addictive disorders, \$950,000 for 28 6 the fiscal year beginning July 1, 2017, is transferred 28 7 to the department of human services for an integrated 28 8 substance-related disorder managed care system. The 28 9 departments of human services and public health shall 28 10 work together to maintain the level of mental health and 28 11 substance-related disorder treatment services provided by the 28 12 managed care contractors. Each department shall take the steps</p>					<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 necessary to continue the federal waivers as necessary to
28 14 maintain the level of services.

28 15 5. a. The department shall aggressively pursue options for
28 16 providing medical assistance or other assistance to individuals
28 17 with special needs who become ineligible to continue receiving
28 18 services under the early and periodic screening, diagnostic,
28 19 and treatment program under the medical assistance program
28 20 due to becoming 21 years of age who have been approved for
28 21 additional assistance through the department's exception to
28 22 policy provisions, but who have health care needs in excess
28 23 of the funding available through the exception to policy
28 24 provisions.

28 25 b. Of the funds appropriated in this section, \$100,000
28 26 shall be used for participation in one or more pilot projects
28 27 operated by a private provider to allow the individual or
28 28 individuals to receive service in the community in accordance
28 29 with principles established in *Olmstead v.L.C.*, 527 U.S.581
28 30 (1999), for the purpose of providing medical assistance or
28 31 other assistance to individuals with special needs who become
28 32 ineligible to continue receiving services under the early and
28 33 periodic screening, diagnostic, and treatment program under
28 34 the medical assistance program due to becoming 21 years of
28 35 age who have been approved for additional assistance through
29 1 the department's exception to policy provisions, but who have
29 2 health care needs in excess of the funding available through
29 3 the exception to the policy provisions.

29 4 6. Of the funds appropriated in this section, up to
29 5 \$3,050,082 may be transferred to the field operations or
29 6 general administration appropriations in this division of this
29 7 Act for operational costs associated with Part D of the federal
29 8 Medicare Prescription Drug Improvement and Modernization Act
29 9 of 2003, Pub.L.No.108-173.

29 10 7. Of the funds appropriated in this section, up to \$442,100
29 11 may be transferred to the appropriation in this division
29 12 of this Act for medical contracts to be used for clinical
29 13 assessment services and prior authorization of services.

29 14 8. A portion of the funds appropriated in this section
29 15 may be transferred to the appropriations in this division of
29 16 this Act for general administration, medical contracts, the
29 17 children's health insurance program, or field operations to be
29 18 used for the state match cost to comply with the payment error

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

DETAIL: This is no change compared to the 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.

29 19 rate measurement (PERM) program for both the medical assistance
 29 20 and children's health insurance programs as developed by the
 29 21 centers for Medicare and Medicaid services of the United States
 29 22 department of health and human services to comply with the
 29 23 federal Improper Payments Information Act of 2002, Pub.L.No.
 29 24 107-300.

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 rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

29 25 9. The department shall continue to implement the
 29 26 recommendations of the assuring better child health and
 29 27 development initiative II (ABCDII) clinical panel to the
 29 28 Iowa early and periodic screening, diagnostic, and treatment
 29 29 services healthy mental development collaborative board
 29 30 regarding changes to billing procedures, codes, and eligible
 29 31 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 32 10. Of the funds appropriated in this section, a sufficient
 29 33 amount is allocated to supplement the incomes of residents of
 29 34 nursing facilities, intermediate care facilities for persons
 29 35 with mental illness, and intermediate care facilities for
 30 1 persons with an intellectual disability, with incomes of less
 30 2 than \$50 in the amount necessary for the residents to receive a
 30 3 personal needs allowance of \$50 per month pursuant to section
 30 4 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 5 11. a. Hospitals that meet the conditions specified
 30 6 in subparagraphs (1) and (2) shall either certify public
 30 7 expenditures or transfer to the medical assistance program
 30 8 an amount equal to provide the nonfederal share for a
 30 9 disproportionate share hospital payment in an amount up to the
 30 10 hospital-specific limit as approved in the Medicaid state plan.
 30 11 The hospitals that meet the conditions specified shall receive
 30 12 and retain 100 percent of the total disproportionate share
 30 13 hospital payment in an amount up to the hospital-specific limit
 30 14 as approved in the Medicaid state plan.

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 15 (1) The hospital qualifies for disproportionate share and
 30 16 graduate medical education payments.

30 17 (2) The hospital is an Iowa state-owned hospital with more
 30 18 than 500 beds and eight or more distinct residency specialty
 30 19 or subspecialty programs recognized by the American college of
 30 20 graduate medical education.

30 21 b. Distribution of the disproportionate share payments
 30 22 shall be made on a monthly basis. The total amount of
 30 23 disproportionate share payments including graduate medical
 30 24 education, enhanced disproportionate share, and Iowa
 30 25 state-owned teaching hospital payments shall not exceed the

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.

<p>30 26 amount of the state's allotment under Pub.L.No.102-234. 30 27 In addition, the total amount of all disproportionate 30 28 share payments shall not exceed the hospital-specific 30 29 disproportionate share limits under Pub.L.No.103-66.</p>	
<p>30 30 12. One hundred percent of the nonfederal share of payments 30 31 to area education agencies that are medical assistance 30 32 providers for medical assistance-covered services provided to 30 33 medical assistance-covered children, shall be made from the 30 34 appropriation made in this section.</p>	<p>Allocates Medicaid funds to Area Education Agencies.</p>
<p>30 35 13. A portion of the funds appropriated in this section 31 1 may be transferred to the appropriation in this division of 31 2 this Act for medical contracts to be used for administrative 31 3 activities associated with the money follows the person 31 4 demonstration project.</p>	<p>Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person demonstration project.</p>
<p>31 5 14. Of the funds appropriated in this section, \$349,011 31 6 shall be used for the administration of the health insurance 31 7 premium payment program, including salaries, support, 31 8 maintenance, and miscellaneous purposes.</p>	<p>Allocates \$349,011 to the Health Insurance Premium Payment Program. DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>31 9 15. a. The department shall implement all of the following 31 10 cost containment strategies:</p>	<p>Requires the DHS to implement the following cost containment strategies for the Medicaid Program.</p>
<p>31 11 (1) An adjustment to the reimbursement policy in order 31 12 to eliminate the primary care physician rate increase 31 13 originally authorized by the federal Health Care and Education 31 14 Reconciliation Act of 2010, section 1202, Pub.L. No.111-152, 31 15 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care 31 16 physicians to receive the greater of the Medicare rate or 31 17 Medicaid rate for a specified set of codes.</p>	<p>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.</p>
<p>31 18 (2) A strategy to ensure that total reimbursement for 31 19 Medicare Part A and Medicare Part B crossover claims is limited 31 20 to the Medicaid reimbursement rate.</p>	<p>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</p>

estimated to save the State \$7,700,000 in FY 2018 and FY 2019.

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

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.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$2,000,000 in FY 2018 and FY 2019.

Requires the DHS to implement the cost containment strategy related to DRG cost threshold formula.

DETAIL: This change adjusts the Medicaid DRG outlier formula to align with Medicare.

FISCAL IMPACT: Implementing this change is estimated to save the State \$10,000,000 in FY 2018 and FY 2019.

Adjusts the Medicaid reimbursement rate for anesthesia to Medicare rates.

FISCAL IMPACT: The rate adjustment is estimated to save the State \$3,100,000 in FY 2018 and FY 2019.

Aligns Medicaid reimbursement for consultation codes with Medicare.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$500,000 in FY 2018 and FY 2019.

Eliminates the three-month retroactive coverage benefit for Medicaid applicants.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$4,821,814 in FY 2018 and FY 2019.

Specifies that the DHS is to implement the cost containment strategies beginning July 1, 2017, or upon receipt of federal approval.

31 21 (3) An adjustment to Medicaid reimbursement rates for
31 22 physician services by applying a site of service differential
31 23 to reflect the difference between the cost of physician
31 24 services when provided in a health facility setting and the
31 25 cost of physician services when provided in a physician's
31 26 office.

31 27 (4) An adjustment to the inpatient diagnostic related group
31 28 (DRG) cost threshold formula to be the greater of two times the
31 29 statewide average DRG payment for that case or the hospital's
31 30 individual DRG payment for that case plus \$75,000.

31 31 (5) An adjustment to the Medicaid anesthesia conversion
31 32 factor to be equal to the calendar year 2017 Medicare
31 33 anesthesia conversion factor as adjusted for the state, and
31 34 converted to a per minute amount. Each January 1, thereafter,
31 35 the department shall apply the applicable Medicare anesthesia
32 1 conversion factor adjusted for the state, and converted to a
32 2 per minute amount.

32 3 (6) An alignment of billing and reimbursement for
32 4 consultation services rendered in an office, other outpatient,
32 5 or inpatient setting with Medicare billing and reimbursement.

32 6 (7) Elimination of the three-month retroactive Medicaid
32 7 coverage benefit for Medicaid applicants effective October 1,
32 8 2017. The department shall seek a waiver from the centers for
32 9 Medicare and Medicaid services of the United States department
32 10 of health and human services to implement the strategy.
32 11 If federal approval is received, an applicant's Medicaid
32 12 coverage shall be effective on the first day of the month of
32 13 application, as allowed under the Medicaid state plan.

32 14 b. The department shall implement the cost containment
32 15 strategies specified in this subsection beginning July 1, 2017,
32 16 or as otherwise specified. If federal approval is required,

32 17 the strategy shall be implemented effective upon receipt of
32 18 federal approval.

Allows the DHS to adopt emergency rules to implement the cost containment strategies.

32 19 c. The department may adopt emergency rules to implement
32 20 this subsection.

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

32 21 16. a. The department may increase the amounts allocated
32 22 for salaries, support, maintenance, and miscellaneous purposes
32 23 associated with the medical assistance program, as necessary,
32 24 to implement cost containment strategies. The department shall
32 25 report any such increase to the legislative services agency and
32 26 the department of management.

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

32 27 b. If the savings to the medical assistance program from
32 28 cost containment efforts exceed the cost for the fiscal
32 29 year beginning July 1, 2017, the department may transfer any
32 30 savings generated for the fiscal year due to medical assistance
32 31 program cost containment efforts to the appropriation
32 32 made in this division of this Act for medical contracts or
32 33 general administration to defray the increased contract costs
32 34 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 35 17. For the fiscal year beginning July 1, 2017, and ending
33 1 June 30, 2018, the replacement generation tax revenues required
33 2 to be deposited in the property tax relief fund pursuant to
33 3 section 437A.8, subsection 4, paragraph "d", and section
33 4 437A.15, subsection 3, paragraph "f", shall instead be credited
33 5 to and supplement the appropriation made in this section and
33 6 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 7 18. a. Of the funds appropriated in this section, up
33 8 to \$50,000 may be transferred by the department to the
33 9 appropriation made in this division of this Act to the
33 10 department for the same fiscal year for general administration
33 11 to be used for associated administrative expenses and for not
33 12 more than one full-time equivalent position, in addition to
33 13 those authorized for the same fiscal year, to be assigned to
33 14 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 15 b. Of the funds appropriated in this section, up to \$400,000
33 16 may be transferred by the department to the appropriation made
33 17 to the department in this division of this Act for the same
33 18 fiscal year for Medicaid program-related general administration
33 19 planning and implementation activities. The funds may be used
33 20 for contracts or for personnel in addition to the amounts
33 21 appropriated for and the positions authorized for general
33 22 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.

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

34 31 24. The department of human services shall include in the
 34 32 Medicaid managed care contracts beginning with the contract
 34 33 period effective July 1, 2017, per member per month capitation
 34 34 payments to managed care organizations that encourage the
 34 35 utilization of home and community-based services as an
 35 1 alternative to residential care for members.

Requires an MCO to accept any willing provider as long as the provider is willing to accept the MCO reimbursement rates.

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.

35 2 25. The department of human services shall review the use
 35 3 of step therapy protocols and the application of step therapy
 35 4 override exceptions under the Medicaid program. In the review,
 35 5 the department may consider the use of step therapy protocols
 35 6 and the application of step therapy override exceptions as
 35 7 provided in chapter 514F.7, if enacted by 2017 Iowa Acts, House
 35 8 File 233, and the potential for improving the quality of life
 35 9 of Medicaid members and increasing efficiencies in the Medicaid
 35 10 program. The department shall report findings of the review
 35 11 and recommendations to the individuals designated in this Act
 35 12 for submission of reports by November 15, 2017.

Requires the DHS to review the use of step therapy protocols and the application of step therapy override exceptions under the Medicaid Program and report the findings of the review and recommendations by November 15, 2017.

NOTE: This provision is contingent on the enactment of HF 233 (Step Therapy Protocol Bill).

35 13 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
 35 14 general fund of the state to the department of human services
 35 15 for the fiscal year beginning July 1, 2017, and ending June 30,
 35 16 2018, the following amount, or so much thereof as is necessary,
 35 17 to be used for the purpose designated:

General Fund appropriation to Medical Contracts.

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

35 18 For medical contracts:
 35 19 \$ 17,626,464

- 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.

35 20 1. The department of inspections and appeals shall
 35 21 provide all state matching funds for survey and certification
 35 22 activities performed by the department of inspections
 35 23 and appeals. The department of human services is solely
 35 24 responsible for distributing the federal matching funds for
 35 25 such activities.

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

35 26 2. Of the funds appropriated in this section, \$50,000 shall
 35 27 be used for continuation of home and community-based services
 35 28 waiver quality assurance programs, including the review and
 35 29 streamlining of processes and policies related to oversight and
 35 30 quality management to meet state and federal requirements.

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

DETAIL: This is no change compared to the 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.

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

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.

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.

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.

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.

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.

35 31 3. Of the amount appropriated in this section, up to
35 32 \$200,000 may be transferred to the appropriation for general
35 33 administration in this division of this Act to be used for
35 34 additional full-time equivalent positions in the development of
35 35 key health initiatives such as cost containment, development
36 1 and oversight of managed care programs, and development of
36 2 health strategies targeted toward improved quality and reduced
36 3 costs in the Medicaid program.

36 4 4. Of the funds appropriated in this section, \$1,000,000
36 5 shall be used for planning and development, in cooperation with
36 6 the department of public health, of a phased-in program to
36 7 provide a dental home for children.

36 8 5. Of the funds appropriated in this section, \$950,000
36 9 shall be credited to the autism support program fund created
36 10 in section 225D.2 to be used for the autism support program
36 11 created in chapter 225D, with the exception of the following
36 12 amounts of this allocation which shall be used as follows:

36 13 a. Of the amount appropriated in this section, \$202,000
36 14 shall be used for the public purpose of providing a one-year
36 15 grant to Drake university to establish a master's program in
36 16 applied behavioral analysis, including the establishment of
36 17 remote learning sites and a remote system to maximize outreach
36 18 and enrollment in the program.

36 19 b. Of the funds allocated in this subsection, \$25,000
36 20 shall be used for the public purpose of continuation of a
36 21 grant to a child welfare services provider headquartered in a
36 22 county with a population between 205,000 and 215,000 in the
36 23 latest certified federal census that provides multiple services
36 24 including but not limited to a psychiatric medical institution
36 25 for children, shelter, residential treatment, after school
36 26 programs, school-based programming, and an Asperger's syndrome
36 27 program, to be used for support services for children with
36 28 autism spectrum disorder and their families.

36 29 c. Of the funds allocated in this subsection, \$25,000
36 30 shall be used for the public purpose of continuing a grant to
36 31 a hospital-based provider headquartered in a county with a

36 32 population between 90,000 and 95,000 in the latest certified
 36 33 federal census that provides multiple services including
 36 34 but not limited to diagnostic, therapeutic, and behavioral
 36 35 services to individuals with autism spectrum disorder across
 37 1 one's lifespan. The grant recipient shall utilize the funds
 37 2 to continue the pilot project to determine the necessary
 37 3 support services for children with autism spectrum disorder and
 37 4 their families to be included in the children's disabilities
 37 5 services system. The grant recipient shall submit findings and
 37 6 recommendations based upon the results of the pilot project
 37 7 to the individuals specified in this division of this Act for
 37 8 submission of reports by December 31, 2017.

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

37 9 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.
 37 10 1. There is appropriated from the general fund of the
 37 11 state to the department of human services for the fiscal year
 37 12 beginning July 1, 2017, and ending June 30, 2018, the following
 37 13 amount, or so much thereof as is necessary, to be used for the
 37 14 purpose designated:
 37 15 For the state supplementary assistance program:
 37 16 \$ 10,372,658

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.

37 17 2. The department shall increase the personal needs
 37 18 allowance for residents of residential care facilities by the
 37 19 same percentage and at the same time as federal supplemental
 37 20 security income and federal social security benefits are
 37 21 increased due to a recognized increase in the cost of living.
 37 22 The department may adopt emergency rules to implement this
 37 23 subsection.

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

37 24 3. If during the fiscal year beginning July 1, 2017,
 37 25 the department projects that state supplementary assistance
 37 26 expenditures for a calendar year will not meet the federal
 37 27 pass-through requirement specified in Tit.XVI of the federal
 37 28 Social Security Act, section 1618, as codified in 42 U.S.C.
 37 29 §1382g, the department may take actions including but not
 37 30 limited to increasing the personal needs allowance for
 37 31 residential care facility residents and making programmatic
 37 32 adjustments or upward adjustments of the residential care
 37 33 facility or in-home health-related care reimbursement rates
 37 34 prescribed in this division of this Act to ensure that federal
 37 35 requirements are met. In addition, the department may make
 38 1 other programmatic and rate adjustments necessary to remain
 38 2 within the amount appropriated in this section while ensuring
 38 3 compliance with federal requirements. The department may adopt
 38 4 emergency rules to implement the provisions of this subsection.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

38 5 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.

General Fund appropriation to the DHS for the [Children's Health](#)

38 6 1. There is appropriated from the general fund of the
 38 7 state to the department of human services for the fiscal year
 38 8 beginning July 1, 2017, and ending June 30, 2018, the following
 38 9 amount, or so much thereof as is necessary, to be used for the
 38 10 purpose designated:
 38 11 For maintenance of the healthy and well kids in Iowa (hawk-i)
 38 12 program pursuant to chapter 514I, including supplemental dental
 38 13 services, for receipt of federal financial participation under
 38 14 Tit.XXI of the federal Social Security Act, which creates the
 38 15 children's health insurance program:
 38 16 \$ 8,518,452

38 17 2. Of the funds appropriated in this section, \$42,800 is
 38 18 allocated for continuation of the contract for outreach with
 38 19 the department of public health.

38 20 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 38 21 from the general fund of the state to the department of human
 38 22 services for the fiscal year beginning July 1, 2017, and ending
 38 23 June 30, 2018, the following amount, or so much thereof as is
 38 24 necessary, to be used for the purpose designated:
 38 25 For child care programs:
 38 26 \$ 39,343,616

38 27 1. Of the funds appropriated in this section, \$33,493,616
 38 28 shall be used for state child care assistance in accordance
 38 29 with section 237A.13.

[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 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 30 2. Nothing in this section shall be construed or is
38 31 intended as or shall imply a grant of entitlement for services
38 32 to persons who are eligible for assistance due to an income
38 33 level consistent with the waiting list requirements of section
38 34 237A.13. Any state obligation to provide services pursuant to
38 35 this section is limited to the extent of the funds appropriated
39 1 in this section.

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 2 3. A list of the registered and licensed child care
39 3 facilities operating in the area served by a child care
39 4 resource and referral service shall be made available to the
39 5 families receiving state child care assistance in that area.

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

39 6 4. Of the funds appropriated in this section, \$5,850,000
39 7 shall be credited to the early childhood programs grants
39 8 account in the early childhood Iowa fund created in section
39 9 256I.11. The moneys shall be distributed for funding of
39 10 community-based early childhood programs targeted to children
39 11 from birth through five years of age developed by early
39 12 childhood Iowa areas in accordance with approved community
39 13 plans as provided in section 256I.8.

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

39 14 5. The department may use any of the funds appropriated
39 15 in this section as a match to obtain federal funds for use in
39 16 expanding child care assistance and related programs. For
39 17 the purpose of expenditures of state and federal child care
39 18 funding, funds shall be considered obligated at the time
39 19 expenditures are projected or are allocated to the department's
39 20 service areas. Projections shall be based on current and
39 21 projected caseload growth, current and projected provider
39 22 rates, staffing requirements for eligibility determination
39 23 and management of program requirements including data systems
39 24 management, staffing requirements for administration of the
39 25 program, contractual and grant obligations and any transfers
39 26 to other state agencies, and obligations for decategorization
39 27 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 28 6. A portion of the state match for the federal child care
39 29 and development block grant shall be provided as necessary to
39 30 meet federal matching funds requirements through the state
39 31 general fund appropriation made for child development grants
39 32 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 33 7. If a uniform reduction ordered by the governor under
39 34 section 8.31 or other operation of law, transfer, or federal
39 35 funding reduction reduces the appropriation made in this

Requires the following, related to program operations:

- Any reductions to the child care assistance appropriation, either

40 1 section for the fiscal year, the percentage reduction in the
 40 2 amount paid out to or on behalf of the families participating
 40 3 in the state child care assistance program shall be equal to or
 40 4 less than the percentage reduction made for any other purpose
 40 5 payable from the appropriation made in this section and the
 40 6 federal funding relating to it. The percentage reduction to
 40 7 the other allocations made in this section shall be the same as
 40 8 the uniform reduction ordered by the governor or the percentage
 40 9 change of the federal funding reduction, as applicable.
 40 10 If there is an unanticipated increase in federal funding
 40 11 provided for state child care assistance, the entire amount
 40 12 of the increase shall be used for state child care assistance
 40 13 payments. If the appropriations made for purposes of the
 40 14 state child care assistance program for the fiscal year are
 40 15 determined to be insufficient, it is the intent of the general
 40 16 assembly to appropriate sufficient funding for the fiscal year
 40 17 in order to avoid establishment of waiting list requirements.

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 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 18 8. Notwithstanding section 8.33, moneys advanced for
 40 19 purposes of the programs developed by early childhood Iowa
 40 20 areas, advanced for purposes of wraparound child care, or
 40 21 received from the federal appropriations made for the purposes
 40 22 of this section that remain unencumbered or unobligated at the
 40 23 close of the fiscal year shall not revert to any fund but shall
 40 24 remain available for expenditure for the purposes designated
 40 25 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 26 Sec. 17. JUVENILE INSTITUTION. There is appropriated
 40 27 from the general fund of the state to the department of human
 40 28 services for the fiscal year beginning July 1, 2017, and ending
 40 29 June 30, 2018, the following amounts, or so much thereof as is
 40 30 necessary, to be used for the purposes designated:

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

40 31 1. For operation of the state training school at Eldora and
 40 32 for salaries, support, maintenance, and miscellaneous purposes,
 40 33 and for not more than the following full-time equivalent
 40 34 positions:
 40 35 \$ 11,350,443
 41 1 FTEs 189.00

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

41 2 Of the funds appropriated in this subsection, \$91,150 shall
 41 3 be used for distribution to licensed classroom teachers at this
 41 4 and other institutions under the control of the department of
 41 5 human services based upon the average student yearly enrollment
 41 6 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 7 2. A portion of the moneys appropriated in this section
 41 8 shall be used by the state training school at Eldora for

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

41 9 grants for adolescent pregnancy prevention activities at the
41 10 institution in the fiscal year beginning July 1, 2017.

2018.

41 11 Sec. 18. CHILD AND FAMILY SERVICES.

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

41 12 1. There is appropriated from the general fund of the
41 13 state to the department of human services for the fiscal year
41 14 beginning July 1, 2017, and ending June 30, 2018, the following
41 15 amount, or so much thereof as is necessary, to be used for the
41 16 purpose designated:

DETAIL: This is a net increase of \$3,428,098 compared to estimated net FY 2017. Changes include:

41 17 For child and family services:
41 18 \$ 87,279,375

- 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.
- A decrease of \$50,000 for the NE Iowa Circle of Care Grant.

41 19 2. The department may transfer funds appropriated in this
41 20 section as necessary to pay the nonfederal costs of services
41 21 reimbursed under the medical assistance program, state child
41 22 care assistance program, or the family investment program which
41 23 are provided to children who would otherwise receive services
41 24 paid under the appropriation in this section. The department
41 25 may transfer funds appropriated in this section to the
41 26 appropriations made in this division of this Act for general
41 27 administration and for field operations for resources necessary
41 28 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 29 3. a. Of the funds appropriated in this section, up to
41 30 \$35,736,649 is allocated as the statewide expenditure target
41 31 under section 232.143 for group foster care maintenance and
41 32 services. If the department projects that such expenditures
41 33 for the fiscal year will be less than the target amount
41 34 allocated in this paragraph "a", the department may reallocate
41 35 the excess to provide additional funding for shelter care
42 1 or the child welfare emergency services addressed with the
42 2 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 3 b. If at any time after September 30, 2017, annualization
42 4 of a service area's current expenditures indicates a service
42 5 area is at risk of exceeding its group foster care expenditure
42 6 target under section 232.143 by more than 5 percent, the
42 7 department and juvenile court services shall examine all
42 8 group foster care placements in that service area in order to
42 9 identify those which might be appropriate for termination.
42 10 In addition, any aftercare services believed to be needed
42 11 for the children whose placements may be terminated shall be
42 12 identified. The department and juvenile court services shall

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.

42 13 initiate action to set dispositional review hearings for the
 42 14 placements identified. In such a dispositional review hearing,
 42 15 the juvenile court shall determine whether needed aftercare
 42 16 services are available and whether termination of the placement
 42 17 is in the best interest of the child and the community.

42 18 4. In accordance with the provisions of section 232.188,
 42 19 the department shall continue the child welfare and juvenile
 42 20 justice funding initiative during fiscal year 2017-2018. Of
 42 21 the funds appropriated in this section, \$1,717,753 is allocated
 42 22 specifically for expenditure for fiscal year 2017-2018 through
 42 23 the decategorization services funding pools and governance
 42 24 boards established pursuant to section 232.188.

42 25 5. A portion of the funds appropriated in this section
 42 26 may be used for emergency family assistance to provide other
 42 27 resources required for a family participating in a family
 42 28 preservation or reunification project or successor project to
 42 29 stay together or to be reunified.

42 30 6. Notwithstanding section 234.35 or any other provision
 42 31 of law to the contrary, state funding for shelter care and
 42 32 the child welfare emergency services contracting implemented
 42 33 to provide for or prevent the need for shelter care shall be
 42 34 limited to \$8,096,158.

42 35 7. Federal funds received by the state during the fiscal
 43 1 year beginning July 1, 2017, as the result of the expenditure
 43 2 of state funds appropriated during a previous state fiscal
 43 3 year for a service or activity funded under this section are
 43 4 appropriated to the department to be used as additional funding
 43 5 for services and purposes provided for under this section.
 43 6 Notwithstanding section 8.33, moneys received in accordance
 43 7 with this subsection that remain unencumbered or unobligated at
 43 8 the close of the fiscal year shall not revert to any fund but
 43 9 shall remain available for the purposes designated until the
 43 10 close of the succeeding fiscal year.

43 11 8. a. Of the funds appropriated in this section, up to
 43 12 \$3,290,000 is allocated for the payment of the expenses of
 43 13 court-ordered services provided to juveniles who are under the
 43 14 supervision of juvenile court services, which expenses are a
 43 15 charge upon the state pursuant to section 232.141, subsection
 43 16 4. Of the amount allocated in this paragraph "a", up to
 43 17 \$1,556,287 shall be made available to provide school-based
 43 18 supervision of children adjudicated under chapter 232, of which
 43 19 not more than \$15,000 may be used for the purpose of training.
 43 20 A portion of the cost of each school-based liaison officer

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

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

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

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

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

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.

Provides the following allocations related to court-ordered services for juveniles:

- 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

43 21 shall be paid by the school district or other funding source as
 43 22 approved by the chief juvenile court officer.
 43 23 b. Of the funds appropriated in this section, up to \$748,985
 43 24 is allocated for the payment of the expenses of court-ordered
 43 25 services provided to children who are under the supervision
 43 26 of the department, which expenses are a charge upon the state
 43 27 pursuant to section 232.141, subsection 4.

43 28 c. Notwithstanding section 232.141 or any other provision
 43 29 of law to the contrary, the amounts allocated in this
 43 30 subsection shall be distributed to the judicial districts
 43 31 as determined by the state court administrator and to the
 43 32 department's service areas as determined by the administrator
 43 33 of the department of human services' division of child and
 43 34 family services. The state court administrator and the
 43 35 division administrator shall make the determination of the
 44 1 distribution amounts on or before June 15, 2017.

44 2 d. Notwithstanding chapter 232 or any other provision of
 44 3 law to the contrary, a district or juvenile court shall not
 44 4 order any service which is a charge upon the state pursuant
 44 5 to section 232.141 if there are insufficient court-ordered
 44 6 services funds available in the district court or departmental
 44 7 service area distribution amounts to pay for the service. The
 44 8 chief juvenile court officer and the departmental service area
 44 9 manager shall encourage use of the funds allocated in this
 44 10 subsection such that there are sufficient funds to pay for
 44 11 all court-related services during the entire year. The chief
 44 12 juvenile court officers and departmental service area managers
 44 13 shall attempt to anticipate potential surpluses and shortfalls
 44 14 in the distribution amounts and shall cooperatively request the
 44 15 state court administrator or division administrator to transfer
 44 16 funds between the judicial districts' or departmental service
 44 17 areas' distribution amounts as prudent.

44 18 e. Notwithstanding any provision of law to the contrary,
 44 19 a district or juvenile court shall not order a county to pay
 44 20 for any service provided to a juvenile pursuant to an order
 44 21 entered under chapter 232 which is a charge upon the state
 44 22 under section 232.141, subsection 4.

44 23 f. Of the funds allocated in this subsection, not more than
 44 24 \$83,000 may be used by the judicial branch for administration
 44 25 of the requirements under this subsection.

children who are under the supervision of the DHS.

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

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.

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.

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

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

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

44 26 g. Of the funds allocated in this subsection, \$17,000	Requires that \$17,000 of the funds allocated to the DHS be used to
44 27 shall be used by the department of human services to support	support the InterState Commission for Juveniles in accordance with
44 28 the interstate commission for juveniles in accordance with	the InterState Compact for Juveniles.
44 29 the interstate compact for juveniles as provided in section	
44 30 232.173.	DETAIL: This is no change compared to the estimated net FY 2017
	allocation.
44 31 9. Of the funds appropriated in this section, \$12,253,227 is	Allocates \$12,253,227 to juvenile delinquent graduated sanctions
44 32 allocated for juvenile delinquent graduated sanctions services.	services.
44 33 Any state funds saved as a result of efforts by juvenile court	
44 34 services to earn a federal Tit.IV-E match for juvenile court	DETAIL: This is a decrease of \$1,000,000 compared to the estimated
44 35 services administration may be used for the juvenile delinquent	net FY 2017 allocation, due to a reduction in end-of-fiscal-year
45 1 graduated sanctions services.	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.
45 2 10. Of the funds appropriated in this section, \$1,658,285 is	Requires \$1,658,285 to be transferred to the DPH for the Child
45 3 transferred to the department of public health to be used for	Protection Center (CPC) Grant Program.
45 4 the child protection center grant program for child protection	
45 5 centers located in Iowa in accordance with section 135.118.	DETAIL: This is no change compared to the estimated net FY 2017
45 6 The grant amounts under the program shall be equalized so that	allocation.
45 7 each center receives a uniform base amount of \$245,000, so that	
45 8 \$50,000 is awarded to establish a satellite child protection	
45 9 center in a city in north central Iowa that is the county	
45 10 seat of a county with a population between 44,000 and 45,000	
45 11 according to the latest certified federal census, and so that	
45 12 the remaining funds are awarded through a funding formula based	
45 13 upon the volume of children served.	
45 14 11. If the department receives federal approval to	Requires children who receive in-home or community-based services
45 15 implement a waiver under Tit.IV-E of the federal Social	under a federal Title IV-E waiver to be considered placed in foster care
45 16 Security Act to enable providers to serve children who remain	to remain eligible for Medicaid, if the DHS receives federal approval to
45 17 in the children's families and communities, for purposes of	implement the waiver.
45 18 eligibility under the medical assistance program through 25	
45 19 years of age, children who participate in the waiver shall be	
45 20 considered to be placed in foster care.	
45 21 12. Of the funds appropriated in this section, \$4,025,167 is	Allocates \$4,025,167 to the Preparation for Adult Living (PALs)
45 22 allocated for the preparation for adult living program pursuant	Program.
45 23 to section 234.46.	DETAIL: This is no change compared to the estimated net FY 2017
	allocation.

45 24	13. Of the funds appropriated in this section, \$227,337	Allocates \$227,337 to Project Harmony for support of victims of child
45 25	shall be used for the public purpose of continuing a grant to	abuse and the nonoffending family members.
45 26	a nonprofit human services organization providing services to	
45 27	individuals and families in multiple locations in southwest	DETAIL: This is no change compared to the estimated net FY 2017
45 28	Iowa and Nebraska for support of a project providing immediate,	allocation.
45 29	sensitive support and forensic interviews, medical exams, needs	
45 30	assessments, and referrals for victims of child abuse and their	
45 31	nonoffending family members.	
45 32	14. Of the funds appropriated in this section, \$300,620	Allocates \$300,620 to provide support for foster care youth councils.
45 33	is allocated for the foster care youth council approach of	
45 34	providing a support network to children placed in foster care.	DETAIL: This is no change compared to the estimated net FY 2017
		allocation.
45 35	15. Of the funds appropriated in this section, \$202,000 is	Allocates \$202,000 to an initiative to address child sexual abuse.
46 1	allocated for use pursuant to section 235A.1 for continuation	
46 2	of the initiative to address child sexual abuse implemented	DETAIL: This is no change compared to the estimated net FY 2017
46 3	pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection	allocation.
46 4	21.	
46 5	16. Of the funds appropriated in this section, \$630,240 is	Allocates \$630,240 to the Child Welfare Community Partnership for
46 6	allocated for the community partnership for child protection	Child Protection sites. Community Partnership for Protecting Children
46 7	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 8	17. Of the funds appropriated in this section, \$371,250	Allocates \$371,250 to minority youth and family projects included in the
46 9	is allocated for the department's minority youth and family	child welfare redesign.
46 10	projects under the redesign of the child welfare system.	DETAIL: This is no change compared to the estimated net FY 2017
		allocation.
46 11	18. Of the funds appropriated in this section, \$1,136,595	Allocates \$1,136,595 to the Circle of Care Grant in northeast Iowa.
46 12	is allocated for funding of the community circle of care	
46 13	collaboration for children and youth in northeast Iowa.	DETAIL: This is a decrease of \$50,000 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 14	19. Of the funds appropriated in this section, at least	Allocates \$147,158 to the Online Child Welfare Provider Training
46 15	\$147,158 shall be used for the continuation of the child	Academy.
46 16	welfare provider training academy, a collaboration between the	

46 17 coalition for family and children's services in Iowa and the
46 18 department.

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

46 19 20. Of the funds appropriated in this section, \$211,872
46 20 shall be used for continuation of the central Iowa system of
46 21 care program grant through June 30, 2018.

Allocates \$211,872 to continuation of a System of Care Program in Polk County.

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

46 22 21. Of the funds appropriated in this section, \$235,000
46 23 shall be used for the public purpose of the continuation
46 24 and expansion of a system of care program grant implemented
46 25 in Cerro Gordo and Linn counties to utilize a comprehensive
46 26 and long-term approach for helping children and families by
46 27 addressing the key areas in a child's life of childhood basic
46 28 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 29 22. Of the funds appropriated in this section, at least
46 30 \$25,000 shall be used to continue and to expand the foster
46 31 care respite pilot program in which postsecondary students in
46 32 social work and other human services-related programs receive
46 33 experience by assisting family foster care providers with
46 34 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 35 23. Of the funds appropriated in this section, \$110,000
47 1 shall be used for the public purpose of funding community-based
47 2 services and other supports with a system of care approach
47 3 for children with a serious emotional disturbance and their
47 4 families through a nonprofit provider of child welfare services
47 5 that has been in existence for more than 115 years, is located
47 6 in a county with a population of more than 200,000 but less
47 7 than 220,000 according to the latest certified federal census,
47 8 is licensed as a psychiatric medical institution for children,
47 9 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 10 Sec. 19. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

47 11 1. There is appropriated from the general fund of the
47 12 state to the department of human services for the fiscal year
47 13 beginning July 1, 2017, and ending June 30, 2018, the following
47 14 amount, or so much thereof as is necessary, to be used for the
47 15 purpose designated:

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

47 16 a. For adoption subsidy payments and services:
47 17 \$ 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 18 b. (1) The funds appropriated in this section shall be used
 47 19 as authorized or allowed by federal law or regulation for any
 47 20 of the following purposes:

47 21 (a) For adoption subsidy payments and related costs.

47 22 (b) For post-adoption services and for other purposes under
 47 23 Tit.IV-B or Tit.IV-E of the federal Social Security Act.

47 24 (2) The department of human services may transfer funds
 47 25 appropriated in this subsection to the appropriation for
 47 26 child and family services in this Act for the purposes of
 47 27 post-adoption services as specified in this paragraph "b".

47 28 c. Notwithstanding section 8.33, moneys corresponding to
 47 29 the state savings resulting from implementation of the federal
 47 30 Fostering Connections to Success and Increasing Adoptions Act
 47 31 of 2008, Pub.L. No.110-351, and successor legislation, as
 47 32 determined in accordance with 42 U.S.C. §673(a)(8), that remain
 47 33 unencumbered or unobligated at the close of the fiscal year,
 47 34 shall not revert to any fund but shall remain available for the
 47 35 purposes designated in this subsection until expended. The
 48 1 amount of such savings and any corresponding funds remaining
 48 2 at the close of the fiscal year shall be determined separately
 48 3 and any changes in either amount between fiscal years shall not
 48 4 result in an unfunded need.

48 5 2. The department may transfer funds appropriated in
 48 6 this section to the appropriation made in this division of
 48 7 this Act for general administration for costs paid from the
 48 8 appropriation relating to adoption subsidy.

48 9 3. Federal funds received by the state during the
 48 10 fiscal year beginning July 1, 2017, as the result of the
 48 11 expenditure of state funds during a previous state fiscal
 48 12 year for a service or activity funded under this section are
 48 13 appropriated to the department to be used as additional funding
 48 14 for the services and activities funded under this section.
 48 15 Notwithstanding section 8.33, moneys received in accordance
 48 16 with this subsection that remain unencumbered or unobligated
 48 17 at the close of the fiscal year shall not revert to any fund
 48 18 but shall remain available for expenditure for the purposes
 48 19 designated until the close of the succeeding fiscal year.

48 20 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 48 21 in the juvenile detention home fund created in section 232.142
 48 22 during the fiscal year beginning July 1, 2017, and ending June
 48 23 30, 2018, are appropriated to the department of human services
 48 24 for the fiscal year beginning July 1, 2017, and ending June 30,
 48 25 2018, for distribution of an amount equal to a percentage of
 48 26 the costs of the establishment, improvement, operation, and

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, due to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. The DHS may also transfer funds (specifically those funds from 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 reinvested and used for child welfare services instead of reverting to the General Fund.

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

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.

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 27 maintenance of county or multicounty juvenile detention homes
 48 28 in the fiscal year beginning July 1, 2016. Moneys appropriated
 48 29 for distribution in accordance with this section shall be
 48 30 allocated among eligible detention homes, prorated on the basis
 48 31 of an eligible detention home's proportion of the costs of all
 48 32 eligible detention homes in the fiscal year beginning July
 48 33 1, 2016. The percentage figure shall be determined by the
 48 34 department based on the amount available for distribution for
 48 35 the fund. Notwithstanding section 232.142, subsection 3, the
 49 1 financial aid payable by the state under that provision for the
 49 2 fiscal year beginning July 1, 2017, shall be limited to the
 49 3 amount appropriated for the purposes of this section.

49 4 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 49 5 1. There is appropriated from the general fund of the
 49 6 state to the department of human services for the fiscal year
 49 7 beginning July 1, 2017, and ending June 30, 2018, the following
 49 8 amount, or so much thereof as is necessary, to be used for the
 49 9 purpose designated:
 49 10 For the family support subsidy program subject to the
 49 11 enrollment restrictions in section 225C.37, subsection 3:
 49 12 \$ 1,069,282

49 13 2. At least \$787,500 of the moneys appropriated in this
 49 14 section is transferred to the department of public health for
 49 15 the family support center component of the comprehensive family
 49 16 support program under chapter 225C, subchapter V.

49 17 3. If at any time during the fiscal year, the amount of
 49 18 funding available for the family support subsidy program
 49 19 is reduced from the amount initially used to establish the
 49 20 figure for the number of family members for whom a subsidy
 49 21 is to be provided at any one time during the fiscal year,
 49 22 notwithstanding section 225C.38, subsection 2, the department
 49 23 shall revise the figure as necessary to conform to the amount
 49 24 of funding available.

49 25 Sec. 22. CONNER DECREE. There is appropriated from the
 49 26 general fund of the state to the department of human services
 49 27 for the fiscal year beginning July 1, 2017, and ending June 30,
 49 28 2018, the following amount, or so much thereof as is necessary,

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:

- 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.

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.

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

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

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

49 29 to be used for the purpose designated:
 49 30 For building community capacity through the coordination
 49 31 and provision of training opportunities in accordance with the
 49 32 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 49 33 Iowa, July 14, 1994):
 49 34 \$ 33,632

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 35 Sec. 23. MENTAL HEALTH INSTITUTES.
 50 1 1. There is appropriated from the general fund of the
 50 2 state to the department of human services for the fiscal year
 50 3 beginning July 1, 2017, and ending June 30, 2018, the following
 50 4 amounts, or so much thereof as is necessary, to be used for the
 50 5 purposes designated:

50 6 a. For operation of the state mental health institute at
 50 7 Cherokee as required by chapters 218 and 226 for salaries,
 50 8 support, maintenance, and miscellaneous purposes, and for not
 50 9 more than the following full-time equivalent positions:
 50 10 \$ 13,870,254
 50 11 FTEs 162.00

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

 DETAIL: This is a decrease of \$788,340 and no change in FTE positions compared to estimated net FY 2017 due to a general reduction for the MHI.

50 12 b. For operation of the state mental health institute at
 50 13 Independence as required by chapters 218 and 226 for salaries,
 50 14 support, maintenance, and miscellaneous purposes, and for not
 50 15 more than the following full-time equivalent positions:
 50 16 \$ 17,513,621
 50 17 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 18 2. Notwithstanding sections 218.78 and 249A.11, any revenue
 50 19 received from the state mental health institute at Cherokee or
 50 20 the state mental health institute at Independence pursuant to
 50 21 42 C.F.R §438.6(e) may be retained and expended by the mental
 50 22 health institute.

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

50 23 3. Notwithstanding any provision of law to the contrary,
 50 24 a Medicaid member residing at the state mental health
 50 25 institute at Cherokee or the state mental health institute
 50 26 at Independence shall retain Medicaid eligibility during
 50 27 the period of the Medicaid member's stay for which federal
 50 28 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 29 Sec. 24. STATE RESOURCE CENTERS.
 50 30 1. There is appropriated from the general fund of the
 50 31 state to the department of human services for the fiscal year
 50 32 beginning July 1, 2017, and ending June 30, 2018, the following
 50 33 amounts, or so much thereof as is necessary, to be used for the
 50 34 purposes designated:

50 35 a. For the state resource center at Glenwood for salaries,
 51 1 support, maintenance, and miscellaneous purposes:
 51 2 \$ 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.

51 3 b. For the state resource center at Woodward for salaries,
 51 4 support, maintenance, and miscellaneous purposes:
 51 5 \$ 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.

51 6 2. The department may continue to bill for state resource
 51 7 center services utilizing a scope of services approach used for
 51 8 private providers of intermediate care facilities for persons
 51 9 with an intellectual disability services, in a manner which
 51 10 does not shift costs between the medical assistance program,
 51 11 counties, or other sources of funding for the state resource
 51 12 centers.

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

51 13 3. The state resource centers may expand the time-limited
 51 14 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 15 4. If the department's administration and the department
 51 16 of management concur with a finding by a state resource
 51 17 center's superintendent that projected revenues can reasonably
 51 18 be expected to pay the salary and support costs for a new
 51 19 employee position, or that such costs for adding a particular
 51 20 number of new positions for the fiscal year would be less
 51 21 than the overtime costs if new positions would not be added,

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 22 the superintendent may add the new position or positions. If
 51 23 the vacant positions available to a resource center do not
 51 24 include the position classification desired to be filled, the
 51 25 state resource center's superintendent may reclassify any
 51 26 vacant position as necessary to fill the desired position. The
 51 27 superintendents of the state resource centers may, by mutual
 51 28 agreement, pool vacant positions and position classifications
 51 29 during the course of the fiscal year in order to assist one
 51 30 another in filling necessary positions.

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

51 31 5. If existing capacity limitations are reached in
 51 32 operating units, a waiting list is in effect for a service or
 51 33 a special need for which a payment source or other funding
 51 34 is available for the service or to address the special need,
 51 35 and facilities for the service or to address the special need
 52 1 can be provided within the available payment source or other
 52 2 funding, the superintendent of a state resource center may
 52 3 authorize opening not more than two units or other facilities
 52 4 and begin implementing the service or addressing the special
 52 5 need during fiscal year 2017-2018.

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

52 6 Sec. 25. SEXUALLY VIOLENT PREDATORS.
 52 7 1. There is appropriated from the general fund of the
 52 8 state to the department of human services for the fiscal year
 52 9 beginning July 1, 2017, and ending June 30, 2018, the following
 52 10 amount, or so much thereof as is necessary, to be used for the
 52 11 purpose designated:
 52 12 For costs associated with the commitment and treatment of
 52 13 sexually violent predators in the unit located at the state
 52 14 mental health institute at Cherokee, including costs of legal
 52 15 services and other associated costs, including salaries,
 52 16 support, maintenance, and miscellaneous purposes, and for not
 52 17 more than the following full-time equivalent positions:
 52 18 \$ 9,464,747
 52 19 FTEs 112.00

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.

52 20 2. Unless specifically prohibited by law, if the amount
 52 21 charged provides for recoupment of at least the entire amount
 52 22 of direct and indirect costs, the department of human services
 52 23 may contract with other states to provide care and treatment
 52 24 of persons placed by the other states at the unit for sexually
 52 25 violent predators at Cherokee. The moneys received under
 52 26 such a contract shall be considered to be repayment receipts
 52 27 and used for the purposes of the appropriation made in this
 52 28 section.

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

52 29 Sec. 26. FIELD OPERATIONS. There is appropriated from the
 52 30 general fund of the state to the department of human services

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

52 31 for the fiscal year beginning July 1, 2017, and ending June 30,
 52 32 2018, the following amount, or so much thereof as is necessary,
 52 33 to be used for the purposes designated:
 52 34 For field operations, including salaries, support,
 52 35 maintenance, and miscellaneous purposes, and for not more than
 53 1 the following full-time equivalent positions:
 53 2 \$ 48,484,435
 53 3 FTEs 1,583.00

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.

53 4 Priority in filling full-time equivalent positions shall be
 53 5 given to those positions related to child protection services
 53 6 and eligibility determination for low-income families.

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

53 7 Sec. 27. GENERAL ADMINISTRATION. There is appropriated
 53 8 from the general fund of the state to the department of human
 53 9 services for the fiscal year beginning July 1, 2017, and ending
 53 10 June 30, 2018, the following amount, or so much thereof as is
 53 11 necessary, to be used for the purpose designated:
 53 12 For general administration, including salaries, support,
 53 13 maintenance, and miscellaneous purposes, and for not more than
 53 14 the following full-time equivalent positions:
 53 15 \$ 14,033,040
 53 16 FTEs 294.00

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

DETAIL: This is a decrease of \$1,415,158 and an increase of 0.07 FTE position compared to estimated net FY 2017. The changes include:

- A decrease of \$1,265,158 due to a general reduction.
- A decrease of \$50,000 for the Achieving Better Life Experience (ABLE) Trust Act.
- A decrease of \$100,000 for the RefugeeRISE Program.
- An increase of 0.07 FTE position for a general increase.

53 17 1. The department shall report at least monthly to the
 53 18 legislative services agency concerning the department's
 53 19 operational and program expenditures.

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

53 20 2. Of the funds appropriated in this section, \$150,000 shall
 53 21 be used to continue the contract for the provision of a program
 53 22 to provide technical assistance, support, and consultation to
 53 23 providers of habilitation services and home and community-based
 53 24 services waiver services for adults with disabilities under the
 53 25 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 26 3. Of the funds appropriated in this section, \$50,000
 53 27 is transferred to the Iowa finance authority to be used
 53 28 for administrative support of the council on homelessness
 53 29 established in section 16.2D and for the council to fulfill its
 53 30 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 31 4. Of the funds appropriated in this section, \$200,000 shall
 53 32 be transferred to and deposited in the administrative fund of
 53 33 the Iowa ABLE savings plan trust created in section 121.4, to
 53 34 be used for implementation and administration activities of the

Transfers \$200,000 to the Treasurer of State to implement the ABLE Trust Act.

DETAIL: This is a decrease of \$50,000 compared to the estimated net

<p>53 35 Iowa ABLE savings plan trust.</p>	<p>FY 2017 allocation. The ABLE Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.</p>
<p>54 1 5. Of the funds appropriated in this section, \$200,000 is 54 2 transferred to the economic development authority for the Iowa 54 3 commission on volunteer services to continue to be used for 54 4 RefugeeRISE AmeriCorps program established under section 15H.8 54 5 for member recruitment and training to improve the economic 54 6 well-being and health of economically disadvantaged refugees in 54 7 local communities across Iowa. Funds transferred may be used 54 8 to supplement federal funds under federal regulations.</p>	<p>Transfers \$200,000 to the Economic Development Authority through the DHS for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.</p> <p>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.</p>
<p>54 9 6. Of the funds appropriated in this section, \$300,000 shall 54 10 be used to contract for children's well-being collaboratives 54 11 grants for the development and implementation of children's 54 12 well-being collaboratives to establish and coordinate 54 13 prevention and early intervention services to promote improved 54 14 mental health and well-being for children and families, as 54 15 enacted in this 2017 Act.</p>	<p>Transfers \$300,000 to the DHS for the purpose of continuing the development and implementation of children's mental health crisis services.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>
<p>54 16 7. Of the funds appropriated in this section, \$200,000 54 17 shall be used to continue to expand the provision of nationally 54 18 accredited and recognized internet-based training to include 54 19 mental health and disability services providers.</p>	<p>Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.</p> <p>DETAIL: This is no change compared to estimated net FY 2017.</p>
<p>54 20 Sec. 28. DEPARTMENT-WIDE DUTIES. There is appropriated 54 21 from the general fund of the state to the department of human 54 22 services for the fiscal year beginning July 1, 2017, and ending 54 23 June 30, 2018, the following amount, or so much thereof as is 54 24 necessary, to be used for the purposes designated: 54 25 For salaries, support, maintenance, and miscellaneous 54 26 purposes at facilities under the purview of the department of 54 27 human services: 54 28 \$ 2,879,274</p>	<p>General Fund appropriation to the DHS facilities.</p> <p>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.</p>
<p>54 29 Sec. 29. VOLUNTEERS. There is appropriated from the general 54 30 fund of the state to the department of human services for the 54 31 fiscal year beginning July 1, 2017, and ending June 30, 2018, 54 32 the following amount, or so much thereof as is necessary, to be 54 33 used for the purpose designated: 54 34 For development and coordination of volunteer services: 54 35 \$ 84,686</p>	<p>General Fund appropriation to the DHS for the development and coordination of the Volunteer Services Program.</p> <p>DETAIL: This is no change compared to estimated net FY 2017.</p>
<p>55 1 Sec. 30. GENERAL REDUCTION. For the period beginning July 55 2 1, 2017, and ending June 30, 2018, the department of human</p>	<p>General Fund reduction of \$1,467,303 to all appropriations under the DHS.</p>

55 3 services, in consultation with the department of management,
 55 4 shall identify and implement a reduction in expenditures made
 55 5 from appropriations from the general fund to the department of
 55 6 human services in the amount of \$1,467,303.

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

55 7 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 55 8 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 55 9 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.

55 10 1. a. (1) (a) For the fiscal year beginning July 1,
 55 11 2017, the department shall rebase case-mix nursing facility
 55 12 rates effective July 1, 2017, to the extent possible within the
 55 13 state funding, including the \$2,500,000, appropriated for this
 55 14 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.

55 15 (b) For the fiscal year beginning July 1, 2017, non-case-mix
 55 16 and special population nursing facilities shall be reimbursed
 55 17 in accordance with the methodology in effect on June 30 of the
 55 18 prior fiscal year.

55 19 (c) For managed care claims, the department of human
 55 20 services shall adjust the payment rate floor for nursing
 55 21 facilities, annually, to maintain a rate floor that is no
 55 22 lower than the Medicaid fee-for-service case-mix adjusted
 55 23 rate calculated in accordance with subparagraph division
 55 24 (a) and 441 IAC 81.6. The department shall then calculate
 55 25 adjusted reimbursement rates, including but not limited to
 55 26 add-on-payments, annually, and shall notify Medicaid managed
 55 27 care organizations of the adjusted reimbursement rates within
 55 28 30 days of determining the adjusted reimbursement rates. Any
 55 29 adjustment of reimbursement rates under this subparagraph
 55 30 division shall be budget neutral to the state budget.

55 31 (d) For the fiscal year beginning July 1, 2017, Medicaid
 55 32 managed care long-term services and supports capitation
 55 33 rates shall be adjusted to reflect the rebasing pursuant to
 55 34 subparagraph division (a) for the patient populations residing
 55 35 in Medicaid-certified nursing facilities.

56 1 (2) For any open or unsettled nursing facility cost report
 56 2 for a fiscal year prior to and including the fiscal year
 56 3 beginning July 1, 2016, including any cost report remanded on
 56 4 judicial review for inclusion of prescription drug, laboratory,
 56 5 or x-ray costs, the department shall offset all reported
 56 6 prescription drug, laboratory, and x-ray costs with any revenue
 56 7 received from Medicare or other revenue source for any purpose.
 56 8 For purposes of this subparagraph, a nursing facility cost
 56 9 report is not considered open or unsettled if the facility did
 56 10 not initiate an administrative appeal under chapter 17A or if
 56 11 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.

56 12 (3) Medicaid managed care organizations shall adjust

Requires MCOs to adjust facility-specific rates based upon payment

56 13 facility-specific rates based upon payment rate listings issued	rate listings issued by the DHS. The rate adjustments are to be applied
56 14 by the department. The rate adjustments shall be applied	retroactively.
56 15 retroactively based upon the effective date of the rate letter	
56 16 issued by the department. A Medicaid managed care organization	
56 17 shall honor all retroactive rate adjustments including when	
56 18 specific provider rates are delayed or amended.	
56 19 b. (1) For the fiscal year beginning July 1, 2017,	Requires a pharmacy dispensing fee reimbursement rate of \$10.02 per
56 20 the department shall establish the pharmacy dispensing fee	prescription.
56 21 reimbursement at \$10.02 per prescription, until a cost of	
56 22 dispensing survey is completed. The actual dispensing fee	DETAIL: This is a decrease of \$1.70 compared to the FY 2017 fee.
56 23 shall be determined by a cost of dispensing survey performed	
56 24 by the department and required to be completed by all medical	
56 25 assistance program participating pharmacies every two years,	
56 26 adjusted as necessary to maintain expenditures within the	
56 27 amount appropriated to the department for this purpose for the	
56 28 fiscal year.	
56 29 (2) The department shall utilize an average acquisition	Requires the DHS to continue an Average Acquisition Cost (AAC)
56 30 cost reimbursement methodology for all drugs covered under the	reimbursement methodology for all drugs covered under the Medicaid
56 31 medical assistance program in accordance with 2012 Iowa Acts,	Program. The methodology is to utilize a survey of pharmacy invoices
56 32 chapter 1133, section 33.	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 33 c. (1) For the fiscal year beginning July 1, 2017,	Requires the rate of reimbursement for outpatient hospital services to
56 34 reimbursement rates for outpatient hospital services shall	be rebased effective January 1, 2018, subject to the Medicaid upper
56 35 be rebased effective January 1, 2018, subject to Medicaid	payment limit (UPL) rules.
57 1 program upper payment limit rules, and adjusted as necessary	
57 2 to maintain expenditures within the amount appropriated to the	DETAIL: The General Assembly did not provide any funding for the
57 3 department for this purpose for the fiscal year.	rebase, and therefore the rebase will be budget neutral.
57 4 (2) For the fiscal year beginning July 1, 2017,	Requires the rate of reimbursement for inpatient services to remain at
57 5 reimbursement rates for inpatient hospital services shall	the rate in effect in FY 2017, subject to the Medicaid UPL rules.
57 6 remain at the rates in effect on June 30, 2017, subject to	
57 7 Medicaid program upper payment limit rules, and adjusted	
57 8 as necessary to maintain expenditures within the amount	
57 9 appropriated to the department for this purpose for the fiscal	
57 10 year.	
57 11 (3) For the fiscal year beginning July 1, 2017, the graduate	Requires the rate of reimbursement for the Graduate Medical
57 12 medical education and disproportionate share hospital fund	Education and Disproportionate Share Hospital Fund to remain at the
57 13 shall remain at the amount in effect on June 30, 2017, except	rate in effect in FY 2017.
57 14 that the portion of the fund attributable to graduate medical	
57 15 education shall be reduced in an amount that reflects the	
57 16 elimination of graduate medical education payments made to	
57 17 out-of-state hospitals.	

57 18 (4) In order to ensure the efficient use of limited state 57 19 funds in procuring health care services for low-income lowans, 57 20 funds appropriated in this Act for hospital services shall 57 21 not be used for activities which would be excluded from a 57 22 determination of reasonable costs under the federal Medicare 57 23 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.
57 24 d. For the fiscal year beginning July 1, 2017, reimbursement 57 25 rates for hospices and acute mental hospitals shall be 57 26 increased in accordance with increases under the federal 57 27 Medicare program or as supported by their Medicare audited 57 28 costs.	Requires hospice services and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2018.
57 29 e. For the fiscal year beginning July 1, 2017, independent 57 30 laboratories and rehabilitation agencies shall be reimbursed 57 31 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 32 f. (1) For the fiscal year beginning July 1, 2017, 57 33 reimbursement rates for home health agencies shall continue to 57 34 be based on the Medicare low utilization payment adjustment 57 35 (LUPA) methodology with state geographic wage adjustments. 58 1 The department shall continue to update the rates every two 58 2 years to reflect the most recent Medicare LUPA rates to the 58 3 extent possible within the state funding appropriated for this 58 4 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.
58 5 (2) For the fiscal year beginning July 1, 2017, rates for 58 6 private duty nursing and personal care services under the early 58 7 and periodic screening, diagnostic, and treatment program 58 8 benefit shall be calculated based on the methodology in effect 58 9 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.
58 10 g. For the fiscal year beginning July 1, 2017, federally 58 11 qualified health centers and rural health clinics shall receive 58 12 cost-based reimbursement for 100 percent of the reasonable 58 13 costs for the provision of services to recipients of medical 58 14 assistance.	Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.
58 15 h. For the fiscal year beginning July 1, 2017, the 58 16 reimbursement rates for dental services shall remain at the 58 17 rates in effect on June 30, 2017.	Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2017.
58 18 i. (1) For the fiscal year beginning July 1, 2017, 58 19 reimbursement rates for non-state-owned psychiatric medical 58 20 institutions for children shall be based on the reimbursement 58 21 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.

58 22 (2) As a condition of participation in the medical 58 23 assistance program, enrolled providers shall accept the medical 58 24 assistance reimbursement rate for any covered goods or services 58 25 provided to recipients of medical assistance who are children 58 26 under the custody of a psychiatric medical institution for 58 27 children.	Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.
58 28 j. For the fiscal year beginning July 1, 2017, unless 58 29 otherwise specified in this Act, all noninstitutional medical 58 30 assistance provider reimbursement rates shall remain at the 58 31 rates in effect on June 30, 2017, except for area education 58 32 agencies, local education agencies, infant and toddler 58 33 services providers, home and community-based services providers 58 34 including consumer-directed attendant care providers under a 58 35 section 1915(c) or 1915(i) waiver, targeted case management 59 1 providers, and those providers whose rates are required to be 59 2 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.
59 3 k. Notwithstanding any provision to the contrary, for the 59 4 fiscal year beginning July 1, 2017, the reimbursement rate 59 5 for anesthesiologists shall be adjusted to implement the cost 59 6 containment strategies authorized for the medical assistance 59 7 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.
59 8 l. Notwithstanding section 249A.20, for the fiscal year 59 9 beginning July 1, 2017, the average reimbursement rate for 59 10 health care providers eligible for use of the federal Medicare 59 11 resource-based relative value scale reimbursement methodology 59 12 under section 249A.20 shall remain at the rate in effect on 59 13 June 30, 2017; however, this rate shall not exceed the maximum 59 14 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.
59 15 m. For the fiscal year beginning July 1, 2017, the 59 16 reimbursement rate for residential care facilities shall not 59 17 be less than the minimum payment level as established by the 59 18 federal government to meet the federally mandated maintenance 59 19 of effort requirement. The flat reimbursement rate for 59 20 facilities electing not to file annual cost reports shall not 59 21 be less than the minimum payment level as established by the 59 22 federal government to meet the federally mandated maintenance 59 23 of effort requirement.	Requires the reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.
59 24 n. For the fiscal year beginning July 1, 2017, the 59 25 reimbursement rates for inpatient mental health services 59 26 provided at hospitals shall remain at the rates in effect on 59 27 June 30, 2017, subject to Medicaid program upper payment limit 59 28 rules; and psychiatrists shall be reimbursed at the medical 59 29 assistance program fee-for-service rate in effect on June 30,	Requires the reimbursement rates for inpatient psychiatric hospital services to remain at the rate in effect in FY 2017.

59 30 2017.

59 31 o. For the fiscal year beginning July 1, 2017, community
 59 32 mental health centers may choose to be reimbursed for the
 59 33 services provided to recipients of medical assistance through
 59 34 either of the following options:
 59 35 (1) For 100 percent of the reasonable costs of the services.
 60 1 (2) In accordance with the alternative reimbursement rate
 60 2 methodology approved by the department of human services in
 60 3 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.

60 4 p. For the fiscal year beginning July 1, 2017, the
 60 5 reimbursement rate for providers of family planning services
 60 6 that are eligible to receive a 90 percent federal match shall
 60 7 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.

60 8 q. Unless otherwise subject to a tiered rate methodology,
 60 9 for the fiscal year beginning July 1, 2017, the upper
 60 10 limits and reimbursement rates for providers of home and
 60 11 community-based services waiver services shall be reimbursed
 60 12 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.

60 13 r. For the fiscal year beginning July 1, 2017, the
 60 14 reimbursement rates for emergency medical service providers
 60 15 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.

60 16 s. For the fiscal year beginning July 1, 2017, reimbursement
 60 17 rates for substance-related disorder treatment programs
 60 18 licensed under section 125.13 shall remain at the rates in
 60 19 effect on June 30, 2017.

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

60 20 2. For the fiscal year beginning July 1, 2017, the
 60 21 reimbursement rate for providers reimbursed under the
 60 22 in-home-related care program shall not be less than the minimum
 60 23 payment level as established by the federal government to meet
 60 24 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.

60 25 3. Unless otherwise directed in this section, when the
 60 26 department's reimbursement methodology for any provider
 60 27 reimbursed in accordance with this section includes an
 60 28 inflation factor, this factor shall not exceed the amount
 60 29 by which the consumer price index for all urban consumers
 60 30 increased during the calendar year ending December 31, 2002.

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

60 31 4. Notwithstanding section 234.38, for the fiscal
 60 32 year beginning July 1, 2017, the foster family basic daily
 60 33 maintenance rate and the maximum adoption subsidy rate for
 60 34 children ages 0 through 5 years shall be \$16.78, the rate for
 60 35 children ages 6 through 11 years shall be \$17.45, the rate for

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.

61 1 children ages 12 through 15 years shall be \$19.10, and the
 61 2 rate for children and young adults ages 16 and older shall
 61 3 be \$19.35. For youth ages 18 to 21 who have exited foster
 61 4 care, the preparation for adult living program maintenance rate
 61 5 shall be \$602.70 per month. The maximum payment for adoption
 61 6 subsidy nonrecurring expenses shall be limited to \$500 and the
 61 7 disallowance of additional amounts for court costs and other
 61 8 related legal expenses implemented pursuant to 2010 Iowa Acts,
 61 9 chapter 1031, section 408, shall be continued.

61 10 5. For the fiscal year beginning July 1, 2017, the maximum
 61 11 reimbursement rates for social services providers under
 61 12 contract shall remain at the rates in effect on June 30, 2017,
 61 13 or the provider's actual and allowable cost plus inflation for
 61 14 each service, whichever is less. However, if a new service
 61 15 or service provider is added after June 30, 2017, the initial
 61 16 reimbursement rate for the service or provider shall be based
 61 17 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.

61 18 6. a. For the fiscal year beginning July 1, 2017, the
 61 19 reimbursement rates for resource family recruitment and
 61 20 retention contractors shall be established by contract.
 61 21 b. For the fiscal year beginning July 1, 2017, the
 61 22 reimbursement rates for supervised apartment living foster care
 61 23 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.

61 24 7. a. For the purposes of this subsection, "combined
 61 25 reimbursement rate" means the combined service and maintenance
 61 26 reimbursement rate for a service level under the department's
 61 27 reimbursement methodology. Effective July 1, 2017, the
 61 28 combined reimbursement rate for a group foster care service
 61 29 level shall be the amount designated in this subsection.
 61 30 However, if a group foster care provider's reimbursement rate
 61 31 for a service level as of June 30, 2017, is more than the rate
 61 32 designated in this subsection, the provider's reimbursement
 61 33 shall remain at the higher rate.
 61 34 b. Unless a group foster care provider is subject to the
 61 35 exception provided in paragraph "a", effective July 1, 2017,
 62 1 the combined reimbursement rates for the service levels under
 62 2 the department's reimbursement methodology shall be as follows:
 62 3 (1) For service level, community - D1, the daily rate shall
 62 4 be at least \$84.17.
 62 5 (2) For service level, comprehensive - D2, the daily rate
 62 6 shall be at least \$119.09.
 62 7 (3) For service level, enhanced - D3, the daily rate shall
 62 8 be at least \$131.09.

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

62 9 8. The group foster care reimbursement rates paid for

Requires the group foster care reimbursement rates paid for placement

62 10 placement of children out of state shall be calculated
 62 11 according to the same rate-setting principles as those used for
 62 12 in-state providers, unless the director of human services or
 62 13 the director's designee determines that appropriate care cannot
 62 14 be provided within the state. The payment of the daily rate
 62 15 shall be based on the number of days in the calendar month in
 62 16 which service is provided.

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.

62 17 9. a. For the fiscal year beginning July 1, 2017, the
 62 18 reimbursement rate paid for shelter care and the child welfare
 62 19 emergency services implemented to provide or prevent the need
 62 20 for shelter care shall be established by contract.

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

62 21 b. For the fiscal year beginning July 1, 2017, the combined
 62 22 service and maintenance components of the reimbursement rate
 62 23 paid for shelter care services shall be based on the financial
 62 24 and statistical report submitted to the department. The
 62 25 maximum reimbursement rate shall be \$101.83 per day. The
 62 26 department shall reimburse a shelter care provider at the
 62 27 provider's actual and allowable unit cost, plus inflation, not
 62 28 to exceed the maximum reimbursement rate.

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.

62 29 c. Notwithstanding section 232.141, subsection 8, for the
 62 30 fiscal year beginning July 1, 2017, the amount of the statewide
 62 31 average of the actual and allowable rates for reimbursement of
 62 32 juvenile shelter care homes that is utilized for the limitation
 62 33 on recovery of unpaid costs shall remain at the amount in
 62 34 effect for this purpose in the fiscal year beginning July 1,
 62 35 2016.

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

63 1 10. For the fiscal year beginning July 1, 2017, the
 63 2 department shall calculate reimbursement rates for intermediate
 63 3 care facilities for persons with an intellectual disability
 63 4 at the 80th percentile. Beginning July 1, 2017, the rate
 63 5 calculation methodology shall utilize the consumer price index
 63 6 inflation factor applicable to the fiscal year beginning July
 63 7 1, 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.

63 8 11. For the fiscal year beginning July 1, 2017, for child
 63 9 care providers reimbursed under the state child care assistance
 63 10 program, the department shall set provider reimbursement
 63 11 rates based on the rate reimbursement survey completed in
 63 12 December 2004. Effective July 1, 2017, the child care provider
 63 13 reimbursement rates shall remain at the rates in effect on June
 63 14 30, 2017. The department shall set rates in a manner so as
 63 15 to provide incentives for a nonregistered provider to become
 63 16 registered by applying the increase only to registered and
 63 17 licensed providers.

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

63 18 12. For the fiscal year beginning July 1, 2017, affected
63 19 providers or services shall be reimbursed as follows:

63 20 a. For fee-for-service claims, a rate or reimbursement
63 21 shall be calculated based on the methodology otherwise
63 22 specified in this section for the fiscal year beginning July 1,
63 23 2017, for the respective provider or service.

63 24 b. For claims subject to a managed care contract with
63 25 the exception of any provider or service to which a rate or
63 26 reimbursement increase is applicable for the fiscal year under
63 27 this section, the rate or reimbursement shall be based on the
63 28 methodology established by the managed care contract. However,
63 29 any rate or reimbursement established under such contract
63 30 shall not be lower than the rate or reimbursement floor
63 31 established by the department of human services as the managed
63 32 care organization rate or reimbursement floor for a respective
63 33 provider or service in effect on April 1, 2016.

63 34 13. Notwithstanding any provision to the contrary,
63 35 reimbursement rates and methodologies under this section may
64 1 be adjusted as necessary to implement the cost containment
64 2 strategies authorized for the medical assistance program in
64 3 this 2017 Act.

64 4 14. The department may adopt emergency rules to implement
64 5 this section.

64 6 Sec. 32. EMERGENCY RULES.

64 7 1. If specifically authorized by a provision of this
64 8 division of this Act, the department of human services or
64 9 the mental health and disability services commission may
64 10 adopt administrative rules under section 17A.4, subsection
64 11 3, and section 17A.5, subsection 2, paragraph "b", to
64 12 implement the provisions of this division of this Act and
64 13 the rules shall become effective immediately upon filing or
64 14 on a later effective date specified in the rules, unless the
64 15 effective date of the rules is delayed or the applicability
64 16 of the rules is suspended by the administrative rules review
64 17 committee. Any rules adopted in accordance with this section
64 18 shall not take effect before the rules are reviewed by the
64 19 administrative rules review committee. The delay authority
64 20 provided to the administrative rules review committee under
64 21 section 17A.4, subsection 7, and section 17A.8, subsection 9,
64 22 shall be applicable to a delay imposed under this section,
64 23 notwithstanding a provision in those sections making them
64 24 inapplicable to section 17A.5, subsection 2, paragraph "b".
64 25 Any rules adopted in accordance with the provisions of this
64 26 section shall also be published as a notice of intended action
64 27 as provided in section 17A.4.

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

Specifies that with the exception of the rate increases provided in this section, managed care rates shall be based on the methodology established by contract.

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

64 28 2. If during a fiscal year, the department of human
 64 29 services is adopting rules in accordance with this section
 64 30 or as otherwise directed or authorized by state law, and the
 64 31 rules will result in an expenditure increase beyond the amount
 64 32 anticipated in the budget process or if the expenditure was
 64 33 not addressed in the budget process for the fiscal year, the
 64 34 department shall notify the persons designated by this division
 64 35 of this Act for submission of reports, the chairpersons and
 65 1 ranking members of the committees on appropriations, and
 65 2 the department of management concerning the rules and the
 65 3 expenditure increase. The notification shall be provided at
 65 4 least 30 calendar days prior to the date notice of the rules
 65 5 is submitted to the administrative rules coordinator and the
 65 6 administrative code editor.

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.

65 7 Sec. 33. REPORTS. Any reports or other information
 65 8 required to be compiled and submitted under this Act during the
 65 9 fiscal year beginning July 1, 2017, shall be submitted to the
 65 10 chairpersons and ranking members of the joint appropriations
 65 11 subcommittee on health and human services, the legislative
 65 12 services agency, and the legislative caucus staffs on or
 65 13 before the dates specified for submission of the reports or
 65 14 information.

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.

65 15 Sec. 34. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN
 65 16 APPROPRIATIONS FY 2017-2018. Notwithstanding section 8.39,
 65 17 subsection 1, for the fiscal year beginning July 1, 2017, if
 65 18 savings resulting from the governor's Medicaid modernization
 65 19 initiative accrue to the medical contracts or children's health
 65 20 insurance program appropriation from the general fund of the
 65 21 state and not to the medical assistance appropriation from the
 65 22 general fund of the state under this division of this Act,
 65 23 such savings may be transferred to such medical assistance
 65 24 appropriation for the same fiscal year without prior written
 65 25 consent and approval of the governor and the director of the
 65 26 department of management. The department of human services
 65 27 shall report any transfers made pursuant to this section to the
 65 28 legislative services agency.

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.

65 29 Sec. 35. EFFECTIVE UPON ENACTMENT. The following
 65 30 provisions of this division of this Act, being deemed of
 65 31 immediate importance, take effect upon enactment:

65 32 1. The provision relating to section 232.141 and directing
 65 33 the state court administrator and the division administrator of
 65 34 the department of human services division of child and family
 65 35 services to make the determination, by June 15, 2017, of the
 66 1 distribution of funds allocated for the payment of the expenses

Directs the State Court Administrator and the Division Administrator of the Child and Family Services Division of the DHS to determine the distribution of funds for the State expenses of court-ordered services for juveniles by June 15, 2017.

66 2 of court-ordered services provided to juveniles which are a
 66 3 charge upon the state.

66 4 DIVISION VI
 66 5 HEALTH CARE ACCOUNTS AND FUNDS — FY 2017-2018

66 6 Sec. 36. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 66 7 appropriated from the pharmaceutical settlement account created
 66 8 in section 249A.33 to the department of human services for the
 66 9 fiscal year beginning July 1, 2017, and ending June 30, 2018,
 66 10 the following amount, or so much thereof as is necessary, to be
 66 11 used for the purpose designated:

66 12 Notwithstanding any provision of law to the contrary, to
 66 13 supplement the appropriations made in this Act for medical
 66 14 contracts under the medical assistance program for the fiscal
 66 15 year beginning July 1, 2017, and ending June 30, 2018:
 66 16 \$ 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.

66 17 Sec. 37. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 66 18 SERVICES. Notwithstanding any provision to the contrary and
 66 19 subject to the availability of funds, there is appropriated
 66 20 from the quality assurance trust fund created in section
 66 21 249L.4 to the department of human services for the fiscal year
 66 22 beginning July 1, 2017, and ending June 30, 2018, the following
 66 23 amounts, or so much thereof as is necessary, for the purposes
 66 24 designated:

66 25 To supplement the appropriation made in this Act from the
 66 26 general fund of the state to the department of human services
 66 27 for medical assistance for the same fiscal year:
 66 28 \$ 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.

66 29 Sec. 38. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 66 30 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 66 31 the contrary and subject to the availability of funds, there is
 66 32 appropriated from the hospital health care access trust fund
 66 33 created in section 249M.4 to the department of human services
 66 34 for the fiscal year beginning July 1, 2017, and ending June
 66 35 30, 2018, the following amounts, or so much thereof as is
 67 1 necessary, for the purposes designated:

67 2 To supplement the appropriation made in this Act from the
 67 3 general fund of the state to the department of human services
 67 4 for medical assistance for the same fiscal year:
 67 5 \$ 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.

67 6 Sec. 39. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 67 7 FOR FY 2017-2018. Notwithstanding section 8.33, if moneys
 67 8 appropriated for purposes of the medical assistance program for
 67 9 the fiscal year beginning July 1, 2017, and ending June 30,

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

67 10 2018, from the general fund of the state, the quality assurance
 67 11 trust fund and the hospital health care access trust fund, are
 67 12 in excess of actual expenditures for the medical assistance
 67 13 program and remain unencumbered or unobligated at the close
 67 14 of the fiscal year, the excess moneys shall not revert but
 67 15 shall remain available for expenditure for the purposes of the
 67 16 medical assistance program until the close of the succeeding
 67 17 fiscal year.

67 18 DIVISION VII
 67 19 DEPARTMENT ON AGING — FY 2018-2019
 67 20 Sec. 40. DEPARTMENT ON AGING. There is appropriated from
 67 21 the general fund of the state to the department on aging for
 67 22 the fiscal year beginning July 1, 2018, and ending June 30,
 67 23 2019, the following amount, or so much thereof as is necessary,
 67 24 to be used for the purposes designated:

67 25 For aging programs for the department on aging and area
 67 26 agencies on aging to provide citizens of Iowa who are 60 years
 67 27 of age and older with case management for frail elders, Iowa's
 67 28 aging and disabilities resource center, and other services
 67 29 which may include but are not limited to adult day services,
 67 30 respite care, chore services, information and assistance,
 67 31 and material aid, for information and options counseling for
 67 32 persons with disabilities who are 18 years of age or older,
 67 33 and for salaries, support, administration, maintenance, and
 67 34 miscellaneous purposes, and for not more than the following
 67 35 full-time equivalent positions:

68 1	.....	\$	5,521,238
68 2	.....	FTEs	27.00

68 3 1. Funds appropriated in this section may be used to
 68 4 supplement federal funds under federal regulations. To
 68 5 receive funds appropriated in this section, a local area
 68 6 agency on aging shall match the funds with moneys from other
 68 7 sources according to rules adopted by the department. Funds
 68 8 appropriated in this section may be used for elderly services
 68 9 not specifically enumerated in this section only if approved
 68 10 by an area agency on aging for provision of the service within
 68 11 the area.

68 12 2. Of the funds appropriated in this section, \$139,973 is
 68 13 transferred to the economic development authority for the Iowa
 68 14 commission on volunteer services to be used for the retired and
 68 15 senior volunteer program.

68 16 3. a. The department on aging shall establish and enforce
 68 17 procedures relating to expenditure of state and federal funds
 68 18 by area agencies on aging that require compliance with both
 68 19 state and federal laws, rules, and regulations, including but
 68 20 not limited to all of the following:

68 21 (1) Requiring that expenditures are incurred only for goods

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.

68 22 or services received or performed prior to the end of the
68 23 fiscal period designated for use of the funds.

68 24 (2) Prohibiting prepayment for goods or services not
68 25 received or performed prior to the end of the fiscal period
68 26 designated for use of the funds.

68 27 (3) Prohibiting the prepayment for goods or services
68 28 not defined specifically by good or service, time period, or
68 29 recipient.

68 30 (4) Prohibiting the establishment of accounts from which
68 31 future goods or services which are not defined specifically by
68 32 good or service, time period, or recipient, may be purchased.

68 33 b. The procedures shall provide that if any funds are
68 34 expended in a manner that is not in compliance with the
68 35 procedures and applicable federal and state laws, rules, and
69 1 regulations, and are subsequently subject to repayment, the
69 2 area agency on aging expending such funds in contravention of
69 3 such procedures, laws, rules and regulations, not the state,
69 4 shall be liable for such repayment.

69 5 4. Of the funds appropriated in this section, at least
69 6 \$125,000 shall be used to fund the unmet needs identified
69 7 through Iowa's aging and disability resource center network.

69 8 5. Of the funds appropriated in this section, at least
69 9 \$300,000 shall be used to fund home and community-based
69 10 services through the area agencies on aging that enable older
69 11 individuals to avoid more costly utilization of residential or
69 12 institutional services and remain in their own homes.

69 13 6. Of the funds appropriated in this section, \$406,268
69 14 shall be used for the purposes of chapter 231E and section
69 15 231.56A, of which \$175,000 shall be used for the office of
69 16 substitute decision maker pursuant to chapter 231E, and the
69 17 remainder shall be distributed equally to the area agencies on
69 18 aging to administer the prevention of elder abuse, neglect, and
69 19 exploitation program pursuant to section 231.56A, in accordance
69 20 with the requirements of the federal Older Americans Act of
69 21 1965, 42 U.S.C. §3001 et seq., as amended.

69 22 7. Of the funds appropriated in this section, \$375,000
69 23 shall be used to fund continuation of the aging and disability
69 24 resource center lifelong links to provide individuals and
69 25 caregivers with information and services to plan for and
69 26 maintain independence.

69 27 8. Notwithstanding section 8.39, for the fiscal year
69 28 beginning July 1, 2018, the department may transfer funds
69 29 within or between the allocations made in this division of this
69 30 Act for the same fiscal year in accordance with departmental
69 31 priorities. The department shall report any such transfers
69 32 to the individuals specified in this Act for submission of
69 33 reports. This subsection shall not be construed to prohibit
69 34 the use of existing state transfer authority for other

69 35 purposes.

70 1 DIVISION VIII
70 2 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2018-2019

70 3 Sec. 41. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
70 4 appropriated from the general fund of the state to the office
70 5 of long-term care ombudsman for the fiscal year beginning July
70 6 1, 2018, and ending June 30, 2019, the following amount, or
70 7 so much thereof as is necessary, to be used for the purposes
70 8 designated:

70 9 For salaries, support, administration, maintenance, and
70 10 miscellaneous purposes, and for not more than the following
70 11 full-time equivalent positions:
70 12 \$ 580,140
70 13 FTEs 16.00

70 14 DIVISION IX
70 15 DEPARTMENT OF PUBLIC HEALTH — FY 2018-2019

70 16 Sec. 42. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
70 17 from the general fund of the state to the department of public
70 18 health for the fiscal year beginning July 1, 2018, and ending
70 19 June 30, 2019, the following amounts, or so much thereof as is
70 20 necessary, to be used for the purposes designated:

70 21 1. ADDICTIVE DISORDERS
70 22 For reducing the prevalence of the use of tobacco, alcohol,
70 23 and other drugs, and treating individuals affected by addictive
70 24 behaviors, including gambling, and for not more than the
70 25 following full-time equivalent positions:
70 26 \$ 12,492,915
70 27 FTEs 10.00

70 28 a. (1) Of the funds appropriated in this subsection,
70 29 \$2,010,612 shall be used for the tobacco use prevention
70 30 and control initiative, including efforts at the state and
70 31 local levels, as provided in chapter 142A. The commission
70 32 on tobacco use prevention and control established pursuant
70 33 to section 142A.3 shall advise the director of public health
70 34 in prioritizing funding needs and the allocation of moneys
70 35 appropriated for the programs and initiatives. Activities
71 1 of the programs and initiatives shall be in alignment with
71 2 the United States centers for disease control and prevention
71 3 best practices for comprehensive tobacco control programs that
71 4 include the goals of preventing youth initiation of tobacco
71 5 usage, reducing exposure to secondhand smoke, and promotion
71 6 of tobacco cessation. To maximize resources, the department
71 7 shall determine if third-party sources are available to
71 8 instead provide nicotine replacement products to an applicant
71 9 prior to provision of such products to an applicant under
71 10 the initiative. The department shall track and report to
71 11 the individuals specified in this Act, any reduction in
71 12 the provision of nicotine replacement products realized by

71 13 the initiative through implementation of the prerequisite
 71 14 screening.
 71 15 (2) (a) The department shall collaborate with the
 71 16 alcoholic beverages division of the department of commerce for
 71 17 enforcement of tobacco laws, regulations, and ordinances and to
 71 18 engage in tobacco control activities approved by the division
 71 19 of tobacco use prevention and control of the department of
 71 20 public health as specified in the memorandum of understanding
 71 21 entered into between the divisions.

71 22 (b) For the fiscal year beginning July 1, 2018, and ending
 71 23 June 30, 2019, the terms of the memorandum of understanding,
 71 24 entered into between the division of tobacco use prevention
 71 25 and control of the department of public health and the
 71 26 alcoholic beverages division of the department of commerce,
 71 27 governing compliance checks conducted to ensure licensed retail
 71 28 tobacco outlet conformity with tobacco laws, regulations, and
 71 29 ordinances relating to persons under 18 years of age, shall
 71 30 continue to restrict the number of such checks to one check per
 71 31 retail outlet, and one additional check for any retail outlet
 71 32 found to be in violation during the first check.

71 33 b. Of the funds appropriated in this subsection,
 71 34 \$10,482,303 shall be used for problem gambling and
 71 35 substance-related disorder prevention, treatment, and recovery
 72 1 services, including a 24-hour helpline, public information
 72 2 resources, professional training, youth prevention, and program
 72 3 evaluation.

72 4 c. The requirement of section 123.17, subsection 5, is met
 72 5 by the appropriations and allocations made in this division of
 72 6 this Act for purposes of substance-related disorder treatment
 72 7 and addictive disorders for the fiscal year beginning July 1,
 72 8 2018.

72 9 2. HEALTHY CHILDREN AND FAMILIES

72 10 For promoting the optimum health status for children,
 72 11 adolescents from birth through 21 years of age, and families,
 72 12 and for not more than the following full-time equivalent
 72 13 positions:

72 14	\$	2,662,816
72 15	FTEs	12.00

72 16 a. Of the funds appropriated in this subsection, not more
 72 17 than \$367,420 shall be used for the healthy opportunities for
 72 18 parents to experience success (HOPES)-healthy families Iowa
 72 19 (HFI) program established pursuant to section 135.106. The
 72 20 funding shall be distributed to renew the grants that were
 72 21 provided to the grantees that operated the program during the
 72 22 fiscal year ending June 30, 2018.

72 23 b. In order to implement the legislative intent stated in
 72 24 sections 135.106 and 256I.9, that priority for home visitation
 72 25 program funding be given to programs using evidence-based or

72 26 promising models for home visitation, it is the intent of the
72 27 general assembly to phase in the funding priority in accordance
72 28 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
72 29 paragraph "0b".

72 30 c. Of the funds appropriated in this subsection, \$1,537,550
72 31 shall be used for continuation of the department's initiative
72 32 to provide for adequate developmental surveillance and
72 33 screening during a child's first five years. The funds shall
72 34 be used first to fully fund the current sites to ensure that
72 35 the sites are fully operational, with the remaining funds
73 1 to be used for expansion to additional sites. The full
73 2 implementation and expansion shall include enhancing the scope
73 3 of the initiative through collaboration with the child health
73 4 specialty clinics to promote healthy child development through
73 5 early identification and response to both biomedical and social
73 6 determinants of healthy development; by monitoring child
73 7 health metrics to inform practice, document long-term health
73 8 impacts and savings, and provide for continuous improvement
73 9 through training, education, and evaluation; and by providing
73 10 for practitioner consultation particularly for children with
73 11 behavioral conditions and needs. The department of public
73 12 health shall also collaborate with the Iowa Medicaid enterprise
73 13 and the child health specialty clinics to integrate the
73 14 activities of the first five initiative into the establishment
73 15 of patient-centered medical homes, community utilities,
73 16 accountable care organizations, and other integrated care
73 17 models developed to improve health quality and population
73 18 health while reducing health care costs. To the maximum extent
73 19 possible, funding allocated in this paragraph shall be utilized
73 20 as matching funds for medical assistance program reimbursement.

73 21 d. Of the funds appropriated in this subsection, \$32,320
73 22 shall be distributed to a statewide dental carrier to provide
73 23 funds to continue the donated dental services program patterned
73 24 after the projects developed by the lifeline network to provide
73 25 dental services to indigent individuals who are elderly or with
73 26 disabilities.

73 27 e. Of the funds appropriated in this subsection, \$78,241
73 28 shall be used to provide audiological services and hearing
73 29 aids for children. The department may enter into a contract
73 30 to administer this paragraph.

73 31 f. Of the funds appropriated in this subsection, \$11,500 is
73 32 transferred to the university of Iowa college of dentistry for
73 33 provision of primary dental services to children. State funds
73 34 shall be matched on a dollar-for-dollar basis. The university
73 35 of Iowa college of dentistry shall coordinate efforts with the
74 1 department of public health, bureau of oral and health delivery
74 2 systems, to provide dental care to underserved populations
74 3 throughout the state.

74 4 g. Of the funds appropriated in this subsection, \$25,000
 74 5 shall be used to address youth suicide prevention.
 74 6 h. Of the funds appropriated in this subsection, \$20,255
 74 7 shall be used to support the Iowa effort to address the survey
 74 8 of children who experience adverse childhood experiences known
 74 9 as ACEs.
 74 10 i. The department of public health shall continue to
 74 11 administer the program to assist parents in this state with
 74 12 costs resulting from the death of a child in accordance with
 74 13 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
 74 14 subsection 12.

74 15 3. CHRONIC CONDITIONS

74 16 For serving individuals identified as having chronic
 74 17 conditions or special health care needs, and for not more than
 74 18 the following full-time equivalent positions:
 74 19 \$ 2,085,375
 74 20 FTEs 5.00

74 21 a. Of the funds appropriated in this subsection, \$76,877
 74 22 shall be used for grants to individual patients who have an
 74 23 inherited metabolic disorder to assist with the costs of
 74 24 medically necessary foods and formula.

74 25 b. Of the funds appropriated in this subsection, \$510,397
 74 26 shall be used for the brain injury services program pursuant
 74 27 to section 135.22B, including for contracting with an existing
 74 28 nationally affiliated and statewide organization whose purpose
 74 29 is to educate, serve, and support Iowans with brain injury and
 74 30 their families for resource facilitator services in accordance
 74 31 with section 135.22B, subsection 9, and for contracting to
 74 32 enhance brain injury training and recruitment of service
 74 33 providers on a statewide basis. Of the amount allocated in
 74 34 this paragraph, \$47,500 shall be used to fund one full-time
 74 35 equivalent position to serve as the state brain injury services
 75 1 program manager.

75 2 c. Of the funds appropriated in this subsection, \$72,048
 75 3 shall be used for the public purpose of continuing to contract
 75 4 with an existing national-affiliated organization to provide
 75 5 education, client-centered programs, and client and family
 75 6 support for people living with epilepsy and their families.
 75 7 The amount allocated in this paragraph in excess of \$50,000
 75 8 shall be matched dollar-for-dollar by the organization
 75 9 specified.

75 10 d. Of the funds appropriated in this subsection, \$404,775
 75 11 shall be used for child health specialty clinics.

75 12 e. Of the funds appropriated in this subsection, \$192,276
 75 13 shall be used by the regional autism assistance program
 75 14 established pursuant to section 256.35, and administered by
 75 15 the child health specialty clinic located at the university of
 75 16 Iowa hospitals and clinics. The funds shall be used to enhance

75 17 interagency collaboration and coordination of educational,
 75 18 medical, and other human services for persons with autism,
 75 19 their families, and providers of services, including delivering
 75 20 regionalized services of care coordination, family navigation,
 75 21 and integration of services through the statewide system of
 75 22 regional child health specialty clinics and fulfilling other
 75 23 requirements as specified in chapter 225D. The university of
 75 24 Iowa shall not receive funds allocated under this paragraph for
 75 25 indirect costs associated with the regional autism assistance
 75 26 program.

75 27 f. Of the funds appropriated in this subsection, \$288,687
 75 28 shall be used for the comprehensive cancer control program to
 75 29 reduce the burden of cancer in Iowa through prevention, early
 75 30 detection, effective treatment, and ensuring quality of life.

75 31 Of the funds allocated in this paragraph "f", \$75,000 shall
 75 32 be used to support a melanoma research symposium, a melanoma
 75 33 biorepository and registry, basic and translational melanoma
 75 34 research, and clinical trials.

75 35 g. Of the funds appropriated in this subsection, \$48,766
 76 1 shall be used for cervical and colon cancer screening, and
 76 2 \$88,860 shall be used to enhance the capacity of the cervical
 76 3 cancer screening program to include provision of recommended
 76 4 prevention and early detection measures to a broader range of
 76 5 low-income women.

76 6 h. Of the funds appropriated in this subsection, \$253,177
 76 7 shall be used for the center for congenital and inherited
 76 8 disorders.

76 9 i. Of the funds appropriated in this subsection,
 76 10 \$107,631 shall be used by the department of public health
 76 11 for reform-related activities, including but not limited to
 76 12 facilitation of communication to stakeholders at the state and
 76 13 local level, administering the patient-centered health advisory
 76 14 council pursuant to section 135.159, and involvement in health
 76 15 care system innovation activities occurring across the state.

76 16 j. Of the funds appropriated in this subsection, \$11,050
 76 17 shall be used for administration of chapter 124D, the medical
 76 18 cannabidiol Act.

76 19 4. COMMUNITY CAPACITY

76 20 For strengthening the health care delivery system at the
 76 21 local level, and for not more than the following full-time
 76 22 equivalent positions:

76 23	.....	\$	1,453,888
76 24	.....	FTEs	13.00

76 25 a. Of the funds appropriated in this subsection, \$47,787
 76 26 is allocated for continuation of the child vision screening
 76 27 program implemented through the university of Iowa hospitals
 76 28 and clinics in collaboration with early childhood Iowa areas.
 76 29 The program shall submit a report to the individuals identified

76 30 in this Act for submission of reports regarding the use of
76 31 funds allocated under this paragraph "a". The report shall
76 32 include the objectives and results for the program year
76 33 including the target population and how the funds allocated
76 34 assisted the program in meeting the objectives; the number,
76 35 age, and location within the state of individuals served;
77 1 the type of services provided to the individuals served; the
77 2 distribution of funds based on service provided; and the
77 3 continuing needs of the program.

77 4 b. Of the funds appropriated in this subsection, \$52,828 is
77 5 allocated for continuation of an initiative implemented at the
77 6 university of Iowa to expand and improve the workforce engaged
77 7 in mental health treatment and services. The initiative shall
77 8 receive input from the university of Iowa, the department of
77 9 human services, the department of public health, and the mental
77 10 health and disability services commission to address the focus
77 11 of the initiative.

77 12 c. Of the funds appropriated in this section, \$41,657 shall
77 13 be deposited in the governmental public health system fund
77 14 created in section 135A.8 to be used for the purposes of the
77 15 fund.

77 16 d. Of the funds appropriated in this subsection,
77 17 \$24,034 shall be used for a grant to a statewide association
77 18 of psychologists that is affiliated with the American
77 19 psychological association to be used for continuation of a
77 20 program to rotate intern psychologists in placements in urban
77 21 and rural mental health professional shortage areas, as defined
77 22 in section 135.180.

77 23 e. Of the funds appropriated in this subsection, the
77 24 following amounts are allocated to be used as follows to
77 25 support the Iowa collaborative safety net provider network
77 26 goals of increased access, health system integration, and
77 27 engagement.

77 28 (1) Not less than \$260,931 is allocated to the Iowa
77 29 prescription drug corporation for continuation of the
77 30 pharmaceutical infrastructure for safety net providers as
77 31 described in 2007 Iowa Acts, chapter 218, section 108, and for
77 32 the prescription drug donation repository program created in
77 33 chapter 135M.

77 34 (2) Not less than \$167,435 is allocated to free clinics and
77 35 free clinics of Iowa for necessary infrastructure, statewide
78 1 coordination, provider recruitment, service delivery, and
78 2 provision of assistance to patients in securing a medical home
78 3 inclusive of oral health care.

78 4 (3) Not less than \$12,500 is allocated to the Iowa
78 5 association of rural health clinics for necessary
78 6 infrastructure and service delivery transformation.

78 7 (4) Not less than \$50,000 is allocated to the Polk county

78 8 medical society for continuation of the safety net provider
78 9 patient access to a specialty health care initiative as
78 10 described in 2007 Iowa Acts, chapter 218, section 109.
78 11 f. Of the funds appropriated in this subsection,
78 12 \$38,115 shall be used by the department in implementing
78 13 the recommendations in the final report submitted by the
78 14 direct care worker advisory council to the governor and the
78 15 general assembly in March 2012, including by continuing to
78 16 develop, promote, and make available on a statewide basis the
78 17 prepare-to-care core curriculum and its associated modules
78 18 and specialties through various formats including online
78 19 access, community colleges, and other venues; exploring new and
78 20 maintaining existing specialties including but not limited to
78 21 oral health and dementia care; supporting instructor training;
78 22 and assessing and making recommendations concerning the Iowa
78 23 care book and information technology systems and infrastructure
78 24 uses and needs.
78 25 g. Of the funds appropriated in this subsection, \$95,594
78 26 shall be allocated for continuation of the contract with
78 27 an independent statewide direct care worker organization
78 28 previously selected through a request for proposals process.
78 29 The contract shall continue to include performance and outcomes
78 30 measures, and shall continue to allow the contractor to use a
78 31 portion of the funds received under the contract to collect
78 32 data to determine results based on the performance and outcomes
78 33 measures.
78 34 h. Of the funds appropriated in this subsection, the
78 35 department may use up to \$29,087 for up to one full-time
79 1 equivalent position to administer the volunteer health care
79 2 provider program pursuant to section 135.24.
79 3 i. Of the funds appropriated in this subsection, \$48,069
79 4 shall be used for a matching dental education loan repayment
79 5 program to be allocated to a dental nonprofit health service
79 6 corporation to continue to develop the criteria and implement
79 7 the loan repayment program.
79 8 j. Of the funds appropriated in this subsection, \$26,455 is
79 9 transferred to the college student aid commission for deposit
79 10 in the rural Iowa primary care trust fund created in section
79 11 261.113 to be used for the purposes of the fund.
79 12 k. Of the funds appropriated in this subsection, \$75,000
79 13 shall be used for the purposes of the Iowa donor registry as
79 14 specified in section 142C.18.
79 15 l. Of the funds appropriated in this subsection, \$48,069
79 16 shall be used for continuation of a grant to a nationally
79 17 affiliated volunteer eye organization that has an established
79 18 program for children and adults and that is solely dedicated to
79 19 preserving sight and preventing blindness through education,
79 20 nationally certified vision screening and training, and

79 21 community and patient service programs. The organization
 79 22 shall submit a report to the individuals identified in this
 79 23 Act for submission of reports regarding the use of funds
 79 24 allocated under this paragraph "1". The report shall include
 79 25 the objectives and results for the program year including
 79 26 the target population and how the funds allocated assisted
 79 27 the program in meeting the objectives; the number, age, and
 79 28 location within the state of individuals served; the type of
 79 29 services provided to the individuals served; the distribution
 79 30 of funds based on services provided; and the continuing needs
 79 31 of the program.

79 32 m. Of the funds appropriated in this subsection, \$436,327
 79 33 shall be deposited in the medical residency training account
 79 34 created in section 135.175, subsection 5, paragraph "a", and
 79 35 is appropriated from the account to the department of public
 80 1 health to be used for the purposes of the medical residency
 80 2 training state matching grants program as specified in section
 80 3 135.176.

80 4 5. ESSENTIAL PUBLIC HEALTH SERVICES

80 5 To provide public health services that reduce risks and
 80 6 invest in promoting and protecting good health over the
 80 7 course of a lifetime with a priority given to older lowans and
 80 8 vulnerable populations:

80 9 \$ 4,098,939

80 10 6. INFECTIOUS DISEASES

80 11 For reducing the incidence and prevalence of communicable
 80 12 diseases, and for not more than the following full-time
 80 13 equivalent positions:

80 14 \$ 823,213

80 15 FTEs 4.00

80 16 7. PUBLIC PROTECTION

80 17 For protecting the health and safety of the public through
 80 18 establishing standards and enforcing regulations, and for not
 80 19 more than the following full-time equivalent positions:

80 20 \$ 2,097,569

80 21 FTEs 138.00

80 22 a. Of the funds appropriated in this subsection, not more
 80 23 than \$152,350 shall be credited to the emergency medical
 80 24 services fund created in section 135.25. Moneys in the
 80 25 emergency medical services fund are appropriated to the
 80 26 department to be used for the purposes of the fund.

80 27 b. Of the funds appropriated in this subsection, up
 80 28 to \$121,630 shall be used for sexual violence prevention
 80 29 programming through a statewide organization representing
 80 30 programs serving victims of sexual violence through the
 80 31 department's sexual violence prevention program, and for
 80 32 continuation of a training program for sexual assault
 80 33 response team (SART) members, including representatives of

80 34 law enforcement, victim advocates, prosecutors, and certified
 80 35 medical personnel. The amount allocated in this paragraph "b"
 81 1 shall not be used to supplant funding administered for other
 81 2 sexual violence prevention or victims assistance programs.

81 3 c. Of the funds appropriated in this subsection, up to
 81 4 \$287,813 shall be used for the state poison control center.
 81 5 Pursuant to the directive under 2014 Iowa Acts, chapter
 81 6 1140, section 102, the federal matching funds available to
 81 7 the state poison control center from the department of human
 81 8 services under the federal Children's Health Insurance Program
 81 9 Reauthorization Act allotment shall be subject to the federal
 81 10 administrative cap rule of 10 percent applicable to funding
 81 11 provided under Tit.XXI of the federal Social Security Act and
 81 12 included within the department's calculations of the cap.

81 13 d. Of the funds appropriated in this subsection, up to
 81 14 \$258,491 shall be used for childhood lead poisoning provisions.

81 15 8. RESOURCE MANAGEMENT

81 16 For establishing and sustaining the overall ability of the
 81 17 department to deliver services to the public, and for not more
 81 18 than the following full-time equivalent positions:

81 19	\$	485,607
81 20	FTEs	4.00

81 21 9. MISCELLANEOUS PROVISIONS

81 22 The university of Iowa hospitals and clinics under the
 81 23 control of the state board of regents shall not receive
 81 24 indirect costs from the funds appropriated in this section.
 81 25 The university of Iowa hospitals and clinics billings to the
 81 26 department shall be on at least a quarterly basis.

81 27 10. GENERAL REDUCTION

81 28 For the period beginning July 1, 2018, and ending June 30,
 81 29 2019, the department of public health, in consultation with
 81 30 the department of management, shall identify and implement a
 81 31 reduction in expenditures made from appropriations from the
 81 32 general fund of the state to the department of public health in
 81 33 the amount of \$640,683.

81 34 11. TRANSFERS

81 35 Notwithstanding section 8.39, for the fiscal year beginning
 82 1 July 1, 2018, the department may transfer funds within or
 82 2 between any of the allocations or appropriations made in this
 82 3 division of this Act for the same fiscal year, to be used in
 82 4 accordance with departmental priorities as specified in the
 82 5 department's report to the general assembly submitted pursuant
 82 6 to 2016 Iowa Acts, chapter 1139, section 3. The department
 82 7 shall report any such transfers to the individuals specified
 82 8 in this Act for submission of reports. This subsection shall
 82 9 not be construed to prohibit the use of existing state transfer
 82 10 authority for other purposes.

82 12 DEPARTMENT OF VETERANS AFFAIRS — FY 2018-2019

82 13 Sec. 43. DEPARTMENT OF VETERANS AFFAIRS. There is
82 14 appropriated from the general fund of the state to the
82 15 department of veterans affairs for the fiscal year beginning
82 16 July 1, 2018, and ending June 30, 2019, the following amounts,
82 17 or so much thereof as is necessary, to be used for the purposes
82 18 designated:

82 19 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

82 20 For salaries, support, maintenance, and miscellaneous
82 21 purposes, and for not more than the following full-time
82 22 equivalent positions:

82 23 \$ 571,278

82 24 FTEs 15.00

82 25 2. IOWA VETERANS HOME

82 26 For salaries, support, maintenance, and miscellaneous
82 27 purposes:

82 28 \$ 3,614,070

82 29 a. The Iowa veterans home billings involving the department
82 30 of human services shall be submitted to the department on at
82 31 least a monthly basis.

82 32 b. Within available resources and in conformance with
82 33 associated state and federal program eligibility requirements,
82 34 the Iowa veterans home may implement measures to provide
82 35 financial assistance to or on behalf of veterans or their
83 1 spouses who are participating in the community reentry program.

83 2 c. The Iowa veterans home expenditure report shall be
83 3 submitted monthly to the legislative services agency.

83 4 d. The Iowa veterans home shall continue to include in the
83 5 annual discharge report applicant information and to provide
83 6 for the collection of demographic information including but not
83 7 limited to the number of individuals applying for admission and
83 8 admitted or denied admittance and the basis for the admission
83 9 or denial; the age, gender, and race of such individuals;
83 10 and the level of care for which such individuals applied for
83 11 admission including residential or nursing level of care.

83 12 3. HOME OWNERSHIP ASSISTANCE PROGRAM

83 13 For transfer to the Iowa finance authority for the
83 14 continuation of the home ownership assistance program for
83 15 persons who are or were eligible members of the armed forces of
83 16 the United States, pursuant to section 16.54:

83 17 \$ 1,000,000

83 18 Sec. 44. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
83 19 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
83 20 standing appropriation in section 35A.16 for the fiscal year
83 21 beginning July 1, 2018, and ending June 30, 2019, the amount
83 22 appropriated from the general fund of the state pursuant to
83 23 that section for the following designated purposes shall not
83 24 exceed the following amount:

83 25 For the county commissions of veteran affairs fund under
83 26 section 35A.16:
83 27 \$ 473,962
83 28 DIVISION XI
83 29 DEPARTMENT OF HUMAN SERVICES — FY 2018-2019
83 30 Sec. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
83 31 GRANT. There is appropriated from the fund created in section
83 32 8.41 to the department of human services for the fiscal year
83 33 beginning July 1, 2018, and ending June 30, 2019, from moneys
83 34 received under the federal temporary assistance for needy
83 35 families (TANF) block grant pursuant to the federal Personal
84 1 Responsibility and Work Opportunity Reconciliation Act of 1996,
84 2 Pub.L.No.104-193, and successor legislation, the following
84 3 amounts, or so much thereof as is necessary, to be used for the
84 4 purposes designated:
84 5 1. To be credited to the family investment program account
84 6 and used for assistance under the family investment program
84 7 under chapter 239B:
84 8 \$ 2,556,231
84 9 2. To be credited to the family investment program account
84 10 and used for the job opportunities and basic skills (JOBS)
84 11 program and implementing family investment agreements in
84 12 accordance with chapter 239B:
84 13 \$ 2,787,846
84 14 3. To be used for the family development and
84 15 self-sufficiency grant program in accordance with section
84 16 216A.107:
84 17 \$ 1,449,490
84 18 Notwithstanding section 8.33, moneys appropriated in this
84 19 subsection that remain unencumbered or unobligated at the close
84 20 of the fiscal year shall not revert but shall remain available
84 21 for expenditure for the purposes designated until the close of
84 22 the succeeding fiscal year. However, unless such moneys are
84 23 encumbered or obligated on or before September 30, 2019, the
84 24 moneys shall revert.
84 25 4. For field operations:
84 26 \$ 15,648,116
84 27 5. For general administration:
84 28 \$ 1,872,000
84 29 6. For state child care assistance:
84 30 \$ 23,933,413
84 31 a. Of the funds appropriated in this subsection,
84 32 \$13,164,048 is transferred to the child care and development
84 33 block grant appropriation made by the Eighty-seventh General
84 34 Assembly, 2018 session, for the federal fiscal year beginning
84 35 October 1, 2018, and ending September 30, 2019. Of this
85 1 amount, \$100,000 shall be used for provision of educational
85 2 opportunities to registered child care home providers in order

85 3 to improve services and programs offered by this category
 85 4 of providers and to increase the number of providers. The
 85 5 department may contract with institutions of higher education
 85 6 or child care resource and referral centers to provide
 85 7 the educational opportunities. Allowable administrative
 85 8 costs under the contracts shall not exceed 5 percent. The
 85 9 application for a grant shall not exceed two pages in length.

85 10 b. Any funds appropriated in this subsection remaining
 85 11 unallocated shall be used for state child care assistance
 85 12 payments for families who are employed including but not
 85 13 limited to individuals enrolled in the family investment
 85 14 program.

85 15 7. For child and family services:
 85 16 \$ 16,190,327

85 17 8. For child abuse prevention grants:
 85 18 \$ 62,500

85 19 9. For pregnancy prevention grants on the condition that
 85 20 family planning services are funded:
 85 21 \$ 965,033

85 22 Pregnancy prevention grants shall be awarded to programs
 85 23 in existence on or before July 1, 2018, if the programs have
 85 24 demonstrated positive outcomes. Grants shall be awarded to
 85 25 pregnancy prevention programs which are developed after July
 85 26 1, 2018, if the programs are based on existing models that
 85 27 have demonstrated positive outcomes. Grants shall comply with
 85 28 the requirements provided in 1997 Iowa Acts, chapter 208,
 85 29 section 14, subsections 1 and 2, including the requirement that
 85 30 grant programs must emphasize sexual abstinence. Priority in
 85 31 the awarding of grants shall be given to programs that serve
 85 32 areas of the state which demonstrate the highest percentage of
 85 33 unplanned pregnancies of females of childbearing age within the
 85 34 geographic area to be served by the grant.

85 35 10. For technology needs and other resources necessary
 86 1 to meet federal welfare reform reporting, tracking, and case
 86 2 management requirements:
 86 3 \$ 518,593

86 4 11. a. Notwithstanding any provision to the contrary,
 86 5 including but not limited to requirements in section 8.41 or
 86 6 provisions in 2017 or 2018 Iowa Acts regarding the receipt and
 86 7 appropriation of federal block grants, federal funds from the
 86 8 temporary assistance for needy families block grant received by
 86 9 the state and not otherwise appropriated in this section and
 86 10 remaining available for the fiscal year beginning July 1, 2018,
 86 11 are appropriated to the department of human services to the
 86 12 extent as may be necessary to be used in the following priority
 86 13 order:the family investment program, for state child care
 86 14 assistance program payments for families who are employed, and
 86 15 for the family investment program share of costs to develop and

86 16 maintain a new, integrated eligibility determination system.
 86 17 The federal funds appropriated in this paragraph "a" shall be
 86 18 expended only after all other funds appropriated in subsection
 86 19 1 for assistance under the family investment program, in
 86 20 subsection 6 for child care assistance, or in subsection 10
 86 21 for technology costs related to the family investment program,
 86 22 as applicable, have been expended. For the purposes of this
 86 23 subsection, the funds appropriated in subsection 6, paragraph
 86 24 "a", for transfer to the child care and development block grant
 86 25 appropriation are considered fully expended when the full
 86 26 amount has been transferred.

86 27 b. The department shall, on a quarterly basis, advise the
 86 28 legislative services agency and department of management of
 86 29 the amount of funds appropriated in this subsection that was
 86 30 expended in the prior quarter.

86 31 12. Of the amounts appropriated in this section, \$6,481,004
 86 32 for the fiscal year beginning July 1, 2018, is transferred to
 86 33 the appropriation of the federal social services block grant
 86 34 made to the department of human services for that fiscal year.

86 35 13. For continuation of the program providing categorical
 87 1 eligibility for the food assistance program as specified
 87 2 for the program in the section of this division of this Act
 87 3 relating to the family investment program account:
 87 4 \$ 12,500

87 5 14. The department may transfer funds allocated in this
 87 6 section to the appropriations made in this division of this Act
 87 7 for the same fiscal year for general administration and field
 87 8 operations for resources necessary to implement and operate the
 87 9 services referred to in this section and those funded in the
 87 10 appropriation made in this division of this Act for the same
 87 11 fiscal year for the family investment program from the general
 87 12 fund of the state.

87 13 15. With the exception of moneys allocated under this
 87 14 section for the family development and self-sufficiency grant
 87 15 program, to the extent moneys allocated in this section are
 87 16 deemed by the department not to be necessary to support the
 87 17 purposes for which they are allocated, such moneys may be
 87 18 credited to the family investment program account as specified
 87 19 under subsection 1 of this section and used for the purposes of
 87 20 assistance under the family investment program under chapter
 87 21 239B in the same fiscal year.

87 22 Sec. 46. FAMILY INVESTMENT PROGRAM ACCOUNT.

87 23 1. Moneys credited to the family investment program (FIP)
 87 24 account for the fiscal year beginning July 1, 2018, and
 87 25 ending June 30, 2019, shall be used to provide assistance in
 87 26 accordance with chapter 239B.

87 27 2. The department may use a portion of the moneys credited
 87 28 to the FIP account under this section as necessary for

87 29 salaries, support, maintenance, and miscellaneous purposes.
 87 30 3. The department may transfer funds allocated in
 87 31 subsection 4 to the appropriations made in this division of
 87 32 this Act for the same fiscal year for general administration
 87 33 and field operations for resources necessary to implement and
 87 34 operate the family investment program services referred to in
 87 35 this section and those funded in the appropriation made in this
 88 1 division of this Act for the same fiscal year for the family
 88 2 investment program from the general fund of the state.

88 3 4. Moneys appropriated in this division of this Act and
 88 4 credited to the FIP account for the fiscal year beginning July
 88 5 1, 2018, and ending June 30, 2019, are allocated as follows:

88 6 a. To be retained by the department of human services to
 88 7 be used for coordinating with the department of human rights
 88 8 to more effectively serve participants in FIP and other shared
 88 9 clients and to meet federal reporting requirements under the
 88 10 federal temporary assistance for needy families block grant:
 88 11 \$ 10,000

88 12 b. To the department of human rights for staffing,
 88 13 administration, and implementation of the family development
 88 14 and self-sufficiency grant program in accordance with section
 88 15 216A.107:
 88 16 \$ 3,096,417

88 17 (1) Of the funds allocated for the family development
 88 18 and self-sufficiency grant program in this paragraph "b",
 88 19 not more than 5 percent of the funds shall be used for the
 88 20 administration of the grant program.

88 21 (2) The department of human rights may continue to implement
 88 22 the family development and self-sufficiency grant program
 88 23 statewide during fiscal year 2018-2019.

88 24 (3) The department of human rights may engage in activities
 88 25 to strengthen and improve family outcomes measures and
 88 26 data collection systems under the family development and
 88 27 self-sufficiency grant program.

88 28 c. For the diversion subaccount of the FIP account:
 88 29 \$ 407,500

88 30 A portion of the moneys allocated for the subaccount may
 88 31 be used for field operations, salaries, data management
 88 32 system development, and implementation costs and support
 88 33 deemed necessary by the director of human services in order to
 88 34 administer the FIP diversion program. To the extent moneys
 88 35 allocated in this paragraph "c" are deemed by the department
 89 1 not to be necessary to support diversion activities, such
 89 2 moneys may be used for other efforts intended to increase
 89 3 engagement by family investment program participants in work,
 89 4 education, or training activities, or for the purposes of
 89 5 assistance under the family investment program in accordance
 89 6 with chapter 239B.

89 7 d. For the food assistance employment and training program:
 89 8 \$ 33,294

89 9 (1) The department shall apply the federal supplemental
 89 10 nutrition assistance program (SNAP) employment and training
 89 11 state plan in order to maximize to the fullest extent permitted
 89 12 by federal law the use of the 50 percent federal reimbursement
 89 13 provisions for the claiming of allowable federal reimbursement
 89 14 funds from the United States department of agriculture
 89 15 pursuant to the federal SNAP employment and training program
 89 16 for providing education, employment, and training services
 89 17 for eligible food assistance program participants, including
 89 18 but not limited to related dependent care and transportation
 89 19 expenses.

89 20 (2) The department shall continue the categorical federal
 89 21 food assistance program eligibility at 160 percent of the
 89 22 federal poverty level and continue to eliminate the asset test
 89 23 from eligibility requirements, consistent with federal food
 89 24 assistance program requirements. The department shall include
 89 25 as many food assistance households as is allowed by federal
 89 26 law. The eligibility provisions shall conform to all federal
 89 27 requirements including requirements addressing individuals who
 89 28 are incarcerated or otherwise ineligible.

89 29 e. For the JOBS program:
 89 30 \$ 6,761,645

89 31 5. Of the child support collections assigned under FIP,
 89 32 an amount equal to the federal share of support collections
 89 33 shall be credited to the child support recovery appropriation
 89 34 made in this division of this Act. Of the remainder of the
 89 35 assigned child support collections received by the child
 90 1 support recovery unit, a portion shall be credited to the FIP
 90 2 account, a portion may be used to increase recoveries, and a
 90 3 portion may be used to sustain cash flow in the child support
 90 4 payments account. If as a consequence of the appropriations
 90 5 and allocations made in this section the resulting amounts
 90 6 are insufficient to sustain cash assistance payments and meet
 90 7 federal maintenance of effort requirements, the department
 90 8 shall seek supplemental funding. If child support collections
 90 9 assigned under FIP are greater than estimated or are otherwise
 90 10 determined not to be required for maintenance of effort, the
 90 11 state share of either amount may be transferred to or retained
 90 12 in the child support payments account.

90 13 6. The department may adopt emergency rules for the family
 90 14 investment, JOBS, food assistance, and medical assistance
 90 15 programs if necessary to comply with federal requirements.

90 16 Sec. 47. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 90 17 is appropriated from the general fund of the state to the
 90 18 department of human services for the fiscal year beginning July
 90 19 1, 2018, and ending June 30, 2019, the following amount, or

90 20 so much thereof as is necessary, to be used for the purpose
90 21 designated:

90 22 To be credited to the family investment program (FIP)
90 23 account and used for family investment program assistance under
90 24 chapter 239B:

90 25 \$ 21,502,240

90 26 1. Of the funds appropriated in this section, \$3,973,798 is
90 27 allocated for the JOBS program.

90 28 2. Of the funds appropriated in this section, \$1,656,927 is
90 29 allocated for the family development and self-sufficiency grant
90 30 program.

90 31 3. Notwithstanding section 8.39, for the fiscal year
90 32 beginning July 1, 2018, if necessary to meet federal
90 33 maintenance of effort requirements or to transfer federal
90 34 temporary assistance for needy families block grant funding
90 35 to be used for purposes of the federal social services block
91 1 grant or to meet cash flow needs resulting from delays in
91 2 receiving federal funding or to implement, in accordance with
91 3 this division of this Act, activities currently funded with
91 4 juvenile court services, county, or community moneys and state
91 5 moneys used in combination with such moneys; to comply with
91 6 federal requirements; or to maximize the use of federal funds,
91 7 the department of human services may transfer funds within or
91 8 between any of the appropriations made in this division of this
91 9 Act and appropriations in law for the federal social services
91 10 block grant to the department for the following purposes,
91 11 provided that the combined amount of state and federal
91 12 temporary assistance for needy families block grant funding
91 13 for each appropriation remains the same before and after the
91 14 transfer:

91 15 a. For the family investment program.
91 16 b. For child care assistance.
91 17 c. For child and family services.
91 18 d. For field operations.
91 19 e. For general administration.

91 20 This subsection shall not be construed to prohibit the use
91 21 of existing state transfer authority for other purposes. The
91 22 department shall report any transfers made pursuant to this
91 23 subsection to the legislative services agency.

91 24 4. Of the funds appropriated in this section, \$97,839 shall
91 25 be used for continuation of a grant to an Iowa-based nonprofit
91 26 organization with a history of providing tax preparation
91 27 assistance to low-income Iowans in order to expand the usage of
91 28 the earned income tax credit. The purpose of the grant is to
91 29 supply this assistance to underserved areas of the state.

91 30 5. Of the funds appropriated in this section, \$30,000 shall
91 31 be used for the continuation of an unfunded pilot project, as
91 32 defined in 441 IAC 100.1, relating to parental obligations,

91 33 in which the child support recovery unit participates, to
 91 34 support the efforts of a nonprofit organization committed
 91 35 to strengthening the community through youth development,
 92 1 healthy living, and social responsibility headquartered in
 92 2 a county with a population over 350,000 according to the
 92 3 latest certified federal census. The funds allocated in this
 92 4 subsection shall be used by the recipient organization to
 92 5 develop a larger community effort, through public and private
 92 6 partnerships, to support a broad-based multi-county fatherhood
 92 7 initiative that promotes payment of child support obligations,
 92 8 improved family relationships, and full-time employment.

92 9 6. The department may transfer funds appropriated in this
 92 10 section to the appropriations made in this division of this Act
 92 11 for general administration and field operations as necessary
 92 12 to administer this section and the overall family investment
 92 13 program.

92 14 Sec. 48. CHILD SUPPORT RECOVERY. There is appropriated
 92 15 from the general fund of the state to the department of human
 92 16 services for the fiscal year beginning July 1, 2018, and ending
 92 17 June 30, 2019, the following amount, or so much thereof as is
 92 18 necessary, to be used for the purposes designated:

92 19 For child support recovery, including salaries, support,
 92 20 maintenance, and miscellaneous purposes, and for not more than
 92 21 the following full-time equivalent positions:

92 22	.....	\$	6,293,317
92 23	.....	FTEs	459.00

92 24 1. The department shall expend up to \$12,164, including
 92 25 federal financial participation, for the fiscal year beginning
 92 26 July 1, 2018, for a child support public awareness campaign.
 92 27 The department and the office of the attorney general shall
 92 28 cooperate in continuation of the campaign. The public
 92 29 awareness campaign shall emphasize, through a variety of
 92 30 media activities, the importance of maximum involvement of
 92 31 both parents in the lives of their children as well as the
 92 32 importance of payment of child support obligations.

92 33 2. Federal access and visitation grant moneys shall be
 92 34 issued directly to private not-for-profit agencies that provide
 92 35 services designed to increase compliance with the child access
 93 1 provisions of court orders, including but not limited to
 93 2 neutral visitation sites and mediation services.

93 3 3. The appropriation made to the department for child
 93 4 support recovery may be used throughout the fiscal year in the
 93 5 manner necessary for purposes of cash flow management, and for
 93 6 cash flow management purposes the department may temporarily
 93 7 draw more than the amount appropriated, provided the amount
 93 8 appropriated is not exceeded at the close of the fiscal year.

93 9 4. With the exception of the funding amount specified, the
 93 10 requirements established under 2001 Iowa Acts, chapter 191,

93 11 section 3, subsection 5, paragraph "c", subparagraph (3), shall
 93 12 be applicable to parental obligation pilot projects for the
 93 13 fiscal year beginning July 1, 2018, and ending June 30, 2019.
 93 14 Notwithstanding 441 IAC 100.8, providing for termination of
 93 15 rules relating to the pilot projects, the rules shall remain
 93 16 in effect until June 30, 2019.

93 17 Sec. 49. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 93 18 FY 2018-2019. Any funds remaining in the health care trust
 93 19 fund created in section 453A.35A for the fiscal year beginning
 93 20 July 1, 2018, and ending June 30, 2019, are appropriated to
 93 21 the department of human services to supplement the medical
 93 22 assistance program appropriations made in this division of this
 93 23 Act, for medical assistance reimbursement and associated costs,
 93 24 including program administration and costs associated with
 93 25 program implementation.

93 26 Sec. 50. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 93 27 2018-2019. Any funds remaining in the Medicaid fraud fund
 93 28 created in section 249A.50 for the fiscal year beginning
 93 29 July 1, 2018, and ending June 30, 2019, are appropriated to
 93 30 the department of human services to supplement the medical
 93 31 assistance appropriations made in this division of this Act,
 93 32 for medical assistance reimbursement and associated costs,
 93 33 including program administration and costs associated with
 93 34 program implementation.

93 35 Sec. 51. MEDICAL ASSISTANCE. There is appropriated from the
 94 1 general fund of the state to the department of human services
 94 2 for the fiscal year beginning July 1, 2018, and ending June 30,
 94 3 2019, the following amount, or so much thereof as is necessary,
 94 4 to be used for the purpose designated:

94 5 For medical assistance program reimbursement and associated
 94 6 costs as specifically provided in the reimbursement
 94 7 methodologies in effect on June 30, 2018, except as otherwise
 94 8 expressly authorized by law, consistent with options under
 94 9 federal law and regulations, and contingent upon receipt of
 94 10 approval from the office of the governor of reimbursement for
 94 11 each abortion performed under the program:

94 12 \$ 642,202,870

94 13 1. Iowans support reducing the number of abortions
 94 14 performed in our state. Funds appropriated under this section
 94 15 shall not be used for abortions, unless otherwise authorized
 94 16 under this section.

94 17 2. The provisions of this section relating to abortions
 94 18 shall also apply to the Iowa health and wellness plan created
 94 19 pursuant to chapter 249N.

94 20 3. The department shall utilize not more than \$30,000 of
 94 21 the funds appropriated in this section to continue the AIDS/HIV
 94 22 health insurance premium payment program as established in 1992
 94 23 Iowa Acts, Second Extraordinary Session, chapter 1001, section

94 24 409, subsection 6. Of the funds allocated in this subsection,
94 25 not more than \$2,500 may be expended for administrative
94 26 purposes.

94 27 4. Of the funds appropriated in this Act to the department
94 28 of public health for addictive disorders, \$475,000 for
94 29 the fiscal year beginning July 1, 2018, is transferred
94 30 to the department of human services for an integrated
94 31 substance-related disorder managed care system. The
94 32 departments of human services and public health shall
94 33 work together to maintain the level of mental health and
94 34 substance-related disorder treatment services provided by the
94 35 managed care contractors. Each department shall take the steps
95 1 necessary to continue the federal waivers as necessary to
95 2 maintain the level of services.

95 3 5. a. The department shall aggressively pursue options for
95 4 providing medical assistance or other assistance to individuals
95 5 with special needs who become ineligible to continue receiving
95 6 services under the early and periodic screening, diagnostic,
95 7 and treatment program under the medical assistance program
95 8 due to becoming 21 years of age who have been approved for
95 9 additional assistance through the department's exception to
95 10 policy provisions, but who have health care needs in excess
95 11 of the funding available through the exception to policy
95 12 provisions.

95 13 b. Of the funds appropriated in this section, \$50,000
95 14 shall be used for participation in one or more pilot projects
95 15 operated by a private provider to allow the individual or
95 16 individuals to receive service in the community in accordance
95 17 with principles established in *Olmstead v.L.C.*, 527 U.S.581
95 18 (1999), for the purpose of providing medical assistance or
95 19 other assistance to individuals with special needs who become
95 20 ineligible to continue receiving services under the early and
95 21 periodic screening, diagnostic, and treatment program under
95 22 the medical assistance program due to becoming 21 years of
95 23 age who have been approved for additional assistance through
95 24 the department's exception to policy provisions, but who have
95 25 health care needs in excess of the funding available through
95 26 the exception to the policy provisions.

95 27 6. Of the funds appropriated in this section, up to
95 28 \$1,525,041 may be transferred to the field operations or
95 29 general administration appropriations in this division of this
95 30 Act for operational costs associated with Part D of the federal
95 31 Medicare Prescription Drug Improvement and Modernization Act
95 32 of 2003, Pub.L.No.108-173.

95 33 7. Of the funds appropriated in this section, up to \$221,050
95 34 may be transferred to the appropriation in this division
95 35 of this Act for medical contracts to be used for clinical
96 1 assessment services and prior authorization of services.

96 2 8. A portion of the funds appropriated in this section
96 3 may be transferred to the appropriations in this division of
96 4 this Act for general administration, medical contracts, the
96 5 children's health insurance program, or field operations to be
96 6 used for the state match cost to comply with the payment error
96 7 rate measurement (PERM) program for both the medical assistance
96 8 and children's health insurance programs as developed by the
96 9 centers for Medicare and Medicaid services of the United States
96 10 department of health and human services to comply with the
96 11 federal Improper Payments Information Act of 2002, Pub.L.No.
96 12 107-300.

96 13 9. The department shall continue to implement the
96 14 recommendations of the assuring better child health and
96 15 development initiative II (ABCDII) clinical panel to the
96 16 Iowa early and periodic screening, diagnostic, and treatment
96 17 services healthy mental development collaborative board
96 18 regarding changes to billing procedures, codes, and eligible
96 19 service providers.

96 20 10. Of the funds appropriated in this section, a sufficient
96 21 amount is allocated to supplement the incomes of residents of
96 22 nursing facilities, intermediate care facilities for persons
96 23 with mental illness, and intermediate care facilities for
96 24 persons with an intellectual disability, with incomes of less
96 25 than \$50 in the amount necessary for the residents to receive a
96 26 personal needs allowance of \$50 per month pursuant to section
96 27 249A.30A.

96 28 11. a. Hospitals that meet the conditions specified
96 29 in subparagraphs (1) and (2) shall either certify public
96 30 expenditures or transfer to the medical assistance program
96 31 an amount equal to provide the nonfederal share for a
96 32 disproportionate share hospital payment in an amount up to the
96 33 hospital-specific limit as approved in the Medicaid state plan.
96 34 The hospitals that meet the conditions specified shall receive
96 35 and retain 100 percent of the total disproportionate share
97 1 hospital payment in an amount up to the hospital-specific limit
97 2 as approved in the Medicaid state plan.

97 3 (1) The hospital qualifies for disproportionate share and
97 4 graduate medical education payments.

97 5 (2) The hospital is an Iowa state-owned hospital with more
97 6 than 500 beds and eight or more distinct residency specialty
97 7 or subspecialty programs recognized by the American college of
97 8 graduate medical education.

97 9 b. Distribution of the disproportionate share payments
97 10 shall be made on a monthly basis. The total amount of
97 11 disproportionate share payments including graduate medical
97 12 education, enhanced disproportionate share, and Iowa
97 13 state-owned teaching hospital payments shall not exceed the
97 14 amount of the state's allotment under Pub.L.No.102-234.

97 15 In addition, the total amount of all disproportionate
97 16 share payments shall not exceed the hospital-specific
97 17 disproportionate share limits under Pub.L.No.103-66.

97 18 12. One hundred percent of the nonfederal share of payments
97 19 to area education agencies that are medical assistance
97 20 providers for medical assistance-covered services provided to
97 21 medical assistance-covered children, shall be made from the
97 22 appropriation made in this section.

97 23 13. A portion of the funds appropriated in this section
97 24 may be transferred to the appropriation in this division of
97 25 this Act for medical contracts to be used for administrative
97 26 activities associated with the money follows the person
97 27 demonstration project.

97 28 14. Of the funds appropriated in this section, \$174,505
97 29 shall be used for the administration of the health insurance
97 30 premium payment program, including salaries, support,
97 31 maintenance, and miscellaneous purposes.

97 32 15. a. The department may increase the amounts allocated
97 33 for salaries, support, maintenance, and miscellaneous purposes
97 34 associated with the medical assistance program, as necessary,
97 35 to implement cost containment strategies. The department shall
98 1 report any such increase to the legislative services agency and
98 2 the department of management.

98 3 b. If the savings to the medical assistance program from
98 4 cost containment efforts exceed the cost for the fiscal
98 5 year beginning July 1, 2018, the department may transfer any
98 6 savings generated for the fiscal year due to medical assistance
98 7 program cost containment efforts to the appropriation
98 8 made in this division of this Act for medical contracts or
98 9 general administration to defray the increased contract costs
98 10 associated with implementing such efforts.

98 11 16. For the fiscal year beginning July 1, 2018, and ending
98 12 June 30, 2019, the replacement generation tax revenues required
98 13 to be deposited in the property tax relief fund pursuant to
98 14 section 437A.8, subsection 4, paragraph "d", and section
98 15 437A.15, subsection 3, paragraph "f", shall instead be credited
98 16 to and supplement the appropriation made in this section and
98 17 used for the allocations made in this section.

98 18 17. a. Of the funds appropriated in this section, up
98 19 to \$25,000 may be transferred by the department to the
98 20 appropriation made in this division of this Act to the
98 21 department for the same fiscal year for general administration
98 22 to be used for associated administrative expenses and for not
98 23 more than one full-time equivalent position, in addition to
98 24 those authorized for the same fiscal year, to be assigned to
98 25 implementing the children's mental health home project.

98 26 b. Of the funds appropriated in this section, up to \$200,000
98 27 may be transferred by the department to the appropriation made

98 28 to the department in this division of this Act for the same
 98 29 fiscal year for Medicaid program-related general administration
 98 30 planning and implementation activities. The funds may be used
 98 31 for contracts or for personnel in addition to the amounts
 98 32 appropriated for and the positions authorized for general
 98 33 administration for the fiscal year.

98 34 c. Of the funds appropriated in this section, up to
 98 35 \$1,500,000 may be transferred by the department to the
 99 1 appropriations made in this division of this Act for the same
 99 2 fiscal year for general administration or medical contracts
 99 3 to be used to support the development and implementation of
 99 4 standardized assessment tools for persons with mental illness,
 99 5 an intellectual disability, a developmental disability, or a
 99 6 brain injury.

99 7 18. Of the funds appropriated in this section, \$75,000
 99 8 shall be used for lodging expenses associated with care
 99 9 provided at the university of Iowa hospitals and clinics for
 99 10 patients with cancer whose travel distance is 30 miles or more
 99 11 and whose income is at or below 200 percent of the federal
 99 12 poverty level as defined by the most recently revised poverty
 99 13 income guidelines published by the United States department of
 99 14 health and human services. The department of human services
 99 15 shall establish the maximum number of overnight stays and the
 99 16 maximum rate reimbursed for overnight lodging, which may be
 99 17 based on the state employee rate established by the department
 99 18 of administrative services. The funds allocated in this
 99 19 subsection shall not be used as nonfederal share matching
 99 20 funds.

99 21 19. Of the funds appropriated in this section, up to
 99 22 \$1,691,940 shall be used for administration of the state
 99 23 family planning services program as enacted in this 2017 Act,
 99 24 and of this amount the department may use to up \$100,000 for
 99 25 administrative expenses.

99 26 20. The department shall report the implementation of
 99 27 any cost containment strategies to the individuals specified
 99 28 in this division of this Act for submission of reports upon
 99 29 implementation.

99 30 21. The department shall report the implementation of any
 99 31 process improvement changes and any related cost reductions
 99 32 to the individuals specified in this division of this Act for
 99 33 submission of reports upon implementation.

99 34 Sec. 52. MEDICAL CONTRACTS. There is appropriated from the
 99 35 general fund of the state to the department of human services
 100 1 for the fiscal year beginning July 1, 2018, and ending June 30,
 100 2 2019, the following amount, or so much thereof as is necessary,
 100 3 to be used for the purpose designated:

100 4 For medical contracts:
 100 5 \$ 8,813,232

100 6 1. The department of inspections and appeals shall
100 7 provide all state matching funds for survey and certification
100 8 activities performed by the department of inspections
100 9 and appeals. The department of human services is solely
100 10 responsible for distributing the federal matching funds for
100 11 such activities.

100 12 2. Of the funds appropriated in this section, \$25,000 shall
100 13 be used for continuation of home and community-based services
100 14 waiver quality assurance programs, including the review and
100 15 streamlining of processes and policies related to oversight and
100 16 quality management to meet state and federal requirements.

100 17 3. Of the amount appropriated in this section, up to
100 18 \$100,000 may be transferred to the appropriation for general
100 19 administration in this division of this Act to be used for
100 20 additional full-time equivalent positions in the development of
100 21 key health initiatives such as cost containment, development
100 22 and oversight of managed care programs, and development of
100 23 health strategies targeted toward improved quality and reduced
100 24 costs in the Medicaid program.

100 25 4. Of the funds appropriated in this section, \$500,000 shall
100 26 be used for planning and development, in cooperation with the
100 27 department of public health, of a phased-in program to provide
100 28 a dental home for children.

100 29 5. Of the funds appropriated in this section, \$475,000
100 30 shall be credited to the autism support program fund created
100 31 in section 225D.2 to be used for the autism support program
100 32 created in chapter 225D, with the exception of the following
100 33 amounts of this allocation which shall be used as follows:

100 34 a. Of the funds allocated in this subsection, \$125,000
100 35 shall be deposited in the board-certified behavior analyst and
101 1 board-certified assistant behavior analyst grants program fund
101 2 created in section 135.181, to be used for the purposes of the
101 3 fund.

101 4 b. Of the funds allocated in this subsection, \$12,500
101 5 shall be used for the public purpose of continuation of a
101 6 grant to a child welfare services provider headquartered in a
101 7 county with a population between 205,000 and 215,000 in the
101 8 latest certified federal census that provides multiple services
101 9 including but not limited to a psychiatric medical institution
101 10 for children, shelter, residential treatment, after school
101 11 programs, school-based programming, and an Asperger's syndrome
101 12 program, to be used for support services for children with
101 13 autism spectrum disorder and their families.

101 14 c. Of the funds allocated in this subsection, \$12,500
101 15 shall be used for the public purpose of continuing a grant to
101 16 a hospital-based provider headquartered in a county with a
101 17 population between 90,000 and 95,000 in the latest certified
101 18 federal census that provides multiple services including

101 19 but not limited to diagnostic, therapeutic, and behavioral
 101 20 services to individuals with autism spectrum disorder across
 101 21 one's lifespan. The grant recipient shall utilize the funds
 101 22 to continue the pilot project to determine the necessary
 101 23 support services for children with autism spectrum disorder and
 101 24 their families to be included in the children's disabilities
 101 25 services system. The grant recipient shall submit findings and
 101 26 recommendations based upon the results of the pilot project
 101 27 to the individuals specified in this division of this Act for
 101 28 submission of reports by December 31, 2018.

101 29 Sec. 53. STATE SUPPLEMENTARY ASSISTANCE.

101 30 1. There is appropriated from the general fund of the
 101 31 state to the department of human services for the fiscal year
 101 32 beginning July 1, 2018, and ending June 30, 2019, the following
 101 33 amount, or so much thereof as is necessary, to be used for the
 101 34 purpose designated:

101 35 For the state supplementary assistance program:
 102 1 \$ 5,186,329

102 2 2. The department shall increase the personal needs
 102 3 allowance for residents of residential care facilities by the
 102 4 same percentage and at the same time as federal supplemental
 102 5 security income and federal social security benefits are
 102 6 increased due to a recognized increase in the cost of living.
 102 7 The department may adopt emergency rules to implement this
 102 8 subsection.

102 9 3. If during the fiscal year beginning July 1, 2018,
 102 10 the department projects that state supplementary assistance
 102 11 expenditures for a calendar year will not meet the federal
 102 12 pass-through requirement specified in Tit.XVI of the federal
 102 13 Social Security Act, section 1618, as codified in 42 U.S.C.
 102 14 §1382g, the department may take actions including but not
 102 15 limited to increasing the personal needs allowance for
 102 16 residential care facility residents and making programmatic
 102 17 adjustments or upward adjustments of the residential care
 102 18 facility or in-home health-related care reimbursement rates
 102 19 prescribed in this division of this Act to ensure that federal
 102 20 requirements are met. In addition, the department may make
 102 21 other programmatic and rate adjustments necessary to remain
 102 22 within the amount appropriated in this section while ensuring
 102 23 compliance with federal requirements. The department may adopt
 102 24 emergency rules to implement the provisions of this subsection.

102 25 Sec. 54. CHILDREN'S HEALTH INSURANCE PROGRAM.

102 26 1. There is appropriated from the general fund of the
 102 27 state to the department of human services for the fiscal year
 102 28 beginning July 1, 2018, and ending June 30, 2019, the following
 102 29 amount, or so much thereof as is necessary, to be used for the
 102 30 purpose designated:

102 31 For maintenance of the healthy and well kids in Iowa (hawk-i)

102 32 program pursuant to chapter 514I, including supplemental dental
 102 33 services, for receipt of federal financial participation under
 102 34 Tit.XXI of the federal Social Security Act, which creates the
 102 35 children's health insurance program:

103 1 \$ 4,259,226

103 2 2. Of the funds appropriated in this section, \$21,400 is
 103 3 allocated for continuation of the contract for outreach with
 103 4 the department of public health.

103 5 Sec. 55. CHILD CARE ASSISTANCE. There is appropriated
 103 6 from the general fund of the state to the department of human
 103 7 services for the fiscal year beginning July 1, 2018, and ending
 103 8 June 30, 2019, the following amount, or so much thereof as is
 103 9 necessary, to be used for the purpose designated:

103 10 For child care programs:

103 11 \$ 19,671,808

103 12 1. Of the funds appropriated in this section, \$16,746,808
 103 13 shall be used for state child care assistance in accordance
 103 14 with section 237A.13.

103 15 2. Nothing in this section shall be construed or is
 103 16 intended as or shall imply a grant of entitlement for services
 103 17 to persons who are eligible for assistance due to an income
 103 18 level consistent with the waiting list requirements of section
 103 19 237A.13. Any state obligation to provide services pursuant to
 103 20 this section is limited to the extent of the funds appropriated
 103 21 in this section.

103 22 3. A list of the registered and licensed child care
 103 23 facilities operating in the area served by a child care
 103 24 resource and referral service shall be made available to the
 103 25 families receiving state child care assistance in that area.

103 26 4. Of the funds appropriated in this section, \$2,925,000
 103 27 shall be credited to the early childhood programs grants
 103 28 account in the early childhood Iowa fund created in section
 103 29 256I.11. The moneys shall be distributed for funding of
 103 30 community-based early childhood programs targeted to children
 103 31 from birth through five years of age developed by early
 103 32 childhood Iowa areas in accordance with approved community
 103 33 plans as provided in section 256I.8.

103 34 5. The department may use any of the funds appropriated
 103 35 in this section as a match to obtain federal funds for use in
 104 1 expanding child care assistance and related programs. For
 104 2 the purpose of expenditures of state and federal child care
 104 3 funding, funds shall be considered obligated at the time
 104 4 expenditures are projected or are allocated to the department's
 104 5 service areas. Projections shall be based on current and
 104 6 projected caseload growth, current and projected provider
 104 7 rates, staffing requirements for eligibility determination
 104 8 and management of program requirements including data systems
 104 9 management, staffing requirements for administration of the

104 10 program, contractual and grant obligations and any transfers
104 11 to other state agencies, and obligations for decategorization
104 12 or innovation projects.
104 13 6. A portion of the state match for the federal child care
104 14 and development block grant shall be provided as necessary to
104 15 meet federal matching funds requirements through the state
104 16 general fund appropriation made for child development grants
104 17 and other programs for at-risk children in section 279.51.
104 18 7. If a uniform reduction ordered by the governor under
104 19 section 8.31 or other operation of law, transfer, or federal
104 20 funding reduction reduces the appropriation made in this
104 21 section for the fiscal year, the percentage reduction in the
104 22 amount paid out to or on behalf of the families participating
104 23 in the state child care assistance program shall be equal to or
104 24 less than the percentage reduction made for any other purpose
104 25 payable from the appropriation made in this section and the
104 26 federal funding relating to it. The percentage reduction to
104 27 the other allocations made in this section shall be the same as
104 28 the uniform reduction ordered by the governor or the percentage
104 29 change of the federal funding reduction, as applicable.
104 30 If there is an unanticipated increase in federal funding
104 31 provided for state child care assistance, the entire amount
104 32 of the increase shall be used for state child care assistance
104 33 payments. If the appropriations made for purposes of the
104 34 state child care assistance program for the fiscal year are
104 35 determined to be insufficient, it is the intent of the general
105 1 assembly to appropriate sufficient funding for the fiscal year
105 2 in order to avoid establishment of waiting list requirements.
105 3 8. Notwithstanding section 8.33, moneys advanced for
105 4 purposes of the programs developed by early childhood Iowa
105 5 areas, advanced for purposes of wraparound child care, or
105 6 received from the federal appropriations made for the purposes
105 7 of this section that remain unencumbered or unobligated at the
105 8 close of the fiscal year shall not revert to any fund but shall
105 9 remain available for expenditure for the purposes designated
105 10 until the close of the succeeding fiscal year.
105 11 Sec. 56. JUVENILE INSTITUTION. There is appropriated
105 12 from the general fund of the state to the department of human
105 13 services for the fiscal year beginning July 1, 2018, and ending
105 14 June 30, 2019, the following amounts, or so much thereof as is
105 15 necessary, to be used for the purposes designated:
105 16 1. For operation of the state training school at Eldora and
105 17 for salaries, support, maintenance, and miscellaneous purposes,
105 18 and for not more than the following full-time equivalent
105 19 positions:
105 20 \$ 5,675,221
105 21 FTEs 189.00
105 22 Of the funds appropriated in this subsection, \$45,575 shall

105 23 be used for distribution to licensed classroom teachers at this
105 24 and other institutions under the control of the department of
105 25 human services based upon the average student yearly enrollment
105 26 at each institution as determined by the department.

105 27 2. A portion of the moneys appropriated in this section
105 28 shall be used by the state training school at Eldora for
105 29 grants for adolescent pregnancy prevention activities at the
105 30 institution in the fiscal year beginning July 1, 2018.

105 31 Sec. 57. CHILD AND FAMILY SERVICES.

105 32 1. There is appropriated from the general fund of the
105 33 state to the department of human services for the fiscal year
105 34 beginning July 1, 2018, and ending June 30, 2019, the following
105 35 amount, or so much thereof as is necessary, to be used for the
106 1 purpose designated:

106 2 For child and family services:

106 3 \$ 43,639,687

106 4 2. The department may transfer funds appropriated in this
106 5 section as necessary to pay the nonfederal costs of services
106 6 reimbursed under the medical assistance program, state child
106 7 care assistance program, or the family investment program which
106 8 are provided to children who would otherwise receive services
106 9 paid under the appropriation in this section. The department
106 10 may transfer funds appropriated in this section to the
106 11 appropriations made in this division of this Act for general
106 12 administration and for field operations for resources necessary
106 13 to implement and operate the services funded in this section.

106 14 3. a. Of the funds appropriated in this section, up to
106 15 \$17,868,324 is allocated as the statewide expenditure target
106 16 under section 232.143 for group foster care maintenance and
106 17 services. If the department projects that such expenditures
106 18 for the fiscal year will be less than the target amount
106 19 allocated in this paragraph "a", the department may reallocate
106 20 the excess to provide additional funding for shelter care
106 21 or the child welfare emergency services addressed with the
106 22 allocation for shelter care.

106 23 b. If at any time after September 30, 2018, annualization
106 24 of a service area's current expenditures indicates a service
106 25 area is at risk of exceeding its group foster care expenditure
106 26 target under section 232.143 by more than 5 percent, the
106 27 department and juvenile court services shall examine all
106 28 group foster care placements in that service area in order to
106 29 identify those which might be appropriate for termination.
106 30 In addition, any aftercare services believed to be needed
106 31 for the children whose placements may be terminated shall be
106 32 identified. The department and juvenile court services shall
106 33 initiate action to set dispositional review hearings for the
106 34 placements identified. In such a dispositional review hearing,
106 35 the juvenile court shall determine whether needed aftercare

107 1 services are available and whether termination of the placement
107 2 is in the best interest of the child and the community.

107 3 4. In accordance with the provisions of section 232.188,
107 4 the department shall continue the child welfare and juvenile
107 5 justice funding initiative during fiscal year 2018-2019. Of
107 6 the funds appropriated in this section, \$858,876 is allocated
107 7 specifically for expenditure for fiscal year 2018-2019 through
107 8 the decategorization services funding pools and governance
107 9 boards established pursuant to section 232.188.

107 10 5. A portion of the funds appropriated in this section
107 11 may be used for emergency family assistance to provide other
107 12 resources required for a family participating in a family
107 13 preservation or reunification project or successor project to
107 14 stay together or to be reunified.

107 15 6. Notwithstanding section 234.35 or any other provision
107 16 of law to the contrary, state funding for shelter care and
107 17 the child welfare emergency services contracting implemented
107 18 to provide for or prevent the need for shelter care shall be
107 19 limited to \$4,048,079.

107 20 7. Federal funds received by the state during the fiscal
107 21 year beginning July 1, 2018, as the result of the expenditure
107 22 of state funds appropriated during a previous state fiscal
107 23 year for a service or activity funded under this section are
107 24 appropriated to the department to be used as additional funding
107 25 for services and purposes provided for under this section.
107 26 Notwithstanding section 8.33, moneys received in accordance
107 27 with this subsection that remain unencumbered or unobligated at
107 28 the close of the fiscal year shall not revert to any fund but
107 29 shall remain available for the purposes designated until the
107 30 close of the succeeding fiscal year.

107 31 8. a. Of the funds appropriated in this section, up to
107 32 \$1,645,000 is allocated for the payment of the expenses of
107 33 court-ordered services provided to juveniles who are under
107 34 the supervision of juvenile court services, which expenses
107 35 are a charge upon the state pursuant to section 232.141,
108 1 subsection 4. Of the amount allocated in this paragraph "a",
108 2 up to \$778,143 shall be made available to provide school-based
108 3 supervision of children adjudicated under chapter 232, of which
108 4 not more than \$7,500 may be used for the purpose of training.
108 5 A portion of the cost of each school-based liaison officer
108 6 shall be paid by the school district or other funding source as
108 7 approved by the chief juvenile court officer.

108 8 b. Of the funds appropriated in this section, up to \$374,492
108 9 is allocated for the payment of the expenses of court-ordered
108 10 services provided to children who are under the supervision
108 11 of the department, which expenses are a charge upon the state
108 12 pursuant to section 232.141, subsection 4.

108 13 c. Notwithstanding section 232.141 or any other provision

108 14 of law to the contrary, the amounts allocated in this
108 15 subsection shall be distributed to the judicial districts
108 16 as determined by the state court administrator and to the
108 17 department's service areas as determined by the administrator
108 18 of the department of human services' division of child and
108 19 family services. The state court administrator and the
108 20 division administrator shall make the determination of the
108 21 distribution amounts on or before June 15, 2018.

108 22 d. Notwithstanding chapter 232 or any other provision of
108 23 law to the contrary, a district or juvenile court shall not
108 24 order any service which is a charge upon the state pursuant
108 25 to section 232.141 if there are insufficient court-ordered
108 26 services funds available in the district court or departmental
108 27 service area distribution amounts to pay for the service. The
108 28 chief juvenile court officer and the departmental service area
108 29 manager shall encourage use of the funds allocated in this
108 30 subsection such that there are sufficient funds to pay for
108 31 all court-related services during the entire year. The chief
108 32 juvenile court officers and departmental service area managers
108 33 shall attempt to anticipate potential surpluses and shortfalls
108 34 in the distribution amounts and shall cooperatively request the
108 35 state court administrator or division administrator to transfer
109 1 funds between the judicial districts' or departmental service
109 2 areas' distribution amounts as prudent.

109 3 e. Notwithstanding any provision of law to the contrary,
109 4 a district or juvenile court shall not order a county to pay
109 5 for any service provided to a juvenile pursuant to an order
109 6 entered under chapter 232 which is a charge upon the state
109 7 under section 232.141, subsection 4.

109 8 f. Of the funds allocated in this subsection, not more than
109 9 \$41,500 may be used by the judicial branch for administration
109 10 of the requirements under this subsection.

109 11 g. Of the funds allocated in this subsection, \$8,500
109 12 shall be used by the department of human services to support
109 13 the interstate commission for juveniles in accordance with
109 14 the interstate compact for juveniles as provided in section
109 15 232.173.

109 16 9. Of the funds appropriated in this section, \$6,126,613 is
109 17 allocated for juvenile delinquent graduated sanctions services.
109 18 Any state funds saved as a result of efforts by juvenile court
109 19 services to earn a federal Tit.IV-E match for juvenile court
109 20 services administration may be used for the juvenile delinquent
109 21 graduated sanctions services.

109 22 10. Of the funds appropriated in this section, \$829,142 is
109 23 transferred to the department of public health to be used for
109 24 the child protection center grant program for child protection
109 25 centers located in Iowa in accordance with section 135.118.
109 26 The grant amounts under the program shall be equalized so that

109 27 each center receives a uniform base amount of \$122,500, so that
109 28 \$25,000 is awarded to establish a satellite child protection
109 29 center in a city in north central Iowa that is the county
109 30 seat of a county with a population between 44,000 and 45,000
109 31 according to the 2010 federal decennial census, and so that the
109 32 remaining funds are awarded through a funding formula based
109 33 upon the volume of children served.

109 34 11. If the department receives federal approval to
109 35 implement a waiver under Tit.IV-E of the federal Social
110 1 Security Act to enable providers to serve children who remain
110 2 in the children's families and communities, for purposes of
110 3 eligibility under the medical assistance program through 25
110 4 years of age, children who participate in the waiver shall be
110 5 considered to be placed in foster care.

110 6 12. Of the funds appropriated in this section, \$2,012,583 is
110 7 allocated for the preparation for adult living program pursuant
110 8 to section 234.46.

110 9 13. Of the funds appropriated in this section, \$113,668
110 10 shall be used for the public purpose of continuing a grant to
110 11 a nonprofit human services organization providing services to
110 12 individuals and families in multiple locations in southwest
110 13 Iowa and Nebraska for support of a project providing immediate,
110 14 sensitive support and forensic interviews, medical exams, needs
110 15 assessments, and referrals for victims of child abuse and their
110 16 nonoffending family members.

110 17 14. Of the funds appropriated in this section, \$150,310
110 18 is allocated for the foster care youth council approach of
110 19 providing a support network to children placed in foster care.

110 20 15. Of the funds appropriated in this section, \$101,000 is
110 21 allocated for use pursuant to section 235A.1 for continuation
110 22 of the initiative to address child sexual abuse implemented
110 23 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
110 24 21.

110 25 16. Of the funds appropriated in this section, \$315,120 is
110 26 allocated for the community partnership for child protection
110 27 sites.

110 28 17. Of the funds appropriated in this section, \$185,625
110 29 is allocated for the department's minority youth and family
110 30 projects under the redesign of the child welfare system.

110 31 18. Of the funds appropriated in this section, \$568,297
110 32 is allocated for funding of the community circle of care
110 33 collaboration for children and youth in northeast Iowa.

110 34 19. Of the funds appropriated in this section, at least
110 35 \$73,579 shall be used for the continuation of the child
111 1 welfare provider training academy, a collaboration between the
111 2 coalition for family and children's services in Iowa and the
111 3 department.

111 4 20. Of the funds appropriated in this section, \$105,936

111 5 shall be used for continuation of the central Iowa system of
111 6 care program grant through June 30, 2019.

111 7 21. Of the funds appropriated in this section, \$117,500
111 8 shall be used for the public purpose of the continuation
111 9 and expansion of a system of care program grant implemented
111 10 in Cerro Gordo and Linn counties to utilize a comprehensive
111 11 and long-term approach for helping children and families by
111 12 addressing the key areas in a child's life of childhood basic
111 13 needs, education and work, family, and community.

111 14 22. Of the funds appropriated in this section, at least
111 15 \$12,500 shall be used to continue and to expand the foster
111 16 care respite pilot program in which postsecondary students in
111 17 social work and other human services-related programs receive
111 18 experience by assisting family foster care providers with
111 19 respite and other support.

111 20 23. Of the funds appropriated in this section, \$55,000
111 21 shall be used for the public purpose of funding community-based
111 22 services and other supports with a system of care approach
111 23 for children with a serious emotional disturbance and their
111 24 families through a nonprofit provider of child welfare services
111 25 that has been in existence for more than 115 years, is located
111 26 in a county with a population of more than 200,000 but less
111 27 than 220,000 according to the latest certified federal census,
111 28 is licensed as a psychiatric medical institution for children,
111 29 and was a system of care grantee prior to July 1, 2018.

111 30 Sec. 58. ADOPTION SUBSIDY.

111 31 1. There is appropriated from the general fund of the
111 32 state to the department of human services for the fiscal year
111 33 beginning July 1, 2018, and ending June 30, 2019, the following
111 34 amount, or so much thereof as is necessary, to be used for the
111 35 purpose designated:

112 1 a. For adoption subsidy payments and services:
112 2 \$ 20,388,955

112 3 b. (1) The funds appropriated in this section shall be used
112 4 as authorized or allowed by federal law or regulation for any
112 5 of the following purposes:

112 6 (a) For adoption subsidy payments and related costs.
112 7 (b) For post-adoption services and for other purposes under
112 8 Tit.IV-B or Tit.IV-E of the federal Social Security Act.

112 9 (2) The department of human services may transfer funds
112 10 appropriated in this subsection to the appropriation for
112 11 child and family services in this Act for the purposes of
112 12 post-adoption services as specified in this paragraph "b".

112 13 c. Notwithstanding section 8.33, moneys corresponding to
112 14 the state savings resulting from implementation of the federal
112 15 Fostering Connections to Success and Increasing Adoptions Act
112 16 of 2008, Pub.L. No.110-351, and successor legislation, as
112 17 determined in accordance with 42 U.S.C. §673(a)(8), that remain

112 18 unencumbered or unobligated at the close of the fiscal year,
112 19 shall not revert to any fund but shall remain available for the
112 20 purposes designated in this subsection until expended. The
112 21 amount of such savings and any corresponding funds remaining
112 22 at the close of the fiscal year shall be determined separately
112 23 and any changes in either amount between fiscal years shall not
112 24 result in an unfunded need.

112 25 2. The department may transfer funds appropriated in
112 26 this section to the appropriation made in this division of
112 27 this Act for general administration for costs paid from the
112 28 appropriation relating to adoption subsidy.

112 29 3. Federal funds received by the state during the
112 30 fiscal year beginning July 1, 2018, as the result of the
112 31 expenditure of state funds during a previous state fiscal
112 32 year for a service or activity funded under this section are
112 33 appropriated to the department to be used as additional funding
112 34 for the services and activities funded under this section.

112 35 Notwithstanding section 8.33, moneys received in accordance
113 1 with this subsection that remain unencumbered or unobligated
113 2 at the close of the fiscal year shall not revert to any fund
113 3 but shall remain available for expenditure for the purposes
113 4 designated until the close of the succeeding fiscal year.

113 5 Sec. 59. JUVENILE DETENTION HOME FUND. Moneys deposited
113 6 in the juvenile detention home fund created in section 232.142
113 7 during the fiscal year beginning July 1, 2018, and ending June
113 8 30, 2019, are appropriated to the department of human services
113 9 for the fiscal year beginning July 1, 2018, and ending June 30,
113 10 2019, for distribution of an amount equal to a percentage of
113 11 the costs of the establishment, improvement, operation, and
113 12 maintenance of county or multicounty juvenile detention homes
113 13 in the fiscal year beginning July 1, 2017. Moneys appropriated
113 14 for distribution in accordance with this section shall be
113 15 allocated among eligible detention homes, prorated on the basis
113 16 of an eligible detention home's proportion of the costs of all
113 17 eligible detention homes in the fiscal year beginning July
113 18 1, 2017. The percentage figure shall be determined by the
113 19 department based on the amount available for distribution for
113 20 the fund. Notwithstanding section 232.142, subsection 3, the
113 21 financial aid payable by the state under that provision for the
113 22 fiscal year beginning July 1, 2018, shall be limited to the
113 23 amount appropriated for the purposes of this section.

113 24 Sec. 60. FAMILY SUPPORT SUBSIDY PROGRAM.

113 25 1. There is appropriated from the general fund of the
113 26 state to the department of human services for the fiscal year
113 27 beginning July 1, 2018, and ending June 30, 2019, the following
113 28 amount, or so much thereof as is necessary, to be used for the
113 29 purpose designated:

113 30 For the family support subsidy program subject to the

113 31 enrollment restrictions in section 225C.37, subsection 3:
113 32 \$ 534,641
113 33 2. At least \$393,750 of the moneys appropriated in this
113 34 section is transferred to the department of public health for
113 35 the family support center component of the comprehensive family
114 1 support program under chapter 225C, subchapter V.
114 2 3. If at any time during the fiscal year, the amount of
114 3 funding available for the family support subsidy program
114 4 is reduced from the amount initially used to establish the
114 5 figure for the number of family members for whom a subsidy
114 6 is to be provided at any one time during the fiscal year,
114 7 notwithstanding section 225C.38, subsection 2, the department
114 8 shall revise the figure as necessary to conform to the amount
114 9 of funding available.
114 10 Sec. 61. CONNER DECREE. There is appropriated from the
114 11 general fund of the state to the department of human services
114 12 for the fiscal year beginning July 1, 2018, and ending June 30,
114 13 2019, the following amount, or so much thereof as is necessary,
114 14 to be used for the purpose designated:
114 15 For building community capacity through the coordination
114 16 and provision of training opportunities in accordance with the
114 17 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
114 18 Iowa, July 14, 1994):
114 19 \$ 16,816
114 20 Sec. 62. MENTAL HEALTH INSTITUTES.
114 21 1. There is appropriated from the general fund of the
114 22 state to the department of human services for the fiscal year
114 23 beginning July 1, 2018, and ending June 30, 2019, the following
114 24 amounts, or so much thereof as is necessary, to be used for the
114 25 purposes designated:
114 26 a. For operation of the state mental health institute at
114 27 Cherokee as required by chapters 218 and 226 for salaries,
114 28 support, maintenance, and miscellaneous purposes, and for not
114 29 more than the following full-time equivalent positions:
114 30 \$ 6,935,127
114 31 FTEs 162.00
114 32 b. For operation of the state mental health institute at
114 33 Independence as required by chapters 218 and 226 for salaries,
114 34 support, maintenance, and miscellaneous purposes, and for not
114 35 more than the following full-time equivalent positions:
115 1 \$ 8,756,810
115 2 FTEs 204.00
115 3 2. Notwithstanding sections 218.78 and 249A.11, any revenue
115 4 received from the state mental health institute at Cherokee or
115 5 the state mental health institute at Independence pursuant to
115 6 42 C.F.R §438.6(e) may be retained and expended by the mental
115 7 health institute.
115 8 3. Notwithstanding any provision of law to the contrary,

115 9 a Medicaid member residing at the state mental health
 115 10 institute at Cherokee or the state mental health institute
 115 11 at Independence shall retain Medicaid eligibility during
 115 12 the period of the Medicaid member's stay for which federal
 115 13 financial participation is available.

115 14 Sec. 63. STATE RESOURCE CENTERS.

115 15 1. There is appropriated from the general fund of the
 115 16 state to the department of human services for the fiscal year
 115 17 beginning July 1, 2018, and ending June 30, 2019, the following
 115 18 amounts, or so much thereof as is necessary, to be used for the
 115 19 purposes designated:

115 20 a. For the state resource center at Glenwood for salaries,
 115 21 support, maintenance, and miscellaneous purposes:
 115 22 \$ 8,943,890

115 23 b. For the state resource center at Woodward for salaries,
 115 24 support, maintenance, and miscellaneous purposes:
 115 25 \$ 6,038,517

115 26 2. The department may continue to bill for state resource
 115 27 center services utilizing a scope of services approach used for
 115 28 private providers of intermediate care facilities for persons
 115 29 with an intellectual disability services, in a manner which
 115 30 does not shift costs between the medical assistance program,
 115 31 counties, or other sources of funding for the state resource
 115 32 centers.

115 33 3. The state resource centers may expand the time-limited
 115 34 assessment and respite services during the fiscal year.

115 35 4. If the department's administration and the department
 116 1 of management concur with a finding by a state resource
 116 2 center's superintendent that projected revenues can reasonably
 116 3 be expected to pay the salary and support costs for a new
 116 4 employee position, or that such costs for adding a particular
 116 5 number of new positions for the fiscal year would be less
 116 6 than the overtime costs if new positions would not be added,
 116 7 the superintendent may add the new position or positions. If
 116 8 the vacant positions available to a resource center do not
 116 9 include the position classification desired to be filled, the
 116 10 state resource center's superintendent may reclassify any
 116 11 vacant position as necessary to fill the desired position. The
 116 12 superintendents of the state resource centers may, by mutual
 116 13 agreement, pool vacant positions and position classifications
 116 14 during the course of the fiscal year in order to assist one
 116 15 another in filling necessary positions.

116 16 5. If existing capacity limitations are reached in
 116 17 operating units, a waiting list is in effect for a service or
 116 18 a special need for which a payment source or other funding
 116 19 is available for the service or to address the special need,
 116 20 and facilities for the service or to address the special need
 116 21 can be provided within the available payment source or other

116 22 funding, the superintendent of a state resource center may
 116 23 authorize opening not more than two units or other facilities
 116 24 and begin implementing the service or addressing the special
 116 25 need during fiscal year 2018-2019.

116 26 Sec. 64. SEXUALLY VIOLENT PREDATORS.

116 27 1. There is appropriated from the general fund of the
 116 28 state to the department of human services for the fiscal year
 116 29 beginning July 1, 2018, and ending June 30, 2019, the following
 116 30 amount, or so much thereof as is necessary, to be used for the
 116 31 purpose designated:

116 32 For costs associated with the commitment and treatment of
 116 33 sexually violent predators in the unit located at the state
 116 34 mental health institute at Cherokee, including costs of legal
 116 35 services and other associated costs, including salaries,
 117 1 support, maintenance, and miscellaneous purposes, and for not
 117 2 more than the following full-time equivalent positions:

117 3	.....	\$	4,732,373
117 4	.....	FTEs	112.00

117 5 2. Unless specifically prohibited by law, if the amount
 117 6 charged provides for recoupment of at least the entire amount
 117 7 of direct and indirect costs, the department of human services
 117 8 may contract with other states to provide care and treatment
 117 9 of persons placed by the other states at the unit for sexually
 117 10 violent predators at Cherokee. The moneys received under
 117 11 such a contract shall be considered to be repayment receipts
 117 12 and used for the purposes of the appropriation made in this
 117 13 section.

117 14 Sec. 65. FIELD OPERATIONS. There is appropriated from the
 117 15 general fund of the state to the department of human services
 117 16 for the fiscal year beginning July 1, 2018, and ending June 30,
 117 17 2019, the following amount, or so much thereof as is necessary,
 117 18 to be used for the purposes designated:

117 19 For field operations, including salaries, support,
 117 20 maintenance, and miscellaneous purposes, and for not more than
 117 21 the following full-time equivalent positions:

117 22	.....	\$	24,242,217
117 23	.....	FTEs	1,583.00

117 24 Priority in filling full-time equivalent positions shall be
 117 25 given to those positions related to child protection services
 117 26 and eligibility determination for low-income families.

117 27 Sec. 66. GENERAL ADMINISTRATION. There is appropriated
 117 28 from the general fund of the state to the department of human
 117 29 services for the fiscal year beginning July 1, 2018, and ending
 117 30 June 30, 2019, the following amount, or so much thereof as is
 117 31 necessary, to be used for the purpose designated:

117 32 For general administration, including salaries, support,
 117 33 maintenance, and miscellaneous purposes, and for not more than
 117 34 the following full-time equivalent positions:

117 35 \$ 7,016,520

118 1 FTEs 294.00

118 2 1. The department shall report at least monthly to the
118 3 legislative services agency concerning the department's
118 4 operational and program expenditures.

118 5 2. Of the funds appropriated in this section, \$75,000 shall
118 6 be used to continue the contract for the provision of a program
118 7 to provide technical assistance, support, and consultation to
118 8 providers of habilitation services and home and community-based
118 9 services waiver services for adults with disabilities under the
118 10 medical assistance program.

118 11 3. Of the funds appropriated in this section, \$25,000
118 12 is transferred to the Iowa finance authority to be used
118 13 for administrative support of the council on homelessness
118 14 established in section 16.2D and for the council to fulfill its
118 15 duties in addressing and reducing homelessness in the state.

118 16 4. Of the funds appropriated in this section, \$100,000 shall
118 17 be transferred to and deposited in the administrative fund of
118 18 the Iowa ABLE savings plan trust created in section 12I.4, to
118 19 be used for implementation and administration activities of the
118 20 Iowa ABLE savings plan trust.

118 21 5. Of the funds appropriated in this section, \$100,000 is
118 22 transferred to the economic development authority for the Iowa
118 23 commission on volunteer services to continue to be used for
118 24 RefugeeRISE AmeriCorps program established under section 15H.8
118 25 for member recruitment and training to improve the economic
118 26 well-being and health of economically disadvantaged refugees in
118 27 local communities across Iowa. Funds transferred may be used
118 28 to supplement federal funds under federal regulations.

118 29 6. Of the funds appropriated in this section, \$100,000
118 30 shall be used to continue to expand the provision of nationally
118 31 accredited and recognized internet-based training to include
118 32 mental health and disability services providers.

118 33 Sec. 67. DEPARTMENT-WIDE DUTIES. There is appropriated
118 34 from the general fund of the state to the department of human
118 35 services for the fiscal year beginning July 1, 2018, and ending
119 1 June 30, 2019, the following amount, or so much thereof as is
119 2 necessary, to be used for the purposes designated:

119 3 For salaries, support, maintenance, and miscellaneous
119 4 purposes at facilities under the purview of the department of
119 5 human services:
119 6 \$ 1,439,637

119 7 Sec. 68. VOLUNTEERS. There is appropriated from the general
119 8 fund of the state to the department of human services for the
119 9 fiscal year beginning July 1, 2018, and ending June 30, 2019,
119 10 the following amount, or so much thereof as is necessary, to be
119 11 used for the purpose designated:

119 12 For development and coordination of volunteer services:

119 13 \$ 42,343

119 14 Sec. 69. GENERAL REDUCTION. For the period beginning July

119 15 1, 2018, and ending June 30, 2019, the department of human

119 16 services, in consultation with the department of management,

119 17 shall identify and implement a reduction in expenditures made

119 18 from appropriations from the general fund to the department of

119 19 human services in the amount of \$733,651.

119 20 Sec. 70. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY

119 21 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE

119 22 DEPARTMENT OF HUMAN SERVICES.

119 23 1. a. (1) (a) For the fiscal year beginning July

119 24 1, 2018, case-mix, non-case mix, and special population

119 25 nursing facilities shall be reimbursed in accordance with the

119 26 methodology in effect on June 30, 2018.

119 27 (b) For managed care claims, the department of human

119 28 services shall adjust the payment rate floor for nursing

119 29 facilities, annually, to maintain a rate floor that is no

119 30 lower than the Medicaid fee-for-service case-mix adjusted rate

119 31 calculated in accordance with 441 IAC 81.6. The department

119 32 shall then calculate adjusted reimbursement rates, including

119 33 but not limited to add-on-payments, annually, and shall

119 34 notify Medicaid managed care organizations of the adjusted

119 35 reimbursement rates within 30 days of determining the adjusted

120 1 reimbursement rates. Any adjustment of reimbursement rates

120 2 under this subparagraph division shall be budget neutral to the

120 3 state budget.

120 4 (2) For any open or unsettled nursing facility cost report

120 5 for a fiscal year prior to and including the fiscal year

120 6 beginning July 1, 2017, including any cost report remanded on

120 7 judicial review for inclusion of prescription drug, laboratory,

120 8 or x-ray costs, the department shall offset all reported

120 9 prescription drug, laboratory, and x-ray costs with any revenue

120 10 received from Medicare or other revenue source for any purpose.

120 11 For purposes of this subparagraph, a nursing facility cost

120 12 report is not considered open or unsettled if the facility did

120 13 not initiate an administrative appeal under chapter 17A or if

120 14 any appeal rights initiated have been exhausted.

120 15 b. (1) For the fiscal year beginning July 1, 2018,

120 16 the department shall establish the pharmacy dispensing fee

120 17 reimbursement at \$10.02 per prescription, until a cost of

120 18 dispensing survey is completed. The actual dispensing fee

120 19 shall be determined by a cost of dispensing survey performed

120 20 by the department and required to be completed by all medical

120 21 assistance program participating pharmacies every two years,

120 22 adjusted as necessary to maintain expenditures within the

120 23 amount appropriated to the department for this purpose for the

120 24 fiscal year.

120 25 (2) The department shall utilize an average acquisition

120 26 cost reimbursement methodology for all drugs covered under the
120 27 medical assistance program in accordance with 2012 Iowa Acts,
120 28 chapter 1133, section 33.

120 29 c. (1) For the fiscal year beginning July 1, 2018,
120 30 reimbursement rates for outpatient hospital services shall
120 31 remain at the rates in effect on June 30, 2018, subject to
120 32 Medicaid program upper payment limit rules, and adjusted
120 33 as necessary to maintain expenditures within the amount
120 34 appropriated to the department for this purpose for the fiscal
120 35 year.

121 1 (2) For the fiscal year beginning July 1, 2018,
121 2 reimbursement rates for inpatient hospital services shall
121 3 be rebased effective October 1, 2018, subject to Medicaid
121 4 program upper payment limit rules, and adjusted as necessary
121 5 to maintain expenditures within the amount appropriated to the
121 6 department for this purpose for the fiscal year.

121 7 (3) For the fiscal year beginning July 1, 2018, the graduate
121 8 medical education and disproportionate share hospital fund
121 9 shall remain at the amount in effect on June 30, 2018, except
121 10 that the portion of the fund attributable to graduate medical
121 11 education shall be reduced in an amount that reflects the
121 12 elimination of graduate medical education payments made to
121 13 out-of-state hospitals.

121 14 (4) In order to ensure the efficient use of limited state
121 15 funds in procuring health care services for low-income lowans,
121 16 funds appropriated in this Act for hospital services shall
121 17 not be used for activities which would be excluded from a
121 18 determination of reasonable costs under the federal Medicare
121 19 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

121 20 d. For the fiscal year beginning July 1, 2018, reimbursement
121 21 rates for hospices and acute mental hospitals shall be
121 22 increased in accordance with increases under the federal
121 23 Medicare program or as supported by their Medicare audited
121 24 costs.

121 25 e. For the fiscal year beginning July 1, 2018, independent
121 26 laboratories and rehabilitation agencies shall be reimbursed
121 27 using the same methodology in effect on June 30, 2018.

121 28 f. (1) For the fiscal year beginning July 1, 2018,
121 29 reimbursement rates for home health agencies shall continue to
121 30 be based on the Medicare low utilization payment adjustment
121 31 (LUPA) methodology with state geographic wage adjustments.
121 32 The department shall continue to update the rates every two
121 33 years to reflect the most recent Medicare LUPA rates to the
121 34 extent possible within the state funding appropriated for this
121 35 purpose.

122 1 (2) For the fiscal year beginning July 1, 2018, rates for
122 2 private duty nursing and personal care services under the early
122 3 and periodic screening, diagnostic, and treatment program

122 4 benefit shall be calculated based on the methodology in effect
122 5 on June 30, 2018.

122 6 g. For the fiscal year beginning July 1, 2018, federally
122 7 qualified health centers and rural health clinics shall receive
122 8 cost-based reimbursement for 100 percent of the reasonable
122 9 costs for the provision of services to recipients of medical
122 10 assistance.

122 11 h. For the fiscal year beginning July 1, 2018, the
122 12 reimbursement rates for dental services shall remain at the
122 13 rates in effect on June 30, 2018.

122 14 i. (1) For the fiscal year beginning July 1, 2018,
122 15 reimbursement rates for the non-state-owned psychiatric medical
122 16 institution for children shall be based on the methodology in
122 17 effect on June 30, 2018.

122 18 (2) As a condition of participation in the medical
122 19 assistance program, enrolled providers shall accept the medical
122 20 assistance reimbursement rate for any covered goods or services
122 21 provided to recipients of medical assistance who are children
122 22 under the custody of a psychiatric medical institution for
122 23 children.

122 24 j. For the fiscal year beginning July 1, 2018, unless
122 25 otherwise specified in this Act, all noninstitutional medical
122 26 assistance provider reimbursement rates shall remain at the
122 27 rates in effect on June 30, 2018, except for area education
122 28 agencies, local education agencies, infant and toddler
122 29 services providers, home and community-based services providers
122 30 including consumer-directed attendant care providers under a
122 31 section 1915(c) or 1915(i) waiver, targeted case management
122 32 providers, and those providers whose rates are required to be
122 33 determined pursuant to section 249A.20.

122 34 k. Notwithstanding any provision to the contrary, for the
122 35 fiscal year beginning July 1, 2018, the reimbursement rate
123 1 for anesthesiologists shall be adjusted to implement the cost
123 2 containment strategies authorized for the medical assistance
123 3 program in this 2017 Act.

123 4 l. Notwithstanding section 249A.20, for the fiscal year
123 5 beginning July 1, 2018, the average reimbursement rate for
123 6 health care providers eligible for use of the federal Medicare
123 7 resource-based relative value scale reimbursement methodology
123 8 under section 249A.20 shall remain at the rate in effect on
123 9 June 30, 2018; however, this rate shall not exceed the maximum
123 10 level authorized by the federal government.

123 11 m. For the fiscal year beginning July 1, 2018, the
123 12 reimbursement rate for residential care facilities shall not
123 13 be less than the minimum payment level as established by the
123 14 federal government to meet the federally mandated maintenance
123 15 of effort requirement. The flat reimbursement rate for
123 16 facilities electing not to file annual cost reports shall not

123 17 be less than the minimum payment level as established by the
123 18 federal government to meet the federally mandated maintenance
123 19 of effort requirement.

123 20 n. For the fiscal year beginning July 1, 2018, the
123 21 reimbursement rates for inpatient mental health services
123 22 provided at hospitals shall be rebased effective October 1,
123 23 2018, subject to Medicaid program upper payment limit rules;
123 24 and psychiatrists shall be reimbursed at the medical assistance
123 25 program fee-for-service rate in effect on June 30, 2018.

123 26 o. For the fiscal year beginning July 1, 2018, community
123 27 mental health centers may choose to be reimbursed for the
123 28 services provided to recipients of medical assistance through
123 29 either of the following options:

123 30 (1) For 100 percent of the reasonable costs of the services.

123 31 (2) In accordance with the alternative reimbursement rate
123 32 methodology approved by the department of human services in
123 33 effect on June 30, 2018.

123 34 p. For the fiscal year beginning July 1, 2018, the
123 35 reimbursement rate for providers of family planning services
124 1 that are eligible to receive a 90 percent federal match shall
124 2 remain at the rates in effect on June 30, 2018.

124 3 q. Unless otherwise subject to a tiered rate methodology,
124 4 for the fiscal year beginning July 1, 2018, the upper
124 5 limits and reimbursement rates for providers of home and
124 6 community-based services waiver services shall be reimbursed
124 7 using the reimbursement methodology in effect on June 30, 2018.

124 8 r. For the fiscal year beginning July 1, 2018, the
124 9 reimbursement rates for emergency medical service providers
124 10 shall remain at the rates in effect on June 30, 2018.

124 11 s. For the fiscal year beginning July 1, 2018, reimbursement
124 12 rates for substance-related disorder treatment programs
124 13 licensed under section 125.13 shall remain at the rates in
124 14 effect on June 30, 2018.

124 15 2. For the fiscal year beginning July 1, 2018, the
124 16 reimbursement rate for providers reimbursed under the
124 17 in-home-related care program shall not be less than the minimum
124 18 payment level as established by the federal government to meet
124 19 the federally mandated maintenance of effort requirement.

124 20 3. Unless otherwise directed in this section, when the
124 21 department's reimbursement methodology for any provider
124 22 reimbursed in accordance with this section includes an
124 23 inflation factor, this factor shall not exceed the amount
124 24 by which the consumer price index for all urban consumers
124 25 increased during the calendar year ending December 31, 2002.

124 26 4. Notwithstanding section 234.38, for the fiscal
124 27 year beginning July 1, 2018, the foster family basic daily
124 28 maintenance rate and the maximum adoption subsidy rate for
124 29 children ages 0 through 5 years shall be \$16.78, the rate for

124 30 children ages 6 through 11 years shall be \$17.43, the rate for
124 31 children ages 12 through 15 years shall be \$19.10, and the
124 32 rate for children and young adults ages 16 and older shall
124 33 be \$19.35. For youth ages 18 to 21 who have exited foster
124 34 care, the preparation for adult living program maintenance rate
124 35 shall be \$602.70 per month. The maximum payment for adoption
125 1 subsidy nonrecurring expenses shall be limited to \$500 and the
125 2 disallowance of additional amounts for court costs and other
125 3 related legal expenses implemented pursuant to 2010 Iowa Acts,
125 4 chapter 1031, section 408, shall be continued.
125 5 5. For the fiscal year beginning July 1, 2018, the maximum
125 6 reimbursement rates for social services providers under
125 7 contract shall remain at the rates in effect on June 30, 2018,
125 8 or the provider's actual and allowable cost plus inflation for
125 9 each service, whichever is less. However, if a new service
125 10 or service provider is added after June 30, 2018, the initial
125 11 reimbursement rate for the service or provider shall be based
125 12 upon a weighted average of provider rates for similar services.
125 13 6. a. For the fiscal year beginning July 1, 2018, the
125 14 reimbursement rates for resource family recruitment and
125 15 retention contractors shall be established by contract.
125 16 b. For the fiscal year beginning July 1, 2018, the
125 17 reimbursement rates for supervised apartment living foster care
125 18 providers shall be established by contract.
125 19 7. a. For the purposes of this subsection, "combined
125 20 reimbursement rate" means the combined service and maintenance
125 21 reimbursement rate for a service level under the department's
125 22 reimbursement methodology. Effective July 1, 2018, the
125 23 combined reimbursement rate for a group foster care service
125 24 level shall be the amount designated in this subsection.
125 25 However, if a group foster care provider's reimbursement rate
125 26 for a service level as of June 30, 2018, is more than the rate
125 27 designated in this subsection, the provider's reimbursement
125 28 shall remain at the higher rate.
125 29 b. Unless a group foster care provider is subject to the
125 30 exception provided in paragraph "a", effective July 1, 2018,
125 31 the combined reimbursement rates for the service levels under
125 32 the department's reimbursement methodology shall be as follows:
125 33 (1) For service level, community - D1, the daily rate shall
125 34 be at least \$84.17.
125 35 (2) For service level, comprehensive - D2, the daily rate
126 1 shall be at least \$119.09.
126 2 (3) For service level, enhanced - D3, the daily rate shall
126 3 be at least \$131.09.
126 4 8. The group foster care reimbursement rates paid for
126 5 placement of children out of state shall be calculated
126 6 according to the same rate-setting principles as those used for
126 7 in-state providers, unless the director of human services or

126 8 the director's designee determines that appropriate care cannot
126 9 be provided within the state. The payment of the daily rate
126 10 shall be based on the number of days in the calendar month in
126 11 which service is provided.

126 12 9. a. For the fiscal year beginning July 1, 2018, the
126 13 reimbursement rate paid for shelter care and the child welfare
126 14 emergency services implemented to provide or prevent the need
126 15 for shelter care shall be established by contract.

126 16 b. For the fiscal year beginning July 1, 2018, the combined
126 17 service and maintenance components of the reimbursement rate
126 18 paid for shelter care services shall be based on the financial
126 19 and statistical report submitted to the department. The
126 20 maximum reimbursement rate shall be \$101.83 per day. The
126 21 department shall reimburse a shelter care provider at the
126 22 provider's actual and allowable unit cost, plus inflation, not
126 23 to exceed the maximum reimbursement rate.

126 24 c. Notwithstanding section 232.141, subsection 8, for the
126 25 fiscal year beginning July 1, 2018, the amount of the statewide
126 26 average of the actual and allowable rates for reimbursement of
126 27 juvenile shelter care homes that is utilized for the limitation
126 28 on recovery of unpaid costs shall remain at the amount in
126 29 effect for this purpose in the fiscal year beginning July 1,
126 30 2017.

126 31 10. For the fiscal year beginning July 1, 2018, the
126 32 department shall calculate reimbursement rates for intermediate
126 33 care facilities for persons with an intellectual disability
126 34 at the 80th percentile. Beginning July 1, 2018, the rate
126 35 calculation methodology shall utilize the consumer price index
127 1 inflation factor applicable to the fiscal year beginning July
127 2 1, 2018.

127 3 11. For the fiscal year beginning July 1, 2018, for child
127 4 care providers reimbursed under the state child care assistance
127 5 program, the department shall set provider reimbursement
127 6 rates based on the rate reimbursement survey completed in
127 7 December 2004. Effective July 1, 2018, the child care provider
127 8 reimbursement rates shall remain at the rates in effect on June
127 9 30, 2018. The department shall set rates in a manner so as
127 10 to provide incentives for a nonregistered provider to become
127 11 registered by applying the increase only to registered and
127 12 licensed providers.

127 13 12. For the fiscal year beginning July 1, 2018, affected
127 14 providers or services shall be reimbursed as follows:

127 15 a. For fee-for-service claims, reimbursement shall be
127 16 calculated based on the methodology otherwise specified in this
127 17 section for the fiscal year beginning July 1, 2018, for the
127 18 respective provider or service.

127 19 b. For claims subject to a managed care contract with the
127 20 exception of any provider or service to which a reimbursement

127 21 increase is applicable for the fiscal year under this section,
127 22 reimbursement shall be based on the methodology established by
127 23 the managed care contract. However, any rate or reimbursement
127 24 established under such contract shall not be lower than the
127 25 rate or reimbursement floor established by the department
127 26 of human services as the managed care organization rate or
127 27 reimbursement floor for a respective provider or service in
127 28 effect on April 1, 2016.

127 29 13. Notwithstanding any provision to the contrary,
127 30 reimbursement rates and methodologies under this section may
127 31 be adjusted as necessary to implement the cost containment
127 32 strategies authorized for the medical assistance program in
127 33 this 2017 Act.

127 34 14. The department may adopt emergency rules to implement
127 35 this section.

128 1 Sec. 71. EMERGENCY RULES.

128 2 1. If specifically authorized by a provision of this
128 3 division of this Act, the department of human services or
128 4 the mental health and disability services commission may
128 5 adopt administrative rules under section 17A.4, subsection
128 6 3, and section 17A.5, subsection 2, paragraph "b", to
128 7 implement the provisions of this division of this Act and
128 8 the rules shall become effective immediately upon filing or
128 9 on a later effective date specified in the rules, unless the
128 10 effective date of the rules is delayed or the applicability
128 11 of the rules is suspended by the administrative rules review
128 12 committee. Any rules adopted in accordance with this section
128 13 shall not take effect before the rules are reviewed by the
128 14 administrative rules review committee. The delay authority
128 15 provided to the administrative rules review committee under
128 16 section 17A.4, subsection 7, and section 17A.8, subsection 9,
128 17 shall be applicable to a delay imposed under this section,
128 18 notwithstanding a provision in those sections making them
128 19 inapplicable to section 17A.5, subsection 2, paragraph "b".
128 20 Any rules adopted in accordance with the provisions of this
128 21 section shall also be published as a notice of intended action
128 22 as provided in section 17A.4.

128 23 2. If during a fiscal year, the department of human
128 24 services is adopting rules in accordance with this section
128 25 or as otherwise directed or authorized by state law, and the
128 26 rules will result in an expenditure increase beyond the amount
128 27 anticipated in the budget process or if the expenditure was
128 28 not addressed in the budget process for the fiscal year, the
128 29 department shall notify the persons designated by this division
128 30 of this Act for submission of reports, the chairpersons and
128 31 ranking members of the committees on appropriations, and
128 32 the department of management concerning the rules and the
128 33 expenditure increase. The notification shall be provided at

128 34 least 30 calendar days prior to the date notice of the rules
 128 35 is submitted to the administrative rules coordinator and the
 129 1 administrative code editor.
 129 2 Sec. 72. REPORTS. Any reports or other information
 129 3 required to be compiled and submitted under this Act during the
 129 4 fiscal year beginning July 1, 2018, shall be submitted to the
 129 5 chairpersons and ranking members of the joint appropriations
 129 6 subcommittee on health and human services, the legislative
 129 7 services agency, and the legislative caucus staffs on or
 129 8 before the dates specified for submission of the reports or
 129 9 information.

129 10 Sec. 73. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN
 129 11 APPROPRIATIONS FY 2018-2019. Notwithstanding section 8.39,
 129 12 subsection 1, for the fiscal year beginning July 1, 2018, if
 129 13 savings resulting from the governor's Medicaid modernization
 129 14 initiative accrue to the medical contracts or children's health
 129 15 insurance program appropriation from the general fund of the
 129 16 state and not to the medical assistance appropriation from the
 129 17 general fund of the state under this division of this Act,
 129 18 such savings may be transferred to such medical assistance
 129 19 appropriation for the same fiscal year without prior written
 129 20 consent and approval of the governor and the director of the
 129 21 department of management. The department of human services
 129 22 shall report any transfers made pursuant to this section to the
 129 23 legislative services agency.

129 24 Sec. 74. EFFECTIVE UPON ENACTMENT. The following
 129 25 provisions of this division of this Act, being deemed of
 129 26 immediate importance, take effect upon enactment:

129 27 1. The provision relating to section 232.141 and directing
 129 28 the state court administrator and the division administrator of
 129 29 the department of human services division of child and family
 129 30 services to make the determination, by June 15, 2018, of the
 129 31 distribution of funds allocated for the payment of the expenses
 129 32 of court-ordered services provided to juveniles which are a
 129 33 charge upon the state.

129 34 DIVISION XII

129 35 HEALTH CARE ACCOUNTS AND FUNDS — FY 2018-2019

130 1 Sec. 75. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 130 2 appropriated from the pharmaceutical settlement account created
 130 3 in section 249A.33 to the department of human services for the
 130 4 fiscal year beginning July 1, 2018, and ending June 30, 2019,
 130 5 the following amount, or so much thereof as is necessary, to be
 130 6 used for the purpose designated:

130 7 Notwithstanding any provision of law to the contrary, to
 130 8 supplement the appropriations made in this Act for medical
 130 9 contracts under the medical assistance program for the fiscal
 130 10 year beginning July 1, 2018, and ending June 30, 2019:
 130 11 \$ 400,000

130 12 Sec. 76. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 130 13 SERVICES. Notwithstanding any provision to the contrary and
 130 14 subject to the availability of funds, there is appropriated
 130 15 from the quality assurance trust fund created in section
 130 16 249L.4 to the department of human services for the fiscal year
 130 17 beginning July 1, 2018, and ending June 30, 2019, the following
 130 18 amounts, or so much thereof as is necessary, for the purposes
 130 19 designated:

130 20 To supplement the appropriation made in this Act from the
 130 21 general fund of the state to the department of human services
 130 22 for medical assistance for the same fiscal year:

130 23 \$ 18,352,604

130 24 Sec. 77. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 130 25 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 130 26 the contrary and subject to the availability of funds, there is
 130 27 appropriated from the hospital health care access trust fund
 130 28 created in section 249M.4 to the department of human services
 130 29 for the fiscal year beginning July 1, 2018, and ending June
 130 30 30, 2019, the following amounts, or so much thereof as is
 130 31 necessary, for the purposes designated:

130 32 To supplement the appropriation made in this Act from the
 130 33 general fund of the state to the department of human services
 130 34 for medical assistance for the same fiscal year:

130 35 \$ 16,960,277

131 1 Sec. 78. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 131 2 FOR FY 2018-2019. Notwithstanding section 8.33, if moneys
 131 3 appropriated for purposes of the medical assistance program for
 131 4 the fiscal year beginning July 1, 2018, and ending June 30,
 131 5 2019, from the general fund of the state, the quality assurance
 131 6 trust fund and the hospital health care access trust fund, are
 131 7 in excess of actual expenditures for the medical assistance
 131 8 program and remain unencumbered or unobligated at the close
 131 9 of the fiscal year, the excess moneys shall not revert but
 131 10 shall remain available for expenditure for the purposes of the
 131 11 medical assistance program until the close of the succeeding
 131 12 fiscal year.

131 13 DIVISION XIII

131 14 CHILD CARE FACILITY FUND — USE FOR FIELD OPERATIONS

131 15 Sec. 79. CHILD CARE FACILITY FUND — USE FOR FIELD
 131 16 OPERATIONS. Notwithstanding section 237A.4A, subsection 5,
 131 17 Code 2017, for the fiscal year beginning July 1, 2017, and
 131 18 ending June 30, 2018, in addition to the costs of dedicated
 131 19 staffing to perform the duties described in section 237A.4A,
 131 20 up to \$590,082 of the moneys in the child care facility fund
 131 21 may be used by the department of human services for additional
 131 22 expenditures of the child care regulatory unit within the
 131 23 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.

The Division is effective upon enactment and retroactive to July 1, 2016.

131 24 Sec. 80. EFFECTIVE UPON ENACTMENT. This division of this
131 25 Act, being deemed of immediate importance, takes effect upon
131 26 enactment.

131 27 DIVISION XIV
131 28 BIOLOGICS AND GENETICALLY TARGETED DRUGS — MEDICAID

131 29 Sec. 81. Section 249A.20A, subsection 3, Code 2017, is
131 30 amended to read as follows:

131 31 3. a. The pharmaceutical and therapeutics committee shall
131 32 recommend a preferred drug list to the department.

131 33 b. The committee shall develop the preferred drug list
131 34 by considering each drug's clinically meaningful therapeutic
131 35 advantages in terms of safety, effectiveness, and clinical
132 1 outcome.

132 2 c. The committee shall use evidence-based research methods
132 3 in selecting the drugs to be included on the preferred drug
132 4 list.

132 5 d. When making recommendations or determinations regarding
132 6 beneficiary access to drugs and biological products for rare
132 7 diseases, as defined in the federal Orphan Drug Act of 1983,
132 8 Pub.L. No.97-414, and drugs and biological products that are
132 9 genetically targeted, the committee shall request and consider
132 10 information from individuals who possess scientific or medical
132 11 training with respect to the drug, biological product, or rare
132 12 disease.

132 13 e. The committee shall periodically review all drug classes
132 14 included on the preferred drug list and may amend the list to
132 15 ensure that the list provides for medically appropriate drug
132 16 therapies for medical assistance recipients and achieves cost
132 17 savings to the medical assistance program.

132 18 f. The department may procure a sole source contract
132 19 with an outside entity or contractor to provide professional
132 20 administrative support to the pharmaceutical and therapeutics
132 21 committee in researching and recommending drugs to be placed on
132 22 the preferred drug list.

132 23 Sec. 82. Section 249A.24, Code 2017, is amended by adding
132 24 the following new subsection:

132 25 NEW SUBSECTION 2A. When making recommendations or
132 26 determinations regarding beneficiary access to drugs and
132 27 biological products for rare diseases, as defined in the
132 28 federal Orphan Drug Act of 1983, Pub.L. No.97-414, and
132 29 drugs and biological products that are genetically targeted,
132 30 the commission shall request and consider information from
132 31 individuals who possess scientific or medical training with

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.

132 32 respect to the drug, biological product, or rare disease.

132 33 DIVISION XV
132 34 PUBLIC ASSISTANCE PROGRAMS OVERSIGHT

132 35 Sec. 83. 2017 Iowa Acts, House File 531, section 2,
133 1 subsection 1, as enacted, is amended to read as follows:
133 2 1. The department of human services shall review state
133 3 efforts, including pilot programs related to data sharing
133 4 between states and technology-based solutions designed to curb
133 5 interstate dual participation, to address program integrity
133 6 for public assistance programs including Medicaid, the family
133 7 investment program (FIP), the supplemental nutrition assistance
133 8 program (SNAP), and the child care assistance program. As
133 9 part of the review, the department shall explore opportunities
133 10 to join existing pilot efforts in collaboration with other
133 11 states including the effort involving the national accuracy
133 12 clearinghouse, or to develop a separate pilot effort in Iowa.

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.

133 13 Sec. 84. EFFECTIVE UPON ENACTMENT. This division of this
133 14 Act, being deemed of immediate importance, takes effect upon
133 15 enactment.

The Division is effective upon enactment and retroactive to March 30, 2017.

133 16 Sec. 85. RETROACTIVE APPLICABILITY. This division of this
133 17 Act applies retroactively to March 30, 2017.

133 18 DIVISION XVI
133 19 BACKGROUND CHECK PRIVATE SECTOR ALTERNATIVES

133 20 Sec. 86. BACKGROUND CHECK — PRIVATE SECTOR
133 21 ALTERNATIVES. The department of human services and the
133 22 department of public safety shall jointly review private sector
133 23 alternatives to the performance of state mandated criminal
133 24 background checks currently performed solely by the department
133 25 of public safety. The departments shall submit a report to
133 26 the governor and the general assembly by December 15, 2017,
133 27 including a description of the process used in reviewing
133 28 private sector alternatives to perform criminal background
133 29 checks, the findings from the review, and recommendations for
133 30 utilizing private sector entities as an alternative to the
133 31 department of public safety in performing criminal background
133 32 checks.

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. The departments must submit a report to the Governor and the General Assembly by December 15, 2017.

133 33 DIVISION XVII
133 34 PSYCHIATRIC BED TRACKING SYSTEM

133 35 Sec. 87. DEPARTMENT OF HUMAN SERVICES PSYCHIATRIC BED
134 1 TRACKING SYSTEM. The department of human services shall amend
134 2 its administrative rules pursuant to chapter 17A to require
134 3 the state mental health institutes and hospitals licensed
134 4 to provide inpatient psychiatric treatment and services to

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.

134 5 participate in the psychiatric bed tracking system and to
 134 6 ensure updates are made, at a minimum, two times per day to
 134 7 the psychiatric bed tracking system. Updates shall include
 134 8 information on the availability of inpatient child, adult,
 134 9 and geriatric psychiatric beds staffed and available and
 134 10 information on the gender that can be accepted for each
 134 11 available bed.

134 12 DIVISION XVIII
 134 13 CHILDREN'S WELL-BEING COLLABORATIVES AND ADVISORY COMMITTEE

134 14 Sec. 88. CHILDREN'S WELL-BEING COLLABORATIVES — GRANTS.

134 15 1. The department of human services shall establish a
 134 16 request for proposals process which shall be based upon
 134 17 recommendations for the development and implementation
 134 18 of children's well-being collaboratives described in the
 134 19 children's mental health study report submitted by the
 134 20 department to the general assembly on December 15, 2016.
 134 21 2. A well-being collaborative shall consist of a
 134 22 broad-based group of entities in a defined geographical area
 134 23 represented by a lead agency. Entities in the well-being
 134 24 collaborative shall include a broad-based representation of key
 134 25 providers including but not limited to providers of prevention
 134 26 and early intervention services and mental health services to
 134 27 the target population.
 134 28 3. A well-being collaborative shall be responsible for
 134 29 developing interagency coordination and collaboration for
 134 30 the provision of prevention and early intervention services
 134 31 within the designated geographic area and shall, at a minimum,
 134 32 demonstrate all of the following:
 134 33 a. Experience and a strong understanding of how best to
 134 34 engage children and families to achieve positive mental health
 134 35 and well-being outcomes.
 135 1 b. An ability to provide or administer prevention services
 135 2 for the improvement of children's mental health and well-being.
 135 3 c. Experience and effectiveness in coordinating the
 135 4 collaborative efforts of multiple stakeholders working toward
 135 5 a common goal of improving the effectiveness of the group's
 135 6 efforts to achieve measurable improved outcomes.
 135 7 4. A well-being collaborative shall build and maintain
 135 8 intentional collaboration among all entities with the goal of
 135 9 providing measurable improvements in outcomes for children and
 135 10 families.
 135 11 5. A well-being collaborative shall build and improve
 135 12 coordination and effectiveness among entities to develop and
 135 13 provide primary, secondary, and tertiary prevention and early
 135 14 intervention services that are nonduplicative and that are
 135 15 aligned to meet the needs of children and families in the
 135 16 geographic area.

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.

135 17 6. A well-being collaborative shall provide technical
 135 18 assistance to a diverse array of stakeholders, facilitate
 135 19 the distribution of public awareness materials that include
 135 20 information aimed at reducing the stigma of mental illness,
 135 21 and provide updates on changes in state and federal policy
 135 22 in relation to prevention and early intervention efforts
 135 23 concerning children's mental health and well-being.
 135 24 7. A well-being collaborative shall establish or enhance
 135 25 collaborative efforts in all of the following areas:
 135 26 a. The selection and implementation of evidence-based or
 135 27 promising prevention and early intervention models.
 135 28 b. Understanding funding sources and how to utilize
 135 29 available funding most effectively.
 135 30 c. The adoption or development, implementation, and
 135 31 analysis of community needs assessments.
 135 32 d. The development, implementation, and analysis of a
 135 33 community work plan based on the results of the community needs
 135 34 assessment.
 135 35 e. The adoption or development and implementation of a
 136 1 uniform family assessment.
 136 2 f. The utilization of research and data analysis to guide
 136 3 the work of the well-being collaborative.
 136 4 g. The provision of culturally competent services and the
 136 5 ability to address issues relating to the disproportionate
 136 6 representation of a population group.
 136 7 h. The development of public awareness and training
 136 8 programs, including programs aimed at reducing the stigma of
 136 9 mental illness.
 136 10 i. The recruitment and retention of members in the
 136 11 well-being collaborative with a focus on achieving the goals
 136 12 and outcomes of the collaborative and supporting all members in
 136 13 the collaborative.
 136 14 8. Each grantee shall submit reports to the department of
 136 15 human services by December 15, 2017, and April 15, 2018, to
 136 16 include information relating to the accomplishments and future
 136 17 plans of each well-being collaborative.

136 18 Sec. 89. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY
 136 19 COMMITTEE. The department of human services shall create and
 136 20 provide support to a children's mental health and well-being
 136 21 advisory committee to continue efforts relating to improving
 136 22 children's mental health crisis services and children's
 136 23 well-being learning labs and supporting the children's
 136 24 well-being collaboratives.

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.

136 25 DIVISION XIX
 136 26 STATE FAMILY PLANNING SERVICES PROGRAM
 136 27 Sec. 90.NEW SECTION 217.41B STATE FAMILY PLANNING

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

136 28 SERVICES PROGRAM — ESTABLISHMENT — DISCONTINUATION OF
136 29 MEDICAID FAMILY PLANNING NETWORK WAIVER.

136 30 1. The department of human services shall discontinue the
136 31 Medicaid family planning network waiver effective July 1, 2017,
136 32 and shall instead establish a state family planning services
136 33 program. The state program shall replicate the eligibility
136 34 requirements and other provisions included in the Medicaid
136 35 family planning network waiver as approved by the centers for
137 1 Medicare and Medicaid services of the United States department
137 2 of health and human services in effect on June 30, 2017.

137 3 2. Distribution of family planning services program funds
137 4 under this section shall be made in a manner that continues
137 5 access to family planning services.

137 6 3. Distribution of family planning services program funds
137 7 shall not be made to any entity that performs abortions or that
137 8 maintains or operates a facility where abortions are performed.
137 9 For the purposes of this section, “abortion” does not include
137 10 any of the following:

137 11 a. The treatment of a woman for a physical disorder,
137 12 physical injury, or physical illness, including a
137 13 life-endangering physical condition caused by or arising from
137 14 the pregnancy itself, that would, as certified by a physician,
137 15 place the woman in danger of death.

137 16 b. The treatment of a woman for a spontaneous abortion,
137 17 commonly known as a miscarriage, when not all of the products
137 18 of human conception are expelled.

137 19 4. Family planning services program funds distributed in
137 20 accordance with this section shall not be used for direct or
137 21 indirect costs, including but not limited to administrative
137 22 costs or expenses, overhead, employee salaries, rent, and
137 23 telephone and other utility costs, related to providing
137 24 abortions as specified in subsection 3.

137 25 Sec. 91. EMERGENCY RULES. The department of human services
137 26 may adopt emergency rules under section 17A.4, subsection 3,
137 27 and section 17A.5, subsection 2, paragraph “b”, to implement
137 28 the provisions of this division of this Act, and the rules
137 29 shall be effective immediately upon filing unless a later date
137 30 is specified in the rules. Any rules adopted in accordance
137 31 with this section shall also be published as a notice of
137 32 intended action as provided in section 17A.4.

137 33 Sec. 92. EFFECTIVE UPON ENACTMENT. This division of this
137 34 Act, being deemed of immediate importance, takes effect upon
137 35 enactment.

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>

Permits the DHS to adopt emergency rules to implement the provisions of this Division of the Bill.

Specifies that this Division is effective upon enactment.

138 3 RATES AND DOCUMENTATION CHANGES
 138 4 Sec. 93. MEDICAID HOME AND COMMUNITY-BASED SERVICES
 138 5 PROVIDERS — TIERED RATES AND DOCUMENTATION CHANGES —
 138 6 EMERGENCY RULES.

138 7 1. Beginning July 1, 2017, the department of human
 138 8 services shall discontinue application of the retrospectively
 138 9 limited cost settlement methodology based on submission of
 138 10 required cost reports under 441 IAC 79.1, and shall implement
 138 11 tiered rates for providers of supported community living,
 138 12 day habilitation and adult day services for persons with an
 138 13 intellectual disability under the home and community-based
 138 14 services waiver program. The tiered rates shall be implemented
 138 15 in a phased-in approach to accommodate transition of providers
 138 16 to the revised reimbursement model. The department of human
 138 17 services and Medicaid managed care organizations may also
 138 18 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.

138 19 2. The department of human services shall amend 441 IAC
 138 20 24.4 relating to standards of service for providers of services
 138 21 to persons with mental illness, intellectual disabilities, or
 138 22 developmental disabilities pursuant to chapter 225C and 441
 138 23 IAC 79.3(2) relating to medical clinical records for providers
 138 24 of services under the Medicaid program pursuant to chapter
 138 25 249A, to provide, effective November 1, 2017, that in addition
 138 26 to allowing documentation of the provision of services or
 138 27 standards of service in a narrative format, the following
 138 28 providers may also provide documentation in a checkbox form
 138 29 format in accordance with the provider's organizational
 138 30 policies and procedures and in compliance with procedures
 138 31 established by the centers for Medicare and Medicaid services
 138 32 of the United States department of health and human services:
 138 33 a. Advanced registered nurse practitioners.
 138 34 b. Psychologists.
 138 35 c. Community mental health centers.
 139 1 d. Home and community-based habilitation services
 139 2 providers.
 139 3 e. Behavioral health intervention.
 139 4 f. Case management services including home and
 139 5 community-based services case management services.
 139 6 g. Home and community-based services waiver services.
 139 7 h. Behavioral health services.
 139 8 i. Community-based neurobehavioral rehabilitation
 139 9 residential services and intermittent services.
 139 10 3. The department of human services may adopt emergency
 139 11 rules under section 17A.4, subsection 3, and section 17A.5,
 139 12 subsection 2, paragraph "b", to implement the provisions of
 139 13 this division of this Act, and the rules shall be effective

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.

139 14 immediately upon filing unless a later date is specified in the
 139 15 rules. Any rules adopted in accordance with this section shall
 139 16 also be published as a notice of intended action as provided
 139 17 in section 17A.4.

139 18 Sec. 94. EFFECTIVE UPON ENACTMENT. This division of this
 139 19 Act, being deemed of immediate importance, takes effect upon
 139 20 enactment.

The Division is effective upon enactment.

139 21 DIVISION XXI
 139 22 TELEHEALTH PARITY INTERIM COMMITTEE

139 23 Sec. 95. TELEHEALTH PARITY INTERIM COMMITTEE.

139 24 1. The legislative council is requested to establish
 139 25 a study committee for the 2017 interim to examine issues
 139 26 relating to telehealth parity for private insurance and state
 139 27 employee health plans. The study committee shall consult with
 139 28 stakeholders to evaluate the benefits of telehealth parity
 139 29 within the context of the needs of Iowans such as access to
 139 30 health care, review existing policies related to telehealth
 139 31 reimbursement and the impact on private insurance and state
 139 32 employee health plans, consider the costs associated with
 139 33 telehealth service utilization, consider telehealth's potential
 139 34 impact to economic development opportunities for Iowa's
 139 35 rural communities, and evaluate obstacles such as broadband
 140 1 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.

140 2 2. The members of the committee shall include:

140 3 a. Ten members of the general assembly as voting members.

140 4 (1) Three members shall be appointed by the majority leader
 140 5 of the senate, two by the minority leader of the senate, three
 140 6 by the speaker of the house of representatives, and two by the
 140 7 minority leader of the house of representatives.

140 8 (2) The legislators appointed shall include:

140 9 (a) The chairpersons and ranking members of the general
 140 10 assembly's committees on human resources or a member of the
 140 11 committee designated by the chairperson or ranking member.

140 12 (b) The co-chairpersons and ranking members of the joint
 140 13 appropriations subcommittee on health and human services, or a
 140 14 member of the subcommittee designated by the co-chairperson or
 140 15 ranking member.

140 16 b. One representative of each of the following
 140 17 organizations as nonvoting members:

140 18 (1) The signal center for health innovation.

140 19 (2) The Iowa hospital association.

140 20 (3) An independent medical clinic.

140 21 (4) The Iowa medical society.

140 22 (5) The Iowa health care association.

140 23 (6) The federation of Iowa insurers.

140 24 (7) AARP Iowa.

140 25 (8) The Iowa telecommunications association.
 140 26 (9) A mental health and disability services region.
 140 27 c. The following agency directors or commissioner as ex
 140 28 officio nonvoting members:
 140 29 (1) The director of public health, or the director's
 140 30 designee.
 140 31 (2) The director of the department of administrative
 140 32 services, or the director's designee.
 140 33 (3) The director of the department on aging, or the
 140 34 director's designee.
 140 35 (4) The commissioner of insurance or the commissioner's
 141 1 designee.
 141 2 3. The interim committee may request information and
 141 3 assistance from state agencies as applicable to the purpose of
 141 4 the interim committee, as needed to complete the work of the
 141 5 interim committee.
 141 6 4. The interim committee shall submit its findings and
 141 7 recommendations to the general assembly by December 15, 2017,
 141 8 for consideration during the 2018 legislative session.

141 9 DIVISION XXII
 141 10 ALZHEIMER'S AND OTHER FORMS OF DEMENTIA — HEALTH AND
 141 11 RESILIENCE OUTREACH (HERO) PROJECT — DEMENTIA-SPECIFIC CARE

141 12 Sec. 96. HERO PROJECT. The department of public health
 141 13 shall collaborate with stakeholders that support individuals
 141 14 with Alzheimer's disease to identify funding opportunities
 141 15 to support the health and resilience outreach (HERO) project
 141 16 for individuals caring for a family member with Alzheimer's or
 141 17 other forms of dementia.

Requires the DPH to assist in identifying funding opportunities for the 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.

141 18 Sec. 97. ACCESS TO DEMENTIA-SPECIFIC CARE. The department
 141 19 on aging, the department of public health, the department of
 141 20 inspections and appeals, and the department of human services
 141 21 shall jointly analyze and make recommendations regarding
 141 22 options for coordination between state agencies and private
 141 23 entities to promote increased access to dementia-specific care
 141 24 in both residential and home and community-based settings. The
 141 25 analyses and recommendations shall address barriers to, gaps
 141 26 in, and opportunities for increased access, the availability of
 141 27 services in home and community-based settings as an alternative
 141 28 to residential settings, and any changes in law necessary to
 141 29 better address the needs of individuals with dementia and their
 141 30 families. The departments shall submit a joint report of
 141 31 findings and recommendations to the governor and the general
 141 32 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.

<p>141 34 OFFICE OF MINORITY AND MULTICULTURAL HEALTH — REPEAL 141 35 Sec. 98. Section 135.159, subsection 3, paragraph i, Code 142 1 2017, is amended to read as follows: 142 2 i. For children, coordinate with and integrate guidelines, 142 3 data, and information from existing newborn and child health 142 4 programs and entities, including but not limited to the healthy 142 5 opportunities for parents to experience success – healthy 142 6 families Iowa program, the early childhood Iowa initiative, 142 7 the center for congenital and inherited disorders screening 142 8 and health care programs, standards of care for pediatric 142 9 health guidelines, the office of minority and multicultural 142 10 health established in section 135.12, the oral health bureau 142 11 established in section 135.15, and other similar programs and 142 12 services. 142 13 Sec. 99. REPEAL. Section 135.12, Code 2017, is repealed.</p> <p>142 14 DIVISION XXIV 142 15 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS 142 16 ADOPTION SUBSIDY PAYMENTS AND SERVICES</p> <p>142 17 Sec. 100. 2015 Iowa Acts, chapter 137, section 139, 142 18 subsection 1, as amended by 2016 Iowa Acts, chapter 1139, 142 19 section 17, is amended by adding the following new paragraph: 142 20 NEW PARAGRAPH c. Notwithstanding section 8.33, 142 21 moneys corresponding to the state savings resulting from 142 22 implementation of the federal Fostering Connections to Success 142 23 and Increasing Adoptions Act of 2008, Pub.L. No.110-351, 142 24 and successor legislation, as determined in accordance with 142 25 42 U.S.C. §673(a)(8), that remain unencumbered or unobligated 142 26 at the close of the fiscal year, shall not revert to any fund 142 27 but shall remain available for the purposes designated in this 142 28 subsection until expended. The amount of such savings and any 142 29 corresponding funds remaining at the close of the fiscal year 142 30 shall be determined separately and any changes in either amount 142 31 between fiscal years shall not result in an unfunded need.</p> <p>142 32 DECATEGORIZATION 142 33 Sec. 101. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO 142 34 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection 142 35 5, paragraph “b”, any state appropriated moneys in the funding 143 1 pool that remained unencumbered or unobligated at the close 143 2 of the fiscal year beginning July 1, 2014, and were deemed 143 3 carryover funding to remain available for the two succeeding 143 4 fiscal years that still remain unencumbered or unobligated at 143 5 the close of the fiscal year beginning July 1, 2016, shall 143 6 not revert but shall be transferred to the medical assistance 143 7 program for the fiscal year beginning July 1, 2017.</p>	<p>created in 2006.</p> <p>DETAIL: This is a decrease of \$74,389 and 0.50 FTE position from the Community Capacity appropriation compared to estimated net FY 2017.</p> <p>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.</p> <p>Transfers to Medicaid decategorization funds that would have previously reverted to the General Fund.</p> <p>DETAIL: It is estimated that \$500,000 will be transferred to Medicaid in FY 2018.</p>
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<p>143 8 Sec. 102. EFFECTIVE UPON ENACTMENT. This division of this 143 9 Act, being deemed of immediate importance, takes effect upon 143 10 enactment. 143 11 Sec. 103. RETROACTIVE APPLICABILITY. This division of this 143 12 Act applies retroactively to July 1, 2016.</p>	<p>The Division is effective upon enactment and is retroactive to July 1, 2016.</p>
<p>143 13 DIVISION XXV 143 14 NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND IOWACARE 143 15 ACCOUNT — BALANCES — REVERSIONS 143 16 Sec. 104. NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND 143 17 IOWACARE ACCOUNT — AVAILABILITY — REVERSIONS. 143 18 Notwithstanding any provision of law to the contrary, for the 143 19 fiscal year beginning July 1, 2016, and ending June 30, 2017, 143 20 there is appropriated from the IowaCare account established in 143 21 section 249J.24, Code 2013, and the nonparticipating provider 143 22 reimbursement fund established in section 249J.24A, Code 143 23 2013, to the department of human services medical assistance 143 24 appropriation in this 2017 Act any unencumbered or unobligated 143 25 moneys from the account and fund to be used for the purposes of 143 26 the IowaCare account as provided in section 249J.24, Code 2013. 143 27 Notwithstanding section 8.33, moneys appropriated in this 143 28 section that remain unencumbered or unobligated at the close of 143 29 a fiscal year shall not revert but shall remain available for 143 30 expenditure for the purposes designated until expended.</p>	<p>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.</p> <p>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.</p>
<p>143 31 Sec. 105. EFFECTIVE UPON ENACTMENT. This division of this 143 32 Act, being deemed of immediate importance, takes effect upon 143 33 enactment.</p>	<p>The Division is effective upon enactment.</p>
<p>143 34 DIVISION XXVI 143 35 HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM — REPEAL 144 1 Sec. 106. Section 249M.5, Code 2017, is amended to read as 144 2 follows: 144 3 249M.5 FUTURE REPEAL. 144 4 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>144 5 Sec. 107. EFFECTIVE UPON ENACTMENT. This division of this 144 6 Act, being deemed of immediate importance, takes effect upon 144 7 enactment.</p>	<p>The Division is effective on enactment and retroactive to June 30, 2017.</p>
<p>144 8 DIVISION XXVII 144 9 CUSTODIAL CARE 144 10 Sec. 108. Section 249.12, Code 2017, is amended to read as 144 11 follows: 144 12 249.12 COST-RELATED SYSTEM. 144 13 1. In order to assure that the necessary data is available 144 14 to aid the general assembly to determine appropriate funding 144 15 for the custodial care program, the department of human</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>

144 16 services shall develop a cost-related system for financial
 144 17 supplementation to individuals who need custodial care and who
 144 18 have insufficient resources to purchase the care needed.

144 19 2. All privately operated licensed custodial facilities in
 144 20 Iowa shall cooperate with the department of human services to
 144 21 develop the cost-related plan. ~~After the plan is implemented,~~
 144 22 ~~state supplemental funds shall not be used for the care of~~
 144 23 ~~any individual in facilities that have not submitted cost~~
 144 24 ~~statements to the department of human services.~~

144 25 3. Beginning July 1, 2017, privately operated licensed
 144 26 custodial facilities in Iowa shall be reimbursed based on the
 144 27 maximum per diem rates established by the general assembly
 144 28 through the appropriations process.

144 29 DIVISION XXVIII
 144 30 JUVENILE BEDS CAP

144 31 Sec. 109. Section 232.142, subsection 5, Code 2017, is
 144 32 amended to read as follows:

144 33 5. The director shall approve annually all such homes
 144 34 established and maintained under the provisions of this
 144 35 chapter. A home shall not be approved unless it complies with
 145 1 minimal rules and standards adopted by the director and has
 145 2 been inspected by the department of inspections and appeals.
 145 3 The statewide number of beds in the homes approved by the
 145 4 director shall not exceed two hundred ~~sixty-two~~ seventy-two
 145 5 beds beginning July 1, 2017.

CODE: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272.

145 6 DIVISION XXIX
 145 7 TRANSFERS OF FUNDS BETWEEN DHS INSTITUTIONS

145 8 Sec. 110. Section 218.6, Code 2017, is amended to read as
 145 9 follows:

145 10 218.6 TRANSFER OF APPROPRIATIONS MADE TO INSTITUTIONS.

145 11 Notwithstanding section 8.39, subsection 1, without the
 145 12 prior written consent and approval of the governor and the
 145 13 director of the department of management, the director of human
 145 14 services may transfer funds between the appropriations made for
 145 15 ~~the same type of institution~~ institutions, listed as follows:

- 145 16 1. The state resource centers.
- 145 17 2. The state mental health institutes.
- 145 18 3. The state ~~juvenile institutions consisting of the state~~
 145 19 ~~training school and the Iowa juvenile home.~~
- 145 20 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.

145 21 DIVISION XXX
 145 22 PELVIC EXAMS — PRIOR CONSENT
 145 23 Sec. 111.NEW SECTION 147.114 PRIOR INFORMED CONSENT
 145 24 RELATIVE TO PELVIC EXAMINATIONS — PATIENT UNDER ANESTHESIA OR
 145 25 UNCONSCIOUS — PENALTIES.

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.

145 26 1. A person licensed or certified to practice a
 145 27 profession, or a student undertaking a course of instruction
 145 28 or participating in a clinical training or residency program
 145 29 for a profession, shall not perform a pelvic examination on an
 145 30 anesthetized or unconscious patient unless one of the following
 145 31 conditions is met:

145 32 a. The patient or the patient's authorized representative
 145 33 provides prior written informed consent to the pelvic
 145 34 examination, and the pelvic examination is necessary for
 145 35 preventive, diagnostic, or treatment purposes.

146 1 b. The patient or the patient's authorized representative
 146 2 has provided prior written informed consent to a surgical
 146 3 procedure or diagnostic examination to be performed on the
 146 4 patient, and the performance of a pelvic examination is within
 146 5 the scope of care ordered for that surgical procedure or
 146 6 diagnostic examination.

146 7 c. The patient is unconscious and incapable of providing
 146 8 prior informed consent, and the pelvic examination is necessary
 146 9 for diagnostic or treatment purposes.

146 10 d. A court has ordered the performance of the pelvic
 146 11 examination for the purposes of collection of evidence.

146 12 2. A person who violates this section is subject to the
 146 13 penalty specified under section 147.86, and any professional
 146 14 disciplinary provisions, as applicable.

146 15 DIVISION XXXI
 146 16 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT
 146 17 ALTERNATIVE PAYMENT PROGRAM

146 18 Sec. 112. 2016 Iowa Acts, chapter 1139, section 81, is
 146 19 amended by striking the section, and inserting in lieu thereof
 146 20 the following:

146 21 SEC. 81. Section 249L.2, subsection 6, Code 2016, is amended
 146 22 to read as follows:

146 23 6. "Nursing facility" means a licensed nursing facility as
 146 24 defined in section 135C.1 that is a freestanding facility or
 146 25 a nursing facility operated by a hospital licensed pursuant
 146 26 to chapter 135B, but does not include a distinct-part skilled
 146 27 nursing unit or a swing-bed unit operated by a hospital, or
 146 28 a nursing facility owned by the state or federal government
 146 29 or other governmental unit. "Nursing facility" includes a
 146 30 non-state government-owned nursing facility if the nursing
 146 31 facility participates in the non-state government-owned nursing
 146 32 facility upper payment limit alternative payment program.

146 33 Sec. 113. 2016 Iowa Acts, chapter 1139, section 82, is
 146 34 amended to read as follows:

146 35 SEC. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER
 147 1 PAYMENT LIMIT ~~SUPPLEMENTAL~~ ALTERNATIVE PAYMENT PROGRAM.

147 2 1. The department of human services shall submit, to the

Amends Division XVI of HF 2460 (FY 2017 Health and Human Services Appropriations Act) to make the following changes:

- Amends the title of the Program from the Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program to the Non-State Government-Owned Nursing Facility Upper Payment Limit Alternative Payment Program. In addition it changes references from supplemental to alternative throughout.
- Defines the payment to non-state governmental entities.
- Requires the DHS to submit a State Plan Amendment to the Center for Medicare and Medicaid Services (CMS) no later than September 29, 2017.

DETAIL: The Program, if approved by the Centers for Medicare and Medicaid Services (CMS), will allow non-state government-owned nursing facilities to partner with county hospitals by turning over their license to the hospital, enabling both to take advantage of the higher hospital-based Medicaid reimbursement rate for nursing facilities. Additional federal funds received from the transaction would be split between the nursing home and the hospital based on an agreement, and the State matching funds would be provided by the county

hospital.

147 3 centers for Medicare and Medicaid services (CMS) of the United
147 4 States department of health and human services no later than
147 5 September 29, 2017, a Medicaid state plan amendment to allow
147 6 qualifying non-state government-owned nursing facilities to
147 7 ~~receive a supplemental~~ participate in an alternative payment
147 8 program in accordance with the upper payment limit requirements
147 9 pursuant to 42 C.F.R. §447.272. The ~~supplemental alternative~~
147 10 payment shall be ~~in addition to~~ the greater of the payment in
147 11 accordance with the upper payment limit requirements pursuant
147 12 to 42 C.F.R. §447.272 or the Medicaid fee-for-service per diem
147 13 reimbursement rate or the per diem payment established for the
147 14 nursing facility under a Medicaid managed care contract.

147 15 2. At a minimum, the Medicaid state plan amendment shall
147 16 provide for all of the following:

147 17 a. A non-state governmental entity shall provide the state
147 18 share of the difference between the expected ~~supplemental~~
147 19 alternative payment and the Medicaid fee-for-service per diem
147 20 reimbursement rate in the form of an intergovernmental transfer
147 21 to the state.

147 22 b. The state shall claim federal matching funds and shall
147 23 make ~~supplemental alternative~~ payments to eligible non-state
147 24 governmental entities based on the ~~supplemental alternative~~
147 25 payment amount as calculated by the state for each nursing
147 26 facility for which a non-state governmental entity owns the
147 27 nursing facility's license. A managed care contractor shall
147 28 not retain any portion of the ~~supplemental alternative~~ payment,
147 29 but shall treat the ~~supplemental difference between the~~
147 30 expected alternative payment and the Medicaid fee-for-service
147 31 per diem reimbursement rate as a ~~pass-through~~ component of
147 32 the capitated payment calculation to the eligible non-state
147 33 governmental entity.

147 34 c. The ~~supplemental alternative~~ payment program shall
147 35 be budget neutral to the state. No general fund revenue
148 1 shall be expended under the program including for costs of
148 2 administration. If payments under the program result in
148 3 overpayment to a nursing facility, or if CMS disallows federal
148 4 participation related to a nursing facility's receipt or
148 5 use of ~~supplemental alternative~~ payments authorized under
148 6 the program, the state may recoup an amount equivalent to
148 7 the amount of ~~supplemental alternative~~ payments overpaid or
148 8 disallowed. ~~Supplemental Alternative~~ payments shall be subject
148 9 to any adjustment for payments made in error, including but not
148 10 limited to adjustments made by state or federal law, and the
148 11 state may recoup an amount equivalent to any such adjustment.

148 12 d. A nursing facility participating in the program shall
148 13 notify the state of any changes in ownership that may affect
148 14 the nursing facility's continued eligibility for the program

148 15 within thirty days of any such change.

148 16 e. No portion of the ~~supplemental~~ alternative payment
148 17 paid to a participating nursing facility may be used for
148 18 contingent fees. Expenditures for development fees, legal
148 19 fees, or consulting fees shall not exceed five percent of
148 20 the ~~supplemental~~ alternative funds received, annually, and
148 21 any such expenditures shall be reported to the department of
148 22 human services, and included in the department's annual report
148 23 pursuant to subsection 3.

148 24 f. The ~~supplemental~~ alternative payment paid to a
148 25 participating nursing facility shall only be used as specified
148 26 in state and federal law. ~~Supplemental~~ Alternative payments
148 27 paid to a participating nursing facility shall only be used as
148 28 follows:

148 29 (1) A portion of the amount received may be used for nursing
148 30 facility quality improvement initiatives including but not
148 31 limited to educational scholarships and nonmandatory training.
148 32 Priority in the awarding of contracts for such training shall
148 33 be for Iowa-based organizations.

148 34 (2) A portion of the amount received may be used for nursing
148 35 facility remodeling or renovation. Priority in the awarding
149 1 of contracts for such remodeling or renovations shall be for
149 2 Iowa-based organizations and skilled laborers.

149 3 (3) A portion of the amount received may be used for health
149 4 information technology infrastructure and software. Priority
149 5 in the awarding of contracts for such health information
149 6 technology infrastructure and software shall be for Iowa-based
149 7 organizations.

149 8 (4) A portion of the amount received may be used for
149 9 endowments to offset costs associated with maintenance of
149 10 hospitals licensed under chapter 135B and nursing facilities
149 11 licensed under chapter 135C.

149 12 g. A non-state governmental entity shall only be eligible
149 13 for ~~supplemental~~ alternative payments attributable to up to 10
149 14 percent of the potential non-state government-owned nursing
149 15 facilities licensed in the state.

149 16 3. Following receipt of approval and implementation of the
149 17 program, the department shall submit a report to the governor
149 18 and the general assembly, annually, on or before December 15,
149 19 regarding the program. The report shall include, at a minimum,
149 20 the name and location of participating non-state governmental
149 21 entities and the non-state government-owned nursing facilities
149 22 with which the non-state governmental entities have partnered
149 23 to participate in the program; the amount of the matching
149 24 funds provided by each non-state governmental entity; the
149 25 net ~~supplemental payment amount difference between the~~
149 26 expected alternative payment and the Medicaid fee-for-service
149 27 per diem reimbursement rate received by each participating

149 28 non-governmental entity and non-state government-owned nursing
 149 29 facility; and the amount expended for each of the specified
 149 30 categories of approved expenditure.

149 31 4. The department of human services shall work
 149 32 collaboratively with representatives of nursing facilities,
 149 33 hospitals, and other affected stakeholders in adopting
 149 34 administrative rules, and in implementing and administering
 149 35 this program.

150 1 5. As used in this section:

150 2 a. "Non-state governmental entity" means a hospital
 150 3 authority, hospital district, health care district, city, or
 150 4 county.

150 5 b. "Non-state government-owned nursing facility" means a
 150 6 nursing facility owned or operated by a non-state governmental
 150 7 entity for which a non-state governmental entity holds
 150 8 the nursing facility's license and is party to the nursing
 150 9 facility's Medicaid contract.

150 10 Sec. 114. 2016 Iowa Acts, chapter 1139, section 84,
 150 11 subsection 1, is amended to read as follows:

150 12 1. The section of this division of this Act directing the
 150 13 department of human services to submit a Medicaid state plan
 150 14 amendment to CMS no later than September 29, 2017, shall be
 150 15 implemented as soon as possible following enactment, consistent
 150 16 with all applicable federal requirements.

150 17 Sec. 115. EFFECTIVE UPON ENACTMENT. This division of this
 150 18 Act, being deemed of immediate importance, takes effect upon
 150 19 enactment.

150 20 Sec. 116. RETROACTIVE APPLICABILITY. This division of this
 150 21 Act applies retroactively to May 27, 2016.

Specifies that this Division is effective upon enactment and applies retroactively to May 27, 2016.

150 22 DIVISION XXXII
 150 23 LEGISLATIVE INTERIM — OPIOID EPIDEMIC EVALUATION
 150 24 Sec. 117. LEGISLATIVE INTERIM STUDY COMMITTEE — OPIOID
 150 25 EPIDEMIC EVALUATION.

150 26 1. The legislative council is requested to establish an
 150 27 interim study committee to comprehensively evaluate the state's
 150 28 response to the opioid epidemic in the state.

150 29 2. The committee shall receive input from agencies and
 150 30 entities including but not limited to all of the following:

150 31 a. Representatives of the professional licensing boards for
 150 32 professionals authorized to prescribe controlled substances.

150 33 b. Representatives of public safety and public health
 150 34 including but not limited to the office of the state medical
 150 35 examiner, the division of criminal investigation of the
 151 1 department of public safety, the department of corrections and
 151 2 community-based corrections, law enforcement agencies, the
 151 3 governor's office of drug control policy, and the department

Requests that the Legislative Council establish an interim study committee on evaluating the State's response to the opioid epidemic. The interim committee is required to submit a report to the Governor and General Assembly by November 15, 2017, that includes findings and recommendations.

151 4 of public health.
151 5 c. Representatives of the medical community and health
151 6 insurance payers including but not limited to the Iowa hospital
151 7 association, the Iowa medical society, the Iowa osteopathic
151 8 medical society, the Iowa pharmacy association, and America's
151 9 health insurance plans.
151 10 d. Consumers and representatives of consumers including but
151 11 not limited to the Iowa substance abuse information center, the
151 12 Iowa prescription abuse reduction task force, and addiction
151 13 treatment centers in the state.
151 14 3. The interim committee's evaluation shall include but is
151 15 not limited to a review of the protocols and practices relating
151 16 to the prescribing of opioid medications and the treatment
151 17 options available including medication-assisted treatment.
151 18 4. The interim committee shall submit a report, including
151 19 findings and recommendations, to the governor and the general
151 20 assembly by November 15, 2017.

Summary Data

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Action FY 2018 (4)	House Action vs. Est Net 2017 (5)	House Action 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 Action FY 2018 (4)	House Action vs. Est Net 2017 (5)	House Action 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	2,907,776	-3,877,264	1,453,888	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 15
Infectious Diseases	1,335,155	1,248,393	1,871,725	1,646,426	398,033	823,213	PG 13 LN 21
Public Protection	4,339,191	4,247,070	4,266,410	4,195,139	-51,931	2,097,569	PG 13 LN 27
Resource Management	855,072	971,215	998,981	971,215	0	485,607	PG 14 LN 26
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 15 LN 3
Total Public Health, Department of	\$ 59,701,658	\$ 57,078,445	\$ 56,504,891	\$ 51,342,801	\$ -5,735,644	\$ 25,783,160	
<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 30
Vets Home Ownership Program	2,500,000	2,500,000	2,393,750	2,000,000	-500,000	1,000,000	PG 16 LN 23
Veterans County Grants	990,000	990,000	947,925	947,925	-42,075	473,962	PG 16 LN 29
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 16 LN 1
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 28
Medical Assistance	1,385,191,564	1,303,190,737	1,285,832,597	1,284,405,740	-18,784,997	642,202,870	PG 27 LN 12
Medical Contracts	19,613,964	17,045,964	17,626,464	17,626,464	580,500	8,813,232	PG 35 LN 13
State Supplementary Assistance	11,897,187	10,722,135	10,372,658	10,372,658	-349,477	5,186,329	PG 37 LN 9
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 5
Child Care Assistance	41,408,668	31,722,450	39,843,616	39,343,616	7,621,166	19,671,808	PG 38 LN 20

Health and Human Services

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	House Action FY 2018 (4)	House Action vs. Est Net 2017 (5)	House Action YR2 FY 2019 (6)	Page and Line # (7)
Child and Family Services	85,341,938	83,851,277	87,329,375	87,279,375	3,428,098	43,639,687	PG 41 LN 11
Adoption Subsidy	42,998,286	42,646,664	40,777,910	40,777,910	-1,868,754	20,388,955	PG 47 LN 10
Family Support Subsidy	1,073,932	772,102	1,069,282	1,069,282	297,180	534,641	PG 49 LN 4
Connors Training	33,632	33,632	33,632	33,632	0	16,816	PG 49 LN 25
Volunteers	84,686	84,686	84,686	84,686	0	42,343	PG 54 LN 29
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	\$ 1,532,748,865	\$ -6,189,379	\$ 766,490,717	
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 26
Cherokee							
Cherokee MHI	\$ 5,545,616	\$ 14,658,594	\$ 13,870,254	\$ 13,870,254	\$ -788,340	\$ 6,935,127	PG 50 LN 6
Independence							
Independence MHI	\$ 10,324,209	\$ 18,464,015	\$ 17,513,621	\$ 17,513,621	\$ -950,394	\$ 8,756,810	PG 50 LN 12
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 35
Woodward							
Woodward Resource Center	\$ 14,583,806	\$ 13,995,352	\$ 12,077,034	\$ 12,077,034	\$ -1,918,318	\$ 6,038,517	PG 51 LN 3
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 52 LN 6
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 26
Field Operations	58,920,976	49,370,117	48,484,435	48,484,435	-885,682	24,242,217	PG 52 LN 29
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	\$ 14,033,040	\$ -1,415,158	\$ 7,016,520	PG 53 LN 7
DHS Facilities	0	2,879,274	2,879,274	2,879,274	0	1,439,637	PG 54 LN 20
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 55 LN 1
General Administration	\$ 15,042,461	\$ 18,471,668	\$ 17,006,510	\$ 15,589,207	\$ -2,882,461	\$ 7,866,702	
Total Human Services, Department of	\$ 1,815,779,906	\$ 1,711,935,542	\$ 1,694,967,182	\$ 1,691,573,022	\$ -20,362,520	\$ 845,974,891	
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 Action FY 2018 (4)	House Action vs. Est Net 2017 (5)	House Action 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 Action FY 2018 (4)	House Action vs. Est Net 2017 (5)	House Action 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 16
Promise Jobs-TANF	7,542,817	5,575,693	5,575,693	5,575,693	0	2,787,846	PG 17 LN 20
FaDDS-TANF	2,885,740	2,898,980	2,898,980	2,898,980	0	1,449,490	PG 17 LN 25
Field Operations-TANF	31,296,232	38,774,331	31,296,232	31,296,232	-7,478,099	15,648,116	PG 18 LN 1
General Administration-TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	1,872,000	PG 18 LN 3
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 5
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 26
Child Abuse Prevention-TANF	125,000	125,000	125,000	125,000	0	62,500	PG 18 LN 28
Training & Technology-TANF	247,247	1,037,186	1,037,186	1,037,186	0	518,593	PG 19 LN 11
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 30
Promoting Healthy Marriage - TANF	13,992	25,000	25,000	25,000	0	12,500	PG 20 LN 12
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 66 LN 6
Medical Assistance - QATF	37,205,208	36,705,208	36,705,208	36,705,208	0	18,352,604	PG 66 LN 17
Medical Assistance-HHCAT	34,700,000	34,700,000	34,700,000	33,920,554	-779,446	16,960,277	PG 66 LN 29
IowaCare Fund	0	0	0	258,184	258,184	0	PG 143 LN 13
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 143 LN 13
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

	<u>Actual FY 2016 (1)</u>	<u>Estimated Net FY 2017 (2)</u>	<u>Rev Gov FY 2018 (3)</u>	<u>House Action FY 2018 (4)</u>	<u>House Action vs. Est Net 2017 (5)</u>	<u>House Action YR2 FY 2019 (6)</u>
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 Action FY 2018 (4)	House Action vs. Est Net 2017 (5)	House Action 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 21
Public Protection	133.54	138.00	138.00	138.00	0.00	138.00	PG 13 LN 27
Resource Management	3.93	4.00	4.00	4.00	0.00	4.00	PG 14 LN 26
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 30
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 Action FY 2018 <u>(4)</u>	House Action vs. Est Net 2017 <u>(5)</u>	House Action 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 28
Child Care Assistance	2.69	0.00	0.00	0.00	0.00	0.00	PG 38 LN 20
Medical Assistance	12.36	14.00	14.00	14.00	0.00	14.00	PG 27 LN 12
Medical Contracts	3.02	0.00	0.00	0.00	0.00	0.00	PG 35 LN 13
Child and Family Services	3.14	1.00	0.00	0.00	-1.00	0.00	PG 41 LN 11
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 26
Cherokee							
Cherokee MHI	162.48	162.00	162.00	162.00	0.00	162.00	PG 50 LN 6
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 50 LN 12
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 35
Woodward							
Woodward Resource Center	570.72	583.60	583.60	583.60	0.00	583.60	PG 51 LN 3
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	94.58	112.00	112.00	112.00	0.00	112.00	PG 52 LN 6
Field Operations							
Child Support Recoveries	441.36	459.00	459.00	459.00	0.00	459.00	PG 25 LN 26
Field Operations	1,527.35	1,584.00	1,583.00	1,583.00	-1.00	1,583.00	PG 52 LN 29
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 53 LN 7
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>	