

Health and Human Services Appropriations Act Senate File 2418

Last Action:

ENACTED

Item Vetoed

June 1, 2018

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 www.legis.iowa.gov/publications/information/appropriationBillAnalysis

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EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

FUNDING SUMMARY

General Fund FY 2019: Appropriates a total of \$1,821.8 million from the General Fund and 4,568.6 full-time equivalent (FTE) positions to the Department on Aging (IDA); the Department of Public Health (DPH); the Department of Human Services (DHS); the Department of Veterans Affairs (IVA); and the Iowa Veterans Home (IVH). This is an increase of \$60.5 million and 216.0 FTE positions compared to estimated net FY 2018. *The Governor item vetoed \$195,000.*

Other Funds FY 2019: Appropriates a total of \$420.2 million from other funds. This is a decrease of \$5.7 million compared to estimated net FY 2018.

Other Fund Supplemental Appropriations for FY 2018: Provides a net increase of \$4.2 million in other fund appropriations for FY 2018. The changes include deappropriations, with funds being appropriated to Child Care Assistance.

Standing Appropriations FY 2019: In addition to the 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 Center for Congenital and Inherited Disorders Central Registry.
- \$233,000 to the DHS for Child Abuse Prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for Nonresident Mental Illness Commitment.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Public Health

Physician Mental Health Training: Allocates \$250,000 to Des Moines University to establish a program that trains doctors on identifying and treating patients with mental health needs.

Page 14, Line 31

Department on Aging

Pre-Medicaid Pilot Project: Allocates \$100,000 to establish a Pre-Medicaid Pilot Project that aims to keep individuals in the community and out of long-term care facilities following a nursing facility stay.

Page 3, Line 22

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates \$11.0 million from the General Fund and 27.0 FTE positions. This is

Page 2, Line 10

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an increase of \$100,000 and 4.6 FTE positions compared to estimated net FY 2018.

Office of Long-Term Care Ombudsman: Appropriates \$1.1 million from the General Fund and 16.0 FTE positions. This is no change in funding and an increase of 0.9 FTE position compared to estimated net FY 2018.

Page 4, Line 6

Department of Public Health: Appropriates \$54.9 million from the General Fund and 195.0 FTE positions. This is a net increase of \$4.2 million and 8.0 FTE positions compared to estimated net FY 2018. The significant changes include:

Page 4, Line 18

- An increase of \$536,000 to the Healthy Children and Families appropriation.
- An increase of \$981,000 to the Chronic Conditions appropriation.
- An increase of \$2.6 million to the Community Capacity appropriation.
- An increase of \$1,500 to the Essential Public Health Services appropriation.
- An increase of \$44,000 to the Infectious Diseases appropriation.
- An increase of \$11,000 to the Public Protection appropriation.
- A decrease of \$35,000 to the Congenital and Inherited Disorders Central Registry standing appropriation estimated amount.

Department of Veterans Affairs: Appropriates \$4.1 million from the General Fund and 15.0 FTE positions. This is a net increase of \$87,000 and 2.0 FTE positions compared to estimated net FY 2018.

Page 16, Line 26

Department of Human Services: Appropriates \$1,743.4 million from the General Fund and 4,315.6 FTE positions. This is a net increase of \$56.1 million and 200.5 FTE positions compared to estimated net FY 2018. Significant changes include:

Page 18, Line 14

- A decrease of \$2.3 million for the Family Investment Program (FIP)/PROMISE JOBS appropriation.
- An increase of \$2.0 million for the Child Support Recovery Unit appropriation.
- An increase of \$54.8 million for the Medicaid appropriation. *The Governor item vetoed \$195,000 for a partnership between the University of Iowa Hospitals and Clinics and a durable medical equipment provider.*
- A decrease of \$709,000 for the Medical Contracts appropriation.
- An increase of \$378,000 for the State Supplementary Assistance appropriation.
- A decrease of \$1.4 million for the State Children's Health Insurance Program appropriation.
- An increase of \$1.5 million for Child Care Assistance.
- An increase of \$1.4 million for the State Training School at Eldora.
- An increase of \$526,000 for the Child and Family Services appropriation.
- A decrease of \$333,000 for the Adoption Subsidy appropriation.
- A decrease of \$20,000 for the Family Support Subsidy appropriation.

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- A combined decrease of \$1.7 million for the two State Resource Center appropriations.
- An increase of \$1.4 million for the Civil Commitment Unit for Sexual Offenders (CCUSO) appropriation.
- An increase of \$590,000 for the Field Operations appropriation.
- A decrease of \$200,000 for the General Administration appropriation.
- An increase of \$120,000 to the estimated standing appropriation for nonresidential mental health commitment.

Temporary Assistance for Needy Families (TANF) Federal Block Grant: Appropriates \$130.5 million for FY 2019 for various DHS programs. This is a net decrease of \$1.5 million compared to estimated net FY 2018. Page 18, Line 18

Pharmaceutical Settlement Account: Appropriates \$1.4 million for FY 2019 for Medical Contracts. This is an increase of \$582,000 compared to estimated net FY 2018. Page 51, Line 16

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2019 for the Medicaid Program. This is no change compared to estimated net FY 2018. Page 51, Line 30

Hospital Health Care Access Trust Fund: Appropriates \$33.9 million for FY 2019 for the Medicaid Program. This is no change compared to estimated net FY 2018. Page 52, Line 10

CHANGES TO PRIOR APPROPRIATIONS

Social Services Block Grant: Decreases the appropriation for the State Cases Payment Program and increases funding for Child and Family Services by \$350,000 in FY 2018. Eliminates the State Cases Payment Program in FY 2019 and increases the Child and Family Services appropriation by \$600,000 in FY 2019. Page 52, Line 26

Temporary Assistance for Needy Families (TANF): Adjusts the FY 2018 TANF appropriations by the following amounts: Page 53, Line 18

- A decrease of \$573,000 for the Family Investment Program.
- A decrease of \$15,000 for the Family Development and Self Sufficiency (FaDSS) Grant Program.
- A decrease of \$164,000 for the PROMISE JOBS Program.
- A decrease of \$743,000 for Training and Technology.
- A decrease of \$17,000 for the Pregnancy Prevention Grants.
- A decrease of \$11,000 for the Promoting Healthy Marriage Program.
- An increase of \$5.7 million for the Child Care Assistance (CCA) Program.

STUDIES AND INTENT*Department of Corrections*

Geriatric Patient Housing Review: Requires various departments to review issues and develop policy recommendations relating to housing for geriatric persons who are registered sex offenders or are sexually aggressive. The departments are to study the feasibility of utilizing the facilities at Mount Pleasant or Clarinda, or other vacant State-owned facilities, to care for offenders while taking into consideration Medicaid reimbursement rules. The departments are required to submit a report to the Governor and the General Assembly by December 15, 2018.

Page 91, Line 23

Department of Human Services

Food Assistance Workgroup: Requires the DHS to convene a workgroup to review opportunities to increase State engagement in the Supplemental Nutrition Assistance Program (SNAP). The workgroup is required to submit a report to the Governor and the General Assembly by December 15, 2018.

Page 24, Line 32

Home and Community-Based Services: Requires the DHS to delay implementation of federal guidelines related to home and community-based setting criteria until March 17, 2022, to match the delay in the changes to federal law.

Page 31, Line 16

Medicaid Tiered Rates: The DHS is required to work with an actuary to evaluate the tiered rates to appropriately distribute the \$3.0 million provided for tiered rates. In addition, the DHS is required to convene a Tiered Rate Workgroup to review actuarial findings and recommendations. The tiered rates may be adjusted if the changes are budget neutral. The DHS is required to submit a report of the actuarial findings, recommendations, and comments provided by the Tiered Rate Workgroup to the Governor and the General Assembly by December 15, 2018.

Page 31, Line 27

Medicaid Fee Schedule Review: Requires the DHS to review all current Medicaid fee schedules regarding how the current rates compare to the equivalent Medicare fee schedules and other appropriate reimbursement methodologies and submit a report to the Governor and the General Assembly by January 15, 2019.

Page 32, Line 15

Child Care Reimbursement Rates: Increases Child Care Assistance maximum reimbursement rates within \$3.0 million of funding allocated; and, as federal funding may permit, for Quality Rating System providers for infant and toddler care.

Page 50, Line 10

Mandatory Reporter Training and Certification Workgroup: Establishes a workgroup to make

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recommendations related to mandatory child abuse and dependent adult abuse reporter training and certification. A report is due to the Governor and the General Assembly by December 15, 2018.

Nursing Facility Quality Assurance Assessment: Directs the DHS to request approval from the Centers for Medicare and Medicaid Services (CMS) to increase the provider tax for nursing facilities. Any change is required to take effect on the first day of the calendar quarter following the date of approval by the CMS.

Page 80, Line 23

Managed Care Program Oversight: Makes various changes to the Medicaid Program and the requirements for managed care organizations (MCOs) related to provider processes and procedures, members services and processes, and Medicaid Program review and oversight.

Page 98, Line 5

Medicaid Level of Care Determination Review: Requires the DHS to utilize an independent external quality review vendor to complete a review of a random case sample of decreased level of care determinations and report the findings to the Governor and the General Assembly by December 15, 2018.

Page 99, Line 29

Foster Care and Adopted Children: Directs the DHS to adopt rules requiring that children in foster care receive an annual visit to a medical professional and to submit a waiver request to the US Department of Health and Human Services to add a requirement that children adopted from foster care whose parents receive an adoption subsidy payment receive an annual visit to a medical professional.

Page 110, Line 29

Department on Aging

Aging and Disability Resource Centers (ADRCs) Medicaid Claiming: Requires the IDA and the DHS to develop a cost allocation plan requesting federal Medicaid administrative funds for the ADRCs.

Page 72, Line 22

SIGNIFICANT CODE CHANGES

Department of Commerce — Insurance Division

Coverage of Behavioral Health Services: Adds language for behavioral health services providers to allow individuals practicing under a temporary license to bill for services provided under the supervision of a licensed practitioner.

Page 104, Line 15

Pharmacy Benefits Managers: Adds certain rights related to individuals, pharmacists, and pharmacies.

Page 110, Line 3

Department of Human Services

State Cases: Removes references to "state cases" for mental health services provided to individuals with no

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counties of legal settlement.

Family Planning Services Program: Amends the Family Planning Services Program to allow for the UnityPoint Health Care Group to participate.

Page 73, Line 30

Nursing Facility Quality Assurance Assessment: Eliminates the 3.0% cap on the nursing facility provider assessment and sets the cap at the maximum amount allowed by the federal government.

Page 79, Line 29

Sexual Offenders: Removes provisions permitting a person committed as a sexually violent predator under Iowa Code chapter [229A](#) to be released from a secure facility or a transitional release program without supervision. In addition, the Division removes the requirement that a hearing be held within five days of the committed person's return to a secure facility after the person absconds from a transitional release program. The hearing will now be held after an evaluation has been performed.

Page 80, Line 35

Medicaid Retroactive Eligibility: Reinstates the three-month retroactive coverage benefit under Medicaid for individuals residing in long-term care facilities.

Page 87, Line 14

Polk County MHDS Funding: Allows Polk County to transfer funds from any other fund of the county to the County Mental Health and Disability Services (MHDS) Fund in FY 2019. Polk County is required to submit a report to the Governor and the General Assembly by September 1, 2019, detailing the transfer of funds.

Page 88, Line 2

State Training School: States that the Eldora State Training School is for court-committed male juvenile delinquents and strikes references to the Toledo State Training School.

Page 90, Line 15

Reporting of Transfers: Requires the DHS to report to the Legislative Services Agency (LSA) any transfers made between the appropriations for the State Resource Centers, the MHIs, the State Training School, and the CCUSO within 30 days of the beginning of each fiscal quarter.

Page 93, Line 7

Medicaid Suspension or Termination: Requires the DHS to suspend the eligibility of individuals for Medicaid following the first 30 days of the individuals' commitment to an institution. The section also requires public institutions to provide a monthly report of the inmates who are committed and of those who are discharged to the DHS and to the Social Security Administration.

Page 96, Line 20

Medicaid Prescription Drug Copayment: Eliminates the various copayments for a covered prescription drug under the Medicaid Program and instead provides that a recipient of Medicaid is required to pay a copayment of \$1 on each prescription filled or refilled for a covered prescription drug.

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Medical Assistance Advisory Council: Directs the Executive Committee of the Medical Assistance Advisory Council (MAAC) to review data collected and analyzed in periodic reports to the General Assembly to determine which data points should be included and analyzed to more accurately identify trends and issues with, and promote the effective and efficient administration of, Medicaid managed care for all stakeholders. The Executive Committee is required to report its findings and recommendations to the MAAC for review and comment by October 1, 2018, and to submit a final report to the Governor and the General Assembly by December 31, 2018.

Page 102, Line 17

Targeted Case Management Reimbursement: Amends the reimbursement provision for targeted case management (TCM) services under the Medicaid Program, which is currently established as cost based reimbursement for 100.0% of the reasonable costs for provision of the services. Under the Section, effective July 1, 2018, TCM services will instead be reimbursed based on a statewide fee schedule amount developed by rule of the DHS in accordance with Iowa Code chapter [17A](#). The Section also amends the reimbursement provisions for psychiatric medical institutions for children (PMICs) to provide that inpatient psychiatric services for individuals under 21 years of age that are provided by non-State-owned providers are required to be reimbursed according to a fee schedule without reconciliation, and services provided by State-owned providers are required to be reimbursed at 100.0% of the actual and allowable cost of providing the service.

Page 103, Line 5

Department of Public Health

Medical Cannabidiol Program: Revises background check requirements performed by the Department of Public Safety and permits the DPH to annually retain fees after the end of each fiscal year.

Page 93, Line 25

Department of Veterans Affairs

Director Salary: Amends the FY 2009 Standing Appropriation Act (2008 Iowa Acts, chapter [1191](#)) to reclassify the Director of the Department of Veterans Affairs from a salary Range 3 position to a Range 5 position.

Page 73, Line 4

Judicial Branch

Wrongful Birth: Prohibits a cause of action and the awarding of damages on behalf of a person based on a wrongful birth claim that, but for an act or omission of the defendant, a child or the person bringing the action would not or should not have been born.

Page 92, Line 8

Hospitalization of Persons with Mental Illness: Conforms to [HF 2456](#) (Mental Health Complex Needs

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Workgroup Report Act) to eliminate the requirement that the State Court Administrator develop the practices and procedures for preapplication screening for the hospitalization of persons with mental illness.

EFFECTIVE DATE

Department of Commerce — Insurance Division

The Division regarding behavioral health services is effective upon enactment. Page 109, Line 34

Department of Human Services

The Division amending prior year appropriations is effective upon enactment and retroactive to July 1, 2017. Page 59, Line 15

The Division transferring decategorization funds to Medicaid is effective upon enactment and retroactive to July 1, 2017. Page 59, Line 31

The Division relating to MHDS Regional Authorization is effective upon enactment. Page 78, Line 33

The Division relating to Medicaid retroactive eligibility is effective upon enactment. Page 87, Line 33

Department of Public Health

The Division relating to the Medical Cannabidiol Program takes effect upon enactment. Page 96, Line 14

Department of Veterans Affairs

The Division relating to the salary of the Executive Director of the Department of Veterans Affairs is effective upon enactment. Page 73, Line 26

Department on Aging

The Division related to the Medicaid Claiming for the Aging and Disability Resource Centers is effective upon enactment. Page 72, Line 35

Judicial Branch

The Division relating to wrongful birth or wrongful life causes of action is effective upon enactment and applies only to causes of action that accrue on or after the effective date of this Act. Page 92, Line 32

GOVERNOR'S VETOES

Department of Human Services

Durable Medical Equipment Request for Proposals (RFP): The Governor vetoed the paragraph relating to a partnership between the University of Iowa Hospitals and Clinics and a durable medical equipment provider and stated there is nothing in current law that would prevent a durable medical equipment vendor from independently responding to a request for proposal and/or providing durable medical equipment products and services in the State of Iowa. The Governor stated that the request for proposal process should be applied fairly and competitively to all providers of durable medical equipment and not limited in a way that excludes Iowa's existing providers.

Page 30, Line 24

ENACTMENT DATE

This Act was approved by the General Assembly on May 5, 2018, and item vetoed and signed by the Governor on June 1, 2018.

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Senate File 2418 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
59	8	55	Add	174.25.3
60	2	61	Amend	218.99
60	23	62	Amend	222.60.1.b
60	29	63	Amend	222.60.2.b
61	3	64	Amend	222.65.1
61	12	65	Amend	222.66
61	30	66	Amend	222.67
62	13	67	Amend	222.70
62	21	68	Amend	226.45
63	2	69	Amend	230.1.1.b
63	7	70	Amend	230.2
63	28	71	Amend	230.8
64	4	72	Amend	230.9
64	23	73	Amend	230.11
65	4	74	Amend	249A.26.2.b
65	12	75	Strike	249A.26.7
65	14	76	Amend	331.394
72	19	77	Repeal	226.9C
73	30	83	Amend	217.41B.3
74	33	84	Amend	331.389.1.b,c
75	21	85	Amend	331.389.2
75	29	86	Amend	331.389.3.a
76	2	87	Amend	331.389.4.c
76	13	88	Amend	331.389.4.e
76	20	89	Amend	331.424A.8
79	29	93	Amend	249L.3.1.d
80	3	94	Amend	249L.4.2
80	35	96	Amend	229A.2.4
81	6	97	Amend	229A.5B.1
81	16	98	Amend	229A.5C.4
81	24	99	Amend	229A.6A.1.d
81	30	100	Amend	229A.7.7
82	22	101	Amend	229A.8B.3
83	1	102	Amend	229A.9A
84	15	103	Amend	229A.9B
85	29	104	Amend	232.68.2.a.(3)
86	5	105	Amend	232.68.2.a.(9)
86	34	106	Amend	901A.2.6
88	16	110	Amend	135.15
89	16	111	Amend	135.175.1.a
89	26	112	Add	135.175.5.b
90	3	113	Amend	135.175.6.a
90	15	114	Amend	233A.1
91	4	115	Amend	233A.14
91	14	116	Amend	915.29.1
92	8	118	New	613.15B
93	7	121	Amend	218.6
93	25	122	Amend	124E.7.7,8
94	5	123	Amend	124E.9.7,8

Senate File 2418 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
94	20	124	Strike and Replace	124E.10
95	1	125	New	124E.19
96	20	127	Amend	249A.38
102	17	130	Strike	249A.4B.2.a.(27),(28)
103	5	132	Amend	249A.31
103	30	133	Amend	229.5A
104	7	134	Amend	602.1209.16
104	15	135	Amend	249A.15
105	13	136	Amend	249A.15A
107	4	137	New	514C.32
108	27	138	New	514C.33
110	3	140	New	510B.10

2 1 DIVISION I
 2 2 DEPARTMENT ON AGING — FY 2018-2019
 2 3 Section 1. 2017 Iowa Acts, chapter 174, section 40,
 2 4 unnumbered paragraphs 1 and 2, are amended to read as follows:
 2 5 There is appropriated from the general fund of the state
 2 6 to the department on aging for the fiscal year beginning July
 2 7 1, 2018, and ending June 30, 2019, the following amount, or
 2 8 so much thereof as is necessary, to be used for the purposes
 2 9 designated:

2 10 For aging programs for the department on aging and area
 2 11 agencies on aging to provide citizens of Iowa who are 60 years
 2 12 of age and older with case management for frail elders, Iowa's
 2 13 aging and disabilities resource center, and other services
 2 14 which may include but are not limited to adult day services,
 2 15 respite care, chore services, information and assistance,
 2 16 and material aid, for information and options counseling for
 2 17 persons with disabilities who are 18 years of age or older,
 2 18 and for salaries, support, administration, maintenance, and
 2 19 miscellaneous purposes, and for not more than the following
 2 20 full-time equivalent positions:

2 21	.....	\$	5,521,238
2 22			<u>11,042,924</u>
2 23	.....	FTEs	27.00

General Fund appropriation to the Department on Aging (IDA) for FY 2019.

DETAIL: This is an increase of \$100,000 and 4.58 full-time equivalent (FTE) positions compared to estimated net FY 2018. The changes include the following:

- An increase of \$100,000 for a Pre-Medicaid Pilot Project.
- An increase of 4.58 FTE positions to match the FY 2018 authorized amount.

2 24 Sec. 2. 2017 Iowa Acts, chapter 174, section 40, subsections
 2 25 2, 4, 5, 6, and 7, are amended to read as follows:

2 26 2. Of the funds appropriated in this section, ~~\$139,973~~
 2 27 \$279,946 is transferred to the economic development authority
 2 28 for the Iowa commission on volunteer services to be used for
 2 29 the retired and senior volunteer program.

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 2018 allocation. The RSVP engages adults age 55 years and older in meaningful volunteer opportunities.

2 30 ~~4. Of the funds appropriated in this section, at least~~
 2 31 ~~\$125,000 shall be used to fund the unmet needs identified~~
 2 32 ~~through Iowa's aging and disability resource center network.~~

Eliminates the allocation for unmet needs.

DETAIL: The funds previously allocated in this Subsection are now allocated to the LifeLong Links Resource Program.

2 33 5. Of the funds appropriated in this section, at
 2 34 least ~~\$300,000~~ \$600,000 shall be used to fund home and
 2 35 community-based services through the area agencies on aging
 3 1 that enable older individuals to avoid more costly utilization

Allocates at least \$600,000 to be used for Home and Community-Based Services (HCBS) provided through Area Agencies on Aging (AAAs).

<p>3 2 of residential or institutional services and remain in their 3 3 own homes.</p>	<p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>3 4 6. Of the funds appropriated in this section, \$406,268 3 5 <u>\$812,537</u> shall be used for the purposes of chapter 231E and 3 6 section 231.56A, of which \$175,000 shall be used for the office 3 7 of substitute decision maker pursuant to chapter 231E, and the 3 8 remainder shall be distributed equally to the area agencies on 3 9 aging to administer the prevention of elder abuse, neglect, and 3 10 exploitation program pursuant to section 231.56A, in accordance 3 11 with the requirements of the federal Older Americans Act of 3 12 1965, 42 U.S.C. §3001 et seq., as amended.</p>	<p>Allocates \$812,537 for the Office of Substitute Decision Maker (OSDM) and for the prevention of elder abuse, neglect, and exploitation.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p> <p>The OSDM suballocation has been eliminated, but the Program and the funding will continue as part of this allocation. 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.</p>
<p>3 13 7. Of the funds appropriated in this section, \$375,000 3 14 <u>\$1,000,000</u> shall be used to fund continuation of the aging 3 15 and disability resource center lifelong links to provide 3 16 individuals and caregivers with information and services to 3 17 plan for and maintain independence.</p>	<p>Allocates \$1,000,000 to continue the LifeLong Links Resource Program.</p> <p>DETAIL: This is an increase of \$250,000 compared to the estimated net FY 2018 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.</p>
<p>3 18 Sec. 3. 2017 Iowa Acts, chapter 174, section 40, subsection 3 19 8, is amended by striking the subsection.</p>	<p>Eliminates the ability of the Department to transfer funds within or between allocations made in this Division.</p>
<p>3 20 Sec. 4. 2017 Iowa Acts, chapter 174, section 40, is amended 3 21 by adding the following new subsection:</p>	<p>Allocates \$100,000 to establish a Pre-Medicaid Pilot Project.</p>
<p>3 22 NEW SUBSECTION 9. Of the funds appropriated in this 3 23 section, \$100,000 shall be used by the department on aging, 3 24 in collaboration with the department of human services and 3 25 affected stakeholders, to design a pilot initiative to provide 3 26 long-term care options counseling utilizing support planning 3 27 protocols, to assist non-Medicaid eligible consumers who 3 28 indicate a preference to return to the community and are 3 29 deemed appropriate for discharge, to return to their community 3 30 following a nursing facility stay. The department on aging 3 31 shall submit the design plan as well as recommendations for 3 32 legislation necessary to administer the initiative, including 3 33 but not limited to legislation to allow the exchange of contact 3 34 information for nursing facility residents appropriate for</p>	<p>DETAIL: This is a new Project for FY 2019. The IDA, in collaboration with the DHS, will submit a design plan to the Governor and General Assembly by December 15, 2018. The Project will work to keep individuals in the community and out of long-term care facilities following a nursing facility stay. The goal of the Project is to gather data on potential savings to Medicaid and apply for an 1115 Medicaid waiver to draw down federal matching funds for a statewide Project.</p>

3 35 discharge planning, to the governor and the general assembly by
4 1 December 15, 2018.

4 2 DIVISION II
4 3 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2018-2019
4 4 Sec. 5. 2017 Iowa Acts, chapter 174, section 41, is amended
4 5 to read as follows:

4 6 SEC. 41. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
4 7 appropriated from the general fund of the state to the office
4 8 of long-term care ombudsman for the fiscal year beginning July
4 9 1, 2018, and ending June 30, 2019, the following amount, or
4 10 so much thereof as is necessary, to be used for the purposes
4 11 designated:

4 12 For salaries, support, administration, maintenance, and
4 13 miscellaneous purposes, and for not more than the following
4 14 full-time equivalent positions:
4 15 \$ 580,140
4 16 1,149,821
4 17 FTEs 16.00

4 18 DIVISION III
4 19 DEPARTMENT OF PUBLIC HEALTH — FY 2018-2019
4 20 Sec. 6. 2017 Iowa Acts, chapter 174, section 42, subsections
4 21 1, 2, 3, 4, 5, 6, 7, and 8, are amended to read as follows:

4 22 1. ADDICTIVE DISORDERS
4 23 For reducing the prevalence of the use of tobacco, alcohol,
4 24 and other drugs, and treating individuals affected by addictive
4 25 behaviors, including gambling, and for not more than the
4 26 following full-time equivalent positions:

4 27 \$ 12,492,915
4 28 24,804,344
4 29 FTEs 40.00
4 30 11.00

4 31 a. (1) Of the funds appropriated in this subsection,
4 32 ~~\$2,010,612~~ \$4,021,225 shall be used for the tobacco use
4 33 prevention and control initiative, including efforts at the
4 34 state and local levels, as provided in chapter 142A. The
4 35 commission on tobacco use prevention and control established
5 1 pursuant to section 142A.3 shall advise the director of
5 2 public health in prioritizing funding needs and the allocation
5 3 of moneys appropriated for the programs and initiatives.
5 4 Activities of the programs and initiatives shall be in
5 5 alignment with the United States centers for disease control
5 6 and prevention best practices for comprehensive tobacco control
5 7 programs that include the goals of preventing youth initiation

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2019.

DETAIL: This is no change in funding and an increase of 0.88 FTE position compared to estimated net FY 2018. The increase in FTE positions is to match the FY 2018 authorized amount.

General Fund appropriation to Addictive Disorders programs.

DETAIL: This is no change in funding and an increase of 1.00 FTE position compared to estimated net FY 2018. The increase in FTE positions is to reflect Department need.

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 (CDC) 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 no change compared to the estimated net FY 2018 allocation. 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

5 8 of tobacco usage, reducing exposure to secondhand smoke,
 5 9 and promotion of tobacco cessation. To maximize resources,
 5 10 the department shall determine if third-party sources are
 5 11 available to instead provide nicotine replacement products
 5 12 to an applicant prior to provision of such products to an
 5 13 applicant under the initiative. The department shall track and
 5 14 report to the individuals specified in this Act, any reduction
 5 15 in the provision of nicotine replacement products realized
 5 16 by the initiative through implementation of the prerequisite
 5 17 screening.

and youths quit, and preventing exposure to secondhand tobacco smoke.

5 18 (2) (a) The department shall collaborate with the
 5 19 alcoholic beverages division of the department of commerce for
 5 20 enforcement of tobacco laws, regulations, and ordinances and to
 5 21 engage in tobacco control activities approved by the division
 5 22 of tobacco use prevention and control of the department of
 5 23 public health as specified in the memorandum of understanding
 5 24 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.

5 25 (b) For the fiscal year beginning July 1, 2018, and ending
 5 26 June 30, 2019, the terms of the memorandum of understanding,
 5 27 entered into between the division of tobacco use prevention
 5 28 and control of the department of public health and the
 5 29 alcoholic beverages division of the department of commerce,
 5 30 governing compliance checks conducted to ensure licensed retail
 5 31 tobacco outlet conformity with tobacco laws, regulations, and
 5 32 ordinances relating to persons under 18 years of age, shall
 5 33 continue to restrict the number of such checks to one check per
 5 34 retail outlet, and one additional check for any retail outlet
 5 35 found to be in violation during the first check.

6 1 b. Of the funds appropriated in this subsection,
 6 2 ~~\$10,482,303~~ \$20,783,119 shall be used for problem gambling and
 6 3 substance-related disorder prevention, treatment, and recovery
 6 4 services, including a 24-hour helpline, public information
 6 5 resources, professional training, youth prevention, and program
 6 6 evaluation.

Allocates \$20,783,119 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The DPH 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 7 c. The requirement of section 123.17, subsection 5, is met
 6 8 by the appropriations and allocations made in this division of
 6 9 this Act for purposes of substance-related disorder treatment
 6 10 and addictive disorders for the fiscal year beginning July 1,
 6 11 2018.

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

DETAIL: This Iowa Code section requires the Department of Commerce to transfer \$2,000,000, plus an amount determined by the

6 12 d. The department of public health, in collaboration with
 6 13 the department of human services, shall engage a stakeholder
 6 14 workgroup to review reimbursement provisions applicable
 6 15 to substance use disorder services providers. The issues
 6 16 considered by the workgroup shall include but are not limited
 6 17 to the adequacy of reimbursement provisions including for
 6 18 both outpatient and residential treatment, whether it is
 6 19 appropriate to rebase reimbursement, whether there is equity in
 6 20 reimbursement compared to the reimbursement methodologies used
 6 21 for providers of similar behavioral health services, and access
 6 22 to substance use disorder services providers including whether
 6 23 the designated number of community mental health centers in the
 6 24 state is sufficient. The workgroup shall review the reports
 6 25 of previous workgroups including those authorized in 2014 Iowa
 6 26 Acts, chapter 1140, section 3, subsection 1, and shall report
 6 27 the workgroup's findings and recommendations to the general
 6 28 assembly on or before December 15, 2018.

General Assembly, from the Beer and Liquor Control Fund to the General Fund for the Comprehensive Substance Abuse Program.

Requires the DPH and the Department of Human Services (DHS) to create a workgroup to review reimbursement equity of substance-related disorder services providers. A report is due to the General Assembly by December 15, 2018.

6 29 2. HEALTHY CHILDREN AND FAMILIES

6 30 For promoting the optimum health status for children,
 6 31 adolescents from birth through 21 years of age, and families,
 6 32 and for not more than the following full-time equivalent
 6 33 positions:

6 34	.....	\$	2,662,816
6 35	.....		5,820,625
7 1	.....	FTEs	42.00
7 2	.....		13.00

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is an increase of \$536,026 and 1.00 FTE position compared to estimated net FY 2018. The changes include:

- An increase of \$156,482 to restore the Audiological Services for Children Program.
- An increase of \$23,000 to restore the Dental Services Program at the University of Iowa.
- An increase of \$15,511 to the Adverse Childhood Experiences allocation.
- An increase of \$300,000 and 1.00 FTE position for the Childhood Obesity Program.
- An increase of \$41,033 to backfill the FY 2018 deappropriation.

7 3 a. Of the funds appropriated in this subsection, not
 7 4 more than ~~\$367,420~~ \$734,841 shall be used for the healthy
 7 5 opportunities for parents to experience success (HOPES)-healthy
 7 6 families Iowa (HFI) program established pursuant to section
 7 7 135.106. The funding shall be distributed to renew the grants
 7 8 that were provided to the grantees that operated the program
 7 9 during the fiscal year ending June 30, 2018.

Limits the General Fund amount used to fund the Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the estimated net FY 2018 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 10 b. In order to implement the legislative intent stated in
 7 11 sections 135.106 and 256I.9, that priority for home visitation
 7 12 program funding be given to programs using evidence-based or
 7 13 promising models for home visitation, it is the intent of the
 7 14 general assembly to phase in the funding priority in accordance
 7 15 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 7 16 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. The funding priority is to be phased in over time.

7 17 c. Of the funds appropriated in this subsection, ~~\$1,537,550~~
 7 18 ~~\$3,075,101~~ shall be used for continuation of the department's
 7 19 initiative to provide for adequate developmental surveillance
 7 20 and screening during a child's first five years. The funds
 7 21 shall be used first to fully fund the current sites to ensure
 7 22 that the sites are fully operational, with the remaining
 7 23 funds to be used for expansion to additional sites. The full
 7 24 implementation and expansion shall include enhancing the scope
 7 25 of the initiative through collaboration with the child health
 7 26 specialty clinics to promote healthy child development through
 7 27 early identification and response to both biomedical and social
 7 28 determinants of healthy development; by monitoring child
 7 29 health metrics to inform practice, document long-term health
 7 30 impacts and savings, and provide for continuous improvement
 7 31 through training, education, and evaluation; and by providing
 7 32 for practitioner consultation particularly for children with
 7 33 behavioral conditions and needs. The department of public
 7 34 health shall also collaborate with the Iowa Medicaid enterprise
 7 35 and the child health specialty clinics to integrate the
 8 1 activities of the first five initiative into the establishment
 8 2 of patient-centered medical homes, community utilities,
 8 3 accountable care organizations, and other integrated care
 8 4 models developed to improve health quality and population
 8 5 health while reducing health care costs. To the maximum extent
 8 6 possible, funding allocated in this paragraph shall be utilized
 8 7 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 2018 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 8 d. Of the funds appropriated in this subsection, ~~\$32,320~~
 8 9 ~~\$64,640~~ shall be distributed to a statewide dental carrier to
 8 10 provide funds to continue the donated dental services program
 8 11 patterned after the projects developed by the lifeline network
 8 12 to provide dental services to indigent individuals who are
 8 13 elderly or with disabilities.

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

DETAIL: This is an increase of \$1,939 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

8 14 e. Of the funds appropriated in this subsection, ~~\$78,244~~
 8 15 ~~\$156,482~~ shall be used to provide audiological services and
 8 16 hearing aids for children. The department may enter into a
 8 17 contract 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 an increase of \$156,482 compared to estimated net FY 2018. Although this Program was included in FY 2018 Health and

8 18 f. Of the funds appropriated in this subsection, ~~\$11,500~~
 8 19 \$23,000 is transferred to the university of Iowa college of
 8 20 dentistry for provision of primary dental services to children.
 8 21 State funds shall be matched on a dollar-for-dollar basis.
 8 22 The university of Iowa college of dentistry shall coordinate
 8 23 efforts with the department of public health, bureau of
 8 24 oral and health delivery systems, to provide dental care to
 8 25 underserved populations throughout the state.

8 26 g. Of the funds appropriated in this subsection, ~~\$25,000~~
 8 27 \$50,000 shall be used to address youth suicide prevention.

8 28 h. Of the funds appropriated in this subsection, ~~\$20,255~~
 8 29 \$40,511 shall be used to support the Iowa effort to address the
 8 30 survey of children who experience adverse childhood experiences
 8 31 known as ACEs.

8 32 i. The department of public health shall continue to
 8 33 administer the program to assist parents in this state with
 8 34 costs resulting from the death of a child in accordance with
 8 35 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
 9 1 subsection 12.

Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

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

DETAIL: This is an increase of \$23,000 compared to estimated net FY 2018. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

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

DETAIL: This is an increase of \$10,054 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation. 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 2:00 pm to 10:00 pm daily.

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

DETAIL: This is an increase of \$15,511 compared to estimated net FY 2018. The appropriation 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 in the Behavioral Risk Factor Surveillance System to further track and study this topic.

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 the 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.

9 2 j. Of the funds appropriated in this subsection, up to
 9 3 \$494,993 shall be used for childhood obesity prevention.

Allocates no more than \$494,993 to be used on childhood obesity prevention.

DETAIL: This is an increase of \$300,000 compared to estimated net FY 2018, but the DPH is not permitted to spend more than this amount. Although this Program was not included in the FY 2018 Health and Human Services Appropriations Act, the Department restarted the Program through a transfer permitted by the Act.

9 4 3. CHRONIC CONDITIONS
 9 5 For serving individuals identified as having chronic
 9 6 conditions or special health care needs, and for not more than
 9 7 the following full-time equivalent positions:
 9 8 \$ 2,085,375
 9 9 4,528,109
 9 10 FTEs 5.00
 9 11 9.00

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is an increase of \$981,352 and 4.00 FTE positions compared to estimated net FY 2018. Changes include:

- An increase of \$64,387 to Child Health Specialty Clinics (CHSC).
- An increase of \$144,097 to the Epilepsy Foundation.
- An increase of \$150,000 to the Melanoma Research and Clinical Trials allocation.
- An increase of \$384,552 to restore the Regional Autism Assistance Program.
- An increase of \$153,755 to the Inherited Metabolic Disorders Program.
- An increase of \$20,850 to the Brain Injury Services Program.
- An increase of \$63,711 to backfill the FY 2018 deappropriation.

9 12 a. Of the funds appropriated in this subsection, ~~\$76,877~~
 9 13 \$153,755 shall be used for grants to individual patients who
 9 14 have an inherited metabolic disorder to assist with the costs
 9 15 of 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 an increase of \$153,755 compared to estimated net FY 2018. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act. 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 16 b. Of the funds appropriated in this subsection, ~~\$540,397~~
 9 17 \$1,055,291 shall be used for the brain injury services program
 9 18 pursuant to section 135.22B, including for contracting with an
 9 19 existing nationally affiliated and statewide organization whose
 9 20 purpose is to educate, serve, and support Iowans with brain
 9 21 injury and their families for resource facilitator services
 9 22 in accordance with section 135.22B, subsection 9, and for

Allocates \$1,055,291 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is an increase of \$20,850 compared to the estimated net FY 2018 allocation. The Brain Injury Services Program, established in Iowa Code section [135.22B](#), works to improve the lives of Iowans

9 23 contracting to enhance brain injury training and recruitment
 9 24 of service providers on a statewide basis. Of the amount
 9 25 allocated in this paragraph, ~~\$47,500~~ \$95,000 shall be used to
 9 26 fund one full-time equivalent position to serve as the state
 9 27 brain injury services program manager.

living with brain injuries and the lives of 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 28 c. Of the funds appropriated in this subsection, ~~\$72,048~~
 9 29 \$144,097 shall be used for the public purpose of continuing
 9 30 to contract with an existing national-affiliated organization
 9 31 to provide education, client-centered programs, and client
 9 32 and family support for people living with epilepsy and their
 9 33 families. The amount allocated in this paragraph in excess
 9 34 of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the
 9 35 organization 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 an increase of \$144,097 compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act. Funding provides for education, client-centered programs, and client and family support for people and families of people living with epilepsy.

10 1 d. Of the funds appropriated in this subsection, ~~\$404,775~~
 10 2 \$809,550 shall be used for child health specialty clinics.

Allocates \$809,550 for the CHSC.

DETAIL: This is an increase of \$86,742 compared to the estimated net FY 2018 allocation. The increase restores two budget reductions in FY 2018. 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. The 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.

10 3 e. Of the funds appropriated in this subsection,
 10 4 ~~\$192,276~~ \$384,552 shall be used by the regional autism
 10 5 assistance program established pursuant to section 256.35,
 10 6 and administered by the child health specialty clinic located
 10 7 at the university of Iowa hospitals and clinics. The funds
 10 8 shall be used to enhance interagency collaboration and
 10 9 coordination of educational, medical, and other human services
 10 10 for persons with autism, their families, and providers of
 10 11 services, including delivering regionalized services of care
 10 12 coordination, family navigation, and integration of services
 10 13 through the statewide system of regional child health specialty
 10 14 clinics and fulfilling other requirements as specified in
 10 15 chapter 225D. The university of Iowa shall not receive funds
 10 16 allocated under this paragraph for indirect costs associated
 10 17 with the regional autism assistance program.

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

DETAIL: This is an increase of \$384,552 compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act. 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>10 18 f. Of the funds appropriated in this subsection, \$288,687 10 19 \$577,375 shall be used for the comprehensive cancer control 10 20 program to reduce the burden of cancer in Iowa through 10 21 prevention, early detection, effective treatment, and ensuring 10 22 quality of life. Of the funds allocated in this paragraph "f", 10 23 \$75,000 <u>\$150,000</u> shall be used to support a melanoma research 10 24 symposium, a melanoma biorepository and registry, basic and 10 25 translational melanoma 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 \$150,000 for the melanoma research program compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.</p>
<p>10 26 g. Of the funds appropriated in this subsection, \$48,766 10 27 <u>\$97,532</u> shall be used for cervical and colon cancer screening, 10 28 and \$88,860 <u>\$177,720</u> shall be used to enhance the capacity of 10 29 the cervical cancer screening program to include provision 10 30 of recommended prevention and early detection measures to a 10 31 broader range of 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 an increase of \$2,584 for cervical and colon cancer screening and \$18,495 for enhanced capacity of the Cervical Cancer Screening Program compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.</p>
<p>10 32 h. Of the funds appropriated in this subsection, \$253,477 10 33 <u>\$506,355</u> shall be used for the center for congenital and 10 34 inherited disorders.</p>	<p>Allocates \$506,355 for the Center for Congenital and Inherited Disorders (CCID) Central Registry.</p> <p>DETAIL: This is an increase of \$18,041 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation. 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 35 i. Of the funds appropriated in this subsection, \$107,634 11 1 <u>\$225,263</u> shall be used by the department of public health 11 2 for reform-related activities, including but not limited to 11 3 facilitation of communication to stakeholders at the state and 11 4 local level, administering the patient-centered health advisory 11 5 council pursuant to section 135.159, and involvement in health 11 6 care system innovation activities occurring across the state.</p>	<p>Allocates \$225,263 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 2018 allocation. This Office serves as a key point of contact for initiatives at the DPH related to the Affordable Care Act, including the Health Benefit 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.</p>
<p>11 7 j. Of the funds appropriated in this subsection, \$11,050 11 8 <u>\$322,100</u> shall be used for administration of chapter 124D <u>124E</u>,</p>	<p>Allocates \$322,100 for the administration of Iowa Code chapter 124E, the Medical Cannabidiol Act.</p>

11 9 the medical cannabidiol Act.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The new law establishes a Medical Cannabidiol Board. It also specifies timelines for licensing manufacturers and dispensaries and requires medical cannabidiol dispensaries to begin dispensing to patients in Iowa by December 1, 2018.

NOTE: [Senate File 2414](#) (FY 2019 Infrastructure Appropriations Act) appropriates \$350,000 from the Technology Reinvestment Fund for the acquisition of a system to track medical cannabidiol sales as well as production, inventory, and delivery of medical cannabidiol.

11 10 4. COMMUNITY CAPACITY

11 11 For strengthening the health care delivery system at the
11 12 local level, and for not more than the following full-time
11 13 equivalent positions:

11 14	.....	\$	1,453,888
11 15			<u>4,970,152</u>
11 16	.....	FTEs	13.00

General Fund appropriation to Community Capacity programs.

DETAIL: This is an increase of \$2,618,273 and no change in FTE positions compared to estimated net FY 2018. The General Fund changes include:

- An increase of \$38,842 to partially backfill FY 2018 deappropriations.
- An increase of \$250,000 for Des Moines University for psychiatric training for physicians.
- An increase of \$2,000,000 to resume funding the Medical Residency Program.
- An increase of \$96,138 to restore the Prevent Blindness Iowa Initiative.
- An increase of \$86,548 for the Free Clinics of Iowa.
- An increase of \$41,745 for Specialty Health Care.
- An increase of \$105,000 for the Drug Donation Program.

11 17 a. Of the funds appropriated in this subsection, ~~\$47,787~~
11 18 \$95,575 is allocated for continuation of the child vision
11 19 screening program implemented through the university of Iowa
11 20 hospitals and clinics in collaboration with early childhood
11 21 Iowa areas. The program shall submit a report to the
11 22 individuals identified in this Act for submission of reports
11 23 regarding the use of funds allocated under this paragraph
11 24 "a". The report shall include the objectives and results for
11 25 the program year including the target population and how the
11 26 funds allocated assisted the program in meeting the objectives;
11 27 the number, age, and location within the state of individuals
11 28 served; the type of services provided to the individuals
11 29 served; the distribution of funds based on service provided;
11 30 and the continuing needs of the program.

Allocates \$95,575 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the DPH to submit a report to the individuals identified in the Act regarding the use of funds allocated to the Iowa KidSight Child Vision Screening Program.

DETAIL: This is an increase of \$2,867 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

11 31 ~~b. Of the funds appropriated in this subsection, \$52,828 is~~
11 32 ~~allocated for continuation of an initiative implemented at the~~

Eliminates an allocation for a UI initiative to expand and improve the mental health treatment and services workforce.

11 33 ~~university of Iowa to expand and improve the workforce engaged~~
 11 34 ~~in mental health treatment and services. The initiative shall~~
 11 35 ~~receive input from the university of Iowa, the department of~~
 12 1 ~~human services, the department of public health, and the mental~~
 12 2 ~~health and disability services commission to address the focus~~
 12 3 ~~of the initiative.~~

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

12 4 ~~—c. Of the funds appropriated in this section, \$41,657 shall~~
 12 5 ~~be deposited in the governmental public health system fund~~
 12 6 ~~created in section 135A.8 to be used for the purposes of the~~
 12 7 ~~fund.~~

Eliminates an allocation transferring funds to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

12 8 d. Of the funds appropriated in this subsection, ~~\$24,034~~
 12 9 ~~\$48,069~~ shall be used for a grant to a statewide association
 12 10 of psychologists that is affiliated with the American
 12 11 psychological association to be used for continuation of a
 12 12 program to rotate intern psychologists in placements in urban
 12 13 and rural mental health professional shortage areas, as defined
 12 14 in section 135.180.

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

DETAIL: This is an increase of \$1,442 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation. 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 leaving the State. The Program targets health professional shortage areas and rural areas.

12 15 e. Of the funds appropriated in this subsection, the
 12 16 following amounts are allocated to be used as follows to
 12 17 support the Iowa collaborative safety net provider network
 12 18 goals of increased access, health system integration, and
 12 19 engagement.
 12 20 (1) Not less than ~~\$260,934~~ \$542,829 is allocated to the
 12 21 Iowa prescription drug corporation for continuation of the
 12 22 pharmaceutical infrastructure for safety net providers as
 12 23 described in 2007 Iowa Acts, chapter 218, section 108, and for
 12 24 the prescription drug donation repository program created in
 12 25 chapter 135M.
 12 26 (2) Not less than ~~\$167,435~~ \$334,870 is allocated to free
 12 27 clinics and free clinics of Iowa for necessary infrastructure,
 12 28 statewide coordination, provider recruitment, service delivery,
 12 29 and provision of assistance to patients in securing a medical
 12 30 home inclusive of oral health care.
 12 31 (3) Not less than ~~\$12,500~~ \$25,000 is allocated to the
 12 32 Iowa association of rural health clinics for necessary
 12 33 infrastructure and service delivery transformation.

Allocates a total of \$1,108,192 to support the goals of the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#). Of that amount, \$542,829 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 \$205,493 to the Polk County Medical Society for specialty health care clinics.

DETAIL: This is an increase of \$259,540 compared to the estimated net FY 2018 allocation. The changes include the following:

- An increase of \$86,548 to the Free Clinics of Iowa allocation to return it to the level prior to an adjustment by the DPH through a general reduction required by the FY 2018 Health and Human Services Appropriations Act.
- An increase of \$41,745 to the Specialty Health Care allocation to return it to the level prior to an adjustment by the DPH through a general reduction required by the FY 2018 Health and Human Services Appropriations Act.
- An increase of \$105,000 to the Iowa Prescription Drug

<p>12 34 (4) Not less than \$50,000 <u>\$205,493</u> is allocated to the</p> <p>12 35 Polk county medical society for continuation of the safety net</p> <p>13 1 provider patient access to a specialty health care initiative</p> <p>13 2 as described in 2007 Iowa Acts, chapter 218, section 109.</p>	<p>Corporation to return it to the level prior to an adjustment by the DPH through a general reduction required by the FY 2018 Health and Human Services Appropriations Act.</p> <ul style="list-style-type: none"> • An increase of \$26,247 to backfill the FY 2018 deappropriation.
<p>13 3 f. Of the funds appropriated in this subsection, \$38,115</p> <p>13 4 <u>\$15,000</u> shall be used by the department in implementing</p> <p>13 5 the recommendations in the final report submitted by the</p> <p>13 6 direct care worker advisory council to the governor and the</p> <p>13 7 general assembly in March 2012, including by continuing to</p> <p>13 8 develop, promote, and make available on a statewide basis the</p> <p>13 9 prepare-to-care core curriculum and its associated modules</p> <p>13 10 and specialties through various formats including online</p> <p>13 11 access, community colleges, and other venues; exploring new and</p> <p>13 12 maintaining existing specialties including but not limited to</p> <p>13 13 oral health and dementia care; supporting instructor training;</p> <p>13 14 and assessing and making recommendations concerning the Iowa</p> <p>13 15 care book and information technology systems and infrastructure</p> <p>13 16 uses and needs.</p>	<p>Allocates \$15,000 for Direct Care Worker Initiative funding.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>13 17 g. Of the funds appropriated in this subsection, \$95,594</p> <p>13 18 <u>\$176,188</u> shall be allocated for continuation of the contract</p> <p>13 19 with an independent statewide direct care worker organization</p> <p>13 20 previously selected through a request for proposals process.</p> <p>13 21 The contract shall continue to include performance and outcomes</p> <p>13 22 measures, and shall continue to allow the contractor to use a</p> <p>13 23 portion of the funds received under the contract to collect</p> <p>13 24 data to determine results based on the performance and outcomes</p> <p>13 25 measures.</p>	<p>Allocates \$176,188 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.</p> <p>DETAIL: This is an increase of \$5,286 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.</p>
<p>13 26 h. Of the funds appropriated in this subsection, the</p> <p>13 27 department may use up to \$29,087 <u>\$58,175</u> for up to one</p> <p>13 28 full-time equivalent position to administer the volunteer</p> <p>13 29 health care 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 2018 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 30 i. Of the funds appropriated in this subsection, \$48,069</p> <p>13 31 <u>\$96,138</u> shall be used for a matching dental education loan</p> <p>13 32 repayment program to be allocated to a dental nonprofit health</p> <p>13 33 service corporation to continue to develop the criteria and</p> <p>13 34 implement 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 2018 allocation. The FIND Project award recipients agree to practice in a designated dentist shortage area and devote at least 35.00% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period.</p>

13 35 ~~—j. Of the funds appropriated in this subsection, \$26,455 is~~
 14 1 ~~transferred to the college student aid commission for deposit~~
 14 2 ~~in the rural Iowa primary care trust fund created in section~~
 14 3 ~~261.113 to be used for the purposes of the fund.~~

Eliminates the transfer to the College Student Aid Commission for deposit in the Primary Care Trust.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the transfer for FY 2018 through a general reduction required by the Act. Historically, this program has also received funding in the Education Appropriations Act.

14 4 k. Of the funds appropriated in this subsection, ~~\$75,000~~
 14 5 \$100,000 shall be used for the purposes of the Iowa donor
 14 6 registry as specified in section 142C.18.

Allocates \$100,000 to the Iowa Donor Registry.

DETAIL: This is an increase of \$3,000 compared to the estimated net FY 2018 allocation.

14 7 l. Of the funds appropriated in this subsection, ~~\$48,069~~
 14 8 \$96,138 shall be used for continuation of a grant to a
 14 9 nationally affiliated volunteer eye organization that has an
 14 10 established program for children and adults and that is solely
 14 11 dedicated to preserving sight and preventing blindness through
 14 12 education, nationally certified vision screening and training,
 14 13 and community and patient service programs. The organization
 14 14 shall submit a report to the individuals identified in this
 14 15 Act for submission of reports regarding the use of funds
 14 16 allocated under this paragraph "l". The report shall include
 14 17 the objectives and results for the program year including
 14 18 the target population and how the funds allocated assisted
 14 19 the program in meeting the objectives; the number, age, and
 14 20 location within the state of individuals served; the type of
 14 21 services provided to the individuals served; the distribution
 14 22 of funds based on services provided; and the continuing needs
 14 23 of the program.

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.

DETAIL: This is an increase of \$96,138 compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the transfer for FY 2018 through a general reduction required by the Act. 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 specifically target children in child care centers and schools.

14 24 m. Of the funds appropriated in this subsection, ~~\$436,327~~
 14 25 \$2,000,000 shall be deposited in the medical residency training
 14 26 account created in section 135.175, subsection 5, paragraph
 14 27 "a", and is appropriated from the account to the department
 14 28 of public health to be used for the purposes of the medical
 14 29 residency training state matching grants program as specified
 14 30 in section 135.176.

Allocates \$2,000,000 for the Medical Residency Training Program.

DETAIL: This is an increase of \$2,000,000 compared to estimated net FY 2018. The Program was not funded in FY 2018, but has been funded in other fiscal years. The Program is a matching grants program to provide State funding to sponsors of accredited graduate medical education residency programs in this State to establish, expand, or support medical residency training programs.

14 31 n. Of the funds appropriated in this subsection, \$250,000
 14 32 shall be used for the public purpose of providing funding to
 14 33 Des Moines university to establish a provider education project

Allocates \$250,000 to Des Moines University to establish a program that trains doctors on identifying and treating patients with mental health needs.

14 34 to provide primary care physicians with the training and skills
 14 35 necessary to recognize signs of mental illness in patients.

DETAIL: This is a new allocation. The State funding represents half of the Program's budgeted need.

15 1 5. ESSENTIAL PUBLIC HEALTH SERVICES
 15 2 To provide public health services that reduce risks and
 15 3 invest in promoting and protecting good health over the
 15 4 course of a lifetime with a priority given to older lowans and
 15 5 vulnerable populations:
 15 6 \$ 4,098,939
 15 7 7,662,464

General Fund appropriation to Essential Public Health Services.

 DETAIL: This is an increase of \$1,522 compared to estimated net FY 2018. The increase is to backfill the FY 2018 deappropriation. 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.

15 8 6. INFECTIOUS DISEASES
 15 9 For reducing the incidence and prevalence of communicable
 15 10 diseases, and for not more than the following full-time
 15 11 equivalent positions:
 15 12 \$ 823,213
 15 13 1,796,426
 15 14 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 an increase of \$43,640 and no change in FTE positions compared to estimated net FY 2018. The increase backfills the FY 2018 deappropriation.

15 15 7. PUBLIC PROTECTION
 15 16 For protecting the health and safety of the public through
 15 17 establishing standards and enforcing regulations, and for not
 15 18 more than the following full-time equivalent positions:
 15 19 \$ 2,097,569
 15 20 4,095,139
 15 21 FTEs 438.00
 15 22 141.00

General Fund appropriation to Public Protection programs.

 DETAIL: This is an increase of \$11,252 and 2.00 FTE positions compared to estimated net FY 2018. The increased funding backfills the FY 2018 deappropriation, and the increased FTE positions reflect Department need.

15 23 a. Of the funds appropriated in this subsection, not more
 15 24 than ~~\$152,350~~ \$304,700 shall be credited to the emergency
 15 25 medical services fund created in section 135.25. Moneys in
 15 26 the emergency medical services fund are appropriated to the
 15 27 department to be used for the purposes of the fund.

Allocates up to \$304,700 for the Emergency Medical Services (EMS) Fund.

 DETAIL: This is no change compared to the estimated net FY 2018 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 28 b. Of the funds appropriated in this subsection, up
 15 29 to ~~\$121,630~~ \$243,260 shall be used for sexual violence

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

15 30 prevention programming through a statewide organization
 15 31 representing programs serving victims of sexual violence
 15 32 through the department's sexual violence prevention program,
 15 33 and for continuation of a training program for sexual assault
 15 34 response team (SART) members, including representatives of
 15 35 law enforcement, victim advocates, prosecutors, and certified
 16 1 medical personnel. The amount allocated in this paragraph "b"
 16 2 shall not be used to supplant funding administered for other
 16 3 sexual violence prevention or victims assistance programs.

DETAIL: This is an increase of \$7,298 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

16 4 c. Of the funds appropriated in this subsection, up to
 16 5 ~~\$287,843~~ \$500,000 shall be used for the state poison control
 16 6 center. Pursuant to the directive under 2014 Iowa Acts,
 16 7 chapter 1140, section 102, the federal matching funds available
 16 8 to the state poison control center from the department of human
 16 9 services under the federal Children's Health Insurance Program
 16 10 Reauthorization Act allotment shall be subject to the federal
 16 11 administrative cap rule of 10 percent applicable to funding
 16 12 provided under Tit.XXI of the federal Social Security Act and
 16 13 included within the department's calculations of the cap.

Allocates up to \$500,000 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

16 14 d. Of the funds appropriated in this subsection, up to
 16 15 ~~\$258,494~~ \$504,796 shall be used for childhood lead poisoning
 16 16 provisions.

Allocates up to \$504,796 for childhood lead poisoning testing.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

16 17 8. RESOURCE MANAGEMENT

General Fund appropriation for Resource Management activities.

16 18 For establishing and sustaining the overall ability of the
 16 19 department to deliver services to the public, and for not more
 16 20 than the following full-time equivalent positions:

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2018.

16 21	.....	\$	485,607
16 22			<u>971,215</u>
16 23	.....	FTEs	4.00

16 24 Sec. 7. 2017 Iowa Acts, chapter 174, section 42, subsections
 16 25 10 and 11, are amended by striking the subsections.

Repeals a budget reduction already incorporated into the DPH budget and language that allows the DPH to transfer funds within or between FY 2019 allocations or appropriations made in this Division.

16 26 DIVISION IV
 16 27 DEPARTMENT OF VETERANS AFFAIRS — FY 2018-2019

16 28 Sec. 8. 2017 Iowa Acts, chapter 174, section 43, is amended
 16 29 to read as follows:
 16 30 SEC. 43. DEPARTMENT OF VETERANS AFFAIRS. There is
 16 31 appropriated from the general fund of the state to the
 16 32 department of veterans affairs for the fiscal year beginning
 16 33 July 1, 2018, and ending June 30, 2019, the following amounts,

16 34 or so much thereof as is necessary, to be used for the purposes
16 35 designated:

17 1 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 17 2 For salaries, support, maintenance, and miscellaneous
 17 3 purposes, and for not more than the following full-time
 17 4 equivalent positions:

17 5	.....	\$	571,278
17 6			<u>1,150,500</u>
17 7	.....	FTEs	15.00

General Fund appropriation to the Department of Veterans Affairs.

DETAIL: This is an increase of \$34,920 and 2.00 FTE positions compared to estimated net FY 2018. The increase in funding is for reclassifying the pay grade of the Director and for providing additional funding for cemetery maintenance. The increase in FTE positions matches the FY 2018 authorized amount.

17 8 2. IOWA VETERANS HOME
 17 9 For salaries, support, maintenance, and miscellaneous
 17 10 purposes:

17 11	.....	\$	3,614,070
17 12			<u>7,162,976</u>

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

DETAIL: This is no change compared to estimated net FY 2018.

17 13 a. The Iowa veterans home billings involving the department
17 14 of human services shall be submitted to the department on at
17 15 least a monthly basis.

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

17 16 b. Within available resources and in conformance with
17 17 associated state and federal program eligibility requirements,
17 18 the Iowa veterans home may implement measures to provide
17 19 financial assistance to or on behalf of veterans or their
17 20 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 21 d. The Iowa veterans home shall continue to include in the
17 22 annual discharge report applicant information and to provide
17 23 for the collection of demographic information including but not
17 24 limited to the number of individuals applying for admission and
17 25 admitted or denied admittance and the basis for the admission
17 26 or denial; the age, gender, and race of such individuals;
17 27 and the level of care for which such individuals applied for
17 28 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 29 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 17 30 For transfer to the Iowa finance authority for the
 17 31 continuation of the home ownership assistance program for
 17 32 persons who are or were eligible members of the armed forces of
 17 33 the United States, pursuant to section 16.54:

17 34	.....	\$	1,000,000
17 35			<u>2,000,000</u>

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 no change compared to estimated net FY 2018. 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 this is a once-in-a-lifetime grant.

18 1 Sec. 9. 2017 Iowa Acts, chapter 174, section 44, is amended

18 2 to read as follows:

18 3 SEC. 44. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
 18 4 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
 18 5 standing appropriation in section 35A.16 for the fiscal year
 18 6 beginning July 1, 2018, and ending June 30, 2019, the amount
 18 7 appropriated from the general fund of the state pursuant to
 18 8 that section for the following designated purposes shall not
 18 9 exceed the following amount:

18 10 For the county commissions of veteran affairs fund under
 18 11 section 35A.16:

18 12	\$	473,962
18 13		<u>990,000</u>

CODE: Requires the FY 2019 General Fund standing appropriation to the County Commissions of Veteran Affairs Fund to be limited to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is an increase of \$51,975 compared to estimated net FY 2018. Funding is used for the administration and maintenance of County Commission of Veteran Affairs Offices. Staff must agree to maintain the current spending levels compared to the previous fiscal year.

18 14 DIVISION V
 18 15 DEPARTMENT OF HUMAN SERVICES — FY 2018-2019
 18 16 Sec. 10. 2017 Iowa Acts, chapter 174, section 45, is amended
 18 17 to read as follows:

18 18 SEC. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 18 19 GRANT. There is appropriated from the fund created in section
 18 20 8.41 to the department of human services for the fiscal year
 18 21 beginning July 1, 2018, and ending June 30, 2019, from moneys
 18 22 received under the federal temporary assistance for needy
 18 23 families (TANF) block grant pursuant to the federal Personal
 18 24 Responsibility and Work Opportunity Reconciliation Act of 1996,
 18 25 Pub.L.No.104-193, and successor legislation, the following
 18 26 amounts, or so much thereof as is necessary, to be used for the
 18 27 purposes designated:

Appropriates moneys from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2019.

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.

18 28 1. To be credited to the family investment program account
 18 29 and used for assistance under the family investment program
 18 30 under chapter 239B:

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the FIP Account.

18 31	\$	2,556,234
18 32		<u>4,539,006</u>

DETAIL: This is a decrease of \$573,456 compared to estimated net FY 2018 due to lower caseloads. 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.

18 33 2. To be credited to the family investment program account
 18 34 and used for the job opportunities and basic skills (JOBS)
 18 35 program and implementing family investment agreements in
 19 1 accordance with chapter 239B:

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the PROMISE JOBS Program.

19 2	\$	2,787,846
19 3		<u>5,412,060</u>

DETAIL: This is a decrease of \$163,633 compared to estimated net FY 2018 due to lower caseloads. 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.

19 4 3. To be used for the family development and
 19 5 self-sufficiency grant program in accordance with section
 19 6 216A.107:
 19 7\$ 1,449,499
 19 82,883,980

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is a decrease of \$15,000 compared to estimated net FY 2018 due to the decrease in administrative expenses for the DHS. 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.

19 9 Notwithstanding section 8.33, moneys appropriated in this
 19 10 subsection that remain unencumbered or unobligated at the close
 19 11 of the fiscal year shall not revert but shall remain available
 19 12 for expenditure for the purposes designated until the close of
 19 13 the succeeding fiscal year. However, unless such moneys are
 19 14 encumbered or obligated on or before September 30, 2019, the
 19 15 moneys shall revert.

CODE: Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2019 to remain available for expenditure in FY 2020.

19 16 4. For field operations:
 19 17\$ 15,648,116
 19 1831,296,232

Appropriates funds from the TANF FY 2019 Block Grant appropriation to Field Operations.

DETAIL: This is no change compared to estimated net FY 2018.

19 19 5. For general administration:
 19 20\$ 1,872,000
 19 213,744,000

Appropriates funds from the TANF FY 2019 Block Grant appropriation to General Administration.

DETAIL: This is no change compared to estimated net FY 2018.

19 22 6. For state child care assistance:
 19 23\$ 23,933,413
 19 2447,166,826

Appropriates funds from the TANF FY 2019 Block Grant appropriation to Child Care Assistance.

DETAIL: This is a decrease of \$700,000 compared to estimated net FY 2018.

19 25 a. Of the funds appropriated in this subsection,
 19 26 ~~\$13,164,048~~ \$26,205,412 is transferred to the child care
 19 27 and development block grant appropriation made by the
 19 28 Eighty-seventh General Assembly, 2018 session, for the federal
 19 29 fiscal year beginning October 1, 2018, and ending September
 19 30 30, 2019. Of this amount, ~~\$100,000~~ \$200,000 shall be used
 19 31 for provision of educational opportunities to registered
 19 32 child care home providers in order to improve services and
 19 33 programs offered by this category of providers and to increase
 19 34 the number of providers. The department may contract with
 19 35 institutions of higher education or child care resource and

Requires the DHS to transfer \$26,205,412 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%.

20 1 referral centers to provide the educational opportunities.
 20 2 Allowable administrative costs under the contracts shall not
 20 3 exceed 5 percent. The application for a grant shall not exceed
 20 4 two pages in length.

20 5 b. Any funds appropriated in this subsection remaining
 20 6 unallocated shall be used for state child care assistance
 20 7 payments for families who are employed including but not
 20 8 limited to individuals enrolled in the family investment
 20 9 program.

20 10 7. For child and family services:
 20 11 \$ 46,190,327
 20 12 32,380,654

20 13 8. For child abuse prevention grants:
 20 14 \$ 62,500
 20 15 125,000

20 16 9. For pregnancy prevention grants on the condition that
 20 17 family planning services are funded:
 20 18 \$ 965,033
 20 19 1,913,203

20 20 Pregnancy prevention grants shall be awarded to programs
 20 21 in existence on or before July 1, 2018, if the programs have
 20 22 demonstrated positive outcomes. Grants shall be awarded to
 20 23 pregnancy prevention programs which are developed after July
 20 24 1, 2018, if the programs are based on existing models that
 20 25 have demonstrated positive outcomes. Grants shall comply with
 20 26 the requirements provided in 1997 Iowa Acts, chapter 208,
 20 27 section 14, subsections 1 and 2, including the requirement that
 20 28 grant programs must emphasize sexual abstinence. Priority in
 20 29 the awarding of grants shall be given to programs that serve
 20 30 areas of the state which demonstrate the highest percentage of
 20 31 unplanned pregnancies of females of childbearing age within the
 20 32 geographic area to be served by the grant.

20 33 10. For technology needs and other resources necessary
 20 34 to meet federal welfare reform reporting, tracking, and case
 20 35 management requirements:
 21 1 \$ 518,593

Specifies that approximately \$22,161,414 will be used for child care assistance for employed individuals enrolled in the FIP.

Appropriates funds from the TANF FY 2019 Block Grant appropriation to Child and Family Services.

DETAIL: This is no change compared to estimated net FY 2018.

Appropriates funds from the TANF FY 2019 Block Grant appropriation for child abuse prevention grants.

DETAIL: This is no change compared to estimated net FY 2018.

Appropriates funds from the TANF FY 2019 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is a decrease of \$16,864 compared to estimated net FY 2018 to reflect actual spending on the Program.

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.

Appropriates funds from the TANF FY 2019 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

21 2 1,037,186

DETAIL: This is no change compared to estimated net FY 2018.

21 3 11. a. Notwithstanding any provision to the contrary,
21 4 including but not limited to requirements in section 8.41 or
21 5 provisions in 2017 or 2018 Iowa Acts regarding the receipt and
21 6 appropriation of federal block grants, federal funds from the
21 7 temporary assistance for needy families block grant received
21 8 by the state and not otherwise appropriated in this section
21 9 and remaining available for the fiscal year beginning July 1,
21 10 2018, are appropriated to the department of human services to
21 11 the extent as may be necessary to be used in the following
21 12 priority order:the family investment program, for state child
21 13 care assistance program payments for families who are employed,
21 14 and for the family investment program share of system costs
21 15 ~~to develop and maintain a new, integrated for~~ eligibility
21 16 ~~determination system and related functions.~~ The federal funds
21 17 appropriated in this paragraph "a" shall be expended only after
21 18 all other funds appropriated in subsection 1 for assistance
21 19 under the family investment program, in subsection 6 for child
21 20 care assistance, or in subsection 10 for technology costs
21 21 related to the family investment program, as applicable, have
21 22 been expended. For the purposes of this subsection, the funds
21 23 appropriated in subsection 6, paragraph "a", for transfer
21 24 to the child care and development block grant appropriation
21 25 are considered fully expended when the full amount has been
21 26 transferred.

CODE: Permits the DHS to carry forward unused TANF funds.

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

21 27 b. The department shall, on a quarterly basis, advise the
21 28 legislative services agency and department of management of
21 29 the amount of funds appropriated in this subsection that was
21 30 expended in the prior quarter.

Requires the DHS to submit quarterly reports to the Legislative Services Agency (LSA) and the Department of Management (DOM) regarding expenditures in this section.

21 31 12. Of the amounts appropriated in this section, ~~\$6,481,004~~
21 32 \$12,962,008 for the fiscal year beginning July 1, 2018, is
21 33 transferred to the appropriation of the federal social services
21 34 block grant made to the department of human services for that
21 35 fiscal year.

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

DETAIL: This is no change compared to estimated net FY 2018.

22 1 13. For continuation of the program providing categorical
22 2 eligibility for the food assistance program as specified
22 3 for the program in the section of this division of this Act
22 4 relating to the family investment program account:
22 5 \$ 12,500
22 6 14,236

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is a decrease of \$10,764 compared to estimated net FY 2018 to reflect actual spending on the Program. 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 and adds the Child Care Assistance Program to the list of programs to which the DHS can transfer available TANF funds.

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

Allocates \$5,000 to the DHS to be used for administrative services.

DETAIL: This is a decrease of \$15,000 compared to the estimated net FY 2018 allocation to reflect actual spending on administration.

Allocates \$6,192,834 of the FY 2019 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 2018 allocation.

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

22 15 15. With the exception of moneys allocated under this
22 16 section for the family development and self-sufficiency grant
22 17 program, to the extent moneys allocated in this section are
22 18 deemed by the department not to be necessary to support the
22 19 purposes for which they are allocated, such moneys may be
22 20 ~~credited used in the same fiscal year for any other purpose~~
22 21 ~~for which funds are allocated in this section or in section 7~~
22 22 ~~of this division for the family investment program account.~~
22 23 ~~If there are conflicting needs, priority shall first be given~~
22 24 to the family investment program account as specified under
22 25 subsection 1 of this section and used for the purposes of
22 26 assistance under the family investment program under chapter
22 27 ~~239B in the same fiscal year, followed by state child care~~
22 28 ~~assistance program payments for families who are employed,~~
22 29 ~~followed by other priorities as specified by the department.~~

22 30 Sec. 11. 2017 Iowa Acts, chapter 174, section 46, subsection
22 31 4, is amended to read as follows:

22 32 4. Moneys appropriated in this division of this Act and
22 33 credited to the FIP account for the fiscal year beginning July
22 34 1, 2018, and ending June 30, 2019, are allocated as follows:

22 35 a. To be retained by the department of human services to
23 1 be used for coordinating with the department of human rights
23 2 to more effectively serve participants in FIP and other shared
23 3 clients and to meet federal reporting requirements under the
23 4 federal temporary assistance for needy families block grant:
23 5 \$ 10,000
23 6 5,000

23 7 b. To the department of human rights for staffing,
23 8 administration, and implementation of the family development
23 9 and self-sufficiency grant program in accordance with section
23 10 216A.107:
23 11 \$ 3,096,417
23 12 6,192,834

23 13 (1) Of the funds allocated for the family development
23 14 and self-sufficiency grant program in this paragraph "b",
23 15 not more than 5 percent of the funds shall be used for the
23 16 administration of the grant program.

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

23 17 (2) The department of human rights may continue to implement
23 18 the family development and self-sufficiency grant program
23 19 statewide during fiscal year 2018-2019.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2019.

23 20 (3) The department of human rights may engage in activities
23 21 to strengthen and improve family outcomes measures and
23 22 data collection systems under the family development and
23 23 self-sufficiency grant program.

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

23 24 c. For the diversion subaccount of the FIP account:
23 25 \$ 407,500
23 26 749,694

Allocates \$749,694 of FY 2019 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.

23 27 A portion of the moneys allocated for the subaccount may
23 28 be used for field operations, salaries, data management
23 29 system development, and implementation costs and support
23 30 deemed necessary by the director of human services in order to
23 31 administer the FIP diversion program. To the extent moneys
23 32 allocated in this paragraph "c" are deemed by the department
23 33 not to be necessary to support diversion activities, such
23 34 moneys may be used for other efforts intended to increase
23 35 engagement by family investment program participants in work,
24 1 education, or training activities, or for the purposes of
24 2 assistance under the family investment program in accordance
24 3 with chapter 239B.

DETAIL: This is a decrease of \$65,306 compared to the estimated net FY 2018 allocation to reflect actual spending levels.

24 4 d. For the food assistance employment and training program:
24 5 \$ 33,294
24 6 66,588

Allocates \$66,588 of FY 2019 FIP funds to the Food Assistance Employment and Training Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

24 7 (1) The department shall apply the federal supplemental
24 8 nutrition assistance program (SNAP) employment and training
24 9 state plan in order to maximize to the fullest extent permitted
24 10 by federal law the use of the 50 percent federal reimbursement
24 11 provisions for the claiming of allowable federal reimbursement
24 12 funds from the United States department of agriculture
24 13 pursuant to the federal SNAP employment and training program
24 14 for providing education, employment, and training services
24 15 for eligible food assistance program participants, including
24 16 but not limited to related dependent care and transportation

Requires the DHS to amend the federal Supplemental Nutrition Assistance Program (SNAP) Employment and Training State Plan to maximize federal matching funds received.

24 17 expenses.

24 18 (2) The department shall continue the categorical federal
24 19 food assistance program eligibility at 160 percent of the
24 20 federal poverty level and continue to eliminate the asset test
24 21 from eligibility requirements, consistent with federal food
24 22 assistance program requirements. The department shall include
24 23 as many food assistance households as is allowed by federal
24 24 law. The eligibility provisions shall conform to all federal
24 25 requirements including requirements addressing individuals who
24 26 are incarcerated or otherwise ineligible.

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

24 27 e. For the JOBS program:
24 28 \$ 6,761,645
24 29 12,139,821

Permits the DHS to allocate \$12,139,821 of the FY 2019 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a reduction of \$1,383,469 compared to the estimated net FY 2018 allocation due to lower caseloads.

24 30 Sec. 12. 2017 Iowa Acts, chapter 174, section 46, is amended
24 31 by adding the following new subsection:

24 32 NEW SUBSECTION 7. The department of human services shall
24 33 convene a workgroup to review opportunities to increase state
24 34 engagement in the supplemental nutrition assistance program
24 35 (SNAP) employment and training program. The workgroup shall
25 1 explore the feasibility of expansion of the current pilot
25 2 program to a statewide basis, the potential involvement of
25 3 community-based organizations to the extent allowed by federal
25 4 law, and the leveraging of state and private funding to match
25 5 available federal funds. The membership of the workgroup
25 6 shall include representatives of the department of human
25 7 services, community colleges, community-based organizations
25 8 serving SNAP recipients, philanthropic organizations, and other
25 9 stakeholders with relevant interest or expertise as determined
25 10 by the department. The workgroup shall submit a report of its
25 11 findings and recommendations to the governor and the general
25 12 assembly by December 15, 2018.

Requires the DHS to convene a workgroup to review opportunities to increase State engagement in the SNAP. The workgroup is required to submit a report to the Governor and General Assembly by December 15, 2018.

25 13 Sec. 13. 2017 Iowa Acts, chapter 174, section 47, unnumbered
25 14 paragraph 2, is amended to read as follows:

25 15 To be credited to the family investment program (FIP)
25 16 account and used for family investment program assistance under
25 17 chapter 239B:
25 18 \$ 21,502,240
25 19 40,365,715

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 decrease of \$2,268,765 compared to estimated net FY 2018. The changes include:

- A decrease of \$2,278,765 due to declining caseloads in the FIP and PROMISE JOBS programs.
- An increase of \$10,000 for the Parenting Program.

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).

25 20 Sec. 14. 2017 Iowa Acts, chapter 174, section 47,
25 21 subsections 1, 2, 4, and 5, are amended to read as follows:

25 22 1. Of the funds appropriated in this section, ~~\$3,973,798~~
25 23 \$6,727,761 is allocated for the JOBS program.

General Fund allocation of \$6,727,761 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,219,836 compared to the estimated net FY 2018 allocation, due to declining caseloads and the cost per case.

25 24 2. Of the funds appropriated in this section, ~~\$1,656,927~~
25 25 \$3,313,854 is allocated for the family development and
25 26 self-sufficiency grant program.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

25 27 4. Of the funds appropriated in this section, ~~\$97,839~~
25 28 \$195,678 shall be used for continuation of a grant to an
25 29 Iowa-based nonprofit organization with a history of providing
25 30 tax preparation assistance to low-income Iowans in order to
25 31 expand the usage of the earned income tax credit. The purpose
25 32 of the grant is to supply this assistance to underserved areas
25 33 of the state.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

25 34 5. Of the funds appropriated in this section, ~~\$30,000~~
25 35 \$70,000 shall be used for the continuation of ~~an unfunded pilot~~
26 1 ~~project~~ the parenting program, as defined specified in 441 IAC
26 2 ~~400-4 100~~, relating to parental obligations, in which the child
26 3 support recovery unit participates, to support the efforts
26 4 of a nonprofit organization committed to strengthening the
26 5 community through youth development, healthy living, and social
26 6 responsibility headquartered in a county with a population
26 7 over 350,000 according to the latest certified federal
26 8 census. The funds allocated in this subsection shall be used
26 9 by the recipient organization to develop a larger community
26 10 effort, through public and private partnerships, to support a
26 11 broad-based multi-county ~~fatherhood~~ parenthood initiative that
26 12 promotes payment of child support obligations, improved family
26 13 relationships, and full-time employment.

General Fund allocation of \$70,000 for the Parenting Program (formerly the Fatherhood Initiative Pilot Project).

DETAIL: This is an increase of \$10,000 compared to the estimated net FY 2018 allocation. The Parenting Program at the John R. Grubb YMCA in Des Moines, Iowa, is a program designed to strengthen parental skills and involvement of men who are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

26 14 Sec. 15. 2017 Iowa Acts, chapter 174, section 48, unnumbered
26 15 paragraph 2, is amended to read as follows:

26 16 For child support recovery, including salaries, support,
26 17 maintenance, and miscellaneous purposes, and for not more than
26 18 the following full-time equivalent positions:

26 19	.....	\$	6,293,317
26 20			<u>14,586,635</u>
26 21	.....	FTEs	459.00

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is an increase of \$2,000,000 and 42.00 FTE positions compared to estimated net FY 2018. The changes include:

- An increase of \$2,000,000 to replace one-time funding used in FY 2018.
- An increase of 42.00 FTE positions to match the FY 2018 authorized amount.

26 22 Sec. 16. 2017 Iowa Acts, chapter 174, section 48, subsection
26 23 1, is amended to read as follows:

26 24 1. The department shall expend up to ~~\$12,164~~ \$24,329,
26 25 including federal financial participation, for the fiscal year
26 26 beginning July 1, 2018, for a child support public awareness
26 27 campaign. The department and the office of the attorney
26 28 general shall cooperate in continuation of the campaign. The
26 29 public awareness campaign shall emphasize, through a variety
26 30 of media activities, the importance of maximum involvement of
26 31 both parents in the lives of their children as well as the
26 32 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2019 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 2018 allocation.

26 33 Sec. 17. 2017 Iowa Acts, chapter 174, section 48, subsection
26 34 4, is amended by striking the subsection.

Eliminates obsolete language related to the Child Support Recovery Unit.

DETAIL: The DHS adopted rules that will take effect July 1, 2018, that replace the language.

26 35 Sec. 18. 2017 Iowa Acts, chapter 174, section 51, unnumbered
27 1 paragraph 2, is amended to read as follows:

27 2 For medical assistance program reimbursement and associated
27 3 costs as specifically provided in the reimbursement
27 4 methodologies in effect on June 30, 2018, except as otherwise
27 5 expressly authorized by law, consistent with options under
27 6 federal law and regulations, and contingent upon receipt of
27 7 approval from the office of the governor of reimbursement for
27 8 each abortion performed under the program:

27 9	.....	\$	642,202,870
27 10			<u>1,337,841,375</u>

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$54,848,958 compared to estimated net FY 2018. The changes include:

- An increase of \$54,360,743 to fund the Program at the Medicaid Forecasting Group's March 2018 estimate, which does not include an increase for Medicaid capitation rates.
- An increase of \$3,000,000 to increase tiered rates beginning July 1, 2018.
- An increase of \$1,545,530 to the provisions related to Medicaid

- oversight in Division XXV of this Act.
- An increase of \$1,000,000 for Home Health Low Utilization Payment Adjustment (LUPA) rates.
 - An increase of \$876,015 to fund HF 2456 (FY 2019 Mental Health Complex Services Needs Act).
 - An increase of \$488,033 to increase the age of eligibility for special population nursing facilities to include young adults up to age 30.
 - An increase of \$195,000 to fund a partnership between the University of Iowa Hospitals and Clinics (UIHC) and a nonprofit entity to refurbish durable medical equipment (DME). *The Governor vetoed this allocation.*
 - An increase of \$140,314 to restore retroactive eligibility for residents of long-term care facilities.
 - A decrease of \$6,756,677 to annualize the elimination of the State match for the Disproportionate Share Hospital (DSH) Program and the Graduate Medical Education (GME) Program for the UIHC and Broadlawns Hospital. This change was implemented for two months of FY 2018 in [SF 2117](#) (FY 2018 Budget Adjustment Act). The UIHC and Broadlawns will be required to provide the State match to draw down federal funds for both Programs.

27 11 Sec. 19. 2017 Iowa Acts, chapter 174, section 51,
27 12 subsections 3, 4, 5, 6, 7, 8, 14, 17, 18, and 19, are amended
27 13 to read as follows:

27 14 3. The department shall utilize not more than ~~\$30,000~~
27 15 \$60,000 of the funds appropriated in this section to continue
27 16 the AIDS/HIV health insurance premium payment program as
27 17 established in 1992 Iowa Acts, Second Extraordinary Session,
27 18 chapter 1001, section 409, subsection 6. Of the funds
27 19 allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may
27 20 be expended for administrative 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 2018 allocation.

27 21 4. Of the funds appropriated in this Act to the
27 22 department of public health for addictive disorders, ~~\$475,000~~
27 23 \$950,000 for the fiscal year beginning July 1, 2018, is
27 24 transferred to the department of human services for an
27 25 integrated substance-related disorder managed care system.
27 26 The departments of human services and public health shall
27 27 work together to maintain the level of mental health and
27 28 substance-related disorder treatment services provided by the
27 29 managed care contractors. Each department shall take the steps
27 30 necessary to continue the federal waivers as necessary to
27 31 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 2018 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

27 32 5. a. The department shall aggressively pursue options for
 27 33 providing medical assistance or other assistance to individuals
 27 34 with special needs who become ineligible to continue receiving
 27 35 services under the early and periodic screening, diagnostic,
 28 1 and treatment program under the medical assistance program
 28 2 due to becoming 21 years of age who have been approved for
 28 3 additional assistance through the department's exception to
 28 4 policy provisions, but who have health care needs in excess
 28 5 of the funding available through the exception to policy
 28 6 provisions.

28 7 b. Of the funds appropriated in this section, ~~\$50,000~~
 28 8 \$100,000 shall be used for participation in one or more
 28 9 pilot projects operated by a private provider to allow the
 28 10 individual or individuals to receive service in the community
 28 11 in accordance with principles established in *Olmstead v.*
 28 12 *L.C.*, 527 U.S.581 (1999), for the purpose of providing
 28 13 medical assistance or other assistance to individuals with
 28 14 special needs who become ineligible to continue receiving
 28 15 services under the early and periodic screening, diagnostic,
 28 16 and treatment program under the medical assistance program
 28 17 due to becoming 21 years of age who have been approved for
 28 18 additional assistance through the department's exception to
 28 19 policy provisions, but who have health care needs in excess
 28 20 of the funding available through the exception to the policy
 28 21 provisions.

28 22 6. Of the funds appropriated in this section, up to
 28 23 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field
 28 24 operations or general administration appropriations in this
 28 25 division of this Act for operational costs associated with Part
 28 26 D of the federal Medicare Prescription Drug Improvement and
 28 27 Modernization Act of 2003, Pub.L.No.108-173.

28 28 7. Of the funds appropriated in this section, up to
 28 29 ~~\$224,050~~ \$442,100 may be transferred to the appropriation in
 28 30 this division of this Act for medical contracts to be used
 28 31 for clinical assessment services and prior authorization of
 28 32 services.

28 33 8. A portion of the funds appropriated in this section
 28 34 may be transferred to the appropriations in this division of
 28 35 this Act for general administration, medical contracts, the
 29 1 children's health insurance program, or field operations to be
 29 2 used for the state match cost to comply with the payment error
 29 3 rate measurement (PERM) program for both the medical assistance

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

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

29 4 and children's health insurance programs as developed by the
 29 5 centers for Medicare and Medicaid services of the United States
 29 6 department of health and human services to comply with the
 29 7 federal Improper Payments Information Act of 2002, Pub.L.
 29 8 No.107-300, and to support other reviews and quality control
 29 9 activities to improve the integrity of these programs.

DETAIL: The PERM Program measures improper payments in Medicaid and the 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.

29 10 14. Of the funds appropriated in this section, ~~\$174,505~~
 29 11 \$349,011 shall be used for the administration of the health
 29 12 insurance premium payment program, including salaries, support,
 29 13 maintenance, and miscellaneous purposes.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

29 14 17. a. Of the funds appropriated in this section, up
 29 15 to ~~\$25,000~~ \$50,000 may be transferred by the department to
 29 16 the appropriation made in this division of this Act to the
 29 17 department for the same fiscal year for general administration
 29 18 to be used for associated administrative expenses and for not
 29 19 more than one full-time equivalent position, in addition to
 29 20 those authorized for the same fiscal year, to be assigned to
 29 21 implementing the children's mental health home project.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

29 22 b. Of the funds appropriated in this section, up to
 29 23 ~~\$200,000~~ \$400,000 may be transferred by the department to
 29 24 the appropriation made to the department in this division of
 29 25 this Act for the same fiscal year for Medicaid program-related
 29 26 general administration planning and implementation activities.
 29 27 The funds may be used for contracts or for personnel in
 29 28 addition to the amounts appropriated for and the positions
 29 29 authorized for general administration for the fiscal year.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

29 30 c. Of the funds appropriated in this section, up to
 29 31 ~~\$1,500,000~~ \$3,000,000 may be transferred by the department
 29 32 to the appropriations made in this division of this Act
 29 33 for the same fiscal year for general administration or
 29 34 medical contracts to be used to support the development
 29 35 and implementation of standardized assessment tools for
 30 1 persons with mental illness, an intellectual disability, a
 30 2 developmental disability, or a brain injury.

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.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

30 3 18. Of the funds appropriated in this section, ~~\$75,000~~
 30 4 \$150,000 shall be used for lodging expenses associated with
 30 5 care provided at the university of Iowa hospitals and clinics
 30 6 for patients with cancer whose travel distance is 30 miles or
 30 7 more and whose income is at or below 200 percent of the federal

Allocates \$150,000 to the UIHC to be used for lodging expenses for cancer patients with income below 200.00% of the federal poverty level who travel 30 miles or more to receive treatment.

DETAIL: This is no change compared to the estimated net FY 2018

30 8 poverty level as defined by the most recently revised poverty
 30 9 income guidelines published by the United States department of
 30 10 health and human services. The department of human services
 30 11 shall establish the maximum number of overnight stays and the
 30 12 maximum rate reimbursed for overnight lodging, which may be
 30 13 based on the state employee rate established by the department
 30 14 of administrative services. The funds allocated in this
 30 15 subsection shall not be used as nonfederal share matching
 30 16 funds.

allocation.

30 17 19. Of the funds appropriated in this section, up to
 30 18 ~~\$1,691,940~~ \$3,383,880 shall be used for administration of the
 30 19 state family planning services program as enacted in this 2017
 30 20 Act, and of this amount the department may use ~~to up to \$100,000~~
 30 21 up to \$200,000 for administrative expenses.

Allocates \$3,383,880 to administer the State Family Planning Services Program. Permits up to \$200,000 to be used for administrative expenses.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

30 22 Sec. 20. 2017 Iowa Acts, chapter 174, section 51, is amended
 30 23 by adding the following new subsections:

30 24 NEW SUBSECTION 22. Of the funds appropriated in this
 30 25 section, \$195,000 shall be used by the department of human
 30 26 services through a request for proposals process to establish
 30 27 a partnership between the university of Iowa hospitals
 30 28 and clinics and a durable medical equipment provider and
 30 29 manufacturer to provide new, refurbished, or repaired durable
 30 30 medical equipment to Medicaid members in the state. Such
 30 31 durable medical equipment provider and manufacturer shall be
 30 32 authorized as a Medicaid provider in the state on or after
 30 33 April 1, 2018, and shall have the capability to provide
 30 34 assessments for customized wheelchairs, manufacture bathing aid
 30 35 equipment and mobility bathing aids, offer in-home care, and
 31 1 sell durable medical equipment at cost in Iowa and online.

Allocates \$195,000 to the DHS to issue an RFP to establish a partnership between the UIHC and an authorized Medicaid Durable Medical Equipment (DME) provider to provide new, refurbished, or repaired DME.

DETAIL: This is a new allocation for FY 2019.

VETOED

VETOED: The Governor vetoed this paragraph and stated there is nothing in current law that would prevent a durable medical equipment vendor from independently responding to a request for proposal and/or providing durable medical equipment products and services in the State of Iowa. The Governor stated that the request for proposal process should be applied fairly and competitively to all providers of durable medical equipment and not limited in a way that excludes Iowa's existing providers.

31 2 NEW SUBSECTION 23. The department of human services shall
 31 3 expand Medicaid coverage to provide care for young adults with
 31 4 complex medical conditions in a special population nursing
 31 5 facility as specified by rule of the department pursuant to
 31 6 this subsection. The department shall adopt rules pursuant to
 31 7 chapter 17A to expand the criteria for a special population
 31 8 nursing facility under the Medicaid program to include a
 31 9 nursing facility that serves residents, 100 percent of whom are
 31 10 aged 30 and under and require the skilled level of care, and to
 31 11 include a nursing facility that serves residents, 100 percent
 31 12 of whom require care from a facility licensed by the department

Increases the eligible age for admittance to special population nursing facilities for young adults with complex medical conditions up to age 30.

FISCAL IMPACT: This change is estimated to cost the Medicaid Program \$488,000 in FY 2019.

31 13 of inspections and appeals as an intermediate care facility
 31 14 for persons with medical complexity as defined by rule of the
 31 15 department.

31 16 NEW SUBSECTION 24. Consistent with the informational
 31 17 bulletin published May 9, 2017, by the centers for Medicare and
 31 18 Medicaid services of the United States department of health and
 31 19 human services, in implementing the regulation that finalized
 31 20 criteria for home and community-based settings appropriate for
 31 21 provision of home and community-based services, the department
 31 22 of human services shall continue progress with the statewide
 31 23 transition plan to be approved by March 17, 2019, but shall
 31 24 extend the transition period to demonstrate compliance with
 31 25 the home and community-based settings criteria until March 17,
 31 26 2022, for those settings to which a transition period applies.

Requires the DHS to delay implementation of federal guidelines related to home and community-based setting criteria until March 17, 2022, to match the delay in the changes to federal law.

31 27 NEW SUBSECTION 25. The department of human services shall
 31 28 utilize \$3,000,000 of the funds appropriated under this section
 31 29 to adjust current supported community living provider daily
 31 30 rate cells under the tiered rate reimbursement methodology
 31 31 effective with dates of service beginning July 1, 2018. The
 31 32 department shall work with the Medicaid program actuary to
 31 33 evaluate the current tiered rates and the tiered rates phase-in
 31 34 plan to determine the necessary apportionment of such funds.
 31 35 In addition, the department, working with the Medicaid program
 32 1 actuary, shall review the current tiered rates and the tiered
 32 2 rates phase-in plan and shall propose recommendations for any
 32 3 changes. The department shall convene the tiered rate provider
 32 4 workgroup initially convened in the fiscal year beginning July
 32 5 1, 2016, to review the actuarial findings and recommendations.
 32 6 The tiered rates may be adjusted based upon the actuarial
 32 7 findings and recommendations if such adjustments are budget
 32 8 neutral. A report of the actuarial findings, recommendations,
 32 9 and comments provided by the tiered rate provider workgroup
 32 10 shall be submitted to the governor and the general assembly by
 32 11 December 15, 2018. If additional funding is appropriated to
 32 12 implement the recommendations, the additional funding shall be
 32 13 incorporated into the managed care organization capitation rate
 32 14 setting process for the fiscal year beginning July 1, 2019.

Allocates \$3,000,000 to provide additional funding beginning July 1, 2018, for tiered rate reimbursement.

DETAIL: This is a new allocation for FY 2019. The DHS is required to work with an actuary to evaluate the tiered rates to appropriately distribute the funds provided for supported community living tiered rates. In addition, the DHS is required to convene a Tiered Rate Workgroup to review actuarial findings and recommendations. The tiered rates may be adjusted if the changes are budget neutral. The DHS is required to submit a report of the actuarial findings, recommendations, and comments provided by the Tiered Rate Workgroup to the Governor and General Assembly by December 15, 2018. Additionally, the subsection specifies that if additional funding is provided, it should be incorporated into the FY 2020 MCO capitation rates.

32 15 NEW SUBSECTION 26. The department of human services shall
 32 16 review all current Medicaid fee schedules and shall submit a
 32 17 report to the governor and the general assembly by January 15,
 32 18 2019, regarding how the current rates compare to the equivalent
 32 19 Medicare fee schedules or other appropriate reimbursement
 32 20 methodologies for specific services and including a plan for
 32 21 phased-in implementation of any changes.

Requires the DHS to review all current Medicaid fee schedules regarding how the current rates compare to the equivalent Medicare fee schedules and other appropriate reimbursement methodologies and submit a report to the Governor and General Assembly by January 15, 2019.

32 22 NEW SUBSECTION 27. Of the funds appropriated in this
 32 23 section, \$1,545,530 shall be used and may be transferred to
 32 24 other appropriations in this division of this Act as necessary
 32 25 to administer the provisions in the division of this Act
 32 26 relating to Medicaid program administration.

Allocates \$1,545,530 to implement Division XXV related to Medicaid Oversight.

 DETAIL: This is a new allocation for FY 2019. The DHS is allowed to transfer funds to other appropriations as necessary to implement the Division.

32 27 NEW SUBSECTION 28. Of the funds appropriated in this
 32 28 section, \$876,015 shall be used and may be transferred to other
 32 29 appropriations in this division of this Act as necessary to
 32 30 administer the provisions of 2018 Iowa Acts, House File 2456,
 32 31 as enacted.

Allocates \$876,015 to implement [HF 2456](#) (Mental Health Complex Needs Workgroup Report Act).

 DETAIL: This is a new allocation for FY 2019. The DHS is allowed to transfer funds to other appropriations as necessary to implement the Act.

32 32 Sec. 21. 2017 Iowa Acts, chapter 174, section 52, is amended
 32 33 to read as follows:

32 34 SEC. 52. MEDICAL CONTRACTS. There is appropriated from the
 32 35 general fund of the state to the department of human services
 33 1 for the fiscal year beginning July 1, 2018, and ending June 30,
 33 2 2019, the following amount, or so much thereof as is necessary,
 33 3 to be used for the purpose designated:
 33 4 For medical contracts:
 33 5 \$ 8,813,232
 33 6 16,603,198

General Fund appropriation to Medical Contracts.

 DETAIL: This is a net decrease of \$709,009 compared to estimated net FY 2018. The changes include:

- A decrease of \$202,000 to reflect the Governor's FY 2018 veto of funding for a Drake University Autism Program.
- A decrease of \$646,266 due to additional funding from the Pharmaceutical Settlement Account.
- A decrease of \$175,000 due to surplus funds.
- An increase of \$314,257 to backfill the FY 2018 deappropriation.

33 7 1. The department of inspections and appeals shall
 33 8 provide all state matching funds for survey and certification
 33 9 activities performed by the department of inspections
 33 10 and appeals. The department of human services is solely
 33 11 responsible for distributing the federal matching funds for
 33 12 such activities.

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

33 13 2. Of the funds appropriated in this section, ~~\$25,000~~
 33 14 \$50,000 shall be used for continuation of home and
 33 15 community-based services waiver quality assurance programs,
 33 16 including the review and streamlining of processes and policies
 33 17 related to oversight and quality management to meet state and
 33 18 federal requirements.

Allocates \$50,000 for the 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 2018 allocation. The Program reviews policies related to oversight and quality management to meet State and federal requirements.

33 19 3. Of the amount appropriated in this section, up to
 33 20 ~~\$100,000~~ \$200,000 may be transferred to the appropriation
 33 21 for general administration in this division of this Act to

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.

<p>33 22 be used for additional full-time equivalent positions in the 33 23 development of key health initiatives such as cost containment, 33 24 development and oversight of managed care programs, and 33 25 development of health strategies targeted toward improved 33 26 quality and reduced costs in the Medicaid program.</p>	<p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>33 27 4. Of the funds appropriated in this section, \$500,000 33 28 \$1,000,000 shall be used for planning and development, 33 29 in cooperation with the department of public health, of a 33 30 phased-in program to provide a dental home for children.</p>	<p>Allocates \$1,000,000 to the I-Smile Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation. The I-Smile Dental Home Initiative is a program that helps Iowa's children connect with dental services.</p>
<p>33 31 5. Of the funds appropriated in this section, \$475,000 33 32 \$573,000 shall be credited to the autism support program fund 33 33 created in section 225D.2 to be used for the autism support 33 34 program created in chapter 225D, with the exception of the 33 35 following amounts of this allocation which shall be used as 34 1 follows:</p>	<p>Allocates \$573,000 to the Autism Support Program.</p> <p>DETAIL: This is a decrease of \$452,000 compared to the estimated net FY 2018 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.</p>
<p>34 2 —a. Of the funds allocated in this subsection, \$125,000 34 3 shall be deposited in the board-certified behavior analyst and 34 4 board-certified assistant behavior analyst grants program fund 34 5 created in section 135.181, to be used for the purposes of the 34 6 fund.</p>	<p>Eliminates the allocation for board-certified behavioral analyst and board-certified assistant behavioral analyst grants.</p> <p>DETAIL: This allocation has not been funded since FY 2017.</p>
<p>34 7 b. Of the funds allocated in this subsection, \$12,500 34 8 \$25,000 shall be used for the public purpose of continuation 34 9 of a grant to a <u>nonprofit provider of child welfare services</u> 34 10 <u>provider headquartered that has been in existence for more than</u> 34 11 <u>115 years, is located</u> in a county with a population between 34 12 205,000 200,000 and 245,000 in 220,000 according to the latest 34 13 certified federal census that provides multiple services 34 14 including but not limited to, is licensed as a psychiatric 34 15 medical institution for children, shelter, residential 34 16 treatment, after school programs, and provides school-based 34 17 programming, and an Asperger's syndrome program, to be used for 34 18 support services for children with autism spectrum disorder and 34 19 their families.</p>	<p>Allocates \$25,000 from the \$573,000 Autism Support Program allocation to Tanager Place for various autism spectrum disorder services.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Program was previously located at Four Oaks in Cedar Rapids.</p>
<p>34 20 —c. Of the funds allocated in this subsection, \$12,500 34 21 shall be used for the public purpose of continuing a grant to 34 22 a hospital-based provider headquartered in a county with a 34 23 population between 90,000 and 95,000 in the latest certified 34 24 federal census that provides multiple services including 34 25 but not limited to diagnostic, therapeutic, and behavioral 34 26 services to individuals with autism spectrum disorder across</p>	<p>Eliminates the allocation for a grant for a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.</p> <p>DETAIL: The hospital previously offering these services discontinued the project.</p>

34 27 ~~one's lifespan. The grant recipient shall utilize the funds~~
 34 28 ~~to continue the pilot project to determine the necessary~~
 34 29 ~~support services for children with autism spectrum disorder and~~
 34 30 ~~their families to be included in the children's disabilities~~
 34 31 ~~services system. The grant recipient shall submit findings and~~
 34 32 ~~recommendations based upon the results of the pilot project~~
 34 33 ~~to the individuals specified in this division of this Act for~~
 34 34 ~~submission of reports by December 31, 2018.~~

34 35 Sec. 22. 2017 Iowa Acts, chapter 174, section 53, unnumbered
 35 1 paragraph 2, is amended to read as follows:

35 2 For the state supplementary assistance program:
 35 3 \$ 5,186,329
 35 4 10,250,873

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is an increase of \$378,215 compared to estimated net FY 2018 to partially backfill the FY 2018 deappropriation.

35 5 Sec. 23. 2017 Iowa Acts, chapter 174, section 53, is amended
 35 6 by adding the following new subsection:

35 7 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys
 35 8 appropriated in this section that remain unencumbered or
 35 9 unobligated at the close of the fiscal year shall not revert
 35 10 but shall remain available for expenditure for the purposes
 35 11 designated until the close of the succeeding fiscal year.

CODE: Allows the DHS to carry forward State Supplementary Assistance funds to be used for the Program in FY 2020.

35 12 Sec. 24. 2017 Iowa Acts, chapter 174, section 54, is amended
 35 13 to read as follows:

35 14 SEC. 54. CHILDREN'S HEALTH INSURANCE PROGRAM.

35 15 1. There is appropriated from the general fund of the
 35 16 state to the department of human services for the fiscal year
 35 17 beginning July 1, 2018, and ending June 30, 2019, the following
 35 18 amount, or so much thereof as is necessary, to be used for the
 35 19 purpose designated:

35 20 For maintenance of the healthy and well kids in Iowa (hawk-i)
 35 21 program pursuant to chapter 514I, including supplemental dental
 35 22 services, for receipt of federal financial participation under
 35 23 Tit.XXI of the federal Social Security Act, which creates the
 35 24 children's health insurance program:
 35 25 \$ 4,259,226
 35 26 7,064,057

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the Healthy and Well Kids in Iowa (*hawk-i*) Program.

DETAIL: This is a net decrease of \$1,354,395 compared to estimated net FY 2018. The changes include:

- An increase of \$41,286 to reflect the current *hawk-i* Program forecasted need.
- A decrease of \$1,395,681 due to an adjustment to the Federal Medical Assistance Percentage (FMAP) rate.

35 27 2. Of the funds appropriated in this section, ~~\$21,400~~
 35 28 \$42,800 is allocated for continuation of the contract for
 35 29 outreach with the department of public health.

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

DETAIL: This is no change compared to the estimated net FY 2018

allocation.

General Fund appropriation to the DHS for Child Care Assistance (CCA).

DETAIL: This is a net increase of \$1,473,315 compared to estimated net FY 2018. The changes include:

- An increase of \$14,476,959 to reflect the current CCA Program forecasted need.
- A decrease of \$16,703,644 to use additional Child Care Development Fund dollars.
- An increase of \$700,000 to use more General Fund dollars instead of TANF funds to cover the Program.
- An increase of \$3,000,000 to increase certain provider rates specified in the Act.

35 30 Sec. 25. 2017 Iowa Acts, chapter 174, section 55, unnumbered
 35 31 paragraph 2, is amended to read as follows:
 35 32 For child care programs:
 35 33 \$ ~~19,671,808~~
 35 34 40,816,931

Allocates \$34,966,931 to the State CCA Program.

DETAIL: This is an increase of \$1,473,315 compared to the estimated net FY 2018 allocation.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

35 35 Sec. 26. 2017 Iowa Acts, chapter 174, section 55,
 36 1 subsections 1 and 4, are amended to read as follows:

 36 2 1. Of the funds appropriated in this section, ~~\$16,746,808~~
 36 3 \$34,966,931 shall be used for state child care assistance in
 36 4 accordance with section 237A.13.

36 5 4. Of the funds appropriated in this section, ~~\$2,925,000~~
 36 6 \$5,850,000 shall be credited to the early childhood programs
 36 7 grants account in the early childhood Iowa fund created
 36 8 in section 256I.11. The moneys shall be distributed for
 36 9 funding of community-based early childhood programs targeted
 36 10 to children from birth through five years of age developed
 36 11 by early childhood Iowa areas in accordance with approved
 36 12 community plans as provided in section 256I.8.

36 13 Sec. 27. 2017 Iowa Acts, chapter 174, section 56, is amended
 36 14 to read as follows:

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$1,412,000 and 14.70 FTE positions compared to estimated net FY 2018. The changes include:

- An increase of \$212,000 for a Substance Use Disorder Program.
- An increase of \$1,200,000 to meet staffing level needs of the federal Prison Rape Elimination Act (PREA).
- An increase of 14.70 FTE positions to match the authorized

36 15 SEC. 56. JUVENILE INSTITUTION. There is appropriated
 36 16 from the general fund of the state to the department of human
 36 17 services for the fiscal year beginning July 1, 2018, and ending
 36 18 June 30, 2019, the following amounts, or so much thereof as is
 36 19 necessary, to be used for the purposes designated:
 36 20 1. For operation of the state training school at Eldora and
 36 21 for salaries, support, maintenance, and miscellaneous purposes,
 36 22 and for not more than the following full-time equivalent
 36 23 positions:

36 24 \$ 5,675,221
 36 25 12,762,443
 36 26 FTEs 189.00

amount in FY 2018.

36 27 Of the funds appropriated in this subsection, ~~\$45,575~~
 36 28 \$91,150 shall be used for distribution to licensed classroom
 36 29 teachers at this and other institutions under the control of
 36 30 the department of human services based upon the average student
 36 31 yearly enrollment at each institution as determined by the
 36 32 department.

Allocates \$91,150 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

36 33 2. A portion of the moneys appropriated in this section
 36 34 shall be used by the state training school at Eldora for
 36 35 grants for adolescent pregnancy prevention activities at the
 37 1 institution in the fiscal year beginning July 1, 2018.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2019.

37 2 3. Of the funds appropriated in this subsection, \$212,000
 37 3 shall be used by the state training school at Eldora for a
 37 4 substance use disorder treatment program at the institution in
 37 5 the fiscal year beginning July 1, 2018.

Allocates \$212,000 to be used for a substance use disorder treatment program beginning in FY 2019.

DETAIL: This is a new allocation.

37 6 Sec. 28. 2017 Iowa Acts, chapter 174, section 57, is amended
 37 7 to read as follows:

37 8 SEC. 57. CHILD AND FAMILY SERVICES.

General Fund appropriation for Child and Family Services.

37 9 1. There is appropriated from the general fund of the
 37 10 state to the department of human services for the fiscal year
 37 11 beginning July 1, 2018, and ending June 30, 2019, the following
 37 12 amount, or so much thereof as is necessary, to be used for the
 37 13 purpose designated:

DETAIL: This is a net increase of \$526,164 compared to estimated net FY 2018. Changes include:

37 14 For child and family services:
 37 15 \$ ~~43,639,687~~
 37 16 84,939,774

- An increase of \$1,467,303 to adjust for an internal transfer within the Department.
- A decrease of \$254,601 due to the FMAP rate adjustment.
- A decrease of \$600,000 to be replaced with federal Social Services Block Grant funds.
- A decrease of \$1,200,000 to reduce the number of guaranteed group care beds.
- A decrease of \$285,000 for the Community Circle of Care Grant in northeast Iowa.
- An increase of \$1,398,462 to backfill the FY 2018 deappropriation.

37 17 2. The department may transfer funds appropriated in this
 37 18 section as necessary to pay the nonfederal costs of services
 37 19 reimbursed under the medical assistance program, state child
 37 20 care assistance program, or the family investment program which
 37 21 are provided to children who would otherwise receive services
 37 22 paid under the appropriation in this section. The department

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

37 23 may transfer funds appropriated in this section to the
 37 24 appropriations made in this division of this Act for general
 37 25 administration and for field operations for resources necessary
 37 26 to implement and operate the services funded in this section.

37 27 3. a. Of the funds appropriated in this section, up
 37 28 to ~~\$17,868,324~~ \$34,536,648 is allocated as the statewide
 37 29 expenditure target under section 232.143 for group foster care
 37 30 maintenance and services. If the department projects that such
 37 31 expenditures for the fiscal year will be less than the target
 37 32 amount allocated in this paragraph "a", the department may
 37 33 reallocate the excess to provide additional funding for shelter
 37 34 care or the child welfare emergency services addressed with the
 37 35 allocation for shelter care.

Allocates up to \$34,536,648 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This is a decrease of \$1,200,001 compared to the estimated net FY 2018 allocation.

38 1 b. If at any time after September 30, 2018, annualization
 38 2 of a service area's current expenditures indicates a service
 38 3 area is at risk of exceeding its group foster care expenditure
 38 4 target under section 232.143 by more than 5 percent, the
 38 5 department and juvenile court services shall examine all
 38 6 group foster care placements in that service area in order to
 38 7 identify those which might be appropriate for termination.
 38 8 In addition, any aftercare services believed to be needed
 38 9 for the children whose placements may be terminated shall be
 38 10 identified. The department and juvenile court services shall
 38 11 initiate action to set dispositional review hearings for the
 38 12 placements identified. In such a dispositional review hearing,
 38 13 the juvenile court shall determine whether needed aftercare
 38 14 services are available and whether termination of the placement
 38 15 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, but not until after September 30, 2018.

38 16 4. In accordance with the provisions of section 232.188,
 38 17 the department shall continue the child welfare and juvenile
 38 18 justice funding initiative during fiscal year 2018-2019. Of
 38 19 the funds appropriated in this section, ~~\$858,876~~ \$1,717,753
 38 20 is allocated specifically for expenditure for fiscal year
 38 21 2018-2019 through the decategorization services funding pools
 38 22 and governance boards established pursuant to section 232.188.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

38 23 5. A portion of the funds appropriated in this section
 38 24 may be used for emergency family assistance to provide other
 38 25 resources required for a family participating in a family
 38 26 preservation or reunification project or successor project to
 38 27 stay together or to be reunified.

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

38 28 6. Notwithstanding section 234.35 or any other provision
 38 29 of law to the contrary, state funding for shelter care and
 38 30 the child welfare emergency services contracting implemented

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

DETAIL: This is no change compared to the estimated net FY 2018

38 31 to provide for or prevent the need for shelter care shall be
38 32 limited to ~~\$4,048,079~~ \$8,096,158.

allocation.

38 33 7. Federal funds received by the state during the fiscal
38 34 year beginning July 1, 2018, as the result of the expenditure
38 35 of state funds appropriated during a previous state fiscal
39 1 year for a service or activity funded under this section are
39 2 appropriated to the department to be used as additional funding
39 3 for services and purposes provided for under this section.
39 4 Notwithstanding section 8.33, moneys received in accordance
39 5 with this subsection that remain unencumbered or unobligated at
39 6 the close of the fiscal year shall not revert to any fund but
39 7 shall remain available for the purposes designated until the
39 8 close of the succeeding fiscal year.

CODE: Requires federal funds received in FY 2019 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 2020.

39 9 8. a. Of the funds appropriated in this section, up to
39 10 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the
39 11 expenses of court-ordered services provided to juveniles
39 12 who are under the supervision of juvenile court services,
39 13 which expenses are a charge upon the state pursuant to
39 14 section 232.141, subsection 4. Of the amount allocated in
39 15 this paragraph "a", up to ~~\$778,143~~ \$1,556,287 shall be made
39 16 available to provide school-based supervision of children
39 17 adjudicated under chapter 232, of which not more than ~~\$7,500~~
39 18 \$15,000 may be used for the purpose of training. A portion of
39 19 the cost of each school-based liaison officer shall be paid by
39 20 the school district or other funding source as approved by the
39 21 chief juvenile court officer.

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

- Allocates up to \$3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, \$1,556,287 is allocated to school-based supervision of delinquent children, of which \$15,000 may be used for training. A portion of the cost for school-based liaisons is required to be paid by school districts.
- Allocates \$748,985 to court-ordered services provided to children who are under the supervision of the DHS.

39 22 b. Of the funds appropriated in this section, up to ~~\$374,492~~
39 23 \$748,985 is allocated for the payment of the expenses of
39 24 court-ordered services provided to children who are under the
39 25 supervision of the department, which expenses are a charge upon
39 26 the state pursuant to section 232.141, subsection 4.

DETAIL: This is no change compared to the estimated net FY 2018 allocations.

39 27 c. Notwithstanding section 232.141 or any other provision
39 28 of law to the contrary, the amounts allocated in this
39 29 subsection shall be distributed to the judicial districts
39 30 as determined by the state court administrator and to the
39 31 department's service areas as determined by the administrator
39 32 of the department of human services' division of child and
39 33 family services. The state court administrator and the
39 34 division administrator shall make the determination of the
39 35 distribution amounts on or before June 15, 2018.

CODE: Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2018.

40 1 d. Notwithstanding chapter 232 or any other provision of
40 2 law to the contrary, a district or juvenile court shall not
40 3 order any service which is a charge upon the state pursuant
40 4 to section 232.141 if there are insufficient court-ordered

CODE: Prohibits a district or juvenile 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

<p>40 5 services funds available in the district court or departmental 40 6 service area distribution amounts to pay for the service. The 40 7 chief juvenile court officer and the departmental service area 40 8 manager shall encourage use of the funds allocated in this 40 9 subsection such that there are sufficient funds to pay for 40 10 all court-related services during the entire year. The chief 40 11 juvenile court officers and departmental service area managers 40 12 shall attempt to anticipate potential surpluses and shortfalls 40 13 in the distribution amounts and shall cooperatively request the 40 14 state court administrator or division administrator to transfer 40 15 funds between the judicial districts' or departmental service 40 16 areas' distribution amounts as prudent.</p> <p>40 17 e. Notwithstanding any provision of law to the contrary, 40 18 a district or juvenile court shall not order a county to pay 40 19 for any service provided to a juvenile pursuant to an order 40 20 entered under chapter 232 which is a charge upon the state 40 21 under section 232.141, subsection 4.</p> <p>40 22 f. Of the funds allocated in this subsection, not more 40 23 than \$41,500 <u>\$83,000</u> may be used by the judicial branch for 40 24 administration of the requirements under this subsection.</p> <p>40 25 g. Of the funds allocated in this subsection, \$8,500 <u>\$17,000</u> 40 26 shall be used by the department of human services to support 40 27 the interstate commission for juveniles in accordance with 40 28 the interstate compact for juveniles as provided in section 40 29 232.173.</p> <p>40 30 9. Of the funds appropriated in this section, \$6,126,613 40 31 <u>\$12,253,227</u> is allocated for juvenile delinquent graduated 40 32 sanctions services. Any state funds saved as a result of 40 33 efforts by juvenile court services to earn a federal Tit.IV-E 40 34 match for juvenile court services administration may be used 40 35 for the juvenile delinquent graduated sanctions services.</p> <p>41 1 10. Of the funds appropriated in this section, \$829,142 41 2 <u>\$1,658,285</u> is transferred to the department of public health 41 3 to be used for the child protection center grant program for 41 4 child protection centers located in Iowa in accordance with</p>	<p>be transferred between districts.</p> <p>CODE: Prohibits a district or juvenile court from ordering a county to pay for a service provided to a juvenile that is chargeable to the State.</p> <p>Prohibits expenditure by the Judicial Branch of more than \$83,000 of the funds appropriated in this Section for administration related to court-ordered services.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p> <p>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.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p> <p>Allocates \$12,253,227 to juvenile delinquent graduated sanctions services.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for juvenile delinquent graduated sanctions services.</p> <p>Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program. Each CPC will receive \$245,000 and \$50,000 is awarded to a satellite CPC in Mason City.</p>
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<p>41 5 section 135.118. The grant amounts under the program shall be 41 6 equalized so that each center receives a uniform base amount 41 7 of \$122,500 <u>\$245,000</u>, so that \$25,000 <u>\$50,000</u> is awarded to 41 8 establish a satellite child protection center in a city in 41 9 north central Iowa that is the county seat of a county with 41 10 a population between 44,000 and 45,000 according to the 2010 41 11 federal decennial census, and so that the remaining funds are 41 12 awarded through a funding formula based upon the volume of 41 13 children served.</p>	<p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>41 14 11. If the department receives federal approval to 41 15 implement a waiver under Tit.IV-E of the federal Social 41 16 Security Act to enable providers to serve children who remain 41 17 in the children's families and communities, for purposes of 41 18 eligibility under the medical assistance program through 25 41 19 years of age, children who participate in the waiver shall be 41 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 in foster care for purposes of remaining eligible for Medicaid, if the DHS receives federal approval to implement the waiver.</p>
<p>41 21 12. Of the funds appropriated in this section, \$2,012,583 41 22 <u>\$4,025,167</u> is allocated for the preparation for adult living 41 23 program pursuant to section 234.46.</p>	<p>Allocates \$4,025,167 to the Preparation for Adult Living (PAL) Program.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>41 24 13. Of the funds appropriated in this section, \$113,668 41 25 <u>\$227,337</u> shall be used for the public purpose of continuing 41 26 a grant to a nonprofit human services organization providing 41 27 services to individuals and families in multiple locations in 41 28 southwest Iowa and Nebraska for support of a project providing 41 29 immediate, sensitive support and forensic interviews, medical 41 30 exams, needs assessments, and referrals for victims of child 41 31 abuse and their 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 2018 allocation.</p>
<p>41 32 14. Of the funds appropriated in this section, \$150,310 41 33 <u>\$300,620</u> is allocated for the foster care youth council 41 34 approach of providing a support network to children placed in 41 35 foster care.</p>	<p>Allocates \$300,620 to provide support for foster care youth councils.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>42 1 15. Of the funds appropriated in this section, \$101,000 42 2 <u>\$202,000</u> is allocated for use pursuant to section 235A.1 for 42 3 continuation of the initiative to address child sexual abuse 42 4 implemented pursuant to 2007 Iowa Acts, chapter 218, section 42 5 18, subsection 21.</p>	<p>Allocates \$202,000 to an initiative to address child sexual abuse.</p> <p>DETAIL: This is no change compared to the estimated net FY 2018 allocation.</p>
<p>42 6 16. Of the funds appropriated in this section, \$315,120 42 7 <u>\$630,240</u> is allocated for the community partnership for child 42 8 protection sites.</p>	<p>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.</p>

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Community 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.

Allocates \$371,250 to minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Allocates \$851,595 to the Community Circle of Care Grant in northeast Iowa.

DETAIL: This is a general decrease of \$285,000 compared to the estimated net FY 2018 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.

Allocates \$147,158 to the Online Child Welfare Provider Training Academy.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

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 2018 allocation.

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

42 9 17. Of the funds appropriated in this section, ~~\$185,625~~
42 10 \$371,250 is allocated for the department's minority youth and
42 11 family projects under the redesign of the child welfare system.

42 12 18. Of the funds appropriated in this section, ~~\$568,297~~
42 13 \$851,595 is allocated for funding of the community circle of
42 14 care collaboration for children and youth in northeast Iowa.

42 15 19. Of the funds appropriated in this section, at least
42 16 ~~\$73,579~~ \$147,158 shall be used for the continuation of the
42 17 child welfare provider training academy, a collaboration
42 18 between the coalition for family and children's services in
42 19 Iowa and the department.

42 20 20. Of the funds appropriated in this section, ~~\$105,936~~
42 21 \$211,872 shall be used for continuation of the central Iowa
42 22 system of care program grant through June 30, 2019.

42 23 21. Of the funds appropriated in this section, ~~\$117,500~~
42 24 \$235,000 shall be used for the public purpose of the
42 25 continuation and expansion of a system of care program grant
42 26 implemented in Cerro Gordo and Linn counties to utilize a
42 27 comprehensive and long-term approach for helping children
42 28 and families by addressing the key areas in a child's life
42 29 of childhood basic needs, education and work, family, and
42 30 community.

42 31 22. Of the funds appropriated in this section, at least
42 32 ~~\$12,500~~ \$25,000 shall be used to continue and to expand the
42 33 foster care respite pilot program in which postsecondary

42 34 students in social work and other human services-related
42 35 programs receive experience by assisting family foster care
43 1 providers with respite and other support.

counties.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

43 2 23. Of the funds appropriated in this section, ~~\$55,000~~
43 3 \$110,000 shall be used for the public purpose of funding
43 4 community-based services and other supports with a system of
43 5 care approach for children with a serious emotional disturbance
43 6 and their families through a nonprofit provider of child
43 7 welfare services that has been in existence for more than
43 8 115 years, is located in a county with a population of more
43 9 than 200,000 but less than 220,000 according to the latest
43 10 certified federal census, is licensed as a psychiatric medical
43 11 institution for children, and was a system of care grantee
43 12 prior to July 1, 2018.

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

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

43 13 Sec. 29. 2017 Iowa Acts, chapter 174, section 58, subsection
43 14 1, paragraph a, is amended to read as follows:

43 15 a. For adoption subsidy payments and services:
43 16 \$ 20,388,955
43 17 40,445,137

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is a decrease of \$332,773 compared to estimated net FY 2018. The decrease covers changes in the Iowa FMAP rate and Title IV-E eligibility, but allows funding to also remain in the Program to account for eligibility savings.

43 18 Sec. 30. 2017 Iowa Acts, chapter 174, section 60, is amended
43 19 to read as follows:

43 20 SEC. 60. FAMILY SUPPORT SUBSIDY PROGRAM.
43 21 1. There is appropriated from the general fund of the
43 22 state to the department of human services for the fiscal year
43 23 beginning July 1, 2018, and ending June 30, 2019, the following
43 24 amount, or so much thereof as is necessary, to be used for the
43 25 purpose designated:
43 26 For the family support subsidy program subject to the
43 27 enrollment restrictions in section 225C.37, subsection 3:
43 28 \$ 534,644
43 29 949,282

General Fund appropriation for the Family Support Subsidy Program.

DETAIL: This is a decrease of \$20,000 compared to estimated net FY 2018.

43 30 2. At least ~~\$393,750~~ \$787,500 of the moneys appropriated in
43 31 this section is transferred to the department of public health
43 32 for the family support center component of the comprehensive
43 33 family support program under chapter 225C, subchapter V.

Requires an allocation of \$787,500 from the Family Support Subsidy appropriation to the DPH to continue the Family Support Center component of the Children at Home Program. 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 no change compared to the estimated net FY 2018 allocation.

CODE: 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 2018. The funds are used for training purposes to comply with the [Conner v. Branstad](#) consent decree mandating placement of persons with developmental disabilities in the least restrictive setting possible.

General Fund appropriation to the mental health institute (MHI) at Cherokee.

DETAIL: This is no change in funding and an increase of 9.71 FTE positions compared to estimated net FY 2018. The increase in FTE positions reflects the number of positions appropriated in FY 2018.

General Fund appropriation to the MHI at Independence.

43 34 3. If at any time during the fiscal year, the amount of
43 35 funding available for the family support subsidy program
44 1 is reduced from the amount initially used to establish the
44 2 figure for the number of family members for whom a subsidy
44 3 is to be provided at any one time during the fiscal year,
44 4 notwithstanding section 225C.38, subsection 2, the department
44 5 shall revise the figure as necessary to conform to the amount
44 6 of funding available.

44 7 Sec. 31. 2017 Iowa Acts, chapter 174, section 61, is amended
44 8 to read as follows:

44 9 SEC. 61. CONNER DECREE. There is appropriated from the
44 10 general fund of the state to the department of human services
44 11 for the fiscal year beginning July 1, 2018, and ending June 30,
44 12 2019, the following amount, or so much thereof as is necessary,
44 13 to be used for the purpose designated:

44 14 For building community capacity through the coordination
44 15 and provision of training opportunities in accordance with the
44 16 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
44 17 Iowa, July 14, 1994):
44 18\$ 46,816
44 19 33,632

44 20 Sec. 32. 2017 Iowa Acts, chapter 174, section 62, subsection
44 21 1, is amended to read as follows:

44 22 1. There is appropriated from the general fund of the
44 23 state to the department of human services for the fiscal year
44 24 beginning July 1, 2018, and ending June 30, 2019, the following
44 25 amounts, or so much thereof as is necessary, to be used for the
44 26 purposes designated:

44 27 a. For operation of the state mental health institute at
44 28 Cherokee as required by chapters 218 and 226 for salaries,
44 29 support, maintenance, and miscellaneous purposes, and for not
44 30 more than the following full-time equivalent positions:
44 31\$ 6,935,127
44 32 13,870,254
44 33 FTEs 162.00

44 34 b. For operation of the state mental health institute at
44 35 Independence as required by chapters 218 and 226 for salaries,

45 1 support, maintenance, and miscellaneous purposes, and for not
 45 2 more than the following full-time equivalent positions:
 45 3 \$ 8,756,810
 45 4 17,513,621
 45 5 FTEs 204.00

DETAIL: This is no change in funding and an increase of 13.90 FTE positions compared to estimated net FY 2018. The increase in FTE positions reflects the number of positions appropriated in FY 2018.

45 6 Sec. 33. 2017 Iowa Acts, chapter 174, section 63, subsection
 45 7 1, is amended to read as follows:

45 8 1. There is appropriated from the general fund of the
 45 9 state to the department of human services for the fiscal year
 45 10 beginning July 1, 2018, and ending June 30, 2019, the following
 45 11 amounts, or so much thereof as is necessary, to be used for the
 45 12 purposes designated:

45 13 a. For the state resource center at Glenwood for salaries,
 45 14 support, maintenance, and miscellaneous purposes:
 45 15 \$ 8,943,890
 45 16 16,858,523

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is a decrease of \$1,029,258 compared to estimated net FY 2018 due to an adjustment in the FMAP rate.

45 17 b. For the state resource center at Woodward for salaries,
 45 18 support, maintenance, and miscellaneous purposes:
 45 19 \$ 6,038,517
 45 20 11,386,679

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is a decrease of \$690,355 compared to estimated net FY 2018 due to an adjustment in the FMAP rate.

45 21 Sec. 34. 2017 Iowa Acts, chapter 174, section 64, subsection
 45 22 1, is amended to read as follows:

45 23 1. There is appropriated from the general fund of the
 45 24 state to the department of human services for the fiscal year
 45 25 beginning July 1, 2018, and ending June 30, 2019, the following
 45 26 amount, or so much thereof as is necessary, to be used for the
 45 27 purpose designated:

45 28 For costs associated with the commitment and treatment of
 45 29 sexually violent predators in the unit located at the state
 45 30 mental health institute at Cherokee, including costs of legal
 45 31 services and other associated costs, including salaries,
 45 32 support, maintenance, and miscellaneous purposes, and for not
 45 33 more than the following full-time equivalent positions:
 45 34 \$ 4,732,373
 45 35 10,864,747
 46 1 FTEs 112.00
 46 2 132.00

General Fund appropriation to the DHS for the Civil Commitment Unit for Sexual Offenders.

DETAIL: This is an increase of \$1,400,000 and 31.25 FTE positions compared to estimated net FY 2018 due to an additional 27 offenders anticipated at the facility.

46 3 Sec. 35. 2017 Iowa Acts, chapter 174, section 65, is amended

46 4 to read as follows:

46 5 SEC. 65. FIELD OPERATIONS. There is appropriated from the
46 6 general fund of the state to the department of human services
46 7 for the fiscal year beginning July 1, 2018, and ending June 30,
46 8 2019, the following amount, or so much thereof as is necessary,
46 9 to be used for the purposes designated:

46 10 For field operations, including salaries, support,
46 11 maintenance, and miscellaneous purposes, and for not more than
46 12 the following full-time equivalent positions:

46 13	\$	<u>24,242,217</u>
46 14		<u>49,074,517</u>
46 15	FTEs	<u>4,583.00</u>
46 16		<u>1,539.00</u>

46 17 Priority in filling full-time equivalent positions shall be
46 18 given to those positions related to child protection services
46 19 and eligibility determination for low-income families.

46 20 Sec. 36. 2017 Iowa Acts, chapter 174, section 66, is amended
46 21 to read as follows:

46 22 SEC. 66. GENERAL ADMINISTRATION. There is appropriated
46 23 from the general fund of the state to the department of human
46 24 services for the fiscal year beginning July 1, 2018, and ending
46 25 June 30, 2019, the following amount, or so much thereof as is
46 26 necessary, to be used for the purpose designated:

46 27 For general administration, including salaries, support,
46 28 maintenance, and miscellaneous purposes, and for not more than
46 29 the following full-time equivalent positions:

46 30	\$	<u>7,016,520</u>
46 31		<u>13,833,040</u>
46 32	FTEs	294.00

46 33 2. Of the funds appropriated in this section, ~~\$75,000~~
46 34 \$150,000 shall be used to continue the contract for the
46 35 provision of a program to provide technical assistance,
47 1 support, and consultation to providers of habilitation services
47 2 and home and community-based services waiver services for
47 3 adults with disabilities under the medical assistance program.

47 4 3. Of the funds appropriated in this section, ~~\$25,000~~
47 5 \$50,000 is transferred to the Iowa finance authority to be
47 6 used for administrative support of the council on homelessness
47 7 established in section 16.2D and for the council to fulfill its
47 8 duties in addressing and reducing homelessness in the state.

General Fund appropriation to the DHS for Field Operations staff and support.

DETAIL: This is an increase of \$590,082 and 68.00 FTE positions compared to estimated net FY 2018. Changes include:

- An increase of 68.00 FTE positions to revise the authorized positions.
- An increase of \$590,082 to replace Child Care Facility Fund dollars.

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

General Fund appropriation for General Administration.

DETAIL: This is a decrease of \$200,000 and an increase of 21.05 FTE positions compared to estimated net FY 2018. The changes include:

- A decrease of \$200,000 to reflect the item veto of college of direct support Internet training.
- An increase of 21.05 FTE positions to maintain the current authorized level.

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 2018 allocation.

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 2018 allocation.

47 9 4. Of the funds appropriated in this section, \$100,000
 47 10 ~~\$200,000~~ shall be transferred to and deposited in the
 47 11 administrative fund of the Iowa ABLÉ savings plan trust
 47 12 created in section 121.4, to be used for implementation and
 47 13 administration activities of the Iowa ABLÉ savings plan trust.

Transfers \$200,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The ABLÉ Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

47 14 5. Of the funds appropriated in this section, ~~\$100,000~~
 47 15 ~~\$200,000~~ is transferred to the economic development authority
 47 16 for the Iowa commission on volunteer services to continue
 47 17 to be used for RefugeeRISE AmeriCorps program established
 47 18 under section 15H.8 for member recruitment and training to
 47 19 improve the economic well-being and health of economically
 47 20 disadvantaged refugees in local communities across Iowa. Funds
 47 21 transferred may be used to supplement federal funds under
 47 22 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 no change compared to the estimated net FY 2018 allocation. This transfer was authorized for the first time in FY 2017. The transfer requires funds to be used to supplement federal funds.

47 23 7. Of the funds appropriated in this section, \$300,000 shall
 47 24 be used to contract for children's well-being collaboratives
 47 25 grants for the development and implementation of children's
 47 26 well-being collaboratives to establish and coordinate
 47 27 prevention and early intervention services to promote improved
 47 28 mental health and well-being for children and families, as
 47 29 enacted in 2017 Iowa Acts, chapter 174, section 88.

Allocates \$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 2018 allocation.

47 30 8. The department of human services shall submit the
 47 31 strategic plan to create and implement a children's mental
 47 32 health system submitted to the governor by the children's
 47 33 system state board established by Executive Order Number Two
 47 34 issued April 23, 2018, to the general assembly by November 15,
 47 35 2018.

Requires the DHS to submit a copy of the strategic plan for a children's mental health system report developed by the State board established by the Governor's Executive Order Number Two to the General Assembly by November 15, 2018.

48 1 Sec. 37. 2017 Iowa Acts, chapter 174, section 67, is amended
 48 2 to read as follows:

48 3 SEC. 67. DEPARTMENT-WIDE DUTIES. There is appropriated
 48 4 from the general fund of the state to the department of human
 48 5 services for the fiscal year beginning July 1, 2018, and ending
 48 6 June 30, 2019, the following amount, or so much thereof as is
 48 7 necessary, to be used for the purposes designated:

General Fund appropriation to the DHS facilities.

48 8 For salaries, support, maintenance, and miscellaneous
 48 9 purposes at facilities under the purview of the department of
 48 10 human services:

DETAIL: This is no change compared to estimated net FY 2018. 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.

48 11	.....	\$	1,439,637
48 12			<u>2,879,274</u>

48 13 Sec. 38. 2017 Iowa Acts, chapter 174, section 68, is amended

48 14 to read as follows:

48 15 SEC. 68. VOLUNTEERS. There is appropriated from the general
48 16 fund of the state to the department of human services for the
48 17 fiscal year beginning July 1, 2018, and ending June 30, 2019,
48 18 the following amount, or so much thereof as is necessary, to be
48 19 used for the purpose designated:

48 20	For development and coordination of volunteer services:	
48 21	..... \$	42,343
48 22		<u>84,686</u>

48 23 Sec. 39. 2017 Iowa Acts, chapter 174, section 70, subsection
48 24 1, paragraph f, subparagraph (1), is amended to read as
48 25 follows:

48 26 (1) For the fiscal year beginning July 1, 2018,
48 27 reimbursement rates for home health agencies shall continue to
48 28 be based on the Medicare low utilization payment adjustment
48 29 (LUPA) methodology with state geographic wage adjustments and
48 30 shall be adjusted to increase the rates to the extent possible
48 31 within the \$1,000,000 of state funding appropriated for this
48 32 purpose. The department shall continue to update the rates
48 33 every two years to reflect the most recent Medicare LUPA rates
48 34 to the extent possible within the state funding appropriated
48 35 for this purpose.

49 1 Sec. 40. 2017 Iowa Acts, chapter 174, section 70, subsection
49 2 1, paragraphs j and k, are amended to read as follows:

49 3 j. For the fiscal year beginning July 1, 2018, unless
49 4 otherwise specified in this Act, all noninstitutional medical
49 5 assistance provider reimbursement rates shall remain at the
49 6 rates in effect on June 30, 2018, except for area education
49 7 agencies, local education agencies, infant and toddler
49 8 services providers, home and community-based services providers
49 9 including consumer-directed attendant care providers under a
49 10 section 1915(c) or 1915(i) waiver, targeted case management
49 11 providers, ~~and~~ those providers whose rates are required to be
49 12 determined pursuant to section 249A.20, or to meet federal
49 13 mental health parity requirements.

49 14 k. Notwithstanding any provision to the contrary, for the
49 15 fiscal year beginning July 1, 2018, the reimbursement rate
49 16 for anesthesiologists shall ~~be adjusted to implement the cost~~
49 17 ~~containment strategies authorized for the medical assistance~~
49 18 ~~program in this 2017 Act~~ remain at the rate in effect on June
49 19 30, 2018, and updated on January 1, 2019, to align with the
49 20 most current Iowa Medicare anesthesia base rate.

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

DETAIL: This is no change compared to the estimated net FY 2018 appropriation.

Requires the FY 2019 rates for home health agencies to be based on the Medicare LUPA and be increased by \$1,000,000 compared to the rates in effect in FY 2018.

Requires the reimbursement rates for all noninstitutional Medicaid providers, with specified exceptions, to remain at the rates in effect in FY 2018 or to meet federal mental health parity requirements.

CODE: Requires the reimbursement rate for anesthesiologists to remain at the rate in effect in FY 2018 and updated on January 1, 2019, to align with the most current Iowa Medicare anesthesia rate.

49 21 Sec. 41. 2017 Iowa Acts, chapter 174, section 70, subsection
 49 22 7, is amended to read as follows:
 49 23 7. a. For the purposes of this subsection, “combined
 49 24 reimbursement rate” means the combined service and maintenance
 49 25 reimbursement rate for a service level under the department’s
 49 26 reimbursement methodology. Effective July 1, 2018, the
 49 27 combined reimbursement rate for a group foster care service
 49 28 level shall be the amount designated in this subsection.
 49 29 However, if a group foster care provider’s reimbursement rate
 49 30 for a service level as of June 30, 2018, is more than the rate
 49 31 designated in this subsection, the provider’s reimbursement
 49 32 shall remain at the higher rate.
 49 33 —b.—Unless a group foster care provider is subject to the
 49 34 exception provided in paragraph “a”, effective July 1, 2018,
 49 35 the combined reimbursement rates for the service levels under
 50 1 the department’s reimbursement methodology shall be as follows:
 50 2 —(1)—For service level, community—D1, the daily rate shall
 50 3 be at least \$84.17.
 50 4 —(2)—For service level, comprehensive—D2, the daily rate
 50 5 shall be at least \$119.09.
 50 6 —(3)—For service level, enhanced—D3, the daily rate shall
 50 7 be at least \$131.09 established by contract.
 50 8 Sec. 42. 2017 Iowa Acts, chapter 174, section 70, subsection
 50 9 11, is amended to read as follows:

50 10 11. a.—For the fiscal year beginning July 1, 2018,
 50 11 Effective July 1, 2018, the child care provider reimbursement
 50 12 rates shall remain at the rates in effect on June 30, 2018.
 50 13 Effective January 1, 2019, for child care providers reimbursed
 50 14 under the state child care assistance program, the department
 50 15 shall set utilize \$3,000,000 of the amount appropriated for
 50 16 child care assistance under this division to increase provider
 50 17 reimbursement rates based on the rate reimbursement survey
 50 18 completed in December 2004 2014. Effective July 1, 2018,
 50 19 the child care provider reimbursement rates shall remain at
 50 20 the rates in effect on June 30, 2018. The department shall
 50 21 increase the lowest rate that is furthest from the fiftieth
 50 22 percentile to a rate consistent with the relative percentage of
 50 23 the second lowest rate as compared to the fiftieth percentile.
 50 24 As funds remain available, the department shall increase
 50 25 the subsequent lowest rates in a similar manner until the
 50 26 \$3,000,000 is projected to be fully expended in the fiscal
 50 27 year. The department shall set rates in a manner so as to
 50 28 provide incentives for a nonregistered provider to become
 50 29 registered by applying the increase only to registered and
 50 30 licensed providers.
 50 31 b. Effective January 1, 2019, for infant and toddler
 50 32 child care providers reimbursed under the state child

Requires the combined reimbursement rates for group foster care to be set by contract.

Sets Child Care Assistance reimbursement rates for FY 2019 in the following manner:

- Maintains the FY 2018 child care provider reimbursement rate from July 1, 2018 to December 31, 2018.
- Effective January 1, 2019, reimbursement rates for providers will increase, within \$3,000,000 of funds available, starting at the rate furthest from the 50th percentile of the 2014 Market Rate Survey (MRS) up to the relative percentage of the second lowest rate as compared to the 50th percentile of the 2014 MRS.
- If funds are projected to remain available, the rates that are now the lowest rates will continue to increase in a similar manner.
- Effective January 1, 2019, the infant and toddler care reimbursement rate for providers participating in the Quality Rating System will move to the 75th percentile of the 2014 MRS, to the extent that the expenditures fit within the infant and toddler quality improvement expenditures and fit within the expected increase of funding in the federal Consolidated Appropriations Act of 2018 for the Program. Federal Funds Information for States (FFIS) estimates Iowa’s share of this increase to be \$19,080,000. The quality improvement expenditure requirement of 11.00% is estimated at \$2,098,800.

50 33 care assistance program, the department shall set provider
 50 34 reimbursement rates at the seventy-fifth percentile of the rate
 50 35 reimbursement survey completed in December 2014, within the
 51 1 expected increase for the federal child care and development
 51 2 block grant expenditure requirement for infant and toddler
 51 3 quality improvement, subject to quality rating system criteria
 51 4 developed pursuant to section 237A.30. The department shall
 51 5 set rates in a manner so as to provide incentives for a
 51 6 nonregistered provider to become registered by applying the
 51 7 increase only to registered and licensed providers.

51 8 Sec. 43. 2017 Iowa Acts, chapter 174, section 70, subsection
 51 9 13, is amended by striking the subsection.

Eliminates language allowing the DHS to adjust rates due to cost containment.

DETAIL: The Act does not have any cost containment provisions.

51 10 Sec. 44. REPEAL. 2017 Iowa Acts, chapter 174, section 69,
 51 11 is repealed.

Eliminates the General Fund reduction of \$733,651 to all appropriations under the DHS.

DETAIL: This reduction was incorporated into the DHS budget in estimated net FY 2018.

51 12 DIVISION VI
 51 13 HEALTH CARE ACCOUNTS AND FUNDS — FY 2018-2019

51 14 Sec. 45. 2017 Iowa Acts, chapter 174, section 75, is amended
 51 15 to read as follows:

51 16 SEC. 75. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 51 17 appropriated from the pharmaceutical settlement account created
 51 18 in section 249A.33 to the department of human services for the
 51 19 fiscal year beginning July 1, 2018, and ending June 30, 2019,
 51 20 the following amount, or so much thereof as is necessary, to be
 51 21 used for the purpose designated:

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

DETAIL: This is an increase of \$582,009 compared to estimated net FY 2018 due to additional funds available in the Account.

51 22 Notwithstanding any provision of law to the contrary, to
 51 23 supplement the appropriations made in this Act for medical
 51 24 contracts under the medical assistance program for the fiscal
 51 25 year beginning July 1, 2018, and ending June 30, 2019:
 51 26\$ 400,000
 51 27 1,446,266

51 28 Sec. 46. 2017 Iowa Acts, chapter 174, section 76, is amended
 51 29 to read as follows:

51 30 SEC. 76. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 51 31 SERVICES. Notwithstanding any provision to the contrary and
 51 32 subject to the availability of funds, there is appropriated

Quality Assurance Trust Fund appropriation to supplement nursing facilities under the Medicaid Program.

51 33 from the quality assurance trust fund created in section
 51 34 249L.4 to the department of human services for the fiscal year
 51 35 beginning July 1, 2018, and ending June 30, 2019, the following
 52 1 amounts, or so much thereof as is necessary, for the purposes
 52 2 designated:
 52 3 To supplement the appropriation made in this Act from the
 52 4 general fund of the state to the department of human services
 52 5 for medical assistance for the same fiscal year:
 52 6 \$ 18,352,604
 52 7 36,705,208

DETAIL: This is no change compared to the estimated net FY 2018 appropriation.

52 8 Sec. 47. 2017 Iowa Acts, chapter 174, section 77, is amended
 52 9 to read as follows:

52 10 SEC. 77. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 52 11 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 52 12 the contrary and subject to the availability of funds, there is
 52 13 appropriated from the hospital health care access trust fund
 52 14 created in section 249M.4 to the department of human services
 52 15 for the fiscal year beginning July 1, 2018, and ending June
 52 16 30, 2019, the following amounts, or so much thereof as is
 52 17 necessary, for the purposes designated:
 52 18 To supplement the appropriation made in this Act from the
 52 19 general fund of the state to the department of human services
 52 20 for medical assistance for the same fiscal year:
 52 21 \$ 16,960,277
 52 22 33,920,554

Hospital Health Care Access Trust Fund appropriation to the Medicaid Program.

DETAIL: This is no change compared to the estimated net FY 2018 appropriation.

52 23 DIVISION VII
 52 24 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

52 25 FEDERAL FUNDING

52 26 Sec. 48. 2017 Iowa Acts, chapter 165, section 13, subsection
 52 27 3, paragraphs b and e, are amended to read as follows:

52 28 b. Child and family services:
 52 29 (1) FFY 2017-2018:
 52 30 \$ 7,672,390
 52 31 8,022,390
 52 32 (2) FFY 2018-2019:
 52 33 \$ 7,672,390
 52 34 8,272,390

Amends the Social Services Block Grant appropriations to Child and Family Services.

DETAIL: This is an increase of \$350,000 in FY 2018 and \$600,000 in FY 2019.

52 35 e. For distribution to counties for state case services
 53 1 provided for persons with mental illness, intellectual
 53 2 disability, or a developmental disability in accordance with
 53 3 section 331.440, Code 2013, or in accordance with a dispute

Amends the Social Services Block Grant State Cases appropriation for FY 2018 and eliminates the appropriation for FY 2019.

DETAIL: This is a decrease of \$350,000 in FY 2018 and \$600,000 in

53 4 resolution process implemented in accordance with section FY 2019.

53 5 331.394, subsections 5 or 6:

53 6 (1) FFY 2017-2018:

53 7\$ 600,000

53 8250,000

53 9 (2) FFY 2018-2019:

53 10\$ 600,000

53 110

53 12 Moneys appropriated in this lettered paragraph "e"
53 13 that remain unencumbered or unallocated at the close of a
53 14 federal fiscal year shall not revert but shall be retained
53 15 by the department and used to supplement amounts otherwise
53 16 appropriated for child and family services under paragraph "b".

53 17 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

53 18 Sec. 49. 2017 Iowa Acts, chapter 174, section 6, is amended
53 19 to read as follows:

53 20 SEC. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK

53 21 GRANT. There is appropriated from the fund created in section
53 22 8.41 to the department of human services for the fiscal year
53 23 beginning July 1, 2017, and ending June 30, 2018, from moneys
53 24 received under the federal temporary assistance for needy
53 25 families (TANF) block grant pursuant to the federal Personal
53 26 Responsibility and Work Opportunity Reconciliation Act of 1996,
53 27 Pub.L.No.104-193, and successor legislation, the following
53 28 amounts, or so much thereof as is necessary, to be used for the
53 29 purposes designated:

53 30 1. To be credited to the family investment program account
53 31 and used for assistance under the family investment program
53 32 under chapter 239B:

53 33\$ 5,112,462

53 344,539,006

Deappropriates \$573,456 from the estimated FY 2018 TANF
appropriation for the FIP.

DETAIL: This deappropriation is due to funds not being expended
during FY 2018.

53 35 2. To be credited to the family investment program account
54 1 and used for the job opportunities and basic skills (JOBS)
54 2 program and implementing family investment agreements in
54 3 accordance with chapter 239B:

54 4\$ 5,575,693

54 55,412,060

Deappropriates \$163,633 from the estimated FY 2018 TANF
appropriation for the PROMISE JOBS Program.

DETAIL: This deappropriation is due to funds not being expended
during FY 2018.

54 6 3. To be used for the family development and
54 7 self-sufficiency grant program in accordance with section
54 8 216A.107:

54 9\$ 2,898,980

54 102,883,980

Deappropriates \$15,000 from the estimated FY 2018 TANF
appropriation for the FaDSS Program.

DETAIL: This deappropriation is due to funds not being expended
during FY 2018.

54 11 Notwithstanding section 8.33, moneys appropriated in this
 54 12 subsection that remain unencumbered or unobligated at the close
 54 13 of the fiscal year shall not revert but shall remain available
 54 14 for expenditure for the purposes designated until the close of
 54 15 the succeeding fiscal year. However, unless such moneys are
 54 16 encumbered or obligated on or before September 30, 2018, the
 54 17 moneys shall revert.

54 18 4. For field operations:
 54 19 \$ 31,296,232

54 20 5. For general administration:
 54 21 \$ 3,744,000

54 22 6. For state child care assistance:
 54 23 \$ ~~47,866,826~~
 54 24 53,603,561

54 25 a. Of the funds appropriated in this subsection,
 54 26 ~~\$26,328,097~~ \$26,205,412 is transferred to the child care
 54 27 and development block grant appropriation made by the
 54 28 Eighty-seventh General Assembly, 2017 session, for the federal
 54 29 fiscal year beginning October 1, 2017, and ending September 30,
 54 30 2018. Of this amount, \$200,000 shall be used for provision
 54 31 of educational opportunities to registered child care home
 54 32 providers in order to improve services and programs offered
 54 33 by this category of providers and to increase the number of
 54 34 providers. The department may contract with institutions
 54 35 of higher education or child care resource and referral
 55 1 centers to provide the educational opportunities. Allowable
 55 2 administrative costs under the contracts shall not exceed 5
 55 3 percent. The application for a grant shall not exceed two
 55 4 pages in length.

55 5 b. Any funds appropriated in this subsection remaining
 55 6 unallocated shall be used for state child care assistance
 55 7 payments for families who are employed including but not
 55 8 limited to individuals enrolled in the family investment
 55 9 program.

55 10 7. For child and family services:
 55 11 \$ 32,380,654

55 12 8. For child abuse prevention grants:
 55 13 \$ 125,000

55 14 9. For pregnancy prevention grants on the condition that
 55 15 family planning services are funded:
 55 16 \$ ~~1,930,067~~
 55 17 1,913,203

55 18 Pregnancy prevention grants shall be awarded to programs
 55 19 in existence on or before July 1, 2017, if the programs have

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

Increases the FY 2018 Child Care Assistance TANF appropriation by \$5,736,735. Additionally, the amount of funds transferred to the Child Care and Development Block Grant for fund conversion is decreased by \$122,685.

Deappropriates \$16,864 from the estimated FY 2018 TANF appropriation for the Pregnancy Prevention Program.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

55 20 demonstrated positive outcomes. Grants shall be awarded to
 55 21 pregnancy prevention programs which are developed after July
 55 22 1, 2017, if the programs are based on existing models that
 55 23 have demonstrated positive outcomes. Grants shall comply with
 55 24 the requirements provided in 1997 Iowa Acts, chapter 208,
 55 25 section 14, subsections 1 and 2, including the requirement that
 55 26 grant programs must emphasize sexual abstinence. Priority in
 55 27 the awarding of grants shall be given to programs that serve
 55 28 areas of the state which demonstrate the highest percentage of
 55 29 unplanned pregnancies of females of childbearing age within the
 55 30 geographic area to be served by the grant.

55 31 10. For technology needs and other resources necessary
 55 32 to meet federal welfare reform reporting, tracking, and case
 55 33 management requirements:
 55 34\$ 1,037,186
 55 35294,155

Deappropriates \$743,031 from the estimated FY 2018 TANF appropriation for Training and Technology.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

56 1 11. a. Notwithstanding any provision to the contrary,
 56 2 including but not limited to requirements in section 8.41 or
 56 3 provisions in 2016 or 2017 Iowa Acts regarding the receipt and
 56 4 appropriation of federal block grants, federal funds from the
 56 5 temporary assistance for needy families block grant received by
 56 6 the state and not otherwise appropriated in this section and
 56 7 remaining available for the fiscal year beginning July 1, 2017,
 56 8 are appropriated to the department of human services to the
 56 9 extent as may be necessary to be used in the following priority
 56 10 order:the family investment program, for state child care
 56 11 assistance program payments for families who are employed, and
 56 12 for the family investment program share of costs to develop and
 56 13 maintain a new, integrated eligibility determination system.
 56 14 The federal funds appropriated in this paragraph "a" shall be
 56 15 expended only after all other funds appropriated in subsection
 56 16 1 for assistance under the family investment program, in
 56 17 subsection 6 for child care assistance, or in subsection 10
 56 18 for technology costs related to the family investment program,
 56 19 as applicable, have been expended. For the purposes of this
 56 20 subsection, the funds appropriated in subsection 6, paragraph
 56 21 "a", for transfer to the child care and development block grant
 56 22 appropriation are considered fully expended when the full
 56 23 amount has been transferred.

56 24 b. The department shall, on a quarterly basis, advise the
 56 25 legislative services agency and department of management of
 56 26 the amount of funds appropriated in this subsection that was
 56 27 expended in the prior quarter.

56 28 12. Of the amounts appropriated in this section,
 56 29 \$12,962,008 for the fiscal year beginning July 1, 2017, is
 56 30 transferred to the appropriation of the federal social services
 56 31 block grant made to the department of human services for that

56 32 fiscal year.

56 33 13. For continuation of the program providing categorical
 56 34 eligibility for the food assistance program as specified
 56 35 for the program in the section of this division of this Act
 57 1 relating to the family investment program account:
 57 2\$ 25,000
 57 3 14,236
 57 4 14. The department may transfer funds allocated in this
 57 5 section to the appropriations made in this division of this Act
 57 6 for the same fiscal year for general administration and field
 57 7 operations for resources necessary to implement and operate the
 57 8 services referred to in this section and those funded in the
 57 9 appropriation made in this division of this Act for the same
 57 10 fiscal year for the family investment program from the general
 57 11 fund of the state.

Deappropriates \$10,764 from the estimated FY 2018 TANF appropriation for the Expanded Categorical Eligibility for the SNAP Program.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

57 12 15. With the exception of moneys allocated under this
 57 13 section for the family development and self-sufficiency grant
 57 14 program, to the extent moneys allocated in this section are
 57 15 deemed by the department not to be necessary to support the
 57 16 purposes for which they are allocated, such moneys may be
 57 17 ~~credited used in the same fiscal year for any other purpose for~~
 57 18 which funds are allocated in this section or in section 7 of
 57 19 this division for the family investment program account. If
 57 20 there are competing needs, priority shall first be given to the
 57 21 family investment program account as specified under subsection
 57 22 1 of this section and used for the purposes of assistance
 57 23 under the family investment program in accordance with chapter
 57 24 239B ~~in the same fiscal year, followed by state child care~~
 57 25 assistance program payments for families who are employed,
 57 26 followed by other priorities as specified by the department.

Adds the Child Care Assistance Program to the list of programs to which the DHS can transfer available TANF funds.

DETAIL: The Act specifies that if there are competing needs, first priority will be given to the FIP, followed by the Child Care Assistance Program payments for employed families, followed by other priorities specified by the DHS.

57 27 MEDICAID TRANSFERS TO SUPPORT REVIEWS AND QUALITY CONTROL
 57 28 ACTIVITIES

57 29 Sec. 50. 2017 Iowa Acts, chapter 174, section 12, subsection
 57 30 8, is amended to read as follows:

57 31 8. A portion of the funds appropriated in this section
 57 32 may be transferred to the appropriations in this division of
 57 33 this Act for general administration, medical contracts, the
 57 34 children's health insurance program, or field operations to be
 57 35 used for the state match cost to comply with the payment error
 58 1 rate measurement (PERM) program for both the medical assistance
 58 2 and children's health insurance programs as developed by the
 58 3 centers for Medicare and Medicaid services of the United States
 58 4 department of health and human services to comply with the

Amends FY 2018 language related to the PERM Program to allow for funds to be used to support other reviews and quality control activities.

58 5 federal Improper Payments Information Act of 2002, Pub.L.
 58 6 No.107-300, and to support other reviews and quality control
 58 7 activities to improve the integrity of these programs.

58 8 STATE SUPPLEMENTARY ASSISTANCE

58 9 Sec. 51. 2017 Iowa Acts, chapter 174, section 14, is amended
 58 10 by adding the following new subsection:

58 11 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys
 58 12 appropriated in this section that remain unencumbered or
 58 13 unobligated at the close of the fiscal year shall not revert
 58 14 but shall remain available for expenditure for the purposes
 58 15 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State Supplementary Assistance Program for FY 2018 to remain available for FY 2019.

58 16 JUVENILE INSTITUTION

58 17 Sec. 52. 2017 Iowa Acts, chapter 174, section 17, is amended
 58 18 by adding the following new subsection:

58 19 NEW SUBSECTION 3. Notwithstanding section 8.33, moneys
 58 20 appropriated in this section that remain unencumbered or
 58 21 unobligated at the close of the fiscal year shall not revert
 58 22 but shall remain available for expenditure for the purposes
 58 23 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State Training School at Eldora for FY 2018 to remain available for FY 2019.

58 24 MENTAL HEALTH INSTITUTES

58 25 Sec. 53. 2017 Iowa Acts, chapter 174, section 23, is amended
 58 26 by adding the following new subsection:

58 27 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys
 58 28 appropriated in this section that remain unencumbered or
 58 29 unobligated at the close of the fiscal year shall not revert
 58 30 but shall remain available for expenditure for the purposes
 58 31 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the Cherokee and Independence MHIs for FY 2018 to remain available for FY 2019.

58 32 STATE RESOURCE CENTERS

58 33 Sec. 54. 2017 Iowa Acts, chapter 174, section 24, is amended
 58 34 by adding the following new subsection:

58 35 NEW SUBSECTION 6. Notwithstanding section 8.33, and
 59 1 notwithstanding the amount limitation specified in section
 59 2 222.92, moneys appropriated in this section that remain
 59 3 unencumbered or unobligated at the close of the fiscal year
 59 4 shall not revert but shall remain available for expenditure
 59 5 for the purposes designated until the close of the succeeding
 59 6 fiscal year.

CODE: Allows any unexpended funds appropriated for the State Resource Centers at Glenwood and Woodward for FY 2018 to remain available for FY 2019.

59	7	SEXUALLY VIOLENT PREDATORS	
59	8	Sec. 55. 2017 Iowa Acts, chapter 174, section 25, is amended	
59	9	by adding the following new subsection:	
59	10	NEW SUBSECTION 3. Notwithstanding section 8.33, moneys	CODE: Allows any unexpended funds appropriated for the CCUSO for
59	11	appropriated in this section that remain unencumbered or	FY 2018 to remain available for FY 2019.
59	12	unobligated at the close of the fiscal year shall not revert	
59	13	but shall remain available for expenditure for the purposes	
59	14	designated until the close of the succeeding fiscal year.	
59	15	Sec. 56. EFFECTIVE DATE. This division of this Act, being	The Division is effective upon enactment and retroactive to
59	16	deemed of immediate importance, takes effect upon enactment.	July 1, 2017.
59	17	Sec. 57. RETROACTIVE APPLICABILITY. This division of this	
59	18	Act applies retroactively to July 1, 2017.	
59	19	DIVISION VIII	
59	20	DECATEGORIZATION	
59	21	Sec. 58. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO	CODE: Transfers decategorization funds to Medicaid that would have
59	22	MEDICAID PROGRAM. Notwithstanding section 232.188, subsection	previously reverted to the General Fund.
59	23	5, paragraph “b”, any state appropriated moneys in the funding	DETAIL: It is estimated that \$500,000 will be transferred to Medicaid in
59	24	pool that remained unencumbered or unobligated at the close	FY 2019.
59	25	of the fiscal year beginning July 1, 2015, and were deemed	
59	26	carryover funding to remain available for the two succeeding	
59	27	fiscal years that still remain unencumbered or unobligated at	
59	28	the close of the fiscal year beginning July 1, 2017, shall	
59	29	not revert but shall be transferred to the medical assistance	
59	30	program for the fiscal year beginning July 1, 2018.	
59	31	Sec. 59. EFFECTIVE DATE. This division of this Act, being	The Division is effective upon enactment and is retroactive to
59	32	deemed of immediate importance, takes effect upon enactment.	July 1, 2017.
59	33	Sec. 60. RETROACTIVE APPLICABILITY. This division of this	
59	34	Act applies retroactively to July 1, 2017.	
59	35	DIVISION IX	
60	1	STATE CASES	
60	2	Sec. 61. Section 218.99, Code 2018, is amended to read as	CODE: This Division removes references to "state cases" for mental
60	3	follows:	health services provided to individuals with no counties of legal
60	4	218.99 COUNTIES TO BE NOTIFIED OF PATIENTS' PERSONAL	settlement.
60	5	ACCOUNTS.	
60	6	The administrator in control of a state institution shall	DETAIL: Counties will now be responsible for paying for services of
60	7	direct the business manager of each institution under the	individuals within a MHDS region.
60	8	administrator's jurisdiction which is mentioned in section	
60	9	331.424, subsection 1, paragraph “a”, subparagraphs (1) and	
60	10	(2), and for which services are paid under section 331.424A,	FISCAL IMPACT: This will decrease annual expenditures from the
60	11	to quarterly inform the county of residence of any patient or	Social Services Block Grant by \$600,000 beginning in FY 2019.

60 12 resident who has an amount in excess of two hundred dollars on
60 13 account in the patients' personal deposit fund and the amount
60 14 on deposit. The administrators shall direct the business
60 15 manager to further notify the county of residence at least
60 16 fifteen days before the release of funds in excess of two
60 17 hundred dollars or upon the death of the patient or resident.
60 18 If the patient or residency has no residency in this state
60 19 or the person's residency is unknown ~~so that the person is~~
60 20 ~~deemed to be a state case~~, notice shall be made to the director
60 21 of human services and the administrator in control of the
60 22 institution involved.

60 23 Sec. 62. Section 222.60, subsection 1, paragraph b, Code
60 24 2018, is amended to read as follows:

60 25 b. The state when the person is a resident in another state
60 26 or in a foreign country, or when the person's residence is
60 27 unknown. ~~The payment responsibility shall be deemed to be a~~
60 28 ~~state case.~~

60 29 Sec. 63. Section 222.60, subsection 2, paragraph b, Code
60 30 2018, is amended to read as follows:

60 31 b. The cost of a regional administrator-required diagnosis
60 32 and an evaluation is at the mental health and disability
60 33 services region's expense. ~~For a state case~~ When a person is
60 34 a resident in another state or in a foreign country, or when
60 35 the persons' residence is unknown, the state may apply the
61 1 diagnosis and evaluation provisions of this subsection at the
61 2 state's expense.

61 3 Sec. 64. Section 222.65, subsection 1, Code 2018, is amended
61 4 to read as follows:

61 5 1. If the administrator concurs with a certified
61 6 determination as to residency of the person ~~so that the~~
61 7 ~~person is deemed a state case in another state or in a foreign~~
61 8 ~~country, or the person's residence is unknown~~ under section
61 9 222.60, the administrator shall cause the person either to be
61 10 transferred to a resource center or a special unit or to be
61 11 transferred to the place of foreign residency.

61 12 Sec. 65. Section 222.66, Code 2018, is amended to read as
61 13 follows:

61 14 222.66 TRANSFERS — ~~STATE CASES~~ NO RESIDENCY IN THE STATE OR
61 15 RESIDENCY UNKNOWN — EXPENSES.

61 16 ~~4.~~ The transfer to a resource center or a special unit or
61 17 to the place of residency of a person with an intellectual
61 18 disability who has no residence in this state or whose
61 19 residency is unknown, shall be made in accordance with such
61 20 directions as shall be prescribed by the administrator and
61 21 when practicable by employees of the state resource center or
61 22 the special unit. The actual and necessary expenses of such
61 23 transfers shall be paid by the department on itemized vouchers
61 24 sworn to by the claimants and approved by the administrator and

61 25 the approved amount is appropriated to the department from any
61 26 funds in the state treasury not otherwise appropriated.

61 27 ~~—2. The case of a person with an intellectual disability
61 28 who is determined to have no residence in this state or whose
61 29 residence is unknown shall be considered a state case.~~

61 30 Sec. 66. Section 222.67, Code 2018, is amended to read as
61 31 follows:

61 32 222.67 CHARGE ON FINDING OF RESIDENCY.

61 33 If a person has been received into a resource center or a
61 34 special unit as a patient whose residency is unknown and the
61 35 administrator determines that the residency of the patient
62 1 was at the time of admission in a county of this state, the
62 2 administrator shall certify the determination and charge
62 3 all legal costs and expenses pertaining to the admission
62 4 and support of the patient to the county of residence. The
62 5 certification shall be sent to the county of residence. The
62 6 certification shall be accompanied by a copy of the evidence
62 7 supporting the determination. If the person's residency status
62 8 has been determined in accordance with section 331.394, the
62 9 legal costs and expenses shall be charged to the county ~~or as a~~
62 10 ~~state case~~ in accordance with that determination. The costs
62 11 and expenses shall be collected as provided by law in other
62 12 cases.

62 13 Sec. 67. Section 222.70, Code 2018, is amended to read as
62 14 follows:

62 15 222.70 RESIDENCY DISPUTES.

62 16 If a dispute arises between counties or between the
62 17 department and a county as to the residency of a person
62 18 admitted to a resource center; ~~or a special unit; or a~~
62 19 ~~community-based service~~, the dispute shall be resolved as
62 20 provided in section 331.394.

62 21 Sec. 68. Section 226.45, Code 2018, is amended to read as
62 22 follows:

62 23 226.45 REIMBURSEMENT TO COUNTY OR STATE.

62 24 If a patient is not receiving medical assistance under
62 25 chapter 249A and the amount ~~to~~ in the account of any patient
62 26 in the patients' personal deposit fund exceeds two hundred
62 27 dollars, the business manager of the hospital may apply any
62 28 of the excess to reimburse the county of residence or the
62 29 state ~~for a state case when the patient is a resident in~~
62 30 another state or in a foreign country, or when the patient's
62 31 residence is unknown for liability incurred by the county or
62 32 the state for the payment of care, support and maintenance of
62 33 the patient, when billed by the county of residence or by the
62 34 administrator ~~for a state case when the patient is a resident~~
62 35 in another state or in a foreign country, or when the patient's
63 1 residence is unknown.

63 2 Sec. 69. Section 230.1, subsection 1, paragraph b, Code

63 3 2018, is amended to read as follows:

63 4 b. By the state ~~as a state case~~ if such person has no
63 5 residence in this state, if the person's residence is unknown,
63 6 or if the person is under eighteen years of age.

63 7 Sec. 70. Section 230.2, Code 2018, is amended to read as
63 8 follows:

63 9 230.2 FINDING OF RESIDENCE.

63 10 If a person's residency status is disputed, the residency
63 11 shall be determined in accordance with section 331.394.

63 12 Otherwise, the district court may, when the person is
63 13 ordered placed in a hospital for psychiatric examination and
63 14 appropriate treatment, or as soon thereafter as the court
63 15 obtains the proper information, make one of the following
63 16 determinations and enter of record whether the residence of the
63 17 person is in a county or the person is ~~deemed to be a state case~~
63 18 a resident in another state or in a foreign country, or when
63 19 the person's residence is unknown, as follows:

63 20 1. That the person's residence is in the county from which
63 21 the person was placed in the hospital.

63 22 2. That the person's residence is in another county of the
63 23 state.

63 24 3. That the person's residence is in a foreign state or
63 25 country ~~and the person is deemed to be a state case.~~

63 26 4. That the person's residence is unknown ~~and the person is~~
63 27 ~~deemed to be a state case.~~

63 28 Sec. 71. Section 230.8, Code 2018, is amended to read as
63 29 follows:

63 30 230.8 TRANSFERS OF PERSONS WITH MENTAL ILLNESS — EXPENSES.

63 31 The transfer to any state hospitals or to the places of their
63 32 residence of persons with mental illness who have no residence
63 33 in this state or whose residence is unknown ~~and deemed to be a~~
63 34 ~~state case~~, shall be made according to the directions of the
63 35 administrator, and when practicable by employees of the state
64 1 hospitals. The actual and necessary expenses of such transfers
64 2 shall be paid by the department on itemized vouchers sworn to
64 3 by the claimants and approved by the administrator.

64 4 Sec. 72. Section 230.9, Code 2018, is amended to read as
64 5 follows:

64 6 230.9 SUBSEQUENT DISCOVERY OF RESIDENCE.

64 7 If, after a person has been received by a state hospital
64 8 for persons with mental illness ~~as a state case patient~~
64 9 whose residence is supposed to be outside this state, the
64 10 administrator determines that the residence of the person
64 11 was, at the time of admission or commitment, in a county of
64 12 this state, the administrator shall certify the determination
64 13 and charge all legal costs and expenses pertaining to the
64 14 admission or commitment and support of the person to the county
64 15 of residence. The certification shall be sent to the county

64 16 of residence. The certification shall be accompanied by a
64 17 copy of the evidence supporting the determination. The costs
64 18 and expenses shall be collected as provided by law in other
64 19 cases. If the person's residency status has been determined in
64 20 accordance with section 331.394, the legal costs and expenses
64 21 shall be charged to the county of residence or as a state case
64 22 in accordance with that determination.

64 23 Sec. 73. Section 230.11, Code 2018, is amended to read as
64 24 follows:

64 25 230.11 RECOVERY OF COSTS FROM STATE.

64 26 Costs and expenses attending the taking into custody,
64 27 care, and investigation of a person who has been admitted
64 28 or committed to a state hospital, United States department
64 29 of veterans affairs hospital, or other agency of the United
64 30 States government, for persons with mental illness and who
64 31 has no residence in this state or whose residence is unknown,
64 32 including cost of commitment, if any, shall be paid ~~as a state~~
64 33 ~~case~~ as approved by the administrator. The amount of the costs
64 34 and expenses approved by the administrator is appropriated
64 35 to the department from any money in the state treasury
65 1 not otherwise appropriated. Payment shall be made by the
65 2 department on itemized vouchers executed by the auditor of the
65 3 county which has paid them, and approved by the administrator.

65 4 Sec. 74. Section 249A.26, subsection 2, paragraph b, Code
65 5 2018, is amended to read as follows:

65 6 b. The state shall pay for one hundred percent of the
65 7 nonfederal share of the costs of case management provided for
65 8 adults, day treatment, partial hospitalization, and the home
65 9 and community-based services waiver services ~~for persons who~~
65 10 ~~have no residence in this state or whose residence is unknown~~
65 11 ~~so that the persons are deemed to be state cases.~~

65 12 Sec. 75. Section 249A.26, subsection 7, Code 2018, is
65 13 amended by striking the subsection.

65 14 Sec. 76. Section 331.394, Code 2018, is amended to read as
65 15 follows:

65 16 331.394 COUNTY OF RESIDENCE — SERVICES TO RESIDENTS —
65 17 SERVICE AUTHORIZATION APPEALS — DISPUTES BETWEEN COUNTIES OR
65 18 REGIONS ~~—AND THE DEPARTMENT~~ .

65 19 1. For the purposes of this section, unless the context
65 20 otherwise requires:

65 21 a. "County of residence" means the county in this state in
65 22 which, at the time a person applies for or receives services,
65 23 the person is living and has established an ongoing presence
65 24 with the declared, good faith intention of living in the
65 25 county for a permanent or indefinite period of time. The
65 26 county of residence of a person who is a homeless person
65 27 is the county where the homeless person usually sleeps. A
65 28 person maintains residency in the county or state in which the

65 29 person last resided while the person is present in another
65 30 county or this state receiving services in a hospital, a
65 31 correctional facility, a halfway house for community-based
65 32 corrections or substance-related treatment, a nursing facility,
65 33 an intermediate care facility for persons with an intellectual
65 34 disability, or a residential care facility, or for the purpose
65 35 of attending a college or university.

66 1 b. "Homeless person" means the same as defined in section
66 2 48A.2.

66 3 c. "Mental health professional" means the same as defined
66 4 in section 228.1.

66 5 d. "Person" means a person who is a United States citizen or
66 6 a qualified alien as defined in 8 U.S.C. §1641.

66 7 2. If a person appeals a decision regarding a service
66 8 authorization or other services-related decision made by a
66 9 regional administrator that cannot be resolved informally,
66 10 the appeal shall be heard in a contested case proceeding by a
66 11 state administrative law judge. The administrative law judge's
66 12 decision shall be considered final agency action under chapter
66 13 17A.

66 14 3. If a service authorization or other services-related
66 15 decision made by a regional administrator concerning a person
66 16 varies from the type and amount of service identified to be
66 17 necessary for the person in a clinical determination made by a
66 18 mental health professional and the mental health professional
66 19 believes that failure to provide the type and amount of service
66 20 identified could cause an immediate danger to the person's
66 21 health or safety, the person may request an expedited review
66 22 of the regional administrator's decision to be made by the
66 23 department of human services. An expedited review held in
66 24 accordance with this subsection is subject to the following
66 25 procedures:

66 26 a. The request for the expedited review shall be filed
66 27 within five business days of receiving the notice of decision
66 28 by the regional administrator. The request must be in writing,
66 29 plainly state the request for an expedited review in the
66 30 caption and body of the request, and be supported by written
66 31 documentation from the mental health professional who made the
66 32 clinical determination stating how the notice of decision on
66 33 services could cause an immediate danger to the person's health
66 34 or safety.

66 35 b. The expedited review shall be performed by a mental
67 1 health professional, who is either the administrator of the
67 2 division of mental health and disability services of the
67 3 department of human services or the administrator's designee.
67 4 If the administrator is not a mental health professional,
67 5 the expedited review shall be performed by a designee of the
67 6 administrator who is a mental health professional and is free

67 7 of any conflict of interest to perform the expedited review.
67 8 The expedited review shall be performed within two business
67 9 days of the time the request is filed. If the reviewer
67 10 determines the information submitted in connection with the
67 11 request is inadequate to perform the review, the reviewer shall
67 12 request the submission of additional information and the review
67 13 shall be performed within two business days of the time that
67 14 adequate information is submitted. The regional administrator
67 15 and the person, with the assistance of the mental health
67 16 professional who made the clinical determination, shall each
67 17 provide a brief statement of facts, conclusions, and reasons
67 18 for the decision made. Supporting clinical information shall
67 19 also be attached. All information related to the proceedings
67 20 and any related filings shall be considered to be mental health
67 21 information subject to chapter 228.

67 22 c. The administrator or designee shall issue an order,
67 23 including a brief statement of findings of fact, conclusions of
67 24 law, and policy reasons for the order, to justify the decision
67 25 made concerning the expedited review. If the decision concurs
67 26 with the contention that there is an immediate danger to the
67 27 person's health or safety, the order shall identify the type
67 28 and amount of service which shall be provided for the person.
67 29 The administrator or designee shall give such notice as is
67 30 practicable to persons who are required to comply with the
67 31 order. The order is effective when issued.

67 32 d. The decision of the administrator or designee shall be
67 33 considered a final agency action and is subject to judicial
67 34 review in accordance with section 17A.19. The record for
67 35 judicial review consists of any documents regarding the matter
68 1 that were considered or prepared by the administrator or
68 2 designee. The administrator or designee shall maintain these
68 3 documents as the official record of the decision. If the
68 4 matter is appealed to the district court, the record shall be
68 5 filed as confidential.

68 6 4. If a county of residence is part of a mental health and
68 7 disability services region that has agreed to pool funding and
68 8 liability for services, the responsibilities of the county
68 9 under law regarding such services shall be performed on behalf
68 10 of the county by the regional administrator. The county of
68 11 residence or the county's mental health and disability services
68 12 region, as applicable, is responsible for paying the public
68 13 costs of the mental health and disability services that are
68 14 not covered by the medical assistance program under chapter
68 15 249A and are provided in accordance with the region's approved
68 16 service management plan to persons who are residents of the
68 17 county or region.

68 18 5. a. The dispute resolution process implemented in
68 19 accordance with this subsection applies to residency disputes.

68 20 The dispute resolution process is not applicable to disputes
68 21 involving persons committed to a state facility pursuant to
68 22 chapter 812 or rule of criminal procedure 2.22, Iowa court
68 23 rules, or to disputes involving service authorization decisions
68 24 made by a region.

68 25 b. If a county; or region;~~or the department,~~ as applicable,
68 26 receives a billing for services provided to a resident
68 27 in another county or region, or objects to a residency
68 28 determination certified by ~~the department~~ or another county's
68 29 or region's regional administrator and asserts either that the
68 30 person has residency in another county or region or the person
68 31 is not a resident of this state ~~or the person's residency is~~
68 32 ~~unknown so that the person is deemed a state case,~~ the person's
68 33 residency status shall be determined as provided in this
68 34 subsection. ~~The county or region shall notify the department~~
68 35 ~~of the county's or region's assertion within one hundred twenty~~
69 1 ~~days of receiving the billing.~~ If the county or region asserts
69 2 that the person has residency in another county or region,
69 3 ~~that the county or region shall be notified at the same time~~
69 4 ~~as the department.~~ If the department disputes a residency
69 5 determination certification made by a regional administrator,
69 6 ~~the department shall notify the affected counties or regions of~~
69 7 ~~the department's assertion~~ notify the other county or region
69 8 within one hundred twenty days of receiving the billing for
69 9 services.

69 10 c. The ~~department,~~ county; or region that received the
69 11 notification, as applicable, shall respond to the party that
69 12 provided the notification within forty-five days of receiving
69 13 the notification. If the parties cannot agree to a settlement
69 14 as to the person's residency status within ninety days of the
69 15 date of notification, on motion of any of the parties, the
69 16 matter shall be referred to the department of inspections and
69 17 appeals for a contested case hearing under chapter 17A before
69 18 an administrative law judge assigned in accordance with section
69 19 10A.801 to determine the person's residency status.

69 20 d. (1) The administrative law judge's determination
69 21 of the person's residency status shall be considered final
69 22 agency action, notwithstanding contrary provisions of section
69 23 17A.15. The party that does not prevail in the determination
69 24 or subsequent judicial review is liable for costs associated
69 25 with the proceeding, including reimbursement of the department
69 26 of inspections and appeals' actual costs associated with
69 27 the administrative proceeding. Judicial review of the
69 28 determination may be sought in accordance with section 17A.19.

69 29 (2) If following the determination of a person's residency
69 30 status in accordance with this subsection, additional evidence
69 31 becomes available that merits a change in that determination,
69 32 the parties affected may change the determination by mutual

69 33 agreement. Otherwise, a party may move that the matter be
69 34 reconsidered by the ~~department~~, county, or region, or by the
69 35 administrative law judge.

70 1 e. (1) Unless a petition is filed for judicial review,
70 2 the administrative law judge's determination of the person's
70 3 residency status shall result in one of the following:

70 4 (a) If a county or region is determined to be the person's
70 5 residence, the county or region shall pay the amounts due and
70 6 shall reimburse any other amounts paid for services provided by
70 7 the other county or region ~~or the department~~ on the person's
70 8 behalf prior to the determination.

70 9 (b) If it is determined that the person is not a resident
70 10 of this state ~~or the person's residency is unknown so that the~~
70 11 ~~person is deemed to be a state case, the department shall pay~~
70 12 ~~the amounts due and shall reimburse the county or region, as~~
70 13 ~~applicable, for any payment made on behalf of the person prior~~
70 14 ~~to the determination~~ neither the region in which the services
70 15 were provided nor the state shall be liable for payment of
70 16 amounts due for services provided to the person prior to the
70 17 determination.

70 18 (2) The payment or reimbursement shall be remitted within
70 19 forty-five days of the date the determination was issued.
70 20 After the forty-five-day period, a penalty of not greater than
70 21 one percent per month may be added to the amount due.

70 22 6. a. The dispute resolution process implemented in
70 23 accordance with this subsection applies beginning July 1, 2012,
70 24 to billing disputes between the state and a county or region,
70 25 other than residency disputes or other dispute processes under
70 26 this section, involving the responsibility for service costs
70 27 for services provided on or after July 1, 2011, under any of
70 28 the following:

70 29 (1) Chapter 221.
70 30 (2) Chapter 222.
70 31 (3) Chapter 229.
70 32 (4) Chapter 230.
70 33 (5) Chapter 249A.
70 34 (6) Chapter 812.

70 35 b. If a county, region, or the department, as applicable,
71 1 disputes a billing for service costs listed in paragraph "a",
71 2 the dispute shall be resolved as provided in this subsection.
71 3 The county or region shall notify the department of the
71 4 county's or region's assertion within ninety days of receiving
71 5 the billing. However, for services provided on or after July
71 6 1, 2011, for which a county has received the billing as of July
71 7 1, 2012, the county shall notify the department of the county's
71 8 assertion on or before October 1, 2012. If the department
71 9 disputes such a billing of a regional administrator, the
71 10 department shall notify the affected counties or regions of the

71 11 department's assertion.
71 12 c. The department, county, or region that received the
71 13 notification, as applicable, shall respond to the party
71 14 that provided the notification within forty-five days of
71 15 receiving the notification. If the parties cannot agree to a
71 16 settlement as to the dispute within ninety days of the date
71 17 of notification, on motion of any of the parties, the matter
71 18 shall be referred to the department of inspections and appeals
71 19 for a contested case hearing under chapter 17A before an
71 20 administrative law judge assigned in accordance with section
71 21 10A.801 to determine facts and issue a decision to resolve the
71 22 dispute.
71 23 d. (1) The administrative law judge's decision is a final
71 24 agency action, notwithstanding contrary provisions of section
71 25 17A.15. The party that does not prevail in the decision or
71 26 subsequent judicial review is liable for costs associated with
71 27 the proceeding, including reimbursement of the department of
71 28 inspections and appeals' actual costs associated with the
71 29 administrative proceeding. Judicial review of the decision may
71 30 be sought in accordance with section 17A.19.
71 31 (2) If following the decision regarding a dispute in
71 32 accordance with this subsection, additional evidence becomes
71 33 available that merits a change in that decision, the parties
71 34 affected may change the decision by mutual agreement.
71 35 Otherwise, a party may move that the matter be reconsidered by
72 1 the department, county, or region, or by the administrative law
72 2 judge.
72 3 e. (1) Unless a petition is filed for judicial review,
72 4 the administrative law judge's decision regarding a disputed
72 5 billing shall result in one of the following:
72 6 (a) If a county or region is determined to be responsible
72 7 for the disputed amounts, the county or region shall pay
72 8 the amounts due and shall reimburse any other amounts paid
72 9 for services provided by the other county or region or the
72 10 department on the person's behalf prior to the decision.
72 11 (b) If it is determined that the state is responsible for
72 12 the disputed amounts, the state shall pay the amounts due and
72 13 shall reimburse the county or region, as applicable, for any
72 14 payment made on behalf of the person prior to the decision.
72 15 (2) The payment or reimbursement shall be remitted within
72 16 forty-five days of the date the decision was issued. After
72 17 the forty-five-day period, a penalty of not greater than one
72 18 percent per month may be added to the amount due.
72 19 Sec. 77. REPEAL. Section 226.9C, Code 2018, is repealed.

<p>72 22 Sec. 78. IOWA DEPARTMENT ON AGING — MEDICAID CLAIMING. The 72 23 department on aging and the department of human services shall 72 24 collaborate to develop a cost allocation plan requesting 72 25 Medicaid administrative funding to provide for the claiming 72 26 of federal financial participation for aging and disability 72 27 resource center activities that are performed to assist with 72 28 administration of the Medicaid program. By January 1, 2019, 72 29 the department of human services shall submit to the centers 72 30 for Medicare and Medicaid services of the United States 72 31 department of health and human services any Medicaid state plan 72 32 amendment as necessary and shall enter into an interagency 72 33 agreement with the department on aging to implement this 72 34 section.</p> <p>72 35 Sec. 79. EFFECTIVE DATE. This division of this Act, being 73 1 deemed of immediate importance, takes effect upon enactment.</p> <p>73 2 DIVISION XI 73 3 EXECUTIVE DIRECTOR — DEPARTMENT OF VETERANS AFFAIRS</p> <p>73 4 Sec. 80. 2008 Iowa Acts, chapter 1191, section 14, 73 5 subsection 3, is amended to read as follows: 73 6 3. The following are range 3 positions: administrator of 73 7 the division of criminal and juvenile justice planning of the 73 8 department of human rights, administrator of the division of 73 9 community action agencies of the department of human rights, 73 10 executive director of the department of veterans affairs, and 73 11 chairperson and members of the employment appeal board of the 73 12 department of inspections and appeals.</p> <p>73 13 Sec. 81. 2008 Iowa Acts, chapter 1191, section 14, 73 14 subsection 5, as amended by 2013 Iowa Acts, chapter 123, 73 15 section 63, is amended to read as follows: 73 16 5. The following are range 5 positions: administrator of 73 17 the division of homeland security and emergency management of 73 18 the department of public defense, state public defender, drug 73 19 policy coordinator, labor commissioner, workers' compensation 73 20 commissioner, director of the department of cultural affairs, 73 21 director of the department of elder affairs, director of the 73 22 law enforcement academy, members of the property assessment 73 23 appeal board, <u>executive director of the department of veterans</u> 73 24 <u>affairs,</u> and administrator of the historical division of the 73 25 department of cultural affairs.</p> <p>73 26 Sec. 82. EFFECTIVE DATE. This division of this Act, being 73 27 deemed of immediate importance, takes effect upon enactment.</p> <p>73 28 DIVISION XII 73 29 FAMILY PLANNING SERVICES PROGRAM</p>	<p>Requires the IDA and the DHS to develop a cost allocation plan requesting federal Medicaid administrative funds for the Aging and Disability Resource Centers (ADRCs).</p> <p>This Division is effective upon enactment.</p> <p>CODE: Amends the FY 2009 Standing Appropriation Act (2008 Iowa Acts, chapter 1191) to reclassify the Director of the Department of Veterans Affairs from a salary Range 3 position to a Range 5 position.</p> <p>DETAIL: The Act set Range 3 positions at a salary between \$55,380 and \$84,750 and set Range 5 positions at a salary between \$73,250 and \$112,070.</p> <p>This Division is effective upon enactment.</p>
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73 30 Sec. 83. Section 217.41B, subsection 3, Code 2018, is
73 31 amended to read as follows:

73 32 3. a. (1) Distribution of family planning services program
73 33 funds shall not be made to any entity that performs abortions
73 34 or that maintains or operates a facility where abortions
73 35 are performed, which shall not be interpreted to include a
74 1 nonpublic entity that is a distinct location of a nonprofit
74 2 health care delivery system, if the distinct location provides
74 3 family planning services but does not perform abortions
74 4 or maintain or operate as a facility where abortions are
74 5 performed.

74 6 (2) The department of human services shall adopt rules
74 7 pursuant to chapter 17A to require that as a condition of
74 8 eligibility as a provider under the family planning services
74 9 program, each distinct location of a nonprofit health care
74 10 delivery system shall enroll in the program as a separate
74 11 provider, be assigned a distinct provider identification
74 12 number, and complete an attestation that abortions are not
74 13 performed at the distinct location.

74 14 (3) For the purposes of this section, "nonprofit health
74 15 care delivery system" means an Iowa nonprofit corporation
74 16 that controls, directly or indirectly, a regional health
74 17 care network consisting of hospital facilities and various
74 18 ambulatory and clinic locations that provide a range of
74 19 primary, secondary, and tertiary inpatient, outpatient, and
74 20 physician services.

74 21 b. For the purposes of this section, "abortion" does not
74 22 include any of the following:

74 23 —a. (1) The treatment of a woman for a physical
74 24 disorder, physical injury, or physical illness, including a
74 25 life-endangering physical condition caused by or arising from
74 26 the pregnancy itself, that would, as certified by a physician,
74 27 place the woman in danger of death.

74 28 —b. (2) The treatment of a woman for a spontaneous abortion,
74 29 commonly known as a miscarriage, when not all of the products
74 30 of human conception are expelled.

74 31 DIVISION XIII
74 32 PROVISIONAL REGIONALIZATION AUTHORIZATION

74 33 Sec. 84. Section 331.389, subsection 1, paragraphs b and c,
74 34 Code 2018, are amended to read as follows:

74 35 ~~—b. The director of human services shall exempt a county~~
75 1 ~~from being required to enter into a regional service system if~~
75 2 ~~the county furnishes evidence that the county complies with~~
75 3 ~~the requirements in subsection 3, paragraphs "c", "d", "e",~~
75 4 ~~and "f", and is able to provide the core services required~~
75 5 ~~by law to the county's residents in a manner that is as cost~~

CODE: Amends the Family Planning Services Program to allow for the
UnityPoint Health Care Group to participate.

CODE: Specifies that Polk County is exempt from the requirement to
enter into an MHDS regional service system, but the Board of
Supervisors must meet all requirements of a region.

75 6 ~~effective and with outcomes that are at least equal to what~~
 75 7 ~~could be provided to the residents if the county would provide~~
 75 8 ~~the services through a regional service system. The director~~
 75 9 ~~shall identify criteria for evaluating the evidence provided by~~
 75 10 ~~counties applying for the exemption. The criteria identified~~
 75 11 ~~shall be specified in rule adopted by the state commission.~~
 75 12 ~~—e. b. If a county has been exempted pursuant to this~~
 75 13 ~~subsection prior to July 1, 2014, from the requirement to enter~~
 75 14 ~~into a regional service system, the county and the county's~~
 75 15 ~~board of supervisors shall fulfill all requirements under~~
 75 16 ~~this chapter and chapter 225C for a regional service system,~~
 75 17 ~~regional service system management plan, regional governing~~
 75 18 ~~board, and regional administrator, and any other provisions~~
 75 19 ~~applicable to a region of counties providing local mental~~
 75 20 ~~health and disability services.~~

75 21 Sec. 85. Section 331.389, subsection 2, Code 2018, is
 75 22 amended to read as follows:
 75 23 2. The director of human services shall approve any region
 75 24 meeting the requirements of subsection 3. ~~However, the~~
 75 25 ~~director of human services, in consultation with the state~~
 75 26 ~~commission, may grant a waiver from the requirement relating to~~
 75 27 ~~the minimum number of counties if there is convincing evidence~~
 75 28 ~~that compliance with such requirement is not workable.~~

CODE: Specifies that the Director of DHS is to approve any MHDS region meeting the requirements of Iowa Code section [331.389](#), subsection 3.

75 29 Sec. 86. Section 331.389, subsection 3, paragraph a, Code
 75 30 2018, is amended to read as follows:
 75 31 a. The counties comprising the region are contiguous ~~except~~
 75 32 ~~that a region may include a county that is not contiguous with~~
 75 33 ~~any of the other counties in the region, if the county that is~~
 75 34 ~~not contiguous has had a formal relationship for two years or~~
 75 35 ~~longer with one or more of the other counties in the region for~~
 76 1 ~~the provision of mental health and disability services.~~

CODE: Eliminates exceptions to counties joining regions that are not contiguous.

76 2 Sec. 87. Section 331.389, subsection 4, paragraph c, Code
 76 3 2018, is amended to read as follows:
 76 4 c. ~~During the period of April 2, 2013, through July 1,~~
 76 5 ~~2013, the~~ The department shall work with any county that has
 76 6 not agreed to be part of a region in accordance with paragraph
 76 7 "a" and with the regions forming around the county to resolve
 76 8 issues preventing the county from joining a region. ~~By July~~
 76 9 ~~1, 2013, a~~ A county that has not agreed to be part of a region
 76 10 in accordance with paragraph "a" shall be assigned by the
 76 11 department to a region, unless exempted ~~pursuant to subsection~~
 76 12 ~~4 prior to July 1, 2014.~~

CODE: Conforming change to specify that Polk County is exempt from the requirement to enter into an MHDS regional service system.

76 13 Sec. 88. Section 331.389, subsection 4, paragraph e,
 76 14 unnumbered paragraph 1, Code 2018, is amended to read as

CODE: Conforming change to specify that Polk County is exempt from the requirement to enter into a regional service system.

76 15 follows:

76 16 On or before June 30, 2014, unless exempted pursuant to
 76 17 ~~subsection 4~~ prior to July 1, 2014, all counties shall be
 76 18 in compliance with all of the following mental health and
 76 19 disability services region implementation criteria:
 76 20 Sec. 89. Section 331.424A, subsection 8, Code 2018, is
 76 21 amended to read as follows:

76 22 8.a. For the fiscal year beginning July 1, 2017, the
 76 23 regional per capita expenditure target amount is the sum of the
 76 24 base expenditure amount for all counties in the region divided
 76 25 by the population of the region. However, a regional per
 76 26 capita expenditure target amount shall not exceed the statewide
 76 27 per capita expenditure target amount. For the fiscal year
 76 28 beginning July 1, 2018, and each subsequent fiscal year, the
 76 29 regional per capita expenditure target amount for each region
 76 30 is equal to the regional per capita expenditure target amount
 76 31 for the fiscal year beginning July 1, 2017.

76 32 b. Notwithstanding paragraph "a", for the fiscal year
 76 33 beginning July 1, 2019, the regional per capita expenditure
 76 34 target amount for a region formed pursuant to the section of
 76 35 this Act which authorizes regionalization is the sum of the
 77 1 base expenditure amount for all counties in the region divided
 77 2 by the population of the region. However, the regional per
 77 3 capita expenditure target amount shall not exceed the statewide
 77 4 per capita expenditure target amount. For the fiscal year
 77 5 beginning July 1, 2020, and each subsequent fiscal year, the
 77 6 regional per capita expenditure target amount for the region
 77 7 shall be equal to the regional per capita expenditure target
 77 8 amount for the fiscal year beginning July 1, 2019.

CODE: Specifies the base funding formula for the new region beginning in FY 2020 and continuing in perpetuity, not to exceed the statewide per capita expenditure target of \$47.28 per capita.

77 9 Sec. 90. MENTAL HEALTH AND DISABILITY SERVICES —
 77 10 REGIONALIZATION AUTHORIZATION.

77 11 1. Upon receiving a request from any county within the
 77 12 county social services mental health and disability services
 77 13 region to be removed from the region, the director of human
 77 14 services may authorize the county to join with other counties
 77 15 requesting to be removed from the county social services mental
 77 16 health and disability services region in the formation of a
 77 17 proposed new mental health and disability services region.

Allows the Director of the DHS to authorize counties in the County Social Services Region to join with other counties requesting to be removed from the Region to form a new region.

77 18 2. County formation of a proposed new mental health and
 77 19 disability services region pursuant to this section is subject
 77 20 to all of the following:

77 21 a. The aggregate population of all counties forming
 77 22 the region is at least 100,000 and includes at least one
 77 23 incorporated city with a population of more than 24,000. For

Requires counties forming a new region to have a total combined population of more than 100,000 and a city with a population of more than 24,000. In addition, the new region must meet the requirements listed in the paragraph.

77 24 purposes of this subparagraph, "population" means the same as
77 25 defined in section 331.388, subsection 3, Code 2018.

77 26 b. Notwithstanding section 331.389, subsection 4, on or
77 27 before February 1, 2019, the counties forming the region have
77 28 complied with section 331.389, subsection 3, as amended in
77 29 this division of this Act, and all of the following additional
77 30 requirements:

77 31 (1) The board of supervisors of each county forming the
77 32 region has voted to approve a chapter 28E agreement.

77 33 (2) The duly authorized representatives of all the counties
77 34 forming the region have signed a chapter 28E agreement that is
77 35 in compliance with section 331.392 and 441 IAC 25.14.

78 1 (3) The county board of supervisors' or supervisors'
78 2 designee members and other members of the region's governing
78 3 board are appointed in accordance with section 331.390.

78 4 (4) Executive staff for the region's regional administrator
78 5 are identified or engaged.

78 6 (5) The regional service management plan is developed in
78 7 accordance with section 331.393 and 441 IAC 25.18 and 441 IAC
78 8 25.21 and is submitted to the department.

78 9 (6) The initial regional service management plan shall
78 10 identify the service provider network for the region, identify
78 11 the information technology and data management capacity to be
78 12 employed to support regional functions, and establish business
78 13 functions, accounting procedures, and other administrative
78 14 processes.

78 15 c. Each county forming the region shall submit the
78 16 compliance information required in paragraph "b" to the
78 17 director of human services on or before February 1, 2019.
78 18 Within 45 days of receipt of such information, the director
78 19 of human services shall determine if the region is in full
78 20 compliance and shall approve the region if the region has met
78 21 all of the requirements of this section.

Requires each county in the region to submit compliance information to the Director of the DHS by February 1, 2019, for the Director to determine if the region is in full compliance.

78 22 d. The director of human services shall work with a county
78 23 making a request under this section that has not agreed or
78 24 is unable to join the proposed new region to resolve issues
78 25 preventing the county from joining the proposed new region.

Requires the Director of the DHS to work with a county making a request under this Section, that has had difficulty joining a new region.

78 26 e. By February 1, 2019, the director of human services shall
78 27 assign a county making a request under this section that has
78 28 not reached an agreement to be part of the proposed new region
78 29 to an existing region or to the new proposed region, consistent
78 30 with this section.

Requires the Director of the DHS, by February 1, 2019, to assign any county that has made a request under this Section but has not reached agreement to join a region.

78 31 3. If approved by the department, the region shall commence
78 32 full operations no later than July 1, 2019.

Specifies that if the new region is approved by the DHS, it is required to be in full operation by July 1, 2019.

78 33 Sec. 91. EFFECTIVE DATE. This division of this Act, being
78 34 deemed of immediate importance, takes effect upon enactment.

The Division relating to MHDS Regional Authorization is effective upon enactment.

78 35 DIVISION XIV
79 1 MANDATORY REPORTER TRAINING AND CERTIFICATION WORKGROUP

79 2 Sec. 92. DEPARTMENT OF HUMAN SERVICES — MANDATORY REPORTER
79 3 TRAINING AND CERTIFICATION WORKGROUP. The department of human
79 4 services, in cooperation with the departments of education
79 5 and public health, shall facilitate a study by a workgroup of
79 6 stakeholders to make recommendations relating to mandatory
79 7 child abuse and mandatory dependent adult abuse reporter
79 8 training and certification requirements. The workgroup shall
79 9 develop interdepartmental strategies for improving mandatory
79 10 child abuse and mandatory dependent adult abuse reporter
79 11 training and certification requirements. The workgroup
79 12 shall consist of representatives from the departments of
79 13 human services, education, public health, public safety, and
79 14 human rights, the department on aging, and the office of the
79 15 attorney general; a court appointed special advocate; and other
79 16 experts the department of human services deems necessary. The
79 17 membership of the workgroup shall also include four members of
79 18 the general assembly. The legislative members shall serve as
79 19 ex officio, nonvoting members of the workgroup, with one member
79 20 to be appointed by each of the following: the majority leader
79 21 of the senate, the minority leader of the senate, the speaker
79 22 of the house of representatives, and the minority leader of the
79 23 house of representatives. The workgroup shall submit a report
79 24 with recommendations, including but not limited to strategies
79 25 developed and other proposed improvements, to the governor and
79 26 the general assembly on or before December 15, 2018.

Establishes a workgroup to make recommendations related to mandatory child abuse and dependent adult abuse reporter training and certification. A report is due to the Governor and General Assembly by December 15, 2018.

79 27 DIVISION XV
79 28 NURSING FACILITY QUALITY ASSURANCE ASSESSMENT

79 29 Sec. 93. Section 249L.3, subsection 1, paragraph d, Code
79 30 2018, is amended to read as follows:
79 31 d. The aggregate quality assurance assessments imposed under
79 32 this chapter shall not exceed ~~the lower of three percent of the~~
79 33 ~~aggregate non-Medicare revenues of a nursing facility or the~~
79 34 maximum amount that may be assessed pursuant to the indirect
79 35 guarantee threshold as established pursuant to 42 C.F.R.
80 1 §433.68(f)(3)(i), and shall be stated on a per-patient-day
80 2 basis.
80 3 Sec. 94. Section 249L.4, subsection 2, Code 2018, is amended
80 4 to read as follows:

CODE: Eliminates the 3.00% cap on the nursing facility provider assessment and sets the cap at the maximum amount allowed by the federal government.

DETAIL: The current federal cap for provider assessments is 6.00%.

FISCAL IMPACT: The current 3.00% assessment raises \$36,705,208 annually. The new assessment may generate up to \$73,410,416 annually for the Quality Assurance Trust Fund, which may be used for increased Medicaid reimbursement for nursing facilities.

80 5 2. Moneys in the trust fund shall be used, subject to
 80 6 their appropriation by the general assembly, by the department
 80 7 only for reimbursement of nursing facility services for which
 80 8 federal financial participation under the medical assistance
 80 9 program is available to match state funds. ~~Any moneys~~ Moneys
 80 10 appropriated from the trust fund for reimbursement of nursing
 80 11 facilities, in addition to the quality assurance assessment
 80 12 pass-through and the quality assurance assessment rate add-on
 80 13 which shall be used as specified in subsection 5, paragraph "b",
 80 14 shall be used in a manner such that no less than thirty-five
 80 15 percent of the amount received by a nursing facility is used
 80 16 for increases in compensation and costs of employment for
 80 17 direct care workers, and no less than sixty percent of the
 80 18 total is used to increase compensation and costs of employment
 80 19 for all nursing facility staff. For the purposes of use of
 80 20 such funds, "direct care worker", "nursing facility staff",
 80 21 "increases in compensation", and "costs of employment" mean as
 80 22 defined or specified in this chapter.

80 23 Sec. 95. DIRECTIVES TO DEPARTMENT OF HUMAN SERVICES.

80 24 1. The department of human services shall request approval
 80 25 from the centers for Medicare and Medicaid services of the
 80 26 United States department of health and human services for any
 80 27 waiver or state plan amendment necessary to administer this
 80 28 division of this Act.

80 29 2. The change in the quality assurance assessment shall
 80 30 accrue beginning on the first day of the calendar quarter
 80 31 following the date of approval of any waiver or state plan
 80 32 amendment.

80 33 DIVISION XVI
 80 34 SEXUAL OFFENSES AND SEX OFFENDERS

80 35 Sec. 96. Section 229A.2, subsection 4, Code 2018, is amended
 81 1 to read as follows:

81 2 4. "Discharge" means an unconditional discharge from the
 81 3 sexually violent predator program. A person released from a
 81 4 secure facility into a transitional release program or released
 81 5 with ~~or without~~ supervision is not considered to be discharged.

81 6 Sec. 97. Section 229A.5B, subsection 1, unnumbered
 81 7 paragraph 1, Code 2018, is amended to read as follows:

81 8 A person who is detained pursuant to section 229A.5 or is
 81 9 subject to an order of civil commitment under this chapter
 81 10 shall remain in custody unless released by court order or
 81 11 discharged under section 229A.8 or 229A.10. A person who has
 81 12 been placed in a transitional release program or who is under
 81 13 release with ~~or without~~ supervision is considered to be in
 81 14 custody. A person in custody under this chapter shall not do

Directs the DHS to request approval from CMS to increase the provider tax for nursing facilities. Any change is required to take effect on the first day of the calendar quarter following the date of approval by the CMS.

CODE: This Division eliminates provisions permitting a person committed as a sexually violent predator under Iowa Code chapter [229A](#) to be released from a secure facility or a transitional release program without supervision. In addition, the Division eliminates the requirement that a hearing be held within five days of the committed person's return to a secure facility after the person absconds from a transitional release program. The hearing will now be held after an evaluation has been performed.

81 15 any of the following:

81 16 Sec. 98. Section 229A.5C, subsection 4, Code 2018, is
81 17 amended to read as follows:

81 18 4. A person who committed a public offense while in a
81 19 transitional release program or on release with ~~or without~~
81 20 supervision may be returned to a secure facility operated by
81 21 the department of human services upon completion of any term
81 22 of confinement that resulted from the commission of the public
81 23 offense.

81 24 Sec. 99. Section 229A.6A, subsection 1, paragraph d, Code
81 25 2018, is amended to read as follows:

81 26 d. To a facility for placement or treatment in a
81 27 transitional release program or for release with ~~or without~~
81 28 supervision. A transport order is not required under this
81 29 paragraph.

81 30 Sec. 100. Section 229A.7, subsection 7, Code 2018, is
81 31 amended to read as follows:

81 32 7. The control, care, and treatment of a person determined
81 33 to be a sexually violent predator shall be provided at a
81 34 facility operated by the department of human services. At all
81 35 times prior to placement in a transitional release program
82 1 or release with ~~or without~~ supervision, persons committed
82 2 for control, care, and treatment by the department of human
82 3 services pursuant to this chapter shall be kept in a secure
82 4 facility and those patients shall be segregated at all times
82 5 from any other patient under the supervision of the department
82 6 of human services. A person committed pursuant to this chapter
82 7 to the custody of the department of human services may be kept
82 8 in a facility or building separate from any other patient
82 9 under the supervision of the department of human services.
82 10 The department of human services may enter into a chapter
82 11 28E agreement with the department of corrections or other
82 12 appropriate agency in this state or another state for the
82 13 confinement of patients who have been determined to be sexually
82 14 violent predators. Patients who are in the custody of the
82 15 director of the department of corrections pursuant to a chapter
82 16 28E agreement and who have not been placed in a transitional
82 17 release program or released with ~~or without~~ supervision shall
82 18 be housed and managed separately from criminal offenders in
82 19 the custody of the director of the department of corrections,
82 20 and except for occasional instances of supervised incidental
82 21 contact, shall be segregated from those offenders.

82 22 Sec. 101. Section 229A.8B, subsection 3, Code 2018, is
82 23 amended to read as follows:

82 24 3. Upon the return of the committed person to a secure
82 25 facility, the director of human services or the director's
82 26 designee shall notify the court that issued the ex parte order
82 27 that the absconder has been returned to a secure facility, and

82 28 the court shall set a hearing ~~within five days~~ to determine if
82 29 a violation occurred. If a court order was not issued, the
82 30 director or the director's designee shall contact the nearest
82 31 district court with jurisdiction to set a hearing to determine
82 32 whether a violation of the rules or directives occurred. The
82 33 court shall schedule a hearing ~~within five days of~~ after
82 34 receiving notice that the committed person has been returned
82 35 from the transitional release program to a secure facility.

83 1 Sec. 102. Section 229A.9A, Code 2018, is amended to read as
83 2 follows:

83 3 229A.9A RELEASE WITH ~~OR WITHOUT~~ SUPERVISION.

83 4 1. In any proceeding under section 229A.8, the court may
83 5 order the committed person released with ~~or without~~ supervision
83 6 if any of the following apply:

83 7 a. The attorney general stipulates to the release with ~~or~~
83 8 ~~without~~ supervision.

83 9 b. The court or jury has determined that the person should
83 10 be ~~discharged~~ released from ~~the program~~ a secure facility or
83 11 a transitional release program, but the court has determined
83 12 the person suffers from a mental abnormality and it is in the
83 13 best interest of the community to order release with ~~or without~~
83 14 supervision before the committed person is discharged.

83 15 2. If release with ~~or without~~ supervision is ordered, the
83 16 department of human services shall prepare within sixty days of
83 17 the order of the court a release plan addressing the person's
83 18 needs for counseling, medication, community support services,
83 19 residential services, vocational services, alcohol or other
83 20 drug abuse treatment, sex offender treatment, or any other
83 21 treatment or supervision necessary.

83 22 3. The court shall set a hearing on the release plan
83 23 prepared by the department of human services before the
83 24 committed person is released from a secure facility or a
83 25 transitional release program.

83 26 4. If the court orders release with supervision, the court
83 27 shall order supervision by an agency with jurisdiction that
83 28 is familiar with the placement of criminal offenders in the
83 29 community. The agency with jurisdiction shall be responsible
83 30 for initiating proceedings for violations of the release plan
83 31 as provided in section 229A.9B. ~~If the court orders release~~
83 32 ~~without supervision, the agency with jurisdiction shall also be~~
83 33 ~~responsible for initiating proceedings for any violations of~~
83 34 ~~the release plan as provided in section 229A.9B.~~

83 35 5. A committed person may not petition the court for release
84 1 with ~~or without~~ supervision.

84 2 6. A committed person released with ~~or without~~ supervision
84 3 is not considered discharged from civil commitment under this
84 4 chapter.

84 5 7. After being released with ~~or without~~ supervision, the

84 6 person may petition the court for discharge as provided in
84 7 section 229A.8.

84 8 8. The court shall retain jurisdiction over the committed
84 9 person who has been released with ~~or without~~ supervision until
84 10 the person is discharged from the program. The department
84 11 of human services or a judicial district department of
84 12 correctional services shall not be held liable for any acts
84 13 committed by a committed person who has been ordered released
84 14 with ~~or without~~ supervision.

84 15 Sec. 103. Section 229A.9B, Code 2018, is amended to read as
84 16 follows:

84 17 229A.9B VIOLATIONS OF RELEASE WITH ~~OR WITHOUT~~ SUPERVISION.

84 18 1. If a committed person violates the release plan, the
84 19 agency with jurisdiction over the person may request the
84 20 ~~district~~ court to issue an emergency ex parte order directing
84 21 any law enforcement officer to take the person into custody
84 22 so that the person can be returned to a secure facility.
84 23 The request for an ex parte order may be made orally or by
84 24 telephone, but the original written request or a facsimile copy
84 25 of the request shall be filed with the clerk of court no later
84 26 than 4:30 p.m.on the next business day the office of the clerk
84 27 of court is open.

84 28 2. If a committed person has absconded in violation of the
84 29 conditions of the person's release plan, a presumption arises
84 30 that the person poses a risk to public safety. The department
84 31 of human services or contracting agency, in cooperation with
84 32 local law enforcement agencies, may make a public announcement
84 33 about the absconder. The public announcement may include a
84 34 description of the committed person, that the committed person
84 35 is on release with ~~or without~~ supervision from the sexually
85 1 violent predator program, and any other information pertinent
85 2 to public safety.

85 3 3. Upon the return of the committed person to a secure
85 4 facility, the director of human services or the director's
85 5 designee shall notify the court that issued the ex parte
85 6 order that the committed person has been returned to a secure
85 7 facility, and the court shall set hearing ~~within five days~~ to
85 8 determine if a violation occurred. If a court order was not
85 9 issued, the director or the director's designee shall contact
85 10 the nearest district court with jurisdiction to set a hearing
85 11 to determine whether a violation of the conditions of the
85 12 release plan occurred. The court shall schedule a hearing
85 13 ~~within five days of~~ after receiving notice that the committed
85 14 person has been returned to a secure facility.

85 15 4. At the hearing, the burden shall be upon the attorney
85 16 general to show by a preponderance of the evidence that a
85 17 violation of the release plan occurred.

85 18 5. If the court determines a violation occurred, the court

85 19 shall receive release recommendations from the department of
 85 20 human services and either order that the committed person be
 85 21 returned to release with ~~or without~~ supervision or placed
 85 22 in a transitional release program, or be confined in a
 85 23 secure facility. The court may impose further conditions
 85 24 upon the committed person if returned to release with ~~or~~
 85 25 ~~without~~ supervision or placed in the transitional release
 85 26 program. If the court determines no violation occurred, the
 85 27 committed person shall be returned to release with ~~or without~~
 85 28 supervision.

85 29 Sec. 104. Section 232.68, subsection 2, paragraph a,
 85 30 subparagraph (3), Code 2018, is amended to read as follows:
 85 31 (3) The commission of a sexual offense with or to a child
 85 32 pursuant to chapter 709, section 726.2, or section 728.12,
 85 33 subsection 1, as a result of the acts or omissions of the
 85 34 person responsible for the care of the child or of a person who
 85 35 is fourteen years of age or older and resides in a home with
 86 1 the child. Notwithstanding section 702.5, the commission of
 86 2 a sexual offense under this subparagraph includes any sexual
 86 3 offense referred to in this subparagraph with or to a person
 86 4 under the age of eighteen years.

CODE: Modifies the criteria for commission of a sexual offense under the definition of child abuse to establish that the offense only applies to a person who is 14 years old or older. Under current law, the offense applies regardless of age.

FISCAL IMPACT: This provision may decrease expenses of the DHS Field Operations operating budget. Fewer commissions of sexual offense referral cases is expected to lead to decreased caseloads for Social Worker III employees. Due to the unknown nature of net referral changes and the variability of caseloads across the State, the total savings is unknown. Changes to programming for the Child Welfare Information System (CWIS) are estimated to be minimal and will be absorbed in the DHS General Administration appropriation.

86 5 Sec. 105. Section 232.68, subsection 2, paragraph a,
 86 6 subparagraph (9), Code 2018, is amended to read as follows:
 86 7 (9) (a) — Knowingly A person who is responsible for the
 86 8 care of a child knowingly allowing a person another person
 86 9 custody ~~or of.~~ control ~~of over,~~ or unsupervised access to a
 86 10 child ~~or minor child under the age of fourteen or a child with~~
 86 11 a physical or mental disability, after knowing the person
 86 12 other person is required to register or is on the sex offender
 86 13 registry under chapter 692A ~~for a violation of section 726.6.~~
 86 14 (b) This subparagraph does not apply in any of the following
 86 15 circumstances:
 86 16 (i) A child living with a parent or guardian who is a sex
 86 17 offender required to register or on the sex offender registry
 86 18 under chapter 692A.
 86 19 (ii) A child living with a parent or guardian who is married
 86 20 to and living with a sex offender required to register or on
 86 21 the sex offender registry under chapter 692A.
 86 22 (iii) A child who is a sex offender required to register or
 86 23 on the sex offender registry under chapter 692A who is living
 86 24 with the child's parent, guardian, or foster parent and is also
 86 25 living with the child to whom access was allowed.
 86 26 (c) For purposes of this subparagraph, "control over" means

CODE: Modifies the criteria for allowing access to a registered sex offender under the definition of child abuse to establish that the offense applies to a person responsible for the care of a child who knowingly allows access to the child to a person who is required to register on the sex offender registry, and provides some exceptions.

FISCAL IMPACT: Changes to programming for the CWIS are estimated to be minimal and will be absorbed in the DHS General Administration appropriation.

86 27 any of the following:
 86 28 (i) A person who has accepted, undertaken, or assumed
 86 29 supervision of a child from the parent or guardian of the
 86 30 child.
 86 31 (ii) A person who has undertaken or assumed temporary
 86 32 supervision of a child without explicit consent from the parent
 86 33 or guardian of the child.
 86 34 Sec. 106. Section 901A.2, subsection 6, Code 2018, is
 86 35 amended to read as follows:
 87 1 6. A person who has been placed in a transitional release
 87 2 program, released with ~~or without~~ supervision, or discharged
 87 3 pursuant to chapter 229A, and who is subsequently convicted of
 87 4 a sexually predatory offense or a sexually violent offense,
 87 5 shall be sentenced to life in prison on the same terms as
 87 6 a class "A" felon under section 902.1, notwithstanding any
 87 7 other provision of the Code to the contrary. The terms and
 87 8 conditions applicable to sentences for class "A" felons under
 87 9 chapters 901 through 909 shall apply to persons sentenced under
 87 10 this subsection. However, if the person commits a sexually
 87 11 violent offense which is a misdemeanor offense under chapter
 87 12 709, the person shall be sentenced to life in prison, with
 87 13 eligibility for parole as provided in chapter 906.

87 14 DIVISION XVII
 87 15 MEDICAID RETROACTIVE ELIGIBILITY

87 16 Sec. 107. 2017 Iowa Acts, chapter 174, section 12,
 87 17 subsection 15, paragraph a, subparagraph (7), is amended to
 87 18 read as follows:
 87 19 (7) (a) Elimination of the three-month retroactive
 87 20 Medicaid coverage benefit for Medicaid applicants effective
 87 21 October 1, 2017. The department shall seek a waiver from
 87 22 the centers for Medicare and Medicaid services of the United
 87 23 States department of health and human services to implement
 87 24 the strategy. If federal approval is received, an applicant's
 87 25 Medicaid coverage shall be effective on the first day of the
 87 26 month of application, as allowed under the Medicaid state plan.
 87 27 (b) Effective July 1, 2018, a three-month retroactive
 87 28 Medicaid coverage benefit shall apply to a Medicaid applicant
 87 29 who is otherwise Medicaid-eligible and is a resident of a
 87 30 nursing facility licensed under chapter 135C. The department
 87 31 shall seek federal approval for any Medicaid waiver or state
 87 32 plan amendment necessary to implement this subparagraph (b).

CODE: Reinstates the three-month retroactive coverage benefit under Medicaid for individuals residing in long-term care facilities.

DETAIL: Retroactive coverage was eliminated for all Medicaid members beginning FY 2019.

FISCAL IMPACT: This change is estimated to increase General Fund expenditures for Medicaid by \$140,314 in FY 2019 and FY 2020.

87 33 Sec. 108. EFFECTIVE DATE. This division of this Act, being
 87 34 deemed of immediate importance, takes effect upon enactment.

This Division is effective upon enactment.

87 35 DIVISION XVIII

88 1 MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER OF FUNDS

88 2 Sec. 109. MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER
 88 3 OF FUNDS. Notwithstanding section 331.432, a county with a
 88 4 population of over 300,000 based on the most recent federal
 88 5 decennial census, may transfer funds from any other fund of the
 88 6 county to the mental health and disability regional services
 88 7 fund for the purposes of providing mental health and disability
 88 8 services for the fiscal year beginning July 1, 2018, and
 88 9 ending June 30, 2019. The county shall submit a report to
 88 10 the governor and the general assembly by September 1, 2019,
 88 11 including the source of any funds transferred, the amount of
 88 12 the funds transferred, and the mental health and disability
 88 13 services provided with the transferred funds.

CODE: Allows Polk County to transfer funds from any other fund of the county to the County Mental Health and Disability Services Fund in FY 2019. Polk County is required to submit a report to the Governor and General Assembly September 1, 2019, detailing the transfer of funds.

88 14 DIVISION XIX
 88 15 MISCELLANEOUS TECHNICAL PROVISIONS

88 16 Sec. 110. Section 135.15, Code 2018, is amended to read as
 88 17 follows:
 88 18 135.15 ORAL AND HEALTH DELIVERY SYSTEM BUREAU ESTABLISHED
 88 19 ~~—RESPONSIBILITIES.~~
 88 20 An oral and health delivery system bureau is established
 88 21 within the division of health promotion and chronic disease
 88 22 prevention of the department. The bureau shall be responsible
 88 23 for all of the following:
 88 24 1. Providing population-based oral health services,
 88 25 including public health training, improvement of dental support
 88 26 systems for families, technical assistance, awareness-building
 88 27 activities, and educational services, at the state and local
 88 28 level to assist lowans in maintaining optimal oral health
 88 29 throughout all stages of life.
 88 30 2. Performing infrastructure building and enabling services
 88 31 through the administration of state and federal grant programs
 88 32 targeting access improvement, prevention, and local oral
 88 33 health programs utilizing maternal and child health programs,
 88 34 Medicaid, and other new or existing programs.
 88 35 3. Leveraging federal, state, and local resources for
 89 1 programs under the purview of the bureau.
 89 2 4. Facilitating ongoing strategic planning and application
 89 3 of evidence-based research in oral health care policy
 89 4 development that improves oral health care access and the
 89 5 overall oral health of all lowans.
 89 6 5. Developing and implementing an ongoing oral health
 89 7 surveillance system for the evaluation and monitoring of
 89 8 the oral health status of children and other underserved
 89 9 populations.
 89 10 6. Facilitating the provision of oral health services

CODE: Makes a technical change to the Oral and Health Delivery System Bureau's name and adds language to utilize a defined term.

89 11 ~~through dental homes.~~For the purposes of this section,
 89 12 “dental home” means a network of individualized care based on
 89 13 risk assessment, which includes oral health education, dental
 89 14 screenings, preventive services, diagnostic services, treatment
 89 15 services, and emergency services.

89 16 Sec. 111. Section 135.175, subsection 1, paragraph a, Code
 89 17 2018, is amended to read as follows:

89 18 a. A health care workforce support initiative is established
 89 19 to provide for the coordination and support of various efforts
 89 20 to address the health care workforce shortage in this state.
 89 21 This initiative shall include the medical residency training
 89 22 state matching grants program created in section 135.176,
 89 23 the nurse residency state matching grants program created in
 89 24 section 135.178, and the fulfilling Iowa’s need for dentists
 89 25 matching grant program created in section 135.179.

CODE: Adds reference to the Nurse Residency State Matching Grants Program.

89 26 Sec. 112. Section 135.175, subsection 5, Code 2018, is
 89 27 amended by adding the following new paragraph:
 89 28 NEW PARAGRAPH b. The nurse residency state matching grants
 89 29 program account. The nurse residency state matching grants
 89 30 program account shall be under the control of the department
 89 31 and the moneys in the account shall be used for the purposes of
 89 32 the nurse residency state matching grants program as specified
 89 33 in section 135.178. Moneys in the account shall consist of
 89 34 moneys appropriated or allocated for deposit in or received
 89 35 by the fund or the account and specifically dedicated to the
 90 1 nurse residency state matching grants program account for the
 90 2 purposes of such account.

CODE: Adds the State Matching Grants Program Account to the Iowa Code.

90 3 Sec. 113. Section 135.175, subsection 6, paragraph a, Code
 90 4 2018, is amended to read as follows:

90 5 a. Moneys in the fund and the accounts in the fund shall
 90 6 only be appropriated in a manner consistent with the principles
 90 7 specified and the strategic plan developed pursuant to section
 90 8 135.163 to support the medical residency training state
 90 9 matching grants program, the nurse residency state matching
 90 10 grants program, the fulfilling Iowa’s need for dentists
 90 11 matching grant program, and to provide funding for state health
 90 12 care workforce shortage programs as provided in this section.

CODE: Adds reference to the Nurse Residency State Matching Grants Program.

90 13 DIVISION XX
 90 14 STATE TRAINING SCHOOL — ELDORA

90 15 Sec. 114. Section 233A.1, Code 2018, is amended to read as
 90 16 follows:
 90 17 233A.1 STATE TRAINING SCHOOL — ELDORA ~~—AND TOLEDO .~~
 90 18 1. Effective January 1, 1992, a diagnosis and evaluation

CODE: States that the Eldora State Training School is for court-committed male juvenile delinquents and eliminates references to the Toledo State Training School.

90 19 center and other units are established at Eldora ~~the~~
 90 20 state training school to provide ~~to court-committed~~
 90 21 male juvenile delinquents a program which focuses upon
 90 22 appropriate developmental skills, treatment, placements, and
 90 23 rehabilitation.

90 24 2. The diagnosis and evaluation center which is used to
 90 25 identify appropriate treatment and placement alternatives for
 90 26 juveniles and any other units for juvenile delinquents which
 90 27 are located at Eldora ~~and the unit for juvenile delinquents at~~
 90 28 ~~Toledo~~ shall ~~together~~ be known as the "state training school".
 90 29 For the purposes of this chapter "director" means the director
 90 30 of human services and "superintendent" means the administrator
 90 31 in charge of the diagnosis and evaluation center for juvenile
 90 32 delinquents and other units at ~~Eldora and the unit for juvenile~~
 90 33 ~~delinquents at Toledo~~ the state training school.

90 34 3. The number of children present at any one time at the
 90 35 state training school ~~at Eldora~~ shall not exceed the population
 91 1 guidelines established under 1990 Iowa Acts, ch.1239, §21, as
 91 2 adjusted for subsequent changes in the capacity at the training
 91 3 school.

91 4 Sec. 115. Section 233A.14, Code 2018, is amended to read as
 91 5 follows:

91 6 233A.14 TRANSFERS TO OTHER INSTITUTIONS.

91 7 The administrator may transfer to the ~~schools~~ state training
 91 8 school minor wards of the state from any institution under the
 91 9 administrator's charge but no person shall be so transferred
 91 10 who is mentally ill or has an intellectual disability. Any
 91 11 child in the ~~schools~~ state training school who is mentally ill
 91 12 or has an intellectual disability may be transferred by the
 91 13 administrator to the proper state institution.

91 14 Sec. 116. Section 915.29, subsection 1, unnumbered
 91 15 paragraph 1, Code 2018, is amended to read as follows:

91 16 The department of human services shall notify a registered
 91 17 victim regarding a juvenile adjudicated delinquent for a
 91 18 violent crime, committed to the custody of the department of
 91 19 human services, and placed at the state training school ~~at~~
 91 20 ~~Eldora or Toledo~~, of the following:

91 21 DIVISION XXI
 91 22 GERIATRIC PATIENT HOUSING REVIEW

91 23 Sec. 117. GERIATRIC PATIENT HOUSING REVIEW.

91 24 1. During the 2018 legislative interim, the department
 91 25 on aging and the departments of human services, inspections
 91 26 and appeals, and corrections, cooperatively, shall review
 91 27 issues and develop policy recommendations relating to housing
 91 28 for geriatric persons, including geriatric individuals
 91 29 who are registered on the sex offender registry or who are

Requires the IDA, DHS, DIA, and Department of Corrections (DOC) to review issues and develop policy recommendations relating to housing for geriatric persons who are registered sex offenders or are sexually aggressive. The departments are to study the feasibility of utilizing the facilities at Mount Pleasant or Clarinda to care for offenders or other vacant state-owned facilities, while taking into consideration Medicaid reimbursement rules. The departments are required to submit a report

91 30 sexually aggressive. The review shall address all aspects
 91 31 of the issue including the feasibility of private entities
 91 32 utilizing facilities located at Mount Pleasant, Clarinda,
 91 33 or other vacant, state-owned facilities to care for such
 91 34 geriatric persons; related workforce recruitment and training;
 91 35 requirements that a facility must meet in order to receive
 92 1 Medicaid reimbursement; and any other information or issues
 92 2 deemed appropriate by the agencies.
 92 3 2. The agencies shall submit a joint report with
 92 4 recommendations to the governor and general assembly by
 92 5 December 15, 2018.

to the Governor and the General Assembly by December 15, 2018.

92 6 DIVISION XXII
 92 7 WRONGFUL BIRTH OR WRONGFUL LIFE CAUSE OF ACTION

92 8 Sec. 118. NEW SECTION 613.15B WRONGFUL BIRTH OR WRONGFUL
 92 9 LIFE CAUSE OF ACTION — PROHIBITIONS — EXCEPTIONS.

92 10 1. A cause of action shall not arise and damages shall not
 92 11 be awarded, on behalf of any person, based on a wrongful birth
 92 12 claim that, but for an act or omission of the defendant, a
 92 13 child would not or should not have been born.

CODE: Prohibits a cause of action and the awarding of damages on behalf of a person based on a wrongful birth claim that, but for an act or omission of the defendant, a child would not or should not have been born.

92 14 2. A cause of action shall not arise and damages shall not
 92 15 be awarded, on behalf of any person, based on a wrongful life
 92 16 claim that, but for an act or omission of the defendant, the
 92 17 person bringing the action would not or should not have been
 92 18 born.

CODE: Prohibits a cause of action and the awarding of damages on behalf of any person based on a wrongful life claim that, but for an act or omission of the defendant, the person bringing the action would not or should not have been born.

92 19 3. The prohibitions specified in this section apply to any
 92 20 claim regardless of whether the child is born healthy or with a
 92 21 birth defect or disorder or other adverse medical condition.
 92 22 However, the prohibitions specified in this section shall not
 92 23 apply to any of the following:
 92 24 a. A civil action for damages for an intentional or grossly
 92 25 negligent act or omission, including any act or omission that
 92 26 constitutes a public offense.
 92 27 b. A civil action for damages for the intentional failure
 92 28 of a physician to comply with the duty imposed by licensure
 92 29 pursuant to chapter 148 to provide a patient with all
 92 30 information reasonably necessary to make decisions about a
 92 31 pregnancy.

CODE: Specifies that prohibitions apply to any claim regardless of whether the child is born healthy or with a birth defect or disorder or other adverse medical condition. However, the prohibition does not apply to a civil action for damages for an intentional or grossly negligent act or omission, including any act or omission that constitutes a public offense, or for the intentional failure of a physician to comply with the duty imposed by licensure to provide a patient with all information reasonably necessary to make decisions about a pregnancy.

92 32 Sec. 119. EFFECTIVE DATE. This division of this Act, being
 92 33 deemed of immediate importance, takes effect upon enactment.
 92 34 Sec. 120. APPLICABILITY. This division of this Act applies
 92 35 on or after the effective date of this division of this Act to
 93 1 causes of action that accrue on or after that date. A cause of

The Division relating to wrongful birth or wrongful life causes of action is effective upon enactment and applies only to causes of action that accrue on or after the effective date of this Act.

93 2 action that accrues before the effective date of this division
 93 3 of this Act is governed by the law in effect prior to the
 93 4 effective date of this division of this Act.

93 5 DIVISION XXIII
 93 6 TRANSFERS OF FUNDS BETWEEN DHS INSTITUTIONS

93 7 Sec. 121. Section 218.6, Code 2018, is amended to read as
 93 8 follows:
 93 9 218.6 TRANSFER OF APPROPRIATIONS MADE TO INSTITUTIONS.
 93 10 1. Notwithstanding section 8.39, subsection 1, without the
 93 11 prior written consent and approval of the governor and the
 93 12 director of the department of management, the director of human
 93 13 services may transfer funds between the appropriations made for
 93 14 the institutions, listed as follows:
 93 15 ~~1. a.~~ The state resource centers.
 93 16 ~~2. b.~~ The state mental health institutes.
 93 17 ~~3. c.~~ The state training school.
 93 18 ~~4. d.~~ The civil commitment unit for sexual offenders.
 93 19 2. The department shall report any transfer made pursuant
 93 20 to subsection 1 during a fiscal quarter to the legislative
 93 21 services agency within thirty days of the beginning of the
 93 22 subsequent fiscal quarter.

CODE: Requires the DHS to report to the LSA any transfers made between the appropriations for the State Resource Centers, the MHIs, the State Training School, and the CCUSO within 30 days of the beginning of each fiscal quarter.

93 23 DIVISION XXIV
 93 24 MEDICAL CANNABIDIOL

93 25 Sec. 122. Section 124E.7, subsections 7 and 8, Code 2018,
 93 26 are amended to read as follows:
 93 27 7. A medical cannabidiol manufacturer shall not employ
 93 28 a person who is under eighteen years of age or who has been
 93 29 convicted of a disqualifying felony offense. An employee
 93 30 of a medical cannabidiol manufacturer shall be subject to a
 93 31 background investigation conducted by the division of criminal
 93 32 investigation of the department of public safety and a national
 93 33 criminal history background check pursuant to section 124E.19.
 93 34 8. A medical cannabidiol manufacturer owner shall not have
 93 35 been convicted of a disqualifying felony offense and shall be
 94 1 subject to a background investigation conducted by the division
 94 2 of criminal investigation of the department of public safety
 94 3 and a national criminal history background check pursuant to
 94 4 section 124E.19.
 94 5 Sec. 123. Section 124E.9, subsections 7 and 8, Code 2018,
 94 6 are amended to read as follows:
 94 7 7. A medical cannabidiol dispensary shall not employ a
 94 8 person who is under eighteen years of age or who has been
 94 9 convicted of a disqualifying felony offense. An employee
 94 10 of a medical cannabidiol dispensary shall be subject to a

CODE: Conforming changes to background checks for employees of manufacturers and dispensaries of medical cannabidiol.

94 11 background investigation conducted by the division of criminal
 94 12 investigation of the department of public safety and a national
 94 13 criminal history background check pursuant to section 124E.19.
 94 14 8. A medical cannabidiol dispensary owner shall not have
 94 15 been convicted of a disqualifying felony offense and shall be
 94 16 subject to a background investigation conducted by the division
 94 17 of criminal investigation of the department of public safety
 94 18 and a national criminal history background check pursuant to
 94 19 section 124E.19.

94 20 Sec. 124. Section 124E.10, Code 2018, is amended by striking
 94 21 the section and inserting in lieu thereof the following:
 94 22 124E.10 FEES.

94 23 All fees collected by the department under this chapter
 94 24 shall be retained by the department for operation of the
 94 25 medical cannabidiol registration card program and the medical
 94 26 cannabidiol manufacturer and medical cannabidiol dispensary
 94 27 licensing programs. The moneys retained by the department
 94 28 shall be considered repayment receipts as defined in section
 94 29 8.2 and shall be used for any of the department's duties
 94 30 under this chapter, including but not limited to the addition
 94 31 of full-time equivalent positions for program services and
 94 32 investigations. Notwithstanding section 8.33, moneys retained
 94 33 by the department pursuant to this section shall not revert to
 94 34 the general fund of the state but shall remain available for
 94 35 expenditure only for the purposes specified in this section.

CODE: Allows fee revenue generated by the Medical Cannabidiol Program to not revert to the General Fund at the end of the fiscal year, but remain available for successive years for the purposes of the Program.

95 1 Sec. 125. NEW SECTION 124E.19 BACKGROUND INVESTIGATIONS.

95 2 1. The division of criminal investigation of the
 95 3 department of public safety shall conduct thorough
 95 4 background investigations for the purposes of licensing
 95 5 medical cannabidiol manufacturers and medical cannabidiol
 95 6 dispensaries under this chapter. The results of any background
 95 7 investigation conducted pursuant to this section shall be
 95 8 presented to the department.

95 9 a. An applicant for a medical cannabidiol manufacturer
 95 10 license or a medical cannabidiol dispensary license and their
 95 11 owners, investors, and employees shall submit all required
 95 12 information on a form prescribed by the department of public
 95 13 safety.

95 14 b. The department shall charge an applicant for a medical
 95 15 cannabidiol manufacturer license or a medical cannabidiol
 95 16 dispensary license a fee determined by the department of public
 95 17 safety and adopted by the department by rule to defray the
 95 18 costs associated with background investigations conducted
 95 19 pursuant to the requirements of this section. The fee shall
 95 20 be in addition to any other fees charged by the department.
 95 21 The fee may be retained by the department of public safety and

CODE: Directs the Department of Public Safety (DPS) to conduct background investigations of applicants for medical cannabidiol manufacturer and medical cannabidiol dispensary licenses, including employees, owners of, and investors in, any such applicants. Permits the DPS to establish what required information should be provided and a fee.

95 22 shall be considered repayment receipts as defined in section
 95 23 8.2.
 95 24 2. The department shall require an applicant for a medical
 95 25 cannabidiol manufacturer license or a medical cannabidiol
 95 26 dispensary license, their owners and investors, and applicants
 95 27 for employment at a medical cannabidiol manufacturer or
 95 28 medical cannabidiol dispensary to submit fingerprints and other
 95 29 required identifying information to the department on a form
 95 30 prescribed by the department of public safety. The department
 95 31 shall submit the fingerprint cards and other identifying
 95 32 information to the division of criminal investigation of the
 95 33 department of public safety for submission to the federal
 95 34 bureau of investigation for the purpose of conducting a
 95 35 national criminal history record check. The department may
 96 1 require employees and contractors involved in carrying out
 96 2 a background investigation to submit fingerprints and other
 96 3 identifying information for the same purpose.
 96 4 3. The department may enter into a chapter 28E agreement
 96 5 with the department of public safety to meet the requirements
 96 6 of this section.
 96 7 4. An applicant for a medical cannabidiol manufacturer
 96 8 license or a medical cannabidiol dispensary license shall
 96 9 submit information and fees required by this section at the
 96 10 time of application.
 96 11 5. The results of background investigations conducted
 96 12 pursuant to this section shall not be considered public records
 96 13 under chapter 22.

96 14 Sec. 126. EFFECTIVE UPON ENACTMENT. This division of this
 96 15 Act, being deemed of immediate importance, takes effect upon
 96 16 enactment.

This Division takes effect upon enactment.

96 17 DIVISION XXV
 96 18 DEPARTMENT OF HUMAN SERVICES PROGRAMS AND ACTIVITIES
 96 19 INMATES OF PUBLIC INSTITUTIONS — MEDICAID

96 20 Sec. 127. Section 249A.38, Code 2018, is amended to read as
 96 21 follows:
 96 22 249A.38 INMATES OF PUBLIC INSTITUTIONS — SUSPENSION OR
 96 23 TERMINATION OF MEDICAL ASSISTANCE.
 96 24 1.—~~The following conditions shall apply to~~Following the
 96 25 first thirty days of commitment, the department shall suspend
 96 26 the eligibility of an individual who is an inmate of a public
 96 27 institution as defined in 42 C.F.R. §435.1010, who is enrolled
 96 28 in the medical assistance program at the time of commitment to
 96 29 the public institution, and who remains eligible for medical
 96 30 assistance as an individual except for the individual's

CODE: Requires the DHS to suspend the eligibility of individuals for Medicaid following the first 30 days of the individuals' commitment to an institution. The section also requires public institutions to provide a monthly report of the inmates who are committed and of those who are discharged to the DHS and to the Social Security Administration.

96 31 institutional status:
96 32 ~~—a.—The department shall suspend the individual's~~
96 33 ~~eligibility for up to the initial twelve months of the period~~
96 34 ~~of commitment. The department shall delay the suspension~~
96 35 ~~of eligibility for a period of up to the first thirty days~~
97 1 ~~of commitment if such delay is approved by the centers for~~
97 2 ~~Medicare and Medicaid services of the United States department~~
97 3 ~~of health and human services. If such delay is not approved,~~
97 4 ~~the department shall suspend eligibility during the entirety~~
97 5 ~~of the initial twelve months of the period of commitment.~~
97 6 ~~Claims submitted on behalf of the individual under the medical~~
97 7 ~~assistance program for covered services provided during the~~
97 8 ~~delay period shall only be reimbursed if federal financial~~
97 9 ~~participation is applicable to such claims.~~
97 10 ~~—b.—The department shall terminate an individual's~~
97 11 ~~eligibility following a twelve month period of suspension~~
97 12 ~~of the individual's eligibility under paragraph "a", during~~
97 13 ~~the period of the individual's commitment to the public~~
97 14 ~~institution.~~
97 15 2. a. A public institution shall provide the department and
97 16 the social security administration with a monthly report of the
97 17 individuals who are committed to the public institution and of
97 18 the individuals who are discharged from the public institution.
97 19 The monthly report to the department shall include the date
97 20 of commitment or the date of discharge, as applicable, of
97 21 each individual committed to or discharged from the public
97 22 institution during the reporting period. The monthly report
97 23 shall be made through the reporting system created by the
97 24 department for public, nonmedical institutions to report inmate
97 25 populations. Any medical assistance expenditures, including
97 26 but not limited to monthly managed care capitation payments,
97 27 provided on behalf of an individual who is an inmate of a
97 28 public institution but is not reported to the department
97 29 in accordance with this subsection, shall be the financial
97 30 responsibility of the respective public institution.
97 31 b. The department shall provide a public institution with
97 32 the forms necessary to be used by the individual in expediting
97 33 restoration of the individual's medical assistance benefits
97 34 upon discharge from the public institution.
97 35 ~~—3.—This section applies to individuals as specified in~~
98 1 ~~subsection 1 on or after January 1, 2012.~~
98 2 ~~—4. 3.~~ The department may adopt rules pursuant to chapter
98 3 17A to implement this section.

98 4 MEDICAID PROGRAM ADMINISTRATION

98 5 Sec. 128. MEDICAID PROGRAM ADMINISTRATION.

98 6 1. PROVIDER PROCESSES AND PROCEDURES.

98 7 a. When all of the required documents and other information
98 8 necessary to process a claim have been received by a managed
98 9 care organization, the managed care organization shall
98 10 either provide payment to the claimant within the timelines
98 11 specified in the managed care contract or, if the managed
98 12 care organization is denying the claim in whole or in part,
98 13 shall provide notice to the claimant including the reasons for
98 14 such denial consistent with national industry best practice
98 15 guidelines.

Specifies that when all of the required documents and other information necessary to process a claim have been received by a managed care organization (MCO), the MCO is required to provide payment to the claimant within the timeline specified if the claim is approved. If the MCO is denying the claim in whole or in part, the MCO is required to provide notice to the claimant, including the reasons for the denial, in a manner consistent with national industry best practice guidelines.

98 16 b. A managed care organization shall correct any identified
98 17 system configuration error within a reasonable time frame
98 18 approved by the department, and shall fully and accurately
98 19 reprocess claims affected by such errors within thirty days
98 20 of the successful system correction. The department shall
98 21 define "system configuration error" as appropriate to include
98 22 errors in provider data caused by a managed care organization
98 23 or improper claims edits that result in incorrect payments to
98 24 providers.

Requires an MCO to correct any errors it finds due to system configuration and fully reprocess the claims affected by the error within 30 days of the discovery.

98 25 c. A managed care organization shall provide written notice
98 26 to affected individuals at least sixty days prior to making
98 27 any program or procedural change, as determined necessary by
98 28 the department. The department shall develop and distribute a
98 29 list of the types of changes that require the sixty-day notice
98 30 to the managed care organizations effective July 1, 2018.
98 31 Such changes may include but are not limited to billing and
98 32 collection provisions, provider network provisions, member or
98 33 provider services, and prior authorization requirements.

Requires the MCOs to provide written notice to affected individuals at least 60 days prior to making any program or procedural changes as determined by the DHS.

98 34 d. The department of human services shall engage dedicated
98 35 provider relations staff to assist Medicaid providers in
99 1 resolving billing conflicts with managed care organizations
99 2 including those involving denied claims, technical omissions,
99 3 or incomplete information. If the provider relations staff
99 4 observe trends evidencing fraudulent claims or improper
99 5 reimbursement, the staff shall forward such evidence to the
99 6 department of human services for further review.

Requires the DHS to engage dedicated provider relations staff to assist Medicaid providers in resolving billing conflicts with MCOs, including conflicts involving denied claims, technical omissions, or incomplete information.

99 7 e. The department of human services shall adopt rules
99 8 pursuant to chapter 17A to require the inclusion by a managed
99 9 care organization of advanced registered nurse practitioners
99 10 and physician assistants as primary care providers for the
99 11 purposes of population health management.

Requires the DHS to adopt rules to require the inclusion of advanced registered nurse practitioners and physician assistants as primary care providers by MCOs.

99 12 f. The department of human services shall provide for the

Requires the DHS to provide for the development and use of

99 13 development and shall require the use of standardized Medicaid
 99 14 provider enrollment forms to be used by the department and
 99 15 uniform Medicaid provider credentialing specifications to be
 99 16 used by managed care organizations.

standardized provider enrollment forms and uniform provider
 credentialing specifications to be used by the MCOs.

99 17 2. MEMBER SERVICES AND PROCESSES.

99 18 a. If a Medicaid member is receiving court-ordered services
 99 19 or treatment for a substance-related disorder pursuant to
 99 20 chapter 125 or for a mental illness pursuant to chapter 229,
 99 21 such services or treatment shall be provided and reimbursed
 99 22 for an initial period of three days before a managed care
 99 23 organization may apply medical necessity criteria to determine
 99 24 the most appropriate services, treatment, or placement for the
 99 25 Medicaid member.

Specifies that if a Medicaid member is receiving court-ordered services
 or treatment for a substance-related disorder pursuant to Iowa Code
 chapter [125](#) or for a mental illness pursuant to Iowa Code chapter [229](#),
 the services or treatment are required to be provided and reimbursed
 for an initial period of three days before an MCO may apply medical
 necessity criteria to determine the most appropriate services,
 treatment, or placement for the Medicaid member.

FISCAL IMPACT: This provision is estimated to increase General
 Fund expenditures by \$975,000 in FY 2019 and FY 2020.

99 26 b. The department of human services shall maintain and
 99 27 update Medicaid member eligibility files in a timely manner
 99 28 consistent with national industry best practices.

Requires the DHS to maintain and update Medicaid member eligibility
 files in a timely manner consistent with national industry best practices.

99 29 c. The department of human services shall utilize an
 99 30 independent, external quality review vendor to complete a
 99 31 review of a random case sample of decreased level of care
 99 32 determinations using national best practices to ensure that
 99 33 appropriate medically necessary services are provided to
 99 34 meet Medicaid member needs. The department shall report the
 99 35 findings of the review to the governor and the general assembly
 100 1 by December 15, 2018, including any plan necessary to address
 100 2 the findings.

Requires the DHS to utilize an independent external quality review
 vendor to complete a review of a random case sample of decreased
 level of care determinations and report the findings to the Governor
 and the General Assembly by December 15, 2018.

100 3 d. The department of human services, on an annual basis,
 100 4 shall conduct an analysis of all Medicaid member appeals that
 100 5 have been dismissed, withdrawn, or overturned to determine
 100 6 if there are any negative patterns or trends based on the
 100 7 analysis. The services of any member whose appeal is subject
 100 8 to the analysis shall continue for the period during which an
 100 9 interdisciplinary team conducts a new assessment to determine
 100 10 which services are medically necessary for that member, which
 100 11 period shall not exceed ninety days. A report of the analysis
 100 12 and findings shall be submitted to the governor and the general
 100 13 assembly on a biannual basis and the department shall develop a
 100 14 plan as necessary to address any negative patterns or trends
 100 15 identified by the analysis.

Requires the DHS to conduct an annual analysis of member appeals
 that have been dismissed, withdrawn, or overturned and determine if
 there are any negative patterns. The DHS is required to submit a
 report to the Governor and the General Assembly on a biannual basis.

100 16 3. MEDICAID PROGRAM REVIEW AND OVERSIGHT.

100 17 a. (1) The department of human services shall facilitate a
 100 18 workgroup, in collaboration with representatives of the managed
 100 19 care organizations and health home providers, to review the
 100 20 health home programs. The review shall include all of the
 100 21 following:
 100 22 (a) An analysis of the state plan amendments applicable to
 100 23 health homes.
 100 24 (b) An analysis of the current health home system, including
 100 25 the rationale for any recommended changes.
 100 26 (c) The development of a clear and consistent delivery
 100 27 model linked to program-determined outcomes and data reporting
 100 28 requirements.
 100 29 (d) A work plan to be used in communicating with
 100 30 stakeholders regarding the administration and operation of the
 100 31 health home programs.
 100 32 (2) The department of human services shall submit a
 100 33 report of the workgroup's findings, recommendations, and
 100 34 any actions taken by December 15, 2018, to the governor and
 100 35 to the Eighty-eighth General Assembly, 2019 session, for
 101 1 consideration.
 101 2 (3) The workgroup and the workgroup's activities shall
 101 3 not affect the department's authority to apply or enforce the
 101 4 Medicaid state plan amendment relative to health homes.

Requires the DHS to facilitate a workgroup, in collaboration with representatives of the MCOs and health home providers, to review the health home programs. The Act requires the DHS to submit a report of the workgroup's findings and recommendations by December 15, 2018, to the Governor and the General Assembly.

101 5 b. The department of human services, in collaboration
 101 6 with Medicaid providers and managed care organizations, shall
 101 7 initiate a review process to determine the effectiveness of
 101 8 prior authorizations used by the managed care organizations
 101 9 with the goal of making adjustments based on relevant
 101 10 service costs and member outcomes data utilizing existing
 101 11 industry-accepted standards. Prior authorization policies
 101 12 shall comply with existing rules, guidelines, and procedures
 101 13 developed by the centers for Medicare and Medicaid services of
 101 14 the United States department of health and human services.

Requires the DHS, in collaboration with Medicaid providers and MCOs, to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, with the goal of making adjustments based on relevant service costs and member outcomes data.

101 15 c. The department of human services shall enter into a
 101 16 contract with an independent review organization to perform
 101 17 an audit of a random sample of small dollar claims paid to
 101 18 or denied Medicaid long-term services and supports providers
 101 19 during the first quarter of the 2018 calendar year. The
 101 20 department of human services shall submit a report of
 101 21 the findings of the audit to the governor and the general
 101 22 assembly by February 1, 2019. The department may take any
 101 23 action specified in the managed care contract relative to
 101 24 any claim the auditor determines to be incorrectly paid or
 101 25 denied, subject to appeal by the managed care organization
 101 26 to the director of human services. For the purposes of this
 101 27 paragraph, "small dollar claims" means those claims less than

Requires the DHS to enter into a contract with an independent auditor to perform an audit of a random sample of small dollar claims paid to or denied Medicaid long-term services and supports providers during the first quarter of calendar year 2018. The Act specifies that the DHS may take any action specified in the MCO contract relative to any claim the auditor determines to be incorrectly paid or denied, subject to appeal by the MCO to the Director of the DHS.

FISCAL IMPACT: This provision is estimated to increase General Fund expenditures by \$500,000 in FY 2019.

101 28 or equal to two thousand five hundred dollars.

101 29 MEDICAID PROGRAM PHARMACY COPAYMENT

101 30 Sec. 129. 2005 Iowa Acts, chapter 167, section 42, is
 101 31 amended to read as follows:
 101 32 SEC. 42. COPAYMENTS FOR PRESCRIPTION DRUGS UNDER THE
 101 33 MEDICAL ASSISTANCE PROGRAM. The department of human services
 101 34 shall require recipients of medical assistance to pay the
 101 35 following copayments a copayment of \$1 on each prescription
 102 1 filled for a covered prescription drug, including each refill
 102 2 of such prescription, as follows:
 102 3 —1. A copayment of \$1 on each prescription filled for each
 102 4 covered nonpreferred generic prescription drug.
 102 5 —2. A copayment of \$1 for each covered preferred brand name
 102 6 or generic prescription drug.
 102 7 —3. A copayment of \$1 for each covered nonpreferred
 102 8 brand name prescription drug for which the cost to the state is
 102 9 up to and including \$25.
 102 10 —4. A copayment of \$2 for each covered nonpreferred
 102 11 brand name prescription drug for which the cost to the state is
 102 12 more than \$25 and up to and including \$50.
 102 13 —5. A copayment of \$3 for each covered nonpreferred
 102 14 brand name prescription drug for which the cost to the state
 102 15 is more than \$50.

CODE: Eliminates the various copayments for a covered prescription drug under the Medicaid Program and instead provides that a recipient of Medicaid is required to pay a copayment of \$1 on each prescription filled or refilled for a covered prescription drug.

102 16 MEDICAL ASSISTANCE ADVISORY COUNCIL

102 17 Sec. 130. Section 249A.4B, subsection 2, paragraph a,
 102 18 subparagraphs (27) and (28), Code 2018, are amended by striking
 102 19 the subparagraphs.
 102 20 Sec. 131. MEDICAL ASSISTANCE ADVISORY COUNCIL — REVIEW OF
 102 21 MEDICAID MANAGED CARE REPORT DATA. The executive committee
 102 22 of the medical assistance advisory council shall review
 102 23 the data collected and analyzed for inclusion in periodic
 102 24 reports to the general assembly, including but not limited
 102 25 to the information and data specified in 2016 Iowa Acts,
 102 26 chapter 1139, section 93, to determine which data points and
 102 27 information should be included and analyzed to more accurately
 102 28 identify trends and issues with, and promote the effective and
 102 29 efficient administration of, Medicaid managed care for all
 102 30 stakeholders. At a minimum, the areas of focus shall include
 102 31 consumer protection, provider network access and safeguards,
 102 32 outcome achievement, and program integrity. The executive
 102 33 committee shall report its findings and recommendations to the
 102 34 medical assistance advisory council for review and comment by
 102 35 October 1, 2018, and shall submit a final report of findings
 103 1 and recommendations to the governor and the general assembly by

CODE: Directs the Executive Committee of the Medical Assistance Advisory Council (MAAC) to review data collected and analyzed in periodic reports to the General Assembly to determine which data points should be included and analyzed to more accurately identify trends and issues with, and promote the effective and efficient administration of, Medicaid managed care for all stakeholders. The Executive Committee is required to report its findings and recommendations to the MAAC for review and comment by October 1, 2018, and to submit a final report to the Governor and the General Assembly by December 31, 2018.

103 2 December 31, 2018.

103 3 TARGETED CASE MANAGEMENT AND INPATIENT PSYCHIATRIC SERVICES
103 4 REIMBURSEMENT

103 5 Sec. 132. Section 249A.31, Code 2018, is amended to read as
103 6 follows:

103 7 249A.31 COST-BASED REIMBURSEMENT.

103 8 ~~1.—Providers of individual case management services for~~
103 9 ~~persons with an intellectual disability, a developmental~~
103 10 ~~disability, or chronic mental illness shall receive cost-based~~
103 11 ~~reimbursement for one hundred percent of the reasonable~~
103 12 ~~costs for the provision of the services in accordance with~~
103 13 ~~standards adopted by the mental health and disability services~~
103 14 ~~commission pursuant to section 225C-6. Effective July 1, 2018,~~
103 15 ~~targeted case management services shall be reimbursed based~~
103 16 ~~on a statewide fee schedule amount developed by rule of the~~
103 17 ~~department pursuant to chapter 17A.~~

103 18 ~~2. Effective July 1, 2014, the department shall apply~~
103 19 ~~a cost-based reimbursement methodology for reimbursement of~~
103 20 ~~psychiatric medical institution for children providers of~~
103 21 ~~inpatient psychiatric services for individuals under twenty-one~~
103 22 ~~years of age shall be reimbursed as follows:~~

103 23 ~~a. For non-state-owned providers, services shall be~~
103 24 ~~reimbursed according to a fee schedule without reconciliation.~~

103 25 ~~b. For state-owned providers, services shall be reimbursed~~
103 26 ~~at one hundred percent of the actual and allowable cost of~~
103 27 ~~providing the service.~~

103 28 DIVISION XXVI
103 29 PREAPPLICATION SCREENING ASSESSMENT

103 30 Sec. 133. Section 229.5A, Code 2018, is amended to read as
103 31 follows:

103 32 229.5A PREAPPLICATION SCREENING ASSESSMENT — PROGRAM.

103 33 Prior to filing an application pursuant to section 229.6,
103 34 the clerk of the district court or the clerk's designee
103 35 shall inform the interested person referred to in section
104 1 229.6, subsection 1, about the option of requesting a
104 2 preapplication screening assessment through a preapplication
104 3 screening assessment program, if available. ~~The state court~~
104 4 ~~administrator shall prescribe practices and procedures for~~
104 5 ~~implementation of the preapplication screening assessment~~
104 6 ~~program.~~

104 7 Sec. 134. Section 602.1209, subsection 16, Code 2018, is
104 8 amended to read as follows:

104 9 16. Prescribe practices and procedures for the
104 10 implementation of the preapplication screening assessment

CODE: Amends the reimbursement provision for targeted case management (TCM) services under the Medicaid Program, which is currently established as cost based reimbursement for 100.00% of the reasonable costs for provision of the services. Under the Section, effective July 1, 2018, TCM services will instead be reimbursed based on a statewide fee schedule amount developed by rule of the DHS in accordance with Iowa Code chapter [17A](#). The Section also amends the reimbursement provisions for psychiatric medical institutions for children (PMICs) to provide that inpatient psychiatric services for individuals under 21 years of age that are provided by non-State-owned providers are required to be reimbursed according to a fee schedule without reconciliation, and services provided by State-owned providers are required to be reimbursed at 100.00% of the actual and allowable cost of providing the service.

CODE: Conforms to [HF 2456](#) (Mental Health Complex Needs Workgroup Report Act) to eliminate the requirement that the State Court Administrator develop the practices and procedures for preapplication screening for the hospitalization of persons with mental illness.

104 11 program referred to in sections section 125.74 and 229.5A.

104 12 DIVISION XXVII
 104 13 COVERAGE OF BEHAVIORAL HEALTH SERVICES PROVIDED BY CERTAIN
 104 14 PROVIDERS

104 15 Sec. 135. Section 249A.15, Code 2018, is amended to read as
 104 16 follows:
 104 17 249A.15 LICENSED PSYCHOLOGISTS ELIGIBLE FOR PAYMENT
 104 18 PROVISIONAL LICENSEES .

104 19 1. The department shall adopt rules pursuant to chapter
 104 20 17A entitling psychologists who are licensed pursuant to
 104 21 chapter 154B and psychologists who are licensed in the state
 104 22 where the services are provided and have a doctorate degree
 104 23 in psychology, have had at least two years of clinical
 104 24 experience in a recognized health setting, or have met the
 104 25 standards of a national register of health service providers
 104 26 in psychology, to payment for services provided to recipients
 104 27 of medical assistance, subject to limitations and exclusions
 104 28 the department finds necessary on the basis of federal laws and
 104 29 regulations and of funds available for the medical assistance
 104 30 program. The rules shall also provide that an individual, who
 104 31 holds a provisional license to practice psychology pursuant
 104 32 to section 154B.6, is entitled to payment under this section
 104 33 for services provided to recipients of medical assistance,
 104 34 when such services are provided under the supervision of a
 104 35 supervisor who meets the qualifications determined by the board
 105 1 of psychology by rule, and claims for payment for such services
 105 2 are submitted by the supervisor.

105 3 2. Entitlement to payment under this section is applicable
 105 4 to services provided to recipients of medical assistance
 105 5 under both the fee-for-service and managed care payment and
 105 6 delivery systems. Neither the fee-for-service nor the managed
 105 7 care payment and delivery system shall impose a practice
 105 8 or supervision restriction which is inconsistent with or
 105 9 more restrictive than the authority already granted by law,
 105 10 including the authority to provide supervision in person or
 105 11 remotely through electronic means as specified by rule of the
 105 12 board of psychology.

105 13 Sec. 136. Section 249A.15A, Code 2018, is amended to read
 105 14 as follows:

105 15 249A.15A LICENSED MARITAL AND FAMILY THERAPISTS, LICENSED
 105 16 MASTER SOCIAL WORKERS, LICENSED MENTAL HEALTH COUNSELORS, AND
 105 17 CERTIFIED ALCOHOL AND DRUG COUNSELORS TEMPORARY
 105 18 LICENSEES The department shall adopt rules pursuant to chapter
 105 19 17A entitling marital and family therapists who are licensed
 105 20 pursuant to chapter 154D to payment for behavioral health
 105 21 services provided to recipients of medical assistance, subject

CODE: Adds language for behavioral health services providers to allow individuals practicing under a temporary license to bill for services provided under the supervision of a licensed practitioner.

105 22 to limitations and exclusions the department finds necessary
105 23 on the basis of federal laws and regulations. The rules shall
105 24 also provide that a marital and family therapist, who holds
105 25 a temporary license to practice marital and family therapy
105 26 pursuant to section 154D.7, is entitled to payment under this
105 27 section for behavioral health services provided to recipients
105 28 of medical assistance, when such services are provided under
105 29 the supervision of a qualified supervisor as determined by the
105 30 board of behavioral science by rule, and claims for payment for
105 31 such services are submitted by the qualified supervisor.

105 32 2. The department shall adopt rules pursuant to chapter
105 33 17A entitling master social workers who hold a master's
105 34 degree approved by the board of social work, are licensed as
105 35 a master social worker pursuant to section 154C.3, subsection
106 1 1, paragraph "b", and provide treatment services under the
106 2 supervision of an independent social worker licensed pursuant
106 3 to section 154C.3, subsection 1, paragraph "c", to payment
106 4 for behavioral health services provided to recipients of
106 5 medical assistance, subject to limitations and exclusions the
106 6 department finds necessary on the basis of federal laws and
106 7 regulations.

106 8 3. The department shall adopt rules pursuant to chapter 17A
106 9 entitling mental health counselors who are licensed pursuant
106 10 to chapter 154D to payment for behavioral health services
106 11 provided to recipients of medical assistance, subject to
106 12 limitations and exclusions the department finds necessary on
106 13 the basis of federal laws and regulations. The rules shall
106 14 also provide that a mental health counselor, who holds a
106 15 temporary license to practice mental health counseling pursuant
106 16 to section 154D.7, is entitled to payment under this section
106 17 for behavioral health services provided to recipients of
106 18 medical assistance, when such services are provided under the
106 19 supervision of a qualified supervisor as determined by the
106 20 board of behavioral science by rule, and claims for payment for
106 21 such services are submitted by the qualified supervisor.

106 22 4. The department shall adopt rules pursuant to chapter 17A
106 23 entitling alcohol and drug counselors who are certified by the
106 24 nongovernmental Iowa board of substance abuse certification to
106 25 payment for behavioral health services provided to recipients
106 26 of medical assistance, subject to limitations and exclusions
106 27 the department finds necessary on the basis of federal laws and
106 28 regulations.

106 29 5. Entitlement to payment under this section is applicable
106 30 to services provided to recipients of medical assistance
106 31 under both the fee-for-service and managed care payment and
106 32 delivery systems. Neither the fee-for-service nor the managed
106 33 care payment and delivery system shall impose a practice
106 34 or supervision restriction which is inconsistent with or

106 35 more restrictive than the authority already granted by law.
107 1 including the authority to provide supervision in person or
107 2 remotely through electronic means as specified by rule of the
107 3 applicable licensing board.

107 4 Sec. 137.NEW SECTION 514C.32 SERVICES PROVIDED BY
107 5 CERTAIN LICENSED MASTER SOCIAL WORKERS, LICENSED MENTAL HEALTH
107 6 COUNSELORS, AND LICENSED MARITAL AND FAMILY THERAPISTS.

107 7 1. Notwithstanding section 514C.6, a policy or contract
107 8 providing for third-party payment or prepayment of health or
107 9 medical expenses shall include a provision for the payment of
107 10 necessary behavioral health services provided by any of the
107 11 following:

107 12 a. A licensed master social worker who is licensed by the
107 13 board of social work as a master social worker pursuant to
107 14 section 154C.3, subsection 1, paragraph "b", and who provides
107 15 services under the supervision of an independent social worker
107 16 licensed pursuant to section 154C.3, subsection 1, paragraph
107 17 "c".

107 18 b. A licensed mental health counselor or a licensed
107 19 marital and family therapist who holds a temporary license to
107 20 practice mental health counseling or marital and family therapy
107 21 pursuant to section 154D.7, and who provides services under
107 22 the supervision of a qualified supervisor as determined by the
107 23 board of behavioral science by rule.

107 24 2. A policy or contract subject to this section shall
107 25 not impose a practice or supervision restriction which is
107 26 inconsistent with or more restrictive than the authority
107 27 already granted by law, including the authority to provide
107 28 supervision in person or remotely through electronic means as
107 29 specified by rule of the applicable licensing board.

107 30 3. The requirements of this section apply to and supersede
107 31 any conflicting requirements regarding services provided under
107 32 a policy or contract, which is delivered, issued for delivery,
107 33 continued, or renewed in this state on or after the effective
107 34 date of this Act, and apply to and supersede any conflicting
107 35 requirements regarding services contained in an existing policy
108 1 or contract on the policy's or contract's anniversary or
108 2 renewal date, whichever is later.

108 3 4. For the purposes of this section, third-party payment or
108 4 prepayment includes an individual or group policy of accident
108 5 or health insurance or individual or group hospital or health
108 6 care service contract issued pursuant to chapter 509, 514, or
108 7 514A, an individual or group health maintenance organization
108 8 contract issued and regulated under chapter 514B, or a
108 9 preferred provider organization contract regulated pursuant to
108 10 chapter 514F.

108 11 5. Nothing in this section shall be interpreted to require
108 12 an individual or group health maintenance organization or a

108 13 preferred provider organization or arrangement to provide
108 14 payment or prepayment for services provided by a licensed
108 15 master social worker providing behavioral health services
108 16 under the supervision of an independent social worker, or to
108 17 a licensed mental health counselor or licensed marital and
108 18 family therapist who holds a temporary license to practice
108 19 mental health counseling or marital and family therapy
108 20 providing behavioral health services under the supervision of
108 21 a qualified supervisor, as specified in this section, unless
108 22 the supervising independent social worker or the qualified
108 23 supervisor, respectively, has entered into a contract or other
108 24 agreement to provide behavioral health services with the
108 25 individual or group health maintenance organization or the
108 26 preferred provider organization or arrangement.

108 27 Sec. 138.NEW SECTION 514C.33 SERVICES PROVIDED BY
108 28 PROVISIONALLY LICENSED PSYCHOLOGISTS.

108 29 1. Notwithstanding section 514C.6, a policy or contract
108 30 providing for third-party payment or prepayment of health or
108 31 medical expenses shall include a provision for the payment of
108 32 necessary behavioral health services provided by a person who
108 33 holds a provisional license to practice psychology pursuant to
108 34 section 154B.6, and who practices under the supervision of a
108 35 supervisor who meets the qualifications determined by the board
109 1 of psychology by rule.

109 2 2. A policy or contract subject to this section shall
109 3 not impose a practice or supervision restriction which is
109 4 inconsistent with or more restrictive than the authority
109 5 already granted by law, including the authority to provide
109 6 supervision in person or remotely through electronic means as
109 7 specified by rule of the board of psychology.

109 8 3. The requirements of this section apply to and supersede
109 9 any conflicting requirements regarding services provided under
109 10 a policy or contract which is delivered, issued for delivery,
109 11 continued, or renewed in this state on or after the effective
109 12 date of this Act, and apply to and supersede any conflicting
109 13 requirements regarding services contained in an existing policy
109 14 or contract on the policy's or contract's anniversary or
109 15 renewal date, whichever is later.

109 16 4. For the purposes of this section, third-party payment or
109 17 prepayment includes an individual or group policy of accident
109 18 or health insurance or individual or group hospital or health
109 19 care service contract issued pursuant to chapter 509, 514, or
109 20 514A, an individual or group health maintenance organization
109 21 contract issued and regulated under chapter 514B, or a
109 22 preferred provider organization contract regulated pursuant to
109 23 chapter 514F.

109 24 5. Nothing in this section shall be interpreted to require
109 25 an individual or group health maintenance organization or a

109 26 preferred provider organization or arrangement to provide
 109 27 payment or prepayment for services provided by a provisionally
 109 28 licensed psychologist providing behavioral health services
 109 29 under the supervision of a supervisor as specified in this
 109 30 section, unless the supervisor has entered into a contract or
 109 31 other agreement to provide behavioral health services with the
 109 32 individual or group health maintenance organization or the
 109 33 preferred provider organization or arrangement.

109 34 Sec. 139. EFFECTIVE DATE. This division of this Act, being
 109 35 deemed of immediate importance, takes effect upon enactment.

This Division is effective upon enactment.

110 1 DIVISION XXVIII
 110 2 PHARMACY BENEFITS MANAGER — RIGHTS OF COVERED INDIVIDUALS

110 3 Sec. 140. NEW SECTION 510B.10 RIGHTS RELATED TO COVERED
 110 4 INDIVIDUALS.

CODE: Amends the Iowa Code chapter on Regulation of Pharmacy Benefits Managers (PBM) to add certain rights related to individuals including:

110 5 1. A pharmacy or pharmacist, as defined in section 155A.3,
 110 6 has the right to provide a covered individual information
 110 7 regarding the amount of the covered individual's cost share
 110 8 for a prescription drug. A pharmacy benefits manager shall
 110 9 not prohibit a pharmacy or pharmacist from discussing any such
 110 10 information or from selling a more affordable alternative to
 110 11 the covered individual, if one is available.

- Prohibiting a PBM from barring a pharmacy or pharmacist from advising an individual about other inexpensive alternative prescription drugs available.
- Prohibiting a health benefit plan from requiring a copayment for pharmacy benefits that exceeds the pharmacy or pharmacist's submitted charges.
- Requiring that any amount paid for covered prescription drugs be applied to any deductible imposed by the individual's health benefit plan.
- Establishing that any federal law, rule, or regulation supersedes this law to the extent necessary to eliminate the inconsistency or conflict.

110 12 2. A health benefit plan, as defined in section 514J.102,
 110 13 issued or renewed on or after July 1, 2018, that provides
 110 14 coverage for pharmacy benefits shall not require a covered
 110 15 individual to pay a copayment for pharmacy benefits that
 110 16 exceeds the pharmacy's or pharmacist's submitted charges.
 110 17 3. Any amount paid by a covered individual for a covered
 110 18 prescription drug pursuant to this section shall be applied
 110 19 toward any deductible imposed by the covered individual's
 110 20 health benefit plan in accordance with the covered individual's
 110 21 health benefit plan coverage documents.

110 22 4. To the extent that any provision of this section is
 110 23 inconsistent or conflicts with applicable federal law, rule,
 110 24 or regulation, such federal law, rule, or regulation shall
 110 25 prevail to the extent necessary to eliminate the inconsistency
 110 26 or conflict.

110 27 DIVISION XXIX
 110 28 FOSTER CARE AND ADOPTED CHILDREN

110 29 Sec. 141. FOSTER CARE AND ADOPTED CHILDREN — ANNUAL MEDICAL
 110 30 VISIT.

Directs the DHS to adopt rules requiring that children in foster care receive an annual visit to a medical professional and to submit a waiver request to the US Department of Health and Human Services to add a requirement that children adopted from foster care whose parents receive an adoption subsidy payment receive an annual visit to

110 31 1. The department of human services shall adopt rules
 110 32 pursuant to chapter 17A to require every child receiving foster
 110 33 care to receive an annual visit to a medical professional.

110 34 2. The department shall submit a request to the United
110 35 States department of health and human services to allow the
110 36 department to adopt rules requiring a child adopted from foster
110 37 care and whose parents receive an adoption subsidy to receive
110 38 an annual visit to a medical professional.

Summary Data

General Fund

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)
Health and Human Services	\$ 1,794,276,970	\$ 1,761,280,865	\$ 1,831,745,061	\$ 1,821,769,375	\$ 60,488,510
Grand Total	\$ 1,794,276,970	\$ 1,761,280,865	\$ 1,831,745,061	\$ 1,821,769,375	\$ 60,488,510

Health and Human Services

General Fund

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<u>Aging, Iowa Department on</u>						
Aging, Dept. on						
Aging Programs	\$ 12,071,150	\$ 10,942,924	\$ 10,942,924	\$ 11,042,924	\$ 100,000	PG 2 LN 10
Office of LTC Ombudsman	1,324,202	1,149,821	1,149,821	1,149,821	0	PG 4 LN 6
Total Aging, Iowa Department on	\$ 13,395,352	\$ 12,092,745	\$ 12,092,745	\$ 12,192,745	\$ 100,000	
<u>Public Health, Department of</u>						
Public Health, Dept. of						
Addictive Disorders	\$ 26,258,434	\$ 24,804,344	\$ 24,804,344	\$ 24,804,344	\$ 0	PG 4 LN 22
Healthy Children and Families	5,437,627	5,284,599	5,776,457	5,820,625	536,026	PG 6 LN 29
Chronic Conditions	4,828,917	3,546,757	3,610,468	4,528,109	981,352	PG 9 LN 4
Community Capacity	6,785,040	2,351,879	4,640,721	4,970,152	2,618,273	PG 11 LN 10
Essential Public Health Services	7,078,228	7,660,942	7,662,464	7,662,464	1,522	PG 15 LN 1
Infectious Diseases	1,248,393	1,752,786	1,796,426	1,796,426	43,640	PG 15 LN 8
Public Protection	4,247,070	4,083,887	4,095,139	4,095,139	11,252	PG 15 LN 15
Resource Management	971,215	971,215	971,215	971,215	0	PG 16 LN 17
Congenital & Inherited Disorders Registry	166,245	258,150	223,521	223,521	-34,629	Standing
Total Public Health, Department of	\$ 57,021,169	\$ 50,714,559	\$ 53,580,755	\$ 54,871,995	\$ 4,157,436	
<u>Veterans Affairs, Department of</u>						
Veterans Affairs, Dept. of						
General Administration	\$ 1,150,503	\$ 1,115,580	\$ 1,115,580	\$ 1,150,500	\$ 34,920	PG 17 LN 1
Home Ownership Assistance Program	2,500,000	2,000,000	2,000,000	2,000,000	0	PG 17 LN 29
Veterans County Grants	990,000	938,025	938,025	990,000	51,975	PG 18 LN 3
Veterans Affairs, Dept. of	\$ 4,640,503	\$ 4,053,605	\$ 4,053,605	\$ 4,140,500	\$ 86,895	
Veterans Affairs, Dept. of						
Iowa Veterans Home	\$ 7,316,100	\$ 7,162,976	\$ 7,162,976	\$ 7,162,976	\$ 0	PG 17 LN 8
Total Veterans Affairs, Department of	\$ 11,956,603	\$ 11,216,581	\$ 11,216,581	\$ 11,303,476	\$ 86,895	
<u>Human Services, Department of</u>						
Assistance						
Family Investment Program/PROMISE JOBS	\$ 36,200,196	\$ 42,634,480	\$ 40,355,715	\$ 40,365,715	\$ -2,268,765	PG 25 LN 15
Medical Assistance	1,303,190,737	1,282,992,417	1,339,526,772	1,337,841,375	54,848,958	PG 27 LN 2
Medical Contracts	17,045,964	17,312,207	17,185,207	16,603,198	-709,009	PG 32 LN 34
State Supplementary Assistance	10,722,135	9,872,658	10,250,873	10,250,873	378,215	PG 35 LN 2
State Children's Health Insurance	9,435,831	8,418,452	7,064,057	7,064,057	-1,354,395	PG 35 LN 14
Child Care Assistance	31,722,450	39,343,616	52,825,346	40,816,931	1,473,315	PG 35 LN 30
Child and Family Services	83,851,277	84,413,610	84,939,774	84,939,774	526,164	PG 37 LN 8
Adoption Subsidy	42,646,664	40,777,910	40,445,137	40,445,137	-332,773	PG 43 LN 15

Health and Human Services General Fund

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
Family Support Subsidy	772,102	969,282	949,282	949,282	-20,000	PG 43 LN 20
Conner Training	33,632	33,632	33,632	33,632	0	PG 44 LN 9
Volunteers	84,686	84,686	84,686	84,686	0	PG 48 LN 15
Child Abuse Prevention	200,874	232,570	232,570	232,570	0	Standing
MHDS Regional Grants	3,000,000	0	0	0	0	
Assistance	\$ 1,538,906,548	\$ 1,527,085,520	\$ 1,593,893,051	\$ 1,579,627,230	\$ 52,541,710	
Eldora Training School						
Eldora Training School	\$ 12,233,420	\$ 11,350,443	\$ 11,350,443	\$ 12,762,443	\$ 1,412,000	PG 36 LN 15
Cherokee						
Cherokee MHI	\$ 14,658,594	\$ 13,870,254	\$ 13,870,254	\$ 13,870,254	\$ 0	PG 44 LN 27
Independence						
Independence MHI	\$ 18,464,015	\$ 17,513,621	\$ 17,513,621	\$ 17,513,621	\$ 0	PG 44 LN 34
Glenwood						
Glenwood Resource Center	\$ 20,468,802	\$ 17,887,781	\$ 16,858,523	\$ 16,858,523	\$ -1,029,258	PG 45 LN 13
Woodward						
Woodward Resource Center	\$ 13,995,352	\$ 12,077,034	\$ 11,386,679	\$ 11,386,679	\$ -690,355	PG 45 LN 17
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	\$ 10,671,957	\$ 9,464,747	\$ 9,464,747	\$ 10,864,747	\$ 1,400,000	PG 45 LN 23
Field Operations						
Child Support Recovery	\$ 14,663,373	\$ 12,586,635	\$ 14,586,635	\$ 14,586,635	\$ 2,000,000	PG 26 LN 16
Field Operations	49,370,117	48,484,435	49,074,517	49,074,517	590,082	PG 46 LN 5
Field Operations	\$ 64,033,490	\$ 61,071,070	\$ 63,661,152	\$ 63,661,152	\$ 2,590,082	
General Administration						
General Administration	\$ 15,448,198	\$ 14,033,040	\$ 13,833,040	\$ 13,833,040	\$ -200,000	PG 46 LN 22
DHS Facilities	2,879,274	2,879,274	2,879,274	2,879,274	0	PG 48 LN 3
Commission of Inquiry	1,394	1,394	1,394	1,394	0	Standing
Nonresident Mental Illness Commitment	142,802	22,802	142,802	142,802	120,000	Standing
General Administration	\$ 18,471,668	\$ 16,936,510	\$ 16,856,510	\$ 16,856,510	\$ -80,000	
Total Human Services, Department of	\$ 1,711,903,846	\$ 1,687,256,980	\$ 1,754,854,980	\$ 1,743,401,159	\$ 56,144,179	
Total Health and Human Services	\$ 1,794,276,970	\$ 1,761,280,865	\$ 1,831,745,061	\$ 1,821,769,375	\$ 60,488,510	

Summary Data

Other Funds

	<u>Actual FY 2017 (1)</u>	<u>Estimated Net FY 2018 (2)</u>	<u>Gov Rec FY 2019 (3)</u>	<u>Final Action FY 2019 (4)</u>	<u>Final Action vs. Est Net 2018 (5)</u>
Health and Human Services	\$ 446,785,543	\$ 430,096,106	\$ 419,632,402	\$ 420,214,411	\$ -9,881,695
Grand Total	<u>\$ 446,785,543</u>	<u>\$ 430,096,106</u>	<u>\$ 419,632,402</u>	<u>\$ 420,214,411</u>	<u>\$ -9,881,695</u>

Health and Human Services

Other Funds

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
Human Services, Department of						
General Administration						
FIP - TANF	\$ 12,713,680	\$ 4,539,006	\$ 4,539,006	\$ 4,539,006	\$ 0	PG 18 LN 28
PROMISE JOBS - TANF	4,038,729	5,412,060	5,412,060	5,412,060	0	PG 18 LN 33
FaDSS - TANF	2,867,816	2,883,980	2,883,980	2,883,980	0	PG 19 LN 4
Field Operations - TANF	38,774,330	31,296,232	31,296,232	31,296,232	0	PG 19 LN 16
General Administration - TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	PG 19 LN 19
Child Care Assistance - TANF	49,866,826	53,603,561	47,166,826	47,166,826	-6,436,735	PG 19 LN 22
Child & Family Services - TANF	37,256,581	32,380,654	32,380,654	32,380,654	0	PG 20 LN 10
Child Abuse Prevention - TANF	125,000	125,000	125,000	125,000	0	PG 20 LN 13
Training & Technology - TANF	319,814	294,155	1,037,186	1,037,186	743,031	PG 20 LN 33
General Administration	\$ 149,706,776	\$ 134,278,648	\$ 128,584,944	\$ 128,584,944	\$ -5,693,704	
Assistance						
Pregnancy Prevention - TANF	\$ 1,860,183	\$ 1,913,203	\$ 1,913,203	\$ 1,913,203	\$ 0	PG 20 LN 16
Promoting Healthy Marriage - TANF	13,376	14,236	14,236	14,236	0	PG 22 LN 1
Medical Assistance - HCTF	222,000,000	221,900,000	217,130,000	217,130,000	-4,770,000	Standing
Medical Contracts - PSA	1,300,000	864,257	864,257	1,446,266	582,009	PG 51 LN 16
Medical Assistance - QATF	36,705,208	36,705,208	36,705,208	36,705,208	0	PG 51 LN 30
Medical Assistance - HHCAT	34,700,000	33,920,554	33,920,554	33,920,554	0	PG 52 LN 10
Medicaid Supplemental - MFF	500,000	500,000	500,000	500,000	0	Standing
Assistance	\$ 297,078,767	\$ 295,817,458	\$ 291,047,458	\$ 291,629,467	\$ -4,187,991	
Total Human Services, Department of	\$ 446,785,543	\$ 430,096,106	\$ 419,632,402	\$ 420,214,411	\$ -9,881,695	
Total Health and Human Services	\$ 446,785,543	\$ 430,096,106	\$ 419,632,402	\$ 420,214,411	\$ -9,881,695	

Summary Data

FTE Positions

	<u>Actual FY 2017 (1)</u>	<u>Estimated Net FY 2018 (2)</u>	<u>Gov Rec FY 2019 (3)</u>	<u>Final Action FY 2019 (4)</u>	<u>Final Action vs. Est Net 2018 (5)</u>
Health and Human Services	4,378.36	4,352.66	4,350.96	4,568.62	215.96
Grand Total	<u>4,378.36</u>	<u>4,352.66</u>	<u>4,350.96</u>	<u>4,568.62</u>	<u>215.96</u>

Health and Human Services

FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<u>Aging, Iowa Department on</u>						
Aging, Dept. on						
Aging Programs	23.67	22.42	22.00	27.00	4.58	PG 2 LN 10
Office of LTC Ombudsman	15.14	15.12	14.00	16.00	0.88	PG 4 LN 6
Total Aging, Iowa Department on	38.82	37.54	36.00	43.00	5.46	
<u>Public Health, Department of</u>						
Public Health, Dept. of						
Addictive Disorders	8.09	10.00	10.00	11.00	1.00	PG 4 LN 22
Healthy Children and Families	10.80	12.00	12.00	13.00	1.00	PG 6 LN 29
Chronic Conditions	4.12	5.00	5.00	9.00	4.00	PG 9 LN 4
Community Capacity	7.17	13.00	13.00	13.00	0.00	PG 11 LN 10
Infectious Diseases	1.27	4.00	4.00	4.00	0.00	PG 15 LN 8
Public Protection	135.92	139.00	139.00	141.00	2.00	PG 15 LN 15
Resource Management	3.41	4.00	4.00	4.00	0.00	PG 16 LN 17
Total Public Health, Department of	170.79	187.00	187.00	195.00	8.00	

Health and Human Services

FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
Human Services, Department of						
Assistance						
Family Investment Program/PROMISE JOBS	8.03	9.00	9.00	9.00	0.00	PG 25 LN 15
Medical Assistance	11.04	11.01	11.00	11.00	-0.01	PG 27 LN 2
Medical Contracts	2.96	0.50	0.00	0.00	-0.50	PG 32 LN 34
Child Care Assistance	3.07	0.00	0.00	0.00	0.00	PG 35 LN 30
Child and Family Services	4.02	0.00	0.00	0.00	0.00	PG 37 LN 8
Assistance	29.12	20.51	20.00	20.00	-0.51	
Eldora Training School						
Eldora Training School	164.55	174.30	174.30	189.00	14.70	PG 36 LN 15
Cherokee						
Cherokee MHI	157.98	152.29	152.29	162.00	9.71	PG 44 LN 27
Independence						
Independence MHI	187.90	190.10	190.10	204.00	13.90	PG 44 LN 34
Mount Pleasant						
Mt Pleasant MHI	0.02	0.00	0.00	0.00	0.00	
Glenwood						
Glenwood Resource Center	753.64	770.62	770.62	770.62	0.00	PG 45 LN 13
Woodward						
Woodward Resource Center	542.32	545.60	546.00	546.00	0.40	PG 45 LN 17
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	101.79	100.75	100.75	132.00	31.25	PG 45 LN 23
Field Operations						
Child Support Recovery	435.82	417.00	417.00	459.00	42.00	PG 26 LN 16
Field Operations	1,533.36	1,471.00	1,471.00	1,539.00	68.00	PG 46 LN 5
Field Operations	1,969.18	1,888.00	1,888.00	1,998.00	110.00	
General Administration						
General Administration	248.74	272.95	272.90	294.00	21.05	PG 46 LN 22
Total Human Services, Department of	4,155.23	4,115.12	4,114.96	4,315.62	200.50	

Health and Human Services

FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
Veterans Affairs, Department of						
Veterans Affairs, Dept. of						
General Administration	13.52	13.00	13.00	15.00	2.00	PG 17 LN 1
Total Veterans Affairs, Department of	13.52	13.00	13.00	15.00	2.00	
Total Health and Human Services	4,378.36	4,352.66	4,350.96	4,568.62	215.96	