

# **Health and Human Services Appropriations Act House File 653**

Last Action:  
**ENACTED**  
Item Vetoed  
May 15, 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**

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**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 position compared to estimated net FY 2017. *The Governor item vetoed \$402,000.*

**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 Act, the attached tracking includes the following standing appropriations 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. *The Governor item vetoed \$100,000.*

**Other Funds FY 2019:** Appropriates a total of \$324.1 million from other funds. This is a 50.0% decrease in funding compared to estimated FY 2018.

**NEW PROGRAMS, SERVICES, OR ACTIVITIES**

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*Department of Human Services*

**State Family Planning Services 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.

Page 137, Line 27

**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 139, Line 4

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

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**Department on Aging:** Appropriates \$11.0 million and 27.0 FTE positions. This is a decrease of \$1.0 million compared to estimated net FY 2017.

Page 2, Line 3

**Office of Long-Term Care Ombudsman:** Appropriates \$1.2 million and 16.0 FTE positions. This is a decrease of \$164,000 compared to estimated net FY 2017.

Page 4, 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 4, Line 32

- 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 16, Line 24

**Department of Human Services:** Appropriates \$1,691.6 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 18, Line 4

- A net increase of \$6.8 million for the Family Investment Program (FIP)/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. *The Governor vetoed \$202,000*

## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

*for a grant to Drake University to establish a new Master's program.*

- A decrease of \$349,000 for the State Supplementary Assistance appropriation.
- 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 (CCA) 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. *The Governor vetoed \$200,000 for nationally accredited internet-based training.*
- A decrease of \$1.5 million to be spread across all Department appropriations.
- A decrease of \$3.0 million for the Regional Mental Health Grants appropriation, due to a one-time appropriation in FY 2017.

**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 18, 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 27, 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 28, 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 67, 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 67, 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 67, Line 29

## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

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

Page 144, Line 16

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

Page 144, Line 16

### STUDIES AND INTENT

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#### *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 36, 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 39, 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 134, Line 20

#### *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 142, 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 142, 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 17, Line 15

*Legislative Council*

**Telehealth Parity Interim Committee:** Requests that 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 140, Line 23

**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 151, Line 24

**SIGNIFICANT CODE CHANGES**

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*Department of Human Services*

**Biologics and Genetically Targeted Drugs:** Requires the Pharmaceutical and Therapeutics Committee under Medicaid to 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 132, Line 29

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

Page 145, Line 1

**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 145, Line 10

**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 145, Line 31

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

Page 146, Line 8

## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

**Nursing Facility Alternative Payment Program:** Amends the Non-State Government-Owned Nursing Facility Upper Payment Limit Alternative Payment Program enacted in [HF 2460](#) (FY 2017 Health and Human Services Appropriations Act). Page 147, Line 18

#### *Department of Public Health*

**Office of Minority and Multicultural Health:** Repeals the Office of Minority and Multicultural Health that was created in 2006. Page 142, Line 33

**Prior Consent:** Prohibits a licensed or certified medical practitioner, clinical student, or resident in a profession from performing a pelvic examination on an anesthetized patient without prior written consent. Page 146, Line 21

#### **EFFECTIVE DATE**

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#### *Department of Human Services*

The Division transferring Child Care Facility Funds is effective upon enactment. Page 132, 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 134, Line 13

The Division creating a State Family Planning Services Program is effective upon enactment. Page 138, Line 33

The Division relating to rate methodology and documentation for HCBS providers is effective upon enactment. Page 140, 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 retroactive to July 1, 2016. Page 144, Line 8

The Division appropriating the balance of the Nonparticipating Provider Reimbursement Fund and the IowaCare Account to Medicaid is effective upon enactment. Page 144, Line 31

The Division relating to the repeal of the Hospital Health Care Access Provider Assessment Program is effective upon enactment. Page 145, Line 5

## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

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The Division relating 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 151, Line 17

#### GOVERNOR'S VETOES

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##### *Department of Human Services*

**Medicaid Cost Containment Reporting:** The Governor vetoed the paragraph requiring the DHS to report the implementation of any cost containment strategies and stated the DHS, the Department of Management (DOM), and the Legislative Services Agency (LSA) meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies is shared during these meetings and is also available within the State's accounting and budgeting system. In addition, the Governor vetoed this language for FY 2019 in Section 51.

Page 35, Line 15

**Medicaid Process Improvement Reporting:** The Governor vetoed the paragraph requiring the DHS to report on any process improvement changes implemented and stated the DHS, the DOM and the LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies is shared during these meetings and is also available within the State's accounting and budgeting system. In addition, the Governor vetoed this language for FY 2019 in Section 51.

Page 35, Line 19

**Drake University Applied Behavioral Analysis Master's Program:** The Governor vetoed the paragraph allocating \$202,000 to Drake University to start a master's program in applied behavior analysis and stated the Department of Education has already awarded public funding to Drake University, a private university, for the establishment of a master's program in applied behavioral analysis and the DPH already administers a board-certified behavior analyst and board-certified assistant behavior analyst grants program. Therefore, the Governor concluded this item is redundant and unnecessary.

Page 37, Line 13

**Monthly Report:** The Governor vetoed the paragraph requiring the DHS to provide a monthly operational and expenditure report to the LSA. The Governor stated this information is already available within the State's accounting and budgeting systems. In addition, the Governor vetoed this language for FY 2019 in Division XI, Section 66.

Page 54, Line 17

**College of Direct Support Internet-Based Training Expansion:** The Governor vetoed the paragraph allocating \$200,000 for the DHS to contract with the College of Direct Support to expand the provision of nationally accredited and recognized internet-based training to include mental health and disability services providers. The Governor stated provider associations already conduct training opportunities for providers and the Department provides assistance as necessary. The Governor also stated this item was not recommended in the Governor's set of budget recommendations. Therefore, the Governor concluded this

Page 55, Line 16



## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

item is redundant and unnecessary. In addition, the Governor vetoed this language for FY 2019 in Division XI, Section 66.

**Medicaid Nursing Facility Reimbursement Rates:** The Governor vetoed the paragraph requiring Medicaid managed care long-term services and supports capitation rates to be adjusted to reflect the rebasing for the patient populations residing in Medicaid-certified nursing facilities. The Governor stated the provider reimbursement rate floors issued by DHS already include protections for providers and their reimbursement and this legislation already provides for additional appropriations for case-mix nursing facility rates effective July 1, 2017. Therefore, the Governor concluded this item is redundant and unnecessary.

Page 56, Line 31

**Medicaid Nursing Facility Retroactive Rate Adjustments:** The Governor vetoed the paragraph requiring Managed Care Organizations (MCOs) to adjust retroactively facility-specific rates based upon payment rate listings issued by the DHS and stated the provider reimbursement rate floors issued by the DHS already include protections for providers and their reimbursement. Therefore, the Governor concluded that restrictions in this item are redundant and unnecessary.

Page 57, Line 12

**Medicaid Managed Care Rate Floor:** The Governor vetoed the paragraph setting a rate floor for providers under Medicaid managed care and stated the DHS already includes protections for providers and their reimbursement and the restrictions in this item are redundant and unnecessary. In addition, the Governor vetoed this language for FY 2019 in Section 70.

Page 64, Line 24

#### *Iowa Veterans Home*

**Veterans Home Expenditure Report:** The Governor vetoed the paragraph requiring the IVH to submit a monthly expenditure report to the LSA and stated the information is already available within the State's accounting and budgeting system. In addition, the Governor vetoed this language for FY 2019 in Section 43.

Page 17, Line 13

#### **ENACTMENT DATE**

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This Act was approved by the General Assembly on April 20, 2017, and item vetoed and signed by the Governor on May 12, 2017.

#### **STAFF CONTACTS:**

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

| <b>Page #</b> | <b>Line #</b> | <b>Bill Section</b> | <b>Action</b>      | <b>Code Section</b> |
|---------------|---------------|---------------------|--------------------|---------------------|
| 132           | 29            | 81                  | Amend              | 249A.20A.3          |
| 133           | 23            | 82                  | Add                | 249A.24.2A          |
| 137           | 27            | 90                  | New                | 217.41B             |
| 142           | 35            | 98                  | Amend              | 135.159.3.i         |
| 143           | 13            | 99                  | Repeal             | 135.12              |
| 145           | 1             | 106                 | Amend              | 249M.5              |
| 145           | 10            | 108                 | Amend              | 249.12              |
| 145           | 31            | 109                 | Amend              | 232.142.5           |
| 146           | 8             | 110                 | Amend              | 218.6               |
| 146           | 23            | 111                 | New                | 147.114             |
| 147           | 18            | 112                 | Strike and Replace | 249L.2.6            |

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

2 3 Section 1. DEPARTMENT ON AGING. There is appropriated from  
 2 4 the general fund of the state to the department on aging for  
 2 5 the fiscal year beginning July 1, 2017, and ending June 30,  
 2 6 2018, the following amount, or so much thereof as is necessary,  
 2 7 to be used for the purposes designated:

2 8 For aging programs for the department on aging and area  
 2 9 agencies on aging to provide citizens of Iowa who are 60 years  
 2 10 of age and older with case management for frail elders, Iowa's  
 2 11 aging and disabilities resource center, and other services  
 2 12 which may include but are not limited to adult day services,  
 2 13 respite care, chore services, information and assistance,  
 2 14 and material aid, for information and options counseling for  
 2 15 persons with disabilities who are 18 years of age or older,  
 2 16 and for salaries, support, administration, maintenance, and  
 2 17 miscellaneous purposes, and for not more than the following  
 2 18 full-time equivalent positions:

|      |       |      |            |
|------|-------|------|------------|
| 2 19 | ..... | \$   | 11,042,476 |
| 2 20 | ..... | FTEs | 27.00      |

2 21 1. Funds appropriated in this section may be used to  
 2 22 supplement federal funds under federal regulations. To  
 2 23 receive funds appropriated in this section, a local area  
 2 24 agency on aging shall match the funds with moneys from other  
 2 25 sources according to rules adopted by the department. Funds  
 2 26 appropriated in this section may be used for elderly services  
 2 27 not specifically enumerated in this section only if approved  
 2 28 by an area agency on aging for provision of the service within  
 2 29 the area.

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

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

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

DETAIL: This is a decrease of \$1,028,674 and a decrease of 0.01 FTE position 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. The RSVP engages adults age 55 years and older in meaningful volunteer opportunities.

Requires the IDA 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.

3 6 fiscal period designated for use of the funds.  
 3 7 (2) Prohibiting prepayment for goods or services not  
 3 8 received or performed prior to the end of the fiscal period  
 3 9 designated for use of the funds.  
 3 10 (3) Prohibiting the prepayment for goods or services  
 3 11 not defined specifically by good or service, time period, or  
 3 12 recipient.  
 3 13 (4) Prohibiting the establishment of accounts from which  
 3 14 future goods or services which are not defined specifically by  
 3 15 good or service, time period, or recipient, may be purchased.  
 3 16 b. The procedures shall provide that if any funds are  
 3 17 expended in a manner that is not in compliance with the  
 3 18 procedures and applicable federal and state laws, rules, and  
 3 19 regulations, and are subsequently subject to repayment, the  
 3 20 area agency on aging expending such funds in contravention of  
 3 21 such procedures, laws, rules and regulations, not the state,  
 3 22 shall be liable for such repayment.

3 23 4. Of the funds appropriated in this section, at least  
 3 24 \$250,000 shall be used to fund the unmet needs identified  
 3 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.

3 26 5. Of the funds appropriated in this section, at least  
 3 27 \$600,000 shall be used to fund home and community-based  
 3 28 services through the area agencies on aging that enable older  
 3 29 individuals to avoid more costly utilization of residential or  
 3 30 institutional services and remain in their own homes.

Allocates at least \$600,000 to be used for HCBS provided through an AAA.

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

3 31 6. Of the funds appropriated in this section, \$812,537  
 3 32 shall be used for the purposes of chapter 231E and section  
 3 33 231.56A, of which \$350,000 shall be used for the office of  
 3 34 substitute decision maker pursuant to chapter 231E, and the  
 3 35 remainder shall be distributed equally to the area agencies on  
 4 1 aging to administer the prevention of elder abuse, neglect, and  
 4 2 exploitation program pursuant to section 231.56A, in accordance  
 4 3 with the requirements of the federal Older Americans Act of  
 4 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 (ADRC).
- \$350,000 for the Office of Substitute Decision Maker (OSDM).

DETAIL: This is a decrease of \$150,000 to the ADRC and no change to the OSDM compared to the estimated net FY 2017 allocation. The ADRC is the system that provides a single entry point/no wrong door access to Iowa's long-term community supports and services. The OSDM works with individuals who are not capable of making their own decisions about legal, financial, or health care matters. Depending on the situation, the OSDM may act as an individual's guardian, conservator, attorney-in-fact under a health care power of attorney document, agent under a financial power of attorney document, personal representative, or representative payee.

4 5 7. Of the funds appropriated in this section, \$750,000  
 4 6 shall be used to fund continuation of the aging and disability  
 4 7 resource center lifelong links to provide individuals and  
 4 8 caregivers with information and services to plan for and  
 4 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.

4 10 8. Notwithstanding section 8.39, for the fiscal year  
 4 11 beginning July 1, 2017, the department may transfer funds  
 4 12 within or between the allocations made in this division of this  
 4 13 Act for the same fiscal year in accordance with departmental  
 4 14 priorities. The department shall report any such transfers  
 4 15 to the individuals specified in this Act for submission of  
 4 16 reports. This subsection shall not be construed to prohibit  
 4 17 the use of existing state transfer authority for other  
 4 18 purposes.

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

4 19 DIVISION II  
 4 20 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2017-2018

4 21 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is  
 4 22 appropriated from the general fund of the state to the office  
 4 23 of long-term care ombudsman for the fiscal year beginning July  
 4 24 1, 2017, and ending June 30, 2018, the following amount, or  
 4 25 so much thereof as is necessary, to be used for the purposes  
 4 26 designated:

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

DETAIL: This is a decrease of \$163,921 and an increase of 0.01 FTE position compared to estimated net FY 2017. The decrease in funding is due to a general reduction.

4 27 For salaries, support, administration, maintenance, and  
 4 28 miscellaneous purposes, and for not more than the following  
 4 29 full-time equivalent positions:  
 4 30 ..... \$ 1,160,281  
 4 31 ..... FTEs 16.00

4 32 DIVISION III  
 4 33 DEPARTMENT OF PUBLIC HEALTH — FY 2017-2018

4 34 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated  
 4 35 from the general fund of the state to the department of public  
 5 1 health for the fiscal year beginning July 1, 2017, and ending  
 5 2 June 30, 2018, the following amounts, or so much thereof as is  
 5 3 necessary, to be used for the purposes designated:

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

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

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

5 9 ..... \$ 24,985,831  
 5 10 ..... FTEs 10.00

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

5 11 a. (1) Of the funds appropriated in this subsection,  
 5 12 \$4,021,225 shall be used for the tobacco use prevention  
 5 13 and control initiative, including efforts at the state and  
 5 14 local levels, as provided in chapter 142A. The commission  
 5 15 on tobacco use prevention and control established pursuant  
 5 16 to section 142A.3 shall advise the director of public health  
 5 17 in prioritizing funding needs and the allocation of moneys  
 5 18 appropriated for the programs and initiatives. Activities  
 5 19 of the programs and initiatives shall be in alignment with  
 5 20 the United States centers for disease control and prevention  
 5 21 best practices for comprehensive tobacco control programs that  
 5 22 include the goals of preventing youth initiation of tobacco  
 5 23 usage, reducing exposure to secondhand smoke, and promotion  
 5 24 of tobacco cessation. To maximize resources, the department  
 5 25 shall determine if third-party sources are available to  
 5 26 instead provide nicotine replacement products to an applicant  
 5 27 prior to provision of such products to an applicant under  
 5 28 the initiative. The department shall track and report to  
 5 29 the individuals specified in this Act, any reduction in  
 5 30 the provision of nicotine replacement products realized by  
 5 31 the initiative through implementation of the prerequisite  
 5 32 screening.

Allocates \$4,021,225 for tobacco use prevention and control initiatives, including Community Partnerships. Requires activities of the 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. The Commission on Tobacco Use Prevention and Control works to reduce tobacco use and the toll of tobacco-related diseases and death by preventing youth from starting tobacco use, helping adults and youths quit, and preventing exposure to secondhand tobacco smoke.

5 33 (2) (a) The department shall collaborate with the  
 5 34 alcoholic beverages division of the department of commerce for  
 5 35 enforcement of tobacco laws, regulations, and ordinances and to  
 6 1 engage in tobacco control activities approved by the division  
 6 2 of tobacco use prevention and control of the department of  
 6 3 public health as specified in the memorandum of understanding  
 6 4 entered into between the divisions.

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.

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

6 16 b. Of the funds appropriated in this subsection,  
 6 17 \$20,964,606 shall be used for problem gambling and  
 6 18 substance-related disorder prevention, treatment, and recovery  
 6 19 services, including a 24-hour helpline, public information  
 6 20 resources, professional training, youth prevention, and program  
 6 21 evaluation.

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. The Division of Behavioral Health's Bureau of Substance Abuse works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs. The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services.

6 22 c. The requirement of section 123.17, subsection 5, is met  
 6 23 by the appropriations and allocations made in this division of  
 6 24 this Act for purposes of substance-related disorder treatment  
 6 25 and addictive disorders for the fiscal year beginning July 1,  
 6 26 2017.

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

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.

6 27 2. HEALTHY CHILDREN AND FAMILIES

6 28 For promoting the optimum health status for children,  
 6 29 adolescents from birth through 21 years of age, and families,  
 6 30 and for not more than the following full-time equivalent  
 6 31 positions:  
 6 32 ..... \$ 5,325,632  
 6 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.

6 34 a. Of the funds appropriated in this subsection, not more  
 6 35 than \$734,841 shall be used for the healthy opportunities for  
 7 1 parents to experience success (HOPES)-healthy families Iowa  
 7 2 (HFI) program established pursuant to section 135.106. The  
 7 3 funding shall be distributed to renew the grants that were  
 7 4 provided to the grantees that operated the program during the  
 7 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 estimated net 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.

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

Specifies 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 over time.

7 13 c. Of the funds appropriated in this subsection, \$3,075,101  
 7 14 shall be used for continuation of the department's initiative  
 7 15 to provide for adequate developmental surveillance and  
 7 16 screening during a child's first five years. The funds shall  
 7 17 be used first to fully fund the current sites to ensure that  
 7 18 the sites are fully operational, with the remaining funds  
 7 19 to be used for expansion to additional sites. The full  
 7 20 implementation and expansion shall include enhancing the scope  
 7 21 of the initiative through collaboration with the child health  
 7 22 specialty clinics to promote healthy child development through  
 7 23 early identification and response to both biomedical and social  
 7 24 determinants of healthy development; by monitoring child  
 7 25 health metrics to inform practice, document long-term health  
 7 26 impacts and savings, and provide for continuous improvement  
 7 27 through training, education, and evaluation; and by providing  
 7 28 for practitioner consultation particularly for children with  
 7 29 behavioral conditions and needs. The department of public  
 7 30 health shall also collaborate with the Iowa Medicaid enterprise  
 7 31 and the child health specialty clinics to integrate the  
 7 32 activities of the first five initiative into the establishment  
 7 33 of patient-centered medical homes, community utilities,  
 7 34 accountable care organizations, and other integrated care  
 7 35 models developed to improve health quality and population  
 8 1 health while reducing health care costs. To the maximum extent  
 8 2 possible, funding allocated in this paragraph shall be utilized  
 8 3 as matching funds for medical assistance program reimbursement.

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. This 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 from birth to age five. The Initiative then coordinates referrals, interventions, and follow-up.

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

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

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

8 10 e. Of the funds appropriated in this subsection, \$156,482  
 8 11 shall be used to provide audiological services and hearing  
 8 12 aids for children. The department may enter into a contract  
 8 13 to administer this paragraph.

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

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

8 14 f. Of the funds appropriated in this subsection, \$23,000 is  
 8 15 transferred to the university of Iowa college of dentistry for  
 8 16 provision of primary dental services to children. State funds  
 8 17 shall be matched on a dollar-for-dollar basis. The university  
 8 18 of Iowa college of dentistry shall coordinate efforts with the  
 8 19 department of public health, bureau of oral and health delivery

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.



8 20 systems, to provide dental care to underserved populations  
8 21 throughout the state.

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

8 22 g. Of the funds appropriated in this subsection, \$50,000  
8 23 shall be used to address youth suicide prevention.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Funds are used to provide the Your Life Iowa resource which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24/7, and texting services from 2-10 PM daily.

8 24 h. Of the funds appropriated in this subsection, \$40,511  
8 25 shall be used to support the Iowa effort to address the survey  
8 26 of children who experience adverse childhood experiences known  
8 27 as ACEs.

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

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Supports the Adverse Childhood Experiences Study being conducted by the Central Iowa ACEs Steering Committee. The original Adverse Childhood Experiences Study revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions to the Behavioral Risk Factor Surveillance System to further track and study this topic.

8 28 i. The department of public health shall continue to  
8 29 administer the program to assist parents in this state with  
8 30 costs resulting from the death of a child in accordance with  
8 31 the provisions of 2014 Iowa Acts, chapter 1140, section 22,  
8 32 subsection 12.

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.

8 33 3. CHRONIC CONDITIONS

8 34 For serving individuals identified as having chronic  
8 35 conditions or special health care needs, and for not more than  
9 1 the following full-time equivalent positions:

|     |       |      |           |
|-----|-------|------|-----------|
| 9 2 | ..... | \$   | 4,170,750 |
| 9 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).

9 4 a. Of the funds appropriated in this subsection, \$153,755  
9 5 shall be used for grants to individual patients who have an  
9 6 inherited metabolic disorder to assist with the costs of  
9 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. The grants assist with the costs of necessary special foods and supplements for individual patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted.

9 8 b. Of the funds appropriated in this subsection, \$1,020,794  
9 9 shall be used for the brain injury services program pursuant  
9 10 to section 135.22B, including for contracting with an existing  
9 11 nationally affiliated and statewide organization whose purpose  
9 12 is to educate, serve, and support lowans with brain injury and  
9 13 their families for resource facilitator services in accordance  
9 14 with section 135.22B, subsection 9, and for contracting to  
9 15 enhance brain injury training and recruitment of service  
9 16 providers on a statewide basis. Of the amount allocated in  
9 17 this paragraph, \$95,000 shall be used to fund one full-time  
9 18 equivalent position to serve as the state brain injury services  
9 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. The Brain Injury Services Program established in Iowa Code section [135.22B](#) works to improve the lives of lowans living with brain injuries and their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa.

9 20 c. Of the funds appropriated in this subsection, \$144,097  
9 21 shall be used for the public purpose of continuing to contract  
9 22 with an existing national-affiliated organization to provide  
9 23 education, client-centered programs, and client and family  
9 24 support for people living with epilepsy and their families.  
9 25 The amount allocated in this paragraph in excess of \$100,000  
9 26 shall be matched dollar-for-dollar by the organization  
9 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. Funding provides for education, client-centered programs, and client and family support for people living with epilepsy and their families.

9 28 d. Of the funds appropriated in this subsection, \$809,550  
9 29 shall be used for child health specialty clinics.

Allocates \$809,550 for CHSC.

DETAIL: This is an increase of \$28,309 compared to the estimated net FY 2017 allocation. The CHSC Program is operated by the University of Iowa (UI) 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.

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| <p>9 30 e. Of the funds appropriated in this subsection, \$384,552<br/> 9 31 shall be used by the regional autism assistance program<br/> 9 32 established pursuant to section 256.35, and administered by<br/> 9 33 the child health specialty clinic located at the university of<br/> 9 34 Iowa hospitals and clinics. The funds shall be used to enhance<br/> 9 35 interagency collaboration and coordination of educational,<br/> 10 1 medical, and other human services for persons with autism,<br/> 10 2 their families, and providers of services, including delivering<br/> 10 3 regionalized services of care coordination, family navigation,<br/> 10 4 and integration of services through the statewide system of<br/> 10 5 regional child health specialty clinics and fulfilling other<br/> 10 6 requirements as specified in chapter 225D. The university of<br/> 10 7 Iowa shall not receive funds allocated under this paragraph for<br/> 10 8 indirect costs associated with the regional autism assistance<br/> 10 9 program.</p> | <p>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).</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The UI is prohibited from receiving any funds for indirect costs associated with the allocation. The RAP teams provide regional screenings for toddlers and youth and coordinate referrals for assessment and diagnostic services. In addition, the RAP coordinates in-service training and provides technical assistance, consultation, information, and referral.</p> |
| <p>10 10 f. Of the funds appropriated in this subsection, \$577,375<br/> 10 11 shall be used for the comprehensive cancer control program to<br/> 10 12 reduce the burden of cancer in Iowa through prevention, early<br/> 10 13 detection, effective treatment, and ensuring quality of life.<br/> 10 14 Of the funds allocated in this paragraph "f", \$150,000 shall<br/> 10 15 be used to support a melanoma research symposium, a melanoma<br/> 10 16 biorepository and registry, basic and translational melanoma<br/> 10 17 research, and clinical trials.</p>  | <p>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.</p> <p>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.</p>   |
| <p>10 18 g. Of the funds appropriated in this subsection, \$97,532<br/> 10 19 shall be used for cervical and colon cancer screening, and<br/> 10 20 \$177,720 shall be used to enhance the capacity of the cervical<br/> 10 21 cancer screening program to include provision of recommended<br/> 10 22 prevention and early detection measures to a broader range of<br/> 10 23 low-income women.</p>  | <p>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.</p> <p>DETAIL: This is a decrease of \$100,000 for the enhanced capacity allocation compared to the estimated net FY 2017 allocation.</p>  |
| <p>10 24 h. Of the funds appropriated in this subsection, \$506,355<br/> 10 25 shall be used for the center for congenital and inherited<br/> 10 26 disorders.</p>   | <p>Allocates \$506,355 for the Center for Congenital and Inherited Disorders (CCID) central registry.</p> <p>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.</p>  |
| <p>10 27 i. Of the funds appropriated in this subsection,<br/> 10 28 \$215,263 shall be used by the department of public health<br/> 10 29 for reform-related activities, including but not limited to<br/> 10 30 facilitation of communication to stakeholders at the state and<br/> 10 31 local level, administering the patient-centered health advisory<br/> 10 32 council pursuant to section 135.159, and involvement in health</p>  | <p>Allocates \$215,263 for the DPH Office of Health Care Transformation (OHCT), which handles Affordable Care Act related initiatives.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. This Office serves as a key point of contact for initiatives at the DPH related to the Affordable Care Act, including Health Benefit</p>  |

10 33 care system innovation activities occurring across the state.

Exchange, Accountable Care Organizations, Patient Centered Medical Home/Health Homes, prevention and chronic care management initiatives, community utility, and care coordination. The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts.

10 34 j. Of the funds appropriated in this subsection, \$22,100  
 10 35 shall be used for administration of chapter 124D, the medical  
 11 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.

11 2 4. COMMUNITY CAPACITY  
 11 3 For strengthening the health care delivery system at the  
 11 4 local level, and for not more than the following full-time  
 11 5 equivalent positions:  
 11 6 ..... \$ 2,907,776  
 11 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 of this Act.
- A decrease of \$48,069 to relocate Iowa Coalition Against Sexual Violence funding to the Public Protection appropriation in Subsection 7 of this Act.
- 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 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 vision screening as enacted in Iowa Code section [135.39D](#).
- A decrease of \$74,389 to eliminate the Office on Minority and

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| <p>11 8 a. Of the funds appropriated in this subsection, \$95,575<br/> 11 9 is allocated for continuation of the child vision screening<br/> 11 10 program implemented through the university of Iowa hospitals<br/> 11 11 and clinics in collaboration with early childhood Iowa areas.<br/> 11 12 The program shall submit a report to the individuals identified<br/> 11 13 in this Act for submission of reports regarding the use of<br/> 11 14 funds allocated under this paragraph "a". The report shall<br/> 11 15 include the objectives and results for the program year<br/> 11 16 including the target population and how the funds allocated<br/> 11 17 assisted the program in meeting the objectives; the number,<br/> 11 18 age, and location within the state of individuals served;<br/> 11 19 the type of services provided to the individuals served; the<br/> 11 20 distribution of funds based on service provided; and the<br/> 11 21 continuing needs of the program.</p> | <p>Multicultural Health.</p> <ul style="list-style-type: none"> <li>• A decrease of \$178,129 to eliminate funding for the Iowa Primary Care Association Collaborative Safety Net Provider Network administration.</li> <li>• A decrease of \$105,493 to reduce funding for specialty health care clinics operated by the Polk County Medical Society.</li> <li>• A decrease of \$78,309 to eliminate funding for the University of Iowa Primary Care Model for Mental Health Treatment Program.</li> </ul> <p>Allocates \$95,575 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the DPH to submit a report to the individuals referenced in the Act regarding the use of funds allocated to the Iowa KidSight Child Vision Screening Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p> |
| <p>11 22 b. Of the funds appropriated in this subsection, \$105,656 is<br/> 11 23 allocated for continuation of an initiative implemented at the<br/> 11 24 university of Iowa to expand and improve the workforce engaged<br/> 11 25 in mental health treatment and services. The initiative shall<br/> 11 26 receive input from the university of Iowa, the department of<br/> 11 27 human services, the department of public health, and the mental<br/> 11 28 health and disability services commission to address the focus<br/> 11 29 of the initiative.</p>  | <p>Allocates \$105,656 for a UI initiative to expand and improve the mental health treatment and services workforce.</p> <p>DETAIL: Eliminates the \$8,000 allocation that was included in estimated net FY 2017 for the initiative at the Mental Health Institute (MHI) at Cherokee. This is no change compared to the estimated net FY 2017 allocation for the remaining program.</p>  |
| <p>11 30 c. Of the funds appropriated in this section, \$83,315 shall<br/> 11 31 be deposited in the governmental public health system fund<br/> 11 32 created in section 135A.8 to be used for the purposes of the<br/> 11 33 fund.</p>  | <p>Allocates \$83,315 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>   |
| <p>11 34 d. Of the funds appropriated in this subsection,<br/> 11 35 \$48,069 shall be used for a grant to a statewide association<br/> 12 1 of psychologists that is affiliated with the American<br/> 12 2 psychological association to be used for continuation of a<br/> 12 3 program to rotate intern psychologists in placements in urban<br/> 12 4 and rural mental health professional shortage areas, as defined<br/> 12 5 in section 135.180.</p>   | <p>Allocates \$48,069 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program is not a loan repayment program, but increases access through creating new opportunities for doctoral level psychologists to complete a required rotation in Iowa as opposed to</p>  |

leaving the state. The Program targets health professional shortage areas and rural areas.

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 clinics and Free Clinics of Iowa, \$25,000 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 health care clinics.
- An increase of \$25,000 to fund rural health clinics that received funding through the Iowa Collaborative Safety Net Provider Network administration allocation being eliminated.

Allocates \$76,231 for Direct Care Worker Initiative funding.

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.

Allocates \$191,188 for the continuation of a contract previously awarded through a request for proposals (RFP) process for an independent direct care worker organization for promotion and education on direct care workforce issues.

12 6 e. Of the funds appropriated in this subsection, the  
12 7 following amounts are allocated to be used as follows to  
12 8 support the Iowa collaborative safety net provider network  
12 9 goals of increased access, health system integration, and  
12 10 engagement:

12 11 (1) Not less than \$521,863 is allocated to the Iowa  
12 12 prescription drug corporation for continuation of the  
12 13 pharmaceutical infrastructure for safety net providers as  
12 14 described in 2007 Iowa Acts, chapter 218, section 108, and for  
12 15 the prescription drug donation repository program created in  
12 16 chapter 135M.

12 17 (2) Not less than \$334,870 is allocated to free clinics and  
12 18 free clinics of Iowa for necessary infrastructure, statewide  
12 19 coordination, provider recruitment, service delivery, and  
12 20 provision of assistance to patients in securing a medical home  
12 21 inclusive of oral health care.

12 22 (3) Not less than \$25,000 is allocated to the Iowa  
12 23 association of rural health clinics for necessary  
12 24 infrastructure and service delivery transformation.

12 25 (4) Not less than \$100,000 is allocated to the Polk county  
12 26 medical society for continuation of the safety net provider  
12 27 patient access to a specialty health care initiative as  
12 28 described in 2007 Iowa Acts, chapter 218, section 109.

12 29 f. Of the funds appropriated in this subsection,  
12 30 \$76,231 shall be used by the department in implementing  
12 31 the recommendations in the final report submitted by the  
12 32 direct care worker advisory council to the governor and the  
12 33 general assembly in March 2012, including by continuing to  
12 34 develop, promote, and make available on a statewide basis the  
12 35 prepare-to-care core curriculum and its associated modules  
13 1 and specialties through various formats including online  
13 2 access, community colleges, and other venues; exploring new and  
13 3 maintaining existing specialties including but not limited to  
13 4 oral health and dementia care; supporting instructor training;  
13 5 and assessing and making recommendations concerning the Iowa  
13 6 care book and information technology systems and infrastructure  
13 7 uses and needs.

13 8 g. Of the funds appropriated in this subsection, \$191,188  
13 9 shall be allocated for continuation of the contract with  
13 10 an independent statewide direct care worker organization  
13 11 previously selected through a request for proposals process.  
13 12 The contract shall continue to include performance and outcomes

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|---|--|
| <p>13 13 measures, and shall continue to allow the contractor to use a<br/> 13 14 portion of the funds received under the contract to collect<br/> 13 15 data to determine results based on the performance and outcomes<br/> 13 16 measures.</p>   | <p>DETAIL: This is a decrease of \$16,831 compared to the estimated net FY 2017 allocation.</p>  |
| <p>13 17 h. Of the funds appropriated in this subsection, the<br/> 13 18 department may use up to \$58,175 for up to one full-time<br/> 13 19 equivalent position to administer the volunteer health care<br/> 13 20 provider program pursuant to section 135.24.</p>   | <p>Permits the DPH to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program goal is to increase volunteerism by competent health care professionals by offering employer tort claim protection to eligible volunteer health care providers and eligible clinics providing free health care services in Iowa.</p>   |
| <p>13 21 i. Of the funds appropriated in this subsection, \$96,138<br/> 13 22 shall be used for a matching dental education loan repayment<br/> 13 23 program to be allocated to a dental nonprofit health service<br/> 13 24 corporation to continue to develop the criteria and implement<br/> 13 25 the loan repayment program.</p>  | <p>Allocates \$96,138 for the Fulfilling Iowa's Need for Dentists (FIND) Dental Education Loan Repayment Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The FIND Project award recipients agree to practice in a designated dentist shortage area and devote at least 35.0% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period.</p>   |
| <p>13 26 j. Of the funds appropriated in this subsection, \$52,911 is<br/> 13 27 transferred to the college student aid commission for deposit<br/> 13 28 in the rural Iowa primary care trust fund created in section<br/> 13 29 261.113 to be used for the purposes of the fund.</p>  | <p>Allocates \$52,911 for transfer to the College Student Aid Commission for deposit in the <a href="#">Primary Care Trust</a>.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>   |
| <p>13 30 k. Of the funds appropriated in this subsection, \$150,000<br/> 13 31 shall be used for the purposes of the Iowa donor registry as<br/> 13 32 specified in section 142C.18.</p>  | <p>Allocates \$150,000 to the Iowa Donor Registry.</p> <p>DETAIL: This a decrease of \$90,395 compared to the estimated net FY 2017 allocation.</p>  |
| <p>13 33 l. Of the funds appropriated in this subsection, \$96,138<br/> 13 34 shall be used for continuation of a grant to a nationally<br/> 13 35 affiliated volunteer eye organization that has an established<br/> 14 1 program for children and adults and that is solely dedicated to<br/> 14 2 preserving sight and preventing blindness through education,<br/> 14 3 nationally certified vision screening and training, and<br/> 14 4 community and patient service programs. The organization<br/> 14 5 shall submit a report to the individuals identified in this<br/> 14 6 Act for submission of reports regarding the use of funds<br/> 14 7 allocated under this paragraph "l". The report shall include<br/> 14 8 the objectives and results for the program year including<br/> 14 9 the target population and how the funds allocated assisted</p> | <p>Allocates \$96,138 to Prevent Blindness Iowa for a vision screening and training program. Requires a report regarding the objectives and results of the Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation. The organization is required to submit a report outlining objectives, target population and locations, services provided, and other details. The Program seeks to increase statewide vision screening programs provided to children by volunteers and nurses, and it must be specifically targeted at children in child care centers and schools.</p> |

14 10 the program in meeting the objectives; the number, age, and  
 14 11 location within the state of individuals served; the type of  
 14 12 services provided to the individuals served; the distribution  
 14 13 of funds based on services provided; and the continuing needs  
 14 14 of the program.

14 15 5. ESSENTIAL PUBLIC HEALTH SERVICES  
 14 16 To provide public health services that reduce risks and  
 14 17 invest in promoting and protecting good health over the  
 14 18 course of a lifetime with a priority given to older lowans and  
 14 19 vulnerable populations:  
 14 20 ..... \$ 8,197,878

The General Fund appropriation to [Healthy Aging](#) programs has been renamed to Essential Public Health Services beginning in FY 2018.

DETAIL: This is an increase of \$1,119,650 compared to estimated net FY 2017. The increase is due to the transfer of local boards of health grant funding from Community Capacity so as to include funding for counties within one appropriation. This funding is part of the Local Public Health Services Program, with the purpose of implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan of lowans, and enhancing health-promoting and disease-prevention services with a priority given to older lowans and vulnerable populations. The grant is considered the funding provider of last resort and is utilized only when no other funding source exists. Funding is distributed to local boards of health through a formula in the Iowa Administrative Code.

14 21 6. INFECTIOUS DISEASES  
 14 22 For reducing the incidence and prevalence of communicable  
 14 23 diseases, and for not more than the following full-time  
 14 24 equivalent positions:  
 14 25 ..... \$ 1,646,426  
 14 26 ..... FTEs 4.00

General Fund appropriation to [Infectious Diseases](#) programs for activities and programs to reduce the incidence and prevalence of communicable diseases.

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.

14 27 7. PUBLIC PROTECTION  
 14 28 For protecting the health and safety of the public through  
 14 29 establishing standards and enforcing regulations, and for not  
 14 30 more than the following full-time equivalent positions:  
 14 31 ..... \$ 4,195,139  
 14 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.

14 33 a. Of the funds appropriated in this subsection, not more  
 14 34 than \$304,700 shall be credited to the emergency medical

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



14 35 services fund created in section 135.25. Moneys in the  
15 1 emergency medical services fund are appropriated to the  
15 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 for education and training related to EMS.

15 3 b. Of the funds appropriated in this subsection, up  
15 4 to \$243,260 shall be used for sexual violence prevention  
15 5 programming through a statewide organization representing  
15 6 programs serving victims of sexual violence through the  
15 7 department's sexual violence prevention program, and for  
15 8 continuation of a training program for sexual assault  
15 9 response team (SART) members, including representatives of  
15 10 law enforcement, victim advocates, prosecutors, and certified  
15 11 medical personnel. The amount allocated in this paragraph "b"  
15 12 shall not be used to supplant funding administered for other  
15 13 sexual violence prevention or victims assistance programs.

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

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

15 14 c. Of the funds appropriated in this subsection, up to  
15 15 \$575,627 shall be used for the state poison control center.  
15 16 Pursuant to the directive under 2014 Iowa Acts, chapter  
15 17 1140, section 102, the federal matching funds available to  
15 18 the state poison control center from the department of human  
15 19 services under the federal Children's Health Insurance Program  
15 20 Reauthorization Act allotment shall be subject to the federal  
15 21 administrative cap rule of 10 percent applicable to funding  
15 22 provided under Tit.XXI of the federal Social Security Act and  
15 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.

15 24 d. Of the funds appropriated in this subsection, up to  
15 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.

15 26 8. RESOURCE MANAGEMENT

15 27 For establishing and sustaining the overall ability of the  
15 28 department to deliver services to the public, and for not more  
15 29 than the following full-time equivalent positions:

|       |       |      |         |
|-------|-------|------|---------|
| 15 30 | ..... | \$   | 971,215 |
| 15 31 | ..... | FTEs | 4.00    |

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

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2017.

15 32 9. MISCELLANEOUS PROVISIONS

15 33 The university of Iowa hospitals and clinics under the  
15 34 control of the state board of regents shall not receive  
15 35 indirect costs from the funds appropriated in this section.  
16 1 The university of Iowa hospitals and clinics billings to the  
16 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.

16 3 10. GENERAL REDUCTION  
 16 4 For the period beginning July 1, 2017, and ending June 30,  
 16 5 2018, the department of public health, in consultation with  
 16 6 the department of management, shall identify and implement a  
 16 7 reduction in expenditures made from appropriations from the  
 16 8 general fund to the department of public health in the amount  
 16 9 of \$1,281,367.

General Fund reduction of \$1,281,367 applied 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 2.43% of the General Fund appropriations made in this Section.

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

Allows the DPH to transfer funds within or between FY 2018 allocations or appropriations in this Division. Requires the DPH to report any transfers to the individuals specified in this Act.

16 22 DIVISION IV  
 16 23 DEPARTMENT OF VETERANS AFFAIRS — FY 2017-2018

16 24 Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is  
 16 25 appropriated from the general fund of the state to the  
 16 26 department of veterans affairs for the fiscal year beginning  
 16 27 July 1, 2017, and ending June 30, 2018, the following amounts,  
 16 28 or so much thereof as is necessary, to be used for the purposes  
 16 29 designated:

16 30 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 16 31 For salaries, support, maintenance, and miscellaneous  
 16 32 purposes, and for not more than the following full-time  
 16 33 equivalent positions:  
 16 34 ..... \$ 1,142,557  
 16 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.

17 1 2. IOWA VETERANS HOME  
 17 2 For salaries, support, maintenance, and miscellaneous  
 17 3 purposes:  
 17 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.

17 5 a. The Iowa veterans home billings involving the department  
 17 6 of human services shall be submitted to the department on at  
 17 7 least a monthly basis.

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

17 8 b. Within available resources and in conformance with  
 17 9 associated state and federal program eligibility requirements,  
 17 10 the Iowa veterans home may implement measures to provide  
 17 11 financial assistance to or on behalf of veterans or their  
 17 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.

17 13 c. The Iowa veterans home expenditure report shall be  
 17 14 submitted monthly to the legislative services agency.

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

**VETOED**

**VETOED:** The Governor vetoed this paragraph and stated the information is already available within the State's accounting and budgeting systems.

17 15 d. The Iowa veterans home shall continue to include in the  
 17 16 annual discharge report applicant information to provide for  
 17 17 the collection of demographic information including but not  
 17 18 limited to the number of individuals applying for admission and  
 17 19 admitted or denied admittance and the basis for the admission  
 17 20 or denial; the age, gender, and race of such individuals;  
 17 21 and the level of care for which such individuals applied for  
 17 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.

17 23 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
 17 24 For transfer to the Iowa finance authority for the  
 17 25 continuation of the home ownership assistance program for  
 17 26 persons who are or were eligible members of the armed forces of  
 17 27 the United States, pursuant to section 16.54:  
 17 28 ..... \$ 2,000,000

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

DETAIL: This is a decrease of \$500,000 compared to estimated net FY 2017. A \$5,000 grant is available to a service member for down payment and closing costs toward the purchase of a new home in the State of Iowa. The home must be a primary residence, and it is a once-in-a-lifetime grant.

17 29 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS  
 17 30 FUND STANDING APPROPRIATIONS. Notwithstanding the standing  
 17 31 appropriation in section 35A.16 for the fiscal year beginning  
 17 32 July 1, 2017, and ending June 30, 2018, the amount appropriated  
 17 33 from the general fund of the state pursuant to that section  
 17 34 for the following designated purposes shall not exceed the  
 17 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. Funding is used for the administration and maintenance of County Commission of Veterans Affairs Offices. Staff must agree to maintain the current spending level compared to the previous fiscal year.

18 1 For the county commissions of veteran affairs fund under  
 18 2 section 35A.16:  
 18 3 ..... \$ 947,925

18 4 DIVISION V  
 18 5 DEPARTMENT OF HUMAN SERVICES — FY 2017-2018

18 6 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK

Appropriates moneys from the Temporary Assistance for Needy

18 7 GRANT. There is appropriated from the fund created in section  
 18 8 8.41 to the department of human services for the fiscal year  
 18 9 beginning July 1, 2017, and ending June 30, 2018, from moneys  
 18 10 received under the federal temporary assistance for needy  
 18 11 families (TANF) block grant pursuant to the federal Personal  
 18 12 Responsibility and Work Opportunity Reconciliation Act of 1996,  
 18 13 Pub.L.No.104-193, and successor legislation, the following  
 18 14 amounts, or so much thereof as is necessary, to be used for the  
 18 15 purposes designated:

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

18 20 2. To be credited to the family investment program account  
 18 21 and used for the job opportunities and basic skills (JOBS)  
 18 22 program and implementing family investment agreements in  
 18 23 accordance with chapter 239B:  
 18 24 ..... \$ 5,575,693

18 25 3. To be used for the family development and  
 18 26 self-sufficiency grant program in accordance with section  
 18 27 216A.107:  
 18 28 ..... \$ 2,898,980

18 29 Notwithstanding section 8.33, moneys appropriated in this  
 18 30 subsection that remain unencumbered or unobligated at the close  
 18 31 of the fiscal year shall not revert but shall remain available  
 18 32 for expenditure for the purposes designated until the close of  
 18 33 the succeeding fiscal year. However, unless such moneys are  
 18 34 encumbered or obligated on or before September 30, 2018, the  
 18 35 moneys shall revert.

19 1 4. For field operations:  
 LSA: Fiscal Analysis

Families (TANF) Federal Block Grant Fund appropriation for FY 2018.

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

Appropriates funds from the TANF FY 2018 Block Grant appropriation to the 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 is a cash assistance program to support low-income families with children and to provide services to help them to become self-sufficient.

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

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

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 the estimated net FY 2017 allocation. 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 FIP.

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

Appropriates funds from the TANF FY 2018 Block Grant appropriation

|   |                      |  |
|---|----------------------|--|
| <p>19 2 .....</p>   | <p>\$ 31,296,232</p> | <p>to Field Operations.</p> <p>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.</p>   |
| <p>19 3 5. For general administration:</p> <p>19 4 .....</p>  | <p>\$ 3,744,000</p>  | <p>Appropriates funds from the TANF FY 2018 Block Grant appropriation to General Administration.</p> <p>DETAIL: This is no change compared to estimated net FY 2017.</p>   |
| <p>19 5 6. For state child care assistance:</p> <p>19 6 .....</p>   | <p>\$ 47,866,826</p> | <p>Appropriates funds from the TANF FY 2018 Block Grant appropriation to Child Care Assistance.</p> <p>DETAIL: This is a net decrease of \$2,000,000 compared to estimated net FY 2017 due to the following changes:</p> <ul style="list-style-type: none"> <li>• A decrease of \$3,000,000 in one-time TANF funds used in FY 2017.</li> <li>• An increase of \$1,000,000 to address Child Care Assistance Program needs and comply with federal regulations.</li> </ul> |
| <p>19 7 a. Of the funds appropriated in this subsection,</p> <p>19 8 \$26,328,097 is transferred to the child care and development</p> <p>19 9 block grant appropriation made by the Eighty-seventh General</p> <p>19 10 Assembly, 2017 session, for the federal fiscal year beginning</p> <p>19 11 October 1, 2017, and ending September 30, 2018. Of this</p> <p>19 12 amount, \$200,000 shall be used for provision of educational</p> <p>19 13 opportunities to registered child care home providers in order</p> <p>19 14 to improve services and programs offered by this category</p> <p>19 15 of providers and to increase the number of providers. The</p> <p>19 16 department may contract with institutions of higher education</p> <p>19 17 or child care resource and referral centers to provide</p> <p>19 18 the educational opportunities. Allowable administrative</p> <p>19 19 costs under the contracts shall not exceed 5 percent. The</p> <p>19 20 application for a grant shall not exceed two pages in length.</p> |                      | <p>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 to provide training, and specifies requirements for grant funding and applications. Requires that contractor administrative costs do not exceed 5.00%.</p>                    |
| <p>19 21 b. Any funds appropriated in this subsection remaining</p> <p>19 22 unallocated shall be used for state child care assistance</p> <p>19 23 payments for families who are employed including but not</p> <p>19 24 limited to individuals enrolled in the family investment</p> <p>19 25 program.</p>  |                      | <p>Specifies that approximately \$21,538,729 will be used for Child Care Assistance for employed individuals enrolled in the FIP.</p>  |
| <p>19 26 7. For child and family services:</p> <p>19 27 .....</p>   | <p>\$ 32,380,654</p> | <p>Appropriates funds from the TANF FY 2018 Block Grant appropriation to Child and Family Services.</p>  |

DETAIL: This is a decrease of \$4,875,926, due to the replacement of one-time TANF funds used in FY 2017 with General Fund dollars.

19 28 8. For child abuse prevention grants:  
 19 29 ..... \$ 125,000

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

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

19 30 9. For pregnancy prevention grants on the condition that  
 19 31 family planning services are funded:  
 19 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.

19 33 Pregnancy prevention grants shall be awarded to programs  
 19 34 in existence on or before July 1, 2017, if the programs have  
 19 35 demonstrated positive outcomes. Grants shall be awarded to  
 20 1 pregnancy prevention programs which are developed after July  
 20 2 1, 2017, if the programs are based on existing models that  
 20 3 have demonstrated positive outcomes. Grants shall comply with  
 20 4 the requirements provided in 1997 Iowa Acts, chapter 208,  
 20 5 section 14, subsections 1 and 2, including the requirement that  
 20 6 grant programs must emphasize sexual abstinence. Priority in  
 20 7 the awarding of grants shall be given to programs that serve  
 20 8 areas of the state which demonstrate the highest percentage of  
 20 9 unplanned pregnancies of females of childbearing age within the  
 20 10 geographic area to be served by the grant.

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

20 11 10. For technology needs and other resources necessary  
 20 12 to meet federal welfare reform reporting, tracking, and case  
 20 13 management requirements:  
 20 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.

20 15 11. a. Notwithstanding any provision to the contrary,  
 20 16 including but not limited to requirements in section 8.41 or  
 20 17 provisions in 2016 or 2017 Iowa Acts regarding the receipt and  
 20 18 appropriation of federal block grants, federal funds from the  
 20 19 temporary assistance for needy families block grant received by  
 20 20 the state and not otherwise appropriated in this section and  
 20 21 remaining available for the fiscal year beginning July 1, 2017,  
 20 22 are appropriated to the department of human services to the  
 20 23 extent as may be necessary to be used in the following priority  
 20 24 order:the family investment program, for state child care  
 20 25 assistance program payments for families who are employed, and  
 20 26 for the family investment program share of costs to develop and

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.

20 27 maintain a new, integrated eligibility determination system.  
 20 28 The federal funds appropriated in this paragraph "a" shall be  
 20 29 expended only after all other funds appropriated in subsection  
 20 30 1 for assistance under the family investment program, in  
 20 31 subsection 6 for child care assistance, or in subsection 10  
 20 32 for technology costs related to the family investment program,  
 20 33 as applicable, have been expended. For the purposes of this  
 20 34 subsection, the funds appropriated in subsection 6, paragraph  
 20 35 "a", for transfer to the child care and development block grant  
 21 1 appropriation are considered fully expended when the full  
 21 2 amount has been transferred.

21 3 b. The department shall, on a quarterly basis, advise the  
 21 4 legislative services agency and department of management of  
 21 5 the amount of funds appropriated in this subsection that was  
 21 6 expended in the prior quarter.

21 7 12. Of the amounts appropriated in this section,  
 21 8 \$12,962,008 for the fiscal year beginning July 1, 2017, is  
 21 9 transferred to the appropriation of the federal social services  
 21 10 block grant made to the department of human services for that  
 21 11 fiscal year.

21 12 13. For continuation of the program providing categorical  
 21 13 eligibility for the food assistance program as specified  
 21 14 for the program in the section of this division of this Act  
 21 15 relating to the family investment program account:  
 21 16 ..... \$ 25,000

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

21 25 15. With the exception of moneys allocated under this  
 21 26 section for the family development and self-sufficiency grant  
 21 27 program, to the extent moneys allocated in this section are  
 21 28 deemed by the department not to be necessary to support the  
 21 29 purposes for which they are allocated, such moneys may be

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 FIP account to be used for assistance through the FIP within the same fiscal year.

21 30 credited to the family investment program account as specified  
21 31 under subsection 1 of this section and used for the purposes of  
21 32 assistance under the family investment program in accordance  
21 33 with chapter 239B in the same fiscal year.

21 34 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

21 35 1. Moneys credited to the family investment program (FIP)  
22 1 account for the fiscal year beginning July 1, 2017, and  
22 2 ending June 30, 2018, shall be used to provide assistance in  
22 3 accordance with chapter 239B.

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

22 4 2. The department may use a portion of the moneys credited  
22 5 to the FIP account under this section as necessary for  
22 6 salaries, support, maintenance, and miscellaneous purposes.

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

22 7 3. The department may transfer funds allocated in  
22 8 subsection 4 to the appropriations made in this division of  
22 9 this Act for the same fiscal year for general administration  
22 10 and field operations for resources necessary to implement and  
22 11 operate the family investment program services referred to in  
22 12 this section and those funded in the appropriation made in this  
22 13 division of this Act for the same fiscal year for the family  
22 14 investment program from the general fund of the state.

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

22 15 4. Moneys appropriated in this division of this Act and  
22 16 credited to the FIP account for the fiscal year beginning July  
22 17 1, 2017, and ending June 30, 2018, are allocated as follows:

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

22 18 a. To be retained by the department of human services to  
22 19 be used for coordinating with the department of human rights  
22 20 to more effectively serve participants in FIP and other shared  
22 21 clients and to meet federal reporting requirements under the  
22 22 federal temporary assistance for needy families block grant:  
22 23 ..... \$ 20,000

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

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

22 24 b. To the department of human rights for staffing,  
22 25 administration, and implementation of the family development  
22 26 and self-sufficiency grant program in accordance with section  
22 27 216A.107:  
22 28 ..... \$ 6,192,834

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

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

22 29 (1) Of the funds allocated for the family development  
22 30 and self-sufficiency grant program in this paragraph "b",  
22 31 not more than 5 percent of the funds shall be used for the  
22 32 administration of the grant program.

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



22 33 (2) The department of human rights may continue to implement  
 22 34 the family development and self-sufficiency grant program  
 22 35 statewide during fiscal year 2017-2018.

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

23 1 (3) The department of human rights may engage in activities  
 23 2 to strengthen and improve family outcomes measures and  
 23 3 data collection systems under the family development and  
 23 4 self-sufficiency grant program.

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

23 5 c. For the diversion subaccount of the FIP account:  
 23 6 ..... \$ 815,000  
 23 7 A portion of the moneys allocated for the subaccount may  
 23 8 be used for field operations, salaries, data management  
 23 9 system development, and implementation costs and support  
 23 10 deemed necessary by the director of human services in order to  
 23 11 administer the FIP diversion program. To the extent moneys  
 23 12 allocated in this paragraph "c" are deemed by the department  
 23 13 not to be necessary to support diversion activities, such  
 23 14 moneys may be used for other efforts intended to increase  
 23 15 engagement by family investment program participants in work,  
 23 16 education, or training activities, or for the purposes of  
 23 17 assistance under the family investment program in accordance  
 23 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.

23 19 d. For the food assistance employment and training program:  
 23 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 the estimated net FY 2017 allocation.

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

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

23 32 (2) The department shall continue the categorical federal  
 23 33 food assistance program eligibility at 160 percent of the  
 23 34 federal poverty level and continue to eliminate the asset test  
 23 35 from eligibility requirements, consistent with federal food  
 24 1 assistance program requirements. The department shall include  
 24 2 as many food assistance households as is allowed by federal

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.

24 3 law. The eligibility provisions shall conform to all federal  
 24 4 requirements including requirements addressing individuals who  
 24 5 are incarcerated or otherwise ineligible.

24 6 e. For the JOBS program:  
 24 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 the estimated net FY 2017 allocation due to declining caseloads.

24 8 5. Of the child support collections assigned under FIP,  
 24 9 an amount equal to the federal share of support collections  
 24 10 shall be credited to the child support recovery appropriation  
 24 11 made in this division of this Act. Of the remainder of the  
 24 12 assigned child support collections received by the child  
 24 13 support recovery unit, a portion shall be credited to the FIP  
 24 14 account, a portion may be used to increase recoveries, and a  
 24 15 portion may be used to sustain cash flow in the child support  
 24 16 payments account. If as a consequence of the appropriations  
 24 17 and allocations made in this section the resulting amounts  
 24 18 are insufficient to sustain cash assistance payments and meet  
 24 19 federal maintenance of effort requirements, the department  
 24 20 shall seek supplemental funding. If child support collections  
 24 21 assigned under FIP are greater than estimated or are otherwise  
 24 22 determined not to be required for maintenance of effort, the  
 24 23 state share of either amount may be transferred to or retained  
 24 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.

24 25 6. The department may adopt emergency rules for the family  
 24 26 investment, JOBS, food assistance, and medical assistance  
 24 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.

24 28 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
 24 29 is appropriated from the general fund of the state to the  
 24 30 department of human services for the fiscal year beginning July  
 24 31 1, 2017, and ending June 30, 2018, the following amount, or  
 24 32 so much thereof as is necessary, to be used for the purpose  
 24 33 designated:

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:

24 34 To be credited to the family investment program (FIP)  
 24 35 account and used for family investment program assistance under  
 25 1 chapter 239B:  
 25 2 ..... \$ 43,004,480

- 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 in the PROMISE JOBS and FaDSS Programs.

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

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| <p>25 3 1. Of the funds appropriated in this section, \$7,947,597 is<br/>25 4 allocated for the JOBS program.</p>   | <p>General Fund allocation of \$7,947,597 for the PROMISE JOBS Program.</p> <p>DETAIL: This is a decrease of \$2,605,811 compared to the estimated net FY 2017 allocation, due to declining caseloads and the cost per case.</p> |
| <p>25 5 2. Of the funds appropriated in this section, \$3,313,854 is<br/>25 6 allocated for the family development and self-sufficiency grant<br/>25 7 program.</p>   | <p>General Fund allocation of \$3,313,854 for the FaDSS Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>  |
| <p>25 8 3. Notwithstanding section 8.39, for the fiscal year<br/>25 9 beginning July 1, 2017, if necessary to meet federal<br/>25 10 maintenance of effort requirements or to transfer federal<br/>25 11 temporary assistance for needy families block grant funding<br/>25 12 to be used for purposes of the federal social services block<br/>25 13 grant or to meet cash flow needs resulting from delays in<br/>25 14 receiving federal funding or to implement, in accordance with<br/>25 15 this division of this Act, activities currently funded with<br/>25 16 juvenile court services, county, or community moneys and state<br/>25 17 moneys used in combination with such moneys; to comply with<br/>25 18 federal requirements; or to maximize the use of federal funds,<br/>25 19 the department of human services may transfer funds within or<br/>25 20 between any of the appropriations made in this division of this<br/>25 21 Act and appropriations in law for the federal social services<br/>25 22 block grant to the department for the following purposes,<br/>25 23 provided that the combined amount of state and federal<br/>25 24 temporary assistance for needy families block grant funding<br/>25 25 for each appropriation remains the same before and after the<br/>25 26 transfer:<br/>25 27 a. For the family investment program.<br/>25 28 b. For child care assistance.<br/>25 29 c. For child and family services.<br/>25 30 d. For field operations.<br/>25 31 e. For general administration.</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>25 32 This subsection shall not be construed to prohibit the use<br/>25 33 of existing state transfer authority for other purposes. The<br/>25 34 department shall report any transfers made pursuant to this<br/>25 35 subsection to the legislative services agency.</p>   | <p>Requires the DHS to report any transfers to the LSA.</p>  |
| <p>26 1 4. Of the funds appropriated in this section, \$195,678 shall<br/>26 2 be used for continuation of a grant to an Iowa-based nonprofit<br/>26 3 organization with a history of providing tax preparation<br/>26 4 assistance to low-income lowans in order to expand the usage of</p>  | <p>General Fund allocation of \$195,678 to provide tax preparation assistance to low-income lowans.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017</p>   |

26 5 the earned income tax credit. The purpose of the grant is to  
26 6 supply this assistance to underserved areas of the state.

allocation.

26 7 5. Of the funds appropriated in this section, \$60,000 shall  
26 8 be used for the continuation of an unfunded pilot project, as  
26 9 defined in 441 IAC 100.1, relating to parental obligations,  
26 10 in which the child support recovery unit participates, to  
26 11 support the efforts of a nonprofit organization committed  
26 12 to strengthening the community through youth development,  
26 13 healthy living, and social responsibility headquartered in  
26 14 a county with a population over 350,000 according to the  
26 15 latest certified federal census. The funds allocated in this  
26 16 subsection shall be used by the recipient organization to  
26 17 develop a larger community effort, through public and private  
26 18 partnerships, to support a broad-based multi-county fatherhood  
26 19 initiative that promotes payment of child support obligations,  
26 20 improved family relationships, and full-time employment.

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

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

26 21 6. The department may transfer funds appropriated in this  
26 22 section to the appropriations made in this division of this Act  
26 23 for general administration and field operations as necessary  
26 24 to administer this section and the overall family investment  
26 25 program.

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

26 26 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated  
26 27 from the general fund of the state to the department of human  
26 28 services for the fiscal year beginning July 1, 2017, and ending  
26 29 June 30, 2018, the following amount, or so much thereof as is  
26 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 net decrease of \$2,076,738 and no change in FTE positions compared to estimated net FY 2017. The changes include:

26 31 For child support recovery, including salaries, support,  
26 32 maintenance, and miscellaneous purposes, and for not more than  
26 33 the following full-time equivalent positions:  
26 34 ..... \$ 12,586,635  
26 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.

27 1 1. The department shall expend up to \$24,329, including  
27 2 federal financial participation, for the fiscal year beginning  
27 3 July 1, 2017, for a child support public awareness campaign.  
27 4 The department and the office of the attorney general shall  
27 5 cooperate in continuation of the campaign. The public  
27 6 awareness campaign shall emphasize, through a variety of  
27 7 media activities, the importance of maximum involvement of  
27 8 both parents in the lives of their children as well as the  
27 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.

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| <p>27 10 2. Federal access and visitation grant moneys shall be<br/> 27 11 issued directly to private not-for-profit agencies that provide<br/> 27 12 services designed to increase compliance with the child access<br/> 27 13 provisions of court orders, including but not limited to<br/> 27 14 neutral visitation sites and mediation services.</p>  | <p>Specifies the process for utilization of receipts from federal Access and Visitation Grants.</p>  |
| <p>27 15 3. The appropriation made to the department for child<br/> 27 16 support recovery may be used throughout the fiscal year in the<br/> 27 17 manner necessary for purposes of cash flow management, and for<br/> 27 18 cash flow management purposes the department may temporarily<br/> 27 19 draw more than the amount appropriated, provided the amount<br/> 27 20 appropriated is not exceeded at the close of the fiscal year.</p>  | <p>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.</p>  |
| <p>27 21 4. With the exception of the funding amount specified, the<br/> 27 22 requirements established under 2001 Iowa Acts, chapter 191,<br/> 27 23 section 3, subsection 5, paragraph “c”, subparagraph (3), shall<br/> 27 24 be applicable to parental obligation pilot projects for the<br/> 27 25 fiscal year beginning July 1, 2017, and ending June 30, 2018.<br/> 27 26 Notwithstanding 441 IAC 100.8, providing for termination of<br/> 27 27 rules relating to the pilot projects, the rules shall remain<br/> 27 28 in effect until June 30, 2018.</p>  | <p>Specifies that the DHS is to continue to operate the Child Support Recovery Unit under the guidelines established in Iowa Code section <a href="#">252B</a>.</p>  |
| <p>27 29 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —<br/> 27 30 FY 2017-2018. Any funds remaining in the health care trust<br/> 27 31 fund created in section 453A.35A for the fiscal year beginning<br/> 27 32 July 1, 2017, and ending June 30, 2018, are appropriated to<br/> 27 33 the department of human services to supplement the medical<br/> 27 34 assistance program appropriations made in this division of this<br/> 27 35 Act, for medical assistance reimbursement and associated costs,<br/> 28 1 including program administration and costs associated with<br/> 28 2 program implementation.</p> | <p>Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2018.</p> <p>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. The Fund consists of the revenues generated from the tax on cigarettes and tobacco products.</p>  |
| <p>28 3 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY<br/> 28 4 2017-2018. Any funds remaining in the Medicaid fraud fund<br/> 28 5 created in section 249A.50 for the fiscal year beginning<br/> 28 6 July 1, 2017, and ending June 30, 2018, are appropriated to<br/> 28 7 the department of human services to supplement the medical<br/> 28 8 assistance appropriations made in this division of this Act,<br/> 28 9 for medical assistance reimbursement and associated costs,<br/> 28 10 including program administration and costs associated with<br/> 28 11 program implementation.</p>                     | <p>Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2017.</p> <p>DETAIL: It is estimated that there will be \$500,000 available. This is no change compared to estimated net FY 2017. The Fund consists of the revenues generated from penalties received as a result of prosecutions involving the Department of Inspections and Appeals (DIA) and audits to ensure compliance with the Medicaid Program.</p> |
| <p>28 12 Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the<br/> 28 13 general fund of the state to the department of human services<br/> 28 14 for the fiscal year beginning July 1, 2017, and ending June 30,<br/> 28 15 2018, the following amount, or so much thereof as is necessary,<br/> 28 16 to be used for the purpose designated:<br/> 28 17 For medical assistance program reimbursement and associated</p>  | <p>General Fund appropriation to the DHS for the <a href="#">Medicaid Program</a>.</p> <p>DETAIL: This is a net decrease of \$18,784,997 compared to estimated net FY 2017. The changes include:</p> <ul style="list-style-type: none"> <li>• A general increase of \$36,405,674 for Medicaid.</li> </ul>  |

28 18 costs as specifically provided in the reimbursement  
 28 19 methodologies in effect on June 30, 2017, except as otherwise  
 28 20 expressly authorized by law, consistent with options under  
 28 21 federal law and regulations, and contingent upon receipt of  
 28 22 approval from the office of the governor of reimbursement for  
 28 23 each abortion performed under the program:  
 28 24 ..... \$1,284,405,740

- 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.
- A decrease of \$3,100,000 due to the cost containment strategy aligning anesthesiologist payments with Medicare.
- A decrease of \$4,281,814 to implement the cost containment strategy eliminating three-month retroactive eligibility.
- A decrease of \$5,000,000 to eliminate enhanced payments for primary care physicians originally implemented under the federal Affordable Care Act (ACA).
- 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.

28 25 1. Iowans support reducing the number of abortions  
 28 26 performed in our state. Funds appropriated under this section  
 28 27 shall not be used for abortions, unless otherwise authorized  
 28 28 under this section.

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

28 29 2. The provisions of this section relating to abortions  
 28 30 shall also apply to the Iowa health and wellness plan created  
 28 31 pursuant to chapter 249N.

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

28 32 3. The department shall utilize not more than \$60,000 of  
 28 33 the funds appropriated in this section to continue the AIDS/HIV  
 28 34 health insurance premium payment program as established in 1992  
 28 35 Iowa Acts, Second Extraordinary Session, chapter 1001, section  
 29 1 409, subsection 6. Of the funds allocated in this subsection,  
 29 2 not more than \$5,000 may be expended for administrative  
 29 3 purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment Program as established during the 1992 Second Extraordinary Session. Requires that administrative costs be limited to \$5,000.

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

29 4 4. Of the funds appropriated in this Act to the department  
 29 5 of public health for addictive disorders, \$950,000 for  
 29 6 the fiscal year beginning July 1, 2017, is transferred  
 29 7 to the department of human services for an integrated  
 29 8 substance-related disorder managed care system. The  
 29 9 departments of human services and public health shall  
 29 10 work together to maintain the level of mental health and  
 29 11 substance-related disorder treatment services provided by the  
 29 12 managed care contractors. Each department shall take the steps  
 29 13 necessary to continue the federal waivers as necessary to  
 29 14 maintain the level of services.

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.

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.

29 15 5. a. The department shall aggressively pursue options for  
 29 16 providing medical assistance or other assistance to individuals  
 29 17 with special needs who become ineligible to continue receiving  
 29 18 services under the early and periodic screening, diagnostic,  
 29 19 and treatment program under the medical assistance program  
 29 20 due to becoming 21 years of age who have been approved for  
 29 21 additional assistance through the department's exception to  
 29 22 policy provisions, but who have health care needs in excess  
 29 23 of the funding available through the exception to policy  
 29 24 provisions.

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.

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

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

30 4 6. Of the funds appropriated in this section, up to  
 30 5 \$3,050,082 may be transferred to the field operations or  
 30 6 general administration appropriations in this division of this  
 30 7 Act for operational costs associated with Part D of the federal  
 30 8 Medicare Prescription Drug Improvement and Modernization Act  
 30 9 of 2003, Pub.L.No.108-173.

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

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

30 10 7. Of the funds appropriated in this section, up to \$442,100  
 30 11 may be transferred to the appropriation in this division

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

30 12 of this Act for medical contracts to be used for clinical  
 30 13 assessment services and prior authorization of services.

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

30 14 8. A portion of the funds appropriated in this section  
 30 15 may be transferred to the appropriations in this division of  
 30 16 this Act for general administration, medical contracts, the  
 30 17 children's health insurance program, or field operations to be  
 30 18 used for the state match cost to comply with the payment error  
 30 19 rate measurement (PERM) program for both the medical assistance  
 30 20 and children's health insurance programs as developed by the  
 30 21 centers for Medicare and Medicaid services of the United States  
 30 22 department of health and human services to comply with the  
 30 23 federal Improper Payments Information Act of 2002, Pub.L.No.  
 30 24 107-300.

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

DETAIL: The PERM Program measures improper payments in Medicaid and Children's Health Insurance Program (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.

30 25 9. The department shall continue to implement the  
 30 26 recommendations of the assuring better child health and  
 30 27 development initiative II (ABCDII) clinical panel to the  
 30 28 Iowa early and periodic screening, diagnostic, and treatment  
 30 29 services healthy mental development collaborative board  
 30 30 regarding changes to billing procedures, codes, and eligible  
 30 31 service providers.

Requires the DHS to continue to implement the recommendations of the Assuring Better Child Health and Development Initiative II (ABCDII) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

30 32 10. Of the funds appropriated in this section, a sufficient  
 30 33 amount is allocated to supplement the incomes of residents of  
 30 34 nursing facilities, intermediate care facilities for persons  
 30 35 with mental illness, and intermediate care facilities for  
 31 1 persons with an intellectual disability, with incomes of less  
 31 2 than \$50 in the amount necessary for the residents to receive a  
 31 3 personal needs allowance of \$50 per month pursuant to section  
 31 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.

31 5 11. a. Hospitals that meet the conditions specified  
 31 6 in subparagraphs (1) and (2) shall either certify public  
 31 7 expenditures or transfer to the medical assistance program  
 31 8 an amount equal to provide the nonfederal share for a  
 31 9 disproportionate share hospital payment in an amount up to the  
 31 10 hospital-specific limit as approved in the Medicaid state plan.  
 31 11 The hospitals that meet the conditions specified shall receive  
 31 12 and retain 100 percent of the total disproportionate share  
 31 13 hospital payment in an amount up to the hospital-specific limit  
 31 14 as approved in the Medicaid state plan.  
 31 15 (1) The hospital qualifies for disproportionate share and  
 31 16 graduate medical education payments.

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.



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| <p>31 17 (2) The hospital is an Iowa state-owned hospital with more<br/> 31 18 than 500 beds and eight or more distinct residency specialty<br/> 31 19 or subspecialty programs recognized by the American college of<br/> 31 20 graduate medical education.</p>   |  |
| <p>31 21 b. Distribution of the disproportionate share payments<br/> 31 22 shall be made on a monthly basis. The total amount of<br/> 31 23 disproportionate share payments including graduate medical<br/> 31 24 education, enhanced disproportionate share, and Iowa<br/> 31 25 state-owned teaching hospital payments shall not exceed the<br/> 31 26 amount of the state's allotment under Pub.L.No.102-234.<br/> 31 27 In addition, the total amount of all disproportionate<br/> 31 28 share payments shall not exceed the hospital-specific<br/> 31 29 disproportionate share limits under Pub.L.No.103-66.</p> | <p>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>  |
| <p>31 30 12. One hundred percent of the nonfederal share of payments<br/> 31 31 to area education agencies that are medical assistance<br/> 31 32 providers for medical assistance-covered services provided to<br/> 31 33 medical assistance-covered children, shall be made from the<br/> 31 34 appropriation made in this section.</p>  | <p>Allocates Medicaid funds to Area Education Agencies.</p>  |
| <p>31 35 13. A portion of the funds appropriated in this section<br/> 32 1 may be transferred to the appropriation in this division of<br/> 32 2 this Act for medical contracts to be used for administrative<br/> 32 3 activities associated with the money follows the person<br/> 32 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>32 5 14. Of the funds appropriated in this section, \$349,011<br/> 32 6 shall be used for the administration of the health insurance<br/> 32 7 premium payment program, including salaries, support,<br/> 32 8 maintenance, and miscellaneous purposes.</p>   | <p>Allocates \$349,011 to the Health Insurance Premium Payment Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>   |
| <p>32 9 15. a. The department shall implement all of the following<br/> 32 10 cost containment strategies:</p>   | <p>Requires the DHS to implement the following cost containment strategies for the Medicaid Program:</p>   |
| <p>32 11 (1) An adjustment to the reimbursement policy in order<br/> 32 12 to eliminate the primary care physician rate increase<br/> 32 13 originally authorized by the federal Health Care and Education<br/> 32 14 Reconciliation Act of 2010, section 1202, Pub.L. No.111-152,<br/> 32 15 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care<br/> 32 16 physicians to receive the greater of the Medicare rate or<br/> 32 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 ACA.</p> <p><b>FISCAL IMPACT:</b> Implementing this cost containment measure is estimated to save the State \$5,000,000 in FY 2018 and FY 2019.</p> |
| <p>32 18 (2) A strategy to ensure that total reimbursement for<br/> 32 19 Medicare Part A and Medicare Part B crossover claims is limited<br/> 32 20 to the Medicaid reimbursement rate.</p>   | <p>Requires the DHS to implement the cost containment strategy related to crossover claims.</p>  |

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

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

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 the 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.

32 21 (3) An adjustment to Medicaid reimbursement rates for  
32 22 physician services by applying a site of service differential  
32 23 to reflect the difference between the cost of physician  
32 24 services when provided in a health facility setting and the  
32 25 cost of physician services when provided in a physician's  
32 26 office.

32 27 (4) An adjustment to the inpatient diagnostic related group  
32 28 (DRG) cost threshold formula to be the greater of two times the  
32 29 statewide average DRG payment for that case or the hospital's  
32 30 individual DRG payment for that case plus \$75,000.

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

33 3 (6) An alignment of billing and reimbursement for  
33 4 consultation services rendered in an office, other outpatient,  
33 5 or inpatient setting with Medicare billing and reimbursement.

33 6 (7) Elimination of the three-month retroactive Medicaid  
33 7 coverage benefit for Medicaid applicants effective October 1,

33 8 2017. The department shall seek a waiver from the centers for  
 33 9 Medicare and Medicaid services of the United States department  
 33 10 of health and human services to implement the strategy.  
 33 11 If federal approval is received, an applicant's Medicaid  
 33 12 coverage shall be effective on the first day of the month of  
 33 13 application, as allowed under the Medicaid state plan.

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

33 14 b. The department shall implement the cost containment  
 33 15 strategies specified in this subsection beginning July 1, 2017,  
 33 16 or as otherwise specified. If federal approval is required,  
 33 17 the strategy shall be implemented effective upon receipt of  
 33 18 federal approval.

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

33 19 c. The department may adopt emergency rules to implement  
 33 20 this subsection.

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

33 21 16. a. The department may increase the amounts allocated  
 33 22 for salaries, support, maintenance, and miscellaneous purposes  
 33 23 associated with the medical assistance program, as necessary,  
 33 24 to implement cost containment strategies. The department shall  
 33 25 report any such increase to the legislative services agency and  
 33 26 the department of management.

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

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

33 27 b. If the savings to the medical assistance program from  
 33 28 cost containment efforts exceed the cost for the fiscal  
 33 29 year beginning July 1, 2017, the department may transfer any  
 33 30 savings generated for the fiscal year due to medical assistance  
 33 31 program cost containment efforts to the appropriation  
 33 32 made in this division of this Act for medical contracts or  
 33 33 general administration to defray the increased contract costs  
 33 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.

33 35 17. For the fiscal year beginning July 1, 2017, and ending  
 34 1 June 30, 2018, the replacement generation tax revenues required  
 34 2 to be deposited in the property tax relief fund pursuant to  
 34 3 section 437A.8, subsection 4, paragraph "d", and section  
 34 4 437A.15, subsection 3, paragraph "f", shall instead be credited  
 34 5 to and supplement the appropriation made in this section and  
 34 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. Under current law, a company that acquires a new electric power generating plant and has no operating property in Iowa is required to pay the replacement generation tax, which is credited to the Property Tax Relief Fund. The Dwayne Arnold Energy Center (near Cedar Rapids) was purchased by a Florida company with no other facilities in Iowa in 2006.

34 7 18. a. Of the funds appropriated in this section, up  
 34 8 to \$50,000 may be transferred by the department to the

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

|   |   |
|---|---|
| <p>34 9 appropriation made in this division of this Act to the<br/> 34 10 department for the same fiscal year for general administration<br/> 34 11 to be used for associated administrative expenses and for not<br/> 34 12 more than one full-time equivalent position, in addition to<br/> 34 13 those authorized for the same fiscal year, to be assigned to<br/> 34 14 implementing the children's mental health home project.</p>   | <p>homes.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>  |
| <p>34 15 b. Of the funds appropriated in this section, up to \$400,000<br/> 34 16 may be transferred by the department to the appropriation made<br/> 34 17 to the department in this division of this Act for the same<br/> 34 18 fiscal year for Medicaid program-related general administration<br/> 34 19 planning and implementation activities. The funds may be used<br/> 34 20 for contracts or for personnel in addition to the amounts<br/> 34 21 appropriated for and the positions authorized for general<br/> 34 22 administration for the fiscal year.</p>  | <p>Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP).</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>   |
| <p>34 23 c. Of the funds appropriated in this section, up to<br/> 34 24 \$3,000,000 may be transferred by the department to the<br/> 34 25 appropriations made in this division of this Act for the same<br/> 34 26 fiscal year for general administration or medical contracts<br/> 34 27 to be used to support the development and implementation of<br/> 34 28 standardized assessment tools for persons with mental illness,<br/> 34 29 an intellectual disability, a developmental disability, or a<br/> 34 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>34 31 19. Of the funds appropriated in this section, \$150,000<br/> 34 32 shall be used for lodging expenses associated with care<br/> 34 33 provided at the university of Iowa hospitals and clinics for<br/> 34 34 patients with cancer whose travel distance is 30 miles or more<br/> 34 35 and whose income is at or below 200 percent of the federal<br/> 35 1 poverty level as defined by the most recently revised poverty<br/> 35 2 income guidelines published by the United States department of<br/> 35 3 health and human services. The department of human services<br/> 35 4 shall establish the maximum number of overnight stays and the<br/> 35 5 maximum rate reimbursed for overnight lodging, which may be<br/> 35 6 based on the state employee rate established by the department<br/> 35 7 of administrative services. The funds allocated in this<br/> 35 8 subsection shall not be used as nonfederal share matching<br/> 35 9 funds.</p> | <p>Allocates \$150,000 to the UHC to be used for lodging for expenses for cancer patients with income below 200.00% of the federal poverty level 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>35 10 20. Of the funds appropriated in this section, up to<br/> 35 11 \$3,383,880 shall be used for administration of the state family<br/> 35 12 planning services program as enacted in this 2017 Act, and<br/> 35 13 of this amount, the department may use up to \$200,000 for<br/> 35 14 administrative expenses.</p>   | <p>Allocates \$3,383,880 to administer a State Family Planning Services Program.</p> <p>DETAIL: This is a new Program for FY 2018. The language implementing the Program is in Division XIX.</p>  |
| <p>35 15 21. The department shall report the implementation of<br/> 35 16 any cost containment strategies to the individuals specified</p>  | <p>Requires the DHS to report on any cost containment strategies implemented as specified in this Act.</p>  |

35 17 in this division of this Act for submission of reports upon  
35 18 implementation.

**VETOED**

**VETOED:** The Governor vetoed this section and stated the DHS, the DOM and the LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies is shared during these meetings and is also available within the State's accounting and budgeting system.

35 19 22. The department shall report the implementation of any  
35 20 process improvement changes and any related cost reductions  
35 21 to the individuals specified in this division of this Act for  
35 22 submission of reports upon implementation.

**VETOED**

Requires the DHS to report on any process improvement changes implemented as specified in this Act.

**VETOED:** The Governor vetoed this section and stated the DHS, the DOM and the LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies is shared during these meetings and is also available within the State's accounting and budgeting system.

35 23 23. The Medicaid managed care organizations shall explore  
35 24 options provided by national human services nonprofit  
35 25 organizations that provide innovative services for persons with  
35 26 behavioral health challenges to incorporate assertive community  
35 27 treatment teams into the services provided to individuals with  
35 28 severe and persistent mental illness in order to minimize or  
35 29 prevent recurrent acute episodes and to enhance quality of life  
35 30 and functioning.

Requires MCOs to explore options for innovative services for persons with behavioral health challenges to incorporate assertive community treatment (ACT) teams.

35 31 24. The department of human services shall include in the  
35 32 Medicaid managed care contracts beginning with the contract  
35 33 period effective July 1, 2017, per member per month capitation  
35 34 payments to managed care organizations that encourage the  
35 35 utilization of home and community-based services as an  
36 1 alternative to residential care for members.

Requires the DHS to include per member per month payments in the MCOs' FY 2018 contracts to encourage the utilization of HCBS services and home health services rather than 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.

36 2 25. The department of human services shall review the use  
36 3 of step therapy protocols and the application of step therapy  
36 4 override exceptions under the Medicaid program. In the review,  
36 5 the department may consider the use of step therapy protocols  
36 6 and the application of step therapy override exceptions as  
36 7 provided in chapter 514F.7, if enacted by 2017 Iowa Acts, House  
36 8 File 233, and the potential for improving the quality of life  
36 9 of Medicaid members and increasing efficiencies in the Medicaid  
36 10 program. The department shall report findings of the review  
36 11 and recommendations to the individuals designated in this Act  
36 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.

DETAIL: Step therapy is the practice of providing medication for a medical condition with the most cost-effective drug therapy and progressing to other more costly or risky therapies only if necessary.

NOTE: This provision was contingent on the enactment of [HF 233](#) (Step Therapy Protocol Act) which was approved by the General Assembly on April 12, 2017, and signed by the Governor on May 11, 2017 .

36 13 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the  
 36 14 general fund of the state to the department of human services  
 36 15 for the fiscal year beginning July 1, 2017, and ending June 30,  
 36 16 2018, the following amount, or so much thereof as is necessary,  
 36 17 to be used for the purpose designated:  
 36 18 For medical contracts:  
 36 19 ..... \$ 17,626,464

General Fund appropriation to Medical Contracts.

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

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

36 20 1. The department of inspections and appeals shall  
 36 21 provide all state matching funds for survey and certification  
 36 22 activities performed by the department of inspections  
 36 23 and appeals. The department of human services is solely  
 36 24 responsible for distributing the federal matching funds for  
 36 25 such activities.

Requires the DIA to provide the State matching funds for survey and certification activities.

36 26 2. Of the funds appropriated in this section, \$50,000 shall  
 36 27 be used for continuation of home and community-based services  
 36 28 waiver quality assurance programs, including the review and  
 36 29 streamlining of processes and policies related to oversight and  
 36 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.

36 31 3. Of the amount appropriated in this section, up to  
 36 32 \$200,000 may be transferred to the appropriation for general  
 36 33 administration in this division of this Act to be used for  
 36 34 additional full-time equivalent positions in the development of  
 36 35 key health initiatives such as cost containment, development  
 37 1 and oversight of managed care programs, and development of  
 37 2 health strategies targeted toward improved quality and reduced  
 37 3 costs in the Medicaid program.

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.

37 4 4. Of the funds appropriated in this section, \$1,000,000  
 37 5 shall be used for planning and development, in cooperation with  
 37 6 the department of public health, of a phased-in program to  
 37 7 provide a dental home for children.

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

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

37 8 5. Of the funds appropriated in this section, \$950,000  
 37 9 shall be credited to the autism support program fund created

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

37 10 in section 225D.2 to be used for the autism support program  
 37 11 created in chapter 225D, with the exception of the following  
 37 12 amounts of this allocation which shall be used as follows:

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.

37 13 a. Of the amount appropriated in this section, \$202,000  
 37 14 shall be used for the public purpose of providing a one-year  
 37 15 grant to Drake university to establish a master's program in  
 37 16 applied behavioral analysis, including the establishment of  
 37 17 remote learning sites and a remote system to maximize outreach  
 37 18 and enrollment in the program.

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

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

**VETOED**

**VETOED:** The Governor vetoed this paragraph and stated the Department of Education has already awarded public funding to Drake University, a private university, for the establishment of a master's program in applied behavioral analysis and the DPH already administers a board-certified behavior analyst and board-certified assistant behavior analyst grants program. Therefore, the Governor concluded this item is redundant and unnecessary.

37 19 b. Of the funds allocated in this subsection, \$25,000  
 37 20 shall be used for the public purpose of continuation of a  
 37 21 grant to a child welfare services provider headquartered in a  
 37 22 county with a population between 205,000 and 215,000 in the  
 37 23 latest certified federal census that provides multiple services  
 37 24 including but not limited to a psychiatric medical institution  
 37 25 for children, shelter, residential treatment, after school  
 37 26 programs, school-based programming, and an Asperger's syndrome  
 37 27 program, to be used for support services for children with  
 37 28 autism spectrum disorder and their families.

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

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

37 29 c. Of the funds allocated in this subsection, \$25,000  
 37 30 shall be used for the public purpose of continuing a grant to  
 37 31 a hospital-based provider headquartered in a county with a  
 37 32 population between 90,000 and 95,000 in the latest certified  
 37 33 federal census that provides multiple services including  
 37 34 but not limited to diagnostic, therapeutic, and behavioral  
 37 35 services to individuals with autism spectrum disorder across  
 38 1 one's lifespan. The grant recipient shall utilize the funds  
 38 2 to continue the pilot project to determine the necessary  
 38 3 support services for children with autism spectrum disorder and  
 38 4 their families to be included in the children's disabilities  
 38 5 services system. The grant recipient shall submit findings and  
 38 6 recommendations based upon the results of the pilot project  
 38 7 to the individuals specified in this division of this Act for  
 38 8 submission of reports by December 31, 2017.

Allocates \$25,000 from the \$950,000 Autism Support Program allocation to continue a grant for a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The grant recipient will submit findings and recommendations to individuals specified in this Division by December 31, 2017.

38 9 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.  
 38 10 1. There is appropriated from the general fund of the  
 38 11 state to the department of human services for the fiscal year  
 38 12 beginning July 1, 2017, and ending June 30, 2018, the following  
 38 13 amount, or so much thereof as is necessary, to be used for the  
 38 14 purpose designated:  
 38 15 For the state supplementary assistance program:  
 38 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.

38 17 2. The department shall increase the personal needs  
 38 18 allowance for residents of residential care facilities by the  
 38 19 same percentage and at the same time as federal supplemental  
 38 20 security income and federal social security benefits are  
 38 21 increased due to a recognized increase in the cost of living.  
 38 22 The department may adopt emergency rules to implement this  
 38 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.

38 24 3. If during the fiscal year beginning July 1, 2017,  
 38 25 the department projects that state supplementary assistance  
 38 26 expenditures for a calendar year will not meet the federal  
 38 27 pass-through requirement specified in Tit.XVI of the federal  
 38 28 Social Security Act, section 1618, as codified in 42 U.S.C.  
 38 29 §1382g, the department may take actions including but not  
 38 30 limited to increasing the personal needs allowance for  
 38 31 residential care facility residents and making programmatic  
 38 32 adjustments or upward adjustments of the residential care  
 38 33 facility or in-home health-related care reimbursement rates  
 38 34 prescribed in this division of this Act to ensure that federal  
 38 35 requirements are met. In addition, the department may make  
 39 1 other programmatic and rate adjustments necessary to remain  
 39 2 within the amount appropriated in this section while ensuring  
 39 3 compliance with federal requirements. The department may adopt  
 39 4 emergency rules to implement the provisions of this subsection.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal maintenance-of-effort requirements. Permits the DHS to adopt emergency rules for implementation.

39 5 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.  
 39 6 1. There is appropriated from the general fund of the  
 39 7 state to the department of human services for the fiscal year  
 39 8 beginning July 1, 2017, and ending June 30, 2018, the following  
 39 9 amount, or so much thereof as is necessary, to be used for the  
 39 10 purpose designated:  
 39 11 For maintenance of the healthy and well kids in Iowa (hawk-i)  
 39 12 program pursuant to chapter 514I, including supplemental dental  
 39 13 services, for receipt of federal financial participation under  
 39 14 Tit.XXI of the federal Social Security Act, which creates the  
 39 15 children's health insurance program:  
 39 16 ..... \$ 8,518,452

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

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

- A general increase of \$737,324 to fund the Program.
- A decrease of \$1,654,703 due to an adjustment to the Federal Medical Assistance Percentage (FMAP) rate.

39 17 2. Of the funds appropriated in this section, \$42,800 is

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



39 18 allocated for continuation of the contract for outreach with  
 39 19 the department of public health.

DPH.

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

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

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:

39 25 For child care programs:  
 39 26 ..... \$ 39,343,616

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

39 27 1. Of the funds appropriated in this section, \$33,493,616  
 39 28 shall be used for state child care assistance in accordance  
 39 29 with section 237A.13.

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

DETAIL: This is an increase of \$3,454,055 compared to the estimated net FY 2017 allocation due to the implementation of the annualized cost of federally mandated Child Care Development Block Grant changes related to the CCA Plus exit eligibility component.

39 30 2. Nothing in this section shall be construed or is  
 39 31 intended as or shall imply a grant of entitlement for services  
 39 32 to persons who are eligible for assistance due to an income  
 39 33 level consistent with the waiting list requirements of section  
 39 34 237A.13. Any state obligation to provide services pursuant to  
 39 35 this section is limited to the extent of the funds appropriated  
 40 1 in this section.

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

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| <p>40 2 3. A list of the registered and licensed child care<br/> 40 3 facilities operating in the area served by a child care<br/> 40 4 resource and referral service shall be made available to the<br/> 40 5 families receiving state child care assistance in that area.</p>   | <p>Requires a list of the registered and licensed child care facilities to be made available by the Child Care Resource and Referral Service for families receiving assistance under the CCA Program.</p>  |
| <p>40 6 4. Of the funds appropriated in this section, \$5,850,000<br/> 40 7 shall be credited to the early childhood programs grants<br/> 40 8 account in the early childhood Iowa fund created in section<br/> 40 9 256I.11. The moneys shall be distributed for funding of<br/> 40 10 community-based early childhood programs targeted to children<br/> 40 11 from birth through five years of age developed by early<br/> 40 12 childhood Iowa areas in accordance with approved community<br/> 40 13 plans as provided in section 256I.8.</p>  | <p>Allocates \$5,850,000 to be transferred to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.</p> <p>DETAIL: This is a decrease of \$500,000 compared to the estimated net FY 2017 allocation.</p>  |
| <p>40 14 5. The department may use any of the funds appropriated<br/> 40 15 in this section as a match to obtain federal funds for use in<br/> 40 16 expanding child care assistance and related programs. For<br/> 40 17 the purpose of expenditures of state and federal child care<br/> 40 18 funding, funds shall be considered obligated at the time<br/> 40 19 expenditures are projected or are allocated to the department's<br/> 40 20 service areas. Projections shall be based on current and<br/> 40 21 projected caseload growth, current and projected provider<br/> 40 22 rates, staffing requirements for eligibility determination<br/> 40 23 and management of program requirements including data systems<br/> 40 24 management, staffing requirements for administration of the<br/> 40 25 program, contractual and grant obligations and any transfers<br/> 40 26 to other state agencies, and obligations for decategorization<br/> 40 27 or innovation projects.</p> | <p>Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.</p>  |
| <p>40 28 6. A portion of the state match for the federal child care<br/> 40 29 and development block grant shall be provided as necessary to<br/> 40 30 meet federal matching funds requirements through the state<br/> 40 31 general fund appropriation made for child development grants<br/> 40 32 and other programs for at-risk children in section 279.51.</p>  | <p>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.</p>   |
| <p>40 33 7. If a uniform reduction ordered by the governor under<br/> 40 34 section 8.31 or other operation of law, transfer, or federal<br/> 40 35 funding reduction reduces the appropriation made in this<br/> 41 1 section for the fiscal year, the percentage reduction in the<br/> 41 2 amount paid out to or on behalf of the families participating<br/> 41 3 in the state child care assistance program shall be equal to or<br/> 41 4 less than the percentage reduction made for any other purpose<br/> 41 5 payable from the appropriation made in this section and the<br/> 41 6 federal funding relating to it. The percentage reduction to<br/> 41 7 the other allocations made in this section shall be the same as<br/> 41 8 the uniform reduction ordered by the governor or the percentage<br/> 41 9 change of the federal funding reduction, as applicable.<br/> 41 10 If there is an unanticipated increase in federal funding</p>                                     | <p>Requires the following related to program operations:</p> <ul style="list-style-type: none"> <li>• Any reductions to the Child Care Assistance appropriation, either State or federal, must be applied in an equal percentage across all operating areas of the CCA Program before a reduction to service payments is made. The reduction for payable services must be equal to or less than the reduction for other items.</li> <li>• Any unanticipated increase in federal funding must be used only for the CCA Program.</li> <li>• 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.</li> </ul> |

41 11 provided for state child care assistance, the entire amount  
 41 12 of the increase shall be used for state child care assistance  
 41 13 payments. If the appropriations made for purposes of the  
 41 14 state child care assistance program for the fiscal year are  
 41 15 determined to be insufficient, it is the intent of the general  
 41 16 assembly to appropriate sufficient funding for the fiscal year  
 41 17 in order to avoid establishment of waiting list requirements.

41 18 8. Notwithstanding section 8.33, moneys advanced for  
 41 19 purposes of the programs developed by early childhood Iowa  
 41 20 areas, advanced for purposes of wraparound child care, or  
 41 21 received from the federal appropriations made for the purposes  
 41 22 of this section that remain unencumbered or unobligated at the  
 41 23 close of the fiscal year shall not revert to any fund but shall  
 41 24 remain available for expenditure for the purposes designated  
 41 25 until the close of the succeeding fiscal year.

41 26 Sec. 17. JUVENILE INSTITUTION. There is appropriated  
 41 27 from the general fund of the state to the department of human  
 41 28 services for the fiscal year beginning July 1, 2017, and ending  
 41 29 June 30, 2018, the following amounts, or so much thereof as is  
 41 30 necessary, to be used for the purposes designated:

41 31 1. For operation of the state training school at Eldora and  
 41 32 for salaries, support, maintenance, and miscellaneous purposes,  
 41 33 and for not more than the following full-time equivalent  
 41 34 positions:

|       |       |      |            |
|-------|-------|------|------------|
| 41 35 | ..... | \$   | 11,350,443 |
| 42 1  | ..... | FTEs | 189.00     |

42 2 Of the funds appropriated in this subsection, \$91,150 shall  
 42 3 be used for distribution to licensed classroom teachers at this  
 42 4 and other institutions under the control of the department of  
 42 5 human services based upon the average student yearly enrollment  
 42 6 at each institution as determined by the department.

42 7 2. A portion of the moneys appropriated in this section  
 42 8 shall be used by the state training school at Eldora for  
 42 9 grants for adolescent pregnancy prevention activities at the  
 42 10 institution in the fiscal year beginning July 1, 2017.

42 11 Sec. 18. CHILD AND FAMILY SERVICES.

42 12 1. There is appropriated from the general fund of the  
 42 13 state to the department of human services for the fiscal year  
 42 14 beginning July 1, 2017, and ending June 30, 2018, the following  
 42 15 amount, or so much thereof as is necessary, to be used for the  
 42 16 purpose designated:

42 17 For child and family services:

|       |       |    |            |
|-------|-------|----|------------|
| 42 18 | ..... | \$ | 87,279,375 |
|-------|-------|----|------------|

Permits nonreversion of FY 2018 funds to carry forward for expenditure in FY 2019 for the programs developed by Early Childhood Iowa areas or for wraparound child care, or received from federal appropriations for child care assistance.

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

DETAIL: This is a general decrease of \$882,977 and an increase of 0.70 FTE position compared to estimated net FY 2017.

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.

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

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

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

- An increase of \$5,478,098 to replace TANF funds from FY 2017.
- A decrease of \$287,436 due to the FMAP rate adjustment.
- An increase of \$482,035 due to a transfer from Medicaid.

- A decrease of \$2,000,000 due to reduced end-of-fiscal-year transfers earmarked for the Decategorization Program.
- A decrease of \$194,599 due to general Department reductions.
- A decrease of \$50,000 for the Community Circle of Care Grant in Northeast Iowa.

42 19 2. The department may transfer funds appropriated in this  
 42 20 section as necessary to pay the nonfederal costs of services  
 42 21 reimbursed under the medical assistance program, state child  
 42 22 care assistance program, or the family investment program which  
 42 23 are provided to children who would otherwise receive services  
 42 24 paid under the appropriation in this section. The department  
 42 25 may transfer funds appropriated in this section to the  
 42 26 appropriations made in this division of this Act for general  
 42 27 administration and for field operations for resources necessary  
 42 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, FIP, General Administration, or Field Operations to pay for costs associated with child welfare services under these appropriations.

42 29 3. a. Of the funds appropriated in this section, up to  
 42 30 \$35,736,649 is allocated as the statewide expenditure target  
 42 31 under section 232.143 for group foster care maintenance and  
 42 32 services. If the department projects that such expenditures  
 42 33 for the fiscal year will be less than the target amount  
 42 34 allocated in this paragraph "a", the department may reallocate  
 42 35 the excess to provide additional funding for shelter care  
 43 1 or the child welfare emergency services addressed with the  
 43 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.

43 3 b. If at any time after September 30, 2017, annualization  
 43 4 of a service area's current expenditures indicates a service  
 43 5 area is at risk of exceeding its group foster care expenditure  
 43 6 target under section 232.143 by more than 5 percent, the  
 43 7 department and juvenile court services shall examine all  
 43 8 group foster care placements in that service area in order to  
 43 9 identify those which might be appropriate for termination.  
 43 10 In addition, any aftercare services believed to be needed  
 43 11 for the children whose placements may be terminated shall be  
 43 12 identified. The department and juvenile court services shall  
 43 13 initiate action to set dispositional review hearings for the  
 43 14 placements identified. In such a dispositional review hearing,  
 43 15 the juvenile court shall determine whether needed aftercare  
 43 16 services are available and whether termination of the placement  
 43 17 is in the best interest of the child and the community.

Requires a service area's group foster care expenditure target to be reviewed if the service area is at risk of exceeding its group foster care spending target by more than 5.00%, and requires review hearings when appropriate.

43 18 4. In accordance with the provisions of section 232.188,  
 43 19 the department shall continue the child welfare and juvenile  
 43 20 justice funding initiative during fiscal year 2017-2018. Of  
 43 21 the funds appropriated in this section, \$1,717,753 is allocated

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

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

|   |  |
|---|--|
| <p>43 22 specifically for expenditure for fiscal year 2017-2018 through<br/> 43 23 the decategorization services funding pools and governance<br/> 43 24 boards established pursuant to section 232.188.</p>  |  |
| <p>43 25 5. A portion of the funds appropriated in this section<br/> 43 26 may be used for emergency family assistance to provide other<br/> 43 27 resources required for a family participating in a family<br/> 43 28 preservation or reunification project or successor project to<br/> 43 29 stay together or to be reunified.</p>  | <p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p>   |
| <p>43 30 6. Notwithstanding section 234.35 or any other provision<br/> 43 31 of law to the contrary, state funding for shelter care and<br/> 43 32 the child welfare emergency services contracting implemented<br/> 43 33 to provide for or prevent the need for shelter care shall be<br/> 43 34 limited to \$8,096,158.</p>  | <p>Limits State funding for shelter care to \$8,096,158.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>  |
| <p>43 35 7. Federal funds received by the state during the fiscal<br/> 44 1 year beginning July 1, 2017, as the result of the expenditure<br/> 44 2 of state funds appropriated during a previous state fiscal<br/> 44 3 year for a service or activity funded under this section are<br/> 44 4 appropriated to the department to be used as additional funding<br/> 44 5 for services and purposes provided for under this section.<br/> 44 6 Notwithstanding section 8.33, moneys received in accordance<br/> 44 7 with this subsection that remain unencumbered or unobligated at<br/> 44 8 the close of the fiscal year shall not revert to any fund but<br/> 44 9 shall remain available for the purposes designated until the<br/> 44 10 close of the succeeding fiscal year.</p>   | <p>Requires federal funds received in FY 2018 as a result of the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2019.</p>  |
| <p>44 11 8. a. Of the funds appropriated in this section, up to<br/> 44 12 \$3,290,000 is allocated for the payment of the expenses of<br/> 44 13 court-ordered services provided to juveniles who are under the<br/> 44 14 supervision of juvenile court services, which expenses are a<br/> 44 15 charge upon the state pursuant to section 232.141, subsection<br/> 44 16 4. Of the amount allocated in this paragraph "a", up to<br/> 44 17 \$1,556,287 shall be made available to provide school-based<br/> 44 18 supervision of children adjudicated under chapter 232, of which<br/> 44 19 not more than \$15,000 may be used for the purpose of training.<br/> 44 20 A portion of the cost of each school-based liaison officer<br/> 44 21 shall be paid by the school district or other funding source as<br/> 44 22 approved by the chief juvenile court officer.<br/> 44 23 b. Of the funds appropriated in this section, up to \$748,985<br/> 44 24 is allocated for the payment of the expenses of court-ordered<br/> 44 25 services provided to children who are under the supervision<br/> 44 26 of the department, which expenses are a charge upon the state<br/> 44 27 pursuant to section 232.141, subsection 4.</p> | <p>Provides the following allocations related to court-ordered services for juveniles:</p> <ul style="list-style-type: none"> <li>• 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, and \$15,000 is limited to training funds. A portion of the cost for school-based liaisons is required to be paid by school districts.</li> <li>• Allocates \$748,985 to court-ordered services provided to children who are under the supervision of the DHS.</li> </ul> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocations.</p> |
| <p>44 28 c. Notwithstanding section 232.141 or any other provision<br/> 44 29 of law to the contrary, the amounts allocated in this</p>   | <p>Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS</p>  |

44 30 subsection shall be distributed to the judicial districts  
 44 31 as determined by the state court administrator and to the  
 44 32 department's service areas as determined by the administrator  
 44 33 of the department of human services' division of child and  
 44 34 family services. The state court administrator and the  
 44 35 division administrator shall make the determination of the  
 45 1 distribution amounts on or before June 15, 2017.

districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2017.

NOTE: This Section is effective on enactment.

45 2 d. Notwithstanding chapter 232 or any other provision of  
 45 3 law to the contrary, a district or juvenile court shall not  
 45 4 order any service which is a charge upon the state pursuant  
 45 5 to section 232.141 if there are insufficient court-ordered  
 45 6 services funds available in the district court or departmental  
 45 7 service area distribution amounts to pay for the service. The  
 45 8 chief juvenile court officer and the departmental service area  
 45 9 manager shall encourage use of the funds allocated in this  
 45 10 subsection such that there are sufficient funds to pay for  
 45 11 all court-related services during the entire year. The chief  
 45 12 juvenile court officers and departmental service area managers  
 45 13 shall attempt to anticipate potential surpluses and shortfalls  
 45 14 in the distribution amounts and shall cooperatively request the  
 45 15 state court administrator or division administrator to transfer  
 45 16 funds between the judicial districts' or departmental service  
 45 17 areas' distribution amounts as prudent.

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

45 18 e. Notwithstanding any provision of law to the contrary,  
 45 19 a district or juvenile court shall not order a county to pay  
 45 20 for any service provided to a juvenile pursuant to an order  
 45 21 entered under chapter 232 which is a charge upon the state  
 45 22 under section 232.141, subsection 4.

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

45 23 f. Of the funds allocated in this subsection, not more than  
 45 24 \$83,000 may be used by the judicial branch for administration  
 45 25 of the requirements under this subsection.

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

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

45 26 g. Of the funds allocated in this subsection, \$17,000  
 45 27 shall be used by the department of human services to support  
 45 28 the interstate commission for juveniles in accordance with  
 45 29 the interstate compact for juveniles as provided in section  
 45 30 232.173.

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

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

45 31 9. Of the funds appropriated in this section, \$12,253,227 is  
 45 32 allocated for juvenile delinquent graduated sanctions services.

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

|   |   |
|---|---|
| <p>45 33 Any state funds saved as a result of efforts by juvenile court<br/> 45 34 services to earn a federal Tit.IV-E match for juvenile court<br/> 45 35 services administration may be used for the juvenile delinquent<br/> 46 1 graduated sanctions services.</p>  | <p>DETAIL: This is a decrease of \$1,000,000 compared to the estimated net FY 2017 allocation, due to a reduction in end-of-fiscal-year transfers from Decategorization. This decrease represents 50.00% of the total decrease to the Child and Family Services General Fund appropriation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for juvenile delinquent graduated sanctions services.</p> |
| <p>46 2 10. Of the funds appropriated in this section, \$1,658,285 is<br/> 46 3 transferred to the department of public health to be used for<br/> 46 4 the child protection center grant program for child protection<br/> 46 5 centers located in Iowa in accordance with section 135.118.<br/> 46 6 The grant amounts under the program shall be equalized so that<br/> 46 7 each center receives a uniform base amount of \$245,000, so that<br/> 46 8 \$50,000 is awarded to establish a satellite child protection<br/> 46 9 center in a city in north central Iowa that is the county<br/> 46 10 seat of a county with a population between 44,000 and 45,000<br/> 46 11 according to the latest certified federal census, and so that<br/> 46 12 the remaining funds are awarded through a funding formula based<br/> 46 13 upon the volume of children served.</p> | <p>Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>  |
| <p>46 14 11. If the department receives federal approval to<br/> 46 15 implement a waiver under Tit.IV-E of the federal Social<br/> 46 16 Security Act to enable providers to serve children who remain<br/> 46 17 in the children's families and communities, for purposes of<br/> 46 18 eligibility under the medical assistance program through 25<br/> 46 19 years of age, children who participate in the waiver shall be<br/> 46 20 considered to be placed in foster care.</p>   | <p>Requires children who receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.</p>  |
| <p>46 21 12. Of the funds appropriated in this section, \$4,025,167 is<br/> 46 22 allocated for the preparation for adult living program pursuant<br/> 46 23 to section 234.46.</p>   | <p>Allocates \$4,025,167 to the Preparation for Adult Living (PALs) Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>   |
| <p>46 24 13. Of the funds appropriated in this section, \$227,337<br/> 46 25 shall be used for the public purpose of continuing a grant to<br/> 46 26 a nonprofit human services organization providing services to<br/> 46 27 individuals and families in multiple locations in southwest<br/> 46 28 Iowa and Nebraska for support of a project providing immediate,<br/> 46 29 sensitive support and forensic interviews, medical exams, needs<br/> 46 30 assessments, and referrals for victims of child abuse and their<br/> 46 31 nonoffending family members.</p>   | <p>Allocates \$227,337 to Project Harmony for support of victims of child abuse and their nonoffending family members.</p> <p>DETAIL: This is no change compared to the estimated net FY 2017 allocation.</p>   |
| <p>46 32 14. Of the funds appropriated in this section, \$300,620</p>   | <p>Allocates \$300,620 to provide support for foster care youth councils.</p>   |

|   |   |
|---|---|
| 46 33 is allocated for the foster care youth council approach of<br>46 34 providing a support network to children placed in foster care.  | DETAIL: This is no change compared to the estimated net FY 2017 allocation.   |
| 46 35 15. Of the funds appropriated in this section, \$202,000 is<br>47 1 allocated for use pursuant to section 235A.1 for continuation<br>47 2 of the initiative to address child sexual abuse implemented<br>47 3 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection<br>47 4 21.     | Allocates \$202,000 to an initiative to address child sexual abuse.<br><br>DETAIL: This is no change compared to the estimated net FY 2017 allocation.  |
| 47 5 16. Of the funds appropriated in this section, \$630,240 is<br>47 6 allocated for the community partnership for child protection<br>47 7 sites.  | Allocates \$630,240 to the Child Welfare Community Partnerships for Child Protection sites. Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection.<br><br>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. |
| 47 8 17. Of the funds appropriated in this section, \$371,250<br>47 9 is allocated for the department's minority youth and family<br>47 10 projects under the redesign of the child welfare system.   | Allocates \$371,250 to minority youth and family projects included in the child welfare redesign.<br><br>DETAIL: This is no change compared to the estimated net FY 2017 allocation.  |
| 47 11 18. Of the funds appropriated in this section, \$1,136,595<br>47 12 is allocated for funding of the community circle of care<br>47 13 collaboration for children and youth in northeast Iowa.   | Allocates \$1,136,595 to the Community Circle of Care Grant in northeast Iowa.<br><br>DETAIL: This is a decrease of \$50,000 compared to the estimated net FY 2017 allocation. The Community Circle of Care Program is a regional System of Care Program that coordinates community-based services and support to address the needs of children and youth with severe behavioral or mental health conditions.   |
| 47 14 19. Of the funds appropriated in this section, at least<br>47 15 \$147,158 shall be used for the continuation of the child<br>47 16 welfare provider training academy, a collaboration between the<br>47 17 coalition for family and children's services in Iowa and the<br>47 18 department. | Allocates \$147,158 to the Online Child Welfare Provider Training Academy.<br><br>DETAIL: This is no change compared to the estimated net FY 2017 allocation.   |
| 47 19 20. Of the funds appropriated in this section, \$211,872<br>47 20 shall be used for continuation of the central Iowa system of<br>47 21 care program grant through June 30, 2018.   | Allocates \$211,872 to the continuation of a System of Care program in Polk County.<br><br>DETAIL: This is no change compared to the estimated net FY 2017 allocation.  |



47 22 21. Of the funds appropriated in this section, \$235,000  
 47 23 shall be used for the public purpose of the continuation  
 47 24 and expansion of a system of care program grant implemented  
 47 25 in Cerro Gordo and Linn counties to utilize a comprehensive  
 47 26 and long-term approach for helping children and families by  
 47 27 addressing the key areas in a child's life of childhood basic  
 47 28 needs, education and work, family, and community.

Allocates \$235,000 to the 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.

47 29 22. Of the funds appropriated in this section, at least  
 47 30 \$25,000 shall be used to continue and to expand the foster  
 47 31 care respite pilot program in which postsecondary students in  
 47 32 social work and other human services-related programs receive  
 47 33 experience by assisting family foster care providers with  
 47 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.

47 35 23. Of the funds appropriated in this section, \$110,000  
 48 1 shall be used for the public purpose of funding community-based  
 48 2 services and other supports with a system of care approach  
 48 3 for children with a serious emotional disturbance and their  
 48 4 families through a nonprofit provider of child welfare services  
 48 5 that has been in existence for more than 115 years, is located  
 48 6 in a county with a population of more than 200,000 but less  
 48 7 than 220,000 according to the latest certified federal census,  
 48 8 is licensed as a psychiatric medical institution for children,  
 48 9 and was a system of care grantee prior to July 1, 2017.

Allocates \$110,000 to Tanager Place Behavioral Health Clinic in Cedar Rapids.

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

48 10 Sec. 19. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

48 11 1. There is appropriated from the general fund of the  
 48 12 state to the department of human services for the fiscal year  
 48 13 beginning July 1, 2017, and ending June 30, 2018, the following  
 48 14 amount, or so much thereof as is necessary, to be used for the  
 48 15 purpose designated:

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

48 16 a. For adoption subsidy payments and services:  
 48 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 Work Group projected surplus for the Adoption Subsidy Program.

48 18 b. (1) The funds appropriated in this section shall be used  
 48 19 as authorized or allowed by federal law or regulation for any  
 48 20 of the following purposes:

Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, 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

48 21 (a) For adoption subsidy payments and related costs.  
 48 22 (b) For post-adoption services and for other purposes under  
 48 23 Tit.IV-B or Tit.IV-E of the federal Social Security Act.  
 48 24 (2) The department of human services may transfer funds  
 48 25 appropriated in this subsection to the appropriation for  
 48 26 child and family services in this Act for the purposes of

|  |   |
|--|---|
| <p>48 27 post-adoption services as specified in this paragraph “b”.</p> <p>48 28 c. Notwithstanding section 8.33, moneys corresponding to</p> <p>48 29 the state savings resulting from implementation of the federal</p> <p>48 30 Fostering Connections to Success and Increasing Adoptions Act</p> <p>48 31 of 2008, Pub.L. No.110-351, and successor legislation, as</p> <p>48 32 determined in accordance with 42 U.S.C. §673(a)(8), that remain</p> <p>48 33 unencumbered or unobligated at the close of the fiscal year,</p> <p>48 34 shall not revert to any fund but shall remain available for the</p> <p>48 35 purposes designated in this subsection until expended. The</p> <p>49 1 amount of such savings and any corresponding funds remaining</p> <p>49 2 at the close of the fiscal year shall be determined separately</p> <p>49 3 and any changes in either amount between fiscal years shall not</p> <p>49 4 result in an unfunded need.</p> <p>49 5 2. The department may transfer funds appropriated in</p> <p>49 6 this section to the appropriation made in this division of</p> <p>49 7 this Act for general administration for costs paid from the</p> <p>49 8 appropriation relating to adoption subsidy.</p> <p>49 9 3. Federal funds received by the state during the</p> <p>49 10 fiscal year beginning July 1, 2017, as the result of the</p> <p>49 11 expenditure of state funds during a previous state fiscal</p> <p>49 12 year for a service or activity funded under this section are</p> <p>49 13 appropriated to the department to be used as additional funding</p> <p>49 14 for the services and activities funded under this section.</p> <p>49 15 Notwithstanding section 8.33, moneys received in accordance</p> <p>49 16 with this subsection that remain unencumbered or unobligated</p> <p>49 17 at the close of the fiscal year shall not revert to any fund</p> <p>49 18 but shall remain available for expenditure for the purposes</p> <p>49 19 designated until the close of the succeeding fiscal year.</p> <p>49 20 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited</p> <p>49 21 in the juvenile detention home fund created in section 232.142</p> <p>49 22 during the fiscal year beginning July 1, 2017, and ending June</p> <p>49 23 30, 2018, are appropriated to the department of human services</p> <p>49 24 for the fiscal year beginning July 1, 2017, and ending June 30,</p> <p>49 25 2018, for distribution of an amount equal to a percentage of</p> <p>49 26 the costs of the establishment, improvement, operation, and</p> <p>49 27 maintenance of county or multicounty juvenile detention homes</p> <p>49 28 in the fiscal year beginning July 1, 2016. Moneys appropriated</p> <p>49 29 for distribution in accordance with this section shall be</p> <p>49 30 allocated among eligible detention homes, prorated on the basis</p> <p>49 31 of an eligible detention home’s proportion of the costs of all</p> <p>49 32 eligible detention homes in the fiscal year beginning July</p> <p>49 33 1, 2016. The percentage figure shall be determined by the</p> <p>49 34 department based on the amount available for distribution for</p> <p>49 35 the fund. Notwithstanding section 232.142, subsection 3, the</p> <p>50 1 financial aid payable by the state under that provision for the</p> | <p>services instead of reverting to the General Fund.</p> <p>Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.</p> <p>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.</p> <p>Requires funds deposited in the Juvenile Detention Fund to be distributed to eligible juvenile detention centers for FY 2018. Funds are to be allocated to the 10 eligible county detention centers based on an amount equal to the FY 2017 juvenile detention home establishment, operation, maintenance, and improvement costs.</p> |
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50 2 fiscal year beginning July 1, 2017, shall be limited to the  
 50 3 amount appropriated for the purposes of this section.

50 4 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.  
 50 5 1. There is appropriated from the general fund of the  
 50 6 state to the department of human services for the fiscal year  
 50 7 beginning July 1, 2017, and ending June 30, 2018, the following  
 50 8 amount, or so much thereof as is necessary, to be used for the  
 50 9 purpose designated:  
 50 10 For the family support subsidy program subject to the  
 50 11 enrollment restrictions in section 225C.37, subsection 3:  
 50 12 ..... \$ 1,069,282

50 13 2. At least \$787,500 of the moneys appropriated in this  
 50 14 section is transferred to the department of public health for  
 50 15 the family support center component of the comprehensive family  
 50 16 support program under chapter 225C, subchapter V.

50 17 3. If at any time during the fiscal year, the amount of  
 50 18 funding available for the family support subsidy program  
 50 19 is reduced from the amount initially used to establish the  
 50 20 figure for the number of family members for whom a subsidy  
 50 21 is to be provided at any one time during the fiscal year,  
 50 22 notwithstanding section 225C.38, subsection 2, the department  
 50 23 shall revise the figure as necessary to conform to the amount  
 50 24 of funding available.

50 25 Sec. 22. CONNER DECREE. There is appropriated from the  
 50 26 general fund of the state to the department of human services  
 50 27 for the fiscal year beginning July 1, 2017, and ending June 30,  
 50 28 2018, the following amount, or so much thereof as is necessary,  
 50 29 to be used for the purpose designated:  
 50 30 For building community capacity through the coordination  
 50 31 and provision of training opportunities in accordance with the  
 50 32 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
 50 33 Iowa, July 14, 1994):  
 50 34 ..... \$ 33,632

50 35 Sec. 23. MENTAL HEALTH INSTITUTES.  
 51 1 1. There is appropriated from the general fund of the

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 for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This allocation is an increase of \$60,000 compared to estimated net FY 2017 due to the expansion of services across 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 funds are used for training purposes to comply with the [Conner v. Branstad](#) consent decree mandating placement of persons in the least restrictive setting.

51 2 state to the department of human services for the fiscal year  
 51 3 beginning July 1, 2017, and ending June 30, 2018, the following  
 51 4 amounts, or so much thereof as is necessary, to be used for the  
 51 5 purposes designated:

51 6 a. For operation of the state mental health institute at  
 51 7 Cherokee as required by chapters 218 and 226 for salaries,  
 51 8 support, maintenance, and miscellaneous purposes, and for not  
 51 9 more than the following full-time equivalent positions:  
 51 10 ..... \$ 13,870,254  
 51 11 ..... FTEs 162.00

51 12 b. For operation of the state mental health institute at  
 51 13 Independence as required by chapters 218 and 226 for salaries,  
 51 14 support, maintenance, and miscellaneous purposes, and for not  
 51 15 more than the following full-time equivalent positions:  
 51 16 ..... \$ 17,513,621  
 51 17 ..... FTEs 204.00

51 18 2. Notwithstanding sections 218.78 and 249A.11, any revenue  
 51 19 received from the state mental health institute at Cherokee or  
 51 20 the state mental health institute at Independence pursuant to  
 51 21 42 C.F.R §438.6(e) may be retained and expended by the mental  
 51 22 health institute.

51 23 3. Notwithstanding any provision of law to the contrary,  
 51 24 a Medicaid member residing at the state mental health  
 51 25 institute at Cherokee or the state mental health institute  
 51 26 at Independence shall retain Medicaid eligibility during  
 51 27 the period of the Medicaid member's stay for which federal  
 51 28 financial participation is available.

51 29 Sec. 24. STATE RESOURCE CENTERS.

51 30 1. There is appropriated from the general fund of the  
 51 31 state to the department of human services for the fiscal year  
 51 32 beginning July 1, 2017, and ending June 30, 2018, the following  
 51 33 amounts, or so much thereof as is necessary, to be used for the  
 51 34 purposes designated:

51 35 a. For the state resource center at Glenwood for salaries,  
 52 1 support, maintenance, and miscellaneous purposes:  
 52 2 ..... \$ 17,887,781

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.

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.

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

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

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.

52 3 b. For the state resource center at Woodward for salaries,  
 52 4 support, maintenance, and miscellaneous purposes:  
 52 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.

52 6 2. The department may continue to bill for state resource  
 52 7 center services utilizing a scope of services approach used for  
 52 8 private providers of intermediate care facilities for persons  
 52 9 with an intellectual disability services, in a manner which  
 52 10 does not shift costs between the medical assistance program,  
 52 11 counties, or other sources of funding for the state resource  
 52 12 centers.

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

52 13 3. The state resource centers may expand the time-limited  
 52 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.

52 15 4. If the department's administration and the department  
 52 16 of management concur with a finding by a state resource  
 52 17 center's superintendent that projected revenues can reasonably  
 52 18 be expected to pay the salary and support costs for a new  
 52 19 employee position, or that such costs for adding a particular  
 52 20 number of new positions for the fiscal year would be less  
 52 21 than the overtime costs if new positions would not be added,  
 52 22 the superintendent may add the new position or positions. If  
 52 23 the vacant positions available to a resource center do not  
 52 24 include the position classification desired to be filled, the  
 52 25 state resource center's superintendent may reclassify any  
 52 26 vacant position as necessary to fill the desired position. The  
 52 27 superintendents of the state resource centers may, by mutual  
 52 28 agreement, pool vacant positions and position classifications  
 52 29 during the course of the fiscal year in order to assist one  
 52 30 another in filling necessary positions.

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

52 31 5. If existing capacity limitations are reached in  
 52 32 operating units, a waiting list is in effect for a service or  
 52 33 a special need for which a payment source or other funding  
 52 34 is available for the service or to address the special need,  
 52 35 and facilities for the service or to address the special need  
 53 1 can be provided within the available payment source or other  
 53 2 funding, the superintendent of a state resource center may  
 53 3 authorize opening not more than two units or other facilities  
 53 4 and begin implementing the service or addressing the special  
 53 5 need during fiscal year 2017-2018.

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

53 6 Sec. 25. SEXUALLY VIOLENT PREDATORS.  
 53 7 1. There is appropriated from the general fund of the  
 53 8 state to the department of human services for the fiscal year  
 53 9 beginning July 1, 2017, and ending June 30, 2018, the following  
 53 10 amount, or so much thereof as is necessary, to be used for the  
 53 11 purpose designated:  
 53 12 For costs associated with the commitment and treatment of  
 53 13 sexually violent predators in the unit located at the state  
 53 14 mental health institute at Cherokee, including costs of legal  
 53 15 services and other associated costs, including salaries,  
 53 16 support, maintenance, and miscellaneous purposes, and for not  
 53 17 more than the following full-time equivalent positions:  
 53 18 ..... \$ 9,464,747  
 53 19 ..... FTEs 112.00

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

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

53 20 2. Unless specifically prohibited by law, if the amount  
 53 21 charged provides for recoupment of at least the entire amount  
 53 22 of direct and indirect costs, the department of human services  
 53 23 may contract with other states to provide care and treatment  
 53 24 of persons placed by the other states at the unit for sexually  
 53 25 violent predators at Cherokee. The moneys received under  
 53 26 such a contract shall be considered to be repayment receipts  
 53 27 and used for the purposes of the appropriation made in this  
 53 28 section.

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

53 29 Sec. 26. FIELD OPERATIONS. There is appropriated from the  
 53 30 general fund of the state to the department of human services  
 53 31 for the fiscal year beginning July 1, 2017, and ending June 30,  
 53 32 2018, the following amount, or so much thereof as is necessary,  
 53 33 to be used for the purposes designated:  
 53 34 For field operations, including salaries, support,  
 53 35 maintenance, and miscellaneous purposes, and for not more than  
 54 1 the following full-time equivalent positions:  
 54 2 ..... \$ 48,484,435  
 54 3 ..... FTEs 1,583.00

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

DETAIL: This is a net decrease of \$885,682 and 1.00 FTE position 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.

54 4 Priority in filling full-time equivalent positions shall be  
54 5 given to those positions related to child protection services  
54 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.

54 7 Sec. 27. GENERAL ADMINISTRATION. There is appropriated  
54 8 from the general fund of the state to the department of human  
54 9 services for the fiscal year beginning July 1, 2017, and ending  
54 10 June 30, 2018, the following amount, or so much thereof as is  
54 11 necessary, to be used for the purpose designated:

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

54 12 For general administration, including salaries, support,  
54 13 maintenance, and miscellaneous purposes, and for not more than  
54 14 the following full-time equivalent positions:  
54 15 ..... \$ 14,033,040  
54 16 ..... FTEs 294.00

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 AmeriCorps Program.
- An increase of 0.07 FTE position for a general increase.

54 17 1. The department shall report at least monthly to the  
54 18 legislative services agency concerning the department's  
54 19 operational and program expenditures.

Requires the DHS to provide a monthly operational and expenditure report to the LSA.

**VETOED**

**VETOED:** The Governor vetoed the paragraph requiring the DHS to provide a monthly operational and expenditure report to the LSA. The Governor stated this information is already available within the State's accounting and budgeting system.

54 20 2. Of the funds appropriated in this section, \$150,000 shall  
54 21 be used to continue the contract for the provision of a program  
54 22 to provide technical assistance, support, and consultation to  
54 23 providers of habilitation services and home and community-based  
54 24 services waiver services for adults with disabilities under the  
54 25 medical assistance program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

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

54 26 3. Of the funds appropriated in this section, \$50,000  
54 27 is transferred to the Iowa finance authority to be used  
54 28 for administrative support of the council on homelessness  
54 29 established in section 16.2D and for the council to fulfill its  
54 30 duties in addressing and reducing homelessness in the state.

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

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

54 31 4. Of the funds appropriated in this section, \$200,000 shall  
54 32 be transferred to and deposited in the administrative fund of  
54 33 the Iowa ABLE savings plan trust created in section 121.4, to  
54 34 be used for implementation and administration activities of the  
54 35 Iowa ABLE savings plan trust.

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 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.

55 1 5. Of the funds appropriated in this section, \$200,000 is  
 55 2 transferred to the economic development authority for the Iowa  
 55 3 commission on volunteer services to continue to be used for  
 55 4 RefugeeRISE AmeriCorps program established under section 15H.8  
 55 5 for member recruitment and training to improve the economic  
 55 6 well-being and health of economically disadvantaged refugees in  
 55 7 local communities across Iowa. Funds transferred may be used  
 55 8 to supplement federal funds under federal regulations.

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

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

55 9 6. Of the funds appropriated in this section, \$300,000 shall  
 55 10 be used to contract for children's well-being collaboratives  
 55 11 grants for the development and implementation of children's  
 55 12 well-being collaboratives to establish and coordinate  
 55 13 prevention and early intervention services to promote improved  
 55 14 mental health and well-being for children and families, as  
 55 15 enacted in this 2017 Act.

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

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

55 16 7. Of the funds appropriated in this section, \$200,000  
 55 17 shall be used to continue to expand the provision of nationally  
 55 18 accredited and recognized internet-based training to include  
 55 19 mental health and disability services providers.

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

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

**VETOED**

**VETOED:** The Governor vetoed the paragraph allocating \$200,000 for the Department of Human Services to contract with the College of Direct Support to expand the provision of nationally accredited and recognized internet-based training to include mental health and disability services providers. The Governor stated provider associations already conduct training opportunities for providers and the Department provides assistance as necessary. The Governor also stated this item was not recommended in the Governor's set of budget recommendations. Therefore, the Governor concluded this item is redundant and unnecessary.

General Fund appropriation to the DHS facilities.

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

55 20 Sec. 28. DEPARTMENT-WIDE DUTIES. There is appropriated  
 55 21 from the general fund of the state to the department of human  
 55 22 services for the fiscal year beginning July 1, 2017, and ending  
 55 23 June 30, 2018, the following amount, or so much thereof as is  
 55 24 necessary, to be used for the purposes designated:

55 25 For salaries, support, maintenance, and miscellaneous  
 55 26 purposes at facilities under the purview of the department of  
 55 27 human services:  
 55 28 ..... \$ 2,879,274

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

55 29 Sec. 29. VOLUNTEERS. There is appropriated from the general  
 55 30 fund of the state to the department of human services for the  
 55 31 fiscal year beginning July 1, 2017, and ending June 30, 2018,



55 32 the following amount, or so much thereof as is necessary, to be  
 55 33 used for the purpose designated:  
 55 34 For development and coordination of volunteer services:  
 55 35 ..... \$ 84,686

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

56 1 Sec. 30. GENERAL REDUCTION. For the period beginning July  
 56 2 1, 2017, and ending June 30, 2018, the department of human  
 56 3 services, in consultation with the department of management,  
 56 4 shall identify and implement a reduction in expenditures made  
 56 5 from appropriations from the general fund to the department of  
 56 6 human services in the amount of \$1,467,303.

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

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

56 7 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
 56 8 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE  
 56 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 reimbursement methodology is to remain the same as the methodology in effect on June 30, 2017.

56 10 1. a. (1) (a) For the fiscal year beginning July 1,  
 56 11 2017, the department shall rebase case-mix nursing facility  
 56 12 rates effective July 1, 2017, to the extent possible within the  
 56 13 state funding, including the \$2,500,000, appropriated for this  
 56 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.

56 15 (b) For the fiscal year beginning July 1, 2017, non-case-mix  
 56 16 and special population nursing facilities shall be reimbursed  
 56 17 in accordance with the methodology in effect on June 30 of the  
 56 18 prior fiscal year.

56 19 (c) For managed care claims, the department of human  
 56 20 services shall adjust the payment rate floor for nursing  
 56 21 facilities, annually, to maintain a rate floor that is no  
 56 22 lower than the Medicaid fee-for-service case-mix adjusted  
 56 23 rate calculated in accordance with subparagraph division  
 56 24 (a) and 441 IAC 81.6. The department shall then calculate  
 56 25 adjusted reimbursement rates, including but not limited to  
 56 26 add-on-payments, annually, and shall notify Medicaid managed  
 56 27 care organizations of the adjusted reimbursement rates within  
 56 28 30 days of determining the adjusted reimbursement rates. Any  
 56 29 adjustment of reimbursement rates under this subparagraph  
 56 30 division shall be budget neutral to the state budget.

Requires Medicaid managed care long-term services and supports capitation rates to be adjusted to reflect the rebasing for the patient populations residing in Medicaid-certified nursing facilities.

56 31 (d) For the fiscal year beginning July 1, 2017, Medicaid  
 56 32 managed care long-term services and supports capitation  
 56 33 rates shall be adjusted to reflect the rebasing pursuant to  
 56 34 subparagraph division (a) for the patient populations residing  
 56 35 in Medicaid-certified nursing facilities.

**VETOED**

**VETOED:** The Governor vetoed this paragraph and stated the provider reimbursement rate floors issued by DHS already include protections for providers and their reimbursement and this legislation already provides for additional appropriations for case-mix nursing facility rates effective July 1, 2017. Therefore, the Governor concluded this item is redundant and unnecessary.

57 1 (2) For any open or unsettled nursing facility cost report  
 57 2 for a fiscal year prior to and including the fiscal year  
 57 3 beginning July 1, 2016, including any cost report remanded on  
 57 4 judicial review for inclusion of prescription drug, laboratory,  
 57 5 or x-ray costs, the department shall offset all reported  
 57 6 prescription drug, laboratory, and x-ray costs with any revenue  
 57 7 received from Medicare or other revenue source for any purpose.  
 57 8 For purposes of this subparagraph, a nursing facility cost  
 57 9 report is not considered open or unsettled if the facility did  
 57 10 not initiate an administrative appeal under chapter 17A or if  
 57 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.

57 12 (3) Medicaid managed care organizations shall adjust  
 57 13 facility-specific rates based upon payment rate listings issued  
 57 14 by the department. The rate adjustments shall be applied  
 57 15 retroactively based upon the effective date of the rate letter  
 57 16 issued by the department. A Medicaid managed care organization  
 57 17 shall honor all retroactive rate adjustments including when  
 57 18 specific provider rates are delayed or amended.

**VETOED**

Requires MCOs to adjust facility-specific rates based upon payment rate listings issued by the DHS. The rate adjustments are to be applied retroactively.

**VETOED:** The Governor vetoed this paragraph and stated the provider reimbursement rate floors issued by the DHS already include protections for providers and their reimbursement. Therefore, the Governor concluded that restrictions in this item are redundant and unnecessary.

57 19 b. (1) For the fiscal year beginning July 1, 2017,  
 57 20 the department shall establish the pharmacy dispensing fee  
 57 21 reimbursement at \$10.02 per prescription, until a cost of  
 57 22 dispensing survey is completed. The actual dispensing fee  
 57 23 shall be determined by a cost of dispensing survey performed  
 57 24 by the department and required to be completed by all medical  
 57 25 assistance program participating pharmacies every two years,  
 57 26 adjusted as necessary to maintain expenditures within the  
 57 27 amount appropriated to the department for this purpose for the  
 57 28 fiscal year.

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

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

57 29 (2) The department shall utilize an average acquisition  
 57 30 cost reimbursement methodology for all drugs covered under the  
 57 31 medical assistance program in accordance with 2012 Iowa Acts,  
 57 32 chapter 1133, section 33.

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

57 33 c. (1) For the fiscal year beginning July 1, 2017,  
 57 34 reimbursement rates for outpatient hospital services shall  
 57 35 be rebased effective January 1, 2018, subject to Medicaid  
 58 1 program upper payment limit rules, and adjusted as necessary  
 58 2 to maintain expenditures within the amount appropriated to the  
 58 3 department for this purpose for the fiscal year.

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

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

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| <p>58 4 (2) For the fiscal year beginning July 1, 2017,<br/> 58 5 reimbursement rates for inpatient hospital services shall<br/> 58 6 remain at the rates in effect on June 30, 2017, subject to<br/> 58 7 Medicaid program upper payment limit rules, and adjusted<br/> 58 8 as necessary to maintain expenditures within the amount<br/> 58 9 appropriated to the department for this purpose for the fiscal<br/> 58 10 year.</p>  | <p>Requires the rate of reimbursement for inpatient services to remain at the rate in effect in FY 2017, subject to the Medicaid UPL rules.</p>  |
| <p>58 11 (3) For the fiscal year beginning July 1, 2017, the graduate<br/> 58 12 medical education and disproportionate share hospital fund<br/> 58 13 shall remain at the amount in effect on June 30, 2017, except<br/> 58 14 that the portion of the fund attributable to graduate medical<br/> 58 15 education shall be reduced in an amount that reflects the<br/> 58 16 elimination of graduate medical education payments made to<br/> 58 17 out-of-state hospitals.</p>  | <p>Requires the rate of reimbursement for the Graduate Medical Education and Disproportionate Share Hospital Fund to remain at the rate in effect in FY 2017, except for the portion that eliminates graduate medical education payments made to out-of-state hospitals.</p> |
| <p>58 18 (4) In order to ensure the efficient use of limited state<br/> 58 19 funds in procuring health care services for low-income lowans,<br/> 58 20 funds appropriated in this Act for hospital services shall<br/> 58 21 not be used for activities which would be excluded from a<br/> 58 22 determination of reasonable costs under the federal Medicare<br/> 58 23 program pursuant to 42 U.S.C.§1395x(v)(1)(N).</p>   | <p>Requires funds appropriated to hospital activities to be used for activities pursuant to the federal Medicare program.</p>  |
| <p>58 24 d. For the fiscal year beginning July 1, 2017, reimbursement<br/> 58 25 rates for hospices and acute mental hospitals shall be<br/> 58 26 increased in accordance with increases under the federal<br/> 58 27 Medicare program or as supported by their Medicare audited<br/> 58 28 costs.</p>  | <p>Requires hospice services and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2018.</p>   |
| <p>58 29 e. For the fiscal year beginning July 1, 2017, independent<br/> 58 30 laboratories and rehabilitation agencies shall be reimbursed<br/> 58 31 using the same methodology in effect on June 30, 2017.</p>  | <p>Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology used in FY 2017.</p>  |
| <p>58 32 f. (1) For the fiscal year beginning July 1, 2017,<br/> 58 33 reimbursement rates for home health agencies shall continue to<br/> 58 34 be based on the Medicare low utilization payment adjustment<br/> 58 35 (LUPA) methodology with state geographic wage adjustments.<br/> 59 1 The department shall continue to update the rates every two<br/> 59 2 years to reflect the most recent Medicare LUPA rates to the<br/> 59 3 extent possible within the state funding appropriated for this<br/> 59 4 purpose.</p> | <p>Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Adjustment (LUPA) methodology and to be adjusted according to funds appropriated for FY 2018.</p>   |
| <p>59 5 (2) For the fiscal year beginning July 1, 2017, rates for<br/> 59 6 private duty nursing and personal care services under the early<br/> 59 7 and periodic screening, diagnostic, and treatment program<br/> 59 8 benefit shall be calculated based on the methodology in effect<br/> 59 9 on June 30, 2017.</p>   | <p>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.</p>  |

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| <p>59 10 g. For the fiscal year beginning July 1, 2017, federally<br/> 59 11 qualified health centers and rural health clinics shall receive<br/> 59 12 cost-based reimbursement for 100 percent of the reasonable<br/> 59 13 costs for the provision of services to recipients of medical<br/> 59 14 assistance.</p>   | <p>Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.</p>   |
| <p>59 15 h. For the fiscal year beginning July 1, 2017, the<br/> 59 16 reimbursement rates for dental services shall remain at the<br/> 59 17 rates in effect on June 30, 2017.</p>   | <p>Requires the reimbursement rates for dental services to remain at the rates in effect in FY 2017.</p>   |
| <p>59 18 i. (1) For the fiscal year beginning July 1, 2017,<br/> 59 19 reimbursement rates for non-state-owned psychiatric medical<br/> 59 20 institutions for children shall be based on the reimbursement<br/> 59 21 methodology in effect on June 30, 2017.</p>  | <p>Requires non-state-owned Psychiatric Medical Institutions for Children (PMICs) to be reimbursed based on the reimbursement methodology effective in FY 2017.</p>  |
| <p>59 22 (2) As a condition of participation in the medical<br/> 59 23 assistance program, enrolled providers shall accept the medical<br/> 59 24 assistance reimbursement rate for any covered goods or services<br/> 59 25 provided to recipients of medical assistance who are children<br/> 59 26 under the custody of a psychiatric medical institution for<br/> 59 27 children.</p>   | <p>Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.</p>   |
| <p>59 28 j. For the fiscal year beginning July 1, 2017, unless<br/> 59 29 otherwise specified in this Act, all noninstitutional medical<br/> 59 30 assistance provider reimbursement rates shall remain at the<br/> 59 31 rates in effect on June 30, 2017, except for area education<br/> 59 32 agencies, local education agencies, infant and toddler<br/> 59 33 services providers, home and community-based services providers<br/> 59 34 including consumer-directed attendant care providers under a<br/> 59 35 section 1915(c) or 1915(i) waiver, targeted case management<br/> 60 1 providers, and those providers whose rates are required to be<br/> 60 2 determined pursuant to section 249A.20.</p> | <p>Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rates in effect in FY 2017.</p>   |
| <p>60 3 k. Notwithstanding any provision to the contrary, for the<br/> 60 4 fiscal year beginning July 1, 2017, the reimbursement rate<br/> 60 5 for anesthesiologists shall be adjusted to implement the cost<br/> 60 6 containment strategies authorized for the medical assistance<br/> 60 7 program in this 2017 Act.</p>   | <p>Requires the reimbursement rates for anesthesiologists to be reduced to the Medicare level for FY 2018.</p> <p><b>FISCAL IMPACT:</b> This change is estimated to save the State \$3,100,000 for FY 2018.</p>  |
| <p>60 8 l. Notwithstanding section 249A.20, for the fiscal year<br/> 60 9 beginning July 1, 2017, the average reimbursement rate for<br/> 60 10 health care providers eligible for use of the federal Medicare<br/> 60 11 resource-based relative value scale reimbursement methodology<br/> 60 12 under section 249A.20 shall remain at the rate in effect on<br/> 60 13 June 30, 2017; however, this rate shall not exceed the maximum<br/> 60 14 level authorized by the federal government.</p>   | <p>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.</p> |
| <p>60 15 m. For the fiscal year beginning July 1, 2017, the<br/> LSA: Fiscal Analysis</p>   | <p>Requires the FY 2018 reimbursement rates for residential care facilities</p>  |

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| <p>60 16 reimbursement rate for residential care facilities shall not<br/> 60 17 be less than the minimum payment level as established by the<br/> 60 18 federal government to meet the federally mandated maintenance<br/> 60 19 of effort requirement. The flat reimbursement rate for<br/> 60 20 facilities electing not to file annual cost reports shall not<br/> 60 21 be less than the minimum payment level as established by the<br/> 60 22 federal government to meet the federally mandated maintenance<br/> 60 23 of effort requirement.</p> | <p>to be no less than the minimum payment level required to meet the federal requirement.</p>  |
| <p>60 24 n. For the fiscal year beginning July 1, 2017, the<br/> 60 25 reimbursement rates for inpatient mental health services<br/> 60 26 provided at hospitals shall remain at the rates in effect on<br/> 60 27 June 30, 2017, subject to Medicaid program upper payment limit<br/> 60 28 rules; and psychiatrists shall be reimbursed at the medical<br/> 60 29 assistance program fee-for-service rate in effect on June 30,<br/> 60 30 2017.</p>   | <p>Requires the FY 2018 reimbursement rates for inpatient psychiatric hospital services to remain at the rates in effect in FY 2017, subject to Medicaid UPL rules.</p>  |
| <p>60 31 o. For the fiscal year beginning July 1, 2017, community<br/> 60 32 mental health centers may choose to be reimbursed for the<br/> 60 33 services provided to recipients of medical assistance through<br/> 60 34 either of the following options:<br/> 60 35 (1) For 100 percent of the reasonable costs of the services.<br/> 61 1 (2) In accordance with the alternative reimbursement rate<br/> 61 2 methodology approved by the department of human services in<br/> 61 3 effect on June 30, 2017.</p>                                     | <p>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.</p> |
| <p>61 4 p. For the fiscal year beginning July 1, 2017, the<br/> 61 5 reimbursement rate for providers of family planning services<br/> 61 6 that are eligible to receive a 90 percent federal match shall<br/> 61 7 remain at the rates in effect on June 30, 2017.</p>  | <p>Requires the reimbursement rates for family planning services eligible to receive a 90.00% federal match to remain at the rates in effect in FY 2017.</p>   |
| <p>61 8 q. Unless otherwise subject to a tiered rate methodology,<br/> 61 9 for the fiscal year beginning July 1, 2017, the upper<br/> 61 10 limits and reimbursement rates for providers of home and<br/> 61 11 community-based services waiver services shall be reimbursed<br/> 61 12 using the reimbursement methodology in effect on June 30, 2017.</p>   | <p>Requires the reimbursement rates for HCBS waiver service providers to remain at the rates in effect in FY 2017 unless otherwise subject to a tiered rate methodology.</p>   |
| <p>61 13 r. For the fiscal year beginning July 1, 2017, the<br/> 61 14 reimbursement rates for emergency medical service providers<br/> 61 15 shall remain at the rates in effect on June 30, 2017.</p>  | <p>Requires the reimbursement rates for emergency medical service providers to remain at the rates in effect in FY 2017.</p>   |
| <p>61 16 s. For the fiscal year beginning July 1, 2017, reimbursement<br/> 61 17 rates for substance-related disorder treatment programs<br/> 61 18 licensed under section 125.13 shall remain at the rates in<br/> 61 19 effect on June 30, 2017.</p>   | <p>Requires the reimbursement rates for substance abuse treatment providers to remain at the rates in effect in FY 2017.</p>   |
| <p>61 20 2. For the fiscal year beginning July 1, 2017, the<br/> 61 21 reimbursement rate for providers reimbursed under the</p>   | <p>Requires that the minimum reimbursement payment for providers of the In-Home-Related Care Program be no less than the minimum</p>   |

61 22 in-home-related care program shall not be less than the minimum  
 61 23 payment level as established by the federal government to meet  
 61 24 the federally mandated maintenance of effort requirement.

payment established by the federal government for FY 2018.

61 25 3. Unless otherwise directed in this section, when the  
 61 26 department's reimbursement methodology for any provider  
 61 27 reimbursed in accordance with this section includes an  
 61 28 inflation factor, this factor shall not exceed the amount  
 61 29 by which the consumer price index for all urban consumers  
 61 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 All Urban Consumers for the calendar year ending December 31, 2002.

61 31 4. Notwithstanding section 234.38, for the fiscal  
 61 32 year beginning July 1, 2017, the foster family basic daily  
 61 33 maintenance rate and the maximum adoption subsidy rate for  
 61 34 children ages 0 through 5 years shall be \$16.78, the rate for  
 61 35 children ages 6 through 11 years shall be \$17.45, the rate for  
 62 1 children ages 12 through 15 years shall be \$19.10, and the  
 62 2 rate for children and young adults ages 16 and older shall  
 62 3 be \$19.35. For youth ages 18 to 21 who have exited foster  
 62 4 care, the preparation for adult living program maintenance rate  
 62 5 shall be \$602.70 per month. The maximum payment for adoption  
 62 6 subsidy nonrecurring expenses shall be limited to \$500 and the  
 62 7 disallowance of additional amounts for court costs and other  
 62 8 related legal expenses implemented pursuant to 2010 Iowa Acts,  
 62 9 chapter 1031, section 408, shall be continued.

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

62 10 5. For the fiscal year beginning July 1, 2017, the maximum  
 62 11 reimbursement rates for social services providers under  
 62 12 contract shall remain at the rates in effect on June 30, 2017,  
 62 13 or the provider's actual and allowable cost plus inflation for  
 62 14 each service, whichever is less. However, if a new service  
 62 15 or service provider is added after June 30, 2017, the initial  
 62 16 reimbursement rate for the service or provider shall be based  
 62 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 rates in effect for FY 2017, or the provider's actual and allowable cost plus inflation for each service, whichever is less. This Section also addresses reimbursement rates if a new service or service provider is added after June 30, 2017.

62 18 6. a. For the fiscal year beginning July 1, 2017, the  
 62 19 reimbursement rates for resource family recruitment and  
 62 20 retention contractors shall be established by contract.  
 62 21 b. For the fiscal year beginning July 1, 2017, the  
 62 22 reimbursement rates for supervised apartment living foster care  
 62 23 providers shall be established by contract.

Requires the reimbursement rates for resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rates in effect in FY 2017.

62 24 7. a. For the purposes of this subsection, "combined  
 62 25 reimbursement rate" means the combined service and maintenance  
 62 26 reimbursement rate for a service level under the department's  
 62 27 reimbursement methodology. Effective July 1, 2017, the  
 62 28 combined reimbursement rate for a group foster care service  
 62 29 level shall be the amount designated in this subsection.

Requires the FY 2018 combined reimbursement rate for group foster care providers to remain at the rate in effect in FY 2017.

62 30 However, if a group foster care provider's reimbursement rate  
 62 31 for a service level as of June 30, 2017, is more than the rate  
 62 32 designated in this subsection, the provider's reimbursement  
 62 33 shall remain at the higher rate.

62 34 b. Unless a group foster care provider is subject to the  
 62 35 exception provided in paragraph "a", effective July 1, 2017,  
 63 1 the combined reimbursement rates for the service levels under  
 63 2 the department's reimbursement methodology shall be as follows:

63 3 (1) For service level, community - D1, the daily rate shall  
 63 4 be at least \$84.17.

63 5 (2) For service level, comprehensive - D2, the daily rate  
 63 6 shall be at least \$119.09.

63 7 (3) For service level, enhanced - D3, the daily rate shall  
 63 8 be at least \$131.09.

63 9 8. The group foster care reimbursement rates paid for  
 63 10 placement of children out of state shall be calculated  
 63 11 according to the same rate-setting principles as those used for  
 63 12 in-state providers, unless the director of human services or  
 63 13 the director's designee determines that appropriate care cannot  
 63 14 be provided within the state. The payment of the daily rate  
 63 15 shall be based on the number of days in the calendar month in  
 63 16 which service is provided.

63 17 9. a. For the fiscal year beginning July 1, 2017, the  
 63 18 reimbursement rate paid for shelter care and the child welfare  
 63 19 emergency services implemented to provide or prevent the need  
 63 20 for shelter care shall be established by contract.

63 21 b. For the fiscal year beginning July 1, 2017, the combined  
 63 22 service and maintenance components of the reimbursement rate  
 63 23 paid for shelter care services shall be based on the financial  
 63 24 and statistical report submitted to the department. The  
 63 25 maximum reimbursement rate shall be \$101.83 per day. The  
 63 26 department shall reimburse a shelter care provider at the  
 63 27 provider's actual and allowable unit cost, plus inflation, not  
 63 28 to exceed the maximum reimbursement rate.

63 29 c. Notwithstanding section 232.141, subsection 8, for the  
 63 30 fiscal year beginning July 1, 2017, the amount of the statewide  
 63 31 average of the actual and allowable rates for reimbursement of  
 63 32 juvenile shelter care homes that is utilized for the limitation  
 63 33 on recovery of unpaid costs shall remain at the amount in  
 63 34 effect for this purpose in the fiscal year beginning July 1,  
 63 35 2016.

64 1 10. For the fiscal year beginning July 1, 2017, the  
 64 2 department shall calculate reimbursement rates for intermediate

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

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

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

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

Requires the DHS to calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities (ICF/IDs) at the

|   |  |
|---|--|
| <p>64 3 care facilities for persons with an intellectual disability<br/> 64 4 at the 80th percentile. Beginning July 1, 2017, the rate<br/> 64 5 calculation methodology shall utilize the consumer price index<br/> 64 6 inflation factor applicable to the fiscal year beginning July<br/> 64 7 1, 2017.</p>  | <p>80th percentile for FY 2018.</p>  |
| <p>64 8 11. For the fiscal year beginning July 1, 2017, for child<br/> 64 9 care providers reimbursed under the state child care assistance<br/> 64 10 program, the department shall set provider reimbursement<br/> 64 11 rates based on the rate reimbursement survey completed in<br/> 64 12 December 2004. Effective July 1, 2017, the child care provider<br/> 64 13 reimbursement rates shall remain at the rates in effect on June<br/> 64 14 30, 2017. The department shall set rates in a manner so as<br/> 64 15 to provide incentives for a nonregistered provider to become<br/> 64 16 registered by applying the increase only to registered and<br/> 64 17 licensed providers.</p>                              | <p>Requires the CCA Program rates paid to providers in FY 2018 to remain at the rates in effect in FY 2017.</p>  |
| <p>64 18 12. For the fiscal year beginning July 1, 2017, affected<br/> 64 19 providers or services shall be reimbursed as follows:</p>  |  |
| <p>64 20 a. For fee-for-service claims, a rate or reimbursement<br/> 64 21 shall be calculated based on the methodology otherwise<br/> 64 22 specified in this section for the fiscal year beginning July 1,<br/> 64 23 2017, for the respective provider or service.</p>   | <p>Specifies that fee-for-service rates are to be calculated based on the methodology in this Section.</p>   |
| <p>64 24 b. For claims subject to a managed care contract with<br/> 64 25 the exception of any provider or service to which a rate or<br/> 64 26 reimbursement increase is applicable for the fiscal year under<br/> 64 27 this section, the rate or reimbursement shall be based on the<br/> 64 28 methodology established by the managed care contract. However,<br/> 64 29 any rate or reimbursement established under such contract<br/> 64 30 shall not be lower than the rate or reimbursement floor<br/> 64 31 established by the department of human services as the managed<br/> 64 32 care organization rate or reimbursement floor for a respective<br/> 64 33 provider or service in effect on April 1, 2016.</p> | <p>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.</p>   |
| <p>64 34 13. Notwithstanding any provision to the contrary,<br/> 64 35 reimbursement rates and methodologies under this section may<br/> 65 1 be adjusted as necessary to implement the cost containment<br/> 65 2 strategies authorized for the medical assistance program in<br/> 65 3 this 2017 Act.</p>   | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"><b>VETOED</b></div> <p><b>VETOED:</b> The Governor vetoed this paragraph and stated the DHS already includes protections for providers and their reimbursement and the restrictions in this item are redundant and unnecessary.</p> |
| <p>65 4 14. The department may adopt emergency rules to implement<br/> 65 5 this section.<br/> 65 6 Sec. 32. EMERGENCY RULES.</p>   | <p>Allows the DHS to adopt emergency rules to implement the Section dealing with reimbursement rates.</p>  |
| <p>65 7 1. If specifically authorized by a provision of this<br/> 65 8 division of this Act, the department of human services or<br/> 65 9 the mental health and disability services commission may<br/> 65 10 adopt administrative rules under section 17A.4, subsection</p>   |  |



65 11 3, and section 17A.5, subsection 2, paragraph “b”, to  
 65 12 implement the provisions of this division of this Act and  
 65 13 the rules shall become effective immediately upon filing or  
 65 14 on a later effective date specified in the rules, unless the  
 65 15 effective date of the rules is delayed or the applicability  
 65 16 of the rules is suspended by the administrative rules review  
 65 17 committee. Any rules adopted in accordance with this section  
 65 18 shall not take effect before the rules are reviewed by the  
 65 19 administrative rules review committee. The delay authority  
 65 20 provided to the administrative rules review committee under  
 65 21 section 17A.4, subsection 7, and section 17A.8, subsection 9,  
 65 22 shall be applicable to a delay imposed under this section,  
 65 23 notwithstanding a provision in those sections making them  
 65 24 inapplicable to section 17A.5, subsection 2, paragraph “b”.  
 65 25 Any rules adopted in accordance with the provisions of this  
 65 26 section shall also be published as a notice of intended action  
 65 27 as provided in section 17A.4.

65 28 2. If during a fiscal year, the department of human  
 65 29 services is adopting rules in accordance with this section  
 65 30 or as otherwise directed or authorized by state law, and the  
 65 31 rules will result in an expenditure increase beyond the amount  
 65 32 anticipated in the budget process or if the expenditure was  
 65 33 not addressed in the budget process for the fiscal year, the  
 65 34 department shall notify the persons designated by this division  
 65 35 of this Act for submission of reports, the chairpersons and  
 66 1 ranking members of the committees on appropriations, and  
 66 2 the department of management concerning the rules and the  
 66 3 expenditure increase. The notification shall be provided at  
 66 4 least 30 calendar days prior to the date notice of the rules  
 66 5 is submitted to the administrative rules coordinator and the  
 66 6 administrative code editor.

66 7 Sec. 33. REPORTS. Any reports or other information  
 66 8 required to be compiled and submitted under this Act during the  
 66 9 fiscal year beginning July 1, 2017, shall be submitted to the  
 66 10 chairpersons and ranking members of the joint appropriations  
 66 11 subcommittee on health and human services, the legislative  
 66 12 services agency, and the legislative caucus staffs on or  
 66 13 before the dates specified for submission of the reports or  
 66 14 information.

66 15 Sec. 34. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN  
 66 16 APPROPRIATIONS FY 2017-2018. Notwithstanding section 8.39,  
 66 17 subsection 1, for the fiscal year beginning July 1, 2017, if  
 66 18 savings resulting from the governor’s Medicaid modernization  
 66 19 initiative accrue to the medical contracts or children’s health  
 66 20 insurance program appropriation from the general fund of the

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

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

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

66 21 state and not to the medical assistance appropriation from the  
 66 22 general fund of the state under this division of this Act,  
 66 23 such savings may be transferred to such medical assistance  
 66 24 appropriation for the same fiscal year without prior written  
 66 25 consent and approval of the governor and the director of the  
 66 26 department of management. The department of human services  
 66 27 shall report any transfers made pursuant to this section to the  
 66 28 legislative services agency.

66 29 Sec. 35. EFFECTIVE UPON ENACTMENT. The following  
 66 30 provisions of this division of this Act, being deemed of  
 66 31 immediate importance, take effect upon enactment:

66 32 1. The provision relating to section 232.141 and directing  
 66 33 the state court administrator and the division administrator of  
 66 34 the department of human services division of child and family  
 66 35 services to make the determination, by June 15, 2017, of the  
 67 1 distribution of funds allocated for the payment of the expenses  
 67 2 of court-ordered services provided to juveniles which are a  
 67 3 charge upon the state.

The provision directing 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, takes effect upon enactment.

67 4 DIVISION VI  
 67 5 HEALTH CARE ACCOUNTS AND FUNDS — FY 2017-2018

67 6 Sec. 36. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
 67 7 appropriated from the pharmaceutical settlement account created  
 67 8 in section 249A.33 to the department of human services for the  
 67 9 fiscal year beginning July 1, 2017, and ending June 30, 2018,  
 67 10 the following amount, or so much thereof as is necessary, to be  
 67 11 used for the purpose designated:

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.

67 12 Notwithstanding any provision of law to the contrary, to  
 67 13 supplement the appropriations made in this Act for medical  
 67 14 contracts under the medical assistance program for the fiscal  
 67 15 year beginning July 1, 2017, and ending June 30, 2018:  
 67 16 ..... \$ 800,000

67 17 Sec. 37. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN  
 67 18 SERVICES. Notwithstanding any provision to the contrary and  
 67 19 subject to the availability of funds, there is appropriated  
 67 20 from the quality assurance trust fund created in section  
 67 21 249L.4 to the department of human services for the fiscal year  
 67 22 beginning July 1, 2017, and ending June 30, 2018, the following  
 67 23 amounts, or so much thereof as is necessary, for the purposes  
 67 24 designated:

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

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

67 25 To supplement the appropriation made in this Act from the  
 67 26 general fund of the state to the department of human services  
 67 27 for medical assistance for the same fiscal year:  
 67 28 ..... \$ 36,705,208

67 29 Sec. 38. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
 67 30 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to  
 67 31 the contrary and subject to the availability of funds, there is  
 67 32 appropriated from the hospital health care access trust fund  
 67 33 created in section 249M.4 to the department of human services  
 67 34 for the fiscal year beginning July 1, 2017, and ending June  
 67 35 30, 2018, the following amounts, or so much thereof as is  
 68 1 necessary, for the purposes designated:  
 68 2 To supplement the appropriation made in this Act from the  
 68 3 general fund of the state to the department of human services  
 68 4 for medical assistance for the same fiscal year:  
 68 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.

68 6 Sec. 39. MEDICAL ASSISTANCE PROGRAM — NONREVERSION  
 68 7 FOR FY 2017-2018. Notwithstanding section 8.33, if moneys  
 68 8 appropriated for purposes of the medical assistance program for  
 68 9 the fiscal year beginning July 1, 2017, and ending June 30,  
 68 10 2018, from the general fund of the state, the quality assurance  
 68 11 trust fund and the hospital health care access trust fund, are  
 68 12 in excess of actual expenditures for the medical assistance  
 68 13 program and remain unencumbered or unobligated at the close  
 68 14 of the fiscal year, the excess moneys shall not revert but  
 68 15 shall remain available for expenditure for the purposes of the  
 68 16 medical assistance program until the close of the succeeding  
 68 17 fiscal year.

Requires nonreversion of funds from the Medicaid Program. The funds will carry forward and remain available for use and expenditure in FY 2019.

68 18 DIVISION VII  
 68 19 DEPARTMENT ON AGING — FY 2018-2019

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:

68 20 Sec. 40. DEPARTMENT ON AGING. There is appropriated from  
 68 21 the general fund of the state to the department on aging for  
 68 22 the fiscal year beginning July 1, 2018, and ending June 30,  
 68 23 2019, the following amount, or so much thereof as is necessary,  
 68 24 to be used for the purposes designated:  
 68 25 For aging programs for the department on aging and area  
 68 26 agencies on aging to provide citizens of Iowa who are 60 years  
 68 27 of age and older with case management for frail elders, Iowa's  
 68 28 aging and disabilities resource center, and other services  
 68 29 which may include but are not limited to adult day services,  
 68 30 respite care, chore services, information and assistance,  
 68 31 and material aid, for information and options counseling for  
 68 32 persons with disabilities who are 18 years of age or older,  
 68 33 and for salaries, support, administration, maintenance, and  
 68 34 miscellaneous purposes, and for not more than the following  
 68 35 full-time equivalent positions:  
 69 1 ..... \$ 5,521,238  
 69 2 ..... FTEs 27.00  
 69 3 1. Funds appropriated in this section may be used to  
 69 4 supplement federal funds under federal regulations. To

- Medical Contracts, Autism Support Program: A reallocation of \$125,000 to the Board-Certified Behavioral Analyst and Board-Certified Assistant Behavioral Analyst Grants 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.

69 5 receive funds appropriated in this section, a local area  
69 6 agency on aging shall match the funds with moneys from other  
69 7 sources according to rules adopted by the department. Funds  
69 8 appropriated in this section may be used for elderly services  
69 9 not specifically enumerated in this section only if approved  
69 10 by an area agency on aging for provision of the service within  
69 11 the area.

69 12 2. Of the funds appropriated in this section, \$139,973 is  
69 13 transferred to the economic development authority for the Iowa  
69 14 commission on volunteer services to be used for the retired and  
69 15 senior volunteer program.

69 16 3. a. The department on aging shall establish and enforce  
69 17 procedures relating to expenditure of state and federal funds  
69 18 by area agencies on aging that require compliance with both  
69 19 state and federal laws, rules, and regulations, including but  
69 20 not limited to all of the following:

69 21 (1) Requiring that expenditures are incurred only for goods  
69 22 or services received or performed prior to the end of the  
69 23 fiscal period designated for use of the funds.

69 24 (2) Prohibiting prepayment for goods or services not  
69 25 received or performed prior to the end of the fiscal period  
69 26 designated for use of the funds.

69 27 (3) Prohibiting the prepayment for goods or services  
69 28 not defined specifically by good or service, time period, or  
69 29 recipient.

69 30 (4) Prohibiting the establishment of accounts from which  
69 31 future goods or services which are not defined specifically by  
69 32 good or service, time period, or recipient, may be purchased.

69 33 b. The procedures shall provide that if any funds are  
69 34 expended in a manner that is not in compliance with the  
69 35 procedures and applicable federal and state laws, rules, and  
70 1 regulations, and are subsequently subject to repayment, the  
70 2 area agency on aging expending such funds in contravention of  
70 3 such procedures, laws, rules and regulations, not the state,  
70 4 shall be liable for such repayment.

70 5 4. Of the funds appropriated in this section, at least  
70 6 \$125,000 shall be used to fund the unmet needs identified  
70 7 through Iowa's aging and disability resource center network.

70 8 5. Of the funds appropriated in this section, at least  
70 9 \$300,000 shall be used to fund home and community-based  
70 10 services through the area agencies on aging that enable older  
70 11 individuals to avoid more costly utilization of residential or  
70 12 institutional services and remain in their own homes.

70 13 6. Of the funds appropriated in this section, \$406,268  
70 14 shall be used for the purposes of chapter 231E and section  
70 15 231.56A, of which \$175,000 shall be used for the office of  
70 16 substitute decision maker pursuant to chapter 231E, and the  
70 17 remainder shall be distributed equally to the area agencies on

70 18 aging to administer the prevention of elder abuse, neglect, and  
 70 19 exploitation program pursuant to section 231.56A, in accordance  
 70 20 with the requirements of the federal Older Americans Act of  
 70 21 1965, 42 U.S.C. §3001 et seq., as amended.

70 22 7. Of the funds appropriated in this section, \$375,000  
 70 23 shall be used to fund continuation of the aging and disability  
 70 24 resource center lifelong links to provide individuals and  
 70 25 caregivers with information and services to plan for and  
 70 26 maintain independence.

70 27 8. Notwithstanding section 8.39, for the fiscal year  
 70 28 beginning July 1, 2018, the department may transfer funds  
 70 29 within or between the allocations made in this division of this  
 70 30 Act for the same fiscal year in accordance with departmental  
 70 31 priorities. The department shall report any such transfers  
 70 32 to the individuals specified in this Act for submission of  
 70 33 reports. This subsection shall not be construed to prohibit  
 70 34 the use of existing state transfer authority for other  
 70 35 purposes.

DIVISION VIII

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

71 3 Sec. 41. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is  
 71 4 appropriated from the general fund of the state to the office  
 71 5 of long-term care ombudsman for the fiscal year beginning July  
 71 6 1, 2018, and ending June 30, 2019, the following amount, or  
 71 7 so much thereof as is necessary, to be used for the purposes  
 71 8 designated:

71 9 For salaries, support, administration, maintenance, and  
 71 10 miscellaneous purposes, and for not more than the following  
 71 11 full-time equivalent positions:

|       |       |      |         |
|-------|-------|------|---------|
| 71 12 | ..... | \$   | 580,140 |
| 71 13 | ..... | FTEs | 16.00   |

DIVISION IX

DEPARTMENT OF PUBLIC HEALTH — FY 2018-2019

71 16 Sec. 42. DEPARTMENT OF PUBLIC HEALTH. There is appropriated  
 71 17 from the general fund of the state to the department of public  
 71 18 health for the fiscal year beginning July 1, 2018, and ending  
 71 19 June 30, 2019, the following amounts, or so much thereof as is  
 71 20 necessary, to be used for the purposes designated:

1. ADDICTIVE DISORDERS

71 22 For reducing the prevalence of the use of tobacco, alcohol,  
 71 23 and other drugs, and treating individuals affected by addictive  
 71 24 behaviors, including gambling, and for not more than the  
 71 25 following full-time equivalent positions:

|       |       |      |            |
|-------|-------|------|------------|
| 71 26 | ..... | \$   | 12,492,915 |
| 71 27 | ..... | FTEs | 10.00      |

71 28 a. (1) Of the funds appropriated in this subsection,  
 71 29 \$2,010,612 shall be used for the tobacco use prevention  
 71 30 and control initiative, including efforts at the state and

71 31 local levels, as provided in chapter 142A. The commission  
71 32 on tobacco use prevention and control established pursuant  
71 33 to section 142A.3 shall advise the director of public health  
71 34 in prioritizing funding needs and the allocation of moneys  
71 35 appropriated for the programs and initiatives. Activities  
72 1 of the programs and initiatives shall be in alignment with  
72 2 the United States centers for disease control and prevention  
72 3 best practices for comprehensive tobacco control programs that  
72 4 include the goals of preventing youth initiation of tobacco  
72 5 usage, reducing exposure to secondhand smoke, and promotion  
72 6 of tobacco cessation. To maximize resources, the department  
72 7 shall determine if third-party sources are available to  
72 8 instead provide nicotine replacement products to an applicant  
72 9 prior to provision of such products to an applicant under  
72 10 the initiative. The department shall track and report to  
72 11 the individuals specified in this Act, any reduction in  
72 12 the provision of nicotine replacement products realized by  
72 13 the initiative through implementation of the prerequisite  
72 14 screening.

72 15 (2) (a) The department shall collaborate with the  
72 16 alcoholic beverages division of the department of commerce for  
72 17 enforcement of tobacco laws, regulations, and ordinances and to  
72 18 engage in tobacco control activities approved by the division  
72 19 of tobacco use prevention and control of the department of  
72 20 public health as specified in the memorandum of understanding  
72 21 entered into between the divisions.

72 22 (b) For the fiscal year beginning July 1, 2018, and ending  
72 23 June 30, 2019, the terms of the memorandum of understanding,  
72 24 entered into between the division of tobacco use prevention  
72 25 and control of the department of public health and the  
72 26 alcoholic beverages division of the department of commerce,  
72 27 governing compliance checks conducted to ensure licensed retail  
72 28 tobacco outlet conformity with tobacco laws, regulations, and  
72 29 ordinances relating to persons under 18 years of age, shall  
72 30 continue to restrict the number of such checks to one check per  
72 31 retail outlet, and one additional check for any retail outlet  
72 32 found to be in violation during the first check.

72 33 b. Of the funds appropriated in this subsection,  
72 34 \$10,482,303 shall be used for problem gambling and  
72 35 substance-related disorder prevention, treatment, and recovery  
73 1 services, including a 24-hour helpline, public information  
73 2 resources, professional training, youth prevention, and program  
73 3 evaluation.

73 4 c. The requirement of section 123.17, subsection 5, is met  
73 5 by the appropriations and allocations made in this division of  
73 6 this Act for purposes of substance-related disorder treatment  
73 7 and addictive disorders for the fiscal year beginning July 1,  
73 8 2018.

## 73 9 2. HEALTHY CHILDREN AND FAMILIES

73 10 For promoting the optimum health status for children,  
 73 11 adolescents from birth through 21 years of age, and families,  
 73 12 and for not more than the following full-time equivalent  
 73 13 positions:

73 14 ..... \$ 2,662,816

73 15 ..... FTEs 12.00

73 16 a. Of the funds appropriated in this subsection, not more  
 73 17 than \$367,420 shall be used for the healthy opportunities for  
 73 18 parents to experience success (HOPES)-healthy families Iowa  
 73 19 (HFI) program established pursuant to section 135.106. The  
 73 20 funding shall be distributed to renew the grants that were  
 73 21 provided to the grantees that operated the program during the  
 73 22 fiscal year ending June 30, 2018.

73 23 b. In order to implement the legislative intent stated in  
 73 24 sections 135.106 and 256I.9, that priority for home visitation  
 73 25 program funding be given to programs using evidence-based or  
 73 26 promising models for home visitation, it is the intent of the  
 73 27 general assembly to phase in the funding priority in accordance  
 73 28 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,  
 73 29 paragraph "0b".

73 30 c. Of the funds appropriated in this subsection, \$1,537,550  
 73 31 shall be used for continuation of the department's initiative  
 73 32 to provide for adequate developmental surveillance and  
 73 33 screening during a child's first five years. The funds shall  
 73 34 be used first to fully fund the current sites to ensure that  
 73 35 the sites are fully operational, with the remaining funds  
 74 1 to be used for expansion to additional sites. The full  
 74 2 implementation and expansion shall include enhancing the scope  
 74 3 of the initiative through collaboration with the child health  
 74 4 specialty clinics to promote healthy child development through  
 74 5 early identification and response to both biomedical and social  
 74 6 determinants of healthy development; by monitoring child  
 74 7 health metrics to inform practice, document long-term health  
 74 8 impacts and savings, and provide for continuous improvement  
 74 9 through training, education, and evaluation; and by providing  
 74 10 for practitioner consultation particularly for children with  
 74 11 behavioral conditions and needs. The department of public  
 74 12 health shall also collaborate with the Iowa Medicaid enterprise  
 74 13 and the child health specialty clinics to integrate the  
 74 14 activities of the first five initiative into the establishment  
 74 15 of patient-centered medical homes, community utilities,  
 74 16 accountable care organizations, and other integrated care  
 74 17 models developed to improve health quality and population  
 74 18 health while reducing health care costs. To the maximum extent  
 74 19 possible, funding allocated in this paragraph shall be utilized  
 74 20 as matching funds for medical assistance program reimbursement.  
 74 21 d. Of the funds appropriated in this subsection, \$32,320

74 22 shall be distributed to a statewide dental carrier to provide  
 74 23 funds to continue the donated dental services program patterned  
 74 24 after the projects developed by the lifeline network to provide  
 74 25 dental services to indigent individuals who are elderly or with  
 74 26 disabilities.

74 27 e. Of the funds appropriated in this subsection, \$78,241  
 74 28 shall be used to provide audiological services and hearing  
 74 29 aids for children. The department may enter into a contract  
 74 30 to administer this paragraph.

74 31 f. Of the funds appropriated in this subsection, \$11,500 is  
 74 32 transferred to the university of iowa college of dentistry for  
 74 33 provision of primary dental services to children. State funds  
 74 34 shall be matched on a dollar-for-dollar basis. The university  
 74 35 of iowa college of dentistry shall coordinate efforts with the  
 75 1 department of public health, bureau of oral and health delivery  
 75 2 systems, to provide dental care to underserved populations  
 75 3 throughout the state.

75 4 g. Of the funds appropriated in this subsection, \$25,000  
 75 5 shall be used to address youth suicide prevention.

75 6 h. Of the funds appropriated in this subsection, \$20,255  
 75 7 shall be used to support the iowa effort to address the survey  
 75 8 of children who experience adverse childhood experiences known  
 75 9 as ACEs.

75 10 i. The department of public health shall continue to  
 75 11 administer the program to assist parents in this state with  
 75 12 costs resulting from the death of a child in accordance with  
 75 13 the provisions of 2014 iowa Acts, chapter 1140, section 22,  
 75 14 subsection 12.

75 15 3. CHRONIC CONDITIONS

75 16 For serving individuals identified as having chronic  
 75 17 conditions or special health care needs, and for not more than  
 75 18 the following full-time equivalent positions:

|       |       |      |           |
|-------|-------|------|-----------|
| 75 19 | ..... | \$   | 2,085,375 |
| 75 20 | ..... | FTEs | 5.00      |

75 21 a. Of the funds appropriated in this subsection, \$76,877  
 75 22 shall be used for grants to individual patients who have an  
 75 23 inherited metabolic disorder to assist with the costs of  
 75 24 medically necessary foods and formula.

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



75 35 equivalent position to serve as the state brain injury services  
76 1 program manager.

76 2 c. Of the funds appropriated in this subsection, \$72,048  
76 3 shall be used for the public purpose of continuing to contract  
76 4 with an existing national-affiliated organization to provide  
76 5 education, client-centered programs, and client and family  
76 6 support for people living with epilepsy and their families.  
76 7 The amount allocated in this paragraph in excess of \$50,000  
76 8 shall be matched dollar-for-dollar by the organization  
76 9 specified.

76 10 d. Of the funds appropriated in this subsection, \$404,775  
76 11 shall be used for child health specialty clinics.

76 12 e. Of the funds appropriated in this subsection, \$192,276  
76 13 shall be used by the regional autism assistance program  
76 14 established pursuant to section 256.35, and administered by  
76 15 the child health specialty clinic located at the university of  
76 16 iowa hospitals and clinics. The funds shall be used to enhance  
76 17 interagency collaboration and coordination of educational,  
76 18 medical, and other human services for persons with autism,  
76 19 their families, and providers of services, including delivering  
76 20 regionalized services of care coordination, family navigation,  
76 21 and integration of services through the statewide system of  
76 22 regional child health specialty clinics and fulfilling other  
76 23 requirements as specified in chapter 225D. The university of  
76 24 iowa shall not receive funds allocated under this paragraph for  
76 25 indirect costs associated with the regional autism assistance  
76 26 program.

76 27 f. Of the funds appropriated in this subsection, \$288,687  
76 28 shall be used for the comprehensive cancer control program to  
76 29 reduce the burden of cancer in iowa through prevention, early  
76 30 detection, effective treatment, and ensuring quality of life.  
76 31 Of the funds allocated in this paragraph "f", \$75,000 shall  
76 32 be used to support a melanoma research symposium, a melanoma  
76 33 biorepository and registry, basic and translational melanoma  
76 34 research, and clinical trials.

76 35 g. Of the funds appropriated in this subsection, \$48,766  
77 1 shall be used for cervical and colon cancer screening, and  
77 2 \$88,860 shall be used to enhance the capacity of the cervical  
77 3 cancer screening program to include provision of recommended  
77 4 prevention and early detection measures to a broader range of  
77 5 low-income women.

77 6 h. Of the funds appropriated in this subsection, \$253,177  
77 7 shall be used for the center for congenital and inherited  
77 8 disorders.

77 9 i. Of the funds appropriated in this subsection,  
77 10 \$107,631 shall be used by the department of public health  
77 11 for reform-related activities, including but not limited to  
77 12 facilitation of communication to stakeholders at the state and

77 13 local level, administering the patient-centered health advisory  
 77 14 council pursuant to section 135.159, and involvement in health  
 77 15 care system innovation activities occurring across the state.  
 77 16 j. Of the funds appropriated in this subsection, \$11,050  
 77 17 shall be used for administration of chapter 124D, the medical  
 77 18 cannabidiol Act.

77 19 4. COMMUNITY CAPACITY

77 20 For strengthening the health care delivery system at the  
 77 21 local level, and for not more than the following full-time  
 77 22 equivalent positions:

|       |       |      |           |
|-------|-------|------|-----------|
| 77 23 | ..... | \$   | 1,453,888 |
| 77 24 | ..... | FTEs | 13.00     |

77 25 a. Of the funds appropriated in this subsection, \$47,787  
 77 26 is allocated for continuation of the child vision screening  
 77 27 program implemented through the university of Iowa hospitals  
 77 28 and clinics in collaboration with early childhood Iowa areas.  
 77 29 The program shall submit a report to the individuals identified  
 77 30 in this Act for submission of reports regarding the use of  
 77 31 funds allocated under this paragraph "a". The report shall  
 77 32 include the objectives and results for the program year  
 77 33 including the target population and how the funds allocated  
 77 34 assisted the program in meeting the objectives; the number,  
 77 35 age, and location within the state of individuals served;  
 78 1 the type of services provided to the individuals served; the  
 78 2 distribution of funds based on service provided; and the  
 78 3 continuing needs of the program.

78 4 b. Of the funds appropriated in this subsection, \$52,828 is  
 78 5 allocated for continuation of an initiative implemented at the  
 78 6 university of Iowa to expand and improve the workforce engaged  
 78 7 in mental health treatment and services. The initiative shall  
 78 8 receive input from the university of Iowa, the department of  
 78 9 human services, the department of public health, and the mental  
 78 10 health and disability services commission to address the focus  
 78 11 of the initiative.

78 12 c. Of the funds appropriated in this section, \$41,657 shall  
 78 13 be deposited in the governmental public health system fund  
 78 14 created in section 135A.8 to be used for the purposes of the  
 78 15 fund.

78 16 d. Of the funds appropriated in this subsection,  
 78 17 \$24,034 shall be used for a grant to a statewide association  
 78 18 of psychologists that is affiliated with the American  
 78 19 psychological association to be used for continuation of a  
 78 20 program to rotate intern psychologists in placements in urban  
 78 21 and rural mental health professional shortage areas, as defined  
 78 22 in section 135.180.

78 23 e. Of the funds appropriated in this subsection, the  
 78 24 following amounts are allocated to be used as follows to  
 78 25 support the Iowa collaborative safety net provider network

78 26 goals of increased access, health system integration, and  
78 27 engagement.

78 28 (1) Not less than \$260,931 is allocated to the Iowa  
78 29 prescription drug corporation for continuation of the  
78 30 pharmaceutical infrastructure for safety net providers as  
78 31 described in 2007 Iowa Acts, chapter 218, section 108, and for  
78 32 the prescription drug donation repository program created in  
78 33 chapter 135M.

78 34 (2) Not less than \$167,435 is allocated to free clinics and  
78 35 free clinics of Iowa for necessary infrastructure, statewide  
79 1 coordination, provider recruitment, service delivery, and  
79 2 provision of assistance to patients in securing a medical home  
79 3 inclusive of oral health care.

79 4 (3) Not less than \$12,500 is allocated to the Iowa  
79 5 association of rural health clinics for necessary  
79 6 infrastructure and service delivery transformation.

79 7 (4) Not less than \$50,000 is allocated to the Polk county  
79 8 medical society for continuation of the safety net provider  
79 9 patient access to a specialty health care initiative as  
79 10 described in 2007 Iowa Acts, chapter 218, section 109.

79 11 f. Of the funds appropriated in this subsection,  
79 12 \$38,115 shall be used by the department in implementing  
79 13 the recommendations in the final report submitted by the  
79 14 direct care worker advisory council to the governor and the  
79 15 general assembly in March 2012, including by continuing to  
79 16 develop, promote, and make available on a statewide basis the  
79 17 prepare-to-care core curriculum and its associated modules  
79 18 and specialties through various formats including online  
79 19 access, community colleges, and other venues; exploring new and  
79 20 maintaining existing specialties including but not limited to  
79 21 oral health and dementia care; supporting instructor training;  
79 22 and assessing and making recommendations concerning the Iowa  
79 23 care book and information technology systems and infrastructure  
79 24 uses and needs.

79 25 g. Of the funds appropriated in this subsection, \$95,594  
79 26 shall be allocated for continuation of the contract with  
79 27 an independent statewide direct care worker organization  
79 28 previously selected through a request for proposals process.  
79 29 The contract shall continue to include performance and outcomes  
79 30 measures, and shall continue to allow the contractor to use a  
79 31 portion of the funds received under the contract to collect  
79 32 data to determine results based on the performance and outcomes  
79 33 measures.

79 34 h. Of the funds appropriated in this subsection, the  
79 35 department may use up to \$29,087 for up to one full-time  
80 1 equivalent position to administer the volunteer health care  
80 2 provider program pursuant to section 135.24.

80 3 i. Of the funds appropriated in this subsection, \$48,069

80 4 shall be used for a matching dental education loan repayment  
 80 5 program to be allocated to a dental nonprofit health service  
 80 6 corporation to continue to develop the criteria and implement  
 80 7 the loan repayment program.

80 8 j. Of the funds appropriated in this subsection, \$26,455 is  
 80 9 transferred to the college student aid commission for deposit  
 80 10 in the rural Iowa primary care trust fund created in section  
 80 11 261.113 to be used for the purposes of the fund.

80 12 k. Of the funds appropriated in this subsection, \$75,000  
 80 13 shall be used for the purposes of the Iowa donor registry as  
 80 14 specified in section 142C.18.

80 15 l. Of the funds appropriated in this subsection, \$48,069  
 80 16 shall be used for continuation of a grant to a nationally  
 80 17 affiliated volunteer eye organization that has an established  
 80 18 program for children and adults and that is solely dedicated to  
 80 19 preserving sight and preventing blindness through education,  
 80 20 nationally certified vision screening and training, and  
 80 21 community and patient service programs. The organization  
 80 22 shall submit a report to the individuals identified in this  
 80 23 Act for submission of reports regarding the use of funds  
 80 24 allocated under this paragraph "l". The report shall include  
 80 25 the objectives and results for the program year including  
 80 26 the target population and how the funds allocated assisted  
 80 27 the program in meeting the objectives; the number, age, and  
 80 28 location within the state of individuals served; the type of  
 80 29 services provided to the individuals served; the distribution  
 80 30 of funds based on services provided; and the continuing needs  
 80 31 of the program.

80 32 m. Of the funds appropriated in this subsection, \$436,327  
 80 33 shall be deposited in the medical residency training account  
 80 34 created in section 135.175, subsection 5, paragraph "a", and  
 80 35 is appropriated from the account to the department of public  
 81 1 health to be used for the purposes of the medical residency  
 81 2 training state matching grants program as specified in section  
 81 3 135.176.

81 4 5. ESSENTIAL PUBLIC HEALTH SERVICES

81 5 To provide public health services that reduce risks and  
 81 6 invest in promoting and protecting good health over the  
 81 7 course of a lifetime with a priority given to older Iowans and  
 81 8 vulnerable populations:

81 9 ..... \$ 4,098,939

81 10 6. INFECTIOUS DISEASES

81 11 For reducing the incidence and prevalence of communicable  
 81 12 diseases, and for not more than the following full-time  
 81 13 equivalent positions:

81 14 ..... \$ 823,213

81 15 ..... FTEs 4.00

81 16 7. PUBLIC PROTECTION

81 17 For protecting the health and safety of the public through  
 81 18 establishing standards and enforcing regulations, and for not  
 81 19 more than the following full-time equivalent positions:  
 81 20 ..... \$ 2,097,569  
 81 21 ..... FTEs 138.00

81 22 a. Of the funds appropriated in this subsection, not more  
 81 23 than \$152,350 shall be credited to the emergency medical  
 81 24 services fund created in section 135.25. Moneys in the  
 81 25 emergency medical services fund are appropriated to the  
 81 26 department to be used for the purposes of the fund.

81 27 b. Of the funds appropriated in this subsection, up  
 81 28 to \$121,630 shall be used for sexual violence prevention  
 81 29 programming through a statewide organization representing  
 81 30 programs serving victims of sexual violence through the  
 81 31 department's sexual violence prevention program, and for  
 81 32 continuation of a training program for sexual assault  
 81 33 response team (SART) members, including representatives of  
 81 34 law enforcement, victim advocates, prosecutors, and certified  
 81 35 medical personnel. The amount allocated in this paragraph "b"  
 82 1 shall not be used to supplant funding administered for other  
 82 2 sexual violence prevention or victims assistance programs.

82 3 c. Of the funds appropriated in this subsection, up to  
 82 4 \$287,813 shall be used for the state poison control center.  
 82 5 Pursuant to the directive under 2014 Iowa Acts, chapter  
 82 6 1140, section 102, the federal matching funds available to  
 82 7 the state poison control center from the department of human  
 82 8 services under the federal Children's Health Insurance Program  
 82 9 Reauthorization Act allotment shall be subject to the federal  
 82 10 administrative cap rule of 10 percent applicable to funding  
 82 11 provided under Tit.XXI of the federal Social Security Act and  
 82 12 included within the department's calculations of the cap.

82 13 d. Of the funds appropriated in this subsection, up to  
 82 14 \$258,491 shall be used for childhood lead poisoning provisions.

82 15 8. RESOURCE MANAGEMENT

82 16 For establishing and sustaining the overall ability of the  
 82 17 department to deliver services to the public, and for not more  
 82 18 than the following full-time equivalent positions:

82 19 ..... \$ 485,607  
 82 20 ..... FTEs 4.00

82 21 9. MISCELLANEOUS PROVISIONS

82 22 The university of Iowa hospitals and clinics under the  
 82 23 control of the state board of regents shall not receive  
 82 24 indirect costs from the funds appropriated in this section.  
 82 25 The university of Iowa hospitals and clinics billings to the  
 82 26 department shall be on at least a quarterly basis.

82 27 10. GENERAL REDUCTION

82 28 For the period beginning July 1, 2018, and ending June 30,  
 82 29 2019, the department of public health, in consultation with

82 30 the department of management, shall identify and implement a  
82 31 reduction in expenditures made from appropriations from the  
82 32 general fund of the state to the department of public health in  
82 33 the amount of \$640,683.

82 34 11. TRANSFERS

82 35 Notwithstanding section 8.39, for the fiscal year beginning  
83 1 July 1, 2018, the department may transfer funds within or  
83 2 between any of the allocations or appropriations made in this  
83 3 division of this Act for the same fiscal year, to be used in  
83 4 accordance with departmental priorities as specified in the  
83 5 department's report to the general assembly submitted pursuant  
83 6 to 2016 Iowa Acts, chapter 1139, section 3. The department  
83 7 shall report any such transfers to the individuals specified  
83 8 in this Act for submission of reports. This subsection shall  
83 9 not be construed to prohibit the use of existing state transfer  
83 10 authority for other purposes.

DIVISION X

DEPARTMENT OF VETERANS AFFAIRS — FY 2018-2019

83 12 Sec. 43. DEPARTMENT OF VETERANS AFFAIRS. There is  
83 13 appropriated from the general fund of the state to the  
83 14 department of veterans affairs for the fiscal year beginning  
83 15 July 1, 2018, and ending June 30, 2019, the following amounts,  
83 16 or so much thereof as is necessary, to be used for the purposes  
83 17 designated:  
83 18 designated:

83 19 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

83 20 For salaries, support, maintenance, and miscellaneous  
83 21 purposes, and for not more than the following full-time  
83 22 equivalent positions:

|       |       |      |         |
|-------|-------|------|---------|
| 83 23 | ..... | \$   | 571,278 |
| 83 24 | ..... | FTEs | 15.00   |

83 25 2. IOWA VETERANS HOME

83 26 For salaries, support, maintenance, and miscellaneous  
83 27 purposes:

|       |       |    |           |
|-------|-------|----|-----------|
| 83 28 | ..... | \$ | 3,614,070 |
|-------|-------|----|-----------|

83 29 a. The Iowa veterans home billings involving the department  
83 30 of human services shall be submitted to the department on at  
83 31 least a monthly basis.

83 32 b. Within available resources and in conformance with  
83 33 associated state and federal program eligibility requirements,  
83 34 the Iowa veterans home may implement measures to provide  
83 35 financial assistance to or on behalf of veterans or their  
84 1 spouses who are participating in the community reentry program.

84 2 c. The Iowa veterans home expenditure report shall be  
84 3 submitted monthly to the legislative services agency.

84 4 d. The Iowa veterans home shall continue to include in the  
84 5 annual discharge report applicant information and to provide  
84 6 for the collection of demographic information including but not

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

**VETOED**

**VETOED:** The Governor vetoed this paragraph and stated the  
requirement was redundant and overly burdensome.

84 7 limited to the number of individuals applying for admission and  
 84 8 admitted or denied admittance and the basis for the admission  
 84 9 or denial; the age, gender, and race of such individuals;  
 84 10 and the level of care for which such individuals applied for  
 84 11 admission including residential or nursing level of care.

84 12 3. HOME OWNERSHIP ASSISTANCE PROGRAM

84 13 For transfer to the Iowa finance authority for the  
 84 14 continuation of the home ownership assistance program for  
 84 15 persons who are or were eligible members of the armed forces of  
 84 16 the United States, pursuant to section 16.54:

84 17 ..... \$ 1,000,000

84 18 Sec. 44. LIMITATION OF COUNTY COMMISSIONS OF VETERAN  
 84 19 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the

84 20 standing appropriation in section 35A.16 for the fiscal year  
 84 21 beginning July 1, 2018, and ending June 30, 2019, the amount  
 84 22 appropriated from the general fund of the state pursuant to  
 84 23 that section for the following designated purposes shall not  
 84 24 exceed the following amount:

84 25 For the county commissions of veteran affairs fund under  
 84 26 section 35A.16:

84 27 ..... \$ 473,962

84 28 DIVISION XI

84 29 DEPARTMENT OF HUMAN SERVICES — FY 2018-2019

84 30 Sec. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK

84 31 GRANT. There is appropriated from the fund created in section  
 84 32 8.41 to the department of human services for the fiscal year  
 84 33 beginning July 1, 2018, and ending June 30, 2019, from moneys  
 84 34 received under the federal temporary assistance for needy  
 84 35 families (TANF) block grant pursuant to the federal Personal  
 85 1 Responsibility and Work Opportunity Reconciliation Act of 1996,  
 85 2 Pub.L.No.104-193, and successor legislation, the following  
 85 3 amounts, or so much thereof as is necessary, to be used for the  
 85 4 purposes designated:

85 5 1. To be credited to the family investment program account  
 85 6 and used for assistance under the family investment program  
 85 7 under chapter 239B:

85 8 ..... \$ 2,556,231

85 9 2. To be credited to the family investment program account  
 85 10 and used for the job opportunities and basic skills (JOBS)  
 85 11 program and implementing family investment agreements in  
 85 12 accordance with chapter 239B:

85 13 ..... \$ 2,787,846

85 14 3. To be used for the family development and  
 85 15 self-sufficiency grant program in accordance with section  
 85 16 216A.107:

85 17 ..... \$ 1,449,490

85 18 Notwithstanding section 8.33, moneys appropriated in this  
 85 19 subsection that remain unencumbered or unobligated at the close

85 20 of the fiscal year shall not revert but shall remain available  
 85 21 for expenditure for the purposes designated until the close of  
 85 22 the succeeding fiscal year. However, unless such moneys are  
 85 23 encumbered or obligated on or before September 30, 2019, the  
 85 24 moneys shall revert.

85 25 4. For field operations:  
 85 26 ..... \$ 15,648,116

85 27 5. For general administration:  
 85 28 ..... \$ 1,872,000

85 29 6. For state child care assistance:  
 85 30 ..... \$ 23,933,413

85 31 a. Of the funds appropriated in this subsection,  
 85 32 \$13,164,048 is transferred to the child care and development  
 85 33 block grant appropriation made by the Eighty-seventh General  
 85 34 Assembly, 2018 session, for the federal fiscal year beginning  
 85 35 October 1, 2018, and ending September 30, 2019. Of this  
 86 1 amount, \$100,000 shall be used for provision of educational  
 86 2 opportunities to registered child care home providers in order  
 86 3 to improve services and programs offered by this category  
 86 4 of providers and to increase the number of providers. The  
 86 5 department may contract with institutions of higher education  
 86 6 or child care resource and referral centers to provide  
 86 7 the educational opportunities. Allowable administrative  
 86 8 costs under the contracts shall not exceed 5 percent. The  
 86 9 application for a grant shall not exceed two pages in length.

86 10 b. Any funds appropriated in this subsection remaining  
 86 11 unallocated shall be used for state child care assistance  
 86 12 payments for families who are employed including but not  
 86 13 limited to individuals enrolled in the family investment  
 86 14 program.

86 15 7. For child and family services:  
 86 16 ..... \$ 16,190,327

86 17 8. For child abuse prevention grants:  
 86 18 ..... \$ 62,500

86 19 9. For pregnancy prevention grants on the condition that  
 86 20 family planning services are funded:  
 86 21 ..... \$ 965,033

86 22 Pregnancy prevention grants shall be awarded to programs  
 86 23 in existence on or before July 1, 2018, if the programs have  
 86 24 demonstrated positive outcomes. Grants shall be awarded to  
 86 25 pregnancy prevention programs which are developed after July  
 86 26 1, 2018, if the programs are based on existing models that  
 86 27 have demonstrated positive outcomes. Grants shall comply with  
 86 28 the requirements provided in 1997 Iowa Acts, chapter 208,  
 86 29 section 14, subsections 1 and 2, including the requirement that  
 86 30 grant programs must emphasize sexual abstinence. Priority in  
 86 31 the awarding of grants shall be given to programs that serve  
 86 32 areas of the state which demonstrate the highest percentage of



86 33 unplanned pregnancies of females of childbearing age within the  
86 34 geographic area to be served by the grant.

86 35 10. For technology needs and other resources necessary  
87 1 to meet federal welfare reform reporting, tracking, and case  
87 2 management requirements:

87 3 ..... \$ 518,593

87 4 11. a. Notwithstanding any provision to the contrary,  
87 5 including but not limited to requirements in section 8.41 or  
87 6 provisions in 2017 or 2018 Iowa Acts regarding the receipt and  
87 7 appropriation of federal block grants, federal funds from the  
87 8 temporary assistance for needy families block grant received by  
87 9 the state and not otherwise appropriated in this section and  
87 10 remaining available for the fiscal year beginning July 1, 2018,  
87 11 are appropriated to the department of human services to the  
87 12 extent as may be necessary to be used in the following priority  
87 13 order:the family investment program, for state child care  
87 14 assistance program payments for families who are employed, and  
87 15 for the family investment program share of costs to develop and  
87 16 maintain a new, integrated eligibility determination system.

87 17 The federal funds appropriated in this paragraph "a" shall be  
87 18 expended only after all other funds appropriated in subsection  
87 19 1 for assistance under the family investment program, in  
87 20 subsection 6 for child care assistance, or in subsection 10  
87 21 for technology costs related to the family investment program,  
87 22 as applicable, have been expended. For the purposes of this  
87 23 subsection, the funds appropriated in subsection 6, paragraph  
87 24 "a", for transfer to the child care and development block grant  
87 25 appropriation are considered fully expended when the full  
87 26 amount has been transferred.

87 27 b. The department shall, on a quarterly basis, advise the  
87 28 legislative services agency and department of management of  
87 29 the amount of funds appropriated in this subsection that was  
87 30 expended in the prior quarter.

87 31 12. Of the amounts appropriated in this section, \$6,481,004  
87 32 for the fiscal year beginning July 1, 2018, is transferred to  
87 33 the appropriation of the federal social services block grant  
87 34 made to the department of human services for that fiscal year.

87 35 13. For continuation of the program providing categorical  
88 1 eligibility for the food assistance program as specified  
88 2 for the program in the section of this division of this Act  
88 3 relating to the family investment program account:

88 4 ..... \$ 12,500

88 5 14. The department may transfer funds allocated in this  
88 6 section to the appropriations made in this division of this Act  
88 7 for the same fiscal year for general administration and field  
88 8 operations for resources necessary to implement and operate the  
88 9 services referred to in this section and those funded in the  
88 10 appropriation made in this division of this Act for the same

88 11 fiscal year for the family investment program from the general  
 88 12 fund of the state.  
 88 13 15. With the exception of moneys allocated under this  
 88 14 section for the family development and self-sufficiency grant  
 88 15 program, to the extent moneys allocated in this section are  
 88 16 deemed by the department not to be necessary to support the  
 88 17 purposes for which they are allocated, such moneys may be  
 88 18 credited to the family investment program account as specified  
 88 19 under subsection 1 of this section and used for the purposes of  
 88 20 assistance under the family investment program under chapter  
 88 21 239B in the same fiscal year.

88 22 Sec. 46. FAMILY INVESTMENT PROGRAM ACCOUNT.

88 23 1. Moneys credited to the family investment program (FIP)  
 88 24 account for the fiscal year beginning July 1, 2018, and  
 88 25 ending June 30, 2019, shall be used to provide assistance in  
 88 26 accordance with chapter 239B.

88 27 2. The department may use a portion of the moneys credited  
 88 28 to the FIP account under this section as necessary for  
 88 29 salaries, support, maintenance, and miscellaneous purposes.

88 30 3. The department may transfer funds allocated in  
 88 31 subsection 4 to the appropriations made in this division of  
 88 32 this Act for the same fiscal year for general administration  
 88 33 and field operations for resources necessary to implement and  
 88 34 operate the family investment program services referred to in  
 88 35 this section and those funded in the appropriation made in this  
 89 1 division of this Act for the same fiscal year for the family  
 89 2 investment program from the general fund of the state.

89 3 4. Moneys appropriated in this division of this Act and  
 89 4 credited to the FIP account for the fiscal year beginning July  
 89 5 1, 2018, and ending June 30, 2019, are allocated as follows:

89 6 a. To be retained by the department of human services to  
 89 7 be used for coordinating with the department of human rights  
 89 8 to more effectively serve participants in FIP and other shared  
 89 9 clients and to meet federal reporting requirements under the  
 89 10 federal temporary assistance for needy families block grant:  
 89 11 ..... \$ 10,000

89 12 b. To the department of human rights for staffing,  
 89 13 administration, and implementation of the family development  
 89 14 and self-sufficiency grant program in accordance with section  
 89 15 216A.107:  
 89 16 ..... \$ 3,096,417

89 17 (1) Of the funds allocated for the family development  
 89 18 and self-sufficiency grant program in this paragraph "b",  
 89 19 not more than 5 percent of the funds shall be used for the  
 89 20 administration of the grant program.

89 21 (2) The department of human rights may continue to implement  
 89 22 the family development and self-sufficiency grant program  
 89 23 statewide during fiscal year 2018-2019.

89 24 (3) The department of human rights may engage in activities  
 89 25 to strengthen and improve family outcomes measures and  
 89 26 data collection systems under the family development and  
 89 27 self-sufficiency grant program.

89 28 c. For the diversion subaccount of the FIP account:  
 89 29 ..... \$ 407,500

89 30 A portion of the moneys allocated for the subaccount may  
 89 31 be used for field operations, salaries, data management  
 89 32 system development, and implementation costs and support  
 89 33 deemed necessary by the director of human services in order to  
 89 34 administer the FIP diversion program. To the extent moneys  
 89 35 allocated in this paragraph "c" are deemed by the department  
 90 1 not to be necessary to support diversion activities, such  
 90 2 moneys may be used for other efforts intended to increase  
 90 3 engagement by family investment program participants in work,  
 90 4 education, or training activities, or for the purposes of  
 90 5 assistance under the family investment program in accordance  
 90 6 with chapter 239B.

90 7 d. For the food assistance employment and training program:  
 90 8 ..... \$ 33,294

90 9 (1) The department shall apply the federal supplemental  
 90 10 nutrition assistance program (SNAP) employment and training  
 90 11 state plan in order to maximize to the fullest extent permitted  
 90 12 by federal law the use of the 50 percent federal reimbursement  
 90 13 provisions for the claiming of allowable federal reimbursement  
 90 14 funds from the United States department of agriculture  
 90 15 pursuant to the federal SNAP employment and training program  
 90 16 for providing education, employment, and training services  
 90 17 for eligible food assistance program participants, including  
 90 18 but not limited to related dependent care and transportation  
 90 19 expenses.

90 20 (2) The department shall continue the categorical federal  
 90 21 food assistance program eligibility at 160 percent of the  
 90 22 federal poverty level and continue to eliminate the asset test  
 90 23 from eligibility requirements, consistent with federal food  
 90 24 assistance program requirements. The department shall include  
 90 25 as many food assistance households as is allowed by federal  
 90 26 law. The eligibility provisions shall conform to all federal  
 90 27 requirements including requirements addressing individuals who  
 90 28 are incarcerated or otherwise ineligible.

90 29 e. For the JOBS program:  
 90 30 ..... \$ 6,761,645

90 31 5. Of the child support collections assigned under FIP,  
 90 32 an amount equal to the federal share of support collections  
 90 33 shall be credited to the child support recovery appropriation  
 90 34 made in this division of this Act. Of the remainder of the  
 90 35 assigned child support collections received by the child  
 91 1 support recovery unit, a portion shall be credited to the FIP

91 2 account, a portion may be used to increase recoveries, and a  
 91 3 portion may be used to sustain cash flow in the child support  
 91 4 payments account. If as a consequence of the appropriations  
 91 5 and allocations made in this section the resulting amounts  
 91 6 are insufficient to sustain cash assistance payments and meet  
 91 7 federal maintenance of effort requirements, the department  
 91 8 shall seek supplemental funding. If child support collections  
 91 9 assigned under FIP are greater than estimated or are otherwise  
 91 10 determined not to be required for maintenance of effort, the  
 91 11 state share of either amount may be transferred to or retained  
 91 12 in the child support payments account.

91 13 6. The department may adopt emergency rules for the family  
 91 14 investment, JOBS, food assistance, and medical assistance  
 91 15 programs if necessary to comply with federal requirements.

91 16 Sec. 47. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
 91 17 is appropriated from the general fund of the state to the  
 91 18 department of human services for the fiscal year beginning July  
 91 19 1, 2018, and ending June 30, 2019, the following amount, or  
 91 20 so much thereof as is necessary, to be used for the purpose  
 91 21 designated:

91 22 To be credited to the family investment program (FIP)  
 91 23 account and used for family investment program assistance under  
 91 24 chapter 239B:

91 25 ..... \$ 21,502,240

91 26 1. Of the funds appropriated in this section, \$3,973,798 is  
 91 27 allocated for the JOBS program.

91 28 2. Of the funds appropriated in this section, \$1,656,927 is  
 91 29 allocated for the family development and self-sufficiency grant  
 91 30 program.

91 31 3. Notwithstanding section 8.39, for the fiscal year  
 91 32 beginning July 1, 2018, if necessary to meet federal  
 91 33 maintenance of effort requirements or to transfer federal  
 91 34 temporary assistance for needy families block grant funding  
 91 35 to be used for purposes of the federal social services block  
 92 1 grant or to meet cash flow needs resulting from delays in  
 92 2 receiving federal funding or to implement, in accordance with  
 92 3 this division of this Act, activities currently funded with  
 92 4 juvenile court services, county, or community moneys and state  
 92 5 moneys used in combination with such moneys; to comply with  
 92 6 federal requirements; or to maximize the use of federal funds,  
 92 7 the department of human services may transfer funds within or  
 92 8 between any of the appropriations made in this division of this  
 92 9 Act and appropriations in law for the federal social services  
 92 10 block grant to the department for the following purposes,  
 92 11 provided that the combined amount of state and federal  
 92 12 temporary assistance for needy families block grant funding  
 92 13 for each appropriation remains the same before and after the  
 92 14 transfer:

- 92 15 a. For the family investment program.
- 92 16 b. For child care assistance.
- 92 17 c. For child and family services.
- 92 18 d. For field operations.
- 92 19 e. For general administration.

92 20 This subsection shall not be construed to prohibit the use  
 92 21 of existing state transfer authority for other purposes. The  
 92 22 department shall report any transfers made pursuant to this  
 92 23 subsection to the legislative services agency.

92 24 4. Of the funds appropriated in this section, \$97,839 shall  
 92 25 be used for continuation of a grant to an Iowa-based nonprofit  
 92 26 organization with a history of providing tax preparation  
 92 27 assistance to low-income Iowans in order to expand the usage of  
 92 28 the earned income tax credit. The purpose of the grant is to  
 92 29 supply this assistance to underserved areas of the state.

92 30 5. Of the funds appropriated in this section, \$30,000 shall  
 92 31 be used for the continuation of an unfunded pilot project, as  
 92 32 defined in 441 IAC 100.1, relating to parental obligations,  
 92 33 in which the child support recovery unit participates, to  
 92 34 support the efforts of a nonprofit organization committed  
 92 35 to strengthening the community through youth development,  
 93 1 healthy living, and social responsibility headquartered in  
 93 2 a county with a population over 350,000 according to the  
 93 3 latest certified federal census. The funds allocated in this  
 93 4 subsection shall be used by the recipient organization to  
 93 5 develop a larger community effort, through public and private  
 93 6 partnerships, to support a broad-based multi-county fatherhood  
 93 7 initiative that promotes payment of child support obligations,  
 93 8 improved family relationships, and full-time employment.

93 9 6. The department may transfer funds appropriated in this  
 93 10 section to the appropriations made in this division of this Act  
 93 11 for general administration and field operations as necessary  
 93 12 to administer this section and the overall family investment  
 93 13 program.

93 14 Sec. 48. CHILD SUPPORT RECOVERY. There is appropriated  
 93 15 from the general fund of the state to the department of human  
 93 16 services for the fiscal year beginning July 1, 2018, and ending  
 93 17 June 30, 2019, the following amount, or so much thereof as is  
 93 18 necessary, to be used for the purposes designated:

93 19 For child support recovery, including salaries, support,  
 93 20 maintenance, and miscellaneous purposes, and for not more than  
 93 21 the following full-time equivalent positions:

|             |      |           |
|-------------|------|-----------|
| 93 22 ..... | \$   | 6,293,317 |
| 93 23 ..... | FTEs | 459.00    |

93 24 1. The department shall expend up to \$12,164, including  
 93 25 federal financial participation, for the fiscal year beginning  
 93 26 July 1, 2018, for a child support public awareness campaign.  
 93 27 The department and the office of the attorney general shall

93 28 cooperate in continuation of the campaign. The public  
93 29 awareness campaign shall emphasize, through a variety of  
93 30 media activities, the importance of maximum involvement of  
93 31 both parents in the lives of their children as well as the  
93 32 importance of payment of child support obligations.

93 33 2. Federal access and visitation grant moneys shall be  
93 34 issued directly to private not-for-profit agencies that provide  
93 35 services designed to increase compliance with the child access  
94 1 provisions of court orders, including but not limited to  
94 2 neutral visitation sites and mediation services.

94 3 3. The appropriation made to the department for child  
94 4 support recovery may be used throughout the fiscal year in the  
94 5 manner necessary for purposes of cash flow management, and for  
94 6 cash flow management purposes the department may temporarily  
94 7 draw more than the amount appropriated, provided the amount  
94 8 appropriated is not exceeded at the close of the fiscal year.

94 9 4. With the exception of the funding amount specified, the  
94 10 requirements established under 2001 Iowa Acts, chapter 191,  
94 11 section 3, subsection 5, paragraph "c", subparagraph (3), shall  
94 12 be applicable to parental obligation pilot projects for the  
94 13 fiscal year beginning July 1, 2018, and ending June 30, 2019.  
94 14 Notwithstanding 441 IAC 100.8, providing for termination of  
94 15 rules relating to the pilot projects, the rules shall remain  
94 16 in effect until June 30, 2019.

94 17 Sec. 49. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —

94 18 FY 2018-2019. Any funds remaining in the health care trust  
94 19 fund created in section 453A.35A for the fiscal year beginning  
94 20 July 1, 2018, and ending June 30, 2019, are appropriated to  
94 21 the department of human services to supplement the medical  
94 22 assistance program appropriations made in this division of this  
94 23 Act, for medical assistance reimbursement and associated costs,  
94 24 including program administration and costs associated with  
94 25 program implementation.

94 26 Sec. 50. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY

94 27 2018-2019. Any funds remaining in the Medicaid fraud fund  
94 28 created in section 249A.50 for the fiscal year beginning  
94 29 July 1, 2018, and ending June 30, 2019, are appropriated to  
94 30 the department of human services to supplement the medical  
94 31 assistance appropriations made in this division of this Act,  
94 32 for medical assistance reimbursement and associated costs,  
94 33 including program administration and costs associated with  
94 34 program implementation.

94 35 Sec. 51. MEDICAL ASSISTANCE. There is appropriated from the

95 1 general fund of the state to the department of human services  
95 2 for the fiscal year beginning July 1, 2018, and ending June 30,  
95 3 2019, the following amount, or so much thereof as is necessary,  
95 4 to be used for the purpose designated:

95 5 For medical assistance program reimbursement and associated

95 6 costs as specifically provided in the reimbursement  
95 7 methodologies in effect on June 30, 2018, except as otherwise  
95 8 expressly authorized by law, consistent with options under  
95 9 federal law and regulations, and contingent upon receipt of  
95 10 approval from the office of the governor of reimbursement for  
95 11 each abortion performed under the program:  
95 12 ..... \$ 642,202,870  
95 13 1. Iowans support reducing the number of abortions  
95 14 performed in our state. Funds appropriated under this section  
95 15 shall not be used for abortions, unless otherwise authorized  
95 16 under this section.  
95 17 2. The provisions of this section relating to abortions  
95 18 shall also apply to the Iowa health and wellness plan created  
95 19 pursuant to chapter 249N.  
95 20 3. The department shall utilize not more than \$30,000 of  
95 21 the funds appropriated in this section to continue the AIDS/HIV  
95 22 health insurance premium payment program as established in 1992  
95 23 Iowa Acts, Second Extraordinary Session, chapter 1001, section  
95 24 409, subsection 6. Of the funds allocated in this subsection,  
95 25 not more than \$2,500 may be expended for administrative  
95 26 purposes.  
95 27 4. Of the funds appropriated in this Act to the department  
95 28 of public health for addictive disorders, \$475,000 for  
95 29 the fiscal year beginning July 1, 2018, is transferred  
95 30 to the department of human services for an integrated  
95 31 substance-related disorder managed care system. The  
95 32 departments of human services and public health shall  
95 33 work together to maintain the level of mental health and  
95 34 substance-related disorder treatment services provided by the  
95 35 managed care contractors. Each department shall take the steps  
96 1 necessary to continue the federal waivers as necessary to  
96 2 maintain the level of services.  
96 3 5. a. The department shall aggressively pursue options for  
96 4 providing medical assistance or other assistance to individuals  
96 5 with special needs who become ineligible to continue receiving  
96 6 services under the early and periodic screening, diagnostic,  
96 7 and treatment program under the medical assistance program  
96 8 due to becoming 21 years of age who have been approved for  
96 9 additional assistance through the department's exception to  
96 10 policy provisions, but who have health care needs in excess  
96 11 of the funding available through the exception to policy  
96 12 provisions.  
96 13 b. Of the funds appropriated in this section, \$50,000  
96 14 shall be used for participation in one or more pilot projects  
96 15 operated by a private provider to allow the individual or  
96 16 individuals to receive service in the community in accordance  
96 17 with principles established in *Olmstead v.L.C.*, 527 U.S.581  
96 18 (1999), for the purpose of providing medical assistance or

96 19 other assistance to individuals with special needs who become  
96 20 ineligible to continue receiving services under the early and  
96 21 periodic screening, diagnostic, and treatment program under  
96 22 the medical assistance program due to becoming 21 years of  
96 23 age who have been approved for additional assistance through  
96 24 the department's exception to policy provisions, but who have  
96 25 health care needs in excess of the funding available through  
96 26 the exception to the policy provisions.

96 27 6. Of the funds appropriated in this section, up to  
96 28 \$1,525,041 may be transferred to the field operations or  
96 29 general administration appropriations in this division of this  
96 30 Act for operational costs associated with Part D of the federal  
96 31 Medicare Prescription Drug Improvement and Modernization Act  
96 32 of 2003, Pub.L.No.108-173.

96 33 7. Of the funds appropriated in this section, up to \$221,050  
96 34 may be transferred to the appropriation in this division  
96 35 of this Act for medical contracts to be used for clinical  
97 1 assessment services and prior authorization of services.

97 2 8. A portion of the funds appropriated in this section  
97 3 may be transferred to the appropriations in this division of  
97 4 this Act for general administration, medical contracts, the  
97 5 children's health insurance program, or field operations to be  
97 6 used for the state match cost to comply with the payment error  
97 7 rate measurement (PERM) program for both the medical assistance  
97 8 and children's health insurance programs as developed by the  
97 9 centers for Medicare and Medicaid services of the United States  
97 10 department of health and human services to comply with the  
97 11 federal Improper Payments Information Act of 2002, Pub.L.No.  
97 12 107-300.

97 13 9. The department shall continue to implement the  
97 14 recommendations of the assuring better child health and  
97 15 development initiative II (ABCDII) clinical panel to the  
97 16 Iowa early and periodic screening, diagnostic, and treatment  
97 17 services healthy mental development collaborative board  
97 18 regarding changes to billing procedures, codes, and eligible  
97 19 service providers.

97 20 10. Of the funds appropriated in this section, a sufficient  
97 21 amount is allocated to supplement the incomes of residents of  
97 22 nursing facilities, intermediate care facilities for persons  
97 23 with mental illness, and intermediate care facilities for  
97 24 persons with an intellectual disability, with incomes of less  
97 25 than \$50 in the amount necessary for the residents to receive a  
97 26 personal needs allowance of \$50 per month pursuant to section  
97 27 249A.30A.

97 28 11. a. Hospitals that meet the conditions specified  
97 29 in subparagraphs (1) and (2) shall either certify public  
97 30 expenditures or transfer to the medical assistance program  
97 31 an amount equal to provide the nonfederal share for a



97 32 disproportionate share hospital payment in an amount up to the  
97 33 hospital-specific limit as approved in the Medicaid state plan.  
97 34 The hospitals that meet the conditions specified shall receive  
97 35 and retain 100 percent of the total disproportionate share  
98 1 hospital payment in an amount up to the hospital-specific limit  
98 2 as approved in the Medicaid state plan.  
98 3 (1) The hospital qualifies for disproportionate share and  
98 4 graduate medical education payments.  
98 5 (2) The hospital is an Iowa state-owned hospital with more  
98 6 than 500 beds and eight or more distinct residency specialty  
98 7 or subspecialty programs recognized by the American college of  
98 8 graduate medical education.  
98 9 b. Distribution of the disproportionate share payments  
98 10 shall be made on a monthly basis. The total amount of  
98 11 disproportionate share payments including graduate medical  
98 12 education, enhanced disproportionate share, and Iowa  
98 13 state-owned teaching hospital payments shall not exceed the  
98 14 amount of the state's allotment under Pub.L.No.102-234.  
98 15 In addition, the total amount of all disproportionate  
98 16 share payments shall not exceed the hospital-specific  
98 17 disproportionate share limits under Pub.L.No.103-66.  
98 18 12. One hundred percent of the nonfederal share of payments  
98 19 to area education agencies that are medical assistance  
98 20 providers for medical assistance-covered services provided to  
98 21 medical assistance-covered children, shall be made from the  
98 22 appropriation made in this section.  
98 23 13. A portion of the funds appropriated in this section  
98 24 may be transferred to the appropriation in this division of  
98 25 this Act for medical contracts to be used for administrative  
98 26 activities associated with the money follows the person  
98 27 demonstration project.  
98 28 14. Of the funds appropriated in this section, \$174,505  
98 29 shall be used for the administration of the health insurance  
98 30 premium payment program, including salaries, support,  
98 31 maintenance, and miscellaneous purposes.  
98 32 15. a. The department may increase the amounts allocated  
98 33 for salaries, support, maintenance, and miscellaneous purposes  
98 34 associated with the medical assistance program, as necessary,  
98 35 to implement cost containment strategies. The department shall  
99 1 report any such increase to the legislative services agency and  
99 2 the department of management.  
99 3 b. If the savings to the medical assistance program from  
99 4 cost containment efforts exceed the cost for the fiscal  
99 5 year beginning July 1, 2018, the department may transfer any  
99 6 savings generated for the fiscal year due to medical assistance  
99 7 program cost containment efforts to the appropriation  
99 8 made in this division of this Act for medical contracts or  
99 9 general administration to defray the increased contract costs

99 10 associated with implementing such efforts.

99 11 16. For the fiscal year beginning July 1, 2018, and ending  
99 12 June 30, 2019, the replacement generation tax revenues required  
99 13 to be deposited in the property tax relief fund pursuant to  
99 14 section 437A.8, subsection 4, paragraph “d”, and section  
99 15 437A.15, subsection 3, paragraph “f”, shall instead be credited  
99 16 to and supplement the appropriation made in this section and  
99 17 used for the allocations made in this section.

99 18 17. a. Of the funds appropriated in this section, up  
99 19 to \$25,000 may be transferred by the department to the  
99 20 appropriation made in this division of this Act to the  
99 21 department for the same fiscal year for general administration  
99 22 to be used for associated administrative expenses and for not  
99 23 more than one full-time equivalent position, in addition to  
99 24 those authorized for the same fiscal year, to be assigned to  
99 25 implementing the children’s mental health home project.

99 26 b. Of the funds appropriated in this section, up to \$200,000  
99 27 may be transferred by the department to the appropriation made  
99 28 to the department in this division of this Act for the same  
99 29 fiscal year for Medicaid program-related general administration  
99 30 planning and implementation activities. The funds may be used  
99 31 for contracts or for personnel in addition to the amounts  
99 32 appropriated for and the positions authorized for general  
99 33 administration for the fiscal year.

99 34 c. Of the funds appropriated in this section, up to  
99 35 \$1,500,000 may be transferred by the department to the  
100 1 appropriations made in this division of this Act for the same  
100 2 fiscal year for general administration or medical contracts  
100 3 to be used to support the development and implementation of  
100 4 standardized assessment tools for persons with mental illness,  
100 5 an intellectual disability, a developmental disability, or a  
100 6 brain injury.

100 7 18. Of the funds appropriated in this section, \$75,000  
100 8 shall be used for lodging expenses associated with care  
100 9 provided at the university of Iowa hospitals and clinics for  
100 10 patients with cancer whose travel distance is 30 miles or more  
100 11 and whose income is at or below 200 percent of the federal  
100 12 poverty level as defined by the most recently revised poverty  
100 13 income guidelines published by the United States department of  
100 14 health and human services. The department of human services  
100 15 shall establish the maximum number of overnight stays and the  
100 16 maximum rate reimbursed for overnight lodging, which may be  
100 17 based on the state employee rate established by the department  
100 18 of administrative services. The funds allocated in this  
100 19 subsection shall not be used as nonfederal share matching  
100 20 funds.

100 21 19. Of the funds appropriated in this section, up to  
100 22 \$1,691,940 shall be used for administration of the state

100 23 family planning services program as enacted in this 2017 Act,  
100 24 and of this amount the department may use to up \$100,000 for  
100 25 administrative expenses.

100 26 20. The department shall report the implementation of  
100 27 any cost containment strategies to the individuals specified  
100 28 in this division of this Act for submission of reports upon  
100 29 implementation.

VETOED

Requires the DHS to report on any cost containment strategies implemented as specified in this Act.

**VETOED:** The Governor vetoed this subsection and stated the DHS, the DOM and the LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies is shared during these meetings and is also available within the State's accounting and budgeting system.

100 30 21. The department shall report the implementation of any  
100 31 process improvement changes and any related cost reductions  
100 32 to the individuals specified in this division of this Act for  
100 33 submission of reports upon implementation.

100 34 Sec. 52. MEDICAL CONTRACTS. There is appropriated from the  
100 35 general fund of the state to the department of human services  
101 1 for the fiscal year beginning July 1, 2018, and ending June 30,  
101 2 2019, the following amount, or so much thereof as is necessary,  
101 3 to be used for the purpose designated:

101 4 For medical contracts:  
101 5 ..... \$ 8,813,232

101 6 1. The department of inspections and appeals shall  
101 7 provide all state matching funds for survey and certification  
101 8 activities performed by the department of inspections  
101 9 and appeals. The department of human services is solely  
101 10 responsible for distributing the federal matching funds for  
101 11 such activities.

101 12 2. Of the funds appropriated in this section, \$25,000 shall  
101 13 be used for continuation of home and community-based services  
101 14 waiver quality assurance programs, including the review and  
101 15 streamlining of processes and policies related to oversight and  
101 16 quality management to meet state and federal requirements.

101 17 3. Of the amount appropriated in this section, up to  
101 18 \$100,000 may be transferred to the appropriation for general  
101 19 administration in this division of this Act to be used for  
101 20 additional full-time equivalent positions in the development of  
101 21 key health initiatives such as cost containment, development  
101 22 and oversight of managed care programs, and development of  
101 23 health strategies targeted toward improved quality and reduced  
101 24 costs in the Medicaid program.

101 25 4. Of the funds appropriated in this section, \$500,000 shall  
101 26 be used for planning and development, in cooperation with the  
101 27 department of public health, of a phased-in program to provide  
101 28 a dental home for children.

VETOED

Requires the DHS to report on any process improvement changes implemented as specified in this Act.

**VETOED:** The Governor vetoed this subsection and stated the DHS, the DOM and the LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies is shared during these meetings and is also available within the State's accounting and budgeting system.

101 29 5. Of the funds appropriated in this section, \$475,000  
101 30 shall be credited to the autism support program fund created  
101 31 in section 225D.2 to be used for the autism support program  
101 32 created in chapter 225D, with the exception of the following  
101 33 amounts of this allocation which shall be used as follows:

101 34 a. Of the funds allocated in this subsection, \$125,000  
101 35 shall be deposited in the board-certified behavior analyst and  
102 1 board-certified assistant behavior analyst grants program fund  
102 2 created in section 135.181, to be used for the purposes of the  
102 3 fund.

102 4 b. Of the funds allocated in this subsection, \$12,500  
102 5 shall be used for the public purpose of continuation of a  
102 6 grant to a child welfare services provider headquartered in a  
102 7 county with a population between 205,000 and 215,000 in the  
102 8 latest certified federal census that provides multiple services  
102 9 including but not limited to a psychiatric medical institution  
102 10 for children, shelter, residential treatment, after school  
102 11 programs, school-based programming, and an Asperger's syndrome  
102 12 program, to be used for support services for children with  
102 13 autism spectrum disorder and their families.

102 14 c. Of the funds allocated in this subsection, \$12,500  
102 15 shall be used for the public purpose of continuing a grant to  
102 16 a hospital-based provider headquartered in a county with a  
102 17 population between 90,000 and 95,000 in the latest certified  
102 18 federal census that provides multiple services including  
102 19 but not limited to diagnostic, therapeutic, and behavioral  
102 20 services to individuals with autism spectrum disorder across  
102 21 one's lifespan. The grant recipient shall utilize the funds  
102 22 to continue the pilot project to determine the necessary  
102 23 support services for children with autism spectrum disorder and  
102 24 their families to be included in the children's disabilities  
102 25 services system. The grant recipient shall submit findings and  
102 26 recommendations based upon the results of the pilot project  
102 27 to the individuals specified in this division of this Act for  
102 28 submission of reports by December 31, 2018.

102 29 Sec. 53. STATE SUPPLEMENTARY ASSISTANCE.

102 30 1. There is appropriated from the general fund of the  
102 31 state to the department of human services for the fiscal year  
102 32 beginning July 1, 2018, and ending June 30, 2019, the following  
102 33 amount, or so much thereof as is necessary, to be used for the  
102 34 purpose designated:

102 35 For the state supplementary assistance program:

|       |       |    |           |
|-------|-------|----|-----------|
| 103 1 | ..... | \$ | 5,186,329 |
|-------|-------|----|-----------|

103 2 2. The department shall increase the personal needs  
103 3 allowance for residents of residential care facilities by the  
103 4 same percentage and at the same time as federal supplemental  
103 5 security income and federal social security benefits are  
103 6 increased due to a recognized increase in the cost of living.

103 7 The department may adopt emergency rules to implement this  
 103 8 subsection.  
 103 9 3. If during the fiscal year beginning July 1, 2018,  
 103 10 the department projects that state supplementary assistance  
 103 11 expenditures for a calendar year will not meet the federal  
 103 12 pass-through requirement specified in Tit.XVI of the federal  
 103 13 Social Security Act, section 1618, as codified in 42 U.S.C.  
 103 14 §1382g, the department may take actions including but not  
 103 15 limited to increasing the personal needs allowance for  
 103 16 residential care facility residents and making programmatic  
 103 17 adjustments or upward adjustments of the residential care  
 103 18 facility or in-home health-related care reimbursement rates  
 103 19 prescribed in this division of this Act to ensure that federal  
 103 20 requirements are met. In addition, the department may make  
 103 21 other programmatic and rate adjustments necessary to remain  
 103 22 within the amount appropriated in this section while ensuring  
 103 23 compliance with federal requirements. The department may adopt  
 103 24 emergency rules to implement the provisions of this subsection.

103 25 Sec. 54. CHILDREN'S HEALTH INSURANCE PROGRAM.

103 26 1. There is appropriated from the general fund of the  
 103 27 state to the department of human services for the fiscal year  
 103 28 beginning July 1, 2018, and ending June 30, 2019, the following  
 103 29 amount, or so much thereof as is necessary, to be used for the  
 103 30 purpose designated:

103 31 For maintenance of the healthy and well kids in Iowa (hawk-i)  
 103 32 program pursuant to chapter 514I, including supplemental dental  
 103 33 services, for receipt of federal financial participation under  
 103 34 Tit.XXI of the federal Social Security Act, which creates the  
 103 35 children's health insurance program:

104 1 ..... \$ 4,259,226

104 2 2. Of the funds appropriated in this section, \$21,400 is  
 104 3 allocated for continuation of the contract for outreach with  
 104 4 the department of public health.

104 5 Sec. 55. CHILD CARE ASSISTANCE. There is appropriated  
 104 6 from the general fund of the state to the department of human  
 104 7 services for the fiscal year beginning July 1, 2018, and ending  
 104 8 June 30, 2019, the following amount, or so much thereof as is  
 104 9 necessary, to be use for the purpose designated:

104 10 For child care programs:

104 11 ..... \$ 19,671,808

104 12 1. Of the funds appropriated in this section, \$16,746,808  
 104 13 shall be used for state child care assistance in accordance  
 104 14 with section 237A.13.

104 15 2. Nothing in this section shall be construed or is  
 104 16 intended as or shall imply a grant of entitlement for services  
 104 17 to persons who are eligible for assistance due to an income  
 104 18 level consistent with the waiting list requirements of section  
 104 19 237A.13. Any state obligation to provide services pursuant to

104 20 this section is limited to the extent of the funds appropriated  
104 21 in this section.

104 22 3. A list of the registered and licensed child care  
104 23 facilities operating in the area served by a child care  
104 24 resource and referral service shall be made available to the  
104 25 families receiving state child care assistance in that area.

104 26 4. Of the funds appropriated in this section, \$2,925,000  
104 27 shall be credited to the early childhood programs grants  
104 28 account in the early childhood Iowa fund created in section  
104 29 256I.11. The moneys shall be distributed for funding of  
104 30 community-based early childhood programs targeted to children  
104 31 from birth through five years of age developed by early  
104 32 childhood Iowa areas in accordance with approved community  
104 33 plans as provided in section 256I.8.

104 34 5. The department may use any of the funds appropriated  
104 35 in this section as a match to obtain federal funds for use in  
105 1 expanding child care assistance and related programs. For  
105 2 the purpose of expenditures of state and federal child care  
105 3 funding, funds shall be considered obligated at the time  
105 4 expenditures are projected or are allocated to the department's  
105 5 service areas. Projections shall be based on current and  
105 6 projected caseload growth, current and projected provider  
105 7 rates, staffing requirements for eligibility determination  
105 8 and management of program requirements including data systems  
105 9 management, staffing requirements for administration of the  
105 10 program, contractual and grant obligations and any transfers  
105 11 to other state agencies, and obligations for decategorization  
105 12 or innovation projects.

105 13 6. A portion of the state match for the federal child care  
105 14 and development block grant shall be provided as necessary to  
105 15 meet federal matching funds requirements through the state  
105 16 general fund appropriation made for child development grants  
105 17 and other programs for at-risk children in section 279.51.

105 18 7. If a uniform reduction ordered by the governor under  
105 19 section 8.31 or other operation of law, transfer, or federal  
105 20 funding reduction reduces the appropriation made in this  
105 21 section for the fiscal year, the percentage reduction in the  
105 22 amount paid out to or on behalf of the families participating  
105 23 in the state child care assistance program shall be equal to or  
105 24 less than the percentage reduction made for any other purpose  
105 25 payable from the appropriation made in this section and the  
105 26 federal funding relating to it. The percentage reduction to  
105 27 the other allocations made in this section shall be the same as  
105 28 the uniform reduction ordered by the governor or the percentage  
105 29 change of the federal funding reduction, as applicable.

105 30 If there is an unanticipated increase in federal funding  
105 31 provided for state child care assistance, the entire amount  
105 32 of the increase shall be used for state child care assistance

105 33 payments. If the appropriations made for purposes of the  
 105 34 state child care assistance program for the fiscal year are  
 105 35 determined to be insufficient, it is the intent of the general  
 106 1 assembly to appropriate sufficient funding for the fiscal year  
 106 2 in order to avoid establishment of waiting list requirements.  
 106 3 8. Notwithstanding section 8.33, moneys advanced for  
 106 4 purposes of the programs developed by early childhood Iowa  
 106 5 areas, advanced for purposes of wraparound child care, or  
 106 6 received from the federal appropriations made for the purposes  
 106 7 of this section that remain unencumbered or unobligated at the  
 106 8 close of the fiscal year shall not revert to any fund but shall  
 106 9 remain available for expenditure for the purposes designated  
 106 10 until the close of the succeeding fiscal year.

106 11 Sec. 56. JUVENILE INSTITUTION. There is appropriated  
 106 12 from the general fund of the state to the department of human  
 106 13 services for the fiscal year beginning July 1, 2018, and ending  
 106 14 June 30, 2019, the following amounts, or so much thereof as is  
 106 15 necessary, to be used for the purposes designated:

106 16 1. For operation of the state training school at Eldora and  
 106 17 for salaries, support, maintenance, and miscellaneous purposes,  
 106 18 and for not more than the following full-time equivalent  
 106 19 positions:

|        |       |      |           |
|--------|-------|------|-----------|
| 106 20 | ..... | \$   | 5,675,221 |
| 106 21 | ..... | FTEs | 189.00    |

106 22 Of the funds appropriated in this subsection, \$45,575 shall  
 106 23 be used for distribution to licensed classroom teachers at this  
 106 24 and other institutions under the control of the department of  
 106 25 human services based upon the average student yearly enrollment  
 106 26 at each institution as determined by the department.

106 27 2. A portion of the moneys appropriated in this section  
 106 28 shall be used by the state training school at Eldora for  
 106 29 grants for adolescent pregnancy prevention activities at the  
 106 30 institution in the fiscal year beginning July 1, 2018.

106 31 Sec. 57. CHILD AND FAMILY SERVICES.

106 32 1. There is appropriated from the general fund of the  
 106 33 state to the department of human services for the fiscal year  
 106 34 beginning July 1, 2018, and ending June 30, 2019, the following  
 106 35 amount, or so much thereof as is necessary, to be used for the  
 107 1 purpose designated:

107 2 For child and family services:

|       |       |    |            |
|-------|-------|----|------------|
| 107 3 | ..... | \$ | 43,639,687 |
|-------|-------|----|------------|

107 4 2. The department may transfer funds appropriated in this  
 107 5 section as necessary to pay the nonfederal costs of services  
 107 6 reimbursed under the medical assistance program, state child  
 107 7 care assistance program, or the family investment program which  
 107 8 are provided to children who would otherwise receive services  
 107 9 paid under the appropriation in this section. The department  
 107 10 may transfer funds appropriated in this section to the

107 11 appropriations made in this division of this Act for general  
107 12 administration and for field operations for resources necessary  
107 13 to implement and operate the services funded in this section.  
107 14 3. a. Of the funds appropriated in this section, up to  
107 15 \$17,868,324 is allocated as the statewide expenditure target  
107 16 under section 232.143 for group foster care maintenance and  
107 17 services. If the department projects that such expenditures  
107 18 for the fiscal year will be less than the target amount  
107 19 allocated in this paragraph "a", the department may reallocate  
107 20 the excess to provide additional funding for shelter care  
107 21 or the child welfare emergency services addressed with the  
107 22 allocation for shelter care.  
107 23 b. If at any time after September 30, 2018, annualization  
107 24 of a service area's current expenditures indicates a service  
107 25 area is at risk of exceeding its group foster care expenditure  
107 26 target under section 232.143 by more than 5 percent, the  
107 27 department and juvenile court services shall examine all  
107 28 group foster care placements in that service area in order to  
107 29 identify those which might be appropriate for termination.  
107 30 In addition, any aftercare services believed to be needed  
107 31 for the children whose placements may be terminated shall be  
107 32 identified. The department and juvenile court services shall  
107 33 initiate action to set dispositional review hearings for the  
107 34 placements identified. In such a dispositional review hearing,  
107 35 the juvenile court shall determine whether needed aftercare  
108 1 services are available and whether termination of the placement  
108 2 is in the best interest of the child and the community.  
108 3 4. In accordance with the provisions of section 232.188,  
108 4 the department shall continue the child welfare and juvenile  
108 5 justice funding initiative during fiscal year 2018-2019. Of  
108 6 the funds appropriated in this section, \$858,876 is allocated  
108 7 specifically for expenditure for fiscal year 2018-2019 through  
108 8 the decategorization services funding pools and governance  
108 9 boards established pursuant to section 232.188.  
108 10 5. A portion of the funds appropriated in this section  
108 11 may be used for emergency family assistance to provide other  
108 12 resources required for a family participating in a family  
108 13 preservation or reunification project or successor project to  
108 14 stay together or to be reunified.  
108 15 6. Notwithstanding section 234.35 or any other provision  
108 16 of law to the contrary, state funding for shelter care and  
108 17 the child welfare emergency services contracting implemented  
108 18 to provide for or prevent the need for shelter care shall be  
108 19 limited to \$4,048,079.  
108 20 7. Federal funds received by the state during the fiscal  
108 21 year beginning July 1, 2018, as the result of the expenditure  
108 22 of state funds appropriated during a previous state fiscal  
108 23 year for a service or activity funded under this section are



108 24 appropriated to the department to be used as additional funding  
108 25 for services and purposes provided for under this section.  
108 26 Notwithstanding section 8.33, moneys received in accordance  
108 27 with this subsection that remain unencumbered or unobligated at  
108 28 the close of the fiscal year shall not revert to any fund but  
108 29 shall remain available for the purposes designated until the  
108 30 close of the succeeding fiscal year.

108 31 8. a. Of the funds appropriated in this section, up to  
108 32 \$1,645,000 is allocated for the payment of the expenses of  
108 33 court-ordered services provided to juveniles who are under  
108 34 the supervision of juvenile court services, which expenses  
108 35 are a charge upon the state pursuant to section 232.141,  
109 1 subsection 4. Of the amount allocated in this paragraph "a",  
109 2 up to \$778,143 shall be made available to provide school-based  
109 3 supervision of children adjudicated under chapter 232, of which  
109 4 not more than \$7,500 may be used for the purpose of training.  
109 5 A portion of the cost of each school-based liaison officer  
109 6 shall be paid by the school district or other funding source as  
109 7 approved by the chief juvenile court officer.

109 8 b. Of the funds appropriated in this section, up to \$374,492  
109 9 is allocated for the payment of the expenses of court-ordered  
109 10 services provided to children who are under the supervision  
109 11 of the department, which expenses are a charge upon the state  
109 12 pursuant to section 232.141, subsection 4.

109 13 c. Notwithstanding section 232.141 or any other provision  
109 14 of law to the contrary, the amounts allocated in this  
109 15 subsection shall be distributed to the judicial districts  
109 16 as determined by the state court administrator and to the  
109 17 department's service areas as determined by the administrator  
109 18 of the department of human services' division of child and  
109 19 family services. The state court administrator and the  
109 20 division administrator shall make the determination of the  
109 21 distribution amounts on or before June 15, 2018.

109 22 d. Notwithstanding chapter 232 or any other provision of  
109 23 law to the contrary, a district or juvenile court shall not  
109 24 order any service which is a charge upon the state pursuant  
109 25 to section 232.141 if there are insufficient court-ordered  
109 26 services funds available in the district court or departmental  
109 27 service area distribution amounts to pay for the service. The  
109 28 chief juvenile court officer and the departmental service area  
109 29 manager shall encourage use of the funds allocated in this  
109 30 subsection such that there are sufficient funds to pay for  
109 31 all court-related services during the entire year. The chief  
109 32 juvenile court officers and departmental service area managers  
109 33 shall attempt to anticipate potential surpluses and shortfalls  
109 34 in the distribution amounts and shall cooperatively request the  
109 35 state court administrator or division administrator to transfer  
110 1 funds between the judicial districts' or departmental service

110 2 areas' distribution amounts as prudent.

110 3 e. Notwithstanding any provision of law to the contrary,  
110 4 a district or juvenile court shall not order a county to pay  
110 5 for any service provided to a juvenile pursuant to an order  
110 6 entered under chapter 232 which is a charge upon the state  
110 7 under section 232.141, subsection 4.

110 8 f. Of the funds allocated in this subsection, not more than  
110 9 \$41,500 may be used by the judicial branch for administration  
110 10 of the requirements under this subsection.

110 11 g. Of the funds allocated in this subsection, \$8,500  
110 12 shall be used by the department of human services to support  
110 13 the interstate commission for juveniles in accordance with  
110 14 the interstate compact for juveniles as provided in section  
110 15 232.173.

110 16 9. Of the funds appropriated in this section, \$6,126,613 is  
110 17 allocated for juvenile delinquent graduated sanctions services.  
110 18 Any state funds saved as a result of efforts by juvenile court  
110 19 services to earn a federal Tit.IV-E match for juvenile court  
110 20 services administration may be used for the juvenile delinquent  
110 21 graduated sanctions services.

110 22 10. Of the funds appropriated in this section, \$829,142 is  
110 23 transferred to the department of public health to be used for  
110 24 the child protection center grant program for child protection  
110 25 centers located in Iowa in accordance with section 135.118.  
110 26 The grant amounts under the program shall be equalized so that  
110 27 each center receives a uniform base amount of \$122,500, so that  
110 28 \$25,000 is awarded to establish a satellite child protection  
110 29 center in a city in north central Iowa that is the county  
110 30 seat of a county with a population between 44,000 and 45,000  
110 31 according to the 2010 federal decennial census, and so that the  
110 32 remaining funds are awarded through a funding formula based  
110 33 upon the volume of children served.

110 34 11. If the department receives federal approval to  
110 35 implement a waiver under Tit.IV-E of the federal Social  
111 1 Security Act to enable providers to serve children who remain  
111 2 in the children's families and communities, for purposes of  
111 3 eligibility under the medical assistance program through 25  
111 4 years of age, children who participate in the waiver shall be  
111 5 considered to be placed in foster care.

111 6 12. Of the funds appropriated in this section, \$2,012,583 is  
111 7 allocated for the preparation for adult living program pursuant  
111 8 to section 234.46.

111 9 13. Of the funds appropriated in this section, \$113,668  
111 10 shall be used for the public purpose of continuing a grant to  
111 11 a nonprofit human services organization providing services to  
111 12 individuals and families in multiple locations in southwest  
111 13 Iowa and Nebraska for support of a project providing immediate,  
111 14 sensitive support and forensic interviews, medical exams, needs

111 15 assessments, and referrals for victims of child abuse and their  
111 16 nonoffending family members.

111 17 14. Of the funds appropriated in this section, \$150,310  
111 18 is allocated for the foster care youth council approach of  
111 19 providing a support network to children placed in foster care.

111 20 15. Of the funds appropriated in this section, \$101,000 is  
111 21 allocated for use pursuant to section 235A.1 for continuation  
111 22 of the initiative to address child sexual abuse implemented  
111 23 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection  
111 24 21.

111 25 16. Of the funds appropriated in this section, \$315,120 is  
111 26 allocated for the community partnership for child protection  
111 27 sites.

111 28 17. Of the funds appropriated in this section, \$185,625  
111 29 is allocated for the department's minority youth and family  
111 30 projects under the redesign of the child welfare system.

111 31 18. Of the funds appropriated in this section, \$568,297  
111 32 is allocated for funding of the community circle of care  
111 33 collaboration for children and youth in northeast Iowa.

111 34 19. Of the funds appropriated in this section, at least  
111 35 \$73,579 shall be used for the continuation of the child  
112 1 welfare provider training academy, a collaboration between the  
112 2 coalition for family and children's services in Iowa and the  
112 3 department.

112 4 20. Of the funds appropriated in this section, \$105,936  
112 5 shall be used for continuation of the central Iowa system of  
112 6 care program grant through June 30, 2019.

112 7 21. Of the funds appropriated in this section, \$117,500  
112 8 shall be used for the public purpose of the continuation  
112 9 and expansion of a system of care program grant implemented  
112 10 in Cerro Gordo and Linn counties to utilize a comprehensive  
112 11 and long-term approach for helping children and families by  
112 12 addressing the key areas in a child's life of childhood basic  
112 13 needs, education and work, family, and community.

112 14 22. Of the funds appropriated in this section, at least  
112 15 \$12,500 shall be used to continue and to expand the foster  
112 16 care respite pilot program in which postsecondary students in  
112 17 social work and other human services-related programs receive  
112 18 experience by assisting family foster care providers with  
112 19 respite and other support.

112 20 23. Of the funds appropriated in this section, \$55,000  
112 21 shall be used for the public purpose of funding community-based  
112 22 services and other supports with a system of care approach  
112 23 for children with a serious emotional disturbance and their  
112 24 families through a nonprofit provider of child welfare services  
112 25 that has been in existence for more than 115 years, is located  
112 26 in a county with a population of more than 200,000 but less  
112 27 than 220,000 according to the latest certified federal census,

112 28 is licensed as a psychiatric medical institution for children,  
112 29 and was a system of care grantee prior to July 1, 2018.  
112 30 Sec. 58. ADOPTION SUBSIDY.  
112 31 1. There is appropriated from the general fund of the  
112 32 state to the department of human services for the fiscal year  
112 33 beginning July 1, 2018, and ending June 30, 2019, the following  
112 34 amount, or so much thereof as is necessary, to be used for the  
112 35 purpose designated:

113 1 a. For adoption subsidy payments and services:  
113 2 ..... \$ 20,388,955

113 3 b. (1) The funds appropriated in this section shall be used  
113 4 as authorized or allowed by federal law or regulation for any  
113 5 of the following purposes:  
113 6 (a) For adoption subsidy payments and related costs.  
113 7 (b) For post-adoption services and for other purposes under  
113 8 Tit.IV-B or Tit.IV-E of the federal Social Security Act.  
113 9 (2) The department of human services may transfer funds  
113 10 appropriated in this subsection to the appropriation for  
113 11 child and family services in this Act for the purposes of  
113 12 post-adoption services as specified in this paragraph "b".

113 13 c. Notwithstanding section 8.33, moneys corresponding to  
113 14 the state savings resulting from implementation of the federal  
113 15 Fostering Connections to Success and Increasing Adoptions Act  
113 16 of 2008, Pub.L. No.110-351, and successor legislation, as  
113 17 determined in accordance with 42 U.S.C. §673(a)(8), that remain  
113 18 unencumbered or unobligated at the close of the fiscal year,  
113 19 shall not revert to any fund but shall remain available for the  
113 20 purposes designated in this subsection until expended. The  
113 21 amount of such savings and any corresponding funds remaining  
113 22 at the close of the fiscal year shall be determined separately  
113 23 and any changes in either amount between fiscal years shall not  
113 24 result in an unfunded need.

113 25 2. The department may transfer funds appropriated in  
113 26 this section to the appropriation made in this division of  
113 27 this Act for general administration for costs paid from the  
113 28 appropriation relating to adoption subsidy.

113 29 3. Federal funds received by the state during the  
113 30 fiscal year beginning July 1, 2018, as the result of the  
113 31 expenditure of state funds during a previous state fiscal  
113 32 year for a service or activity funded under this section are  
113 33 appropriated to the department to be used as additional funding  
113 34 for the services and activities funded under this section.  
113 35 Notwithstanding section 8.33, moneys received in accordance  
114 1 with this subsection that remain unencumbered or unobligated  
114 2 at the close of the fiscal year shall not revert to any fund  
114 3 but shall remain available for expenditure for the purposes  
114 4 designated until the close of the succeeding fiscal year.

114 5 Sec. 59. JUVENILE DETENTION HOME FUND. Moneys deposited

114 6 in the juvenile detention home fund created in section 232.142  
 114 7 during the fiscal year beginning July 1, 2018, and ending June  
 114 8 30, 2019, are appropriated to the department of human services  
 114 9 for the fiscal year beginning July 1, 2018, and ending June 30,  
 114 10 2019, for distribution of an amount equal to a percentage of  
 114 11 the costs of the establishment, improvement, operation, and  
 114 12 maintenance of county or multicounty juvenile detention homes  
 114 13 in the fiscal year beginning July 1, 2017. Moneys appropriated  
 114 14 for distribution in accordance with this section shall be  
 114 15 allocated among eligible detention homes, prorated on the basis  
 114 16 of an eligible detention home's proportion of the costs of all  
 114 17 eligible detention homes in the fiscal year beginning July  
 114 18 1, 2017. The percentage figure shall be determined by the  
 114 19 department based on the amount available for distribution for  
 114 20 the fund. Notwithstanding section 232.142, subsection 3, the  
 114 21 financial aid payable by the state under that provision for the  
 114 22 fiscal year beginning July 1, 2018, shall be limited to the  
 114 23 amount appropriated for the purposes of this section.

114 24 Sec. 60. FAMILY SUPPORT SUBSIDY PROGRAM.

114 25 1. There is appropriated from the general fund of the  
 114 26 state to the department of human services for the fiscal year  
 114 27 beginning July 1, 2018, and ending June 30, 2019, the following  
 114 28 amount, or so much thereof as is necessary, to be used for the  
 114 29 purpose designated:

114 30 For the family support subsidy program subject to the  
 114 31 enrollment restrictions in section 225C.37, subsection 3:  
 114 32 ..... \$ 534,641

114 33 2. At least \$393,750 of the moneys appropriated in this  
 114 34 section is transferred to the department of public health for  
 114 35 the family support center component of the comprehensive family  
 115 1 support program under chapter 225C, subchapter V.

115 2 3. If at any time during the fiscal year, the amount of  
 115 3 funding available for the family support subsidy program  
 115 4 is reduced from the amount initially used to establish the  
 115 5 figure for the number of family members for whom a subsidy  
 115 6 is to be provided at any one time during the fiscal year,  
 115 7 notwithstanding section 225C.38, subsection 2, the department  
 115 8 shall revise the figure as necessary to conform to the amount  
 115 9 of funding available.

115 10 Sec. 61. CONNER DECREE. There is appropriated from the  
 115 11 general fund of the state to the department of human services  
 115 12 for the fiscal year beginning July 1, 2018, and ending June 30,  
 115 13 2019, the following amount, or so much thereof as is necessary,  
 115 14 to be used for the purpose designated:

115 15 For building community capacity through the coordination  
 115 16 and provision of training opportunities in accordance with the  
 115 17 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
 115 18 Iowa, July 14, 1994):

115 19 ..... \$ 16,816  
 115 20 Sec. 62. MENTAL HEALTH INSTITUTES.  
 115 21 1. There is appropriated from the general fund of the  
 115 22 state to the department of human services for the fiscal year  
 115 23 beginning July 1, 2018, and ending June 30, 2019, the following  
 115 24 amounts, or so much thereof as is necessary, to be used for the  
 115 25 purposes designated:  
 115 26 a. For operation of the state mental health institute at  
 115 27 Cherokee as required by chapters 218 and 226 for salaries,  
 115 28 support, maintenance, and miscellaneous purposes, and for not  
 115 29 more than the following full-time equivalent positions:  
 115 30 ..... \$ 6,935,127  
 115 31 ..... FTEs 162.00  
 115 32 b. For operation of the state mental health institute at  
 115 33 Independence as required by chapters 218 and 226 for salaries,  
 115 34 support, maintenance, and miscellaneous purposes, and for not  
 115 35 more than the following full-time equivalent positions:  
 116 1 ..... \$ 8,756,810  
 116 2 ..... FTEs 204.00  
 116 3 2. Notwithstanding sections 218.78 and 249A.11, any revenue  
 116 4 received from the state mental health institute at Cherokee or  
 116 5 the state mental health institute at Independence pursuant to  
 116 6 42 C.F.R §438.6(e) may be retained and expended by the mental  
 116 7 health institute.  
 116 8 3. Notwithstanding any provision of law to the contrary,  
 116 9 a Medicaid member residing at the state mental health  
 116 10 institute at Cherokee or the state mental health institute  
 116 11 at Independence shall retain Medicaid eligibility during  
 116 12 the period of the Medicaid member's stay for which federal  
 116 13 financial participation is available.  
 116 14 Sec. 63. STATE RESOURCE CENTERS.  
 116 15 1. There is appropriated from the general fund of the  
 116 16 state to the department of human services for the fiscal year  
 116 17 beginning July 1, 2018, and ending June 30, 2019, the following  
 116 18 amounts, or so much thereof as is necessary, to be used for the  
 116 19 purposes designated:  
 116 20 a. For the state resource center at Glenwood for salaries,  
 116 21 support, maintenance, and miscellaneous purposes:  
 116 22 ..... \$ 8,943,890  
 116 23 b. For the state resource center at Woodward for salaries,  
 116 24 support, maintenance, and miscellaneous purposes:  
 116 25 ..... \$ 6,038,517  
 116 26 2. The department may continue to bill for state resource  
 116 27 center services utilizing a scope of services approach used for  
 116 28 private providers of intermediate care facilities for persons  
 116 29 with an intellectual disability services, in a manner which  
 116 30 does not shift costs between the medical assistance program,  
 116 31 counties, or other sources of funding for the state resource

116 32 centers.

116 33 3. The state resource centers may expand the time-limited

116 34 assessment and respite services during the fiscal year.

116 35 4. If the department's administration and the department

117 1 of management concur with a finding by a state resource

117 2 center's superintendent that projected revenues can reasonably

117 3 be expected to pay the salary and support costs for a new

117 4 employee position, or that such costs for adding a particular

117 5 number of new positions for the fiscal year would be less

117 6 than the overtime costs if new positions would not be added,

117 7 the superintendent may add the new position or positions. If

117 8 the vacant positions available to a resource center do not

117 9 include the position classification desired to be filled, the

117 10 state resource center's superintendent may reclassify any

117 11 vacant position as necessary to fill the desired position. The

117 12 superintendents of the state resource centers may, by mutual

117 13 agreement, pool vacant positions and position classifications

117 14 during the course of the fiscal year in order to assist one

117 15 another in filling necessary positions.

117 16 5. If existing capacity limitations are reached in

117 17 operating units, a waiting list is in effect for a service or

117 18 a special need for which a payment source or other funding

117 19 is available for the service or to address the special need,

117 20 and facilities for the service or to address the special need

117 21 can be provided within the available payment source or other

117 22 funding, the superintendent of a state resource center may

117 23 authorize opening not more than two units or other facilities

117 24 and begin implementing the service or addressing the special

117 25 need during fiscal year 2018-2019.

117 26 Sec. 64. SEXUALLY VIOLENT PREDATORS.

117 27 1. There is appropriated from the general fund of the

117 28 state to the department of human services for the fiscal year

117 29 beginning July 1, 2018, and ending June 30, 2019, the following

117 30 amount, or so much thereof as is necessary, to be used for the

117 31 purpose designated:

117 32 For costs associated with the commitment and treatment of

117 33 sexually violent predators in the unit located at the state

117 34 mental health institute at Cherokee, including costs of legal

117 35 services and other associated costs, including salaries,

118 1 support, maintenance, and miscellaneous purposes, and for not

118 2 more than the following full-time equivalent positions:

|       |       |      |           |
|-------|-------|------|-----------|
| 118 3 | ..... | \$   | 4,732,373 |
| 118 4 | ..... | FTEs | 112.00    |

118 5 2. Unless specifically prohibited by law, if the amount

118 6 charged provides for recoupment of at least the entire amount

118 7 of direct and indirect costs, the department of human services

118 8 may contract with other states to provide care and treatment

118 9 of persons placed by the other states at the unit for sexually

118 10 violent predators at Cherokee. The moneys received under  
 118 11 such a contract shall be considered to be repayment receipts  
 118 12 and used for the purposes of the appropriation made in this  
 118 13 section.

118 14 Sec. 65. FIELD OPERATIONS. There is appropriated from the  
 118 15 general fund of the state to the department of human services  
 118 16 for the fiscal year beginning July 1, 2018, and ending June 30,  
 118 17 2019, the following amount, or so much thereof as is necessary,  
 118 18 to be used for the purposes designated:

118 19 For field operations, including salaries, support,  
 118 20 maintenance, and miscellaneous purposes, and for not more than  
 118 21 the following full-time equivalent positions:

|        |       |      |            |
|--------|-------|------|------------|
| 118 22 | ..... | \$   | 24,242,217 |
| 118 23 | ..... | FTEs | 1,583.00   |

118 24 Priority in filling full-time equivalent positions shall be  
 118 25 given to those positions related to child protection services  
 118 26 and eligibility determination for low-income families.

118 27 Sec. 66. GENERAL ADMINISTRATION. There is appropriated  
 118 28 from the general fund of the state to the department of human  
 118 29 services for the fiscal year beginning July 1, 2018, and ending  
 118 30 June 30, 2019, the following amount, or so much thereof as is  
 118 31 necessary, to be use for the purpose designated:

118 32 For general administration, including salaries, support,  
 118 33 maintenance, and miscellaneous purposes, and for not more than  
 118 34 the following full-time equivalent positions:

|        |       |      |           |
|--------|-------|------|-----------|
| 118 35 | ..... | \$   | 7,016,520 |
| 119 1  | ..... | FTEs | 294.00    |

119 2 1. The department shall report at least monthly to the  
 119 3 legislative services agency concerning the department's  
 119 4 operational and program expenditures.

119 5 2. Of the funds appropriated in this section, \$75,000 shall  
 119 6 be used to continue the contract for the provision of a program  
 119 7 to provide technical assistance, support, and consultation to  
 119 8 providers of habilitation services and home and community-based  
 119 9 services waiver services for adults with disabilities under the  
 119 10 medical assistance program.

119 11 3. Of the funds appropriated in this section, \$25,000  
 119 12 is transferred to the Iowa finance authority to be used  
 119 13 for administrative support of the council on homelessness  
 119 14 established in section 16.2D and for the council to fulfill its  
 119 15 duties in addressing and reducing homelessness in the state.

119 16 4. Of the funds appropriated in this section, \$100,000 shall  
 119 17 be transferred to and deposited in the administrative fund of  
 119 18 the Iowa ABLE savings plan trust created in section 121.4, to  
 119 19 be used for implementation and administration activities of the  
 119 20 Iowa ABLE savings plan trust.

119 21 5. Of the funds appropriated in this section, \$100,000 is  
 119 22 transferred to the economic development authority for the Iowa



119 23 commission on volunteer services to continue to be used for  
119 24 RefugeeRISE AmeriCorps program established under section 15H.8  
119 25 for member recruitment and training to improve the economic  
119 26 well-being and health of economically disadvantaged refugees in  
119 27 local communities across Iowa. Funds transferred may be used  
119 28 to supplement federal funds under federal regulations.

119 29 6. Of the funds appropriated in this section, \$100,000  
119 30 shall be used to continue to expand the provision of nationally  
119 31 accredited and recognized internet-based training to include  
119 32 mental health and disability services providers.

119 33 Sec. 67. DEPARTMENT-WIDE DUTIES. There is appropriated  
119 34 from the general fund of the state to the department of human  
119 35 services for the fiscal year beginning July 1, 2018, and ending  
120 1 June 30, 2019, the following amount, or so much thereof as is  
120 2 necessary, to be used for the purposes designated:

120 3 For salaries, support, maintenance, and miscellaneous  
120 4 purposes at facilities under the purview of the department of  
120 5 human services:  
120 6 ..... \$ 1,439,637

120 7 Sec. 68. VOLUNTEERS. There is appropriated from the general  
120 8 fund of the state to the department of human services for the  
120 9 fiscal year beginning July 1, 2018, and ending June 30, 2019,  
120 10 the following amount, or so much thereof as is necessary, to be  
120 11 used for the purpose designated:

120 12 For development and coordination of volunteer services:  
120 13 ..... \$ 42,343

120 14 Sec. 69. GENERAL REDUCTION. For the period beginning July  
120 15 1, 2018, and ending June 30, 2019, the department of human  
120 16 services, in consultation with the department of management,  
120 17 shall identify and implement a reduction in expenditures made  
120 18 from appropriations from the general fund to the department of  
120 19 human services in the amount of \$733,651.

120 20 Sec. 70. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
120 21 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE  
120 22 DEPARTMENT OF HUMAN SERVICES.

120 23 1. a. (1) (a) For the fiscal year beginning July  
120 24 1, 2018, case-mix, non-case mix, and special population  
120 25 nursing facilities shall be reimbursed in accordance with the  
120 26 methodology in effect on June 30, 2018.

120 27 (b) For managed care claims, the department of human  
120 28 services shall adjust the payment rate floor for nursing  
120 29 facilities, annually, to maintain a rate floor that is no  
120 30 lower than the Medicaid fee-for-service case-mix adjusted rate  
120 31 calculated in accordance with 441 IAC 81.6. The department  
120 32 shall then calculate adjusted reimbursement rates, including  
120 33 but not limited to add-on-payments, annually, and shall  
120 34 notify Medicaid managed care organizations of the adjusted  
120 35 reimbursement rates within 30 days of determining the adjusted

121 1 reimbursement rates. Any adjustment of reimbursement rates  
121 2 under this subparagraph division shall be budget neutral to the  
121 3 state budget.

121 4 (2) For any open or unsettled nursing facility cost report  
121 5 for a fiscal year prior to and including the fiscal year  
121 6 beginning July 1, 2017, including any cost report remanded on  
121 7 judicial review for inclusion of prescription drug, laboratory,  
121 8 or x-ray costs, the department shall offset all reported  
121 9 prescription drug, laboratory, and x-ray costs with any revenue  
121 10 received from Medicare or other revenue source for any purpose.  
121 11 For purposes of this subparagraph, a nursing facility cost  
121 12 report is not considered open or unsettled if the facility did  
121 13 not initiate an administrative appeal under chapter 17A or if  
121 14 any appeal rights initiated have been exhausted.

121 15 b. (1) For the fiscal year beginning July 1, 2018,  
121 16 the department shall establish the pharmacy dispensing fee  
121 17 reimbursement at \$10.02 per prescription, until a cost of  
121 18 dispensing survey is completed. The actual dispensing fee  
121 19 shall be determined by a cost of dispensing survey performed  
121 20 by the department and required to be completed by all medical  
121 21 assistance program participating pharmacies every two years,  
121 22 adjusted as necessary to maintain expenditures within the  
121 23 amount appropriated to the department for this purpose for the  
121 24 fiscal year.

121 25 (2) The department shall utilize an average acquisition  
121 26 cost reimbursement methodology for all drugs covered under the  
121 27 medical assistance program in accordance with 2012 Iowa Acts,  
121 28 chapter 1133, section 33.

121 29 c. (1) For the fiscal year beginning July 1, 2018,  
121 30 reimbursement rates for outpatient hospital services shall  
121 31 remain at the rates in effect on June 30, 2018, subject to  
121 32 Medicaid program upper payment limit rules, and adjusted  
121 33 as necessary to maintain expenditures within the amount  
121 34 appropriated to the department for this purpose for the fiscal  
121 35 year.

122 1 (2) For the fiscal year beginning July 1, 2018,  
122 2 reimbursement rates for inpatient hospital services shall  
122 3 be rebased effective October 1, 2018, subject to Medicaid  
122 4 program upper payment limit rules, and adjusted as necessary  
122 5 to maintain expenditures within the amount appropriated to the  
122 6 department for this purpose for the fiscal year.

122 7 (3) For the fiscal year beginning July 1, 2018, the graduate  
122 8 medical education and disproportionate share hospital fund  
122 9 shall remain at the amount in effect on June 30, 2018, except  
122 10 that the portion of the fund attributable to graduate medical  
122 11 education shall be reduced in an amount that reflects the  
122 12 elimination of graduate medical education payments made to  
122 13 out-of-state hospitals.

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122 14 (4) In order to ensure the efficient use of limited state  
122 15 funds in procuring health care services for low-income lowans,  
122 16 funds appropriated in this Act for hospital services shall  
122 17 not be used for activities which would be excluded from a  
122 18 determination of reasonable costs under the federal Medicare  
122 19 program pursuant to 42 U.S.C.§1395x(v)(1)(N).

122 20 d. For the fiscal year beginning July 1, 2018, reimbursement  
122 21 rates for hospices and acute mental hospitals shall be  
122 22 increased in accordance with increases under the federal  
122 23 Medicare program or as supported by their Medicare audited  
122 24 costs.

122 25 e. For the fiscal year beginning July 1, 2018, independent  
122 26 laboratories and rehabilitation agencies shall be reimbursed  
122 27 using the same methodology in effect on June 30, 2018.

122 28 f. (1) For the fiscal year beginning July 1, 2018,  
122 29 reimbursement rates for home health agencies shall continue to  
122 30 be based on the Medicare low utilization payment adjustment  
122 31 (LUPA) methodology with state geographic wage adjustments.  
122 32 The department shall continue to update the rates every two  
122 33 years to reflect the most recent Medicare LUPA rates to the  
122 34 extent possible within the state funding appropriated for this  
122 35 purpose.

123 1 (2) For the fiscal year beginning July 1, 2018, rates for  
123 2 private duty nursing and personal care services under the early  
123 3 and periodic screening, diagnostic, and treatment program  
123 4 benefit shall be calculated based on the methodology in effect  
123 5 on June 30, 2018.

123 6 g. For the fiscal year beginning July 1, 2018, federally  
123 7 qualified health centers and rural health clinics shall receive  
123 8 cost-based reimbursement for 100 percent of the reasonable  
123 9 costs for the provision of services to recipients of medical  
123 10 assistance.

123 11 h. For the fiscal year beginning July 1, 2018, the  
123 12 reimbursement rates for dental services shall remain at the  
123 13 rates in effect on June 30, 2018.

123 14 i. (1) For the fiscal year beginning July 1, 2018,  
123 15 reimbursement rates for the non-state-owned psychiatric medical  
123 16 institution for children shall be based on the methodology in  
123 17 effect on June 30, 2018.

123 18 (2) As a condition of participation in the medical  
123 19 assistance program, enrolled providers shall accept the medical  
123 20 assistance reimbursement rate for any covered goods or services  
123 21 provided to recipients of medical assistance who are children  
123 22 under the custody of a psychiatric medical institution for  
123 23 children.

123 24 j. For the fiscal year beginning July 1, 2018, unless  
123 25 otherwise specified in this Act, all noninstitutional medical  
123 26 assistance provider reimbursement rates shall remain at the

123 27 rates in effect on June 30, 2018, except for area education  
123 28 agencies, local education agencies, infant and toddler  
123 29 services providers, home and community-based services providers  
123 30 including consumer-directed attendant care providers under a  
123 31 section 1915(c) or 1915(i) waiver, targeted case management  
123 32 providers, and those providers whose rates are required to be  
123 33 determined pursuant to section 249A.20.

123 34 k. Notwithstanding any provision to the contrary, for the  
123 35 fiscal year beginning July 1, 2018, the reimbursement rate  
124 1 for anesthesiologists shall be adjusted to implement the cost  
124 2 containment strategies authorized for the medical assistance  
124 3 program in this 2017 Act.

124 4 l. Notwithstanding section 249A.20, for the fiscal year  
124 5 beginning July 1, 2018, the average reimbursement rate for  
124 6 health care providers eligible for use of the federal Medicare  
124 7 resource-based relative value scale reimbursement methodology  
124 8 under section 249A.20 shall remain at the rate in effect on  
124 9 June 30, 2018; however, this rate shall not exceed the maximum  
124 10 level authorized by the federal government.

124 11 m. For the fiscal year beginning July 1, 2018, the  
124 12 reimbursement rate for residential care facilities shall not  
124 13 be less than the minimum payment level as established by the  
124 14 federal government to meet the federally mandated maintenance  
124 15 of effort requirement. The flat reimbursement rate for  
124 16 facilities electing not to file annual cost reports shall not  
124 17 be less than the minimum payment level as established by the  
124 18 federal government to meet the federally mandated maintenance  
124 19 of effort requirement.

124 20 n. For the fiscal year beginning July 1, 2018, the  
124 21 reimbursement rates for inpatient mental health services  
124 22 provided at hospitals shall be rebased effective October 1,  
124 23 2018, subject to Medicaid program upper payment limit rules;  
124 24 and psychiatrists shall be reimbursed at the medical assistance  
124 25 program fee-for-service rate in effect on June 30, 2018.

124 26 o. For the fiscal year beginning July 1, 2018, community  
124 27 mental health centers may choose to be reimbursed for the  
124 28 services provided to recipients of medical assistance through  
124 29 either of the following options:

124 30 (1) For 100 percent of the reasonable costs of the services.

124 31 (2) In accordance with the alternative reimbursement rate  
124 32 methodology approved by the department of human services in  
124 33 effect on June 30, 2018.

124 34 p. For the fiscal year beginning July 1, 2018, the  
124 35 reimbursement rate for providers of family planning services  
125 1 that are eligible to receive a 90 percent federal match shall  
125 2 remain at the rates in effect on June 30, 2018.

125 3 q. Unless otherwise subject to a tiered rate methodology,  
125 4 for the fiscal year beginning July 1, 2018, the upper

125 5 limits and reimbursement rates for providers of home and  
125 6 community-based services waiver services shall be reimbursed  
125 7 using the reimbursement methodology in effect on June 30, 2018.  
125 8 r. For the fiscal year beginning July 1, 2018, the  
125 9 reimbursement rates for emergency medical service providers  
125 10 shall remain at the rates in effect on June 30, 2018.  
125 11 s. For the fiscal year beginning July 1, 2018, reimbursement  
125 12 rates for substance-related disorder treatment programs  
125 13 licensed under section 125.13 shall remain at the rates in  
125 14 effect on June 30, 2018.  
125 15 2. For the fiscal year beginning July 1, 2018, the  
125 16 reimbursement rate for providers reimbursed under the  
125 17 in-home-related care program shall not be less than the minimum  
125 18 payment level as established by the federal government to meet  
125 19 the federally mandated maintenance of effort requirement.  
125 20 3. Unless otherwise directed in this section, when the  
125 21 department's reimbursement methodology for any provider  
125 22 reimbursed in accordance with this section includes an  
125 23 inflation factor, this factor shall not exceed the amount  
125 24 by which the consumer price index for all urban consumers  
125 25 increased during the calendar year ending December 31, 2002.  
125 26 4. Notwithstanding section 234.38, for the fiscal  
125 27 year beginning July 1, 2018, the foster family basic daily  
125 28 maintenance rate and the maximum adoption subsidy rate for  
125 29 children ages 0 through 5 years shall be \$16.78, the rate for  
125 30 children ages 6 through 11 years shall be \$17.43, the rate for  
125 31 children ages 12 through 15 years shall be \$19.10, and the  
125 32 rate for children and young adults ages 16 and older shall  
125 33 be \$19.35. For youth ages 18 to 21 who have exited foster  
125 34 care, the preparation for adult living program maintenance rate  
125 35 shall be \$602.70 per month. The maximum payment for adoption  
126 1 subsidy nonrecurring expenses shall be limited to \$500 and the  
126 2 disallowance of additional amounts for court costs and other  
126 3 related legal expenses implemented pursuant to 2010 Iowa Acts,  
126 4 chapter 1031, section 408, shall be continued.  
126 5 5. For the fiscal year beginning July 1, 2018, the maximum  
126 6 reimbursement rates for social services providers under  
126 7 contract shall remain at the rates in effect on June 30, 2018,  
126 8 or the provider's actual and allowable cost plus inflation for  
126 9 each service, whichever is less. However, if a new service  
126 10 or service provider is added after June 30, 2018, the initial  
126 11 reimbursement rate for the service or provider shall be based  
126 12 upon a weighted average of provider rates for similar services.  
126 13 6. a. For the fiscal year beginning July 1, 2018, the  
126 14 reimbursement rates for resource family recruitment and  
126 15 retention contractors shall be established by contract.  
126 16 b. For the fiscal year beginning July 1, 2018, the  
126 17 reimbursement rates for supervised apartment living foster care

126 18 providers shall be established by contract.

126 19 7. a. For the purposes of this subsection, “combined  
126 20 reimbursement rate” means the combined service and maintenance  
126 21 reimbursement rate for a service level under the department’s  
126 22 reimbursement methodology. Effective July 1, 2018, the  
126 23 combined reimbursement rate for a group foster care service  
126 24 level shall be the amount designated in this subsection.  
126 25 However, if a group foster care provider’s reimbursement rate  
126 26 for a service level as of June 30, 2018, is more than the rate  
126 27 designated in this subsection, the provider’s reimbursement  
126 28 shall remain at the higher rate.

126 29 b. Unless a group foster care provider is subject to the  
126 30 exception provided in paragraph “a”, effective July 1, 2018,  
126 31 the combined reimbursement rates for the service levels under  
126 32 the department’s reimbursement methodology shall be as follows:

126 33 (1) For service level, community - D1, the daily rate shall  
126 34 be at least \$84.17.

126 35 (2) For service level, comprehensive - D2, the daily rate  
127 1 shall be at least \$119.09.

127 2 (3) For service level, enhanced - D3, the daily rate shall  
127 3 be at least \$131.09.

127 4 8. The group foster care reimbursement rates paid for  
127 5 placement of children out of state shall be calculated  
127 6 according to the same rate-setting principles as those used for  
127 7 in-state providers, unless the director of human services or  
127 8 the director’s designee determines that appropriate care cannot  
127 9 be provided within the state. The payment of the daily rate  
127 10 shall be based on the number of days in the calendar month in  
127 11 which service is provided.

127 12 9. a. For the fiscal year beginning July 1, 2018, the  
127 13 reimbursement rate paid for shelter care and the child welfare  
127 14 emergency services implemented to provide or prevent the need  
127 15 for shelter care shall be established by contract.

127 16 b. For the fiscal year beginning July 1, 2018, the combined  
127 17 service and maintenance components of the reimbursement rate  
127 18 paid for shelter care services shall be based on the financial  
127 19 and statistical report submitted to the department. The  
127 20 maximum reimbursement rate shall be \$101.83 per day. The  
127 21 department shall reimburse a shelter care provider at the  
127 22 provider’s actual and allowable unit cost, plus inflation, not  
127 23 to exceed the maximum reimbursement rate.

127 24 c. Notwithstanding section 232.141, subsection 8, for the  
127 25 fiscal year beginning July 1, 2018, the amount of the statewide  
127 26 average of the actual and allowable rates for reimbursement of  
127 27 juvenile shelter care homes that is utilized for the limitation  
127 28 on recovery of unpaid costs shall remain at the amount in  
127 29 effect for this purpose in the fiscal year beginning July 1,  
127 30 2017.

127 31 10. For the fiscal year beginning July 1, 2018, the  
 127 32 department shall calculate reimbursement rates for intermediate  
 127 33 care facilities for persons with an intellectual disability  
 127 34 at the 80th percentile. Beginning July 1, 2018, the rate  
 127 35 calculation methodology shall utilize the consumer price index  
 128 1 inflation factor applicable to the fiscal year beginning July  
 128 2 1, 2018.

128 3 11. For the fiscal year beginning July 1, 2018, for child  
 128 4 care providers reimbursed under the state child care assistance  
 128 5 program, the department shall set provider reimbursement  
 128 6 rates based on the rate reimbursement survey completed in  
 128 7 December 2004. Effective July 1, 2018, the child care provider  
 128 8 reimbursement rates shall remain at the rates in effect on June  
 128 9 30, 2018. The department shall set rates in a manner so as  
 128 10 to provide incentives for a nonregistered provider to become  
 128 11 registered by applying the increase only to registered and  
 128 12 licensed providers.

128 13 12. For the fiscal year beginning July 1, 2018, affected  
 128 14 providers or services shall be reimbursed as follows:  
 128 15 a. For fee-for-service claims, reimbursement shall be  
 128 16 calculated based on the methodology otherwise specified in this  
 128 17 section for the fiscal year beginning July 1, 2018, for the  
 128 18 respective provider or service.

128 19 b. For claims subject to a managed care contract with the  
 128 20 exception of any provider or service to which a reimbursement  
 128 21 increase is applicable for the fiscal year under this section,  
 128 22 reimbursement shall be based on the methodology established by  
 128 23 the managed care contract. However, any rate or reimbursement  
 128 24 established under such contract shall not be lower than the  
 128 25 rate or reimbursement floor established by the department  
 128 26 of human services as the managed care organization rate or  
 128 27 reimbursement floor for a respective provider or service in  
 128 28 effect on April 1, 2016.

128 29 13. Notwithstanding any provision to the contrary,  
 128 30 reimbursement rates and methodologies under this section may  
 128 31 be adjusted as necessary to implement the cost containment  
 128 32 strategies authorized for the medical assistance program in  
 128 33 this 2017 Act.

128 34 14. The department may adopt emergency rules to implement  
 128 35 this section.

129 1 Sec. 71. EMERGENCY RULES.

129 2 1. If specifically authorized by a provision of this  
 129 3 division of this Act, the department of human services or  
 129 4 the mental health and disability services commission may  
 129 5 adopt administrative rules under section 17A.4, subsection  
 129 6 3, and section 17A.5, subsection 2, paragraph "b", to  
 129 7 implement the provisions of this division of this Act and

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.

**VETOED**

**VETOED:** The Governor vetoed this paragraph and stated the DHS already includes protections for providers and their reimbursement and the restrictions in this item are redundant and unnecessary.

129 8 the rules shall become effective immediately upon filing or  
129 9 on a later effective date specified in the rules, unless the  
129 10 effective date of the rules is delayed or the applicability  
129 11 of the rules is suspended by the administrative rules review  
129 12 committee. Any rules adopted in accordance with this section  
129 13 shall not take effect before the rules are reviewed by the  
129 14 administrative rules review committee. The delay authority  
129 15 provided to the administrative rules review committee under  
129 16 section 17A.4, subsection 7, and section 17A.8, subsection 9,  
129 17 shall be applicable to a delay imposed under this section,  
129 18 notwithstanding a provision in those sections making them  
129 19 inapplicable to section 17A.5, subsection 2, paragraph "b".  
129 20 Any rules adopted in accordance with the provisions of this  
129 21 section shall also be published as a notice of intended action  
129 22 as provided in section 17A.4.

129 23 2. If during a fiscal year, the department of human  
129 24 services is adopting rules in accordance with this section  
129 25 or as otherwise directed or authorized by state law, and the  
129 26 rules will result in an expenditure increase beyond the amount  
129 27 anticipated in the budget process or if the expenditure was  
129 28 not addressed in the budget process for the fiscal year, the  
129 29 department shall notify the persons designated by this division  
129 30 of this Act for submission of reports, the chairpersons and  
129 31 ranking members of the committees on appropriations, and  
129 32 the department of management concerning the rules and the  
129 33 expenditure increase. The notification shall be provided at  
129 34 least 30 calendar days prior to the date notice of the rules  
129 35 is submitted to the administrative rules coordinator and the  
130 1 administrative code editor.

130 2 Sec. 72. REPORTS. Any reports or other information  
130 3 required to be compiled and submitted under this Act during the  
130 4 fiscal year beginning July 1, 2018, shall be submitted to the  
130 5 chairpersons and ranking members of the joint appropriations  
130 6 subcommittee on health and human services, the legislative  
130 7 services agency, and the legislative caucus staffs on or  
130 8 before the dates specified for submission of the reports or  
130 9 information.

130 10 Sec. 73. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN  
130 11 APPROPRIATIONS FY 2018-2019. Notwithstanding section 8.39,  
130 12 subsection 1, for the fiscal year beginning July 1, 2018, if  
130 13 savings resulting from the governor's Medicaid modernization  
130 14 initiative accrue to the medical contracts or children's health  
130 15 insurance program appropriation from the general fund of the  
130 16 state and not to the medical assistance appropriation from the  
130 17 general fund of the state under this division of this Act,  
130 18 such savings may be transferred to such medical assistance  
130 19 appropriation for the same fiscal year without prior written  
130 20 consent and approval of the governor and the director of the



130 21 department of management. The department of human services  
130 22 shall report any transfers made pursuant to this section to the  
130 23 legislative services agency.

130 24 Sec. 74. EFFECTIVE UPON ENACTMENT. The following  
130 25 provisions of this division of this Act, being deemed of  
130 26 immediate importance, take effect upon enactment:

130 27 1. The provision relating to section 232.141 and directing  
130 28 the state court administrator and the division administrator of  
130 29 the department of human services division of child and family  
130 30 services to make the determination, by June 15, 2018, of the  
130 31 distribution of funds allocated for the payment of the expenses  
130 32 of court-ordered services provided to juveniles which are a  
130 33 charge upon the state.

130 34 DIVISION XII

130 35 HEALTH CARE ACCOUNTS AND FUNDS — FY 2018-2019

131 1 Sec. 75. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
131 2 appropriated from the pharmaceutical settlement account created  
131 3 in section 249A.33 to the department of human services for the  
131 4 fiscal year beginning July 1, 2018, and ending June 30, 2019,  
131 5 the following amount, or so much thereof as is necessary, to be  
131 6 used for the purpose designated:

131 7 Notwithstanding any provision of law to the contrary, to  
131 8 supplement the appropriations made in this Act for medical  
131 9 contracts under the medical assistance program for the fiscal  
131 10 year beginning July 1, 2018, and ending June 30, 2019:

131 11 ..... \$ 400,000

131 12 Sec. 76. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN  
131 13 SERVICES. Notwithstanding any provision to the contrary and  
131 14 subject to the availability of funds, there is appropriated  
131 15 from the quality assurance trust fund created in section  
131 16 249L.4 to the department of human services for the fiscal year  
131 17 beginning July 1, 2018, and ending June 30, 2019, the following  
131 18 amounts, or so much thereof as is necessary, for the purposes  
131 19 designated:

131 20 To supplement the appropriation made in this Act from the  
131 21 general fund of the state to the department of human services  
131 22 for medical assistance for the same fiscal year:

131 23 ..... \$ 18,352,604

131 24 Sec. 77. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
131 25 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to  
131 26 the contrary and subject to the availability of funds, there is  
131 27 appropriated from the hospital health care access trust fund  
131 28 created in section 249M.4 to the department of human services  
131 29 for the fiscal year beginning July 1, 2018, and ending June  
131 30 30, 2019, the following amounts, or so much thereof as is  
131 31 necessary, for the purposes designated:

131 32 To supplement the appropriation made in this Act from the  
131 33 general fund of the state to the department of human services

131 34 for medical assistance for the same fiscal year:  
 131 35 ..... \$ 16,960,277  
 132 1 Sec. 78. MEDICAL ASSISTANCE PROGRAM — NONREVERSION  
 132 2 FOR FY 2018-2019. Notwithstanding section 8.33, if moneys  
 132 3 appropriated for purposes of the medical assistance program for  
 132 4 the fiscal year beginning July 1, 2018, and ending June 30,  
 132 5 2019, from the general fund of the state, the quality assurance  
 132 6 trust fund and the hospital health care access trust fund, are  
 132 7 in excess of actual expenditures for the medical assistance  
 132 8 program and remain unencumbered or unobligated at the close  
 132 9 of the fiscal year, the excess moneys shall not revert but  
 132 10 shall remain available for expenditure for the purposes of the  
 132 11 medical assistance program until the close of the succeeding  
 132 12 fiscal year.

DIVISION XIII

CHILD CARE FACILITY FUND — USE FOR FIELD OPERATIONS

132 15 Sec. 79. CHILD CARE FACILITY FUND — USE FOR FIELD  
 132 16 OPERATIONS. Notwithstanding section 237A.4A, subsection 5,  
 132 17 Code 2017, for the fiscal year beginning July 1, 2017, and  
 132 18 ending June 30, 2018, in addition to the costs of dedicated  
 132 19 staffing to perform the duties described in section 237A.4A,  
 132 20 up to \$590,082 of the moneys in the child care facility fund  
 132 21 may be used by the department of human services for additional  
 132 22 expenditures of the child care regulatory unit within the  
 132 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 CCA 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 CCA General Fund appropriation. The Fund collects fees from child care providers for the monitoring and regulation of child care facilities, contracting, related technology costs, record checks, grants and fee waivers, and other expenses for inspection of child care facilities.

132 24 Sec. 80. EFFECTIVE UPON ENACTMENT. This division of this  
 132 25 Act, being deemed of immediate importance, takes effect upon  
 132 26 enactment.

The Division is effective upon enactment.

DIVISION XIV

BIOLOGICS AND GENETICALLY TARGETED DRUGS — MEDICAID

132 29 Sec. 81. Section 249A.20A, subsection 3, Code 2017, is  
 132 30 amended to read as follows:  
 132 31 3. a. The pharmaceutical and therapeutics committee shall  
 132 32 recommend a preferred drug list to the department.  
 132 33 b. The committee shall develop the preferred drug list  
 132 34 by considering each drug's clinically meaningful therapeutic  
 132 35 advantages in terms of safety, effectiveness, and clinical  
 133 1 outcome.  
 133 2 c. The committee shall use evidence-based research methods  
 133 3 in selecting the drugs to be included on the preferred drug  
 133 4 list.

CODE: Requires the Pharmaceutical and Therapeutics Committee under the Medicaid Program to 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.

133 5 d. When making recommendations or determinations regarding  
 133 6 beneficiary access to drugs and biological products for rare  
 133 7 diseases, as defined in the federal Orphan Drug Act of 1983,  
 133 8 Pub.L. No.97-414, and drugs and biological products that are  
 133 9 genetically targeted, the committee shall request and consider  
 133 10 information from individuals who possess scientific or medical  
 133 11 training with respect to the drug, biological product, or rare  
 133 12 disease.

133 13 e. The committee shall periodically review all drug classes  
 133 14 included on the preferred drug list and may amend the list to  
 133 15 ensure that the list provides for medically appropriate drug  
 133 16 therapies for medical assistance recipients and achieves cost  
 133 17 savings to the medical assistance program.

133 18 f. The department may procure a sole source contract  
 133 19 with an outside entity or contractor to provide professional  
 133 20 administrative support to the pharmaceutical and therapeutics  
 133 21 committee in researching and recommending drugs to be placed on  
 133 22 the preferred drug list.

133 23 Sec. 82. Section 249A.24, Code 2017, is amended by adding  
 133 24 the following new subsection:

133 25 NEW SUBSECTION 2A. When making recommendations or  
 133 26 determinations regarding beneficiary access to drugs and  
 133 27 biological products for rare diseases, as defined in the  
 133 28 federal Orphan Drug Act of 1983, Pub.L. No.97-414, and  
 133 29 drugs and biological products that are genetically targeted,  
 133 30 the commission shall request and consider information from  
 133 31 individuals who possess scientific or medical training with  
 133 32 respect to the drug, biological product, or rare disease.

133 33 DIVISION XV  
 133 34 PUBLIC ASSISTANCE PROGRAMS OVERSIGHT

133 35 Sec. 83. 2017 Iowa Acts, House File 531, section 2,  
 134 1 subsection 1, as enacted, is amended to read as follows:

134 2 1. The department of human services shall review state  
 134 3 efforts, including pilot programs related to data sharing  
 134 4 between states and technology-based solutions designed to curb  
 134 5 interstate dual participation, to address program integrity  
 134 6 for public assistance programs including Medicaid, the family  
 134 7 investment program (FIP), the supplemental nutrition assistance  
 134 8 program (SNAP), and the child care assistance program. As  
 134 9 part of the review, the department shall explore opportunities  
 134 10 to join existing pilot efforts in collaboration with other  
 134 11 states including the effort involving the national accuracy  
 134 12 clearinghouse, or to develop a separate pilot effort in Iowa.

Amends [HF 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, FIP, the Supplemental Nutrition Assistance Program, and the CCA Program.

134 13 Sec. 84. EFFECTIVE UPON ENACTMENT. This division of this  
 134 14 Act, being deemed of immediate importance, takes effect upon

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

134 15 enactment.

134 16 Sec. 85. RETROACTIVE APPLICABILITY. This division of this  
134 17 Act applies retroactively to March 30, 2017.

134 18 DIVISION XVI

134 19 BACKGROUND CHECK PRIVATE SECTOR ALTERNATIVES

134 20 Sec. 86. BACKGROUND CHECK — PRIVATE SECTOR  
134 21 ALTERNATIVES. The department of human services and the  
134 22 department of public safety shall jointly review private sector  
134 23 alternatives to the performance of state mandated criminal  
134 24 background checks currently performed solely by the department  
134 25 of public safety. The departments shall submit a report to  
134 26 the governor and the general assembly by December 15, 2017,  
134 27 including a description of the process used in reviewing  
134 28 private sector alternatives to perform criminal background  
134 29 checks, the findings from the review, and recommendations for  
134 30 utilizing private sector entities as an alternative to the  
134 31 department of public safety in performing criminal background  
134 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.

134 33 DIVISION XVII

134 34 PSYCHIATRIC BED TRACKING SYSTEM

134 35 Sec. 87. DEPARTMENT OF HUMAN SERVICES PSYCHIATRIC BED  
135 1 TRACKING SYSTEM. The department of human services shall amend  
135 2 its administrative rules pursuant to chapter 17A to require  
135 3 the state mental health institutes and hospitals licensed  
135 4 to provide inpatient psychiatric treatment and services to  
135 5 participate in the psychiatric bed tracking system and to  
135 6 ensure updates are made, at a minimum, two times per day to  
135 7 the psychiatric bed tracking system. Updates shall include  
135 8 information on the availability of inpatient child, adult,  
135 9 and geriatric psychiatric beds staffed and available and  
135 10 information on the gender that can be accepted for each  
135 11 available bed.

Requires the DHS to submit new administrative rules to require the State MHIs and hospitals with inpatient psychiatric treatment to update the psychiatric bed tracking system, at minimum, two times daily.

135 12 DIVISION XVIII

135 13 CHILDREN'S WELL-BEING COLLABORATIVES AND ADVISORY COMMITTEE

135 14 Sec. 88. CHILDREN'S WELL-BEING COLLABORATIVES — GRANTS.

135 15 1. The department of human services shall establish a  
135 16 request for proposals process which shall be based upon  
135 17 recommendations for the development and implementation  
135 18 of children's well-being collaboratives described in the  
135 19 children's mental health study report submitted by the  
135 20 department to the general assembly on December 15, 2016.

135 21 2. A well-being collaborative shall consist of a  
135 22 broad-based group of entities in a defined geographical 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 23 represented by a lead agency. Entities in the well-being  
135 24 collaborative shall include a broad-based representation of key  
135 25 providers including but not limited to providers of prevention  
135 26 and early intervention services and mental health services to  
135 27 the target population.

135 28 3. A well-being collaborative shall be responsible for  
135 29 developing interagency coordination and collaboration for  
135 30 the provision of prevention and early intervention services  
135 31 within the designated geographic area and shall, at a minimum,  
135 32 demonstrate all of the following:

135 33 a. Experience and a strong understanding of how best to  
135 34 engage children and families to achieve positive mental health  
135 35 and well-being outcomes.

136 1 b. An ability to provide or administer prevention services  
136 2 for the improvement of children's mental health and well-being.

136 3 c. Experience and effectiveness in coordinating the  
136 4 collaborative efforts of multiple stakeholders working toward  
136 5 a common goal of improving the effectiveness of the group's  
136 6 efforts to achieve measurable improved outcomes.

136 7 4. A well-being collaborative shall build and maintain  
136 8 intentional collaboration among all entities with the goal of  
136 9 providing measurable improvements in outcomes for children and  
136 10 families.

136 11 5. A well-being collaborative shall build and improve  
136 12 coordination and effectiveness among entities to develop and  
136 13 provide primary, secondary, and tertiary prevention and early  
136 14 intervention services that are nonduplicative and that are  
136 15 aligned to meet the needs of children and families in the  
136 16 geographic area.

136 17 6. A well-being collaborative shall provide technical  
136 18 assistance to a diverse array of stakeholders, facilitate  
136 19 the distribution of public awareness materials that include  
136 20 information aimed at reducing the stigma of mental illness,  
136 21 and provide updates on changes in state and federal policy  
136 22 in relation to prevention and early intervention efforts  
136 23 concerning children's mental health and well-being.

136 24 7. A well-being collaborative shall establish or enhance  
136 25 collaborative efforts in all of the following areas:

136 26 a. The selection and implementation of evidence-based or  
136 27 promising prevention and early intervention models.

136 28 b. Understanding funding sources and how to utilize  
136 29 available funding most effectively.

136 30 c. The adoption or development, implementation, and  
136 31 analysis of community needs assessments.

136 32 d. The development, implementation, and analysis of a  
136 33 community work plan based on the results of the community needs  
136 34 assessment.

136 35 e. The adoption or development and implementation of a

137 1 uniform family assessment.  
 137 2 f. The utilization of research and data analysis to guide  
 137 3 the work of the well-being collaborative.  
 137 4 g. The provision of culturally competent services and the  
 137 5 ability to address issues relating to the disproportionate  
 137 6 representation of a population group.  
 137 7 h. The development of public awareness and training  
 137 8 programs, including programs aimed at reducing the stigma of  
 137 9 mental illness.  
 137 10 i. The recruitment and retention of members in the  
 137 11 well-being collaborative with a focus on achieving the goals  
 137 12 and outcomes of the collaborative and supporting all members in  
 137 13 the collaborative.  
 137 14 8. Each grantee shall submit reports to the department of  
 137 15 human services by December 15, 2017, and April 15, 2018, to  
 137 16 include information relating to the accomplishments and future  
 137 17 plans of each well-being collaborative.

137 18 Sec. 89. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY  
 137 19 COMMITTEE. The department of human services shall create and  
 137 20 provide support to a children's mental health and well-being  
 137 21 advisory committee to continue efforts relating to improving  
 137 22 children's mental health crisis services and children's  
 137 23 well-being learning labs and supporting the children's  
 137 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.

137 25 DIVISION XIX  
 137 26 STATE FAMILY PLANNING SERVICES PROGRAM

137 27 Sec. 90. NEW SECTION 217.41B STATE FAMILY PLANNING  
 137 28 SERVICES PROGRAM — ESTABLISHMENT — DISCONTINUATION OF  
 137 29 MEDICAID PLANNING NETWORK WAIVER.

137 30 1. The department of human services shall discontinue the  
 137 31 Medicaid family planning network waiver effective July 1, 2017,  
 137 32 and shall instead establish a state family planning services  
 137 33 program. The state program shall replicate the eligibility  
 137 34 requirements and other provisions included in the Medicaid  
 137 35 family planning network waiver as approved by the centers for  
 138 1 Medicare and Medicaid services of the United States department  
 138 2 of health and human services in effect on June 30, 2017.

138 3 2. Distribution of family planning services program funds  
 138 4 under this section shall be made in a manner that continues  
 138 5 access to family planning services.

138 6 3. Distribution of family planning services program funds  
 138 7 shall not be made to any entity that performs abortions or that  
 138 8 maintains or operates a facility where abortions are performed.  
 138 9 For the purposes of this section, "abortion" does not include  
 138 10 any of the following:

CODE: Directs the DHS to discontinue the Medicaid Iowa Family Planning Network (IFPN) Waiver effective July 1, 2017, and to instead establish a State Family Planning Services Program. The State Program is to replicate the eligibility requirements and other provisions included in the Medicaid Family Planning Network Waiver. The Program funds are to be distributed in a manner that continues access to family planning services, but are not to be distributed to any entity that performs abortions or maintains or operates a facility where abortions are performed, or for direct or indirect costs related to providing abortions.

**FISCAL IMPACT:** This Division is estimated to increase General Fund expenditures by \$3,100,000 in FY 2018 and FY 2019. An allocation of \$3,383,880 was provided under the Medicaid appropriation for this Program.

More information is available here:

<https://www.legis.iowa.gov/docs/publications/FN/851805.pdf>

138 11 a. The treatment of a woman for a physical disorder,  
 138 12 physical injury, or physical illness, including a  
 138 13 life-endangering physical condition caused by or arising from  
 138 14 the pregnancy itself, that would, as certified by a physician,  
 138 15 place the woman in danger of death.

138 16 b. The treatment of a woman for a spontaneous abortion,  
 138 17 commonly known as a miscarriage, when not all of the products  
 138 18 of human conception are expelled.

138 19 4. Family planning services program funds distributed in  
 138 20 accordance with this section shall not be used for direct or  
 138 21 indirect costs, including but not limited to administrative  
 138 22 costs or expenses, overhead, employee salaries, rent, and  
 138 23 telephone and other utility costs, related to providing  
 138 24 abortions as specified in subsection 3.

138 25 Sec. 91. EMERGENCY RULES. The department of human services  
 138 26 may adopt emergency rules under section 17A.4, subsection 3,  
 138 27 and section 17A.5, subsection 2, paragraph "b", to implement  
 138 28 the provisions of this division of this Act, and the rules  
 138 29 shall be effective immediately upon filing unless a later date  
 138 30 is specified in the rules. Any rules adopted in accordance  
 138 31 with this section shall also be published as a notice of  
 138 32 intended action as provided in section 17A.4.

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

138 33 Sec. 92. EFFECTIVE UPON ENACTMENT. This division of this  
 138 34 Act, being deemed of immediate importance, takes effect upon  
 138 35 enactment.

Specifies that this Division is effective upon enactment.

139 1 DIVISION XX  
 139 2 MEDICAID HOME AND COMMUNITY-BASED SERVICES PROVIDERS — TIERED  
 139 3 RATES AND DOCUMENTATION CHANGES  
 139 4 Sec. 93. MEDICAID HOME AND COMMUNITY-BASED SERVICES  
 139 5 PROVIDERS — TIERED RATES AND DOCUMENTATION CHANGES —  
 139 6 EMERGENCY RULES.

139 7 1. Beginning July 1, 2017, the department of human  
 139 8 services shall discontinue application of the retrospectively  
 139 9 limited cost settlement methodology based on submission of  
 139 10 required cost reports under 441 IAC 79.1, and shall implement  
 139 11 tiered rates for providers of supported community living,  
 139 12 day habilitation and adult day services for persons with an  
 139 13 intellectual disability under the home and community-based  
 139 14 services waiver program. The tiered rates shall be implemented  
 139 15 in a phased-in approach to accommodate transition of providers  
 139 16 to the revised reimbursement model. The department of human  
 139 17 services and Medicaid managed care organizations may also  
 139 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.

139 19 2. The department of human services shall amend 441 IAC  
 139 20 24.4 relating to standards of service for providers of services  
 139 21 to persons with mental illness, intellectual disabilities, or  
 139 22 developmental disabilities pursuant to chapter 225C and 441  
 139 23 IAC 79.3(2) relating to medical clinical records for providers  
 139 24 of services under the Medicaid program pursuant to chapter  
 139 25 249A, to provide, effective November 1, 2017, that in addition  
 139 26 to allowing documentation of the provision of services or  
 139 27 standards of service in a narrative format, the following  
 139 28 providers may also provide documentation in a checkbox form  
 139 29 format in accordance with the provider's organizational  
 139 30 policies and procedures and in compliance with procedures  
 139 31 established by the centers for Medicare and Medicaid services  
 139 32 of the United States department of health and human services:  
 139 33 a. Advanced registered nurse practitioners.  
 139 34 b. Psychologists.  
 139 35 c. Community mental health centers.  
 140 1 d. Home and community-based habilitation services  
 140 2 providers.  
 140 3 e. Behavioral health intervention.  
 140 4 f. Case management services including home and  
 140 5 community-based services case management services.  
 140 6 g. Home and community-based services waiver services.  
 140 7 h. Behavioral health services.  
 140 8 i. Community-based neurobehavioral rehabilitation  
 140 9 residential services and intermittent services.  
 140 10 3. The department of human services may adopt emergency  
 140 11 rules under section 17A.4, subsection 3, and section 17A.5,  
 140 12 subsection 2, paragraph "b", to implement the provisions of  
 140 13 this division of this Act, and the rules shall be effective  
 140 14 immediately upon filing unless a later date is specified in the  
 140 15 rules. Any rules adopted in accordance with this section shall  
 140 16 also be published as a notice of intended action as provided  
 140 17 in section 17A.4.

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.

140 18 Sec. 94. EFFECTIVE UPON ENACTMENT. This division of this  
 140 19 Act, being deemed of immediate importance, takes effect upon  
 140 20 enactment.

The Division is effective upon enactment.

140 21 DIVISION XXI  
 140 22 TELEHEALTH PARITY INTERIM COMMITTEE

140 23 Sec. 95. TELEHEALTH PARITY INTERIM COMMITTEE.  
 140 24 1. The legislative council is requested to establish  
 140 25 a study committee for the 2017 interim to examine issues  
 140 26 relating to telehealth parity for private insurance and state  
 140 27 employee health plans. The study committee shall consult with  
 140 28 stakeholders to evaluate the benefits of telehealth parity

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 29 within the context of the needs of lowans such as access to  
140 30 health care, review existing policies related to telehealth  
140 31 reimbursement and the impact on private insurance and state  
140 32 employee health plans, consider the costs associated with  
140 33 telehealth service utilization, consider telehealth's potential  
140 34 impact to economic development opportunities for Iowa's  
140 35 rural communities, and evaluate obstacles such as broadband  
141 1 accessibility.

141 2 2. The members of the committee shall include:

141 3 a. Ten members of the general assembly as voting members.

141 4 (1) Three members shall be appointed by the majority leader  
141 5 of the senate, two by the minority leader of the senate, three  
141 6 by the speaker of the house of representatives, and two by the  
141 7 minority leader of the house of representatives.

141 8 (2) The legislators appointed shall include:

141 9 (a) The chairpersons and ranking members of the general  
141 10 assembly's committees on human resources or a member of the  
141 11 committee designated by the chairperson or ranking member.

141 12 (b) The co-chairpersons and ranking members of the joint  
141 13 appropriations subcommittee on health and human services, or a  
141 14 member of the subcommittee designated by the co-chairperson or  
141 15 ranking member.

141 16 b. One representative of each of the following  
141 17 organizations as nonvoting members:

141 18 (1) The signal center for health innovation.  
141 19 (2) The Iowa hospital association.  
141 20 (3) An independent medical clinic.  
141 21 (4) The Iowa medical society.  
141 22 (5) The Iowa health care association.  
141 23 (6) The federation of Iowa insurers.  
141 24 (7) AARP Iowa.  
141 25 (8) The Iowa telecommunications association.  
141 26 (9) A mental health and disability services region.

141 27 c. The following agency directors or commissioner as ex  
141 28 officio nonvoting members:

141 29 (1) The director of public health, or the director's  
141 30 designee.  
141 31 (2) The director of the department of administrative  
141 32 services, or the director's designee.  
141 33 (3) The director of the department on aging, or the  
141 34 director's designee.  
141 35 (4) The commissioner of insurance or the commissioner's  
142 1 designee.

142 2 3. The interim committee may request information and  
142 3 assistance from state agencies as applicable to the purpose of  
142 4 the interim committee, as needed to complete the work of the  
142 5 interim committee.

142 6 4. The interim committee shall submit its findings and

142 7 recommendations to the general assembly by December 15, 2017,  
142 8 for consideration during the 2018 legislative session.

142 9 DIVISION XXII  
142 10 ALZHEIMER'S AND OTHER FORMS OF DEMENTIA — HEALTH AND  
142 11 RESILIENCE OUTREACH (HERO) PROJECT — DEMENTIA-SPECIFIC CARE

142 12 Sec. 96. HERO PROJECT. The department of public health  
142 13 shall collaborate with stakeholders that support individuals  
142 14 with Alzheimer's disease to identify funding opportunities  
142 15 to support the health and resilience outreach (HERO) project  
142 16 for individuals caring for a family member with Alzheimer's or  
142 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.

142 18 Sec. 97. ACCESS TO DEMENTIA-SPECIFIC CARE. The department  
142 19 on aging, the department of public health, the department of  
142 20 inspections and appeals, and the department of human services  
142 21 shall jointly analyze and make recommendations regarding  
142 22 options for coordination between state agencies and private  
142 23 entities to promote increased access to dementia-specific care  
142 24 in both residential and home and community-based settings. The  
142 25 analyses and recommendations shall address barriers to, gaps  
142 26 in, and opportunities for increased access, the availability of  
142 27 services in home and community-based settings as an alternative  
142 28 to residential settings, and any changes in law necessary to  
142 29 better address the needs of individuals with dementia and their  
142 30 families. The departments shall submit a joint report of  
142 31 findings and recommendations to the governor and the general  
142 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.

142 33 DIVISION XXIII  
142 34 OFFICE OF MINORITY AND MULTICULTURAL HEALTH — REPEAL

142 35 Sec. 98. Section 135.159, subsection 3, paragraph i, Code  
143 1 2017, is amended to read as follows:

CODE: Repeals the Office of Minority and Multicultural Health that was created in 2006.

143 2 i. For children, coordinate with and integrate guidelines,  
143 3 data, and information from existing newborn and child health  
143 4 programs and entities, including but not limited to the healthy  
143 5 opportunities for parents to experience success – healthy  
143 6 families Iowa program, the early childhood Iowa initiative,  
143 7 the center for congenital and inherited disorders screening  
143 8 and health care programs, standards of care for pediatric  
143 9 health guidelines, ~~the office of minority and multicultural~~  
143 10 ~~health established in section 135.12~~, the oral health bureau  
143 11 established in section 135.15, and other similar programs and  
143 12 services.

DETAIL: This is a decrease of \$74,389 and 0.50 FTE position from the Community Capacity appropriation compared to estimated net FY 2017.

143 13 Sec. 99. REPEAL. Section 135.12, Code 2017, is repealed.

|        |   |  |
|--------|---|--|
| 143 14 | DIVISION XXIV   |  |
| 143 15 | PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS            |  |
| 143 16 | ADOPTION SUBSIDY PAYMENTS AND SERVICES                          |  |
| 143 17 | Sec. 100. 2015 Iowa Acts, chapter 137, section 139,             | 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. |
| 143 18 | subsection 1, as amended by 2016 Iowa Acts, chapter 1139,       |  |
| 143 19 | section 17, is amended by adding the following new paragraph:   |  |
| 143 20 | NEW PARAGRAPH c. Notwithstanding section 8.33,                  |  |
| 143 21 | moneys corresponding to the state savings resulting from        |  |
| 143 22 | implementation of the federal Fostering Connections to Success  |  |
| 143 23 | and Increasing Adoptions Act of 2008, Pub.L. No.110-351,        |  |
| 143 24 | and successor legislation, as determined in accordance with     |  |
| 143 25 | 42 U.S.C. §673(a)(8), that remain unencumbered or unobligated   |  |
| 143 26 | at the close of the fiscal year, shall not revert to any fund   |  |
| 143 27 | but shall remain available for the purposes designated in this  |  |
| 143 28 | subsection until expended. The amount of such savings and any   |  |
| 143 29 | corresponding funds remaining at the close of the fiscal year   |  |
| 143 30 | shall be determined separately and any changes in either amount |  |
| 143 31 | between fiscal years shall not result in an unfunded need.      |  |
| 143 32 | DECATEGORIZATION  |  |
| 143 33 | Sec. 101. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO      | Transfers to Medicaid decategorization funds that would have previously reverted to the General Fund.  |
| 143 34 | MEDICAID PROGRAM. Notwithstanding section 232.188, subsection   |  |
| 143 35 | 5, paragraph “b”, any state appropriated moneys in the funding  | DETAIL: It is estimated that \$500,000 will be transferred to Medicaid in FY 2018.   |
| 144 1  | pool that remained unencumbered or unobligated at the close     |  |
| 144 2  | of the fiscal year beginning July 1, 2014, and were deemed      |  |
| 144 3  | carryover funding to remain available for the two succeeding    |  |
| 144 4  | fiscal years that still remain unencumbered or unobligated at   |  |
| 144 5  | the close of the fiscal year beginning July 1, 2016, shall      |  |
| 144 6  | not revert but shall be transferred to the medical assistance   |  |
| 144 7  | program for the fiscal year beginning July 1, 2017.             |  |
| 144 8  | Sec. 102. EFFECTIVE UPON ENACTMENT. This division of this       | The Division is effective upon enactment and is retroactive to July 1, 2016.   |
| 144 9  | Act, being deemed of immediate importance, takes effect upon    |  |
| 144 10 | enactment.  |  |
| 144 11 | Sec. 103. RETROACTIVE APPLICABILITY. This division of this      |  |
| 144 12 | Act applies retroactively to July 1, 2016.                      |  |
| 144 13 | DIVISION XXV  |  |
| 144 14 | NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND IOWACARE       |  |
| 144 15 | ACCOUNT — BALANCES — REVERSIONS                                 |  |
| 144 16 | Sec. 104. NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND      | 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.  |
| 144 17 | IOWACARE ACCOUNT — AVAILABILITY — REVERSIONS.                   |  |
| 144 18 | Notwithstanding any provision of law to the contrary, for the   | DETAIL: As of April 12, 2017, the Nonparticipating Provider Reimbursement Fund had a balance of \$103,276 and the IowaCare   |
| 144 19 | fiscal year beginning July 1, 2016, and ending June 30, 2017,   |  |
| 144 20 | there is appropriated from the IowaCare account established in  |  |
| 144 21 | section 249J.24, Code 2013, and the nonparticipating provider   |  |

|  |   |
|--|---|
| <p>144 22 reimbursement fund established in section 249J.24A, Code<br/> 144 23 2013, to the department of human services medical assistance<br/> 144 24 appropriation in this 2017 Act any unencumbered or unobligated<br/> 144 25 moneys from the account and fund to be used for the purposes of<br/> 144 26 the lowaCare account as provided in section 249J.24, Code 2013.<br/> 144 27 Notwithstanding section 8.33, moneys appropriated in this<br/> 144 28 section that remain unencumbered or unobligated at the close of<br/> 144 29 a fiscal year shall not revert but shall remain available for<br/> 144 30 expenditure for the purposes designated until expended.</p> <p>144 31 Sec. 105. EFFECTIVE UPON ENACTMENT. This division of this<br/> 144 32 Act, being deemed of immediate importance, takes effect upon<br/> 144 33 enactment.</p> <p>144 34 DIVISION XXVI<br/> 144 35 HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM — REPEAL</p> <p>145 1 Sec. 106. Section 249M.5, Code 2017, is amended to read as<br/> 145 2 follows:<br/> 145 3 249M.5 FUTURE REPEAL.<br/> 145 4 This chapter is repealed July 1, <del>2017</del> <u>2019</u>.</p> <p>145 5 Sec. 107. EFFECTIVE UPON ENACTMENT. This division of this<br/> 145 6 Act, being deemed of immediate importance, takes effect upon<br/> 145 7 enactment.</p> <p>145 8 DIVISION XXVII<br/> 145 9 CUSTODIAL CARE</p> <p>145 10 Sec. 108. Section 249.12, Code 2017, is amended to read as<br/> 145 11 follows:<br/> 145 12 249.12 COST-RELATED SYSTEM.<br/> 145 13 1. In order to assure that the necessary data is available<br/> 145 14 to aid the general assembly to determine appropriate funding<br/> 145 15 for the custodial care program, the department of human<br/> 145 16 services shall develop a cost-related system for financial<br/> 145 17 supplementation to individuals who need custodial care and who<br/> 145 18 have insufficient resources to purchase the care needed.<br/> 145 19 2. All privately operated licensed custodial facilities in<br/> 145 20 Iowa shall cooperate with the department of human services to<br/> 145 21 develop the cost-related plan. <del>After the plan is implemented,</del><br/> 145 22 <del>state supplemental funds shall not be used for the care of</del><br/> 145 23 <del>any individual in facilities that have not submitted cost</del><br/> 145 24 <del>statements to the department of human services.</del><br/> 145 25 <u>3. Beginning July 1, 2017, privately operated licensed</u><br/> 145 26 <u>custodial facilities in Iowa shall be reimbursed based on the</u><br/> 145 27 <u>maximum per diem rates established by the general assembly</u><br/> 145 28 <u>through the appropriations process.</u><br/> 145 29 DIVISION XXVIII</p> | <p>Fund had a balance of \$258,184. There will continue to be lowaCare payment activity in FY 2017 and FY 2018 due to final FY 2014 DSH audit reconciliations, which impact lowaCare payments to the Broadlawns Medical Center.</p> <p>The Division is effective upon enactment.</p> <p>CODE: Extends the repeal of the Hospital Health Care Access Assessment Program to July 1, 2019 (FY 2020).</p> <p>The Division is effective on enactment.</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> |
|--|---|

|        |  |  |
|--------|--|--|
| 145 30 | JUVENILE BEDS CAP  |  |
| 145 31 | Sec. 109. Section 232.142, subsection 5, Code 2017, is                           | CODE: Specifies that in FY 2018, the statewide number of beds in       |
| 145 32 | amended to read as follows:  | juvenile detention centers will be increased from 262 to 272.          |
| 145 33 | 5. The director shall approve annually all such homes                            |  |
| 145 34 | established and maintained under the provisions of this                          |  |
| 145 35 | chapter. A home shall not be approved unless it complies with                    |  |
| 146 1  | minimal rules and standards adopted by the director and has                      |  |
| 146 2  | been inspected by the department of inspections and appeals.                     |  |
| 146 3  | The statewide number of beds in the homes approved by the                        |  |
| 146 4  | director shall not exceed two hundred <del>sixty-two</del> <u>seventy-two</u>    |  |
| 146 5  | beds <u>beginning July 1, 2017.</u>  |  |
| 146 6  | DIVISION XXIX  |  |
| 146 7  | TRANSFERS OF FUNDS BETWEEN DHS INSTITUTIONS                                      |  |
| 146 8  | Sec. 110. Section 218.6, Code 2017, is amended to read as                        | CODE: Amends language that allows the DHS to transfer funds            |
| 146 9  | follows:   | between the institutions to include the CCUSO.                         |
| 146 10 | 218.6 TRANSFER OF APPROPRIATIONS MADE TO INSTITUTIONS.                           |  |
| 146 11 | Notwithstanding section 8.39, subsection 1, without the                          |  |
| 146 12 | prior written consent and approval of the governor and the                       |  |
| 146 13 | director of the department of management, the director of human                  |  |
| 146 14 | services may transfer funds between the appropriations made for                  |  |
| 146 15 | the <del>same type of institution</del> <u>institutions</u> , listed as follows: |  |
| 146 16 | 1. The state resource centers.   |  |
| 146 17 | 2. The state mental health institutes.   |  |
| 146 18 | 3. The state <del>juvenile institutions consisting of the state</del>            |  |
| 146 19 | <del>training school and the Iowa juvenile home.</del>                           |  |
| 146 20 | <u>4. The civil commitment unit for sexual offenders.</u>                        |  |
| 146 21 | DIVISION XXX   |  |
| 146 22 | PELVIC EXAMS — PRIOR CONSENT   |  |
| 146 23 | Sec. 111. NEW SECTION 147.114 PRIOR INFORMED CONSENT                             | CODE: Prohibits a licensed or certified medical practitioner, clinical |
| 146 24 | RELATIVE TO PELVIC EXAMINATIONS — PATIENT UNDER ANESTHESIA OR                    | student, or resident in a profession from performing a pelvic          |
| 146 25 | UNCONSCIOUS — PENALTIES.   | examination on an anesthetized patient without prior written consent.  |
| 146 26 | 1. A person licensed or certified to practice a                                  |  |
| 146 27 | profession, or a student undertaking a course of instruction                     |  |
| 146 28 | or participating in a clinical training or residency program                     |  |
| 146 29 | for a profession, shall not perform a pelvic examination on an                   |  |
| 146 30 | anesthetized or unconscious patient unless one of the following                  |  |
| 146 31 | conditions is met:   |  |
| 146 32 | a. The patient or the patient's authorized representative                        |  |
| 146 33 | provides prior written informed consent to the pelvic                            |  |
| 146 34 | examination, and the pelvic examination is necessary for                         |  |
| 146 35 | preventive, diagnostic, or treatment purposes.                                   |  |
| 147 1  | b. The patient or the patient's authorized representative                        |  |
| 147 2  | has provided prior written informed consent to a surgical                        |  |
| 147 3  | procedure or diagnostic examination to be performed on the                       |  |

147 4 patient, and the performance of a pelvic examination is within  
 147 5 the scope of care ordered for that surgical procedure or  
 147 6 diagnostic examination.

147 7 c. The patient is unconscious and incapable of providing  
 147 8 prior informed consent, and the pelvic examination is necessary  
 147 9 for diagnostic or treatment purposes.

147 10 d. A court has ordered the performance of the pelvic  
 147 11 examination for the purposes of collection of evidence.

147 12 2. A person who violates this section is subject to the  
 147 13 penalty specified under section 147.86, and any professional  
 147 14 disciplinary provisions, as applicable.

147 15 DIVISION XXXI  
 147 16 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT  
 147 17 ALTERNATIVE PAYMENT PROGRAM

147 18 Sec. 112. 2016 Iowa Acts, chapter 1139, section 81, is  
 147 19 amended by striking the section, and inserting in lieu thereof  
 147 20 the following:

147 21 SEC. 81. Section 249L.2, subsection 6, Code 2016, is amended  
 147 22 to read as follows:

147 23 6. "Nursing facility" means a licensed nursing facility as  
 147 24 defined in section 135C.1 that is a freestanding facility or  
 147 25 a nursing facility operated by a hospital licensed pursuant  
 147 26 to chapter 135B, but does not include a distinct-part skilled  
 147 27 nursing unit or a swing-bed unit operated by a hospital, or  
 147 28 a nursing facility owned by the state or federal government  
 147 29 or other governmental unit. "Nursing facility" includes a  
 147 30 non-state government-owned nursing facility if the nursing  
 147 31 facility participates in the non-state government-owned nursing  
 147 32 facility upper payment limit alternative payment program.

147 33 Sec. 113. 2016 Iowa Acts, chapter 1139, section 82, is  
 147 34 amended to read as follows:

147 35 SEC. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER  
 148 1 PAYMENT LIMIT ~~SUPPLEMENTAL~~ ALTERNATIVE PAYMENT PROGRAM.

148 2 1. The department of human services shall submit, to the  
 148 3 centers for Medicare and Medicaid services (CMS) of the United  
 148 4 States department of health and human services no later than  
 148 5 September 29, 2017, a Medicaid state plan amendment to allow  
 148 6 qualifying non-state government-owned nursing facilities to  
 148 7 ~~receive a supplemental~~ participate in an alternative payment  
 148 8 program in accordance with the upper payment limit requirements  
 148 9 pursuant to 42 C.F.R. §447.272. The ~~supplemental alternative~~  
 148 10 payment shall be ~~in addition to~~ the greater of the payment in  
 148 11 accordance with the upper payment limit requirements pursuant  
 148 12 to 42 C.F.R. §447.272 or the Medicaid fee-for-service per diem  
 148 13 reimbursement rate or the per diem payment established for the  
 148 14 nursing facility under a Medicaid managed care contract.

Amends Division XVI of [HF 2460](#) (FY 2017 Health and Human Services Appropriations Act) to make the following changes:

- Amends the title of 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 Centers for Medicare and Medicaid Services (CMS) no later than September 29, 2017.

DETAIL: The Program, if approved by the 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.

148 15 2. At a minimum, the Medicaid state plan amendment shall  
148 16 provide for all of the following:

148 17 a. A non-state governmental entity shall provide the state  
148 18 share of the ~~difference between the~~ expected ~~supplemental~~  
148 19 ~~alternative~~ payment ~~and the Medicaid fee-for-service per diem~~  
148 20 ~~reimbursement rate~~ in the form of an intergovernmental transfer  
148 21 to the state.

148 22 b. The state shall claim federal matching funds and shall  
148 23 make ~~supplemental alternative~~ payments to eligible non-state  
148 24 governmental entities based on the ~~supplemental alternative~~  
148 25 ~~payment~~ amount as calculated by the state for each nursing  
148 26 facility for which a non-state governmental entity owns the  
148 27 nursing facility's license. A managed care contractor shall  
148 28 not retain any portion of the ~~supplemental alternative~~ payment,  
148 29 but shall treat the ~~supplemental difference between the~~  
148 30 ~~expected alternative~~ payment ~~and the Medicaid fee-for-service~~  
148 31 ~~per diem reimbursement rate~~ as a ~~pass-through component of~~  
148 32 ~~the capitated~~ payment ~~calculation~~ to the eligible non-state  
148 33 governmental entity.

148 34 c. The ~~supplemental alternative~~ payment program shall  
148 35 be budget neutral to the state. No general fund revenue  
149 1 shall be expended under the program including for costs of  
149 2 administration. If payments under the program result in  
149 3 overpayment to a nursing facility, or if CMS disallows federal  
149 4 participation related to a nursing facility's receipt or  
149 5 use of ~~supplemental alternative~~ payments authorized under  
149 6 the program, the state may recoup an amount equivalent to  
149 7 the amount of ~~supplemental alternative~~ payments overpaid or  
149 8 disallowed. ~~Supplemental Alternative~~ payments shall be subject  
149 9 to any adjustment for payments made in error, including but not  
149 10 limited to adjustments made by state or federal law, and the  
149 11 state may recoup an amount equivalent to any such adjustment.

149 12 d. A nursing facility participating in the program shall  
149 13 notify the state of any changes in ownership that may affect  
149 14 the nursing facility's continued eligibility for the program  
149 15 within thirty days of any such change.

149 16 e. No portion of the ~~supplemental alternative~~ payment  
149 17 paid to a participating nursing facility may be used for  
149 18 contingent fees. Expenditures for development fees, legal  
149 19 fees, or consulting fees shall not exceed five percent of  
149 20 the ~~supplemental alternative~~ funds received, annually, and  
149 21 any such expenditures shall be reported to the department of  
149 22 human services, and included in the department's annual report  
149 23 pursuant to subsection 3.

149 24 f. The ~~supplemental alternative~~ payment paid to a  
149 25 participating nursing facility shall only be used as specified  
149 26 in state and federal law. ~~Supplemental Alternative~~ payments  
149 27 paid to a participating nursing facility shall only be used as

149 28 follows:

149 29 (1) A portion of the amount received may be used for nursing  
149 30 facility quality improvement initiatives including but not  
149 31 limited to educational scholarships and nonmandatory training.  
149 32 Priority in the awarding of contracts for such training shall  
149 33 be for Iowa-based organizations.

149 34 (2) A portion of the amount received may be used for nursing  
149 35 facility remodeling or renovation. Priority in the awarding  
150 1 of contracts for such remodeling or renovations shall be for  
150 2 Iowa-based organizations and skilled laborers.

150 3 (3) A portion of the amount received may be used for health  
150 4 information technology infrastructure and software. Priority  
150 5 in the awarding of contracts for such health information  
150 6 technology infrastructure and software shall be for Iowa-based  
150 7 organizations.

150 8 (4) A portion of the amount received may be used for  
150 9 endowments to offset costs associated with maintenance of  
150 10 hospitals licensed under chapter 135B and nursing facilities  
150 11 licensed under chapter 135C.

150 12 g. A non-state governmental entity shall only be eligible  
150 13 for ~~supplemental~~ alternative payments attributable to up to 10  
150 14 percent of the potential non-state government-owned nursing  
150 15 facilities licensed in the state.

150 16 3. Following receipt of approval and implementation of the  
150 17 program, the department shall submit a report to the governor  
150 18 and the general assembly, annually, on or before December 15,  
150 19 regarding the program. The report shall include, at a minimum,  
150 20 the name and location of participating non-state governmental  
150 21 entities and the non-state government-owned nursing facilities  
150 22 with which the non-state governmental entities have partnered  
150 23 to participate in the program; the amount of the matching  
150 24 funds provided by each non-state governmental entity; the  
150 25 ~~net supplemental payment amount~~ difference between the  
150 26 expected alternative payment and the Medicaid fee-for-service  
150 27 per diem reimbursement rate received by each participating  
150 28 non-governmental entity and non-state government-owned nursing  
150 29 facility; and the amount expended for each of the specified  
150 30 categories of approved expenditure.

150 31 4. The department of human services shall work  
150 32 collaboratively with representatives of nursing facilities,  
150 33 hospitals, and other affected stakeholders in adopting  
150 34 administrative rules, and in implementing and administering  
150 35 this program.

151 1 5. As used in this section:

151 2 a. "Non-state governmental entity" means a hospital  
151 3 authority, hospital district, health care district, city, or  
151 4 county.

151 5 b. "Non-state government-owned nursing facility" means a



151 6 nursing facility owned or operated by a non-state governmental  
 151 7 entity for which a non-state governmental entity holds  
 151 8 the nursing facility's license and is party to the nursing  
 151 9 facility's Medicaid contract.  
 151 10 Sec. 114. 2016 Iowa Acts, chapter 1139, section 84,  
 151 11 subsection 1, is amended to read as follows:  
 151 12 1. The section of this division of this Act directing the  
 151 13 department of human services to submit a Medicaid state plan  
 151 14 amendment to CMS no later than September 29, 2017, shall be  
 151 15 implemented as soon as possible following enactment, consistent  
 151 16 with all applicable federal requirements.

151 17 Sec. 115. EFFECTIVE UPON ENACTMENT. This division of this  
 151 18 Act, being deemed of immediate importance, takes effect upon  
 151 19 enactment.

151 20 Sec. 116. RETROACTIVE APPLICABILITY. This division of this  
 151 21 Act applies retroactively to May 27, 2016.

Specifies that this Division is effective upon enactment and applies retroactively to May 27, 2016.

151 22 DIVISION XXXII  
 151 23 LEGISLATIVE INTERIM — OPIOID EPIDEMIC EVALUATION

151 24 Sec. 117. LEGISLATIVE INTERIM STUDY COMMITTEE — OPIOID  
 151 25 EPIDEMIC EVALUATION.

151 26 1. The legislative council is requested to establish an  
 151 27 interim study committee to comprehensively evaluate the state's  
 151 28 response to the opioid epidemic in the state.

151 29 2. The committee shall receive input from agencies and  
 151 30 entities including but not limited to all of the following:  
 151 31 a. Representatives of the professional licensing boards for  
 151 32 professionals authorized to prescribe controlled substances.  
 151 33 b. Representatives of public safety and public health  
 151 34 including but not limited to the office of the state medical  
 151 35 examiner, the division of criminal investigation of the  
 152 1 department of public safety, the department of corrections and  
 152 2 community-based corrections, law enforcement agencies, the  
 152 3 governor's office of drug control policy, and the department  
 152 4 of public health.

152 5 c. Representatives of the medical community and health  
 152 6 insurance payers including but not limited to the Iowa hospital  
 152 7 association, the Iowa medical society, the Iowa osteopathic  
 152 8 medical society, the Iowa pharmacy association, and America's  
 152 9 health insurance plans.

152 10 d. Consumers and representatives of consumers including but  
 152 11 not limited to the Iowa substance abuse information center, the  
 152 12 Iowa prescription abuse reduction task force, and addiction  
 152 13 treatment centers in the state.

152 14 3. The interim committee's evaluation shall include but is  
 152 15 not limited to a review of the protocols and practices relating

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.

152 16 to the prescribing of opioid medications and the treatment  
152 17 options available including medication-assisted treatment.  
152 18 4. The interim committee shall submit a report, including  
152 19 findings and recommendations, to the governor and the general  
152 20 assembly by November 15, 2017.

## Summary Data

### General Fund

|                           | Actual<br>FY 2016<br>(1) | Estimated Net<br>FY 2017<br>(2) | Final Action<br>FY 2018<br>(3) | Rev Gov<br>FY 2018<br>(4) | Final Action<br>vs. Est Net 2017<br>(5) | Final Action Yr2<br>FY 2019<br>(6) |
|---------------------------|--------------------------|---------------------------------|--------------------------------|---------------------------|---|------------------------------------|
| Health and Human Services | \$ 1,900,443,621         | \$ 1,794,365,942                | \$ 1,766,437,202               | \$ 1,776,437,202          | \$ -27,928,740                          | \$ 883,518,739                     |
| <b>Grand Total</b>        | <b>\$ 1,900,443,621</b>  | <b>\$ 1,794,365,942</b>         | <b>\$ 1,766,437,202</b>        | <b>\$ 1,776,437,202</b>   | <b>\$ -27,928,740</b>                   | <b>\$ 883,518,739</b>              |

# Health and Human Services

## General Fund

|   | Actual<br>FY 2016<br>(1) | Estimated Net<br>FY 2017<br>(2) | Final Action<br>FY 2018<br>(3) | Rev Gov<br>FY 2018<br>(4) | Final Action<br>vs. Est Net 2017<br>(5) | Final Action Yr2<br>FY 2019<br>(6) | Page and<br>Line #<br>(7) |
|---|--------------------------|---------------------------------|--------------------------------|---------------------------|---|------------------------------------|---------------------------|
| <b><u>Aging, Iowa Department on</u></b>       |                          |                                 |                                |                           |   |                                    |                           |
| <b>Aging, Dept. on</b>                        |                          |                                 |                                |                           |   |                                    |                           |
| Aging Programs                                | \$ 11,399,732            | \$ 12,071,150                   | \$ 11,042,476                  | \$ 11,942,476             | \$ -1,028,674                           | \$ 5,521,238                       | PG 2 LN 3                 |
| Office of LTC Ombudsman                       | 1,276,783                | 1,324,202                       | 1,160,281                      | 1,310,281                 | -163,921                                | 580,140                            | PG 4 LN 21                |
| <b>Total Aging, Iowa Department on</b>        | <b>\$ 12,676,515</b>     | <b>\$ 13,395,352</b>            | <b>\$ 12,202,757</b>           | <b>\$ 13,252,757</b>      | <b>\$ -1,192,595</b>                    | <b>\$ 6,101,378</b>                |                           |
| <b><u>Public Health, Department of</u></b>    |                          |                                 |                                |                           |   |                                    |                           |
| <b>Public Health, Dept. of</b>                |                          |                                 |                                |                           |   |                                    |                           |
| Addictive Disorders                           | \$ 27,263,690            | \$ 26,258,434                   | \$ 24,985,831                  | \$ 25,992,095             | \$ -1,272,603                           | \$ 12,492,915                      | PG 5 LN 4                 |
| Healthy Children and Families                 | 4,617,543                | 5,437,627                       | 5,325,632                      | 5,538,385                 | -111,995                                | 2,662,816                          | PG 6 LN 27                |
| Chronic Conditions                            | 4,955,692                | 4,828,917                       | 4,170,750                      | 4,065,156                 | -658,167                                | 2,085,375                          | PG 8 LN 33                |
| Community Capacity                            | 8,821,335                | 6,785,040                       | 2,907,776                      | 5,145,083                 | -3,877,264                              | 1,453,888                          | PG 11 LN 2                |
| Essential Public Health Services              | 7,297,142                | 7,078,228                       | 8,197,878                      | 8,410,493                 | 1,119,650                               | 4,098,939                          | PG 14 LN 15               |
| Infectious Diseases                           | 1,335,155                | 1,248,393                       | 1,646,426                      | 1,871,725                 | 398,033                                 | 823,213                            | PG 14 LN 21               |
| Public Protection                             | 4,339,191                | 4,247,070                       | 4,195,139                      | 4,266,410                 | -51,931                                 | 2,097,569                          | PG 14 LN 27               |
| Resource Management                           | 855,072                  | 971,215                         | 971,215                        | 998,981                   | 0                                       | 485,607                            | PG 15 LN 26               |
| Congenital & Inherited Disorders Registry     | 216,838                  | 223,521                         | 223,521                        | 216,563                   | 0                                       | 223,521                            |                           |
| Public Health                                 | 0                        | 0                               | -1,281,367                     | 0                         | -1,281,367                              | -640,683                           | PG 16 LN 3                |
| <b>Total Public Health, Department of</b>     | <b>\$ 59,701,658</b>     | <b>\$ 57,078,445</b>            | <b>\$ 51,342,801</b>           | <b>\$ 56,504,891</b>      | <b>\$ -5,735,644</b>                    | <b>\$ 25,783,160</b>               |                           |
| <b><u>Veterans Affairs, Department of</u></b> |                          |                                 |                                |                           |   |                                    |                           |
| <b>Veterans Affairs, Dept. of</b>             |                          |                                 |                                |                           |   |                                    |                           |
| General Administration                        | \$ 1,200,546             | \$ 1,150,503                    | \$ 1,142,557                   | \$ 1,142,557              | \$ -7,946                               | \$ 571,278                         | PG 16 LN 30               |
| Home Ownership Assistance Program             | 2,500,000                | 2,500,000                       | 2,000,000                      | 2,393,750                 | -500,000                                | 1,000,000                          | PG 17 LN 23               |
| Veterans County Grants                        | 990,000                  | 990,000                         | 947,925                        | 947,925                   | -42,075                                 | 473,962                            | PG 17 LN 29               |
| <b>Veterans Affairs, Dept. of</b>             | <b>\$ 4,690,546</b>      | <b>\$ 4,640,503</b>             | <b>\$ 4,090,482</b>            | <b>\$ 4,484,232</b>       | <b>\$ -550,021</b>                      | <b>\$ 2,045,240</b>                |                           |
| <b>Veterans Affairs, Dept. of</b>             |                          |                                 |                                |                           |   |                                    |                           |
| Iowa Veterans Home                            | \$ 7,594,996             | \$ 7,316,100                    | \$ 7,228,140                   | \$ 7,228,140              | \$ -87,960                              | \$ 3,614,070                       | PG 17 LN 1                |
| <b>Total Veterans Affairs, Department of</b>  | <b>\$ 12,285,542</b>     | <b>\$ 11,956,603</b>            | <b>\$ 11,318,622</b>           | <b>\$ 11,712,372</b>      | <b>\$ -637,981</b>                      | <b>\$ 5,659,310</b>                |                           |
| <b><u>Human Services, Department of</u></b>   |                          |                                 |                                |                           |   |                                    |                           |
| <b>Assistance</b>                             |                          |                                 |                                |                           |   |                                    |                           |
| Family Investment Program/PROMISE JOBS        | \$ 44,773,875            | \$ 36,200,196                   | \$ 43,004,480                  | \$ 43,004,480             | \$ 6,804,284                            | \$ 21,502,240                      | PG 24 LN 28               |
| Medical Assistance                            | 1,385,191,564            | 1,303,190,737                   | 1,284,405,740                  | 1,285,832,597             | -18,784,997                             | 642,202,870                        | PG 28 LN 12               |
| Medical Contracts                             | 19,613,964               | 17,045,964                      | 17,626,464                     | 17,626,464                | 580,500                                 | 8,813,232                          | PG 36 LN 13               |
| State Supplementary Assistance                | 11,897,187               | 10,722,135                      | 10,372,658                     | 10,372,658                | -349,477                                | 5,186,329                          | PG 38 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 39 LN 5                |
| Child Care Assistance                         | 41,408,668               | 31,722,450                      | 39,343,616                     | 39,843,616                | 7,621,166                               | 19,671,808                         | PG 39 LN 20               |

# Health and Human Services

## General Fund

|  | Actual<br>FY 2016       | Estimated Net<br>FY 2017 | Final Action<br>FY 2018 | Rev Gov<br>FY 2018      | Final Action<br>vs. Est Net 2017 | Final Action Yr2<br>FY 2019 | Page and<br>Line # |
|--|-------------------------|--------------------------|-------------------------|-------------------------|----------------------------------|-----------------------------|--------------------|
|  | (1)                     | (2)                      | (3)                     | (4)                     | (5)                              | (6)                         | (7)                |
| Child and Family Services                  | 85,341,938              | 83,851,277               | 87,279,375              | 87,329,375              | 3,428,098                        | 43,639,687                  | PG 42 LN 11        |
| Adoption Subsidy                           | 42,998,286              | 42,646,664               | 40,777,910              | 40,777,910              | -1,868,754                       | 20,388,955                  | PG 48 LN 10        |
| Family Support Subsidy                     | 1,073,932               | 772,102                  | 1,069,282               | 1,069,282               | 297,180                          | 534,641                     | PG 50 LN 4         |
| Connors Training                           | 33,632                  | 33,632                   | 33,632                  | 33,632                  | 0                                | 16,816                      | PG 50 LN 25        |
| Volunteers                                 | 84,686                  | 84,686                   | 84,686                  | 84,686                  | 0                                | 42,343                      | PG 55 LN 29        |
| Child Abuse Prevention                     | 216,908                 | 232,570                  | 232,570                 | 232,570                 | 0                                | 232,570                     |                    |
| MHDS Regional Grants                       | 0                       | 3,000,000                | 0                       | 0                       | -3,000,000                       | 0                           |                    |
| <b>Assistance</b>                          | <b>\$ 1,653,048,484</b> | <b>\$ 1,538,938,244</b>  | <b>\$ 1,532,748,865</b> | <b>\$ 1,534,725,722</b> | <b>\$ -6,189,379</b>             | <b>\$ 766,490,717</b>       |                    |
| <b>Eldora Training School</b>              |                         |                          |                         |                         |                                  |                             |                    |
| Eldora Training School                     | \$ 12,233,420           | \$ 12,233,420            | \$ 11,350,443           | \$ 11,350,443           | \$ -882,977                      | \$ 5,675,221                | PG 41 LN 26        |
| <b>Cherokee</b>                            |                         |                          |                         |                         |                                  |                             |                    |
| Cherokee MHI                               | \$ 5,545,616            | \$ 14,658,594            | \$ 13,870,254           | \$ 13,870,254           | \$ -788,340                      | \$ 6,935,127                | PG 51 LN 6         |
| <b>Independence</b>                        |                         |                          |                         |                         |                                  |                             |                    |
| Independence MHI                           | \$ 10,324,209           | \$ 18,464,015            | \$ 17,513,621           | \$ 17,513,621           | \$ -950,394                      | \$ 8,756,810                | PG 51 LN 12        |
| <b>Glenwood</b>                            |                         |                          |                         |                         |                                  |                             |                    |
| Glenwood Resource Center                   | \$ 21,524,482           | \$ 20,468,802            | \$ 17,887,781           | \$ 17,887,781           | \$ -2,581,021                    | \$ 8,943,890                | PG 51 LN 35        |
| <b>Woodward</b>                            |                         |                          |                         |                         |                                  |                             |                    |
| Woodward Resource Center                   | \$ 14,583,806           | \$ 13,995,352            | \$ 12,077,034           | \$ 12,077,034           | \$ -1,918,318                    | \$ 6,038,517                | PG 52 LN 3         |
| <b>Cherokee CCUSO</b>                      |                         |                          |                         |                         |                                  |                             |                    |
| 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 53 LN 6         |
| <b>Field Operations</b>                    |                         |                          |                         |                         |                                  |                             |                    |
| Child Support Recovery                     | \$ 14,663,373           | \$ 14,663,373            | \$ 12,586,635           | \$ 12,586,635           | \$ -2,076,738                    | \$ 6,293,317                | PG 26 LN 26        |
| Field Operations                           | 58,920,976              | 49,370,117               | 48,484,435              | 48,484,435              | -885,682                         | 24,242,217                  | PG 53 LN 29        |
| <b>Field Operations</b>                    | <b>\$ 73,584,349</b>    | <b>\$ 64,033,490</b>     | <b>\$ 61,071,070</b>    | <b>\$ 61,071,070</b>    | <b>\$ -2,962,420</b>             | <b>\$ 30,535,534</b>        |                    |
| <b>General Administration</b>              |                         |                          |                         |                         |                                  |                             |                    |
| General Administration                     | \$ 14,898,198           | \$ 15,448,198            | \$ 14,033,040           | \$ 13,983,040           | \$ -1,415,158                    | \$ 7,016,520                | PG 54 LN 7         |
| DHS Facilities                             | 0                       | 2,879,274                | 2,879,274               | 2,879,274               | 0                                | 1,439,637                   | PG 55 LN 20        |
| Commission of Inquiry                      | 1,394                   | 1,394                    | 1,394                   | 1,394                   | 0                                | 1,394                       |                    |
| Nonresident Mental Illness Commitment      | 142,802                 | 142,802                  | 142,802                 | 142,802                 | 0                                | 142,802                     |                    |
| Nonresident Transfers                      | 67                      | 0                        | 0                       | 0                       | 0                                | 0                           |                    |
| Human Services                             | 0                       | 0                        | -1,467,303              | 0                       | -1,467,303                       | -733,651                    | PG 56 LN 1         |
| <b>General Administration</b>              | <b>\$ 15,042,461</b>    | <b>\$ 18,471,668</b>     | <b>\$ 15,589,207</b>    | <b>\$ 17,006,510</b>    | <b>\$ -2,882,461</b>             | <b>\$ 7,866,702</b>         |                    |
| <b>Total Human Services, Department of</b> | <b>\$ 1,815,779,906</b> | <b>\$ 1,711,935,542</b>  | <b>\$ 1,691,573,022</b> | <b>\$ 1,694,967,182</b> | <b>\$ -20,362,520</b>            | <b>\$ 845,974,891</b>       |                    |
| <b>Total Health and Human Services</b>     | <b>\$ 1,900,443,621</b> | <b>\$ 1,794,365,942</b>  | <b>\$ 1,766,437,202</b> | <b>\$ 1,776,437,202</b> | <b>\$ -27,928,740</b>            | <b>\$ 883,518,739</b>       |                    |

# Summary Data

## Other Funds

|                           | Actual<br>FY 2016<br>(1) | Estimated Net<br>FY 2017<br>(2) | Final Action<br>FY 2018<br>(3) | Rev Gov<br>FY 2018<br>(4) | Final Action<br>vs. Est Net 2017<br>(5) | Final Action Yr2<br>FY 2019<br>(6) |
|---------------------------|--------------------------|---------------------------------|--------------------------------|---------------------------|---|------------------------------------|
| Health and Human Services | \$ 423,735,934           | \$ 449,441,333                  | \$ 426,179,322                 | \$ 426,597,308            | \$ -23,262,011                          | \$ 324,108,930                     |
| <b>Grand Total</b>        | <b>\$ 423,735,934</b>    | <b>\$ 449,441,333</b>           | <b>\$ 426,179,322</b>          | <b>\$ 426,597,308</b>     | <b>\$ -23,262,011</b>                   | <b>\$ 324,108,930</b>              |

# Health and Human Services

## Other Funds

|  | Actual<br>FY 2016<br><u>(1)</u> | Estimated Net<br>FY 2017<br><u>(2)</u> | Final Action<br>FY 2018<br><u>(3)</u> | Rev Gov<br>FY 2018<br><u>(4)</u> | Final Action<br>vs. Est Net 2017<br><u>(5)</u> | Final Action Yr2<br>FY 2019<br><u>(6)</u> | Page and<br>Line #<br><u>(7)</u> |
|--|---------------------------------|--|---------------------------------------|----------------------------------|--|---|----------------------------------|
| <b>Human Services, Department of</b>         |                                 |  |                                       |                                  |  |   |                                  |
| <b>General Administration</b>                |                                 |  |                                       |                                  |  |   |                                  |
| FIP - TANF                                   | \$ 4,056,848                    | \$ 15,112,462                          | \$ 5,112,462                          | \$ 5,112,462                     | \$ -10,000,000                                 | \$ 2,556,231                              | PG 18 LN 16                      |
| PROMISE JOBS - TANF                          | 7,542,817                       | 5,575,693                              | 5,575,693                             | 5,575,693                        | 0  | 2,787,846                                 | PG 18 LN 20                      |
| FaDSS - TANF                                 | 2,885,740                       | 2,898,980                              | 2,898,980                             | 2,898,980                        | 0  | 1,449,490                                 | PG 18 LN 25                      |
| Field Operations - TANF                      | 31,296,232                      | 38,774,331                             | 31,296,232                            | 31,296,232                       | -7,478,099                                     | 15,648,116                                | PG 19 LN 1                       |
| General Administration - TANF                | 3,744,000                       | 3,744,000                              | 3,744,000                             | 3,744,000                        | 0  | 1,872,000                                 | PG 19 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 19 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 19 LN 26                      |
| Child Abuse Prevention - TANF                | 125,000                         | 125,000                                | 125,000                               | 125,000                          | 0  | 62,500                                    | PG 19 LN 28                      |
| Training & Technology - TANF                 | 247,247                         | 1,037,186                              | 1,037,186                             | 1,037,186                        | 0  | 518,593                                   | PG 20 LN 11                      |
| <b>General Administration</b>                | <b>\$ 121,923,476</b>           | <b>\$ 154,391,058</b>                  | <b>\$ 130,037,033</b>                 | <b>\$ 130,037,033</b>            | <b>\$ -24,354,025</b>                          | <b>\$ 65,018,516</b>                      |                                  |
| <b>Assistance</b>                            |                                 |  |                                       |                                  |  |   |                                  |
| Pregnancy Prevention - TANF                  | \$ 1,879,400                    | \$ 1,930,067                           | \$ 1,930,067                          | \$ 1,930,067                     | \$ 0   | \$ 965,033                                | PG 19 LN 30                      |
| Promoting Healthy Marriage - TANF            | 13,992                          | 25,000                                 | 25,000                                | 25,000                           | 0  | 12,500                                    | PG 21 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 - PSA                      | 2,002,176                       | 1,300,000                              | 800,000                               | 800,000                          | -500,000                                       | 400,000                                   | PG 67 LN 6                       |
| Medical Assistance - QATF                    | 37,205,208                      | 36,705,208                             | 36,705,208                            | 36,705,208                       | 0  | 18,352,604                                | PG 67 LN 17                      |
| Medical Assistance - HHCAT                   | 34,700,000                      | 34,700,000                             | 33,920,554                            | 34,700,000                       | -779,446                                       | 16,960,277                                | PG 67 LN 29                      |
| IowaCare Fund                                | 0                               | 0                                      | 258,184                               | 0                                | 258,184  | 0   | PG 144 LN 16                     |
| Medicaid Supplemental - MFF                  | 1,021,178                       | 500,000                                | 500,000                               | 500,000                          | 0  | 500,000                                   |                                  |
| Nonparticipating Provider Reimb. Fund - NPPR | 0                               | 0                                      | 103,276                               | 0                                | 103,276  | 0   | PG 144 LN 16                     |
| <b>Assistance</b>                            | <b>\$ 301,812,458</b>           | <b>\$ 295,050,275</b>                  | <b>\$ 296,142,289</b>                 | <b>\$ 296,560,275</b>            | <b>\$ 1,092,014</b>                            | <b>\$ 259,090,414</b>                     |                                  |
| <b>Total Human Services, Department of</b>   | <b>\$ 423,735,934</b>           | <b>\$ 449,441,333</b>                  | <b>\$ 426,179,322</b>                 | <b>\$ 426,597,308</b>            | <b>\$ -23,262,011</b>                          | <b>\$ 324,108,930</b>                     |                                  |
| <b>Total Health and Human Services</b>       | <b>\$ 423,735,934</b>           | <b>\$ 449,441,333</b>                  | <b>\$ 426,179,322</b>                 | <b>\$ 426,597,308</b>            | <b>\$ -23,262,011</b>                          | <b>\$ 324,108,930</b>                     |                                  |

# Summary Data

## FTE Positions

|                           | Actual<br>FY 2016<br>(1) | Estimated Net<br>FY 2017<br>(2) | Final Action<br>FY 2018<br>(3) | Rev Gov<br>FY 2018<br>(4) | Final Action<br>vs. Est Net 2017<br>(5) | Final Action Yr2<br>FY 2019<br>(6) |
|---------------------------|--------------------------|---------------------------------|--------------------------------|---------------------------|---|------------------------------------|
| Health and Human Services | 4,462.07                 | 4,665.70                        | 4,665.22                       | 4,663.67                  | -0.48                                   | 4,665.22                           |
| <b>Grand Total</b>        | <u>4,462.07</u>          | <u>4,665.70</u>                 | <u>4,665.22</u>                | <u>4,663.67</u>           | <u>-0.48</u>                            | <u>4,665.22</u>                    |



# Health and Human Services

## FTE Positions

|   | Actual<br>FY 2016<br>(1) | Estimated Net<br>FY 2017<br>(2) | Final Action<br>FY 2018<br>(3) | Rev Gov<br>FY 2018<br>(4) | Final Action<br>vs. Est Net 2017<br>(5) | Final Action Yr2<br>FY 2019<br>(6) | Page and<br>Line #<br>(7) |
|---|--------------------------|---------------------------------|--------------------------------|---------------------------|---|------------------------------------|---------------------------|
| <b><u>Aging, Iowa Department on</u></b>       |                          |                                 |                                |                           |   |                                    |                           |
| <b>Aging, Dept. on</b>                        |                          |                                 |                                |                           |   |                                    |                           |
| Aging Programs                                | 25.49                    | 27.01                           | 27.00                          | 27.00                     | -0.01                                   | 27.00                              | PG 2 LN 3                 |
| Office of LTC Ombudsman                       | 14.42                    | 15.99                           | 16.00                          | 16.00                     | 0.01                                    | 16.00                              | PG 4 LN 21                |
| <b>Total Aging, Iowa Department on</b>        | <b>39.90</b>             | <b>43.00</b>                    | <b>43.00</b>                   | <b>43.00</b>              | <b>0.00</b>                             | <b>43.00</b>                       |                           |
| <b><u>Public Health, Department of</u></b>    |                          |                                 |                                |                           |   |                                    |                           |
| <b>Public Health, Dept. of</b>                |                          |                                 |                                |                           |   |                                    |                           |
| Addictive Disorders                           | 7.71                     | 10.00                           | 10.00                          | 10.00                     | 0.00                                    | 10.00                              | PG 5 LN 4                 |
| Healthy Children and Families                 | 11.30                    | 12.00                           | 12.00                          | 12.00                     | 0.00                                    | 12.00                              | PG 6 LN 27                |
| Chronic Conditions                            | 4.16                     | 5.00                            | 5.00                           | 5.00                      | 0.00                                    | 5.00                               | PG 8 LN 33                |
| Community Capacity                            | 6.87                     | 13.00                           | 13.00                          | 13.00                     | 0.00                                    | 13.00                              | PG 11 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 14 LN 21               |
| Public Protection                             | 133.54                   | 138.00                          | 138.00                         | 138.00                    | 0.00                                    | 138.00                             | PG 14 LN 27               |
| Resource Management                           | 3.93                     | 4.00                            | 4.00                           | 4.00                      | 0.00                                    | 4.00                               | PG 15 LN 26               |
| <b>Total Public Health, Department of</b>     | <b>169.71</b>            | <b>186.00</b>                   | <b>186.00</b>                  | <b>186.00</b>             | <b>0.00</b>                             | <b>186.00</b>                      |                           |
| <b><u>Veterans Affairs, Department of</u></b> |                          |                                 |                                |                           |   |                                    |                           |
| <b>Veterans Affairs, Dept. of</b>             |                          |                                 |                                |                           |   |                                    |                           |
| General Administration                        | 13.88                    | 14.25                           | 15.00                          | 14.25                     | 0.75                                    | 15.00                              | PG 16 LN 30               |
| <b>Total Veterans Affairs, Department of</b>  | <b>13.88</b>             | <b>14.25</b>                    | <b>15.00</b>                   | <b>14.25</b>              | <b>0.75</b>                             | <b>15.00</b>                       |                           |

# Health and Human Services

## FTE Positions

|  | Actual<br>FY 2016<br><u>(1)</u> | Estimated Net<br>FY 2017<br><u>(2)</u> | Final Action<br>FY 2018<br><u>(3)</u> | Rev Gov<br>FY 2018<br><u>(4)</u> | Final Action<br>vs. Est Net 2017<br><u>(5)</u> | Final Action Yr2<br>FY 2019<br><u>(6)</u> | Page and<br>Line #<br><u>(7)</u> |
|--|---------------------------------|--|---------------------------------------|----------------------------------|--|---|----------------------------------|
| <b>Human Services, Department of</b>       |                                 |  |                                       |                                  |  |   |                                  |
| <b>Assistance</b>                          |                                 |  |                                       |                                  |  |   |                                  |
| Family Investment Program/PROMISE JOBS     | 7.18                            | 10.00                                  | 10.00                                 | 10.00                            | 0.00   | 10.00                                     | PG 24 LN 28                      |
| Medical Assistance                         | 12.36                           | 14.00                                  | 14.00                                 | 14.00                            | 0.00   | 14.00                                     | PG 28 LN 12                      |
| Medical Contracts                          | 3.02                            | 0.00                                   | 0.00                                  | 0.00                             | 0.00   | 0.00                                      | PG 36 LN 13                      |
| Child Care Assistance                      | 2.69                            | 0.00                                   | 0.00                                  | 0.00                             | 0.00   | 0.00                                      | PG 39 LN 20                      |
| Child and Family Services                  | 3.14                            | 1.00                                   | 0.00                                  | 0.00                             | -1.00  | 0.00                                      | PG 42 LN 11                      |
| <b>Assistance</b>                          | <u>28.38</u>                    | <u>25.00</u>                           | <u>24.00</u>                          | <u>24.00</u>                     | <u>-1.00</u>                                   | <u>24.00</u>                              |                                  |
| <b>Eldora Training School</b>              |                                 |  |                                       |                                  |  |   |                                  |
| Eldora Training School                     | 158.55                          | 188.30                                 | 189.00                                | 188.30                           | 0.70   | 189.00                                    | PG 41 LN 26                      |
| <b>Cherokee</b>                            |                                 |  |                                       |                                  |  |   |                                  |
| Cherokee MHI                               | 162.48                          | 162.00                                 | 162.00                                | 162.00                           | 0.00   | 162.00                                    | PG 51 LN 6                       |
| <b>Clarinda</b>                            |                                 |  |                                       |                                  |  |   |                                  |
| Clarinda MHI                               | 0.72                            | 0.00                                   | 0.00                                  | 0.00                             | 0.00   | 0.00                                      |                                  |
| <b>Independence</b>                        |                                 |  |                                       |                                  |  |   |                                  |
| Independence MHI                           | 208.90                          | 204.00                                 | 204.00                                | 204.00                           | 0.00   | 204.00                                    | PG 51 LN 12                      |
| <b>Mount Pleasant</b>                      |                                 |  |                                       |                                  |  |   |                                  |
| Mt Pleasant MHI                            | 0.71                            | 0.00                                   | 0.00                                  | 0.00                             | 0.00   | 0.00                                      |                                  |
| <b>Glenwood</b>                            |                                 |  |                                       |                                  |  |   |                                  |
| Glenwood Resource Center                   | 793.85                          | 810.62                                 | 810.62                                | 810.62                           | 0.00   | 810.62                                    | PG 51 LN 35                      |
| <b>Woodward</b>                            |                                 |  |                                       |                                  |  |   |                                  |
| Woodward Resource Center                   | 570.72                          | 583.60                                 | 583.60                                | 583.60                           | 0.00   | 583.60                                    | PG 52 LN 3                       |
| <b>Cherokee CCUSO</b>                      |                                 |  |                                       |                                  |  |   |                                  |
| Civil Commitment Unit for Sexual Offenders | 94.58                           | 112.00                                 | 112.00                                | 112.00                           | 0.00   | 112.00                                    | PG 53 LN 6                       |
| <b>Field Operations</b>                    |                                 |  |                                       |                                  |  |   |                                  |
| Child Support Recovery                     | 441.36                          | 459.00                                 | 459.00                                | 459.00                           | 0.00   | 459.00                                    | PG 26 LN 26                      |
| Field Operations                           | 1,527.35                        | 1,584.00                               | 1,583.00                              | 1,583.00                         | -1.00  | 1,583.00                                  | PG 53 LN 29                      |
| <b>Field Operations</b>                    | <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>                           |                                  |
| <b>General Administration</b>              |                                 |  |                                       |                                  |  |   |                                  |
| General Administration                     | 250.96                          | 293.93                                 | 294.00                                | 293.90                           | 0.07   | 294.00                                    | PG 54 LN 7                       |
| <b>Total Human Services, Department of</b> | <u>4,238.57</u>                 | <u>4,422.45</u>                        | <u>4,421.22</u>                       | <u>4,420.42</u>                  | <u>-1.23</u>                                   | <u>4,421.22</u>                           |                                  |
| <b>Total Health and Human Services</b>     | <u>4,462.07</u>                 | <u>4,665.70</u>                        | <u>4,665.22</u>                       | <u>4,663.67</u>                  | <u>-0.48</u>                                   | <u>4,665.22</u>                           |                                  |