

**HEALTH AND HUMAN SERVICES
APPROPRIATIONS SUBCOMMITTEE**

JANUARY 2025



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Health and Human Services Subcommittee Members

Analysis of the Governor's Budget Recommendations

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Mike Klimesh, Vice Chairperson
Molly Donahue, Ranking Member
Sarah Trone Garriott
Kara Warme

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Josh Turek, Ranking Member
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Joint Health and Human Services Appropriations Subcommittee



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Rinker, Matthew B.



Senator
Trone Garriott, Sarah

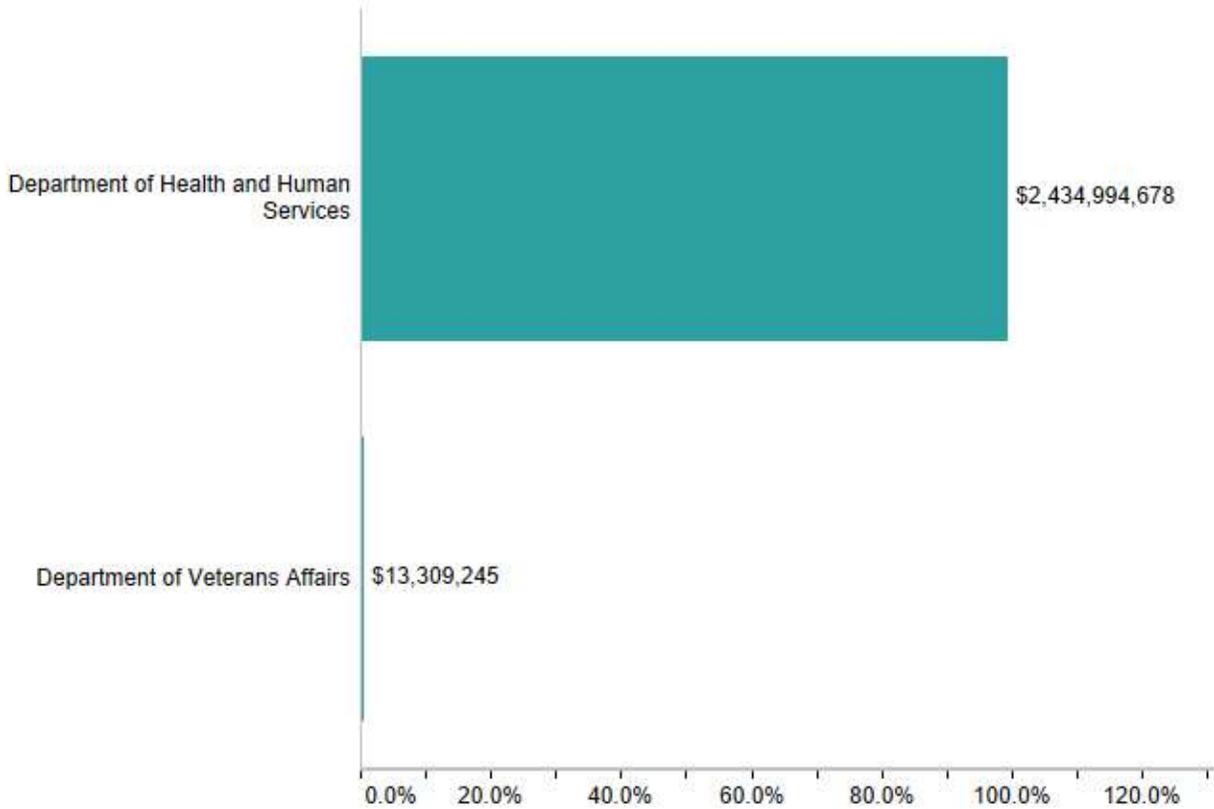


Senator
Warne, Kara

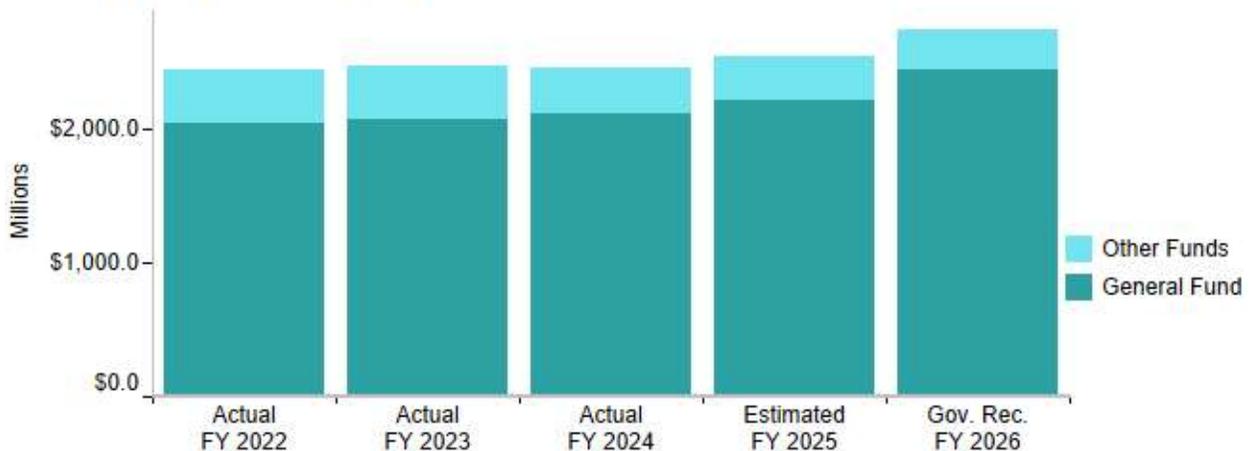


Representative
Wilz, Hans C.

**FY 2026 General Fund Governor's Recommendations
 Total: \$2,448,303,923**



**Funding History by Appropriations Subcommittee —
 Health and Human Services**

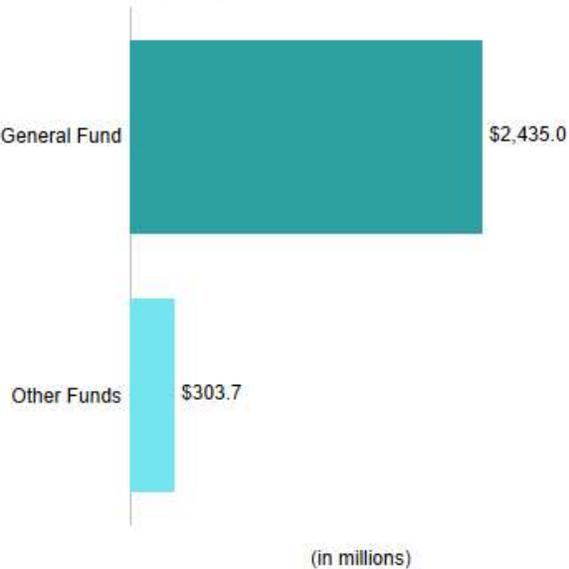


DEPARTMENT OF HEALTH AND HUMAN SERVICES

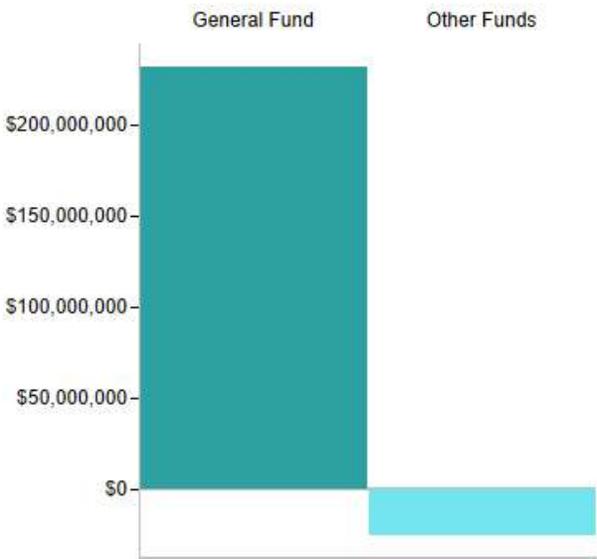
Overview and Funding History

Agency Overview: The [Department of Health and Human Services \(HHS\)](#) is responsible for administering cash assistance for needy families (Family Investment Program), food assistance, the Children’s Health Insurance Program (CHIP), and Medicaid, as well as providing services in the areas of family well-being and protection, behavioral health, public health, human rights, aging, mental health and disability, and child care. The HHS operates and maintains six state-run facilities, including two mental health institutes and two resource centers for individuals with intellectual disabilities. Operations at the Glenwood Resource Center ended on June 30, 2024, but the facility continues to be maintained by the HHS.

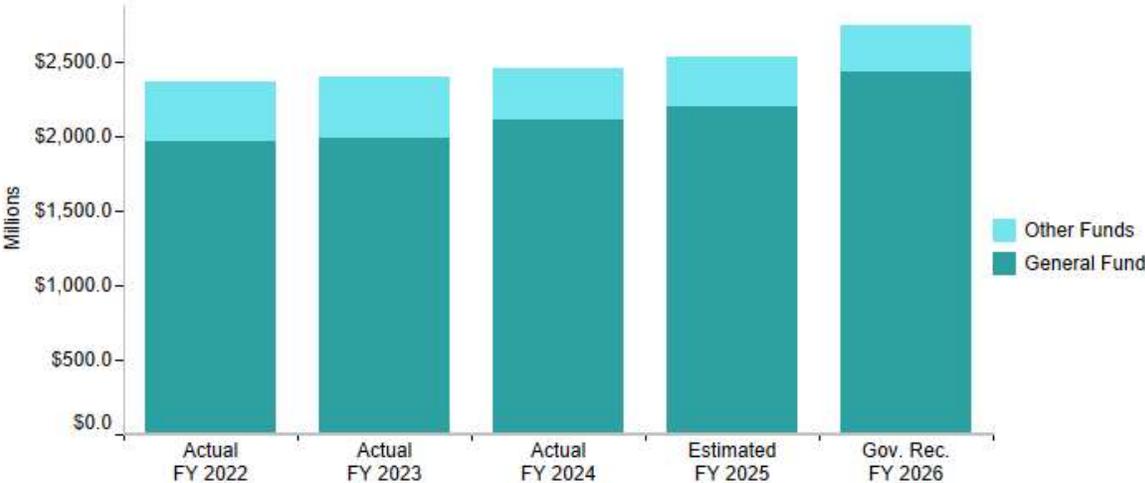
FY 2026 Governor's Recommendations
Total: \$2,738,657,809



Governor's Recommendations Compared to Estimated FY 2025



Funding History



General Fund Recommendations

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
Health and Human Services, Department of				
HHS - Assistance Payment				
Family Investment Program/PROMISE JOBS	\$ 41,003,575	\$ 0	\$ 0	\$ 0
Medical Assistance	1,543,626,779	0	0	0
Health Program Operations	17,446,067	0	0	0
State Supplementary Assistance	7,349,002	0	0	0
State Children's Health Insurance	38,661,688	0	0	0
Child Care Assistance	64,223,730	0	0	0
Child and Family Services	79,027,794	0	0	0
Adoption Subsidy	40,883,507	0	0	0
Family Support Subsidy	949,282	0	0	0
Conner Training	33,632	0	0	0
Volunteers	84,686	0	0	0
Child Abuse Prevention – Standing	210,570	0	0	0
HHS - Assistance Payment	\$ 1,833,500,312	\$ 0	\$ 0	\$ 0
HHS - Eldora State Training School				
Eldora Training School	\$ 17,568,511	\$ 0	\$ 0	\$ 0
HHS - Cherokee Mental Health Institution				
Cherokee MHI	\$ 15,923,252	\$ 0	\$ 0	\$ 0
HHS - Independence Mental Health Institution				
Independence MHI	\$ 19,811,470	\$ 0	\$ 0	\$ 0
HHS - Glenwood Resource Center				
Glenwood Resource Center	\$ 16,255,132	\$ 0	\$ 0	\$ 0
HHS - Woodward Resource Center				
Woodward Resource Center	\$ 13,389,577	\$ 0	\$ 0	\$ 0
HHS - Civil Commitment Unit / Sexual Offenders				
Civil Commitment Unit for Sexual Offenders	\$ 14,865,337	\$ 0	\$ 0	\$ 0
HHS - Community Services				
Child Support Services	\$ 15,914,329	\$ 0	\$ 0	\$ 0
Field Operations	72,056,945	0	0	0
HHS - Community Services	\$ 87,971,274	\$ 0	\$ 0	\$ 0
HHS - Human Services				
General Administration	\$ 18,913,662	\$ 0	\$ 0	\$ 0
HHS Facilities	2,157,590	0	0	0
Nonresident Mental Illness Commitment	8,032	0	0	0
HHS - Human Services	\$ 21,079,284	\$ 0	\$ 0	\$ 0
HHS - Aging				
Aging Programs	\$ 11,799,361	\$ 0	\$ 0	\$ 0
Office of LTC Ombudsman	1,148,959	0	0	0
HHS - Aging	\$ 12,948,320	\$ 0	\$ 0	\$ 0
HHS - Human Rights				
LIHEAP Weatherization Assistance Program – Standing	\$ 8,142	\$ 0	\$ 0	\$ 0
Central Administration	186,913	0	0	0
Community Advocacy and Services	956,894	0	0	0
Criminal & Juvenile Justice	1,318,547	0	0	0
Single Grant Program	140,000	0	0	0
HHS - Human Rights	\$ 2,610,496	\$ 0	\$ 0	\$ 0

General Fund Recommendations (cont'd)

	Actual FY 2024 (1)	Estimated FY 2025 (2)	Gov Rec FY 2026 (3)	Gov Rec vs Est FY 2025 (4)
Health and Human Services				
Child Abuse Prevention – Standing	\$ 0	\$ 232,570	\$ 232,570	\$ 0
Congenital & Inherited Disorders Registry – Standing	0	223,521	223,521	0
Psychiatry Residency & Fellowship Program – Standing	0	1,200,000	1,200,000	0
Centers of Excellence – Standing	0	425,000	425,000	0
LiHEAP Weatherization Assistance Program – Standing	0	1	1	0
Substance Abuse Disorder Program - Standing	0	2,000,000	2,000,000	0
Commission of Inquiry – Standing	0	1,394	1,394	0
Nonresident Mental Illness Commitment – Standing	0	142,802	142,802	0
Aging and Disability Services	0	19,088,714	19,208,822	120,108
Behavioral Health	0	24,400,114	24,442,347	42,233
Public Health	0	22,531,821	22,413,883	-117,938
Community Access and Eligibility	0	68,043,944	68,545,138	501,194
Child Support Services	0	15,434,282	15,645,242	210,960
Medical Assistance	0	1,650,866,536	1,874,154,258	223,287,722
Health Program Operations	0	39,597,231	39,672,838	75,607
Child Care Assistance	0	34,966,931	34,983,087	16,156
Early Intervention and Supports	0	35,277,739	35,302,034	24,295
Child Protective Services	0	166,101,034	172,151,751	6,050,717
State Specialty Care	0	100,006,128	102,343,507	2,337,379
Accountability, Compliance, and Program Integrity	0	22,356,598	21,906,483	-450,115
Health and Human Services	\$ 0	\$ 2,202,896,360	\$ 2,434,994,678	\$ 232,098,318
HHS - Public Health				
Congenital & Inherited Disorders Registry – Standing	\$ 210,570	\$ 0	\$ 0	\$ 0
Addictive Disorders	23,656,992	0	0	0
Healthy Children and Families	5,815,491	0	0	0
Chronic Conditions	4,256,595	0	0	0
Community Capacity	7,435,682	0	0	0
Essential Public Health Services	7,662,464	0	0	0
Infectious Diseases	1,795,902	0	0	0
Public Protection	4,581,792	0	0	0
Resource Management	933,543	0	0	0
HHS - Public Health	\$ 56,349,031	\$ 0	\$ 0	\$ 0
Total Health and Human Services, Department of	\$ 2,112,271,996	\$ 2,202,896,360	\$ 2,434,994,678	\$ 232,098,318
Total Health and Human Services	\$ 2,123,610,620	\$ 2,215,601,301	\$ 2,448,303,923	\$ 232,702,622

Governor’s FY 2026 Recommended Changes

Aging and Disability Services **\$120,108**

An increase of \$120,108 for general operating expenses.

Behavioral Health **\$42,233**

An increase of \$42,233 for general operating expenses.

Public Health **\$-117,938**

- A decrease of \$214,000 to move funding for various health care related loan repayment programs to the Department of Education (DE).
- An increase of \$96,062 for general operating expenses.
- An increase of 10.00 full-time equivalent (FTE) positions compared to estimated FY 2025.

Community Access and Eligibility **\$501,194**

An increase of \$501,194 for general operating expenses.

Child Support Services **\$210,960**

An increase of \$210,960 for general operating expenses.

Medical Assistance **\$223,287,722**

- An increase of \$174,124,700 for the expected Medicaid shortfall in FY 2026.
- An increase of \$25,000,000 for nursing facility provider reimbursement rate rebasing.
- An increase of \$19,199,028 for an expected CHIP shortfall in FY 2026.
- An increase of \$4,971,128 for various provider rate adjustments due to the annual rate review.
- An increase of \$2,350,866 for an increased pharmacy dispensing fee.
- An increase of \$420,000 for maternal health-related provider rate adjustments.
- An increase of \$220,000 to make doula services a Medicaid covered service.
- An increase of \$2,000 for a certified nurse midwife provider rate adjustment.
- A decrease of \$3,000,000 due to an increased federal reimbursement rate for certified community behavioral health clinics.

Health Program Operations **\$75,607**

An increase of \$75,607 for general operating expenses.

Child Care Assistance **\$16,156**

An increase of \$16,156 for general operating expenses.

Early Intervention and Supports **\$24,295**

An increase of \$24,295 for general operating expenses.

Child Protective Services **\$6,050,717**

- An increase of \$4,836,436 for a Qualified Residential Treatment Program (QRTP) rate increase and to allow the HHS to cover the county portion of juvenile shelter rates.
- An increase of \$1,214,281 for general operating expenses.
- A decrease of 2.00 FTE positions compared to estimated FY 2025.

State Specialty Care **\$2,337,379**

- An increase of \$1,145,417 for specialization staffing at the Civil Commitment Unit for Sexual Offenders (CCUSO), the Cherokee Mental Health Institute (MHI), and the Independence MHI.
- An increase of \$1,191,962 for general operating expenses.
- An increase of 12.00 FTE positions compared to estimated FY 2025.

Accountability, Compliance, and Program Integrity **\$-450,115**

- A decrease of \$874,059 to align the Criminal and Juvenile Justice Planning research staff from the HHS Accountability, Compliance, and Program Integrity appropriation line item under the Iowa Department of Management (DOM) Department Operations appropriation.
- An increase of \$423,944 for general operating expenses.
- A decrease of 22.00 FTE positions compared to estimated FY 2025.

Other Fund Recommendations

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
Health and Human Services, Department of				
HHS - Assistance Payment				
Medical Assistance - HCTF	\$ 189,860,000	\$ 0	\$ 0	\$ 0
Medicaid Supplemental - MFF	150,000	0	0	0
Health Program Operations - PSA	234,193	0	0	0
Medical Assistance - QATF	111,216,205	0	0	0
Medical Assistance - HHCAT	33,920,554	0	0	0
HHS - Assistance Payment	\$ 335,380,952	\$ 0	\$ 0	\$ 0
HHS - Public Health				
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 0	\$ 0	\$ 0
Health and Human Services				
Behavioral Analysis Treatment – ASF	\$ 0	\$ 750,000	\$ 750,000	\$ 0
Central Data Repository – RIF	0	645,179	645,179	0
988 Suicide and Crisis Line – RIF	0	3,000,000	3,000,000	0
Behavioral Health System Implementation – RIF	0	1,000,000	1,000,000	0
Gambling Treatment Program – SWRF	0	1,750,000	1,750,000	0
Medical Assistance - MFF	0	150,000	150,000	0
Health Program Operations – PSA	0	234,193	234,193	0
Medical Assistance – HHCAT	0	33,920,554	33,920,554	0
Medical Assistance - HCTF	0	176,470,000	150,997,000	-25,473,000
Medical Assistance – QATF	0	111,216,205	111,216,205	0
Health and Human Services	\$ 0	\$ 329,136,131	\$ 303,663,131	\$ -25,473,000
Total Health and Human Services, Department of	\$ 337,130,952	\$ 329,136,131	\$ 303,663,131	\$ -25,473,000
Total Health and Human Services	\$ 337,130,952	\$ 329,136,131	\$ 303,663,131	\$ -25,473,000

Governor’s FY 2026 Recommended Changes

Medical Assistance — Health Care Trust Fund \$-25,473,000

A decrease of \$25,473,000 due to fewer receipts available in the Fund for appropriation. The Fund receives all revenues from taxes on the sale of cigarettes and tobacco products.

Discussion Items

Health and Human Services Full-Time Equivalent (FTE) Positions — 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), allowed the HHS to utilize General Fund moneys for up to 4,156.00 FTE positions. The HHS was required to report to the General Assembly by December 15, 2024, the distribution of FTE positions across the organizational divisions of the HHS. The HHS published the [report](#) in December 2024. The HHS now tracks federally funded FTE positions through the same FTE line items that receive General Fund appropriations. Excluding federally funded FTE positions, the Governor is not recommending any changes to the appropriated FTE positions in FY 2026 as compared to the previously authorized amount in HF 2698 (FY 2025 Health and Human Services Appropriations Act).

Medicaid — For detailed information on Medicaid and the December Medicaid forecast, see the **Medicaid** section of this document.

Postpartum Medicaid Coverage — 2024 Iowa Acts, [Senate File 2251](#) (Postpartum Coverage, Medicaid Act), extended postpartum Medicaid coverage from 60 days to 12 months after a pregnancy ends. The Act also amended the income eligibility threshold for infants and pregnant women from 375.00% to 215.00% of the federal poverty level (FPL) for postpartum Medicaid coverage. This equates to \$67,080 for a family of four. The option for states to extend postpartum Medicaid coverage beyond 60 days was originally available as a temporary measure in the [American Rescue Plan Act of 2021 \(ARPA\)](#) and was made permanent by the [2023 Consolidated Appropriations Act](#). The HHS submitted a Medicaid State

plan amendment to the Centers for Medicare and Medicaid Services (CMS) to approve the changes in the Act. The CMS approved the changes on January 7, 2024, but the implementation date has not been confirmed.

MCO Premium Tax — 2023 Iowa Acts, [House File 685](#) (Medicaid, Liens, and Third-Party Recovery Act), established a new tax on MCO premiums received and taxable that became effective January 1, 2024. The tax is paid by MCOs on or before March 1 of the year following the calendar year when the tax is due, with the first due date in FY 2025. The tax is federally reimbursed to the State through Medicaid Federal Medical Assistance Percentage (FMAP) rates, with the MCOs reimbursed for their share of the tax.

Medicaid Work Requirements — *The Governor is recommending that Iowa apply for a federal waiver to institute work requirements for able-bodied adults on Medicaid.*

Maternal Health — *The Governor is recommending an increase in General Fund spending of \$642,000 for Medicaid provider rates related to maternal health. The changes include an increase to the certified nurse midwife provider rate, the establishment of doula services as a covered Medicaid service, and other maternal health-related provider rate adjustments. The Governor is also recommending that the HHS seek federal approval to provide more Medicaid rate flexibility, with the goal of incentivizing creative regional partnerships.*

Senate File 494 Administration — 2023 Iowa Acts, [Senate File 494](#) (Medicaid, Supplemental Nutrition Assistance Program (SNAP) Eligibility Verification Act), enacted changes related to public assistance programs, including Medicaid, SNAP, the Family Investment Program, and the CHIP. Changes include new income thresholds and enrollment procedures for applicants, new State and federal information review by the HHS, the modification or creation of a computerized system to provide identity verification and authentication for applicants, and new communication protocols for applicants to public assistance programs.

In FY 2024, State expenditures for the implementation of SF 494 totaled \$256,939. The HHS submitted and received federal approval for Planning Advanced Planning Documents for Federal Fiscal Year (FFY) 2024 and FFY 2025. The Planning Advanced Planning Document approvals allow the HHS to claim federal Medicaid, CHIP, and SNAP match-for costs to support planning activities for SF 494. Federal reimbursement for SF 494 expenditures totaled \$93,182 at the close of FFY 2024. There were no FTE position hires related to SF 494 in FY 2024; however, the new requirements enacted are expected to increase FTE positions in the coming years. The Subcommittee may wish to ask the HHS about the status of the implementation of SF 494 and what requirements still need to be met.

Health Care Credentialing Grants — *The Governor is recommending that \$3,000,000 be made available for health care credentialing grants. These grants are intended to be used by employers to train and educate people to address the shortage of nurses, certified nursing assistants (CNAs), and licensed practical nurses (LPNs) in Iowa. The Governor intends for this program to provide more flexibility for employers and to help fill in-demand health careers.*

Medical Facility Approval Process — *The Governor is recommending streamlining the approval process for Certificates of Need (CONs) to build new health care facilities or enhance current ones. The recommendation includes eliminating the Health Facilities Council and shifting the review to the HHS with the support of a new health care economist. The new health care economist will help develop a report on Iowa's health care economy and the CON process.*

Health Information Exchange Improvements — *The Governor is recommending that Iowa continue to build out a system of data sharing to connect all of Iowa's hospitals and health providers. The Governor is recommending that the HHS be given authority to competitively procure and manage the network.*

Health Care Professional Incentive Program — *The Governor is recommending a consolidation of and increased investment for five existing State health care loan repayment programs. The recommendation includes a new \$10,000,000 appropriation to the DE, which will be used to incentivize health care professionals to work in rural communities. Four loan repayment programs under the DE and one*

program under the HHS will be discontinued and funds totaling \$4,364,906 will be redirected toward the new initiative. These discontinued programs include the following:

- \$500,973 for the Health Care Professional Recruitment Program.
- \$2,629,933 for the Rural Iowa Primary Care Loan Repayment Program.
- \$500,000 for the Health Care-Related Loan Program.
- \$520,000 for the Mental Health Practitioner Loan Repayment Program.
- \$214,000 for the Rural and Community Health Loan Repayment Program.

The Governor is also recommending the establishment of a Medicaid Graduate Medical Education (GME) enhanced payment to draw down over \$150,000,000 in federal dollars to create more residency positions.

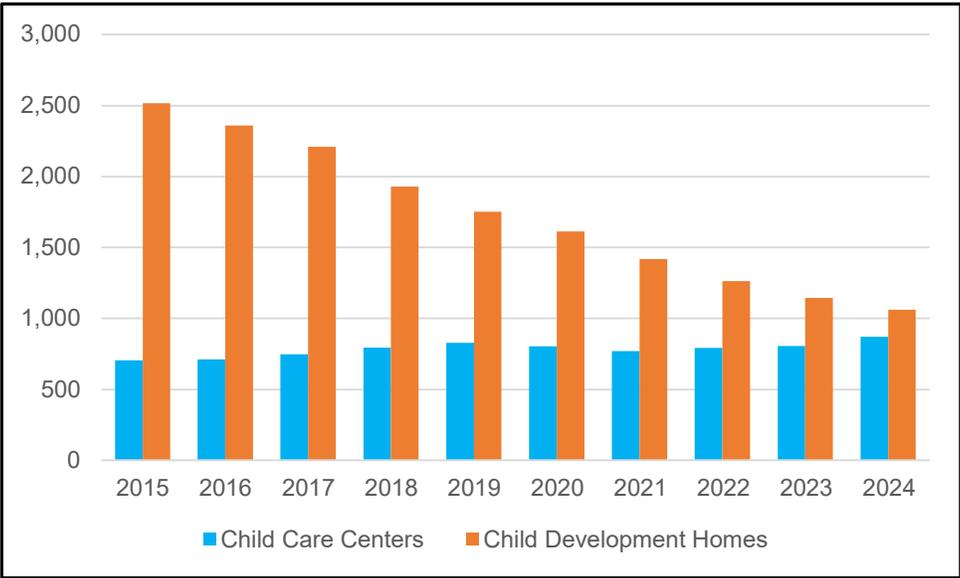
Cancer Research — The Governor is recommending a new General Fund appropriation of \$1,000,000 to the Board of Regents (BOR) to be used by the University of Iowa to establish a team of epidemiologists to research factors that may be playing a role in Iowa's cancer rates and to prepare a report on cancer research with recommendations in cooperation with the HHS.

Children's Health Insurance Program (CHIP) Forecast — The HHS, DOM, and Legislative Services Agency (LSA) met on December 13, 2024, to discuss estimated revenues and expenditures for CHIP in FY 2025 and FY 2026. The forecasting group estimates CHIP will have a deficit of \$5,258,362 in FY 2025 and a deficit of \$17,440,642 in FY 2026. The FY 2026 estimate does not include MCO capitation rate increases.

Child Care Assistance — On November 13, 2024, the HHS, DOM, and LSA met to discuss the Child Care Assistance (CCA) Program's estimated FY 2025 and FY 2026 revenues, expenditures, and caseloads. The forecasting group estimates that CCA will have an ending surplus of \$92,175,916 in FY 2025 and an ending surplus of \$91,826,311 in FY 2026. The Child Care Assistance Forecasting Group [Fiscal Update Article](#) provides more detailed information on these projections. *The Governor is recommending codification of the CCA pilot program that provides free child care to child care workers. The HHS started the pilot program on July 5, 2023, to allow child care providers to apply for CCA for their own children.*

Child Care Providers and Workers — In November 2024, the HHS reported that there were 1,882 total child care providers that received CCA payments in the State, including 883 child care centers and 999 child development homes. The total number of child care providers that receive CCA payments in the State has continued to decline year to year for the past 10 years. *The Governor is recommending creating a Statewide Solutions Fund for individuals and businesses to make donations to help with child care workforce wages. The Fund would be made up of restricted donations that the State would distribute to regional solutions funds as directed and unrestricted donations that the State would use to provide 2:1 match funding for regional solutions funds. The Governor is also recommending that Child Care Centers be taxed at a residential rate instead of a commercial rate, at which they are currently taxed.*

Average Number of Child Care Providers that receive CCA Payments Per Month by Fiscal Year



Early Childhood Continuum of Care Grant Program — The Governor is recommending a new Early Childhood Continuum of Care program to provide three-year grants for preschool providers and child care providers partnering to provide an all-day continuum of care for preschool-age children. Grants in the amount of \$16,000,000 would be funded with existing State [Early Childhood Iowa](#) funding and supported by federal funds through the Child Care and Development Fund. In addition, \$3,600,000 in existing Shared Visions funding, which is included in the State [Child Development appropriation](#), would be used for preschool grants. Shared Visions programs would be required to participate in the [Statewide Voluntary Preschool Program](#).

Adoption Subsidy — On November 14, 2024, the HHS, DOM, and LSA met to discuss the Adoption Subsidy Program’s estimated FY 2025 and FY 2026 revenues, expenditures, and caseloads. The forecasting group estimates that the Program will have an ending surplus of \$11,976,043 in FY 2025 and an ending surplus of \$11,590,808 in FY 2026. The Adoption Subsidy Forecasting Group [Fiscal Update Article](#) provides more detailed information on these projections.

Behavioral Health Service System — 2024 Iowa Acts, [House File 2673](#) (Behavioral Health Service System Act), established a Behavioral Health Service System under the control of the HHS responsible for implementing a statewide system related to mental health and addiction disorders beginning in FY 2026. Iowa currently uses a Mental Health and Disability Services (MHDS) regional system. The Act consolidated programs related to mental health, behavioral health, and substance abuse into the Behavioral Health Division of the HHS. This new system divides the State into seven Behavioral Health Districts that are managed by Behavioral Health Administrative Services Organizations (BH-ASOs). Disability services previously provided by the MHDS Regions will be transitioned to the HHS Division of Aging and Disability Services. The HHS published a [transition plan](#) in June 2024. The transition from the MHDS regional system to the Behavioral Health Service System will be completed on July 1, 2025. The Subcommittee may wish to ask the HHS on the status of the implementation of the Behavioral Health Service System.

Opioid Settlement Fund — During the 2022 Legislative Session, the General Assembly established the Opioid Settlement Fund. The Fund consists of moneys paid to the State as the result of multiple national settlements concerning the role played by opioid manufacturers, distributors, and pharmacies in the opioid crisis. As of January 2025, there was \$56,344,399 in the Opioid Settlement Fund. Additional information can be found in the Opioid Settlement Fund [Fiscal Topic](#).

Health and Human Services Appropriations Structure — 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), changed the HHS General Fund appropriation structure. Funding previously appropriated to 34 appropriations was restructured into 12 new appropriations. The new appropriations include Aging and Disability Services, Medical Assistance, Behavioral Health, Community Access and Eligibility, Child Support Services, Health Program Operations, State Child Care Assistance, Early Interventions and Supports, Child Protective Services, State Specialty Care, Administration and Compliance, and Public Health. The [Notes on Bills and Amendments](#) for HF 2698 details how funding previously appropriated to the defunct appropriations moved within the new structure.

Transfer of FY 2024 Appropriations Between Institutions — Iowa Code section [218.6](#) authorizes the HHS to transfer funds between the appropriations made to HHS institutions without prior written consent and approval of the Governor and the Director of the DOM. The HHS has reported two instances of transfers of FY 2024 appropriations. The institutions involved in the transferring of funds include the Glenwood Resource Center, Woodward Resource Center, Cherokee MHI, Independence MHI, and Civil Commitment Unit for Sexual Offenders. The first transfer of funds was finalized at the end of the fiscal quarter ending June 30, 2024, and transferred a total of \$8,031,153 between the various HHS institutions. The second transfer of funds was finalized at the end of the fiscal quarter ending September 30, 2024, and transferred a total of \$8,482,653 between the various HHS institutions. A breakdown of the final FY 2024 appropriation amounts after the transfers can be found in the [Fiscal Update Article](#) published by the LSA.

Glenwood and Woodward Resource Centers — On December 8, 2021, the U.S. Department of Justice (DOJ) notified the State that the DOJ had completed its investigation into whether the State violated the rights of people with intellectual and developmental disabilities and concluded there was reasonable cause to believe that the State violated Title II of the Americans with Disabilities Act by failing to provide services to qualified individuals in the most integrated setting appropriate to the individuals' needs. The [report](#) with the findings is available on the DOJ website. The [settlement agreement and consent decree](#) was finalized in FY 2023.

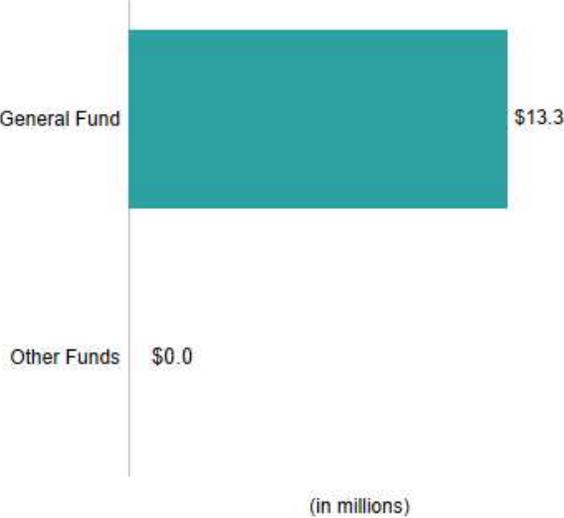
On April 7, 2022, Governor Kim Reynolds, Senate Majority Leader Jack Whitver, and House Speaker Pat Grassley announced the closure of the Glenwood Resource Center. In consultation with families, the HHS transitioned residents from Glenwood Resource Center to alternative care options, such as the Woodward Resource Center or community-based facilities. The closure of the Glenwood Resource Center was finalized at the end of FY 2024.

DEPARTMENT OF VETERANS AFFAIRS

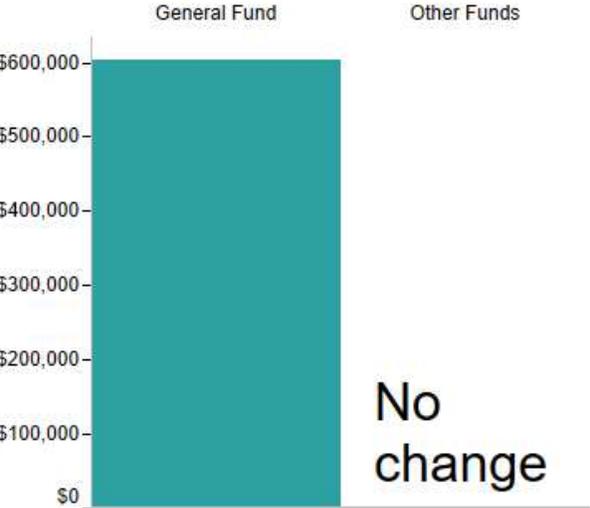
Overview and Funding History

Agency Overview: The [Department of Veterans Affairs](#) includes the Department and the [Iowa Veterans Home](#). The Department provides services to veterans regarding federal pension applications and identifies services to reimburse from the Veterans Trust Fund. The Department also established and operates the Veterans Cemetery and provides assistance for the County Veterans Grant Program and the Injured Veterans Grant Program. The Iowa Veterans Home is located in Marshalltown and provides services to veterans, including domiciliary, residential, and pharmaceutical services.

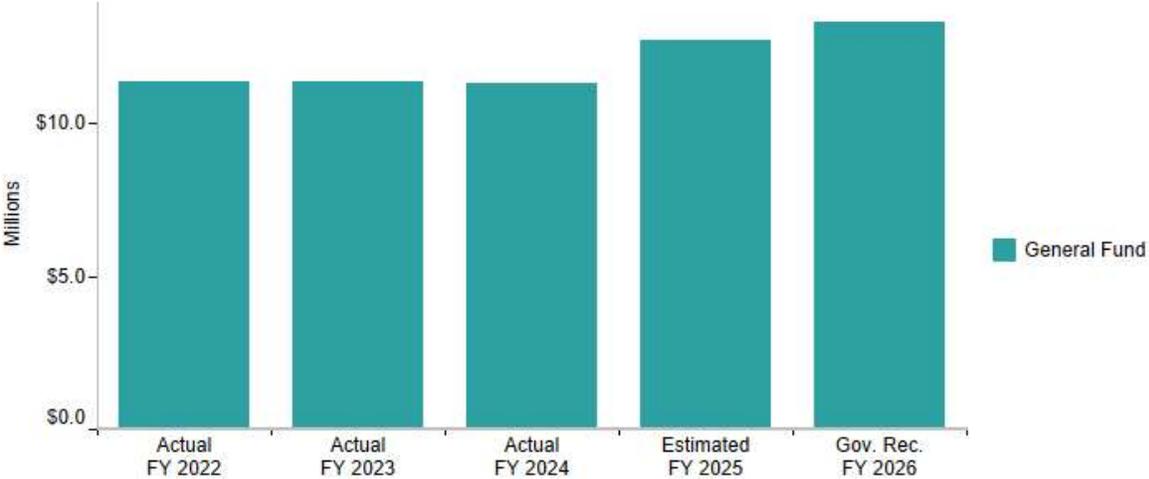
**FY 2026 Governor's Recommendations
Total: \$13,309,245**



**Governor's Recommendations
Compared to Estimated FY 2025**



Funding History



General Fund Recommendations

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
Veterans Affairs, Department of				
Veterans Affairs, Dept. of				
General Administration	\$ 1,033,289	\$ 1,369,205	\$ 1,384,743	\$ 15,538
Home Ownership Assistance Program	2,200,000	2,200,000	2,700,000	500,000
Veterans County Grants – Standing	990,000	990,000	990,000	0
Veterans Affairs, Dept. of	\$ 4,223,289	\$ 4,559,205	\$ 5,074,743	\$ 515,538
Veterans Affairs, Dept. of				
Iowa Veterans Home	\$ 7,115,335	\$ 8,145,736	\$ 8,234,502	\$ 88,766
Total Veterans Affairs, Department of	\$ 11,338,624	\$ 12,704,941	\$ 13,309,245	\$ 604,304

Governor’s FY 2026 Recommended Changes

General Administration **\$15,538**

An increase of \$15,538 for general operating expenses.

Home Ownership Assistance Program **\$500,000**

An increase of \$500,000 to provide additional resources for the Program since the current appropriation has been fully allocated by March in previous years.

Iowa Veterans Home **\$88,766**

An increase of \$88,766 for general operating expenses.

Discussion Items

Iowa Veterans Trust Fund — The Iowa Veterans Trust Fund aids veterans and their families who have less than \$20,000 in liquid assets and have a household income below 300.00% of the FPL. The Iowa General Assembly has enumerated [11 areas of eligible expenditures](#) for Iowa veterans, and eligibility is judged on a program-by-program basis.

Since 2008, a portion of the Iowa Lottery proceeds has been dedicated to the Fund, and under current law, the amount of that transfer has been set at \$2,500,000 annually. As of December 31, 2024, the Trust Fund had a spendable balance of \$968,061 and a total balance of \$44,210,771. Total expenditures from the Fund in FY 2024 totaled \$1,069,256.

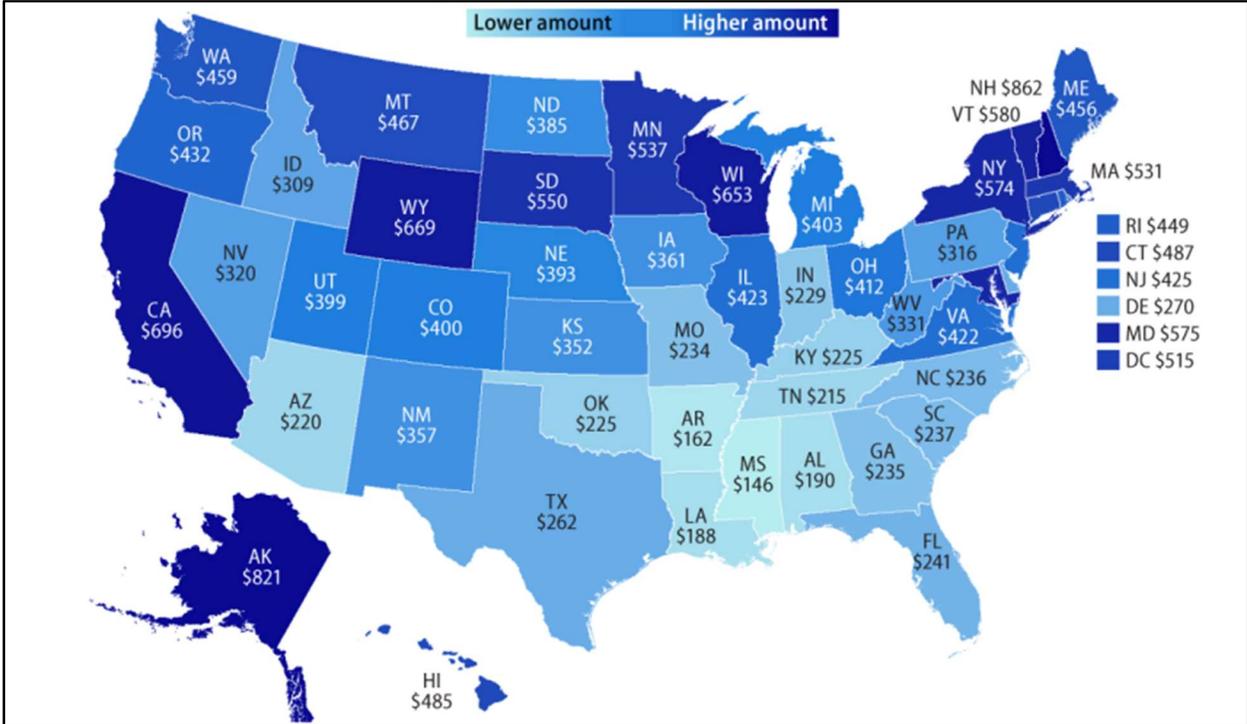
2024 Iowa Acts, chapter [1128](#) (Veteran Service Officer Training Appropriations Act), established a new standing appropriation of \$300,000 from the Veterans Trust Fund to the County Commission of Veteran Affairs Training Program operated by the Department of Veterans Affairs to pay for additional training with national service organizations on a reimbursable basis of up to \$3,000 per county.

Comparisons to Other States — Monthly Maximum TANF Benefit

The map below represents the monthly maximum federal Temporary Assistance for Needy Families (TANF) benefit for a single parent with one child. Benefits are set by the states, and in Iowa, the maximum benefit for a family of two is set at \$361 per month. In FY 2024, there were an average of 4,273 families per month in the Family Investment Program (FIP), which is the program that provides the cash benefit. The average monthly benefits issued in FY 2024 was \$1,408,635.

Compared to surrounding states, Iowa has the third lowest maximum monthly benefit, with Kansas at \$352 per month and Missouri at \$234 per month providing a lower benefit. Iowa has a comparable benefit level to Kansas, Nebraska, and North Dakota. South Dakota, Wisconsin, and Minnesota have a significantly larger maximum benefit for a family of two compared to Iowa. Wisconsin has the highest benefit in the Midwest at \$653 per month for a family of two.

TANF Cash Assistance Maximum Monthly Benefit Amounts — Single-Parent Family with One Child



Source: Congressional Research Service, [The Temporary Assistance for Needy Families \(TANF\) Block Grant: Responses to Frequently Asked Questions](#), November 5, 2024.

Comparison to Other States — Children in Foster Care

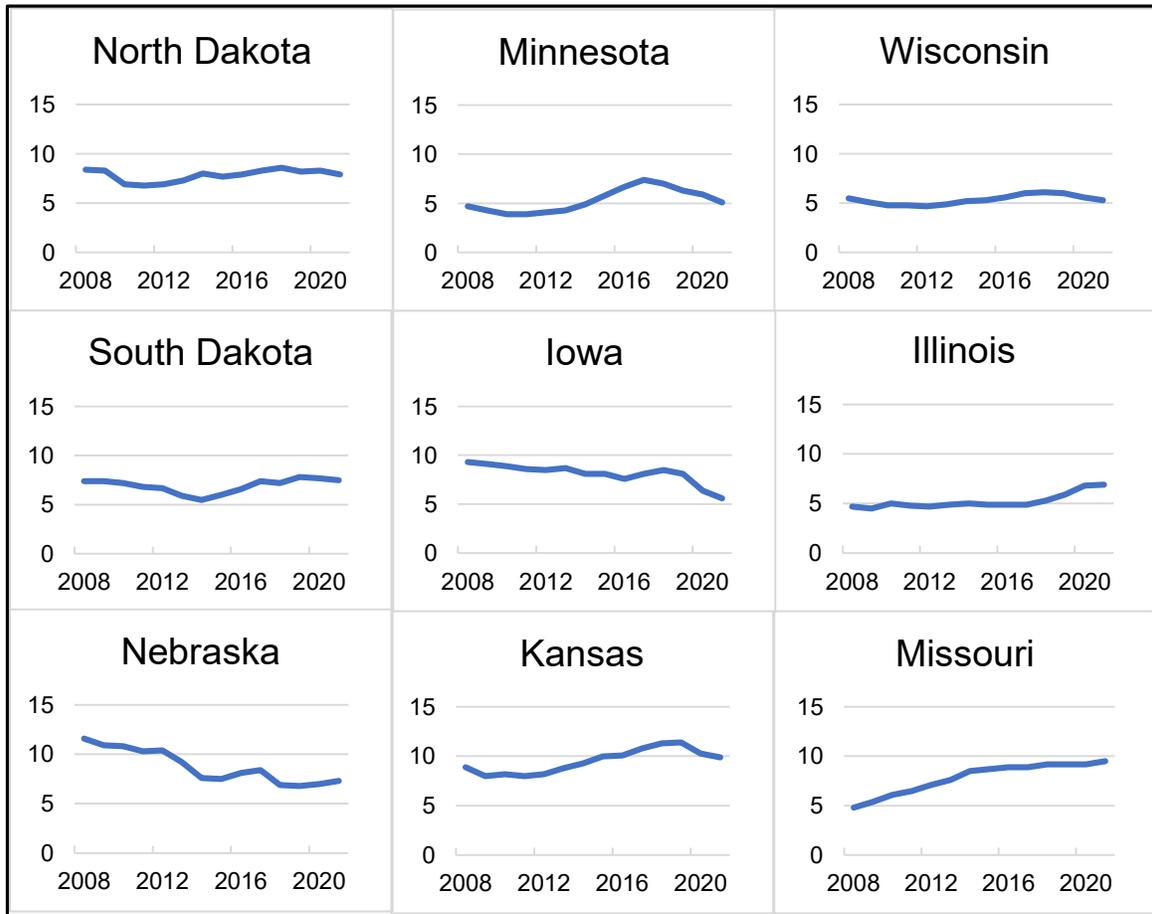
The Annie E. Casey Foundation [Kids Count Data Center](#) uses data from the Adoption and Foster Care Analysis and Reporting System to track the rate of children in foster care per 1,000 children age 17 and under. Children are categorized as being in foster care if they entered foster care prior to the end of the current fiscal year and have not been discharged from their latest period of time in foster care by the end of the current fiscal year. Census numbers indicate population estimates of children aged 17 and under in each state as of July of the respective year.

The rate of children in foster care in Iowa and contiguous states for 2021 was 7.2 per 1,000. Iowa's rate was lower than the regional average rate at 5.6 per 1,000, while the state reporting the highest rate in the region was Kansas at 9.9 per 1,000. Minnesota had the lowest rate in the region, with 5.1 children per 1,000 in foster care.

The national rate for 2021 was 5.1 per 1,000, which was a decrease of 0.3 compared to 2020 and was the fourth consecutive decrease compared to the previous year. The highest rate in the nation remained

West Virginia at 19.8 per 1,000 for the sixth consecutive year. New Jersey had the lowest rate at 1.6 per 1,000.

Children in Foster Care Per 1,000 — 2008 to 2021



LSA Publications — Health and Human Services

The following documents related to the Health and Human Services Appropriations Subcommittee have been published by the LSA:

Fiscal Topics:

- [Opioid Settlement Fund](#)
- [Iowa Office of the State Medical Examiner](#)
- [Iowa’s Mental Health and Disability Services \(MHDS\) Commission](#)
- [Behavioral Health Service System](#)
- [Supplemental Nutrition Assistance Program \(SNAP\)](#)
- [Community Action Agencies](#)
- [Iowa Veterans Home](#)
- [Veterans Trust Fund](#)
- [Medicaid HCBS Waivers](#)
- [Medicaid Nursing Care](#)
- [Temporary Assistance for Needy Families \(TANF\)](#)
- [Senior Living Trust Fund](#)
- [Enhanced FMAP Rates](#)
- [Managed Care Organizations](#)
- [Medicaid Enrollment](#)

Fiscal Research Briefs:

[*Iowa Office of the State Medical Examiner*](#)

[*Overview of Iowa Veterans Programs — 2024 Update*](#)

Reports Required to Be Filed with the General Assembly

Reports and other documents required to be filed with the General Assembly are organized by submitting department and by date and are published on this [webpage](#).

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Fiscal Year 2026 Governor's Recommendations

In FY 2025, the Governor did not recommend any supplemental changes for Medicaid. There is a surplus carryforward of \$124.7 million estimated by the Medicaid Forecasting Group on December 13, 2024, including an estimated \$58.6 million for the capitation rate increases recently agreed to by the Department of Health and Human Services (HHS) and the managed care organizations (MCOs). The Forecasting Group estimated a deficit of \$116.9 million for FY 2026.

The Governor is recommending an increase of \$204.1 million in FY 2026 to Medicaid, which includes \$174.1 million to offset an expected Medicaid shortfall in FY 2026 and \$30.0 million for Medicaid expenditure changes. The \$30.0 million includes \$25.0 million for nursing facility provider reimbursement rate rebasing; \$5.6 million for various provider rate adjustments; \$2.4 million for an increased pharmacy dispensing fee; and a \$3.0 million decrease due to an increased federal reimbursement rate for certified community behavioral health clinics. A detailed list of the Governor's FY 2026 recommendations is illustrated in **Figure 1** below.

Figure 1 — Medicaid Funding — Governor's Recommended Changes FY 2026

Revenue Changes	FY 2025	FY 2026
General Fund Appropriation Change	\$ 0	\$ 204,088,694
<i>Medicaid Shortfall</i>	0	174,124,700
<i>Medicaid Expenditure Changes</i>	0	29,963,994
Total Revenue Changes	\$ 0	\$ 204,088,694
Expenditure Changes		
Nursing Facility Rebase	\$ 0	\$ 25,000,000
Annual Provider Rate Review	0	4,971,128
Pharmacy Dispensing Fee	0	2,350,866
Maternal Health Rate Adjustment	0	420,000
Doula Services Rate Adjustment	0	220,000
Certified Nurse Midwife Rate Adjustment	0	2,000
CCBHC Increased Reimbursement	0	-3,000,000
Total Expenditure Changes	\$ 0	\$ 29,963,994
Grand Total	\$ 0	\$ 174,124,700
Forecasting Group Estimated Surplus/Deficit*	\$ 124,663,242	\$ -116,867,329
Estimated Surplus/Deficit After Governor's Changes	\$ 124,663,242	\$ 57,257,371

CCBHC – Certified Community Behavioral Health Clinic

* Forecasting Group estimates do not include increases in managed care organization (MCO) capitation rates or MCO premium tax revenue for FY 2026. The Governor's FY 2026 Recommendations include trend increases for MCO capitation rate expenditures (\$60.8 million) and MCO premium tax revenues (\$3.6 million).

Medicaid Forecast FY 2025 and FY 2026

Figure 2 shows actual and estimated revenues and expenditures for actual FY 2024 through estimated FY 2026. The Medicaid Forecasting Group, consisting of staff members from the HHS, the Department of Management (DOM), and the Fiscal Services Division of the Legislative Services Agency (LSA), met on December 13, 2024, to discuss estimated Medicaid expenditures for FY 2025 and FY 2026. The Forecasting Group meets periodically to discuss revenues and expenditures and agree on estimates for the current and upcoming fiscal years.

Final Fiscal Year 2024. Fiscal year 2024 ended with a \$307.1 million surplus, including \$14.9 million in unspent [American Rescue Plan Act \(ARPA\) of 2021](#) State funds, above what was appropriated in 2023 Iowa Acts, [Senate File 561](#) (FY 2024 Health and Human Services Appropriations Act). The surplus was a result of the end of the federal public health emergency (PHE) in April 2023, as individuals who were no longer eligible for Medicaid were disenrolled beginning May 2023. Eligibility redeterminations and the disenrollment process took 12 months, in accordance with federal guidelines. The surplus was also due to the \$368.0 million carryforward from FY 2023 and an enhanced Federal Medical Assistance Percentage (FMAP) of 2.5% in the first quarter and 1.5% in the second quarter of FY 2024 due to the end of the PHE, as provided in the federal [Consolidated Appropriations Act of 2023](#). The FY 2024 estimate also includes capitation rate increases.

Fiscal Year 2025 Estimate. For FY 2025, the Forecasting Group estimates Medicaid will have a surplus of \$124.7 million. The estimated surplus is due to the \$292.2 million carryforward from FY 2024 and a decrease in enrollment due to disenrollment at the end of the PHE. The FY 2025 estimate includes capitation rate increases and a \$5.3 million transfer to cover a projected FY 2025 shortfall in the Children's Health Insurance Program. Revenue from the MCO premium tax enacted in 2023 Iowa Acts, [House File 685](#) (Medicaid, Liens, and Third-Party Recovery Act), is included in this forecast estimate. The tax was collected beginning January 1, 2024, and submitted by the MCOs beginning in FY 2025.

Fiscal Year 2026 Estimate. For FY 2026, the Forecasting Group estimates Medicaid will have a deficit of \$116.9 million. The estimated deficit is due to the end of the PHE, along with a 0.63% decrease in Iowa's FMAP. The FY 2026 estimate does not include any capitation rate increases. A decrease in prior-year carryforward and MCO Premium Tax revenues are estimated to decrease Medicaid revenues by \$204.2 million, while expenditures are estimated to increase by \$28.0 million, creating the estimated deficit.

Figure 2 — Medicaid Forecast Balance Sheet

	Actual FY 2024	Estimated FY 2025	Estimated FY 2026
Medicaid Funding			
Carryforward from Previous Year	\$ 367,990,615	\$ 292,212,753	\$ 124,663,242
Palo Replacement Generation Tax	0	0	0
Health Care Trust Fund	159,770,706	160,351,215	150,997,000
Nursing Facility Quality Assurance Fund	106,556,027	111,216,205	111,216,205
Hospital Trust Fund	33,920,554	33,920,554	33,920,554
MCO Premium Tax	0	121,312,617	79,381,785
Medicaid Fraud Fund	16,934	150,000	150,000
Transfer Decategorization Reversion	13,494	0	0
Total Non-General Fund Sources	\$ 668,268,330	\$ 719,163,344	\$ 500,328,786
General Fund Appropriation	1,543,626,779	1,605,063,804	1,605,063,804
General Fund Supplemental	0	0	0
Total General Fund Sources	\$ 1,543,626,779	\$ 1,605,063,804	\$ 1,605,063,804
Total Medicaid Funding	\$ 2,211,895,109	\$ 2,324,227,149	\$ 2,105,392,589
Estimated State Medicaid Need	\$ 1,832,285,322	\$ 2,068,800,526	\$ 2,201,933,669
Transfer to CHIP	0	5,258,362	0
FMAP Changes	-47,280,411	26,600,000	20,326,249
FMAP Adjustment — COVID-19	-44,709,677	0	0
MCO Capitation Increase	145,887,731	58,592,496	0
HCBS Program Increase	5,500,000	32,800,000	0
PMIC Provider Rate Increase	0	369,000	0
Nursing Facility Rebase	15,000,000	0	0
Home Health Rate Increase	0	3,000,000	0
Pharmacy Fee Increase	0	500,000	0
Office of Chief Information Officer Adjustment	-609	0	0
Mental Health Service Rate Increase (85.0%)	3,000,000	0	0
Mental Health Therapy	7,000,000	2,104,186	0
Substance Use Provider Rates	3,000,000	0	0
Hospital Directed Payment Plan	0	-6,000,000	0
Enhanced Case Management	0	5,000,000	0
Physical Therapist Rate Adjustment	0	418,121	0
Community Mental Health Centers	0	276,947	0
Medical Supplies Rate Adjustment	0	144,014	0
Occupational Therapist Rate Adjustment	0	64,692	0
Physician Assistant Rate Adjustment	0	29,691	0
Certified Nurse Midwife Provider Rate Adjustment	0	3,122	0
Supported Community Living Rates	0	1,352,750	0
Air Methods	0	250,000	0
Total Estimated Medicaid Need	\$ 1,919,682,356	\$ 2,199,563,907	\$ 2,222,259,918
Balance (Underfunded if Negative)	\$ 292,212,753	\$ 124,663,242	\$ -116,867,329
Unspent ARPA State Funds	\$ 14,933,869	\$ 0	\$ 0
Ending State Balance	\$ 307,146,622	\$ 124,663,242	\$ -116,867,329
MCO – Managed Care Organization		CHIP – Children's Health Insurance Program	
FMAP – Federal Medical Assistance Percentage		HCBS – Home and Community-Based Services	
ARPA – American Rescue Plan Act of 2021		PMIC – Psychiatric Medical Institution for Children	

Medicaid Income and Eligibility

Medicaid is funded jointly by State and federal funds to provide health care services to low-income persons who are elderly, blind, disabled, pregnant, under age 21, or members of families with dependent children.

The Iowa Medicaid Program covers individuals at various levels of income as allowed under federal law. To be eligible for Medicaid, an individual must meet income requirements and qualify as a member of an eligible category.

Figure 3 shows the maximum income level for children, pregnant women, adults with dependent children, adults over age 65, recipients of Supplemental Security Income (SSI), the Medically Needy Program, and the Medicare Buy-In Program. The income levels are based on the percentage of the federal poverty level (FPL) calculated annually by the federal government and vary by the size of the household. The FPL for a family of four was \$31,200 for 2024. The 2025 amount will be released at the end of January 2025.

2024 Iowa Acts, [Senate File 2251](#) (Postpartum Coverage, Medicaid Act), decreased the FPL eligibility percentage for children under one year of age and pregnant women from 375.0% to 215.0%.

Figure 3 — Medicaid Eligibility Income Level by Category

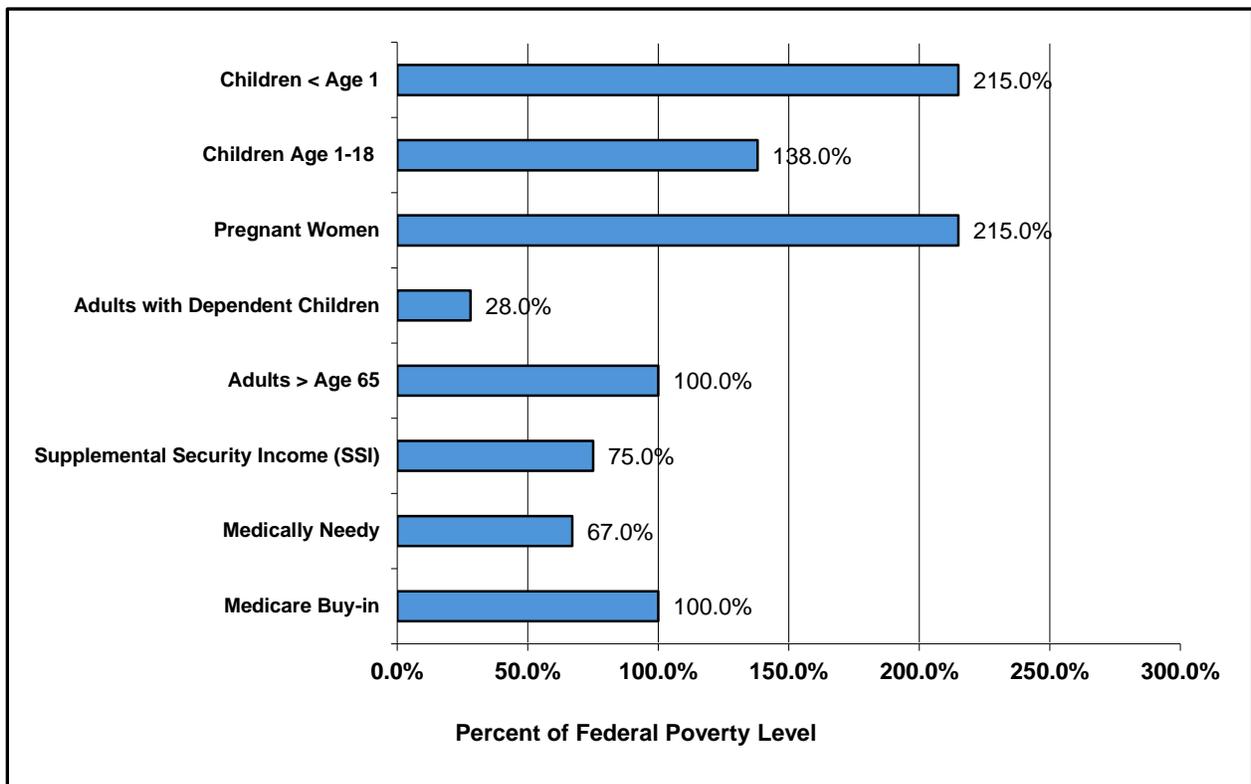
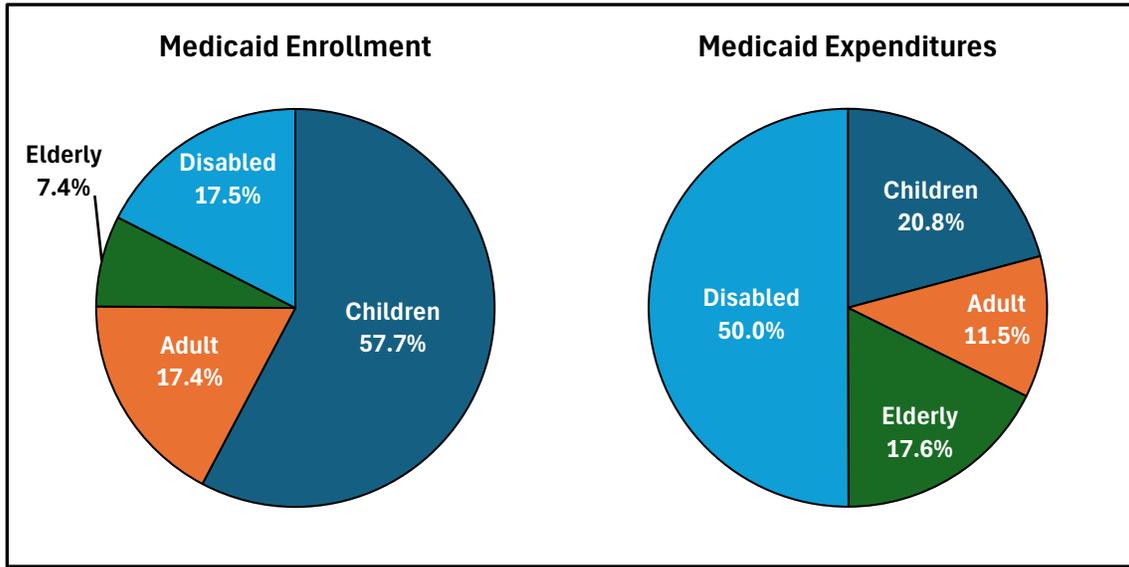


Figure 4 shows a comparison of enrollment and expenditures by eligibility category. In FY 2024, an average of 446,392 lowans were enrolled in Medicaid. Of the total, 57.7% were children, 17.4% were adults with dependent children, 17.5% were disabled, and 7.4% were elderly. Medicaid expenditures for FY 2024 totaled \$5.335 billion. Of the total expenditures, 20.8% was for children; 11.5% was for adults with dependent children, including pregnant women; 50.0% was for the disabled; and 17.6% was for the elderly. While children account for 57.7% of the enrollment, they consume only 20.8% of Medicaid expenditures. Elderly and disabled individuals account for 24.9% of enrollment and utilize 67.6% of expenditures.

Figure 4 — FY 2024 Medicaid Enrollment vs. Expenditures



Medicaid Enrollment. Before COVID-19, enrollment fluctuated by as many as 3,000 individuals in Medicaid and 1,500 in the Iowa Health and Wellness Plan (IHAWP) in a typical month. In FY 2024, Medicaid and IHAWP enrollment decreased by an average of 14,076 individuals per month, with total decline of 168,908 individuals for the fiscal year. The majority of the monthly decreases were associated with disenrollment due to the end of the PHE. However, a decrease in Medicaid and IHAWP enrollment continued to occur after disenrollment was completed in April 2024.

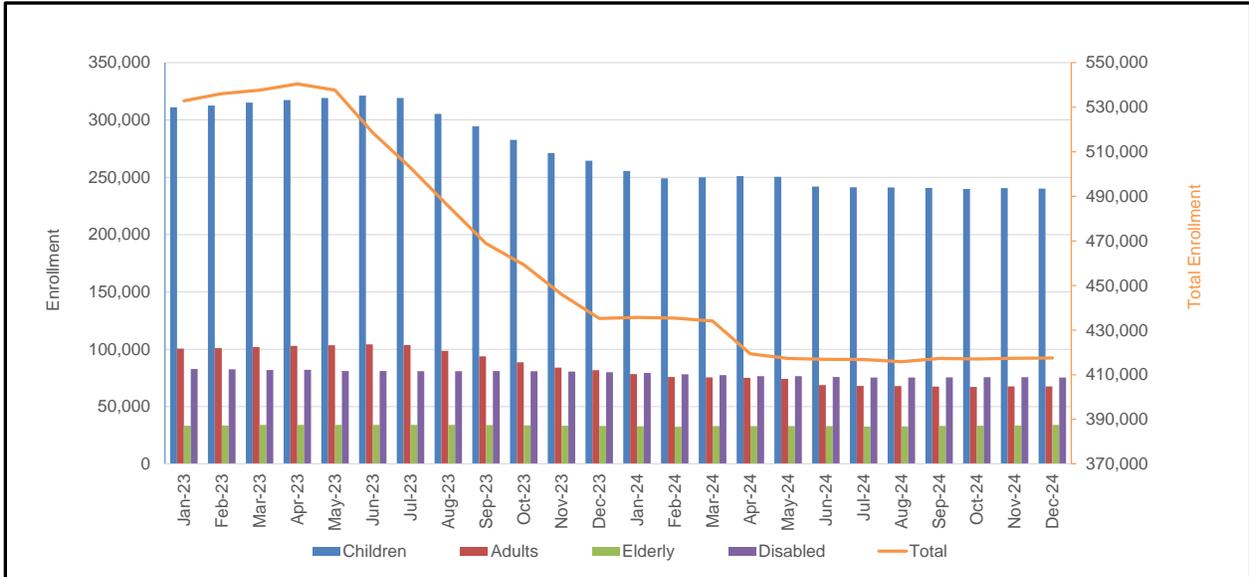
Figure 5 shows Medicaid and IHAWP enrollment changes by month. Through the first six months of FY 2025, enrollment has decreased from FY 2024 and is averaging a decrease of 182 individuals per month for the two programs, with total enrollment shrinkage of 1,089 for both Medicaid and IHAWP through December 2024.

Figure 5 — Changes in Medicaid and IHAWP Enrollment — FY 2024

	Regular Medicaid					Total	IHAWP Total
	Children	Adults	Elderly	Disabled	Total		
FY 2024 Total	241,098	67,840	32,712	75,262	416,912	182,541	
FY 2025 Monthly Changes							
July	-345	-344	397	244	-48	-882	
August	-960	-408	185	130	-1,053	-1,168	
September	764	504	198	35	1,501	138	
October	-460	-9	476	-276	-269	-711	
November	148	-28	115	63	298	369	
December	182	-374	181	155	144	592	
Total FY 2025	-671	-659	1,552	351	573	-1,662	
Grand Total FY 2025	240,427	67,181	34,264	75,613	417,485	180,879	

Figure 6 shows monthly Medicaid enrollment over the past two years. The Medicaid Program saw a large increase in enrollment after March 2020 as a result of suspending disenrollment. However, with the end of the PHE in April 2023, monthly disenrollment has decreased total enrollment through FY 2024.

Figure 6 — Medicaid Enrollment Two-Year Actual



Revenues and Expenditures

Figure 7 shows actual Medicaid expenditures for FY 2022 through FY 2024 and projected expenditures for FY 2025 and FY 2026.

Figure 7 — State Medicaid Expenditures — All State Funds
(Dollars in Millions)

	<u>State Expenditures</u>	<u>FMAP Cost</u>	<u>Adjusted State Total</u>
FY 2022 Actual	2,030.6	-298.6	1,732.0
FY 2023 Actual	1,995.7	-304.8	1,690.9
FY 2024 Actual	2,011.7	-92.0	1,919.7
FY 2025 Estimated Need	2,173.0	26.6	2,199.6
FY 2026 Estimated Need	2,201.9	20.3	2,222.3

Note: Estimated expenditures reflect the estimate of the Medicaid Forecasting Group for FY 2025 and FY 2026. The FY 2022 through FY 2024 FMAP includes the 6.2% enhanced FMAP rate due to COVID-19, which was scaled down and ended after December 2023.

As **Figure 7** illustrates, Medicaid expenditures fluctuate significantly between FY 2022 and estimated FY 2026. One of the driving factors of this fluctuation was the change in the regular FMAP rate, which is the federal and State funding formula for Medicaid and is based on a rolling three-year average of per capita income. Over the five-year time period shown, the FMAP rate has shifted back in the State’s favor by 1.23%, reducing the State share an estimated \$60.8 million. In addition to the FMAP change, a number of other factors have contributed to significant changes in Medicaid expenditures, including the following:

- From FY 2022 through FY 2025, there has been an estimated \$279.2 million in capitation rate increases for the MCOs. Capitation rate increases include changes enacted by the Governor and

General Assembly such as provider rate increases. The MCO capitation rates have not yet been negotiated for FY 2026.

- Over the past five years, the General Assembly has enacted a number of rate increases for providers, including increases for nursing facilities, home health care providers, and Home- and Community-Based Services (HCBS) waiver providers.
- Due to the maintenance-of-effort requirement that did not allow the State to disenroll anyone while the federal PHE was in effect, approximately 165,000 individuals were enrolled in the Medicaid Program between March 2020 and April 2023 who would normally have been disenrolled from the Medicaid Program. This drove significant increases in expenditures, but those expenditures were offset by \$966.4 million in revenues the State received as part of the 6.2% enhanced FMAP rate.

FY 2026 FMAP Rate

The Bureau of Economic Analysis [released](#) final State personal per capita income data for 2023 on September 27, 2024. This allows states to calculate the final federal fiscal year (FFY) 2026 FMAP rates. The FFY 2026 FMAP rates are based on per capita personal incomes for calendar years 2021 through 2023. These rates are calculated on a federal fiscal year basis, but the numbers in this analysis have been blended to reflect State fiscal year (SFY) 2026. Iowa’s SFY 2026 FMAP rate decreased by 0.63% to 62.84%. This means for every dollar spent on the Medicaid program, the federal government will pay \$0.6284 and Iowa will pay \$0.3716. The FMAP change is equal on a State fiscal year basis to the preliminary estimate that was released in March.

The FMAP decrease indicates that Iowa’s economy is doing better since 2021 compared to other states, resulting in a smaller share of the total FMAP portion for Iowa. This is the second year in a row that the FMAP rate has moved against the State’s favor, meaning Iowa pays more. Prior to the 9.22% increase from FY 2017 through FY 2024, the rate declined 8.2% from FY 2010 through FY 2016.

Fiscal Impact. Although the final fiscal impact is still being calculated, the -0.63% change in the FMAP rate means that the State will be responsible for approximately \$20.3 million more in Medicaid expenditures in SFY 2026. **Figure 8** shows the five-year change in the FMAP rate.

Figure 8 — Five-Year State Regular Medicaid FMAP

State Fiscal Year	Federal Share	State Share	Federal % Change
FY 2022	62.04%	37.96%	0.43%
FY 2023	62.88%	37.12%	0.84%
FY 2024	63.88%	36.12%	1.00%
FY 2025	63.47%	36.53%	-0.41%
FY 2026	62.84%	37.16%	-0.63%

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Appendix A – Appropriations Tracking

Analysis of the Governor's Budget Recommendations

This Appendix contains tracking for the following:

- General Fund
- Other Funds
- Full-Time Equivalent (FTE) Positions

The Legislative Services Agency publishes **Budget Unit Briefs** that discuss the purpose of particular appropriations and programs. If a publication is available, it has been hyperlinked in the title of the appropriation.

Health and Human Services

General Fund

	Actual FY 2024 (1)	Estimated FY 2025 (2)	Gov Rec FY 2026 (3)	Gov Rec vs Est FY 2025 (4)
<u>Veterans Affairs, Department of</u>				
Veterans Affairs, Dept. of				
General Administration	\$ 1,033,289	\$ 1,369,205	\$ 1,384,743	\$ 15,538
Home Ownership Assistance Program	2,200,000	2,200,000	2,700,000	500,000
Veterans County Grants – Standing	990,000	990,000	990,000	0
Veterans Affairs, Dept. of	\$ 4,223,289	\$ 4,559,205	\$ 5,074,743	\$ 515,538
Veterans Affairs, Dept. of				
Iowa Veterans Home	\$ 7,115,335	\$ 8,145,736	\$ 8,234,502	\$ 88,766
Total Veterans Affairs, Department of	\$ 11,338,624	\$ 12,704,941	\$ 13,309,245	\$ 604,304
<u>Health and Human Services, Department of</u>				
HHS - Assistance Payment				
Family Investment Program/PROMISE JOBS	\$ 41,003,575	\$ 0	\$ 0	\$ 0
Medical Assistance	1,543,626,779	0	0	0
Health Program Operations	17,446,067	0	0	0
State Supplementary Assistance	7,349,002	0	0	0
State Children's Health Insurance	38,661,688	0	0	0
Child Care Assistance	64,223,730	0	0	0
Child and Family Services	79,027,794	0	0	0
Adoption Subsidy	40,883,507	0	0	0
Family Support Subsidy	949,282	0	0	0
Conner Training	33,632	0	0	0
Volunteers	84,686	0	0	0
Child Abuse Prevention – Standing	210,570	0	0	0
HHS - Assistance Payment	\$ 1,833,500,312	\$ 0	\$ 0	\$ 0

Health and Human Services

General Fund

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
HHS - Eldora State Training School				
Eldora Training School	\$ 17,568,511	\$ 0	\$ 0	\$ 0
HHS - Cherokee Mental Health Institution				
Cherokee MHI	\$ 15,923,252	\$ 0	\$ 0	\$ 0
HHS - Independence Mental Health Institution				
Independence MHI	\$ 19,811,470	\$ 0	\$ 0	\$ 0
HHS - Glenwood Resource Center				
Glenwood Resource Center	\$ 16,255,132	\$ 0	\$ 0	\$ 0
HHS - Woodward Resource Center				
Woodward Resource Center	\$ 13,389,577	\$ 0	\$ 0	\$ 0
HHS - Civil Commitment Unit / Sexual Offenders				
Civil Commitment Unit for Sexual Offenders	\$ 14,865,337	\$ 0	\$ 0	\$ 0
HHS - Community Services				
Child Support Services	\$ 15,914,329	\$ 0	\$ 0	\$ 0
Field Operations	72,056,945	0	0	0
HHS - Community Services	<u>\$ 87,971,274</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
HHS - Human Services				
General Administration	\$ 18,913,662	\$ 0	\$ 0	\$ 0
HHS Facilities	2,157,590	0	0	0
Nonresident Mental Illness Commitment	8,032	0	0	0
HHS - Human Services	<u>\$ 21,079,284</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
HHS - Aging				
Aging Programs	\$ 11,799,361	\$ 0	\$ 0	\$ 0
Office of LTC Ombudsman	1,148,959	0	0	0
HHS - Aging	<u>\$ 12,948,320</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
HHS - Human Rights				
LIHEAP Weatherization Assistance Program – Standing	\$ 8,142	\$ 0	\$ 0	\$ 0
Central Administration	186,913	0	0	0
Community Advocacy and Services	956,894	0	0	0
Criminal & Juvenile Justice	1,318,547	0	0	0
Single Grant Program	140,000	0	0	0
HHS - Human Rights	<u>\$ 2,610,496</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Health and Human Services

General Fund

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
Health and Human Services				
Child Abuse Prevention – Standing	\$ 0	\$ 232,570	\$ 232,570	\$ 0
Congenital & Inherited Disorders Registry – Standing	0	223,521	223,521	0
Psychiatry Residency & Fellowship Program – Standing	0	1,200,000	1,200,000	0
Centers of Excellence – Standing	0	425,000	425,000	0
LIHEAP Weatherization Assistance Program – Standing	0	1	1	0
Substance Abuse Disorder Program - Standing	0	2,000,000	2,000,000	0
Commission of Inquiry – Standing	0	1,394	1,394	0
Nonresident Mental Illness Commitment – Standing	0	142,802	142,802	0
Aging and Disability Services	0	19,088,714	19,208,822	120,108
Behavioral Health	0	24,400,114	24,442,347	42,233
Public Health	0	22,531,821	22,413,883	-117,938
Community Access and Eligibility	0	68,043,944	68,545,138	501,194
Child Support Services	0	15,434,282	15,645,242	210,960
Medical Assistance	0	1,650,866,536	1,874,154,258	223,287,722
Health Program Operations	0	39,597,231	39,672,838	75,607
Child Care Assistance	0	34,966,931	34,983,087	16,156
Early Intervention and Supports	0	35,277,739	35,302,034	24,295
Child Protective Services	0	166,101,034	172,151,751	6,050,717
State Specialty Care	0	100,006,128	102,343,507	2,337,379
Accountability, Compliance, and Program Integrity	0	22,356,598	21,906,483	-450,115
Health and Human Services	<u>\$ 0</u>	<u>\$ 2,202,896,360</u>	<u>\$ 2,434,994,678</u>	<u>\$ 232,098,318</u>
HHS - Public Health				
Congenital & Inherited Disorders Registry – Standing	\$ 210,570	\$ 0	\$ 0	\$ 0
Addictive Disorders	23,656,992	0	0	0
Healthy Children and Families	5,815,491	0	0	0
Chronic Conditions	4,256,595	0	0	0
Community Capacity	7,435,682	0	0	0
Essential Public Health Services	7,662,464	0	0	0
Infectious Diseases	1,795,902	0	0	0
Public Protection	4,581,792	0	0	0
Resource Management	933,543	0	0	0
HHS - Public Health	<u>\$ 56,349,031</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Total Health and Human Services, Department of	<u>\$ 2,112,271,996</u>	<u>\$ 2,202,896,360</u>	<u>\$ 2,434,994,678</u>	<u>\$ 232,098,318</u>
Total Health and Human Services	<u><u>\$ 2,123,610,620</u></u>	<u><u>\$ 2,215,601,301</u></u>	<u><u>\$ 2,448,303,923</u></u>	<u><u>\$ 232,702,622</u></u>

Health and Human Services

Other Funds

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
<u>Health and Human Services, Department of</u>				
HHS - Assistance Payment				
Medical Assistance - HCTF	\$ 189,860,000	\$ 0	\$ 0	\$ 0
Medicaid Supplemental - MFF	150,000	0	0	0
Health Program Operations - PSA	234,193	0	0	0
Medical Assistance - QATF	111,216,205	0	0	0
Medical Assistance - HHCAT	33,920,554	0	0	0
HHS - Assistance Payment	\$ 335,380,952	\$ 0	\$ 0	\$ 0
HHS - Public Health				
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 0	\$ 0	\$ 0
Health and Human Services				
Behavioral Analysis Treatment – ASF	\$ 0	\$ 750,000	\$ 750,000	\$ 0
Central Data Repository – RIF	0	645,179	645,179	0
988 Suicide and Crisis Line – RIF	0	3,000,000	3,000,000	0
Behavioral Health System Implementation – RIF	0	1,000,000	1,000,000	0
Gambling Treatment Program – SWRF	0	1,750,000	1,750,000	0
Medical Assistance - MFF	0	150,000	150,000	0
Health Program Operations – PSA	0	234,193	234,193	0
Medical Assistance – HHCAT	0	33,920,554	33,920,554	0
Medical Assistance - HCTF	0	176,470,000	150,997,000	-25,473,000
Medical Assistance – QATF	0	111,216,205	111,216,205	0
Health and Human Services	\$ 0	\$ 329,136,131	\$ 303,663,131	\$ -25,473,000
Total Health and Human Services, Department of	\$ 337,130,952	\$ 329,136,131	\$ 303,663,131	\$ -25,473,000
Total Health and Human Services	\$ 337,130,952	\$ 329,136,131	\$ 303,663,131	\$ -25,473,000



Explanation of FTE Position Data

Analysis of the Governor's Budget Recommendations

The following is an explanation of the full-time equivalent (FTE) position information provided on the following tables. The columns of FTE position data represent different points in time that the numbers were compiled. For additional information on the State's FTE positions, see the ***Fiscal Research Brief*** entitled [FY 2023 FTE Positions and Personnel Costs](#).

Actual FY 2024: This data represents the actual FTE position utilization calculated at the close of the fiscal year. The FTE position usage is calculated by taking the actual hours worked during the fiscal year and dividing the number by 2,080 hours. For example, if a department has budgeted a full-time position (equating to 1.00 FTE) and this position is vacant for six months of the fiscal year, at the close of the fiscal year the calculation of the actual FTE position would be 0.50 ($1,040 \div 2,080 = 0.50$). The calculation of the actual FTE position factors out the portion of the position that was vacant during the fiscal year.

Estimated FY 2025: This data represents the estimated FTE positions that were budgeted by the departments at the beginning of FY 2025 and incorporates any revisions made to the budget by the departments through (approximately) December 2024. Changes to the estimates can occur for a variety of reasons. For example, if departments are not provided funding for salary adjustments to cover the costs of funding collective bargaining contracts, the departments will often reduce the number of FTE positions in order to cover costs.

Gov. Rec. FY 2026: This is the Governor's recommendation for FY 2026.

Gov. Rec. FY 2026 vs Est. FY 2025: This represents the difference between the Governor's recommended FTE positions for FY 2026 and the most recent estimates for FY 2025.

Health and Human Services

FTE Positions

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Gov Rec FY 2026 <u>(3)</u>	Gov Rec vs Est FY 2025 <u>(4)</u>
Health and Human Services, Department of				
HHS - Assistance Payment				
Family Investment Program/PROMISE JOBS	23.40	2.00	2.00	0.00
Medical Assistance	9.58	0.00	0.00	0.00
Health Program Operations	3.79	0.00	0.00	0.00
Child Care Assistance	4.58	3.00	3.00	0.00
Child and Family Services	7.27	7.50	7.50	0.00
Volunteers	0.98	0.00	0.00	0.00
HHS - Assistance Payment	<u>49.60</u>	<u>12.50</u>	<u>12.50</u>	<u>0.00</u>
HHS - Eldora State Training School				
Eldora Training School	171.65	0.00	0.00	0.00
HHS - Cherokee Mental Health Institution				
Cherokee MHI	156.10	0.00	0.00	0.00
HHS - Independence Mental Health Institution				
Independence MHI	164.04	0.00	0.00	0.00
HHS - Glenwood Resource Center				
Glenwood Resource Center	326.97	0.00	0.00	0.00
HHS - Woodward Resource Center				
Woodward Resource Center	483.47	0.00	0.00	0.00
HHS - Woodward Resource Center	<u>483.47</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
HHS - Civil Commitment Unit / Sexual Offenders				
Civil Commitment Unit for Sexual Offenders	137.06	0.00	0.00	0.00
HHS - Community Services				
Child Support Services	417.21	0.00	0.00	0.00
Field Operations	1,563.10	0.00	0.00	0.00
HHS - Community Services	<u>1,980.31</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
HHS - Human Services				
General Administration	323.25	0.00	0.00	0.00
HHS - Human Services	<u>323.25</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
HHS - Aging				
Aging Programs	29.68	0.00	0.00	0.00
Office of LTC Ombudsman	11.73	0.00	0.00	0.00
HHS - Aging	<u>41.41</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
HHS - Human Rights				
Central Administration	5.60	0.00	0.00	0.00
Community Advocacy and Services	7.42	0.00	0.00	0.00
Criminal & Juvenile Justice	8.36	0.00	0.00	0.00
HHS - Human Rights	<u>21.38</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Health and Human Services

FTE Positions

	Actual FY 2024 (1)	Estimated FY 2025 (2)	Gov Rec FY 2026 (3)	Gov Rec vs Est FY 2025 (4)
Health and Human Services				
Aging and Disability Services	0.00	75.00	75.00	0.00
Behavioral Health	0.00	64.00	64.00	0.00
Public Health	0.00	263.05	273.05	10.00
Community Access and Eligibility	0.00	830.65	830.65	0.00
Child Support Services	0.00	408.00	408.00	0.00
Health Program Operations	0.00	96.00	96.00	0.00
Child Care Assistance	0.00	35.00	35.00	0.00
Early Intervention and Supports	0.00	22.40	22.40	0.00
Child Protective Services	0.00	829.00	827.00	-2.00
State Specialty Care	0.02	1,368.33	1,380.33	12.00
Accountability, Compliance, and Program Integrity	0.00	411.95	389.95	-22.00
Health and Human Services	<u>0.02</u>	<u>4,403.38</u>	<u>4,401.38</u>	<u>-2.00</u>
HHS - Public Health				
Addictive Disorders	11.22	0.00	0.00	0.00
Healthy Children and Families	10.54	0.00	0.00	0.00
Chronic Conditions	10.80	0.00	0.00	0.00
Community Capacity	5.21	0.00	0.00	0.00
Infectious Diseases	4.93	0.00	0.00	0.00
Public Protection	54.40	0.00	0.00	0.00
Resource Management	3.02	0.00	0.00	0.00
HHS - Public Health	<u>100.12</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total Health and Human Services, Department of	<u>3,955.37</u>	<u>4,415.88</u>	<u>4,413.88</u>	<u>-2.00</u>
<u>Veterans Affairs, Department of</u>				
Veterans Affairs, Dept. of				
General Administration	10.79	11.00	11.00	0.00
Veterans Affairs, Dept. of	<u>10.79</u>	<u>11.00</u>	<u>11.00</u>	<u>0.00</u>
Total Veterans Affairs, Department of	<u>10.79</u>	<u>11.00</u>	<u>11.00</u>	<u>0.00</u>
Total Health and Human Services	<u><u>3,966.16</u></u>	<u><u>4,426.88</u></u>	<u><u>4,424.88</u></u>	<u><u>-2.00</u></u>

The following information summarizes FY 2024 General Fund and non-General Fund appropriations for departments under the purview of the Health and Human Services Appropriations Subcommittee. Appropriations are adjusted for several factors throughout the fiscal year, including supplemental appropriations, deappropriations, and adjustments to standing appropriations to account for actual expenditures. Other activity associated with appropriated funds includes: balances brought forward, transfers, and reversions. The tables show each of the departments’ appropriations and the changes that occurred throughout the fiscal year. The following information describes each column. Columns described below that are not displayed in the tables did not have any activity

- **Original Appropriation:** This is the amount appropriated in enacted appropriations bills during the 2023 Legislative Session.
- **Adjustment to Standings:** These adjustments represent changes that are made to budgeted standing unlimited appropriations for the purpose of balancing the year-end amount. There are numerous standing unlimited appropriations established in the Iowa Code. The exact amount for each of these appropriations is not known until the close of the fiscal year. As the General Assembly develops the annual budget, an estimated amount is included for budgeting purposes. This estimated appropriation is then adjusted to reflect actual expenditures.
- **Supplemental Appropriations/Deappropriations:** These changes represent the supplemental appropriations and deappropriations enacted during the 2024 Legislative Session.
- **Session Law Adjustment:** During the 2023 Legislative Session, [SF 562](#) (FY 2024 Justice System Appropriations Act) appropriated \$13.0 million to the DOC for Department-Wide Duties. Senate File 562 also appropriated \$6.5 million to the Department of Public Safety (DPS) for Department-Wide Duties. [House File 561](#) (FY 2024 Health and Human Services Appropriations Act) appropriated \$2.2 million to the Department of Health and Human Services (HHS) for HHS Facilities.
- **Salary Adjustment (Other Funds Only):** Several non-General Fund appropriations were authorized to receive appropriation adjustments to fund salary increases for FY 2024.
- **Total Appropriation:** This is the sum of all of appropriations and adjustments listed above. It represents the final appropriation amount after changes were applied.
- **Balance Brought Forward:** These are the appropriated funds allowed to carry forward from FY 2023 to FY 2024. These funds provided additional spendable dollars for FY 2024.
- **Transfers In and Out (General Fund Only):** These adjustments represent transferred appropriation spending authority between enacted appropriations. These transfers are usually implemented by the Governor through the authority provided in Iowa Code section [8.39](#).
- **Balance Carryforward:** These are appropriated funds that are allowed to carry forward from FY 2024 to FY 2025. These funds provide additional spendable dollars for FY 2025.
- **Reversions:** These are the unspent appropriated funds that revert back to the fund from which they were appropriated.
- **Total Adjustments:** This is the sum of the Balance Brought Forward, Transfers, Balance Carryforward, and Reversions.
- **Total Expended:** This number represents the appropriation after all of the above adjustments have been made. The result is the total appropriated funds that were expended in FY 2024.

Health and Human Services – FY 2024
General Fund

		Total Appropriation					Adjustments						Total Expended
		Original Approp	Adj to Standings	Session Law Adj	Supp & Deapprop	Total	Balance Brought Forward	Transfer In	Transfer Out	Balance Carry Forward	Reversion	Total	
Health and Human Services, Department of	Addictive Disorders	\$23,656,992	\$0	\$0	\$0	\$23,656,992	\$0	\$0	\$0	\$0	\$0	\$0	\$23,656,992
	Adoption Subsidy	\$40,883,507	\$0	\$0	\$0	\$40,883,507	\$13,368,373	\$0	\$0	\$-12,349,084	\$0	\$1,019,289	\$41,902,796
	Aging Programs	\$11,799,361	\$0	\$0	\$0	\$11,799,361	\$0	\$0	\$0	\$0	\$0	\$0	\$11,799,361
	Central Administration	\$186,913	\$0	\$0	\$0	\$186,913	\$15,599	\$0	\$0	\$0	\$0	\$15,599	\$202,512
	Cherokee MHI	\$15,923,252	\$0	\$710,863	\$0	\$16,634,115	\$138,722	\$0	\$0	\$-786,230	\$0	\$-647,508	\$15,986,607
	Child Abuse Prevention – Standing	\$232,570	\$-22,000	\$0	\$0	\$210,570	\$0	\$0	\$0	\$0	\$0	\$0	\$210,570
	Child and Family Services	\$79,027,794	\$0	\$0	\$0	\$79,027,794	\$21,635,251	\$0	\$0	\$-25,039,426	\$0	\$-3,404,175	\$75,623,619
	Child Care Assistance	\$64,223,730	\$0	\$0	\$0	\$64,223,730	\$2,862,291	\$0	\$0	\$-5,264,702	\$0	\$-2,402,411	\$61,821,319
	Child Support Services	\$15,914,329	\$0	\$0	\$0	\$15,914,329	\$8,706	\$0	\$0	\$0	\$-39,411	\$-30,704	\$15,883,625
	Chronic Conditions	\$4,256,595	\$0	\$0	\$0	\$4,256,595	\$0	\$0	\$0	\$0	\$-8,451	\$-8,451	\$4,248,144
	Civil Commitment Unit for Sexual Offenders	\$14,865,337	\$0	\$710,863	\$0	\$15,576,200	\$7,900,237	\$0	\$0	\$-7,634,360	\$0	\$265,877	\$15,842,077
	Commission of Inquiry	\$1,394	\$-1,394	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Community Advocacy and Services	\$956,894	\$0	\$0	\$0	\$956,894	\$7,718	\$0	\$0	\$0	\$0	\$7,718	\$964,612
	Community Capacity	\$7,435,682	\$0	\$0	\$0	\$7,435,682	\$429,805	\$0	\$0	\$-453,805	\$-7,702	\$-31,702	\$7,403,980
	Congenital & Inherited Disorders Registry – Standing	\$223,521	\$-12,951	\$0	\$0	\$210,570	\$0	\$0	\$0	\$0	\$0	\$0	\$210,570
	Conner Training	\$33,632	\$0	\$0	\$0	\$33,632	\$0	\$0	\$0	\$0	\$-698	\$-698	\$32,934
	Criminal & Juvenile Justice	\$1,318,547	\$0	\$0	\$0	\$1,318,547	\$64,309	\$0	\$0	\$0	\$0	\$64,309	\$1,382,856
	Eldora Training School	\$17,568,511	\$0	\$0	\$0	\$17,568,511	\$718,144	\$0	\$0	\$-228,068	\$0	\$490,076	\$18,058,587
	Essential Public Health Services	\$7,662,464	\$0	\$0	\$0	\$7,662,464	\$0	\$0	\$0	\$0	\$-4,734	\$-4,734	\$7,657,730
	Family Investment Program/PROMISE JOBS	\$41,003,575	\$0	\$0	\$0	\$41,003,575	\$14,884,505	\$0	\$0	\$-16,056,746	\$0	\$-1,172,241	\$39,831,334

Health and Human Services – FY 2024
General Fund

		Total Appropriation					Adjustments						Total Expended
		Original Approp	Adj to Standings	Session Law Adj	Supp & Deapprop	Total	Balance Brought Forward	Transfer In	Transfer Out	Balance Carry Forward	Reversion	Total	
Health and Human Services, Department of	Family Support Subsidy	\$949,282	\$0	\$0	\$0	\$949,282	\$343,695	\$0	\$0	\$-287,321	\$0	\$56,374	\$1,005,656
	Field Operations	\$72,056,945	\$0	\$0	\$0	\$72,056,945	\$6,425,620	\$0	\$0	\$-2,415,907	\$0	\$4,009,713	\$76,066,658
	General Administration	\$18,913,662	\$0	\$0	\$0	\$18,913,662	\$3,594,704	\$0	\$0	\$-1,261,424	\$-190,222	\$2,143,058	\$21,056,720
	Glenwood Resource Center	\$16,255,132	\$0	\$0	\$0	\$16,255,132	\$13,531,971	\$0	\$0	\$-1,004,538	\$0	\$12,527,433	\$28,782,565
	Health Program Operations	\$17,446,067	\$0	\$0	\$0	\$17,446,067	\$0	\$0	\$0	\$0	\$-674,848	\$-674,848	\$16,771,219
	Healthy Children and Families	\$5,815,491	\$0	\$0	\$0	\$5,815,491	\$0	\$0	\$0	\$-1,333	\$-45,604	\$-46,937	\$5,768,554
	HHS Facilities	\$2,157,590	\$0	\$-2,157,590	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Independence MHI	\$19,811,470	\$0	\$735,863	\$0	\$20,547,333	\$420,124	\$0	\$0	\$0	\$0	\$420,124	\$20,967,457
	Infectious Diseases	\$1,795,902	\$0	\$0	\$0	\$1,795,902	\$0	\$0	\$0	\$0	\$0	\$0	\$1,795,902
	LiHEAP Weatherization Assistance Program – Standing	\$1	\$8,141	\$0	\$0	\$8,142	\$0	\$0	\$0	\$0	\$0	\$0	\$8,142
	Medical Assistance	\$1,543,626,779	\$0	\$0	\$0	\$1,543,626,779	\$421,379,409	\$0	\$0	\$-307,146,623	\$0	\$114,232,786	\$1,657,859,565
	Nonresident Mental Illness Commitment	\$142,802	\$-134,770	\$0	\$0	\$8,032	\$0	\$0	\$0	\$0	\$0	\$0	\$8,032
	Office of LTC Ombudsman	\$1,148,959	\$0	\$0	\$0	\$1,148,959	\$0	\$0	\$0	\$0	\$0	\$0	\$1,148,959
	Psychiatry Residency & Fellowship Program - Standing	\$1,200,000	\$-1,200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Public Protection	\$4,581,792	\$0	\$0	\$0	\$4,581,792	\$0	\$0	\$0	\$0	\$-4,108	\$-4,108	\$4,577,684
	Resource Management	\$933,543	\$0	\$0	\$0	\$933,543	\$0	\$0	\$0	\$0	\$0	\$0	\$933,543
	Single Grant Program	\$140,000	\$0	\$0	\$0	\$140,000	\$0	\$0	\$0	\$0	\$-140,000	\$-140,000	\$0
	State Children's Health Insurance	\$38,661,688	\$0	\$0	\$0	\$38,661,688	\$0	\$0	\$0	\$0	\$0	\$0	\$38,661,688
	State Supplementary Assistance	\$7,349,002	\$0	\$0	\$0	\$7,349,002	\$4,258,454	\$0	\$0	\$-6,297,524	\$0	\$-2,039,070	\$5,309,932
Volunteers	\$84,686	\$0	\$0	\$0	\$84,686	\$0	\$0	\$0	\$0	\$-11,007	\$-11,007	\$73,679	

Health and Human Services – FY 2024
General Fund

		Total Appropriation					Adjustments						Total Expended
		Original Approp	Adj to Standings	Session Law Adj	Supp & Deapprop	Total	Balance Brought Forward	Transfer In	Transfer Out	Balance Carry Forward	Reversion	Total	
Human Services, Department of	Woodward Resource Center	\$13,389,577	\$0	\$0	\$0	\$13,389,577	\$10,937,808	\$0	\$0	\$-11,454,217	\$0	\$-516,409	\$12,873,168
Veterans Affairs, Department of	General Administration	\$1,033,289	\$0	\$0	\$0	\$1,033,289	\$0	\$0	\$0	\$0	\$0	\$0	\$1,033,289
	Home Ownership Assistance Program	\$2,200,000	\$0	\$0	\$0	\$2,200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$2,200,000
	Injured Veterans Grant Program	\$0	\$0	\$0	\$0	\$0	\$133,897	\$0	\$0	\$-123,897	\$0	\$10,000	\$10,000
	Iowa Veterans Home	\$7,115,335	\$0	\$0	\$0	\$7,115,335	\$13,345,981	\$0	\$0	\$-16,835,203	\$0	\$-3,489,222	\$3,626,113
	Veterans County Grants – Standing	\$990,000	\$0	\$0	\$0	\$990,000	\$125,172	\$0	\$0	\$-120,047	\$0	\$5,124	\$995,124
Grand Total		\$2,124,973,594	\$-1,362,974	\$0	\$0	\$2,123,610,620	\$536,530,495	\$0	\$0	\$-414,760,454	\$-1,126,784	\$120,643,256	\$2,244,253,876

Health and Human Services – FY 2024
Other Funds

		Total Appropriation				Adjustments			Total Expended
		Original Approp	Adj to Standings	Supp & Deapprop	Total	Transfer In	Reversion	Total	
Health and Human Services, Department of	Gambling Treatment Program - SWRF	\$1,750,000	\$0	\$0	\$1,750,000	\$0	\$0	\$0	\$1,750,000
	Health Program Operations - PSA	\$234,193	\$0	\$0	\$234,193	\$0	\$-164,940	\$-164,940	\$69,253
	Medicaid Supplemental - MFF	\$150,000	\$0	\$0	\$150,000	\$0	\$-133,066	\$-133,066	\$16,934
	Medical Assistance - HCTF	\$189,860,000	\$0	\$0	\$189,860,000	\$0	\$-30,089,294	\$-30,089,294	\$159,770,706
	Medical Assistance - HHCAT	\$33,920,554	\$0	\$0	\$33,920,554	\$0	\$0	\$0	\$33,920,554
	Medical Assistance - QATF	\$111,216,205	\$0	\$0	\$111,216,205	\$0	\$-4,660,178	\$-4,660,178	\$106,556,027
Grand Total		\$337,130,952	\$0	\$0	\$337,130,952	\$0	\$-35,047,478	\$-35,047,478	\$302,083,474



Appendix C – Sample of Budget Schedules

Analysis of the Governor’s Budget Recommendations

Schedule 1 Example

Schedule 1 shows the decision packages used by the Executive Branch to arrive at a department’s annual budget request (dollars and FTE positions) and the Governor’s recommendations for a budget unit.

STATE OF IOWA
 Fiscal Year 2026 Annual Budget
 SPECIAL DEPARTMENT: (810) Revenue, Department of
 Budget Unit: (625T010001) Revenue, Department of
 Schedule 1

Rank	Description	Funding Source	Fiscal Year 2026 Department Request	Fiscal Year 2026 Governor's Recommendations
Base	This appropriation funds the majority of the operations of the Department of Revenue.	Appropriation FTE	15,378,678 166.66	15,378,678 166.66
0001	General Increase	Appropriation	0	169,605
Total Budget Unit Funding			Fiscal Year 2026 Department Request	Fiscal Year 2026 Governor's Recommendations
Appropriation		Fiscal Year 2025 Estimated \$ 15,378,678	\$ 15,378,678	\$ 15,548,283
Total FTE		166.66	166.66	166.66

← Department name & budget unit number

← Fiscal year

← Base appropriation and FTE positions plus decision packages

← Total appropriation and FTE positions

Budget schedules are available at: www.legis.iowa.gov/publications/fiscal/budgetSchedules.

Schedule 6 Example

Schedule 6 provides a detailed budget for all appropriated accounts or funds under the control of a department. Resources include the appropriation, the salary adjustment (if applicable), across-the-board reductions, supplemental appropriations, intrastate receipts from other agencies, receipts from local governments, and other receipts such as fees. Expenditures include all expenses related to the operating budget, such as salary, travel, and contracts. Expenditures also include reversions or balance brought forward.

STATE OF IOWA					
Fiscal Year 2026 Annual Budget					
SPECIAL DEPARTMENT: (810) Revenue, Department of					
Budget Unit: (625T010001) Revenue, Department of					
Schedule 6					
	Fiscal Year 2024 Actual	Fiscal Year 2025 Estimated	Fiscal Year 2026 Department Request	Fiscal Year 2026 Governor's Recomm	
Resources					
Appropriations					
Appropriation	\$ 15,056,183	\$ 15,378,678	\$ 15,378,678	\$ 15,548,283	
Other Resources					
Balance Brought Forward (Approps)	183,922	214,113	214,113	214,113	
Receipts					
Intra State Receipts	18,692,703	21,558,094	22,831,103	22,831,103	
Reimbursement from Other Agencies	9,847	7,200	7,200	7,200	
Gov Fund Type Transfers - Other Age	1,047,435	1,202,697	860,000	860,000	
Refunds & Reimbursements	8,454	4,010	4,010	4,010	
Other	534,310	430,000	430,000	430,000	
	<u>20,292,749</u>	<u>23,202,001</u>	<u>24,132,313</u>	<u>24,132,313</u>	
Total Resources	<u>\$ 35,532,854</u>	<u>\$ 38,794,792</u>	<u>\$ 39,725,104</u>	<u>\$ 39,894,709</u>	
FTE	<u>153.73</u>	<u>166.66</u>	<u>166.66</u>	<u>166.66</u>	
Disposition of Resources					
Personal Services-Salaries	\$ 15,991,971	\$ 18,524,079	\$ 18,524,079	\$ 18,524,079	
Personal Travel In State	35,782	54,449	50,382	50,382	
State Vehicle Operation	4,978	6,677	6,677	6,677	
Personal Travel Out of State	68,701	196,227	180,923	180,923	
Office Supplies	135,840	138,842	140,086	309,691	
Facility Maintenance Supplies	1,800	0	0	0	
Equipment Maintenance Supplies	6,972	10,735	7,000	7,000	
Printing & Binding	262,120	220,951	254,474	254,474	
Postage	984,019	1,682,132	1,899,337	1,899,337	
Communications	631,269	546,884	579,872	579,872	

← Department name & budget unit number

← Fiscal year

← Appropriations

← Budget unit receipts

← FTE positions

← Budget unit expenditures

Budget schedules are available at: www.legis.iowa.gov/publications/fiscal/budgetSchedules.



Appendix D – Report on Federal Grants

Analysis of the Governor’s Budget Recommendations

Grants Enterprise Management Report

The Grants Enterprise Management System (GEM\$) was established by the Iowa Legislature in 2004 to simplify the grant identification and application process for State customers and to provide a unified grants management approach within State government.

The Office of Grants Enterprise Management under the DOM is required to submit a report to the Fiscal Services Division of the Legislative Services Agency (LSA) by January 31 of each year, with a listing of all grants received during the previous calendar year with a value over \$1,000 and the funding entity and purpose for each grant.

The tables below are the report received by the DOM.

2024 Competitive-Noncompetitive Grant Report
Report Required by Iowa Code Section 8.9
Iowa Department of Management
Source: Data submitted by State Agencies

State Agency	Title of Application	CFDA		Amount Awarded	Match Amount	Maintenance of Effort Required	Funding Start Date	Funding End Date	# of FTEs Associated with Grant
		Number known	Application Date						
Administrative Services, Iowa Department of	Institute of Museum and Library Services (IMLS) - Grants To States Program	45.310	N/A	2,210,343.00	0.00	Yes	10/1/23	9/30/25	5
Administrative Services, Iowa Department of	National Endowment for the Humanities - National History Day Supplemental Funding	45.149	2/8/2024	13,518.00	0.00	No	3/1/24	2/28/25	0
Administrative Services, Iowa Department of	National Endowment for the Humanities: United We Stand Connecting through Culture	45.149	2/23/2024	28,290.00	0.00	No	4/1/24	5/31/25	0
Administrative Services, Iowa Department of	NHPRC STATE BOARD PROGRAMMING GRANTS	89.003	5/8/2024	0.00	8,615.00	No	1/1/2025	12/31/2025	0
Administrative Services, Iowa Department of	Provisional Iowa Humanities Council	45.149	1/8/2024	698,378.00	0.00	No	2/1/24	6/30/25	2.5
Administrative Services, Iowa Department of	Provisional Iowa Humanities Council	45.149	3/8/2024	1,009,082.00	0.00	No	2/1/24	6/30/25	2.5
Subtotal DAS				3,959,611.00	8,615.00				
Agriculture and Land Stewardship, Iowa Department of	2024 CAPS Grant	10.025	7/2/2024	117,854.00	14,998.00	No	1/1/2024	12/31/2024	1
Agriculture and Land Stewardship, Iowa Department of	2024 Specialty Crop Block Grant Program	10.17	8/22/2024	368,970.30	0.00	No	9/30/2024	9/29/2027	0
Agriculture and Land Stewardship, Iowa Department of	Bipartisan Infrastructure Law State Gulf Hypoxia Program FY24	66.485	10/30/2024	6,281,301.00	0.00	No	1/1/2025	12/31/2029	1
Agriculture and Land Stewardship, Iowa Department of	FFY24 ADT Grant	10.025	4/24/2024	230,998.00	0.00	No	4/1/2024	3/31/2025	1
Agriculture and Land Stewardship, Iowa Department of	FFY24 Animal Health Umbrella Cooperative Agreement	10.025	3/13/2024	369,010.00	0.00	No	4/1/2024	3/31/2025	2
Agriculture and Land Stewardship, Iowa Department of	FFY24 US Swine Health Improvement Plan (SHIP)	10.025	3/14/2024	125,950.00	0.00	No	4/1/2024	3/31/2025	1
Agriculture and Land Stewardship, Iowa Department of	FFY25 Meat & Poultry Inspection	10.475	9/12/2024	TBD	0.00	No	10/1/2024	9/30/2025	38
Agriculture and Land Stewardship, Iowa Department of	FY2025-2027 Pesticide Performance Partnership Grant	66.605	6/11/2024	3,179,403.00	765,801.00	No	7/1/2025	6/30/2027	12
Agriculture and Land Stewardship, Iowa Department of	FY24 A&E Regulatory Grant	15.25	3/14/2024	5,000.00	5,000.00	No	7/1/2023	6/30/2024	0
Agriculture and Land Stewardship, Iowa Department of	FY24 D2 IA Dept of Ag LIVESTOCK HPAI	10.025	8/20/2024	116,263.00	0.00	No	6/5/2024	6/4/2025	1
Agriculture and Land Stewardship, Iowa Department of	FY24 Farmed Cervid CWD Management and Response Activities	10.025	6/5/2024	140,741.00	0.00	No	7/1/2024	6/30/2025	0
Agriculture and Land Stewardship, Iowa Department of	FY24 IA Avian HPAI	10.025	6/25/2024	181,925.00	0.00	No	5/27/2024	5/26/2025	1
Agriculture and Land Stewardship, Iowa Department of	Provide administrative support to 17 NRCS field offices by converting part-time CAs to full-time and will add 4 state technicians to increase conservation activities across Iowa.	10.069	3/14/2024	5,220,000.00	0.00	No	10/1/2023	9/15/2028	21
Subtotal IDALS				16,337,415.30	785,799.00				
Attorney General, Iowa	BJA FY24 Collaborative Crisis Response and Intervention Training	16.738	5/22/2024	250,000.00	0.00	No	10/1/2024	9/30/2027	1
Attorney General, Iowa	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	93.671	1/31/2024	1,607,282.00	401,820.00	No	10/1/2023	9/30/2025	2
Attorney General, Iowa	OVC FY24 VOCA Victim Assistance Formula Grant	16.575	6/4/2024	7,625,910.00	0.00	No	10/1/2023	9/30/2027	5
Attorney General, Iowa	OVC FY24 VOCA Victim Compensation Formula Grant	16.576	6/4/2024	2,131,000.00	0.00	No	10/1/2023	9/30/2027	3
Attorney General, Iowa	OVW Fiscal Year 2024 Local Law Enforcement Grants for Enforcement of Cybercrimes Program	16.06	5/1/2024	\$500,000	0.00	No	10/1/2024	9/30/2027	2
Attorney General, Iowa	OVW FY 2024 STOP Formula Grant	16.588	6/20/2024	\$1,882,990	627,664.00	No	7/1/2024	6/30/2026	2
Attorney General, Iowa	OVW FY2024 Sexual Assault Services Formula Program	16.017	6/5/2024	854,696.00	0.00	No	8/1/2024	7/31/2026	1
Subtotal AG				12,468,888.00	1,029,484.00				
Commerce, Iowa Department of	2024 - PHMSA Damage Prevention Grant	20.72	4/5/2024	97,001.00	0.00	No	9/30/2024	9/29/2025	12
Commerce, Iowa Department of	2024 - PHMSA Pipeline Safety Program State Base Grant		9/28/2023	854,652.00	0.00	No	1/1/2024	12/31/2024	14
Commerce, Iowa Department of	2024 One Call Grant Application	20.721	4/4/2024	47,615.00	0.00	No	10/1/2024	9/30/2025	1
Commerce, Iowa Department of	2024 State Damage Prevention Grant	20.72	4/4/2024	86,229.00	0.00	No	10/1/2024	9/30/2025	1
Commerce, Iowa Department of	2025 Gas Pipeline Safety Program	20.7	9/26/2024	TBD	0.00	No	1/1/2025	12/31/2025	9
Commerce, Iowa Department of	PHMSA - One Call - 2023	20.721		48,127.00	0.00	No	10/1/2024	9/30/2025	15
Subtotal Commerce				1,133,624.00	0.00				
Corrections, Iowa Department of	BJA FY24 Edward Byrne Memorial Justice Assistance Grant (JAG) for Apprenticeship Program			0.00	0.00				0
Corrections, Iowa Department of	BJA FY24 Second Chance Act Smart Supervision Program	16812		900,000.00	0.00	No	10/1/2024	9/30/2027	0
Corrections, Iowa Department of	SCAAP FY2024 submission			0.00	0.00				0
Subtotal Corrections				900,000.00	0.00				

2024 Competitive-Noncompetitive Grant Report
Report Required by Iowa Code Section 8.9
Iowa Department of Management
Source: Data submitted by State Agencies

State Agency	Title of Application	CFDA		Amount Awarded	Match Amount	Maintenance of Effort Required	Funding Start Date	Funding End Date	# of FTEs Associated with Grant
		Number if known	Application Date						
Economic Development, Iowa Department of	Bipartisan Infrastructure Law (BIL) EECBG Program	81.128		2,004,050.00	0.00	No	11/1/2023	10/31/2026	2
Economic Development, Iowa Department of	Home Energy Rebates: Home Electrification & Appliance Rebates	81.041		60,473,810.00	0.00	Yes	1/1/2025	12/31/2028	4
Economic Development, Iowa Department of	State Energy Program (SEP) Formula Allocation 2024	81.041		873,500.00	0.00	Yes	7/1/2024	6/30/2025	1
Economic Development, Iowa Department of	State Heating Oil & Propane Program (SHOPP)	81.138		130,000.00	130,000.00	Yes	7/1/2024	6/30/2027	2
Economic Development, Iowa Department of	State-Based Home Energy Efficiency Contractor Training Grant Program	81.041		2,188,600.00	0.00	Yes	2/1/2024	12/22/2027	1
Subtotal EDA				65,669,960.00	130,000.00				
Education, Iowa Department of	COMPREHENSIVE LITERACY STATE DEVELOPMENT GRANT PROGRAM: CFDA 84.371C	84.371C		24,117,902.00	0.00	No	10/1/2024	6/30/2029	0
Education, Iowa Department of	Iowa Charter School Program	84.282A		0.00	0.00	No	10/1/2024	6/30/2029	2
Subtotal IDOE				24,117,902.00	0.00				
Health and Human Services, Iowa Department of	Disaster Assistance for State Units on Aging (SUA) and Tribal Organizations in Major Disasters Declared by the President	93.048		116,296.00	0.00	No	7/1/2024	6/30/2025	1
Health and Human Services, Iowa Department of	SU-17-001-PAA SAMHSA Amendments-Iowa CCBHC Planning Grant No Cost Extension	829		681,556.00		No	3/31/2024	3/30/2025	3
Subtotal HHS				797,852.00	0.00				
Homeland Security and Emergency Management	2023 Building Resilience Infrastructure and Communities (BRIC)	97.047	2/29/2024	TBD	5,726,431.74	Yes	10/1/2024	9/30/2027	13
Homeland Security and Emergency Management	2023 Emergency Management Performance Grant	97.042	5/18/2023	4,686,295.00	4,686,295.00	No	10/1/2022	9/30/2025	0
Homeland Security and Emergency Management	2023 Flood Mitigation Assistance (FMA 23)	97.029		14,493,967.85	1,405,476.75	Yes	10/1/2024	9/30/2027	4
Homeland Security and Emergency Management	2024 Emergency Management Performance Grant	97.042	6/24/2024	4,212,669.00	4,212,669.00	No	10/1/2023	9/30/2026	0
Homeland Security and Emergency Management	2024 State Homeland Security Program (SHSP)	97.067	6/13/2024	4,362,750.00	0.00	No	9/1/2024	8/31/2027	0
Homeland Security and Emergency Management	4784 Severe Storms, Tornadoes, and Flooding	97.036	5/24/2024	28,500,000.00	7,125,000.00	No	5/24/2024	5/24/2028	8
Homeland Security and Emergency Management	DR 4796 - Disaster Case Management	97.088	6/24/2024	9,653,751.95	0.00	No	6/24/2024	12/24/2025	2
Homeland Security and Emergency Management	DR4779 - Disaster Case Management services	97.088	5/14/2024	3,173,470.40	0.00	No	5/14/2024	5/14/2026	1
Homeland Security and Emergency Management	DR4784 - Disaster Case Management	97.088	5/24/2024	601,658.21	0.00	No	5/24/2024	5/24/2026	1
Homeland Security and Emergency Management	Flood Mitigation Assistance 23 Swift Current (FMA 23 Swift Current)	97.029	11/15/2023	10,000,000.00	1,000,000.00	No	9/13/2024	9/13/2027	3
Homeland Security and Emergency Management	Hazardous Materials Emergency Preparedness Grant 2024	20.703		286,639.00	71,695.00	No	10/1/2022	9/30/2025	0
Homeland Security and Emergency Management	HMGP 4784 Severe Storms, Tornadoes and Flooding	97.039	5/24/2024	10,650,678.67	2,662,669.00	Yes	5/24/2024	5/24/2029	18
Homeland Security and Emergency Management	HMGP 4796 Severe Storms, Flooding, Straight-Line Winds and Tornadoes	97.039	6/24/2024	36,677,940.00	12,225,980.00	Yes	6/24/2024	6/24/2029	20
Homeland Security and Emergency Management	HMGP4779 Severe Storms and Tornadoes April 26-27, 2024	97.039	5/14/2024	2,127,446.67	531,861.67	Yes	5/14/2024	5/14/2029	7
Homeland Security and Emergency Management	Iowa Safeguarding Tomorrow Revolving Loan Fund Capitalization Grant	97.139	4/30/2024	17,400,000.00	1,740,000.00	Yes	1/2/2025	1/1/2027	2
Homeland Security and Emergency Management	LPDM 24 - Congressionally directed Pre-Disaster Mitigation Grant Program	97.047	6/28/2024	8,000,000.00	800,000.00	No	9/13/2024	9/12/2027	2
Homeland Security and Emergency Management	Non Profit Security Grant	97.008	6/7/2024	4,489,822.00	0.00	No	9/1/2024	8/31/2027	0
Homeland Security and Emergency Management	PA 4779 Severe Storms	97.036	7/1/2024	5,870,279.00	1,674,600.95	No	4/26/2024	7/19/2028	5
Homeland Security and Emergency Management	PA 4796 Severe Storms, Flooding, Straight-line Winds, and Tornadoes	97.036	6/24/2024	100,000,000.00	25,000,000.00	No	6/16/2024	6/24/2028	27
Subtotal HSEM				265,187,367.75	68,862,679.11				
Management, Iowa Department of	State Digital Equity Capacity Grant Program (2024)			8,442,129.37	0.00	No	8/28/2024	9/15/2029	3
Subtotal DOM				8,442,129.37	0.00				
Natural Resources, Iowa Department of	2024 FEMA CTP Floodplain Mapping program	97.045	7/9/2024	2,421,363.00	0.00	Yes	10/1/2024	9/30/2025	0
Natural Resources, Iowa Department of	Breeding and migration ecology of at-risk birds and bats within restored woodlands of the Missouri River Corridor	15.634	2/23/2024	250,000.00	83,367.00	No	1/1/2025	12/31/2027	0
Natural Resources, Iowa Department of	Clean Air Act 103 Grant ? Inflation Reduction Act	66.034	10/18/2024	1,586,664.00	0.00	No	7/1/2024	6/30/2029	0
Natural Resources, Iowa Department of	Conservation Delivery for Private Forest Owners	10.902	5/3/2024	991,604.00	110,178.20	No	8/2/2024	8/1/2029	0

2024 Competitive-Noncompetitive Grant Report
Report Required by Iowa Code Section 8.9
Iowa Department of Management
Source: Data submitted by State Agencies

State Agency	Title of Application	CFDA		Amount Awarded	Match Amount	Maintenance of Effort Required	Funding Start Date	Funding End Date	# of FTEs Associated with Grant
		Number known	Application Date						
Natural Resources, Iowa Department of	CY25 Iowa State University Multiple Species Inventory and Monitoring Program Field Component	15.634	6/28/2024	1,969,780.00	1,060,611.00	No	1/1/2025	12/31/2027	0
Natural Resources, Iowa Department of	Davis County Multiple Species Habitat Conservation Plan Land Acquisition	15.615	8/30/2023	1,723,125.00	574,375.00	Yes	1/1/2024	12/31/2026	0
Natural Resources, Iowa Department of	Eastern Massasauga Rattlesnake Monitoring	15.615	9/5/2023	48,306.00	16,103.00	No	1/1/2024	6/30/2026	0
Natural Resources, Iowa Department of	European Spongy Moth, Lymantria dispar Survey	10.025			0.00	No	4/15/2024	4/1/2025	0
Natural Resources, Iowa Department of	European spongy moth, Lymantria dispar Survey	10.025	7/10/2024	13,000.00	0.00	No	6/15/2024	4/15/2025	0
Natural Resources, Iowa Department of	FFY 2024 base and BIL support for Iowa's CWA Section 604(b)	66.454	6/28/2024	452,000.00	0.00	No	7/1/2024	9/30/2028	0
Natural Resources, Iowa Department of	FFY 2024 CWSRF Base Grant	66.458	9/27/2024	11,048,000.00	2,209,600.00	No	9/1/2024	9/30/2026	0
Natural Resources, Iowa Department of	FFY 2024 CWSRF BIL general supplemental grant	66.458	9/27/2024	30,779,000.00	6,155,800.00	No	9/1/2024	9/30/2027	0
Natural Resources, Iowa Department of	FFY 2024 project and program funding for nonpoint source management under Section 319(h)	66.46	7/2/2024	3,693,000.00	280,000.00	Yes	10/1/2024	9/30/2029	0
Natural Resources, Iowa Department of	FY 2024 CWA Section 106 monitoring	66.419	6/26/2024	168,775.00	0.00	No	10/1/2024	12/31/2026	0
Natural Resources, Iowa Department of	FY2024 - FY2025 Pollution Prevention Grant Program	66.708	5/16/2024	331,809.00	331,809.00	No	10/1/2024	9/30/2026	0
Natural Resources, Iowa Department of	FY24 - Bat Conservation in Iowa and Illinois, 2025 through 2027	15.634	2/23/2024	250,000.00	85,096.00	No	1/1/2025	12/30/2027	0
Natural Resources, Iowa Department of	FY26 Iowa DNR Technical Assistance for Iowa's Multiple Species Inventory and Monitoring Program	15.634	6/28/2024	402,834.00	216,912.00	No	7/1/2025	6/30/2028	0
Natural Resources, Iowa Department of	Iowa 2024 - CVA Dubuque Marina Pump-out Systems	15.616	11/14/2023	28,690.00	9,536.00	Yes	10/1/2024	9/30/2025	0
Natural Resources, Iowa Department of	Iowa 2024 Water Use Data Project	15.981	4/11/2024	125,000.00	17,677.00				0
Natural Resources, Iowa Department of	Iowa 2025-2027 Statewide Wildlife Restoration Land Acquisition	15.611	7/12/2024	8,250,000.00	2,750,000.00	No	10/1/2024	9/30/2027	0
Natural Resources, Iowa Department of	Iowa ANS Management FFY24	15.608	4/29/2024	91,132.00	30,377.36	No	1/1/2025	12/31/2025	0
Natural Resources, Iowa Department of	Iowa Des Moines Lobe Wetland Initiative IV	15.623	2/14/2024	TBD	4,073,455.00	Yes	7/1/2025	7/1/2028	0
Natural Resources, Iowa Department of	Iowa DNR Nature Based Solutions	15.654	2/23/2024	980,000.00	0.00	No	4/1/2024	12/31/2028	0
Natural Resources, Iowa Department of	Iowa DNR Nature Based Solutions - Mississippi River	15.654	6/6/2024	535,000.00	0.00	No	7/1/2024	12/31/2028	0
Natural Resources, Iowa Department of	Iowa DNR VPA-HIP	10.093	9/24/2024	348,898.00	0.00	No	9/23/2024	9/30/2026	0
Natural Resources, Iowa Department of	Iowa Emerging Contaminants in Small or Disadvantaged Communities (EC-SDC)	66.442	9/27/2024	47,825,000.00	0.00	No	9/1/2024	9/30/2028	0
Natural Resources, Iowa Department of	Iowa FFY23 White-nose Syndrome	15.684	12/20/2023	32,372.00	0.00	No	1/1/2024	3/31/2025	0
Natural Resources, Iowa Department of	Iowa FFY24 White-nose Syndrome	15.684	10/24/2024	35,791.00	0.00	No	1/1/2025	3/31/2026	0
Natural Resources, Iowa Department of	Iowa Forest Resiliency Partnership Program	10.731	9/25/2024	3,575,427.00	894,537.00	No	12/1/2024	11/30/2029	0
Natural Resources, Iowa Department of	Iowa FY25 Fish & Wildlife Management Program	15.611	3/8/2024	11,541,278.00	1,413,370.00	No	7/1/2024	6/30/2025	0
Natural Resources, Iowa Department of	Iowa FY25 Fish Culture	15.605	3/12/2024	2,623,183.00	874,394.00	No	7/1/2024	6/30/2025	0
Natural Resources, Iowa Department of	Iowa FY25 Fisheries Research	15.605	3/15/2024	955,462.00	318,488.00	No	7/1/2024	6/30/2025	0
Natural Resources, Iowa Department of	Iowa FY25 Hunter Education	15.611	3/14/2024	1,423,618.00	474,593.00	No	7/1/2024	6/30/2025	0
Natural Resources, Iowa Department of	Iowa FY25 Wildlife Research and Surveys	15.611	3/19/2024	918,844.00	306,281.00	No	7/1/2024	6/30/2025	0
Natural Resources, Iowa Department of	Iowa-2024 BIG Tier 1-Dubuque Marina	15.622	9/20/2023	170,100.00	567,000.00	Yes	7/1/2024	12/31/2025	0
Natural Resources, Iowa Department of	Long Term Resource Monitoring Program FY24	15.978	1/18/2024	587,298.00	0.00	No	10/1/2023	9/30/2024	0
Natural Resources, Iowa Department of	P2 in Iowa: Expanding P2's reach - GHG & Hazardous Materials Source Reduction	66.717	4/8/2024	80,270.00	4,225.00	No	10/1/2024	9/30/2026	0
Natural Resources, Iowa Department of	Restoring Rural Community Forests	10.664	11/13/2024	453,972.00	453,972.00	No	7/1/2025	6/30/2030	0
Natural Resources, Iowa Department of	Walnut Twig Beetle, Pityophthorus juglandis, Survey	10.025	3/10/2024	20,000.00	0.00	No	4/15/2024	4/1/2025	0
Natural Resources, Iowa Department of	Wetland & Upland Restoration in Prairie Pothole Joint Venture								
Natural Resources, Iowa Department of	Priority Areas of the Iowa Wetland Management District	15.654	3/26/2024	208,028.00	0.00	No	7/1/2024	12/31/2026	0
Subtotal DNR				136,938,623.00	23,311,756.56				
Public Safety, Iowa Department of	2020 Adam Walsh Grant - SMART	16.75		195,600.00	0.00	No	10/1/2020	9/30/2024	0
Public Safety, Iowa Department of	2021 Assistance to Firefighters Grant Program	97.043		408,956.52	61,343.48	No	8/19/2022	8/18/2024	0
Public Safety, Iowa Department of	2021 Fire Prevention and Safety	97.043		114,285.71	0.00	No	7/1/2023	4/10/2025	0
Public Safety, Iowa Department of	2022 Adam Walsh Grant - SMART	16.75		170,000.00	0.00	No	10/1/2022	9/30/2025	0
Public Safety, Iowa Department of	2022 Formula DNA Capacity Enhancement for Backlog Reduction (CEBR)	16.741		874,064.00	0.00	No	10/1/2022	9/30/2024	0

2024 Competitive-Noncompetitive Grant Report
Report Required by Iowa Code Section 8.9
Iowa Department of Management
Source: Data submitted by State Agencies

State Agency	Title of Application	CFDA Number if known	Application Date	Amount Awarded	Match Amount	Maintenance of Effort Required	Funding Start Date	Funding End Date	# of FTEs Associated with Grant
Public Safety, Iowa Department of	2022 NICS Act Record Improvement Program (NARIP)	16.813		101,441.00	0.00	No	1/1/2023	6/30/2024	0
Public Safety, Iowa Department of	2023 Assistance to Firefighters Grant Program	97.043		273,913.04	41,086.96	No	8/6/2024	8/5/2026	0
Public Safety, Iowa Department of	2023 Formula DNA Capacity Enhancement for Backlog Reduction (CEBR)	16.741		739,060.00	0.00	No	10/1/2024	9/30/2026	4
Public Safety, Iowa Department of	2023 Formula DNA Capacity Enhancement for Backlog Reduction (CEBR)	16.741		968,753.00	0.00	No	10/1/2023	9/30/2025	4
Public Safety, Iowa Department of	2023 Internet Crimes Against Children - ICAC Continuation	16.543		442,013.00	0.00	No	10/1/2023	9/30/2024	0
Public Safety, Iowa Department of	2023 National Criminal History Improvement Program (NCHIP)	16.554		1,200,000.00	0.00	No	7/1/2023	10/31/2024	0
Public Safety, Iowa Department of	2024 National Criminal History Improvement Program (NCHIP)	16.554		153,200.00	0.00	No	10/1/2024	9/30/2025	0
Public Safety, Iowa Department of	2024 National Criminal History Improvement Program (NCHIP) 15PBJS-24-GK-02359-NCHI	16.554		1,424,500.00	0.00	No	10/1/2024	9/30/2026	0
Public Safety, Iowa Department of	Advancing Interoperable Communications in Rural Emergency Medicine (REMCDP)	97.12		1,859,953.00	0.00	No	9/29/2023	9/28/2025	1
Public Safety, Iowa Department of	Body Worn Camera Project	16.835		1,225,000.00	1,225,000.00	No	10/1/2023	9/30/2025	0
Public Safety, Iowa Department of	COPS Anti-Heroin Task Force (AHTF)	16.71		195,000.00	0.00	No	10/1/2022	9/30/2025	0
Public Safety, Iowa Department of	COPS Anti-Methamphetamine Program (CAMP)	16.71		1,514,920.00	0.00	No	10/1/2024	9/30/2027	2
Public Safety, Iowa Department of	COPS Anti-Methamphetamine Program (CAMP)	16.71		1,513,660.00	0.00	No	10/1/2021	9/30/2024	2
Public Safety, Iowa Department of	De-Escalation	16.71		285,000.00	0.00	No	10/1/2023	9/30/2025	0
Public Safety, Iowa Department of	FY2023 HP-CMV Grant Program MASFO	20.237		2,000,000.00	0.00	No	9/1/2023	9/30/2025	0
Public Safety, Iowa Department of	FY2024 MCSAP Grant Program	20.218		7,061,322.00	371,649.00	Yes	10/1/2023	9/30/2026	85
Public Safety, Iowa Department of	FY2024 MCSAP Grant Program	20.218		7,061,322.00	371,649.00	Yes	10/1/2023	9/30/2026	85
Public Safety, Iowa Department of	HIDTA Cedar Rapids Task Force - DNE	95.001		136,730.00	0.00	No	1/1/2024	12/31/2025	1
Public Safety, Iowa Department of	HIDTA Cedar Rapids Task Force - DNE	95.001		136,730.00	0.00	No	1/1/2023	12/31/2024	1
Public Safety, Iowa Department of	HIDTA Cedar Rapids Task Force - DNE	95.001		136,730.00	0.00	No	1/1/2025	12/31/2026	1
Public Safety, Iowa Department of	HIDTA H001 - Local (pass through)	95.001		776,149.00	0.00	No	1/1/2024	12/31/2025	0
Public Safety, Iowa Department of	HIDTA H001 - Local (pass through)	95.001		776,149.00	0.00	No	1/1/2023	12/31/2024	0
Public Safety, Iowa Department of	HIDTA H001 - Local (pass through)	95.001		776,149.00	0.00	No	1/1/2025	12/31/2026	0
Public Safety, Iowa Department of	HIDTA Interdiction - Iowa State Patrol	95.001		11,000.00	0.00	No	1/1/2024	12/31/2025	0
Public Safety, Iowa Department of	HIDTA Interdiction - Iowa State Patrol	95.001		11,000.00	0.00	No	1/1/2023	12/31/2024	0
Public Safety, Iowa Department of	HIDTA Interdiction - Iowa State Patrol	95.001		11,000.00	0.00	No	1/1/2025	12/31/2026	0
Public Safety, Iowa Department of	HIDTA Iowa Interdiction Support - DNE	95.001		258,090.00	0.00	No	1/1/2024	12/31/2025	1
Public Safety, Iowa Department of	HIDTA Iowa Interdiction Support - DNE	95.001		258,090.00	0.00	No	1/1/2023	12/31/2024	1
Public Safety, Iowa Department of	HIDTA Iowa Interdiction Support - DNE	95.001		258,090.00	0.00	No	1/1/2025	12/31/2026	1
Public Safety, Iowa Department of	HIDTA Management & Coordination	95.001		101,717.00	0.00	No	1/1/2024	12/31/2025	0
Public Safety, Iowa Department of	HIDTA Management & Coordination	95.001		101,717.00	0.00	No	1/1/2023	12/31/2024	0
Public Safety, Iowa Department of	HIDTA Management & Coordination	95.001		101,717.00	0.00	No	1/1/2025	12/31/2026	0
Public Safety, Iowa Department of	HIDTA Muscatine Task Force - DNE	95.001		152,925.00	0.00	No	1/1/2024	12/31/2025	1
Public Safety, Iowa Department of	HIDTA Muscatine Task Force - DNE	95.001		152,925.00	0.00	No	1/1/2025	12/31/2026	1
Public Safety, Iowa Department of	HIDTA Muscatine Task Force - DNE	95.001		152,925.00	0.00	No	1/1/2023	12/31/2024	1
Public Safety, Iowa Department of	HIDTA Quad Cities Metropolitan Enforcement Group - DNE	95.001		135,504.00	0.00	No	1/1/2024	12/31/2025	1
Public Safety, Iowa Department of	HIDTA Quad Cities Metropolitan Enforcement Group - DNE	95.001		135,504.00	0.00	No	1/1/2023	12/31/2024	1
Public Safety, Iowa Department of	HIDTA Quad Cities Metropolitan Enforcement Group - DNE	95.001		135,504.00	0.00	No	1/1/2025	12/31/2026	1
Public Safety, Iowa Department of	HIDTA SAUSA Northern (Linn Co. Attorney)	95.001		246,822.00	0.00	No	1/1/2024	12/31/2025	0
Public Safety, Iowa Department of	HIDTA SAUSA Northern (Linn Co. Attorney)	95.001		246,822.00	0.00	No	1/1/2025	12/31/2026	0
Public Safety, Iowa Department of	HIDTA SAUSA Northern (Linn Co. Attorney)	95.001		246,822.00	0.00	No	1/1/2023	12/31/2024	0
Public Safety, Iowa Department of	HIDTA SAUSA Southern (Attorney General)	95.001		246,822.00	0.00	No	1/1/2024	12/31/2025	0
Public Safety, Iowa Department of	HIDTA SAUSA Southern (Attorney General)	95.001		246,822.00	0.00	No	1/1/2023	12/31/2024	0
Public Safety, Iowa Department of	HIDTA SAUSA Southern (Attorney General)	95.001		246,822.00	0.00	No	1/1/2025	12/31/2026	0
Public Safety, Iowa Department of	HIDTA Tri-State Sioux City Task Force - DNE	95.001		150,447.00	0.00	No	1/1/2024	12/31/2025	1
Public Safety, Iowa Department of	HIDTA Tri-State Sioux City Task Force - DNE	95.001		150,447.00	0.00	No	1/1/2025	12/31/2026	1
Public Safety, Iowa Department of	HIDTA Tri-State Sioux City Task Force - DNE	95.001		150,447.00	0.00	No	1/1/2023	12/31/2024	1

2024 Competitive-Noncompetitive Grant Report
Report Required by Iowa Code Section 8.9
Iowa Department of Management
Source: Data submitted by State Agencies

State Agency	Title of Application	CFDA		Amount Awarded	Match Amount	Maintenance of Effort Required	Funding Start Date	Funding End Date	# of FTEs Associated with Grant
		Number if known	Application Date						
Public Safety, Iowa Department of	NFA State Training Grant	97.043		20,000.00	0.00	No	10/1/2024	9/30/2025	0
Public Safety, Iowa Department of	Social Security Administration	93.775		409,517.37	0.00	No	10/1/2024	9/30/2025	2
Public Safety, Iowa Department of	Social Security Administration	93.775		97,983.44	0.00	No	10/1/2024	9/30/2025	1
Public Safety, Iowa Department of	2024 Byrne JAG			1,900,000.00	0.00	No	10/1/2024	9/30/2027	2
Public Safety, Iowa Department of	2024 Coverdell			281,437.00	0.00	No	10/1/2024	9/30/2026	0
Public Safety, Iowa Department of	2024 Coverdell			294,696.00	0.00	No	10/1/2024	9/30/2027	1
Public Safety, Iowa Department of	2024 RSAT			307,388.00	102,462.00	No	10/1/2024	9/30/2027	1
Public Safety, Iowa Department of	JAG SORNA 2024			90,000.00	0.00	No	10/1/2024	9/30/2027	0
Public Safety, Iowa Department of	John R Justice			65,313.00	0.00	No	10/1/2024	9/30/2027	1
Public Safety, Iowa Department of	PSN - Southern District - 2024			112,175.00	0.00	No	10/1/2024	9/30/2027	1
Public Safety, Iowa Department of	PSN Northern District			90,681.00	0.00	No	10/1/2024	9/30/2027	1
Public Safety, Iowa Department of	SCIP 2024			1,433,585.00	0.00	No	10/1/2024	9/30/2027	2
Public Safety, Iowa Department of	STOP 2024			60,000.00	0.00	No	10/1/2024	9/30/2027	1
Subtotal DPS (includes ODCP)				41,593,357.08	2,173,190.44				
Veterans Home, Iowa	FAI Dietary Services Upgrade	64005		23,119,133.37	12,448,764.12	No	7/1/2025	6/30/2030	0
Subtotal IVA				23,119,133.37	12,448,764.12				
Workforce Development, Iowa Department of	FY24 Iowa Foreign Labor Certification Grant			394,166.00	0.00	No	10/1/2024	9/30/2025	4
Workforce Development, Iowa Department of	FY24 Iowa Workforce Development WOTC Initial Funding Allotment - Change 1			46,030.00	0.00	No	11/17/2023	2/2/2024	3
Workforce Development, Iowa Department of	Iowa Work Opportunity Tax Credit Funding Allotments for Fiscal Year 2024 - Change 2			132,945.00	0.00	No	2/3/2024	9/30/2024	3
Workforce Development, Iowa Department of	Iowa Workforce Development DW WIOA 2024 application			5,363,928.00	0.00	No	7/1/2024	6/30/2027	24
Workforce Development, Iowa Department of	Iowa Workforce Development ES WP 2024 application			6,042,244.00	0.00	No	7/1/2024	6/30/2025	3
Workforce Development, Iowa Department of	Iowa Workforce Development FY 2025 UI State Administration Base Funding	17.225		29,800,460.00	0.00	No	10/1/2024	12/31/2025	306
Workforce Development, Iowa Department of	Iowa Workforce Development FY 24 Trade Adjustment Assistance (TAA) Training and Other Activities (TaOA) Funds Distribution	17.245		174,921.00	0.00	No	10/1/2023	6/30/2026	2
Workforce Development, Iowa Department of	Iowa Workforce Development UIPL 17-24 PEUC 2024 Application	17.225		447,925.00	0.00	No	7/1/2024	9/30/2025	22
Workforce Development, Iowa Department of	Iowa Workforce Development UIPL FPUC 2024 Application	17.225		895,850.00	0.00	No	7/1/2024	9/25/2025	22
Workforce Development, Iowa Department of	Iowa Workforce Development UIPL No. 17-24 PUA Administration Funding	17.225		1,763,410.00	0.00	No	7/1/2024	9/30/2025	22
Workforce Development, Iowa Department of	Iowa Workforce Development WIG WP 2024 application			441,356.00	0.00	No	7/1/2024	6/30/2025	2
Workforce Development, Iowa Department of	Iowa Workforce Development YOUTH WIOA 2024 application			5,089,513.00	0.00	No	4/1/2024	6/30/2027	31
Workforce Development, Iowa Department of	PY 2024 Iowa Workforce Development SCSEP Application			1,018,925.00	0.00	No	7/1/2024	6/30/2025	1
Workforce Development, Iowa Department of	Workforce Innovation and Opportunity Act (WIOA) Adult Activities Program Allotments for Program Year (PY) 2024			3,674,183.00	0.00	No	7/1/2024	6/30/2027	31
Subtotal IWD				55,285,856.00	0.00				
Total				655,951,718.87	108,750,288.23				



Appendix E – Fee Project

Analysis of the Governor’s Budget Recommendations

The Fee Project acts as a reference guide to fees charged by departments and agencies. The information reflects FY 2023 and FY 2024 and, when possible, includes the number of persons who paid each fee and the amount of revenue generated by each fee. The information is reported by State agencies as of December 2024. The Fee Project workbooks for each subcommittee are available on each respective subcommittee webpage at the links listed below. Hard copies of these reports are available from the Fiscal Services Division upon request.

Administration and Regulation — www.legis.iowa.gov/docs/publications/FEES/1518541.xlsx

Agriculture and Natural Resources — www.legis.iowa.gov/docs/publications/FEES/1518542.xlsx

Economic Development — www.legis.iowa.gov/docs/publications/FEES/1518543.xlsx

Education — www.legis.iowa.gov/docs/publications/FEES/1518547.xlsx

Health and Human Services — www.legis.iowa.gov/docs/publications/FEES/1518544.xlsx

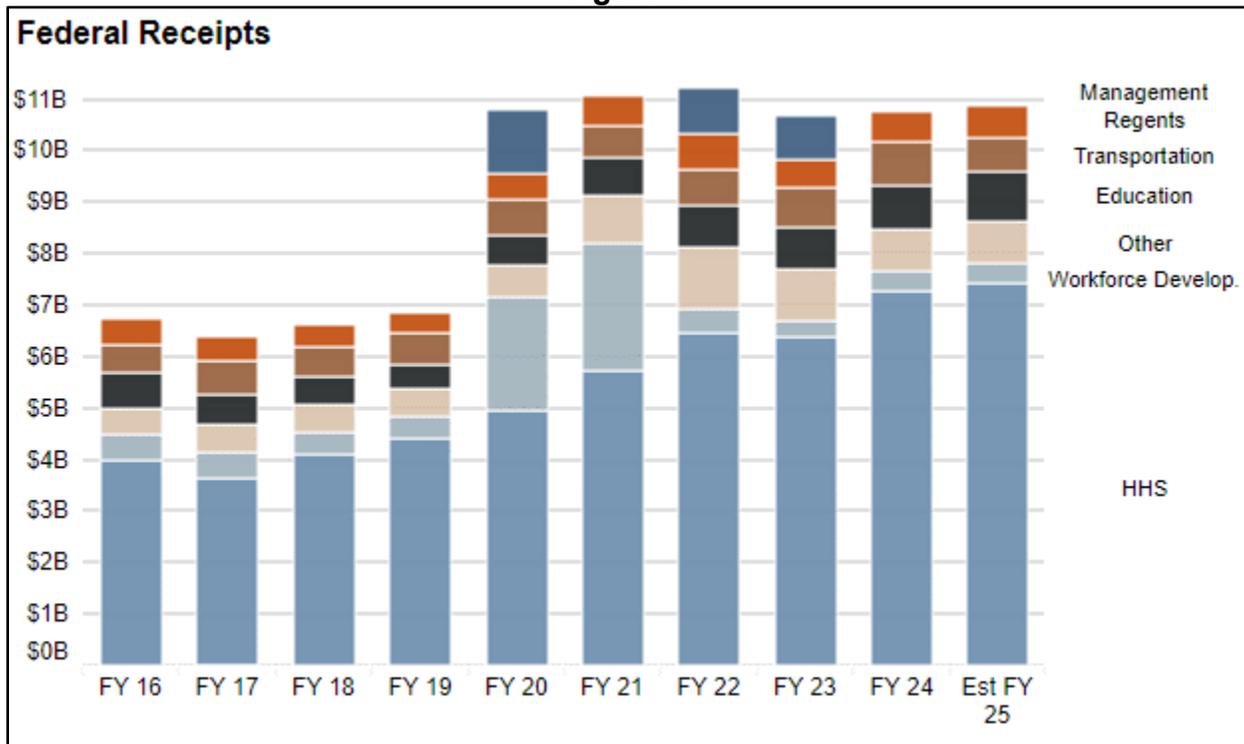
Justice System — www.legis.iowa.gov/docs/publications/FEES/1518545.xlsx

Transportation — www.legis.iowa.gov/docs/publications/FEES/1518546.xlsx

FY 2025 Federal Funds

In FY 2020, federal receipts received by the State of Iowa increased by nearly \$4.000 billion compared to FY 2019 due to the COVID-19 pandemic. Federal receipts have remained elevated since FY 2020. For FY 2025, it is estimated that Iowa will receive a total of \$10.893 billion in federal funds. The majority of the federal funds are received by the Department of Health and Human Services (HHS) and are distributed to the Medicaid Program. **Figure 1** shows the recipients of federal funds from FY 2016 through estimated FY 2025.

Figure 1



Note: Fiscal years in **Figure 1** are on a state fiscal year.

Figure 2 provides a history of federal funds received by Iowa departments for FY 2022, FY 2023, FY 2024, and estimated federal funds for FY 2025.

Figure 2

Federal Receipts (in Millions)				
	Actual FY 2022	Actual FY 2023	Actual FY 2024	Estimated FY 2025
Education	\$ 1,183.6	\$ 1,006.8	\$ 828.6	\$ 839.8
Health and Human Services	6,455.6	6,371.0	7,263.4	7,440.0
Management	852.2	851.6	6.0	5.9
Other	815.6	803.4	833.6	948.1
Regents	715.6	548.5	617.6	647.5
Transportation	697.2	787.6	867.6	652.3
Workforce Development	475.8	321.8	377.5	359.7
Grand Total	\$ 11,195.5	\$ 10,690.6	\$ 10,794.3	\$ 10,893.3

Federal Funds Tracking: Grants Enterprise Management System

The Iowa [Grants Enterprise Management System \(GEM\\$\)](#) is operated by the Department of Management (DOM) and is designed as a resource for State agencies and local governments for researching and applying for federal grant opportunities and tracking the award of funding, if granted. The GEM\$ does all of the following:

- Manages the reporting of grants applied for and received by State agencies.
- Posts State grants available for application.
- Manages State agency awards to government entities, nonprofit organizations, private businesses, and individuals. This includes the grant application, selection, award/contracting, monitoring, communications, modification, reporting, closeout, and financial management processes.

GEM\$ also enables State departments to collaborate on grants when possible. Agencies that used GEM\$ to report their awards in FY 2024 include the following:

- Department of Administrative Services
- Iowa Economic Development Authority
- Department of Education
- Department of Management
- Department of Homeland Security and Emergency Management
- Department of Health and Human Services
- Department of Public Defense
- Department of Public Safety
- Department of Justice
- Department of Corrections
- Iowa College Student Aid Commission
- Department of Agriculture and Land Stewardship
- Department of Natural Resources
- Office of the Attorney General
- Department of Workforce Development
- Department for the Blind
- Department on Aging
- Department of Transportation
- Judicial Branch

Related Websites

Federal Funds Information for States: www.ffis.org
 Government Accountability Office: www.gao.gov

Federal Block Grants

In the 2023 Session the General Assembly passed 2023 Iowa Acts, chapter [161](#) (FY 2024 and FY 2025 Federal Block Grant Appropriations Act). The Act authorized the following block grants through FY 2025.

Substance Use Block Grant — Health and Human Services

FY 2025 Appropriation: \$13.2 million

Description: The Substance Use Block Grant (SUBG) provides funds to prevent and treat substance use. Grantees must develop a comprehensive primary prevention program that includes activities and services in various settings. The program must target the general population and sub-groups at high risk for substance use. To receive their full SUBG awards, grantees must enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

Community Mental Health Services Block Grant — Health and Human Services

FY 2025 Appropriation: \$7.7 million

Description: The Community Mental Health Services Block Grant (MHBG) awards grants to provide community mental health services. Grantees have flexibility to use funds for new programs or to supplement their current activities. Grantees must submit a plan explaining how they will use MHBG funds, distribute funds to local government entities and nongovernmental organizations, comply with general federal requirements for managing grants, and form and support a state or territory mental health planning council.

Maternal and Child Health Services Block Grant — Health and Human Services

FY 2025 Appropriation: \$6.6 million

Description: The purpose of the Maternal and Child Health Services Block Grant Program is to create federal/state partnerships that enable each state/jurisdiction to address the health services needs of mothers, infants, and children, which includes children with special health care needs and their families. States receive formula-based funding to improve the health of families, particularly those with low income or limited access to health services.

Preventive Health and Health Services Block Grant — Health and Human Services

FY 2025 Appropriation: \$1.7 million

Description: The Preventive Health and Health Services Block Grant provides flexible funding for unfunded or underfunded public health needs, including prevention services and outbreak control.

Edward Byrne Memorial Justice Assistance Grant Program — Public Safety

FY 2025 Appropriation: \$0.4 million

Description: The Justice Assistance Grant (JAG) award funds provide additional personnel, equipment, supplies, contractual support, training, technical assistance, and information systems for criminal justice. This may include programming related to law enforcement, prosecution and courts, prevention and education, corrections and community corrections, drug treatment and enforcement, planning, evaluation, technology improvement, crime victims and witnesses, mental health and related law enforcement and corrections, and implementation of State crisis intervention court proceedings and related programs or initiatives.

Residential Substance Abuse Treatment for State Prisoners Formula Grant — Public Safety

FY 2025 Appropriation: \$2.0 million

Description: The Residential Substance Abuse Treatment for State Prisoners Formula Grant is a formula grant program intended to enhance the capabilities of state, local, and tribal governments to provide residential substance use disorder (SUD) treatment to adult and juvenile populations during detention or incarceration. The Grant may also be used to initiate or continue evidence-based SUD treatment in jails, to prepare individuals for reintegration into the community, and to assist them and their communities throughout the reentry process by delivering community-based treatment and other recovery aftercare services.

Community Services Block Grant — Health and Human Services

FY 2025 Appropriation: \$8.0 million

Description: The Community Services Block Grant (CSBG) provides funds to administer support services that alleviate the causes and conditions of poverty. Local Community Action Agencies provide CSBG-funded services and activities including housing, nutrition, utility, and transportation assistance; employment, education, and other income and asset building services; crisis and emergency services; and community asset building initiatives.

Community Development Block Grant — Iowa Economic Development Authority

FY 2025 Appropriation: \$26.5 million

Description: The Community Development Block Grant (CDBG), funded through the U.S. Department of Housing and Urban Development, provides annual grants on a formula basis to states, cities, and counties. The main purpose of the program is to develop viable communities by providing decent housing, suitable living environments, and expanded economic opportunities, primarily for persons of low and moderate incomes. Funds are typically used for housing assistance, job training and employment-related transportation services, water and sewer improvements, community facility improvements, the opportunities and threats fund, and neighborhood revitalization activities.

Surface Transportation Block Grant Program — Transportation

FY 2025 Appropriation: \$188.8 million

Description: The Surface Transportation Block Grant (STBG) provides flexible funding that may be used by states and localities for projects to preserve and improve the conditions and performance on any federal-aid highway, bridge and tunnel projects on any public road, pedestrian and bicycle infrastructure, and transit capital projects, including intercity bus terminals.

Low-Income Home Energy Assistance Program — Health and Human Services

FY 2025 Appropriation: \$54.6 million

Description: The Low-Income Home Energy Assistance Program (LIHEAP) Block Grant provides funds to assist low-income households with meeting immediate home energy needs. The LIHEAP benefits target households with low incomes, particularly those that have a high home energy burden (percentage of income that goes to heating and cooling bills) and/or have members who are elderly, disabled, and/or young children. Grant recipients can use funds for heating and/or cooling costs, and up to 15.0% of their funding (or 25.0% with a waiver) for weatherization assistance.

Social Services Block Grant — Health and Human Services

FY 2025 Appropriation: \$15.3 million

Description: The purpose of the Social Services Block Grant (SSBG) is to support social services supporting economic self-sufficiency; preventing or remedying neglect, abuse, or the exploitation of children and adults; preventing or reducing inappropriate institutionalization; and securing referrals for institutional care, where appropriate. Services and eligibility requirements vary by state. The Uniform Definitions of Services, which include 29 service categories, provide guidelines to states for reporting purposes. Service categories most frequently supported by SSBG include child care, child welfare, services for persons with disabilities, case management services, and protective services for adults.

Child Care and Development Block Grant — Health and Human Services

FY 2025 Appropriation: \$103.1 million

Description: The Child Care and Development Block Grant (CCDBG) Act authorizes the Child Care Development Fund (CCDF) Program and authorizes discretionary appropriations to support grants to state, territorial, and tribal lead agencies. The CCDF is the primary federal funding source to help low-income families afford child care.

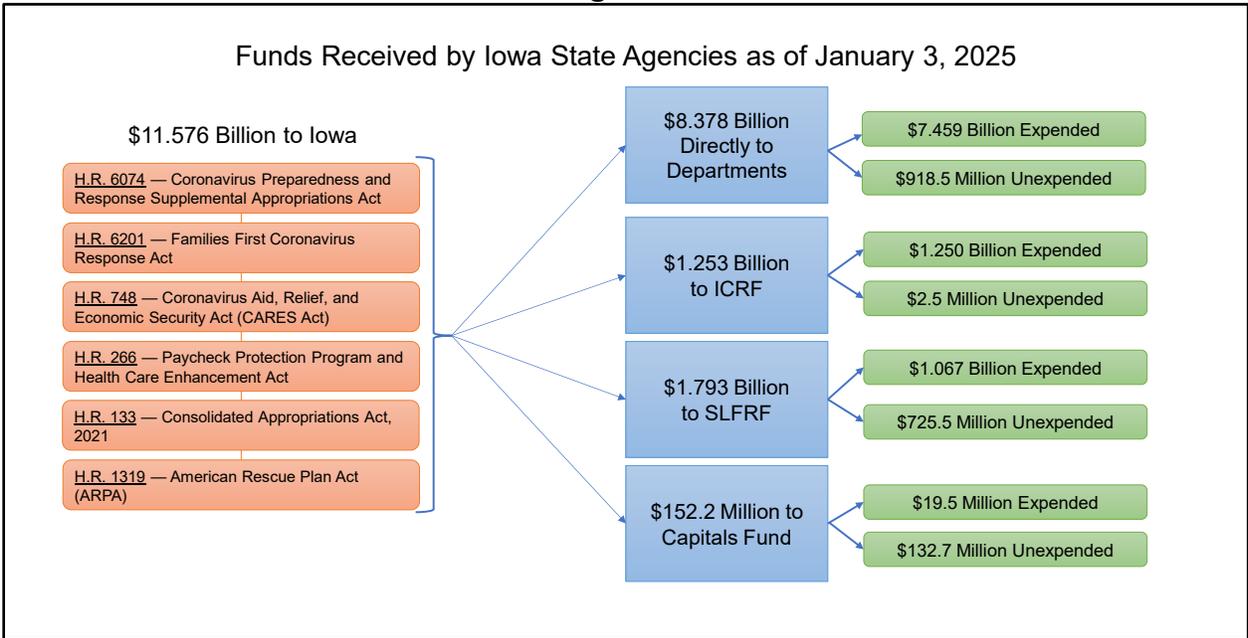
CARES Act, ARPA, and Other Federal Stimulus Acts

In response to the COVID-19 pandemic, the federal government enacted six Acts since March 2020. Those Acts are as follows:

- [H.R. 6074](#) — Coronavirus Preparedness and Response Supplemental Appropriations Act, enacted March 6, 2020.
- [H.R. 6201](#) — Families First Coronavirus Response Act, enacted March 18, 2020.
- [H.R. 748](#) — Coronavirus Aid, Relief, and Economic Security (CARES) Act, enacted March 27, 2020.
- [H.R. 266](#) — Paycheck Protection Program and Health Care Enhancement Act, enacted April 24, 2020.
- [H.R. 133](#) — Consolidated Appropriations Act, 2021, enacted December 27, 2020.
- [H.R. 1319](#) — American Rescue Plan Act of 2021 (ARPA), enacted March 11, 2021.

Through January 3, 2025, State agencies in Iowa have reported federal awards totaling \$11.576 billion related to the six Acts to address a wide variety of expenses related to the COVID-19 pandemic. Of this total, \$8.378 billion has been awarded directly to agencies, \$1.253 billion was awarded to the Iowa Coronavirus Relief Fund (ICRF), \$1.793 billion was awarded to the Iowa Coronavirus State and Local Fiscal Recovery Fund (SLFRF) for the State and nonentitlement units of government, and \$152.2 million was awarded to the Coronavirus Capitals Fund. The **Appendix** at the end of the Federal Funds section details the \$8.378 billion awarded directly to State departments.

Figure 3



The ICRF is nearing the point of final reporting, with program expenditures having ended September 30, 2022. Awards directly to departments remain a major source of expenditures, but these funding streams have various end dates, with most sunsetting by the end of CY 2026. Approximately 40.5% of the expenditures from the SLFRF remain to be made and any funds not obligated by December 31, 2024, and expended by December 31, 2026, will revert to the federal government.

Total expenditures from the programs that have accounted for the most funding are outlined in **Figure 4**. The majority of expenditures (73.3%) occurred from FY 2020 through FY 2022. Federal payments for unemployment insurance, which are separate from any payments made to unemployment insurance from the ICRF and SLFRF, were more than half of all expenditures in FY 2020 (58.1%) and FY 2021 (55.8%). The Coronavirus Relief Fund was the second major program from which expenditures were made and comprised 26.2% of expenditures in FY 2020 and 18.9% in FY 2021. Medicaid expenditures were made monthly and continued until the end of calendar year 2023. The Medicaid Program has comprised 12.8% of total expenditures since FY 2020. Beginning in FY 2022, two new programs established under the ARPA began to contribute to total spending. The SLFRF has totaled \$1,067.1 million in expenditures and will be one of the major programs in the future. The American Rescue Plan Elementary and Secondary School Emergency Relief Program also comprised a major source of expenditures with a total of \$745.2 million. As of January 3, 2025, \$345.0 million from COVID-19 funds has been spent in FY 2025.

Figure 4

COVID-19 Aid Expenditures by Top Eight Programs							
(in Millions)							
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Total
American Rescue Plan Elementary and Secondary School Emerg. Relief	\$0.0	\$0.0	\$176.0	\$294.3	\$214.8	\$60.0	\$745.2
Child Care and Development Block Grant	\$6.2	\$62.6	\$205.0	\$137.9	\$74.2	\$12.8	\$498.7
Coronavirus Relief Fund	\$553.3	\$574.3	\$104.5	\$14.7	\$0.0	\$0.0	\$1,246.8
Coronavirus State and Local Fiscal Recovery Fund	\$0.0	\$0.0	\$386.8	\$253.3	\$223.6	\$203.4	\$1,067.1
Elementary and Secondary School Emergency Relief Fund	\$64.4	\$75.3	\$221.5	\$48.9	\$6.5	\$0.0	\$416.5
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	\$0.0	\$38.9	\$53.7	\$21.6	\$46.5	\$22.7	\$183.5
Medicaid	\$136.6	\$301.1	\$322.0	\$340.9	\$156.9	\$0.0	\$1,257.5
Other	\$125.2	\$286.4	\$496.5	\$273.8	\$157.1	\$45.6	\$1,384.7
Unemployment Insurance	\$1,228.0	\$1,692.8	\$64.6	\$7.0	\$0.1	\$0.5	\$2,993.0
Grand Total	\$2,113.8	\$3,031.4	\$2,030.7	\$1,392.5	\$879.6	\$345.0	\$9,792.9

Note: This figure reflects expenses that occurred between July 1 and June 30 without regard to accrual adjustments.

Figure 5

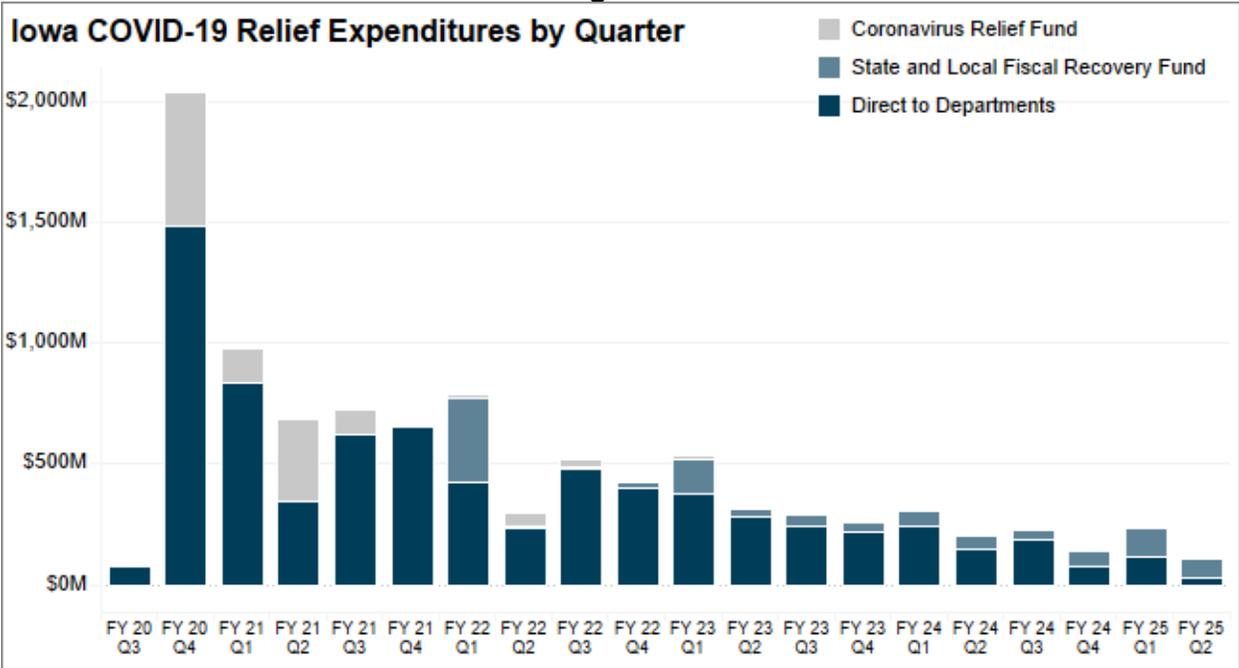


Figure 5 shows how federal relief funding has been spent by quarter and how expenditures have slowed. The figure displays larger expenditures at the start of the COVID-19 pandemic (FY 2020 Q4). The ICRF accounted for a large part of spending through FY 2021 Q3, but expenditures since then have decreased. Funding provided directly to departments has provided the largest share of expenditures in each quarter. Expenditures from the SLFRF began in earnest in FY 2022 Q1, but these expenditures were driven by the two largest payments. One was a transfer to the Unemployment Compensation Trust Fund, and the second was a transfer to nonentitlement units of government in Iowa.

Figure 6 focuses more closely on the top eight programs for the four most recent quarters. The SLFRF is 43.1% of all expenditures, and American Rescue Plan Elementary and Secondary School Emergency Relief is 25.4% of all expenditures. Lastly, the SLFRF will remain a major portion of State expenditures into FY 2027, with \$725.5 million in funds remaining.

Figure 6

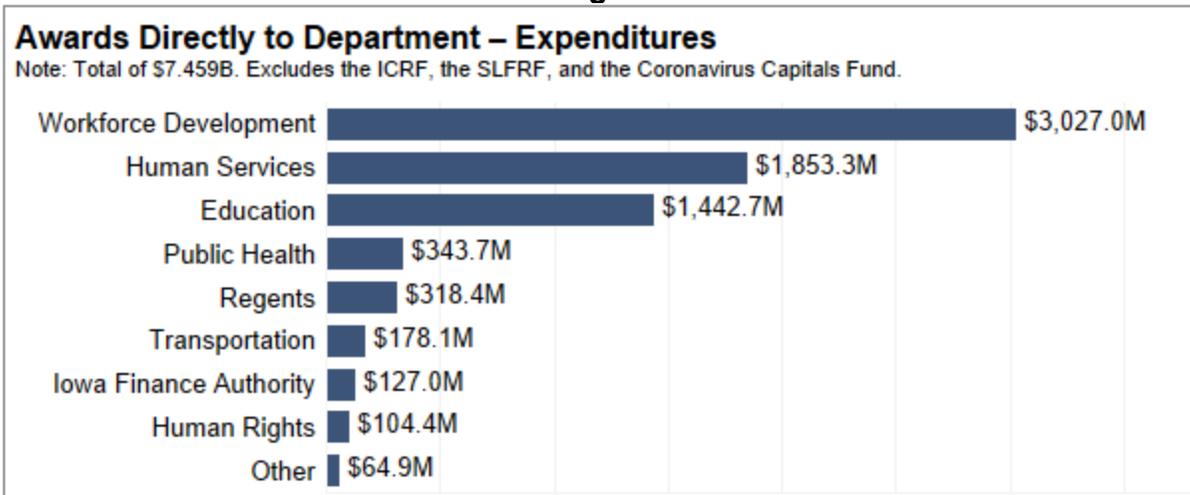
Federal COVID-19 Aid Expenditures by Four Most Recent Quarters					
Top 8 Programs (in Millions)					
	FY 24 Q3	FY 24 Q4	FY 25 Q1	FY 25 Q2	Total
American Rescue Plan Elementary and Secondary School Emerg. Relief	\$86.6	\$34.4	\$55.4	\$4.6	\$181.0
Capital Projects Fund	\$0.1	\$4.4	\$14.4	\$0.5	\$19.4
Child Care and Development Block Grant	\$59.5	\$7.1	\$3.4	\$9.3	\$79.4
Coronavirus State and Local Fiscal Recovery Fund	\$38.2	\$69.2	\$125.5	\$74.2	\$307.1
Emergency Rental Assistance Program	\$2.9	\$2.4	\$2.6	\$1.1	\$9.0
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	\$7.6	\$9.2	\$18.6	\$4.0	\$39.4
Homeowner Assistance Fund	\$1.7	\$2.6	\$5.0	\$2.1	\$11.4
Immunization Cooperative Agreements	\$4.4	\$1.4	\$3.0	\$1.5	\$10.2
Other	\$24.4	\$15.2	\$9.1	\$6.8	\$55.5
Total	\$225.4	\$145.8	\$237.1	\$104.1	\$712.5

Note: This figure reflects expenses that occurred between July 1 and June 30 without regard to accrual adjustments.

Awards Directly to Departments

Figure 7 displays the eight agencies that received the most funding and combines all other agencies. Of the \$8.378 billion in federal funds awarded directly to State agencies, \$7.459 billion (89.0%) has been expended as of January 3, 2025. Of the total year-to-date expenditures, \$2.993 billion (40.1%) has been expended for worker unemployment benefits. This figure does not include the funds from the ICRF and SLFRF allocated for this same purpose. The then-Department of Human Services has expended \$1.853 billion (24.8%), the majority of which has been dedicated to the Medicaid Program. The Department of Education has expended \$1.443 billion (19.3%), with approximately half of expenditures going to American Rescue Plan Elementary and Secondary School Emergency Relief. The then-Department of Public Health has expended \$343.7 million (4.6%). The Board of Regents has expended \$318.4 million (4.3%). The Department of Transportation has expended \$178.1 million (2.4%). The Iowa Finance Authority has expended \$127.0 million (1.7%). The then-Department of Human Rights has expended \$104.4 million (1.4%).

Figure 7



Iowa Coronavirus Relief Fund

Iowa received \$1.250 billion in federal funds through the CARES Act on April 20, 2020, illustrated in **Figure 8**. To date, \$2.5 million in interest earnings has been credited to the Fund. As of January 3, 2025, net transfers to agencies total \$1.247 billion, with some moneys having been returned to the Fund. The current balance in the Fund is \$2.5 million. Of the \$1.247 billion transferred to the agencies, a total of \$293,000 remains unexpended. The U.S. Department of the Treasury has revised the guidance to provide that a cost associated with a necessary expenditure incurred due to the public health emergency shall be considered to have been incurred by December 31, 2021, if the recipient has incurred an obligation concerning such cost by December 31, 2021. Recipients were allowed to record their expenditures through September 30, 2022. As of January 3, 2025, \$3.2 million has been returned to the federal government. A final report has not been issued on all ICRF expenditures, but the State is allowed to retain interest earnings for administrative expenses.

Figure 8

Coronavirus Relief Fund (April 2020 CARES Act)		
Coronavirus Relief Fund		
Federal Support	\$	1,250,000,000
Interest		2,510,891
Federal Support Returned		-3,207,151
Net Transfers to Agencies		-1,247,124,889
Fund Balance	\$	2,178,851
Department Activities		
Transfers Received		1,247,124,889
Reported Expenses		-1,246,832,043
Unexpended Transfers	\$	292,847
Total Unexpended	\$	2,471,697

Iowa State and Local Coronavirus Fiscal Recovery Fund

The State of Iowa has received \$1.703 billion in federal funds and \$90.0 million in interest as of January 3, 2025, that has been deposited into the SLFRF. A total of \$1.118 billion has been transferred to various agencies. The first \$237.5 million was transferred to the Department of Workforce Development’s (IWD’s) Unemployment Insurance Trust Fund. These funds are used to support ongoing unemployment benefits for Iowans. An additional \$221.2 million was transferred to the Iowa Department of Revenue for payments to nonentitlement units of government, which are cities with a population of less than 50,000. Funds provided to State and local governments have broad spending flexibility, including addressing emergency and economic effects of the pandemic; replenishing revenue losses due to the shutdown of the economy; investments in water, sewer, and broadband infrastructure; and premium pay to essential workers.

Funds in the SLFRF must be used to cover costs incurred by recipients between March 3, 2021, and December 31, 2024. Funds must be obligated by December 31, 2024, and expended by December 31, 2026, or they will revert to the federal government. As of January 3, 2025, \$725.5 million remains unexpended.

Figure 9 reflects SLFRF activity across the State. This includes moneys that remain in the Fund and moneys that have been transferred to agencies and are no longer in the SLFRF but have not been expended by the State.

Figure 9

Coronavirus State and Local Fiscal Recovery Fund Revenue, Transfers, and Department Activities		
Coronavirus Fiscal Recovery Fund		
Federal Support	\$	1,702,553,364
Interest		90,047,793
Net Transfers to Agencies		-1,117,994,768
Fund Balance	\$	674,606,389
Department Activities		
Transfers Received		1,117,994,768
Reported Expenses		-1,067,120,217
Unexpended Transfers	\$	50,874,552
Total Unexpended	\$	725,480,941

Figure 10 shows expenses at a program level. Note that some programs may show expenses that exceed transfers that have been made to a department. The discrepancy is primarily due to the ongoing nature of transaction reporting. The Legislative Services Agency (LSA) will continue to monitor these programs.

Figure 10
Iowa Coronavirus State and Local Fiscal Recovery Fund
Total Transfers and Expenditures

	Net Transfers	Expenditures
Administrative Services	\$ 41,251,447	\$ 39,311,497
Local Government Relief Payments Support	386,225	386,225
Public Sector Premium Pay - Corrections	1,524,000	1,524,000
Public Sector Premium Pay - Teachers	95,000	95,000
Public Sector Premium Pay - Peace Officers	5,988,000	5,988,000
Premium Pay Administration	6,000	6,000
PPE and DME Storage and Distribution - DAS	1,623,933	1,494,755
Iowa Juvenile Home - Demolition and Asbestos Remediation	353,278	353,278
Park Avenue Project	21,039,511	20,039,235
HHS Strategic Space Planning	10,235,500	9,425,004
Aging (HHS)	\$ 435,000	\$ 491,800
Office of the Public Guardian	435,000	491,800
Agriculture and Land Stewardship	\$ 8,000,000	\$ 7,645,393
Iowa Conservation Infrastructure	8,000,000	7,645,393
Attorney General	\$ 167,209	\$ 626,890
Victim Assistance	167,209	626,890
Office of the Chief Information Officer (DOM)	\$ 147,600,634	\$ 154,045,019
OCIO Broadband Community Engagement	1,320,000	1,320,000
Broadband Infrastructure Support Grants	79,703,138	86,455,345
Broadband Expansion Grant Administration	3,415,255	3,490,982
Security Operations Center	4,124,559	4,124,559
Data Center Migration	15,458,321	15,495,017
Operations System Replacement	760,000	661,478
Endpoint Detection and Response Platform	4,193,906	4,193,906
Capitol Complex Network Upgrade	2,208,562	2,208,562
Inventory and Asset Management	452,575	397,080
Digital Transformation Project	7,667,103	7,933,918
Identity and Access Management	3,490,375	3,490,375
Identity and Access Management Fall 2023	3,595,086	3,595,086
State Financial System	17,392,668	16,859,625
Joint Forces HQ HVAC Replacement	2,319,086	2,319,086
Statewide IT Organization	1,500,000	1,500,000
College Student Aid Commission (Department of Education)	\$ 7,710,211	\$ 7,541,969
GEAR UP Iowa Future Ready	1,834,657	1,663,280
National Guard Benefits Program	600,000	600,000
National Guard Service Scholarship Supp. Spring 2023	1,600,000	1,600,000
National Guard Service Scholarship Supp. Spring 2023 - Additional	175,554	175,554
Last-Dollar Scholarship Program	3,500,000	3,500,000
ICAPS Security	0	3,135
Corrections	\$ 10,360,410	\$ 10,360,410
Homes for Iowa	10,000,000	10,000,000
Iowa Correctional Offender Network	360,410	360,410

Iowa Coronavirus State and Local Fiscal Recovery Fund (continued)
Total Transfers and Expenditures

	Net Transfers	Expenditures
Education	\$ 3,301,703	\$ 3,696,361
Iowa Private Sector Premium Pay	732,020	732,020
Critical Incident Mapping	481,693	481,693
GEAR UP Iowa Future Ready	1,266,472	1,663,579
Summer Food Service Program/Seamless Summer Option	403,237	403,923
ICAPS System Security	84,265	81,130
Charter School Start Up and Expansion	334,017	334,017
Economic Development Authority	\$ 124,049,736	\$ 123,909,710
Tourism Marketing Projects	1,241,754	1,241,754
Iowa Promotional Campaign Fall 2021	3,899,982	3,899,982
Iowa Promotional Campaign Spring 2022	4,700,000	4,700,000
Iowa Promotional Campaign Spring 2023	3,750,000	3,750,000
Manufacturing 4.0 Small Manufacturers	4,500,000	4,431,419
Manufacturing 4.0 Mid-Size Manufacturers	19,125,000	19,196,054
Downtown Housing Grant Program	7,986,000	8,065,326
Nonprofit Initiative	36,529,000	36,484,052
Destination Iowa	38,873,000	38,688,856
Iowa Brand Development	305,000	305,000
Manufacturing 4.0 - Tech. Investment Small Manufacturers	1,630,000	1,681,756
Talent Attraction	410,000	381,808
Iowa Food Insecurity Infrastructure	1,100,000	1,083,703
Governor's Office	\$ 15,000	\$ 15,000
Boards and Commissions Review	15,000	15,000
Health and Human Services	\$ 1,673,454	\$ 32,842
Administration	186,800	0
Office of the Public Guardian	0	10,400
HHS Strategic Space Planning	1,486,654	0
Opioid Prevention, Treatment, and Recovery Program	0	22,442
Homeland Security	\$ 38,273,107	\$ 26,387,648
PPE Storage	213,304	213,304
School Safety Improv. Fund and Vulnerability Assessments	35,151,778	23,341,595
School Safety Administration	2,625,000	2,549,724
Perry School District Building Improvements	283,025	283,025
Iowa Finance Authority	\$ 73,552,349	\$ 46,751,729
Wastewater Infrastructure for Unsewered Communities	12,144,279	9,625,982
Economically Significant Projects	22,000,000	16,193,465
Minority Down Payment Assistance Pilot Program	965,000	965,000
Watershed Protection Projects	6,451,138	4,164,999
Industrial Water Reuse Projects	57,813	107,813
Housing Finance General Office	17,539,600	0
Home Rehabilitation Block Grant Pilot Program	616,667	320,000
Iowa Home Program	5,462,667	479,972
Low-Income Housing Tax Credit Program	8,315,186	14,894,499

Iowa Coronavirus State and Local Fiscal Recovery Fund (continued)
Total Transfers and Expenditures

	Net Transfers	Expenditures
Iowa PBS	\$ 1,042,994	\$ 1,042,994
Antenna Replacement	1,042,994	1,042,994
Management	\$ 10,080,944	\$ 9,866,163
Fund Administration	3,638,759	3,638,759
Workforce Realignment Consultant	42,500	42,500
Guidehouse Alignment Consultant	1,035,514	1,035,514
Rule Management Program	2,562,546	2,562,546
Organizational Change Management Support	543,000	543,000
Alignment Employee Engagement	1,685,544	1,685,544
Area Education Agency Benchmarking	300,000	300,000
SLFRF Interest Projects	214,781	0
Correctional Institutions Data Analysis	58,300	58,300
Natural Resources	\$ 117,479	\$ 117,479
Hazardous Condition Remediation Plan	117,479	117,479
Public Defense	\$ 3,113,768	\$ 3,239,364
DPS and DPD Deployment	1,413,294	1,413,294
Deployment 2024	1,700,474	1,711,069
Recruitment Incentives Program	0	115,000
Public Health (HHS)	\$ 653,056	\$ 769,796
Centers of Excellence	653,056	769,796
Public Safety	\$ 35,985,950	\$ 35,569,441
Computer-Aided Dispatch	981,910	981,910
DPS Recruitment Initiative	644,899	661,223
School Safety Hardware and Software	7,382,710	6,811,815
School Safety Bureau	2,335,000	2,150,431
Motor Vehicle Enforcement Transition	19,160,498	19,294,610
DPS and DPD Deployment	583,566	583,566
Deployment 2024	169,996	169,996
School Resource Officer	54,599	54,599
ISP Aircraft	4,672,773	4,861,292
State Fair	\$ 1,500,000	\$ 1,500,000
Iowa State Fair Security Improvements	1,500,000	1,500,000
Regents	\$ 14,780,865	\$ 14,613,159
UNI Future Ready Iowa Scholarship Program	3,050,889	3,022,152
Veterinary Diagnostic Lab Phase II	10,358,312	11,166,973
Biosciences Infrastructure	1,371,664	424,034
Revenue	\$ 221,185,312	\$ 221,185,312
Local Government Relief	221,185,312	221,185,312
Transportation	\$ 85,800,000	\$ 71,494,054
Commercial Aviation Airports	83,000,000	68,694,054
Motor Vehicle Enforcement Transition	2,800,000	2,800,000

Iowa Coronavirus State and Local Fiscal Recovery Fund (continued)
Total Transfers and Expenditures

	Net Transfers	Expenditures
Veterans Affairs	\$ 265,232	\$ 265,232
Veterans Trust Fund Supplemental Grant	265,232	265,232
Workforce Development	\$ 287,078,908	\$ 286,640,956
Unemployment Insurance Trust Fund	237,470,586	237,470,586
IowaWORKS Program Promotion	601,023	601,023
Reemployment Case Management System	6,366,257	5,737,535
Child Care Challenge	6,813,777	6,830,888
Summer Youth Internship Projects	1,312,892	1,312,892
Labor Market Information System	437,378	448,813
Child Care Challenge Bus. Incentive	7,782,058	7,153,559
Health Careers Registered Apprenticeship	778,269	788,596
Health Careers Registered Apprenticeship 2.0	467,217	554,744
Work-Based Learning Professional Profiling System	950,179	1,633,363
Teacher and Paraeducator Registered Apprenticeship	21,171,644	21,172,243
Iowa Language Learners Job Training Program	118,678	146,949
Statewide CDL Infrastructure	1,981,240	1,982,071
Entry-Level Driver Training Program	323,334	393,861
IowaWORKS Mobile	307,647	268,605
Home Base Iowa Portal	196,729	145,229
	<u>\$ 1,117,994,768</u>	<u>\$ 1,067,120,216</u>

Department of Administrative Services (DAS)

- **Local Government Relief Payments Support:** The Governor has transferred \$386,000 to administer local government relief for nonentitlement units in cities with a population less than 50,000. The DAS has expended the balance of the funds.
- **Iowa Public Sector Premium Pay:** The Governor has transferred \$7.6 million to provide a premium pay lump-sum payment to teachers employed by the State, law enforcement and corrections officers, and medical professionals working in corrections. The DAS has expended the balance of the funds. This includes \$6,000 expended for administration.
- **PPE and DME Storage and Distribution:** The Governor has transferred \$1.6 million to pay for centralized storage of personal protective equipment (PPE) and durable medical equipment (DME). The DAS has expended \$1.5 million, and there is a balance of \$129,000 remaining.
- **Iowa Juvenile Home:** The Governor has transferred \$353,000 for the demolition and asbestos remediation at the Iowa Juvenile Home to prepare the site for community redevelopment. The DAS has expended the balance of the funds.
- **Park Avenue Project:** The Governor has transferred \$21.0 million for the purchase of a building, completion of infrastructure improvements, and relocation of staff. The DAS has expended \$20.0 million, and there is a balance of \$1.0 million remaining.
- **Health and Human Services Strategic Space Planning:** The Governor has transferred \$10.2 million to the DAS to renovate the Lucas State Office Building and the Hoover State Office Building. The DAS has expended \$9.4 million, and there is a balance of \$810,000 remaining.

Department on Aging (HHS)

- **Office of the Public Guardian:** The Governor has transferred \$435,000 to reduce the waiting list and pay for case opening fees for Iowans to expedite the transition of patients from hospitals to community-based settings. The Department has expended \$492,000. This expenditure exceeds the amount transferred to date by \$57,000, but additional funds are expected to be transferred in the future.

Department of Agriculture and Land Stewardship (DALs)

- **Iowa Conservation Infrastructure:** The Governor has transferred \$8.0 million to improve water quality by harnessing the collective ability of private and public resources, organizations, and contractors to rally around the Nutrient Reduction Strategy and implement proven conservation practices to reduce nutrients delivered to Iowa waterways. This program invests in nonpoint source conservation projects in priority watersheds with layered benefits including improved water quality, habitat, recreation, and carbon sequestration. The DALs has expended \$7.6 million, and there is a balance of \$355,000 remaining.

Iowa Office of the Attorney General (AG)

- **Victim Assistance:** The Governor has transferred \$167,000 to provide grants to counties, provide traveling advocates to deliver services to victims, offer increased access to the criminal justice system, and provide increased mental health counseling. The AG has expended \$627,000. This expenditure exceeds the amount transferred to date by \$460,000, but additional funds are expected in the future.

Office of the Chief Information Officer (DOM)

- **OCIO Broadband Community Engagement:** The Governor has transferred \$1.3 million to provide Iowa cities and counties with education, research, consulting, and related support in connection with the development of broadband plans. Such plans will identify stakeholders, partners, funding sources, and supporting data that can be used to support broadband development at the local government level. The Office of the Chief Information Officer (OCIO) has expended the balance of the funds.
- **Broadband Infrastructure Support Grants:** The Governor has transferred \$79.7 million to Broadband Infrastructure Grants. These grants are intended to support broadband expansion across the State. The OCIO has expended \$86.5 million. This expenditure exceeds the amount transferred to date by \$6.8 million, but additional funds are expected to be transferred in the future.

- **Broadband Expansion Grant Administration:** The Governor has transferred \$3.4 million to administer broadband grants. The OCIO has expended \$3.5 million. This expenditure exceeds the amount transferred to date by \$76,000, but additional funds are expected to be transferred in the future.
- **Security Operations Center:** The Governor has transferred \$4.1 million to expand the Security Operations Center to provide continuous security monitoring services, provide security of network systems, and improve the State's ability to respond to cyberattacks. The OCIO has expended the balance of the funds.
- **Data Center Migration:** The Governor has transferred \$15.5 million to support the State's Data Center Migration and Resiliency Project to include migration of data to a new data center and to update or replace aged infrastructure. The OCIO has expended \$15.5 million. This expenditure exceeds the amount transferred to date by \$37,000, but additional funds are expected to be transferred in the future.
- **Operations System Replacement:** The Governor has transferred \$760,000 to replace unsupported endpoints and software across the State network. The OCIO has expended \$661,000, and there is a balance of \$99,000 remaining.
- **Endpoint Detection and Response Platform:** The Governor has transferred \$4.2 million to acquire software licenses for a new endpoint detection and response (EDR) platform capable of serving State agencies and local governments. The EDR platform will provide additional security protections for managed endpoints including personal computers, servers, and other devices. The OCIO has expended the balance of the funds.
- **Capitol Complex Network Upgrade:** The Governor has transferred \$2.2 million to replace network and wireless infrastructure across the Capitol complex. The OCIO has expended the balance of the funds.
- **Inventory and Asset Management:** The Governor has transferred \$453,000 to acquire or build systems intended to track information technology (IT) assets. The OCIO has expended \$397,000, and there is a balance of \$55,000 remaining.
- **Digital Transformation Project:** The Governor has transferred \$7.7 million to update State websites to improve user experience. The OCIO has expended \$7.9 million. This expenditure exceeds the amount transferred to date by \$267,000, but additional funds are expected to be transferred in the future.
- **Identity and Access Management:** The Governor has transferred \$3.5 million for a one-year renewal of the Okta platform, which provides a single identity access point to employees and citizens to interact with systems operated by the State. The OCIO has expended the balance of the funds.
- **Identity and Access Management Fall 2023:** The Governor has transferred \$3.6 million for a one-year renewal of the Okta platform. The OCIO has expended the balance of the funds.
- **State Financial System:** The Governor has transferred \$17.4 million to upgrade the current State finance and accounting system to a cloud-based system to improve security and system functionality. The OCIO has expended \$16.9 million, and there is a balance of \$533,000 remaining.
- **Joint Forces HQ HVAC Replacement:** The Governor has transferred \$2.3 million to replace the heating, ventilation, and air conditioning (HVAC) equipment in the data center at the Joint Forces Headquarters. This equipment serves the Iowa Air National Guard, the Iowa Communications Network, and the OCIO. The OCIO has expended the balance of the funds.
- **Statewide IT Organization:** The Governor has transferred \$1.5 million to support the costs of engaging a third party for consulting and the development of various implementation plans for statewide IT reorganization. The OCIO has expended the balance of the funds.

College Student Aid Commission (Department of Education)

- **GEAR UP Iowa Future Ready:** The Governor has transferred \$1.8 million to launch the GEAR UP Iowa Future Ready project. This four-year project will support a cohort of students beginning in the ninth grade and will follow them as they progress through school, while also supporting the graduating class at partner schools each year. The program is a partnership between Iowa College Aid, partner school districts, certain higher education institutions, and community-based organizations. The College Student Aid Commission (CSAC) has expended \$1.7 million, and there is a balance of \$171,000 remaining.
- **National Guard Benefits Program:** The Governor has transferred \$600,000 to provide tuition reimbursement for Iowa National Guard soldiers and airmen. The Program provides scholarship

awards to Iowa National Guard members who attend eligible Iowa colleges and universities. The CSAC has expended the balance of the funds.

- **National Guard Service Scholarship Supplemental — Spring 2023:** The Governor has transferred \$1.6 million to provide tuition reimbursement for Iowa National Guard soldiers and airmen. The CSAC has expended the balance of the funds.
- **National Guard Service Scholarship Additional Supplemental — Spring 2023:** The Governor has transferred \$176,000 to provide tuition reimbursement for Iowa National Guard soldiers and airmen. The CSAC has expended the balance of the funds.
- **Last-Dollar Scholarship Program:** The Governor has transferred \$3.5 million to cover any remaining tuition and qualified fees for students who meet the Federal Pell Grant qualifications. The program provides funding to Iowans for short-term programs of study aligned with high-demand jobs at Iowa colleges. The CSAC has expended the balance of the funds.
- **ICAPS Security:** A transfer has not been recorded, but funds are expected to be transferred in the future. The project will protect Iowa College Aid Processing System (ICAPS) data by adding multi-factor authentication, enhancing record audit history, using the State's web application firewall, and adding Completely Automated Public Turing test to tell Computers and Humans Apart (CAPTCHA) technology. The CSAC has expended \$3,000.

Department of Corrections (DOC)

- **Homes for Iowa:** The Governor has transferred \$10.0 million to support a building trades jobs training program for Iowa inmates. This program constructs modular homes for income-qualified Iowa residents. The DOC has expended the balance of the funds.
- **Iowa Corrections Offender Network (ICON):** The Governor has transferred \$360,000 to support programming needs for the ICON system. The DOC has expended the balance of the funds.

Department of Education

- **Iowa Private Sector Premium Pay:** The Governor has transferred \$732,000 to provide a premium pay lump-sum payment to teachers at independent schools. The Department has expended the balance of the funds.
- **Critical Incident Mapping:** The Governor has transferred \$482,000 for a critical incident mapping system. Critical incident mapping will be made available to independently accredited nonpublic K-12 school locations to include a detailed floor plan of the school building and surrounding school grounds that incorporates key information needed by emergency first responders to plan for and respond to an emergency. The Department has expended the balance of the funds.
- **GEAR UP Iowa Future Ready:** The Governor has transferred \$1.3 million to launch the GEAR UP Iowa Future Ready project. This four-year project will support a cohort of students beginning in the ninth grade and will follow them as they progress through school, while also supporting the graduating class at partner schools each year. The program is a partnership between Iowa College Aid, partner school districts, certain higher education institutions, and community-based organizations. The Department has expended \$1.7 million. This expenditure exceeds the amount transferred to date by \$397,000, but additional funds are expected to be transferred in the future.
- **Summer Food Service Program/Seamless Summer Option:** The Governor has transferred \$403,000 to expand existing summer meal sites and promote new summer meal sites in eligible areas currently underserved by summer meal programs. The Department has expended \$404,000. This expenditure exceeds the amount transferred to date by \$700, but additional funds are expected to be transferred in the future.
- **ICAPS System Security:** The Governor has transferred \$84,000 to protect ICAPS data by adding multi-factor authentication, enhancing record audit history, using the State's web application firewall, and adding CAPTCHA technology. The Department has expended \$81,000, and there is a balance of \$3,000 remaining.
- **Charter School Start Up and Expansion:** The Governor has transferred \$334,000 to assist existing charter schools in the improvement or expansion of offerings and to assist newly authorized charter schools in preparation for operation. The department has expended the balance of the Funds.

Economic Development Authority (IEDA)

- **Tourism Marketing Projects:** The Governor has transferred \$1.2 million to promote tourism through investment in an image inventory for tourism marketing campaigns and redesign of the [Travellowa.com](https://www.travellowa.com) tourism website. The IEDA has expended the balance of the funds.
- **Iowa Promotional Campaign — Fall 2021:** The Governor has transferred \$3.9 million to invest in a comprehensive multimedia advertising campaign around a 30-second video that introduces Iowa to the nation and encourages travelers to explore the State. The IEDA has expended the balance of the funds.
- **Iowa Promotional Campaign — Spring 2022:** The Governor has transferred \$4.7 million to invest in a comprehensive multimedia advertising campaign around a 30-second video that introduces Iowa to the nation and encourages travelers to explore the State. The IEDA has expended the balance of the funds.
- **Iowa Promotional Campaign — Spring 2023:** The Governor has transferred \$3.8 million to a multimedia advertising campaign intended to encourage people to visit, live, and work in Iowa. The IEDA has expended the balance of the funds.
- **Manufacturing 4.0 — Small:** The Governor has transferred \$4.5 million to help Iowa's small manufacturers continue to advance their processes; automate decision making; and optimize their current human capital from manual, labor-intensive positions into highly skilled, value-added occupations. The IEDA has expended \$4.4 million, and there is a balance of \$69,000 remaining.
- **Manufacturing 4.0 — Mid-Size:** The Governor has transferred \$19.1 million to help Iowa's mid-size manufacturers continue to advance their processes; automate decision making; and optimize their current human capital from manual, labor-intensive positions into highly skilled, value-added occupations. The IEDA has expended \$19.2 million. This expenditure exceeds the amount transferred to date by \$71,000, but additional funds are expected to be transferred in the future.
- **Downtown Housing Grant Program:** The Governor has transferred \$8.0 million to develop upper-story spaces in downtown properties into residential units to create new housing units in rural Iowa communities. The IEDA has expended \$8.1 million. This expenditure exceeds the amount transferred to date by \$79,000, but additional funds are expected to be transferred in the future.
- **Nonprofit Initiative:** The Governor has transferred \$36.6 million to provide grants for Iowa nonprofits to invest in infrastructure and expand services. The IEDA has expended \$36.5 million, and there is a balance of \$45,000 remaining.
- **Destination Iowa:** The Governor has transferred \$38.9 million to bolster the quality of life in Iowa's communities and attract visitors to the State. The IEDA has expended \$38.7 million, and there is a balance of \$184,000 remaining.
- **Iowa Brand Development:** The Governor has transferred \$305,000 to develop an overall brand strategy for the State of Iowa. The IEDA has expended the balance of the funds.
- **Manufacturing 4.0 — Tech. Investment Small Manufacturers:** The Governor has transferred \$1.6 million to assist firms with between 3 and 150 employees to acquire specialized hardware or software in the Industry 4.0 technology groups. The IEDA has expended \$1.7 million. This expenditure exceeds the amount transferred to date by \$52,000, but additional funds are expected to be transferred in the future.
- **Talent Attraction:** The Governor has transferred \$410,000 to build a talent attraction system that is trackable, is personal, leverages partnerships statewide, and gives communities a meaningful role in the [This is Iowa](#) campaign. The IEDA has expended \$382,000, and there is a balance of \$28,000 remaining.
- **Iowa Food Insecurity Infrastructure:** The Governor has transferred \$1.1 million to assist eligible nonprofit food banks and nonprofit food pantry networks that have experienced economic hardship to build, expand, or rehabilitate facilities to enable them to increase the amount of food distributed to local food pantries throughout Iowa. The IEDA has expended \$1.1 million, and there is a balance of \$16,000 remaining.

Governor's Office

- **Boards and Commissions Review:** The Governor has transferred \$15,000 for a review of the State's boards and commissions. The Governor's Office has expended the balance of the funds.

Department of Health and Human Services (HHS)

- **Administration:** The Governor has transferred \$187,000 to the HHS for administrative costs related to accountability, compliance, and program integrity. No funds have been expended.
- **Office of the Public Guardian:** A transfer has not been recorded, but funds are expected to be transferred in the future. The project will reduce the waiting list and pay for case opening fees for lowans to expedite the transition of patients from hospitals to community-based settings. The HHS has expended \$10,000.
- **HHS Strategic Space Planning:** The Governor has transferred \$1.5 million to the HHS to renovate the Lucas State Office Building and the Hoover State Office Building. No funds have been expended.
- **Opioid Prevention, Treatment, and Recovery Program:** A transfer has not been recorded, but funds are expected to be transferred in the future. The Program will invest in opioid prevention, treatment, and recovery programs for lowans impacted by the opioid epidemic. The HHS has expended \$22,000.

Department of Homeland Security and Emergency Management (HSEMD)

- **PPE Storage:** The Governor has transferred \$213,000 to pay for a warehouse lease for the storage of PPE. The HSEMD has expended the balance of the funds.
- **School Safety Vulnerability Assessments and School Safety Improvement Fund:** The Governor has transferred \$35.2 million to perform vulnerability assessments and minor capital improvements for school safety enhancements. The HSEMD has expended \$23.3 million, and there is a balance of \$11.8 million remaining.
- **School Safety Administration:** The Governor has transferred \$2.6 million to pay for costs associated with the administration of the School Safety Program. The HSEMD has expended \$2.5 million, and there is a balance of \$75,000 remaining.
- **Perry School District Building Improvements:** The Governor has transferred \$283,000 to pay for building improvements in the Perry School District. The HSEMD has expended the balance of the funds.

Iowa Finance Authority (IFA)

- **Wastewater Infrastructure for Unsewered Communities:** The Governor has transferred \$12.1 million to the Water Infrastructure Fund to provide grants for property owners residing in an unsewered community to repair or upgrade their septic system. A portion of funding will also be reserved to provide financial assistance to unsewered communities to implement an existing plan for constructing a centralized wastewater system. The IFA has expended \$9.6 million, and there is a balance of \$2.5 million remaining.
- **Economically Significant Projects:** The Governor has transferred \$22.0 million to provide funding to support the Clean and/or Drinking Water State Revolving Fund-eligible water infrastructure components of projects in Iowa that serve a large population or geographical area. The IFA has expended \$16.2 million, and there is a balance of \$5.8 million remaining.
- **Minority Down Payment Assistance (DPA) Pilot Program:** The Governor has transferred \$965,000 to provide 200 eligible Iowa minority households with assistance purchasing a home. The Program provides a \$5,000 down payment and a closing costs assistance grant when used with the IFA's [FirstHome](#) mortgage program. The IFA has expended the balance of the funds.
- **Watershed Protection Projects:** The Governor has transferred \$6.5 million to invest in nonpoint source watershed projects that improve water quality, focusing on green infrastructure and measures to control nonpoint source pollution from hydromodification. The IFA has expended \$4.2 million, and there is a balance of \$2.3 million remaining.
- **Industrial Water Reuse Projects:** The Governor has transferred \$58,000 to provide matching grants for manufacturers to install on-site water reuse systems at industrial and/or manufacturing facilities. The IFA has expended \$108,000. This expenditure exceeds the amount transferred to date by \$50,000, but additional funds are expected to be transferred in the future.

- **Housing Finance General Office:** The Governor has transferred \$17.5 million to the IFA for housing finance and general office expenses. No funds have been expended.
- **Home Rehabilitation Block Grant Pilot Program:** The Governor has transferred \$617,000 to offer eligible Iowa communities an opportunity to offer property owners in a target neighborhood financial assistance for eligible repair expenses to help preserve their homes and develop new affordable housing opportunities. Funding opportunities must benefit households with incomes at or below 80.0% of the area median income. The IFA has expended \$320,000, and there is a balance of \$297,000 remaining.
- **Iowa HOME Program:** The Governor has transferred \$5.5 million to deploy funds for defined residential unit construction projects focused on targeted area median income levels and increased affordable housing unit availability. The IFA has expended \$480,000, and there is a balance of \$5.0 million remaining.
- **Low-Income Housing Tax Credit (LIHTC) Program:** The Governor has transferred \$8.3 million to provide assistance in the form of a one-time loan extended to housing businesses that have been awarded 2021 LIHTC tax credits to complete low-income housing projects. The IFA has expended \$14.9 million. This expenditure exceeds the amount transferred to date by \$6.6 million, but additional funds are expected to be transferred in the future.

Iowa PBS

- **Antenna Replacement:** The Governor has transferred \$1.0 million to replace a transmitting antenna and transmission line with a new, shared NextGen TV-ready antenna and transmission line. Iowa PBS has expended the balance of the funds.

Department of Management (DOM)

- **Fund Administration:** The Governor has transferred \$3.6 million to pay for administrative costs associated with the SLFRF. The DOM has expended the balance of the funds.
- **Workforce Realignment Consultant:** The Governor has transferred \$43,000 to review workforce service delivery and to align State programs to return to prepandemic rates of unemployment and labor participation. The DOM has expended the balance of the funds.
- **Guidehouse Alignment Consultant:** The Governor has transferred \$1.0 million to pay for a contract with Guidehouse Consulting. The DOM has expended the balance of the funds.
- **Rule Management Program:** The Governor has transferred \$2.6 million to provide a shared platform for the Governor and State agencies to review and rewrite administrative rules. The DOM has expended the balance of the funds.
- **Organizational Change Management Support:** The Governor has transferred \$543,000 for consultant services related to enterprise-wide strategic communications support and DOC organizational change management support. The DOM has expended the balance of the funds.
- **Alignment Employee Engagement:** The Governor has transferred \$1.7 million to use employee survey results to improve employee retention through the alignment transition. The DOM has expended the balance of the funds.
- **Area Education Agency Benchmarking:** The Governor has transferred \$300,000 to identify leading approaches for administering special education services and will provide an in-depth analysis of peer state performance, structure, and approach for providing special education services. The DOM has expended the balance of the funds.
- **SLFRF Interest Projects:** The Governor has transferred \$215,000 to pay for projects using interest earned on the SLFRF. No funds have been expended.
- **Correctional Institutions Data Analysis:** The Governor has transferred \$58,000 for DOC institutions data analysis. The DOM has expended the balance of the funds.

Department of Natural Resources (DNR)

- **Hazardous Condition Remediation Plan:** The Governor has transferred \$117,000 to support the replacement of damaged equipment and supplies for first responders and hazardous condition remediation associated with an explosion and subsequent fire at a factory in the city of Marengo. The DNR has expended the balance of the funds.

Department of Public Defense (DPD)

- **DPS and DPD Deployment:** The Governor has transferred \$1.4 million to deploy Iowa National Guard troops and Department of Public Safety (DPS) employees to the southern U.S. border in response to the State of Texas Emergency Management Assistance Compact (EMAC) request. The DPD has expended the balance of the funds.
- **Deployment 2024:** The Governor has transferred \$1.7 million to deploy Iowa National Guard troops and DPS employees to the southern U.S. border in response to the State of Texas EMAC request. The DPD has expended \$1.7 million. This expenditure exceeds the amount transferred to date by \$11,000, but additional funds are expected to be transferred in the future.
- **Recruitment Incentives Program:** A transfer has not been recorded, but funds are expected to be transferred in the future. The Program seeks to increase enlistments into the Iowa National Guard to ensure a flexible, capable, and ready National Guard. The DPD has expended \$115,000.

Public Health (HHS)

- **Centers of Excellence:** The Governor has transferred \$653,000 to establish two Centers of Excellence programs that demonstrate regional collaboration to provide access to specialty care for rural communities and establish partnerships to leverage resources and develop a business model for long-term sustainability. The HHS has expended \$770,000. This expenditure exceeds the amount transferred to date by \$117,000, but additional funds are expected to be transferred in the future.

Department of Public Safety

- **Computer-Aided Dispatch:** The Governor has transferred \$982,000 to purchase a new computer-aided dispatch system and record management system that will facilitate the sharing and searching of joint law enforcement data. The DPS has expended the balance of the funds.
- **DPS Recruitment Initiative:** The Governor has transferred \$645,000 to enhance the ability of the DPS to recruit public sector employees. The DPS is planning to develop outreach materials, conduct digital marketing, and create a careers website for sworn officers. The DPS has expended \$661,000. This expenditure exceeds the amount transferred to date by \$16,000, but additional funds are expected to be transferred in the future.
- **School Safety Hardware and Software:** The Governor has transferred \$7.4 million for threat monitoring software, the creation of an anonymous reporting tool, and safety radios that allow schools to communicate with law enforcement during emergencies. The DPS has expended \$6.8 million, and there is a balance of \$556,000 remaining.
- **School Safety Bureau:** The Governor has transferred \$2.3 million to assess school safety, coordinate and facilitate training requests, and provide continuous monitoring for an anonymous reporting tool. The DPS has expended \$2.2 million, and there is a balance of \$185,000 remaining.
- **Motor Vehicle Enforcement Transition:** The Governor has transferred \$19.2 million to move motor vehicle enforcement (MVE) from the Department of Transportation (DOT) to the DPS. The project will support costs to transfer commercial vehicle enforcement to the DPS. The DPS will utilize funds to support MVE transition costs, purchase a Fleet and Supply building, and support DPS general operating costs. The DPS has expended \$19.3 million. This expenditure exceeds the amount transferred to date by \$134,000, but additional funds are expected to be transferred in the future.
- **DPD and DPS Deployment:** The Governor has transferred \$584,000 to deploy Iowa National Guard troops and DPS employees to the southern U.S. border in response to the State of Texas EMAC request. The DPS has expended the balance of the funds.
- **Deployment 2024:** The Governor has transferred \$170,000 to deploy Iowa National Guard troops and DPS employees to the southern U.S. border in response to the State of Texas EMAC request. The DPS has expended the balance of the funds.
- **School Resource Officer:** The Governor has transferred \$55,000 to provide a school resource officer at all schools within the Perry Community School District. The positions will be jointly staffed by the Perry Police Department, the Dallas County Sheriff's Office, and the Iowa State Patrol. The DPS has expended the balance of the funds.
- **Iowa State Patrol Aircraft:** The Governor has transferred \$4.7 million to support costs to procure a new aircraft and imaging air surveillance system for the Iowa State Patrol Airwing. The DPS has

expended \$4.9 million. This expenditure exceeds the amount transferred to date by \$189,000, but additional funds are expected to be transferred in the future.

Iowa State Fair

- **Security Improvements:** The Governor has transferred \$1.5 million for the construction and renovation of an Iowa State Fair Patrol and Security Office. The State Fair has expended the balance of the funds.

Board of Regents

- **UNI Future Ready Iowa Scholarship Program:** The Governor has transferred \$3.1 million to the University of Northern Iowa (UNI) for scholarships. These scholarships are intended to cover the difference between the tuition rates of UNI and community colleges. This Program is for students pursuing one of the qualifying UNI online degree completion programs. The Board of Regents has expended \$3.0 million, and there is a balance of \$29,000 remaining.
- **Veterinary Diagnostic Laboratory Phase II:** The Governor has transferred \$10.4 million to Iowa State University (ISU) to support phase II of the construction of the Veterinary Diagnostic Laboratory. The Board of Regents has expended \$11.2 million. This expenditure exceeds the amount transferred to date by \$809,000, but additional funds are expected to be transferred in the future.
- **Biosciences Infrastructure:** The Governor has transferred \$1.4 million to establish the Medical Innovation Laboratories, featuring wet lab space and related technical and business development services, at the University of Iowa central health care campus. The Board of Regents has expended \$424,000, and there is a balance of \$948,000 remaining.

Department of Revenue (IDR)

- **Local Government Relief:** The Governor has transferred \$221.2 million to distribute the Local Fiscal Recovery Fund payment to nonentitlement units within Iowa. Nonentitlement units are cities with a population of less than 50,000. The IDR has expended the balance of the funds.

Department of Transportation (DOT)

- **Commercial Aviation Airports:** The Governor has transferred \$83.0 million for projects on commercial aviation airports. The total cost of the programs was announced at \$100.0 million. There are currently eight commercial aviation airports, which are located in Burlington, Cedar Rapids, Des Moines, Dubuque, Fort Dodge, Mason City, Sioux City, and Waterloo. Commercial airports may apply for funding based on formula, with 10.0% split evenly between the eight commercial service airports in Iowa and the additional amount allocated based on 2019 passenger enplanements. Additional details are available on the [DOT website](#). The DOT has expended \$68.7 million, and there is a balance of \$14.3 million remaining.
- **Motor Vehicle Enforcement Transition:** The Governor has transferred \$2.8 million to move MVE from the DOT to the DPS. The project will support costs to transfer commercial vehicle enforcement to the DPS. The DPS will utilize funds to support MVE transition costs, purchase a Fleet and Supply building, and support DPS general operating costs. The DOT has expended the balance of the funds.

Department of Veterans Affairs

- **Veterans Trust Fund Supplemental Grant:** The Governor has transferred \$265,000 to clear the backlog of Veterans Trust Fund applications approved by the State Commission on Veterans Affairs or received by the Department of Veterans Affairs from counties as of November 3, 2022. Applications submitted by veterans prior to March 3, 2021, are not eligible for this program. The Department of Veterans Affairs has expended the balance of the funds.

Department of Workforce Development (IWD)

- **Unemployment Insurance Trust Fund:** The Governor has transferred \$237.5 million to support the Unemployment Insurance Trust Fund and reduce the COVID-19 pandemic's impact on employers. The IWD has expended the balance of the funds.
- **IowaWORKS Program Promotion:** The Governor has transferred \$601,000 to promote the IowaWorks.gov website, which is a central location for Iowans looking for employment. The IWD has expended the balance of the funds.
- **Reemployment Case Management System:** The Governor has transferred \$6.4 million to support expanded Reemployment Services and Eligibility Assessment (RESEA) interviews and work search audits to reduce unemployment time for those on unemployment benefits through individualized reemployment plans. The IWD has expended \$5.7 million, and there is a balance of \$629,000 remaining.
- **Child Care Challenge:** The Governor has transferred \$6.8 million to create new child care slots across the State to help communities improve their child care options and bolster opportunities for Iowans to reenter the workforce. The IWD has expended \$6.8 million. This expenditure exceeds the amount transferred to date by \$17,000, but additional funds are expected to be transferred in the future.
- **Summer Youth Internship Projects:** The Governor has transferred \$1.3 million to provide internship opportunities in high-demand fields to youth with barriers and/or who are at risk of not graduating. The IWD has expended the balance of the funds.
- **Labor Market Information System:** The Governor has transferred \$437,000 to improve the State's ability to provide labor market information data to stakeholders. The IWD has expended \$449,000. This expenditure exceeds the amount transferred to date by \$11,000, but additional funds are expected to be transferred in the future.
- **Child Care Challenge Business Incentive:** The Governor has transferred \$7.8 million to help employers offer or expand child care options as a benefit to their employees. Funds awarded will support local infrastructure investments to build or expand child care capacity or support arrangements between employers and child care facilities to expand and reserve child care slots. The IWD has expended \$7.2 million, and there is a balance of \$628,000 remaining.
- **Health Careers Registered Apprenticeship:** The Governor has transferred \$778,000 to support community efforts to establish new or expand existing registered apprenticeship programs for health care careers for high school students. Supplemental assistance will be provided to acquire simulation software and hardware to further enhance apprentices' educational and practical experience and readiness for the field. The IWD has expended \$788,000. This expenditure exceeds the amount transferred to date by \$10,000, but additional funds are expected to be transferred in the future.
- **Health Careers Registered Apprenticeship 2.0:** The Governor has transferred \$467,000 to establish new or expand existing high school-based and/or adult registered apprenticeship programs for health careers in emergency medical services, nursing, direct support care, and behavioral health career pathways. The program provides alternative pathways to health education, degrees, and certifications. The IWD has expended \$555,000. This expenditure exceeds the amount transferred to date by \$88,000, but additional funds are expected to be transferred in the future.
- **Work-Based Learning Professional Profiling System:** The Governor has transferred \$950,000 for an application that will track apprenticeship credentials that are shared with employers. The IWD has expended \$1.6 million. This expenditure exceeds the amount transferred to date by \$683,000, but additional funds are expected to be transferred in the future.
- **Teacher and Paraeducator Registered Apprenticeship:** The Governor has transferred \$21.2 million to provide opportunities for current high school students and adults to earn a paraeducator certificate and associate degree and for paraeducators to earn their bachelor's degree while learning and working in the classroom. The IWD has expended \$21.2 million, and there is a balance of \$600 remaining.
- **Iowa Language Learners Job Training Program:** The Governor has transferred \$119,000 to encourage and enable businesses and employer consortiums to provide on-site language learning opportunities to reduce language barriers within the workplace. The IWD has expended \$147,000. This expenditure exceeds the amount transferred to date by \$28,000, but additional funds are expected to be transferred in the future.

- **Statewide Commercial Driver’s License (CDL) Infrastructure:** The Governor has transferred \$2.0 million to provide grants to community colleges for the development and/or expansion of CDL infrastructure. The IWD has expended \$2.0 million. This expenditure exceeds the amount transferred to date by \$800, but additional funds are expected to be transferred in the future.
- **Entry-Level Driver Training Program:** The Governor has transferred \$323,000 to reimburse employers and nonprofits that provide Entry-Level Driver Training (ELDT). The IWD has expended \$394,000. This expenditure exceeds the amount transferred to date by \$71,000, but additional funds are expected to be transferred in the future.
- **IowaWORKS Mobile:** The Governor has transferred \$308,000 for a mobile workforce center. The goal of the center is to expand the reach of Iowa’s workforce-related programs and speed up the response in situations where there are large layoffs in a particular town. The IWD has expended \$269,000, and there is a balance of \$39,000 remaining.
- **Home Base Iowa Portal:** The Governor has transferred \$197,000 to improve job resources and data collection through the IowaWORKS platform related to veterans employed through Home Base Iowa. The IWD has expended \$145,000, and there is a balance of \$52,000 remaining.

Coronavirus Capitals Fund. The Coronavirus Capitals Fund is another source of federal funding under the discretion of the Governor. The funding for this program will total \$152.2 million. These funds will be allocated for broadband expansion in Iowa. As of January 7, 2024, \$19.5 million has been transferred to the Broadband Fund and the OCIO is reporting \$19.5 million in expenditures. Additional transfers to the Broadband Fund are expected.

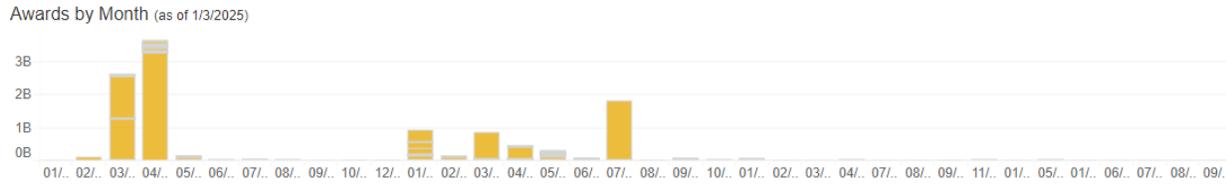
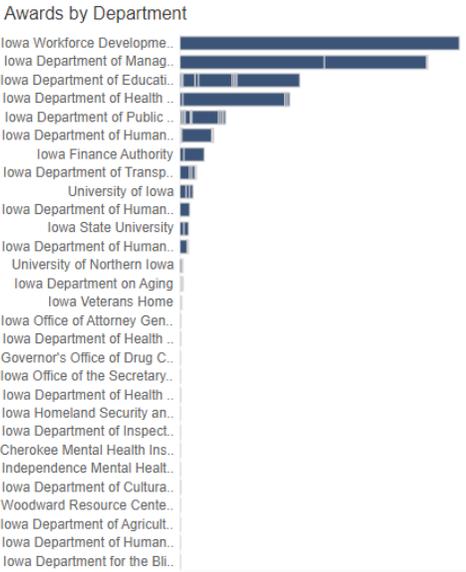
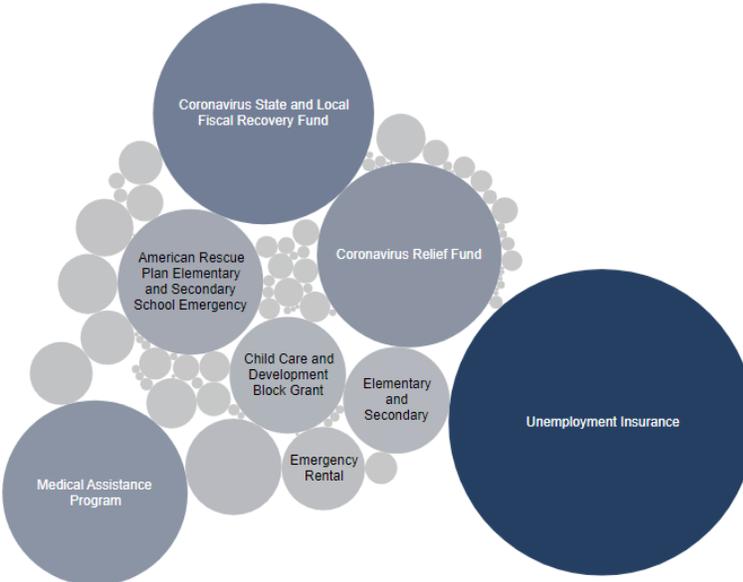
Reporting Requirements. On June 17, 2021, the U.S. Department of the Treasury released [Compliance and Reporting Guidance](#) for the State and Local Fiscal Recovery Funds, which required the State to submit an Interim Report and a Recovery Plan Performance Report to the federal government by August 31, 2021.

In addition to the requirement to submit the reports to the federal government, 2021 Iowa Acts, chapter [172](#) (FY 2022 and FY 2023 Federal Block Grant Appropriations Act), requires that whenever the DOM is required to report to the U.S. Department of the Treasury on the State and Local Fiscal Recovery Funds, the DOM is also required to submit the same information to the LSA. The DOM filed the information with the LSA on August 1, 2024. The most recent [report](#) issued by the DOM is available on the LSA website.

Dashboard: Federal COVID-19 Relief — Awards and Expenditures. The Fiscal Services Division of the LSA has published an interactive dashboard that displays details regarding federally provided COVID-19 relief. The dashboard details statewide awards and expenditures at the program level. The dashboard is available at: legis.iowa.gov/publications/covid19Relief.

Federal COVID-19 Relief Awards
 Iowa Legislative Services Agency || Source: Iowa Department of Management
\$11.421B Total Reported Awards
87 Federal Programs Reported

About this dashboard
 Click the icon on/off



The data displayed in this dashboard is provided by the DOM and is updated periodically. The dashboard does not include awards for the Coronavirus Capitals Fund, and reporting interest on awards to the ICRF and the SLFRF may be delayed. The dashboard allows users to review detailed information regarding awarded and expended funds. Additional details may be available upon request.

Additional Information. The DOM and DAS have established a process for tracking expenditures of federal funds that State agencies have received for costs associated with the COVID-19 pandemic. The expenditure data is available at data.iowa.gov.

The LSA will continue to analyze the estimated funding allocations to Iowa and will provide future updates as more information becomes available. For more information about awards, allocations, or expenditures, please contact the LSA.

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Appendix – Federal Awards by Department and Program

LSA Staff Contacts: Evan Johnson (515.281.6301) and Louie Hoehle (515.281.6561)
 Source: data.iowa.gov || Updated Through January 3, 2025

Department	Federal Program	Awards	Expenses	Available Funds
Aging	Elder Abuse Prevention Interventions Program	\$38,952	(\$38,240)	\$712
	National Family Caregiver Support, Title III, Part E	\$2,412,567	(\$2,402,251)	\$10,316
	Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	\$6,903,516	(\$6,884,663)	\$18,853
	Special Programs for the Aging, Title III, Part C, Nutrition Services	\$15,957,362	(\$15,900,648)	\$56,714
	Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	\$426,326	(\$426,326)	\$0
	Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	\$692,290	(\$677,983)	\$14,307
	Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals	\$292,850	(\$292,003)	\$847
	Total	\$26,723,863	(\$26,622,114)	\$101,749
Agriculture and Land Stewardship	Plant and Animal Disease, Pest Control, and Animal Care	\$266,176	(\$237,992)	\$28,184
	Total	\$266,176	(\$237,992)	\$28,184
Blind	Randolph-Sheppard – Financial Relief and Restoration Payments	\$203,966	(\$203,966)	\$0
	Total	\$203,966	(\$203,966)	\$0
Cultural Affairs	Promotion of the Humanities Division of Preservation and Access	\$465,700	(\$465,700)	\$0
	Promotion of the Humanities Federal/State Partnership	\$442,700	(\$442,700)	\$0
	Total	\$908,400	(\$908,400)	\$0
Drug Control Policy	Coronavirus Emergency Supplemental Funding Program	\$5,754,321	(\$5,781,132)	(\$26,811)
	Total	\$5,754,321	(\$5,781,132)	(\$26,811)
Education	American Rescue Plan Elementary and Secondary School Emergency Relief	\$775,053,259	(\$745,187,369)	\$29,865,890
	American Rescue Plan Elementary and Secondary School Emergency Relief – Homeless Children and Youth (ARP-HCY)	\$5,075,905	(\$4,068,262)	\$1,007,643
	American Rescue Plan Emergency Assistance to Non-Public Schools	\$23,744,042	(\$21,690,835)	\$2,053,207
	Child and Adult Care Food Program	\$1,862,614	(\$1,683,903)	\$178,711
	Coronavirus Response and Relief Supplemental Appropriations Emergency Assistance for Non-Public Schools	\$26,271,345	(\$26,271,345)	\$0
	Elementary and Secondary School Emergency Relief Fund	\$416,489,855	(\$416,489,855)	\$0

Appendix – Federal Awards by Department and Program

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 Source: data.iowa.gov || Updated Through January 3, 2025

Department	Federal Program	Awards	Expenses	Available Funds
Education	Governor's Emergency Relief Fund	\$37,783,389	(\$37,337,717)	\$445,672
	Grants to States	\$2,974,383	(\$2,581,572)	\$392,811
	National School Lunch Program	\$145,213,421	(\$145,100,039)	\$113,382
	Pandemic EBT Administrative Costs	\$204,482	(\$203,868)	\$614
	Rethink K12 Education Models Grants	\$17,681,016	(\$12,612,426)	\$5,068,590
	Special Education - Grants for Infants and Families	\$2,203,609	(\$2,203,609)	\$0
	Special Education Grants to States	\$25,016,861	(\$25,016,861)	\$0
	Special Education Preschool Grants	\$2,032,917	(\$2,032,917)	\$0
	Supply Chain Resiliency: Farm to School State Agency Formula Grant	\$892,116	(\$206,523)	\$685,593
	Total		\$1,482,499,214	(\$1,442,687,101)
Homeland Security and Emer. Mgmt.	Emergency Performance Management Grant	\$2,640,448	(\$2,487,008)	\$153,440
	Total	\$2,640,448	(\$2,487,008)	\$153,440
Human Rights	Community Services Block Grant	\$10,821,398	(\$10,813,390)	\$8,008
	Low-Income Home Energy Assistance	\$92,842,993	(\$93,595,152)	(\$752,159)
	Total	\$103,664,391	(\$104,408,543)	(\$744,152)
Human Services	Adoption Assistance	\$16,552,708	(\$16,552,708)	\$0
	Block Grants for Community Mental Health Services	\$18,067,154	(\$13,706,076)	\$4,361,078
	CDC's Collaboration with Academia to Strengthen Public Health	\$2,634,651	\$0	\$2,634,651
	Chafee Education and Training Vouchers Program (ETV)	\$697,415	(\$697,415)	\$0
	Child Abuse and Neglect State Grants	\$985,790	(\$918,255)	\$67,535
	Child Care and Development Block Grant	\$496,585,094	(\$459,703,139)	\$36,881,955
	Children's Health Insurance Program	\$34,434,859	(\$34,434,859)	\$0
	Community-Based Child Abuse Prevention Grants	\$2,424,305	(\$55,000)	\$2,369,305

Appendix – Federal Awards by Department and Program

LSA Staff Contacts: Evan Johnson (515.281.6301) and Louie Hoehle (515.281.6561)
 Source: data.iowa.gov || Updated Through January 3, 2025

Department	Federal Program	Awards	Expenses	Available Funds
Human Services	Developmental Disabilities Basic Support and Advocacy Grants	\$36,536	(\$25,990)	\$10,546
	Elder Abuse Prevention Interventions Program	\$1,696,036	(\$2,702,209)	(\$1,006,173)
	Emergency Food Assistance Program (Administrative Costs)	\$2,492,473	(\$2,492,473)	\$0
	Foster Care Title IV-E	\$1,958,252	(\$1,958,252)	\$0
	Guardianship Assistance	\$747,333	(\$747,333)	\$0
	Immunization Cooperative Agreements	\$1,136,933	\$0	\$1,136,933
	John H. Chafee Foster Care Program for Successful Transition to Adulthood	\$4,798,212	(\$3,615,176)	\$1,183,036
	MaryLee Allen Promoting Safe and Stable Families Program	\$610,050	(\$161,403)	\$448,647
	Medical Assistance Program	\$1,257,493,348	(\$1,257,493,348)	\$0
	Money Follows the Person Rebalancing Demonstration	\$37,918,155	(\$37,918,155)	\$0
	Pandemic EBT Administrative Costs	\$5,888,500	(\$7,329,211)	(\$1,440,711)
	Provider Relief Fund	\$4,525,988	(\$4,379,825)	\$146,163
	Refugee and Entrant Assistance State/Replacement Designee Administered Programs	\$264,134	(\$264,134)	\$1
	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	\$594,192	(\$594,192)	\$0
	Stephanie Tubbs Jones Child Welfare Services Program	\$476,722	(\$476,722)	\$0
Temporary Assistance for Needy Families	\$6,333,899	(\$7,057,092)	(\$723,194)	
Total	\$1,899,352,739	(\$1,853,282,967)	\$46,069,772	
Inspections and Appeals	State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	\$2,277,832	(\$706,820)	\$1,571,012
	Total	\$2,277,832	(\$706,820)	\$1,571,012
Iowa Finance Authority	Emergency Rental Assistance Program	\$254,716,328	(\$93,842,543)	\$160,873,785
	Homeowner Assistance Fund	\$50,000,000	(\$33,186,317)	\$16,813,683
	Total	\$304,716,328	(\$127,028,860)	\$177,687,468
Justice	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	\$4,894,484	(\$3,687,147)	\$1,207,337

Appendix – Federal Awards by Department and Program

LSA Staff Contacts: Evan Johnson (515.281.6301) and Louie Hoehle (515.281.6561)

Source: data.iowa.gov || Updated Through January 3, 2025

Department	Federal Program	Awards	Expenses	Available Funds
Justice	Family Violence Prevention and Services/Sexual Assault/Rape Crisis Services and Supports	\$1,803,338	(\$1,543,572)	\$259,766
	Total	\$6,697,822	(\$5,230,719)	\$1,467,103
Management	Child Care and Development Block Grant	\$0	(\$5,881,444)	(\$5,881,444)
	Total	\$0	(\$5,881,444)	(\$5,881,444)
Public Health	Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	\$31,646,110	(\$31,464,713)	\$181,397
	Behavioral Risk Factor Surveillance System	\$19,479	(\$19,479)	\$0
	Block Grants for Prevention and Treatment of Substance Abuse	\$23,239,115	(\$19,785,164)	\$3,453,951
	CDC's Collaboration with Academia to Strengthen Public Health	\$31,483,900	(\$3,112,325)	\$28,371,575
	Emergency Grants to Address Mental and Substance Use Disorders During COVID-19	\$3,258,566	(\$3,186,880)	\$71,686
	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	\$340,871,182	(\$183,481,080)	\$157,390,102
	Grants to States for Loan Repayment	\$2,137,754	(\$1,216,172)	\$921,582
	HIV Care Formula Grants	\$173,500	(\$173,500)	\$0
	Immunization Cooperative Agreements	\$68,753,135	(\$41,462,587)	\$27,290,548
	Maternal, Infant, and Early Childhood Home Visiting Program	\$5,862,138	(\$5,215,387)	\$646,751
	National Bioterrorism Hospital Preparedness Program	\$2,464,248	(\$2,158,263)	\$305,985
	National Center for Injury Prevention and Control	\$33,588	(\$33,588)	\$0
	Preventive Health Services: Sexually Transmitted Diseases Control Grants	\$4,672,767	(\$4,145,964)	\$526,803
	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	\$25,057,696	(\$16,773,582)	\$8,284,114
	Public Health Training Centers Program	\$3,000,000	(\$1,599,068)	\$1,400,932
	Rural Health Research Centers	\$17,569,568	(\$16,352,830)	\$1,216,738
Small Rural Hospital Improvement Grant Program	\$7,277,182	(\$7,277,182)	\$0	
Traumatic Brain Injury State Demonstration Grant Program	\$86,400	(\$71,638)	\$14,762	
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	\$9,778,952	(\$6,218,785)	\$3,560,167	

Appendix – Federal Awards by Department and Program

LSA Staff Contacts: Evan Johnson (515.281.6301) and Louie Hoehle (515.281.6561)
 Source: data.iowa.gov || Updated Through January 3, 2025

Department	Federal Program	Awards	Expenses	Available Funds
Public Health	Total	\$577,385,280	(\$343,748,188)	\$233,637,092
Regents	Higher Education Emergency Relief Fund	\$107,569,348	(\$107,569,348)	\$0
	Higher Education Emergency Relief Fund II	\$131,249,902	(\$131,249,902)	\$0
	Provider Relief Fund	\$79,531,217	(\$79,531,217)	\$0
	Total	\$318,350,467	(\$318,350,467)	\$0
Secretary of State	2018 HAVA Election Security Grants	\$4,870,694	(\$4,870,694)	\$0
	Total	\$4,870,694	(\$4,870,694)	\$0
Transportation	Enhanced Mobility of Seniors and Individuals with Disabilities	\$349,811	(\$313,888)	\$35,923
	Federal Transit Formula Grants	\$42,820,959	(\$40,970,436)	\$1,850,523
	Formula Grants for Rural Areas and Tribal Transit Program	\$25,533,200	(\$15,805,243)	\$9,727,957
	Highway Planning and Construction	\$121,866,016	(\$120,985,646)	\$880,370
	Total	\$190,569,986	(\$178,075,213)	\$12,494,773
Veterans Affairs	Provider Relief Fund	\$4,847,353	(\$4,847,353)	\$0
	Veterans State Nursing Home Care	\$7,092,601	(\$7,092,601)	\$0
	Total	\$11,939,954	(\$11,939,955)	\$0
Workforce Development	Child Care and Development Block Grant	\$0	(\$33,109,243)	(\$33,109,243)
	Unemployment Insurance	\$3,437,497,169	(\$2,992,958,195)	\$444,538,974
	WIOA National Dislocated Worker Grants / WIA National Emergency Grants	\$1,665,000	(\$977,610)	\$687,390
	Total	\$3,439,162,169	(\$3,027,045,047)	\$412,117,122
Total		\$8,377,984,051	(\$7,459,496,628)	\$918,487,423



Appendix G – General Fund Health and Human Services Spreadsheet

Analysis of the Governor's Budget Recommendations

This spreadsheet is used to demonstrate the incremental change in the appropriations from one fiscal year to the next. Similar to the Schedule 1 in the State Accounting System, these are the decision packages used to show the incremental change to an appropriation.

Health and Human Services

General Fund

	Estimated FY 2025 (2)	Gov Rec FY 2026 (3)	Gov Rec vs Est FY 2025 (4)
<u>Veterans Affairs, Department of</u>			
General Administration	\$ 1,369,205	\$ 1,369,205	\$ 0
General Operating Expenses	0	15,538	15,538
Total General Administration	\$ 1,369,205	\$ 1,384,743	\$ 15,538
Home Ownership Assistance Program	\$ 2,200,000	\$ 2,200,000	\$ 0
Unfunded Need	0	500,000	500,000
Total Home Ownership Assistance Program	\$ 2,200,000	\$ 2,700,000	\$ 500,000
Total Veterans County Grants – Standing	\$ 990,000	\$ 990,000	\$ 0
Iowa Veterans Home	\$ 8,145,736	\$ 8,145,736	\$ 0
General Operating Expenses	0	88,766	88,766
Total Iowa Veterans Home	\$ 8,145,736	\$ 8,234,502	\$ 88,766
Total Veterans Affairs, Department of	\$ 12,704,941	\$ 13,309,245	\$ 604,304
<u>Health and Human Services, Department of</u>			
Total Child Abuse Prevention – Standing	\$ 232,570	\$ 232,570	\$ 0
Total Congenital & Inherited Disorders Registry – Standing	\$ 223,521	\$ 223,521	\$ 0
Total Psychiatry Residency & Fellowship Program – Standing	\$ 1,200,000	\$ 1,200,000	\$ 0
Total Centers of Excellence – Standing	\$ 425,000	\$ 425,000	\$ 0
Total LIHEAP Weatherization Assistance Program – Standing	\$ 1	\$ 1	\$ 0
Total Substance Abuse Disorder Program - Standing	\$ 2,000,000	\$ 2,000,000	\$ 0
Total Commission of Inquiry – Standing	\$ 1,394	\$ 1,394	\$ 0
Total Nonresident Mental Illness Commitment – Standing	\$ 142,802	\$ 142,802	\$ 0

Health and Human Services

General Fund

	Estimated FY 2025 (2)	Gov Rec FY 2026 (3)	Gov Rec vs Est FY 2025 (4)
Aging and Disability Services	\$ 19,088,714	\$ 19,088,714	\$ 0
General Operating Expenses	0	120,108	120,108
Total Aging and Disability Services	\$ 19,088,714	\$ 19,208,822	\$ 120,108
Behavioral Health	\$ 24,400,114	\$ 24,400,114	\$ 0
General Operating Expenses	0	42,233	42,233
Total Behavioral Health	\$ 24,400,114	\$ 24,442,347	\$ 42,233
Public Health	\$ 22,531,821	\$ 22,531,821	\$ 0
General Operating Expenses	0	96,062	96,062
Consolidation of Health Care Loan Repayment Program	0	-214,000	-214,000
Total Public Health	\$ 22,531,821	\$ 22,413,883	\$ -117,938
Community Access and Eligibility	\$ 68,043,944	\$ 68,043,944	\$ 0
General Operating Expenses	0	501,194	501,194
Total Community Access and Eligibility	\$ 68,043,944	\$ 68,545,138	\$ 501,194
Child Support Services	\$ 15,434,282	\$ 15,434,282	\$ 0
General Operating Expenses	0	210,960	210,960
Total Child Support Services	\$ 15,434,282	\$ 15,645,242	\$ 210,960
Medical Assistance	\$ 1,650,866,536	\$ 1,650,866,536	\$ 0
Medicaid Shortfall	0	174,124,700	174,124,700
Provider Reimbursement (Nursing Facility Rebasing)	0	25,000,000	25,000,000
CHIP/Hawki Shortfall	0	19,199,028	19,199,028
Provider Reimbursement (Annual Rate Review)	0	4,971,128	4,971,128
Pharmacy Dispensing Fee	0	2,350,866	2,350,866
Maternal Health Rate State Adjustment	0	420,000	420,000
Maternal Health Rate Doula Services Reimbursement	0	220,000	220,000
Maternal Health Rate Midwife Increase	0	2,000	2,000
Certified Community Behavioral Health Clinics Realignment	0	-3,000,000	-3,000,000
Total Medical Assistance	\$ 1,650,866,536	\$ 1,874,154,258	\$ 223,287,722
Health Program Operations	\$ 39,597,231	\$ 39,597,231	\$ 0
General Operating Expenses	0	75,607	75,607
Total Health Program Operations	\$ 39,597,231	\$ 39,672,838	\$ 75,607

Health and Human Services

General Fund

	Estimated FY 2025 (2)	Gov Rec FY 2026 (3)	Gov Rec vs Est FY 2025 (4)
Child Care Assistance	\$ 34,966,931	\$ 34,966,931	\$ 0
General Operating Expenses	0	16,156	16,156
Total Child Care Assistance	<u>\$ 34,966,931</u>	<u>\$ 34,983,087</u>	<u>\$ 16,156</u>
Early Intervention and Supports	\$ 35,277,739	\$ 35,277,739	\$ 0
General Operating Expenses	0	24,295	24,295
Total Early Intervention and Supports	<u>\$ 35,277,739</u>	<u>\$ 35,302,034</u>	<u>\$ 24,295</u>
Child Protective Services	\$ 166,101,034	\$ 166,101,034	\$ 0
QRTP and Shelter Rate Increase	0	4,836,436	4,836,436
General Operating Expenses	0	1,214,281	1,214,281
Total Child Protective Services	<u>\$ 166,101,034</u>	<u>\$ 172,151,751</u>	<u>\$ 6,050,717</u>
State Specialty Care	\$ 100,006,128	\$ 100,006,128	\$ 0
General Operating Expenses	0	1,191,962	1,191,962
Staffing Annualization	0	1,145,417	1,145,417
Total State Specialty Care	<u>\$ 100,006,128</u>	<u>\$ 102,343,507</u>	<u>\$ 2,337,379</u>
Accountability, Compliance, and Program Integrity	\$ 22,356,598	\$ 22,356,598	\$ 0
General Operating Expenses	0	423,944	423,944
CJJP Staff Shift to Department of Management	0	-874,059	-874,059
Total Accountability, Compliance, and Program Integrity	<u>\$ 22,356,598</u>	<u>\$ 21,906,483</u>	<u>\$ -450,115</u>
Total Health and Human Services, Department of	<u>\$ 2,202,896,360</u>	<u>\$ 2,434,994,678</u>	<u>\$ 232,098,318</u>
Total Health and Human Services Appropriations	<u><u>\$ 2,215,601,301</u></u>	<u><u>\$ 2,448,303,923</u></u>	<u><u>\$ 232,702,622</u></u>



Appendix H – Temporary Assistance For Needy Families Balance Sheet

Analysis of the Governor's Budget Recommendations

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 Temporary Assistance for Needy Families (TANF) Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses. Iowa's federal TANF grant is \$130,600,000 per year.

The balance sheet in this appendix shows the distribution of the TANF block grant.

TANF Balance Sheet

	Actual FY 2022	Actual FY 2023	Actual FY 2024	Estimated FY 2025	Gov Rec FY 2026
Revenues					
Beginning Balance	\$ 21,471,298	\$ 47,000,953	\$ 75,394,606	\$ 117,446,354	\$ 104,024,039
TANF Surplus from CFS	0	0	0	0	0
TANF Payment	130,558,068	130,558,068	130,558,068	130,558,068	130,558,068
Total Revenues	<u>\$ 152,029,366</u>	<u>\$ 177,559,021</u>	<u>\$ 205,952,674</u>	<u>\$ 248,004,422</u>	<u>\$ 234,582,107</u>
Appropriations					
Family Investment Program	\$ 1,931,687	\$ 2,131,718	\$ 2,252,945	\$ 4,881,085	\$ 4,881,085
FaDSS	2,889,837	2,695,012	3,094,816	2,888,980	2,888,980
PROMISE JOBS Program	3,986,449	2,826,748	3,924,087	5,412,060	5,412,060
Training and Technology	324,543	379,318	387,517	1,037,186	1,037,186
Child Abuse Prevention	125,000	74,194	0	125,000	125,000
Pregnancy Prevention	1,604,227	1,602,232	1,430,257	1,913,203	1,913,203
Child Care Assistance	26,205,412	26,205,412	26,205,412	47,166,826	47,166,826
Child and Family Services	32,380,654	31,192,889	35,161,880	32,501,575	32,501,575
General Administration	3,744,000	3,744,000	3,744,000	3,744,000	3,744,000
Field Operations	31,826,088	31,296,335	31,296,232	31,296,232	31,296,232
Expanded Categorical Eligibility for SNAP	10,516	16,557	7,150	14,236	14,236
Community Accesss and Eligibility	0	0	0	5,000,000	5,000,000
ICAR System	0	0	0	5,000,000	5,000,000
Kinship Stipend	0	0	0	3,000,000	3,000,000
Total Appropriations	<u>\$ 105,028,413</u>	<u>\$ 102,164,415</u>	<u>\$ 107,504,296</u>	<u>\$ 143,980,383</u>	<u>\$ 143,980,383</u>
Reversions	0	0	18,997,976	0	0
Ending Balance	<u><u>\$ 47,000,953</u></u>	<u><u>\$ 75,394,606</u></u>	<u><u>\$ 117,446,354</u></u>	<u><u>\$ 104,024,039</u></u>	<u><u>\$ 90,601,724</u></u>

Notes:

TANF - Temporary Assistance for Needy Families
FaDSS - Family Development and Self-Sufficiency Program
ICAR - Iowa Collection and Reporting System



Appendix I – Budget Unit Briefs

Analysis of the Governor’s Budget Recommendations

Budget Unit Briefs are created by the LSA and contain background information related to State appropriations and special purpose funds. Budget Unit Briefs are available for every State appropriation made for the current fiscal year (FY) and can be found at the following link: www.legis.iowa.gov/publications/fiscal/budgetUnitInfo

The following Budget Unit Briefs are available for Health and Human Services Subcommittee FY 2025 appropriations. The Budget Units are presented in Tracking order.

General Fund Budget Unit Briefs

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Veterans Affairs — General Administration

History and Purpose

The Iowa Department of Veterans Affairs (DVA) was created in 1978 Iowa Acts, chapter [1040](#) (Department of Veterans Affairs Act), and was reorganized into the Veterans Affairs Division within the Department of Public Defense (DPD) in 1986 Iowa Acts, chapter [1245](#) (State Government Reorganization Act). The Division was removed from the DPD and became an independent commission in 1992 Iowa Acts, chapter [1140](#) (Veterans Affairs Act), and was re-established as a department in 2005 Iowa Acts, chapter [115](#) (Veterans Affairs Act). Prior to the inception of the DVA, many of the Department's current duties were assigned to the Adjutant General.

The mission of the DVA is to serve veterans and their families, to connect veterans with available benefits, to provide dignified services and compassionate family assistance, and to provide high-quality operations at the Iowa Veterans Cemetery. The administrative staff is located at Camp Dodge in Johnston. The overall responsibilities can be summarized as follows:

- Educating veterans and active duty reserve members on entitlements and resources under State and federal laws.
- Acting as a central point of contact in State government for veterans' issues.
- Maintaining the burial records of over 185,000 deceased Iowa veterans.

Services Provided

The DVA is responsible for fulfilling the following tasks:

- Maintaining and disseminating information to veterans and the public regarding facilities, benefits, and services available to veterans and their families, and assisting veterans and their families in obtaining such benefits and services.
- Maintaining information and data concerning the military service records of Iowa veterans.
- Assisting County Veteran Affairs Commissions established pursuant to Iowa Code chapter [35B](#).
- Overseeing the Iowa Veterans Cemetery.

State programs that the DVA operates or participates in include the following:

- County Veterans Affairs Commission grants.
- A variety of assistance grants from the Veterans Trust Fund.
- War Orphans Tuition Assistance.
- Military Homeownership Assistance Program.
- Vietnam Conflict Veterans Bonus.
- Home Base Iowa Initiative.

More Information

Iowa Department of Veterans Affairs: va.iowa.gov
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Funding

The budget for DVA general administration is completely supported by the General Fund. Funding is used for both general operations and cemetery operations. Budget support is provided through the DPD.

Related Statutes and Administrative Rules

Iowa Code chapter [35A](#)

Iowa Administrative Code [801](#)

Budget Unit Number

6700V010001

1519839

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Veterans Homeownership Program

Purpose and History

The Veterans Homeownership Program began in FY 2005 and is administered by the Iowa Finance Authority (IFA). A \$5,000 grant is available to a service member or a surviving spouse for a 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.

To be eligible for this program, an individual must meet one of the following criteria:

- Have served 90 days of active duty between August 2, 1990, and April 6, 1991, or from September 11, 2001, to the present.
- Be a federal status injured service person having served in active duty between August 2, 1990, and April 6, 1991, or from September 11, 2001, to the present.
- Be a surviving spouse of a service member who has had a discharge other than dishonorable.

The Iowa Department of Veterans Affairs (DVA) reviews each application to determine the applicant's eligibility as a veteran or surviving spouse, and the IFA determines eligibility for the qualifying loan.

Funding

The DVA receives an annual General Fund appropriation and transfers the funds to the IFA. From FY 2005 to FY 2012, an annual appropriation was made from the Rebuild Iowa Infrastructure Fund (RIIF). Beginning in FY 2013, the annual appropriation was made from the General Fund. Funds are available through June 30 of the fiscal year, or when the available funds are expended or obligated. Funds are considered obligated if the IFA and the DVA receive an application and the veteran is qualified for the Program.

The IFA has not been charging any administrative fees for its handling of applications for the Program.

Related Statutes and Administrative Rules

Iowa Code section [16.54](#)

Iowa Administrative Code [265—27](#)

Budget Unit Number

6700V060001

1520029

More Information

Iowa Department of Veterans Affairs: va.iowa.gov

Iowa Finance Authority: iowafinanceauthority.gov/Public/Pages/PC79LN25

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Veterans County Grants

Purpose and History

The County Allocation Program began in FY 2007. The Program requires the Department of Veterans Affairs to annually allocate \$10,000, if funding is available, from the County Commission of Veterans Affairs Fund to each county. The moneys must be used for the administration and maintenance of the County Commission of Veterans Affairs office. Staff must agree to maintain the current spending level compared to the previous fiscal year. Each participating county is required to submit a detailed report to the Iowa Department of Veterans Affairs to identify how the county increased services to veterans with the allocated moneys.

Funds remaining in the County Commission of Veterans Affairs Fund after the allocations have been distributed to the counties will be used by the Department of Veterans Affairs to provide for County Commission of Veterans Affairs training programs. 2024 Iowa Acts, [House File 2663](#) (Veteran Service Officer Training Appropriations Act) allocated \$3,000 to each County Commission of Veterans Affairs to be used for national training and expenses of county veteran service officers. The funds for this allocation were appropriated from the Veterans Trust Fund.

The Department is required to submit a report by October 1 of each year to the General Assembly summarizing the impact of the County Allocation Program on increasing services to veterans at the county level.

Some of the most commonly reported uses of the moneys by the counties are as follows:

- State and national training.
- Increased office hours or personnel (salaries).
- Computers, copiers, printers, phones, and other office supplies.
- Veterans Information Management System (VIMS) software.
- Office rent, new offices, and furniture.
- Outreach.

Funding

Iowa Code section [35A.16](#) provides for a standing appropriation of \$990,000 for the Program. The moneys are intended to be used for outreach to veterans in each county's communities.

Related Statutes and Administrative Rules

Iowa Code section [35A.16](#)

Iowa Administrative Code [801—7](#)

Budget Unit Number

6700V140001

1520028

More Information

Iowa Department of Veterans Affairs: va.iowa.gov

List of County Veterans Service Offices: va.iowa.gov/counties

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Iowa Veterans Home

Background

The Iowa Veterans Home (IVH), located in Marshalltown, Iowa, provides both nursing home and residential levels of care for Iowa's aged, chronically ill, or disabled veterans, dependent spouses, and surviving spouses.

In 1886, the Iowa General Assembly approved an appropriation of \$75,000 for the establishment of an Iowa Soldiers Home "to provide a home and subsistence for all honorably discharged soldiers, sailors, and marines who had served in the Army and Navy of the United States, and who are disabled by disease, illness, or otherwise." The Home was constructed in 1887. In 1975, the Iowa General Assembly changed the name of the Iowa Soldiers Home to the Iowa Veterans Home.

The role of the IVH has evolved considerably over the years. The IVH was originally a domiciliary for veterans with insufficient resources to live independently or for veterans unable to earn a livelihood by virtue of disability. Today, the IVH is a facility that serves veterans with chronic conditions rather than those with insufficient incomes. The IVH also provides services to spouses of qualified veterans. Spouses qualify for admission if they have been married to a veteran for at least one year before the date of application and meet residency requirements. For FY 2024, the average daily census at the IVH was 396 residents.

Services

Each resident of the IVH is assigned a staff physician, physician's assistant or nurse practitioner, registered nurse, social worker, recreation therapist, and dietitian to manage treatment and care. In addition to health services, the IVH provides dental services and a variety of recreational services on and off the campus, as well as transportation.

Funding

The IVH receives revenue from 36.8% Medicaid, 27.3% U.S. Department of Veterans Affairs per diem, 13.7% resident support, 9.3% General Fund appropriations, and 12.9% other sources.

Related Statutes and Administrative Rules

Iowa Code chapters [35A](#) and [35D](#)

Iowa Administrative Code [801—10](#)

Budget Unit Number

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Doc ID 1443741

More Information

Iowa Veterans Home: dva.iowa.gov/iowa-veterans-home
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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

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Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Family Investment Program/PROMISE JOBS

Family Investment Program

The Family Investment Program (FIP) is administered by the Department of Health and Human Services (HHS) and is Iowa's cash assistance program under the federal Temporary Assistance for Needy Families (TANF) Block Grant. The Program provides cash assistance to low-income families with children and provides services that are designed to help those families become self-sufficient. To be eligible for the FIP, individuals must meet all income and asset requirements, be a resident of Iowa, and be a U.S. citizen or legally qualified noncitizen (such as a refugee). In FY 2023, there was an average of 4,564 families per month receiving FIP assistance, with an average annual benefit of \$1,610 per recipient. The Program has a 60-month lifetime benefit limit with exceptions in cases of hardship. The average family receives FIP assistance for 22 months.

PROMISE JOBS

The PROMISE JOBS program, or "Promoting Independence and Self-Sufficiency Through Employment," provides work and training services to FIP participants. All FIP applicants must participate in PROMISE JOBS unless they are exempt. The HHS contracts with Iowa Workforce Development to administer the program via 16 regional sites throughout the State. The average annual cost of services per person in the PROMISE JOBS program is \$4,427.

Population Served and Benefits Received

Approximately 66.6% of FIP recipients are one-parent families, 28.1% of households provide care to children of relatives, and the remaining 5.4% of families include both parents. The typical FIP family consists of a single Caucasian mother who has a high school diploma, is between 20 and 29 years of age, and has 2 children under the age of 6.

Family Self-Sufficiency Grant (FSSG) Program

The HHS contracts with Iowa Workforce Development to administer the FSSG program. The program provides up to \$1,000 per family per year to pay for work-related goods and services (e.g., car repair, clothing, and employment-related certification requirements). The program serves approximately 68 FIP families per month with an average grant per family of \$708.

Family Development and Self-Sufficiency Program

The Family Development and Self-Sufficiency (FaDSS) program assists FIP families with significant or multiple barriers to reach self-sufficiency. Participation in FaDSS is a voluntary option for families receiving FIP benefits. Eligible families are identified and referred to the program primarily by the PROMISE JOBS program. The FaDSS program is provided to families in all 99 Iowa counties through a network of 17 community action and nonprofit social services agencies. Utilizing a strength-based approach, the program is delivered to families through home visits by certified Family Development

More Information

HHS Family Investment Program: hhs.iowa.gov/programs/programs-and-services/cash-assistance/fip-tanf

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Specialists. Core services include assessment and screening, family-driven goal setting, referrals to community resources and supports, and advocacy and self-empowerment.

Tax Preparation Assistance to Low-Income Iowans

The FIP budget includes funding for Iowa-based nonprofit organizations to provide tax preparation assistance to low-income Iowans for the express purpose of expanding use of the federal and State earned income tax credit (EITC). State funds are available only to Iowa nonprofit organizations that are awarded federal funds under the Volunteer Income Tax Assistance (VITA) grant program.

Parenting Program

The HHS contracts with the YMCA of Greater Des Moines to administer the allocation for the Parenting Program. The Program is designed to help strengthen parental skills and involvement of parents with their children. Ongoing weekly classes are held for fatherhood, motherhood, and co-parenting at YMCA locations including the John R. Grubb YMCA and the South Suburban YMCA. The classes offer support in such areas as health and nutrition, effective communication, being a positive role model, co-parenting, financial education, and community resources.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the FIP/PROMISE JOBS appropriation has moved under the new appropriations of Community Access and Eligibility, Health Program Operations, and Early Intervention and Supports.

In prior fiscal years, the FIP was funded approximately 38.0% by the General Fund, 54.0% by federal funds, and 7.0% by other funding sources such as child support recovery collections that are used to offset public assistance.

Related Statutes and Administrative Rules

Iowa Code chapter [239B](#)

Iowa Code section [216A.107](#)

Iowa Administrative Code [441—40](#) and [441—93](#)

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Medicaid

Background

Medicaid (Medical Assistance) is a joint federal- and state-funded entitlement program that provides medical assistance to certain low-income individuals who are aged, blind, disabled, or pregnant and to children or members of families with dependent children.

Created in 1965 by Title XIX of the Social Security Act, the Medicaid program gave each state the freedom to design its own program by establishing eligibility standards; determining the type, scope, amount, and duration of services; setting service rates; and administering its own program. Because of this autonomy, programs tend to vary widely by state. In Iowa, Medicaid is managed by the Department of Health and Human Services (HHS).

Managed Care

The Department implemented the IA Health Link managed care program for the majority of the Medicaid population on April 1, 2016. Most Medicaid members are now being served by three managed care organizations (MCOs): Amerigroup, Iowa Total Care, and Molina Healthcare. The MCOs provide comprehensive health care services including physical health, pharmacy, behavioral health, and long-term supports and services. The Iowa Medicaid Program continues to operate a limited Fee-for-Service (FFS) program for the Medicaid members not enrolled in managed care.

Eligibility

Medicaid eligibility is determined not only by income level, but also by other criteria, such as citizenship, age, or condition, including pregnancy, disability, or blindness. For states to be eligible to receive federal matching funds, they are required to provide mandatory eligibility to certain groups. These include but are not limited to:

- Most families with children that receive federally assisted income maintenance payments.
- Recipients of Supplemental Security Income.
- Infants born to Medicaid-eligible pregnant women.
- Children under the age of six and pregnant women with family income at or below 133.0% of the federal poverty level (FPL).
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

States have also been given the latitude to expand Medicaid programs beyond the mandatory groups with federal approval and still receive federal matching funds. Iowa has chosen to expand coverage to children under the age of 21 and adults over the age of 65, individuals on a Home- and Community-Based Services Waiver who would be eligible if in an institution, and individuals needing breast or cervical cancer treatment and has expanded the program by creating Medicaid for Employed People with Disabilities and the Medically Needy Program.

More Information

IA Health Link: hhs.iowa.gov/iahealthlink

Title XIX of the Social Security Act: www.ssa.gov/OP_Home/ssact/title19/1900.htm

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One of the components of determining eligibility is citizenship and identity verification. For verification, applicants are required to provide either a passport or a birth certificate along with a government-issued identification document. Proof of citizenship is not required if applicants are already receiving Supplemental Security Income (SSI), Medicare, or Social Security disability benefits. Proof of citizenship is also not required for children in foster care and some subsidized adoption recipients. States are required to provide services that are adequate in duration, amount, and scope. Services must be offered throughout the state, and the amount cannot vary based on diagnosis or condition.

2023 Iowa Acts, [chapter 104](#) (Public Assistance Program Oversight Act), requires applicants for Medicaid benefits to complete a computerized identity authentication process to confirm the identity of the applicant and requires applicants or recipients of Medicaid to cooperate with the HHS Child Support Services as a condition of eligibility. The HHS is required to implement these provisions by July 1, 2025, or upon receipt of federal approval, if necessary.

Services

States that participate in the Medicaid program are also required to provide a minimum set of benefits (mandatory services) in order to receive federal matching funds. These services include:

- Inpatient and outpatient hospital services
- Physician services
- Medical and surgical dental services
- Nursing home care
- Home health care
- Family planning services and supplies
- Laboratory and x-ray services
- Early periodic screening, diagnosis, and treatment
- Other services

States have also been given the flexibility to provide additional services (optional services) to members. Iowa has chosen to provide prescription drugs; preventive dental services; chiropractic and podiatric services; durable medical equipment, such as wheelchairs, dentures, eyeglasses, and prosthetics; physical, occupational, and speech therapy; hospice care; home- and community-based waiver services; and other services.

Iowa Health and Wellness Program

Funding for the Iowa Health and Wellness Program is also included under the Medicaid appropriation. The Iowa Health and Wellness Program covers individuals ages 19 through 64 with income under 133.0% of the FPL. The program, administered by the MCOs, provides comprehensive health services and coverage that is equal to the benefits provided to State employees.

Enrollment and Expenditures

The most recent enrollment, expenditure estimates, and Federal Medical Assistance Percentage (FMAP) rates for Medicaid and the Iowa Health and Wellness Program can be found here:

www.legis.iowa.gov/publications/fiscal/medicaid.

Related Statutes and Administrative Rules

Iowa Code chapter [249A](#)

Iowa Administrative Code 441 — [73 through 91](#)

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Health Program Operations

Purpose

The Department of Health and Human Services (HHS) Health Program Operations appropriation funds the Iowa Medicaid Program and the third-party performance-based contracts with private vendors that administer the Program. The majority of day-to-day business operations, including oversight of managed care organizations (MCOs), claims processing, and vendor and member support, is handled through private vendors. The Medicaid Program is the second-largest health care payor in Iowa.

Services

The Medicaid Program oversees many different contracts with private vendors to administer day-to-day operations of the Program in these major contract areas:

- The External Quality Review Organization (EQRO) carries out review and quality assurance functions required by the federal Centers for Medicare and Medicaid Services (CMS). These functions are designed to ensure the integrity of the managed care program operations.
- Core Services processes all fee-for-service (FFS) claims, processes MCO capitation rates, operates systems including the Medicaid Management Information System (MMIS), and manages mailroom operations.
- The Quality Improvement Organization (QIO) provides clinical support such as performing all initial level of care (LOC) decisions for waiver and institutional care, approving MCO-recommended LOC changes and all FFS LOC reviews, providing utilization management and quality assurance for FFS members, and carrying out quality assurance for both the FFS and the managed care programs.
- Member Services is the State's Medicaid managed care enrollment broker. It provides customer services to the FFS population and provides assistance to members seeking issue resolution with the MCOs.
- Actuarial Contract establishes the managed care capitation rates and assists in the review of expenditures data.
- Pharmacy Services maintains the Preferred Drug List (PDL), which applies to all Medicaid members. In addition, this vendor processes prior authorization (PA) requests and answers the Pharmacy Hotline for FFS members. The vendor also collects drug rebates from manufacturers, responds to pharmacy provider questions, and processes FFS pharmacy claims.
- Program Integrity performs provider audits and recoveries of improper payments; identifies potential fraud, waste, and abuse; and makes referrals to law enforcement for investigations and prosecutions. Program Integrity also coordinates with other units within the HHS, the Attorney General's Office, Dental Benefit Managers (DBMs), the Medicaid Fraud Control Unit (MFCU), MCOs, and other federal and State agencies to promote payment and program integrity. It also provides oversight of the dental benefits and managed care entities' fraud, waste, and abuse programs and improper payment recoveries, and assists in validating managed care data.

More Information

Iowa Medicaid Program: hhs.iowa.gov/programs/welcome-iowa-medicaid
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- Provider Cost Audit (PCA) and Rate Setting perform rate setting, cost settlement and cost audit functions, and technical assistance to both providers and MCOs. Provider rates serve as the rate floor for MCOs unless otherwise negotiated.
- Provider Services enrolls all Medicaid providers including FFS and managed care. Provider Services provides direct support to providers in the FFS programs and coordinates with the MCOs to provide training to providers. In addition, Provider Services gives assistance to providers seeking issue resolution with the MCOs.
- Revenue Collections carries out Third Party Liability (TPL) functions for FFS members and estate recovery for all members.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Health Program Operations appropriation has moved under the new General Fund appropriations of Health Program Operations and Aging and Disability Services.

Related Statutes and Administrative Rules

Iowa Code chapters [249A](#), [249B](#), [249E](#), [249L](#), [249M](#), and [249N](#)
Iowa Administrative Code [441—73](#) through [441—91](#)

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Ground Floor, State Capitol Building

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State Supplementary Assistance

Description

The State Supplementary Assistance (SSA) program provides monthly payments to low-income elderly or disabled Iowans to help meet their basic needs and reduces spending for Medicaid.

State Supplementary Assistance Coverage Categories

Iowa has seven SSA categories. These categories include:

- **Blind Allowance:** Available to individuals who meet the Social Security Administration definition of blindness and either receive Supplemental Security Income (SSI) or meet all SSI requirements but exceed the income limit by no more than \$22 per month. The benefit limit for the State assistance portion of the Blind Allowance is \$22 per month.
- **Dependent Persons Allowance:** Available to aged, blind, or disabled individuals who meet income and resource requirements and have a financially dependent relative living with them. The benefit limit for the Dependent Persons Allowance is \$436 per month.
- **Family Life Home Assistance:** Available to aged, blind, or disabled individuals to supplement payment for a licensed family life home. Licensed family life homes are private households offering a protective social living arrangement for one or two adults. The benefit limit for Family Life Home Assistance is \$142 per month.
- **In-Home Health-Related Care Assistance:** Available to aged, blind, or disabled individuals to help pay for personal health care services. Individuals must have physical or mental disabilities that require a nursing facility level of care, but not enough income to pay for such care. The benefit limit for In-Home Health-Related Care Assistance is \$480 per month.
- **Mandatory Allowance:** Available to recipients who converted to the SSI program from the former State assistance programs when the SSI program began in 1974. The average benefit for the Mandatory Allowance category is just over \$185 per month.
- **Residential Care Facility Assistance:** Available to help pay for care in a residential care facility for aged, blind, or disabled individuals who are unable to care for themselves because of illness, disease, or physical infirmity. Individuals must have resources or monthly income less than the cost of monthly care. The benefit limit for Residential Care Facility Assistance is \$1,072 per month.
- **Supplement for Medicare and Medicaid Eligibles:** Available for individuals who are aged, blind, or disabled; are eligible for Medicare Part B and Medicaid; and meet income and resource guidelines. This category allows the State to access federal funds for payment of Medicare Part B premiums. The benefit for this group is \$1 per month.

More Information

Iowa SSA: hhs.iowa.gov/programs/programs-and-services/state-supplementary-assistance
LSA Staff Contact: Eric M. Richardson (515.281.6767) eric.richardson@legis.iowa.gov

Funding

This program is 100.0% State-funded, and although there are federal maintenance of effort requirements related to the Medicaid program, the SSA program receives no federal support.

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), State funding for SSA is made through a Medical Assistance (Medicaid) General Fund appropriation.

Related Statutes and Administrative Rules

Iowa Code chapter [249](#)

Iowa Administrative Code [441—50](#), [441—51](#), [441—52](#), [441—54](#), and [441—177](#)

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Ground Floor, State Capitol Building

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State Children’s Health Insurance Program

Background

The federal Children’s Health Insurance Program (CHIP) was established by the federal Balanced Budget Act of 1997 to provide health care coverage to uninsured low-income children, under age 19, living in families with incomes up to 200.0% of the federal poverty level (FPL). Iowa implemented the CHIP through a combination of Medicaid expansion and a new program entitled Healthy and Well Kids in Iowa (Hawki). Medicaid expansion was mandated in 1998 Iowa Acts, [chapter 1196](#) (Hawki Program Act), and expanded coverage for children with family income up to 133.0% of the FPL, effective July 1, 1998.

The Hawki Program Act expanded Hawki program coverage to children living in families with incomes between 133.0% and 185.0% of the FPL, effective January 1, 1999. 2000 Iowa Acts, [chapter 1221](#) (FY 2001 Tobacco Settlement Fund Appropriations Act), further expanded the Hawki program to provide coverage to children with family incomes ranging from 185.0% to 200.0% of the FPL, effective July 1, 2000.

2008 Iowa Acts, [chapter 1188](#) (Health Care Reform Act), created a Hawki expansion program to cover children with family income up to 300.0% of the FPL beginning in FY 2010, with cost sharing for families with incomes between 200.0% and 300.0% of the FPL.

2009 Iowa Acts, [chapter 118](#) (Health Care Omnibus II Act), created a dental-only option to cover children who have private health insurance but limited or no dental coverage. Dental-only coverage is available to children with family income up to 300.0% of the FPL. Medically necessary orthodontia coverage has also been added to the dental coverage, as required by the federal government.

Services

Beginning April 1, 2016, both the Medicaid expansion and the Hawki programs receive services through a managed care contractor that also services the Medicaid program. Benefits include:

- Inpatient hospital services
- Outpatient hospital services
- Medical and surgical physician services
- Laboratory and x-ray
- Well-baby and well-child care, including immunizations
- Prescription drugs
- Mental health services
- Vision services
- Hearing services
- Dental services
- Speech therapy
- Physical therapy

Current plans are available through Amerigroup and Iowa Total Care. Dental plans are available through Delta Dental of Iowa and MCNA Dental.

More Information

CHIP: dhs.iowa.gov/hawk-i

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Funding

Unlike Medicaid, the CHIP is not an entitlement program and is funded with a set allotment of funds for each state. The federal allotment of funding for the CHIP is authorized through September 30, 2027. Iowa receives an enhanced Federal Medical Assistance Percentage (FMAP) matching rate for the CHIP of approximately 75.0% annually.

Beginning with the 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), State funding for CHIP is made through a Medical Assistance (Medicaid) General Fund appropriation.

Related Statutes and Administrative Rules

Iowa Code chapter [514I](#)

Iowa Administrative Code 441—[86](#)

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Fiscal Services Division

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Child Care Assistance

Purpose and History

The Child Care Assistance (CCA) Program is administered by the Department of Health and Human Services (HHS) and was established in 2000. The CCA Program subsidizes child care costs for low-income families with working parents, parents gaining work skills, parents going to school, and parents unable to care for children for a limited time due to physical or mental illness. Child care is also subsidized for children in need of protective services to prevent or alleviate child abuse or neglect and for children in foster care home settings. In addition to paying for child care, State and federal funds support the regulation of child care providers and quality improvement activities of providers.

Populations Served

The CCA Program provides financial assistance for the care of children under the age of 13 in the following circumstances:

- Families in which the parent or parents are working at least 32 hours per week, are in school full time, or are working part time and going to school part time for a total of 32 hours per week in the aggregate, with incomes at or below 160.0% of the federal poverty level (FPL), but not more than 85.0% of the State median gross monthly income.
- Families with children requiring special needs care in which the parent or parents are working at least 28 hours per week, are in school full time, or are working part-time and going to school part time for a total of 28 hours per week in the aggregate, with incomes at or below 200.0% of the FPL, but not more than 85.0% of the State median gross monthly income. Children with special needs are eligible for the Program through the age of 18.
- Families that are eligible as outlined above, but at the end of their 12-month eligibility segment are above 145.0% of the FPL but below 225.0% of the FPL. These families are eligible for an additional 12 months of services through CCA Plus.
- Families that enroll in the program as outlined above whose income increases above 225.1% of the FPL but remains below 250.0% of the FPL, or below 275.0% for families with children with special needs. These families receive reduced support as part of the State's graduated exit child care program.
- Families receiving Family Investment Program (FIP) benefits and participating in PROMISE JOBS. Income requirements are waived under this scenario.
- Children who have been abused or neglected. Protective child care assistance is available to these children. Income requirements are waived under this scenario.

In FY 2023, a total of 28,708 children were served by the CCA Program. The average number of children participating in the Program per month was 17,245, a decrease of 5.4% from FY 2022. The average monthly cost per child for FY 2023 was \$509.25.

More Information

Child Care Assistance Program: hhs.iowa.gov/programs/programs-and-services/child-care/CCA
LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

Activities

The CCA Program allows parents and legal guardians to choose their child care provider as long as the provider accepts CCA payment. At the close of FY 2023, paid providers include:

- 1,496 licensed child care centers.
- 2,034 registered child care development homes. In-home providers caring for six or more children at one time must register.
- 84 legally operating, nonregistered providers that receive payment under the CCA Program. Providers caring for five or fewer children at one time are not required to be regulated.

Activities other than child care assistance that are funded by the CCA appropriation include:

- [Child Care Resource and Referral](#) contracts and wraparound child care contracts, which assist families in selecting quality child care and provide referrals to child care facilities. Services under these contracts also help child care providers adopt developmentally appropriate programs and sustainable business practices via consultation, training, and other resources.
- The [Quality Rating System](#) (QRS), which identifies and promotes quality in child care services. The QRS is voluntary for providers and comes with technical assistance as providers take steps to improve care. Participating providers may also receive bonus pay as their ratings increase or are maintained.
- Early Childhood Iowa community grants to enhance the quality and capacity of child care through recruitment, care for mildly ill children, second and third shift care, provider training, and support for registration and licensure.
- Regulation of providers and payment, which is carried out by the HHS Field Operations and General Administration staff.
- Eligibility for CCA and protective child care assistance activities as determined by the HHS Field Operations staff. Eligibility for PROMISE JOBS child care is determined by Iowa Workforce Development.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the services contained within the Child Care Assistance appropriation have moved under the new appropriations of State Child Care Assistance and Early Intervention and Supports.

Staff members at the Department of Management, the HHS, and the Legislative Services Agency meet regularly to project child care expenditures for current and future fiscal years and provide funding recommendations to the General Assembly, as required by Iowa Code section [234.47](#). Child care assistance is not an entitlement, and a waiting list or other measures may be used if funding does not meet demand. Total funds appropriated from all sources including funds carried forward for FY 2023 equaled \$238.9 million, and total expenditures for FY 2023 totaled \$147.3 million.

Funding — Other Resources

Iowa's CCA Program is also supported by federal funds through the Child Care Development Fund (CCDF), which is administered by the federal [Office of Child Care](#) and includes the Child Care Development Block Grant (CCDBG).

Additionally, Temporary Assistance for Needy Families (TANF) funding may be used as long as maintenance of effort requirements are met.

Related Statutes and Administrative Rules

Iowa Code chapter [237A](#)

Iowa Code section [234.47](#)

Iowa Administrative Code [441—106](#), [441—109](#), [441—110](#), [441—118](#), [441—120](#), [441—159](#), and [441—170](#)

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Fiscal Services Division

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Child and Family Services

Background

Child and Family Services (CFS) programs are administered by the Department of Health and Human Services (HHS) and provide for a multitude of child welfare services. Child welfare services and interventions for children, youth, and families are designed to improve safety, permanency, well-being, and community safety. The HHS Division of Child Services regulates and subcontracts services with appropriated State and federal funding for the delivery of community-based services and interventions.

Populations Served

Child welfare services are provided to children and families who are either at risk of abuse or have experienced abuse, including those who have been adjudicated a child in need of assistance (CINA). In addition, services are available to youth who have aged out of the foster care system and are employed or going to school.

Child Welfare Services

The HHS strives to provide child welfare services that protect children and preserve and strengthen families by the least intrusive, least restrictive means possible. The federal [Family First Prevention Services Act](#) (Family First) was signed into law in February 2018. Family First provides new directives for services eligible for Title IV-E reimbursement by shifting funding traditionally used to support foster care placements into prevention services to achieve the following goals:

- Reduce entry into foster care through evidence-based family preservation services to increase the use of family-based placements.
- Decrease the use of congregate care settings.
- Improve access to high-quality residential care for children and youth who have acute mental and behavioral health needs.

Under Family First, when a child must be removed from the child's home to ensure safety, placement priority must be given to relatives and fictive kin. The HHS has established performance-based contracts with child welfare providers that align with Children and Family Services federal outcomes, including Family First. These providers make available the following array of services:

- Early intervention and prevention services, such as nonagency voluntary services and decategorization services, that build on families' resources and community supports.
- In-home family-centered services that implement evidence-based practices to assist families with developing prevention skills, improve parenting skills, and provide crisis interventions when there is imminent risk of removal.
- Out-of-home services that provide a safe environment when a child is not able to remain in the home. In keeping with Family First, placement priority is given to relatives and fictive kin. Services are

More Information

Department of Health and Human Services — Child Protective Services: hhs.iowa.gov/programs/CPS
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provided to address both the parents' and child's needs as well as to support kinship caregivers to maintain placement stability. Services include:

- The Parent Partner program, which provides peer mentoring for families in the child welfare system to improve engagement between families and the system, shorten lengths of stay for children in care, and maximize available community supports and services to reduce family reentry into the child welfare system.
- Kinship navigator services, which assist kinship caregivers in learning about, finding, and using programs and services to meet their needs. Kinship placements help reduce trauma, preserve cultural identity and community connections, and improve child well-being.
- A kinship caregiver payment, which is a time-limited payment that allows kinship caregivers to receive financial support for each child placed in their care by court order.
- Family foster care services, which are designed to provide a temporary safe environment while parents are addressing the issues that put a child at risk.
- Group foster care services, which are designed to treat children with behavior too severe to live safely in a less restrictive setting like a foster home.
- Child Welfare Emergency Services (CWES), which include an array of short-term and temporary interventions that range from the least restrictive approaches that can be used to avoid out-of-home placement (such as family conflict mediation or in-home interventions) to more restrictive services (including emergency juvenile shelter care).
- Transition services, such as Preparation for Adult Living (PAL) and Supervised Apartment Living (SAL), which support youth from 18 to 21 years old who have aged out of foster care. Emphasis is placed on life skills, housing, employment, education, budgeting, and relationships. Youth receive individualized services from case managers called self-sufficiency advocates. A network of nine child welfare providers comprises the [Iowa Aftercare Services Network](#), which provides services to more than 600 youth annually.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Child and Family Services appropriation has moved under the new appropriation of Child Protective Services.

In previous fiscal years, the CFS General Fund appropriation was included in the Health and Human Services Appropriations Act.

Title IV-B and IV-E of the Social Security Act, the Temporary Assistance for Needy Families Block Grant, and the Social Services Block Grant provide federal matching funds for services. States are subject to financial penalties ranging from 1.0% to 5.0% of federal Title IV-B and IV-E funding if they fail to meet federal expectations, including annual targets for monthly visits with children in foster care.

Related Statutes and Administrative Rules

Iowa Code chapters [232](#), [232B](#), [233](#), [234](#), [235](#), [235A](#), [237](#), and [238](#)

Iowa Administrative Code [441](#)

Budget Unit Number

4130N710001

1519730

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Adoption Subsidy

Background

The Adoption Subsidy Program is administered by the Department of Health and Human Services (HHS). The Program provides financial support to families that adopt special needs children. When courts terminate the parental rights of abused or neglected children, the HHS strives to find permanent adoptive families as quickly as possible.

Populations Served

Of all children placed for adoption through the HHS, approximately 95.0% receive an adoption subsidy or are eligible for the subsidy. Subsidies are paid to eligible families until the adopted child reaches age 18, or age 21 if there is a disability. Subsidies are available in the following situations:

- The child has a special need (including a diagnosed physical, mental, or emotional disability), is harder to place due to age, is a member of a sibling group of three or more children, or is at risk of developing a diagnosed condition.
- The State is unable to place the child for adoption without the subsidy.
- The child was in the guardianship of the HHS or a licensed child-placing agency prior to the adoption.

Children eligible for an adoption subsidy are categorically eligible for Medicaid. The adoptive family's income cannot be considered when negotiating subsidy supports. The majority of children adopted through the HHS are under age six.

Services Provided

The Adoption Subsidy Program provides a monthly payment to parents of eligible children. Adoption subsidy rates are negotiated with families but cannot exceed the foster care rate. Adoption subsidy and foster care rates are designed to be nearly the same in order to eliminate a disincentive by foster parents to adopt. Families may also receive:

- Up to \$1,000 per child to pay legal fees to finalize the adoption.
- Supplies and equipment to meet the child's needs.
- Funds for outpatient therapy from providers not paid through Medicaid.
- Funds for additional insurance premium costs when adding a child to private insurance.
- Up to \$500 per child when adopting a sibling group of three or more.
- Postadoption support services.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Adoption Subsidy appropriation has moved under the new appropriation of Child Protective Services.

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

In previous fiscal years, the Adoption Subsidy Program General Fund appropriation was included in the Health and Human Services Appropriations Act. In FY 2023, the average per diem subsidy was \$21.24, making the average annual cost approximately \$8,000.

Funding — Federal Funds

Federal Title IV-E of the Social Security Act provides matching funds for the subsidy. In FY 2023, 87.2% of children whose families received adoption subsidies were eligible for the federal match. The federal match is based on the Federal Medical Assistance Percentage (FMAP) used for Medicaid.

The federal Fostering Connections for Success and Increasing Adoptions Act of 2008 (PL [110-351](#)) changed the way Title IV-E eligibility is determined. The original criteria for eligibility were tied to the Aid to Families with Dependent Children (AFDC) Program, which was replaced by the Temporary Assistance for Needy Families (TANF) Program in the early 1990s. The 2008 Act delinked eligibility for Title IV-E from AFDC criteria over time, starting in federal fiscal year (FFY) 2010 and continuing through FFY 2023. This delinking led to more adopted children becoming eligible for the federal funding. The Family First Prevention Services Act of 2018 (PL [115-123](#)) delayed full implementation until June 30, 2024.

The federal legislation delinking Title IV-E eligibility from AFDC criteria also requires states to calculate the amount of adoption savings resulting from increased Title IV-E eligibility and to reinvest the State savings for other qualified expenditures under titles IV-B and IV-E. To accomplish this, the HHS has used adoption savings funds to support the following:

- Family-Centered Services (FCS): FCS services work to support children and their families when there are risks to the safety, permanency, or well-being of the child. The goal of these services is to prevent children from entering foster care and to promote family preservation.
- Treatment Outcome Package (TOP) assessment tool: The TOP is used to assess a child's treatment needs within 12 domains; track a child's improvement or deterioration; identify data trends around strong or better-performing providers and foster parents; and identify other data points that would impact practice decisions made by HHS and Juvenile Court Services staff.
- Qualified Residential Treatment Programs (QRTP)/Foster Group Care: These programs offer room, board, and other child protective services to eligible foster care children with unique needs. The adoption savings funds have been used to provide beds to children with neurodevelopmental and comorbid conditions.
- Subsidized Guardianship Program: While being promulgated through the administrative rules review process, conceptually, the Program will provide financial assistance to guardians of eligible children 14 years of age or older who are in foster care but are not able to be adopted and who are not able to return home. Under the Program, relatives who become licensed foster parents may become a child's guardian and receive a maintenance payment.
- Kinship Caregiver Payment/Navigator Services: The HHS provides kinship caregivers with financial and technical support to help meet their needs in caring for children placed in their care.
- Postadoption/Guardianship Services: The HHS is currently reserving approximately \$4.8 million to fund obligated postadoption and postguardianship support services in future fiscal years.
- Legislative Action for Facilities: In 2022 Iowa Acts, chapter [1131](#) (FY 2023 Health and Human Services Appropriations Act), the HHS was given authority to transfer up to \$11.0 million from this allocation to the HHS Facilities Operations allocation for one-time use purposes related to the closure of the Glenwood Resource Center.

Related Statutes and Administrative Rules

Iowa Code section [234.38](#)

Iowa Code chapter [600](#)

Iowa Administrative Code [441—201](#)

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Family Support Subsidy

Background

The Family Support Subsidy (FSS) appropriation includes two programs: Family Support Subsidy and Children at Home (CAH). These programs assist families of children with developmental disabilities with meeting the special needs of their disabled children and are administered by the Department of Health and Human Services (HHS).

Family Support Subsidy

The FSS program provides a monthly payment to participating families to support families raising children with developmental disabilities at home. Families receive the benefit until the eligible child turns 18. Two-thirds of the families served through the FSS have a household income of less than \$20,000 per year. The FSS provides resources for families under the following conditions:

- Include children (under 18 years of age) living at home with a developmental disability that results in substantial functional limitation in three or more areas of major life activity.
- Have an adjusted gross income (AGI) below \$40,000.

The FSS program began in 1987 as a means of reducing barriers to raising children with developmental disabilities at home. In FY 2010, State legislation ended new enrollment. The program is expected to continue until 2024 (when the last enrollee turns 18 years of age).

Children at Home

The CAH program provides cash for particular needs as they arise within funding parameters allowed by the program. Adaptive equipment, special clothing, dietary needs, counseling, parent training, and respite care are some examples of allowable expenses. The CAH program provides resources for families under the following conditions:

- Include a person or persons under 21 years of age with a disability who live at home or have a discharge plan for the person to return home within 60 calendar days.
- Have an AGI below \$60,000.

Prior to FY 2017, multiple contractors provided services in 23 counties. The program has expanded to serve 81 counties. The HHS has partnered with Visiting Nurse Services to develop statewide standardized payment levels for individual requests and service needs.

The HHS implemented a cap of \$700 that can be spent per child. Multiple payments may be made on behalf of the same child, but the combined amount cannot exceed the cap.

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Family Support Subsidy appropriation has moved under the new appropriation of Aging and Disability Services.

The Family Support Subsidy General Fund appropriation was included in the annual Health and Human Services Appropriations Act. The two programs in this budget unit are exclusively funded by the State General Fund. Funding for the FSS program is gradually decreasing since there are no new enrollees and participants eventually age out of the program. The General Assembly has used these savings to expand the CAH program.

Related Statutes and Administrative Rules

Iowa Code sections [225C.35](#), [225C.36](#), [225C.37](#), [225C.38](#), [225C.39](#), [225C.40](#), [225C.41](#), [225C.42](#), [225C.47](#), and [225C.49](#)

Budget Unit Number

4130N320001

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Conner Training

Description

The Conner Training appropriation provides training, educational materials, and transition funding to individuals living in the State Resource Centers who wish to move to a home or community-based setting. The Department of Health and Human Services (HHS) contracts with the Center for Excellence at the University of Iowa to administer funds appropriated.

Conner Training provides funding for educational services, including www.disabilitytraining.org, the "Let's Talk Disability" blog, the Possibilities newsletter, and a Facebook page. In addition, the appropriation provides a very limited amount of funding to fill in small gaps for people transitioning to a home or community-based setting. Funding is provided to cover such costs as rent, utilities, and other small items during a transition. In FY 2023, funding supported 17 Money Follows the Person (MFP) participants moving from a facility to community living. The average cost to support MFP participant support requests was \$1,100 per person.

Background

The Conner Training appropriation is the result of a consent decree that originated from a court challenge of Iowa's institutionally based model of services for persons with developmental disabilities. Iowa Protection and Advocacy Services, Inc., filed a class action lawsuit in the United States District Court for the Southern District of Iowa on behalf of Evert Conner and current or future residents of Glenwood or Woodward State Hospital-Schools. The parties entered into a consent decree approved on December 2, 1994. Among the provisions in the decree, the State agreed to provide individualized treatment plans to class members, provide training and employment opportunities, notify individuals if they are eligible to receive community-based services, and develop a five-year plan for creating community support and services. In 1995, the Conner Advisory Committee was convened and created the Plan for Community Development, the five-year plan called for in the consent decree.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Conner Training appropriation has moved under the new appropriation of Aging and Disability Services. In prior fiscal years, the annual General Fund appropriation was approximately \$34,000. In FY 2023, \$19,000 was spent on transition funding for individuals and education.

Budget Unit Number

4130N360001

Doc ID 1443584

More Information

Conner v. Branstad, No. 4-86-CV-30871 (433 S.D. Iowa, July 14, 1994): clearinghouse.net/case/446

Department of Health and Human Services: hhs.iowa.gov

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

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Volunteer Services

Background

The Volunteer Services Program is administered by the Department of Health and Human Services (HHS) and was created to enhance the delivery of services to lowans in need. Volunteers under the supervision of paid staff assist in providing services and completing administrative tasks. Volunteers supplement paid staff rather than replacing staff. This staff-volunteer team approach results in extended services to clients, especially during times of resource scarcity. Appropriated funds are used to pay for contracts with organizations that recruit and coordinate volunteers.

Volunteer Participation and Services

Volunteers must apply and be accepted to serve. Each volunteer donates from 3 to more than 40 hours per week throughout the year. Volunteer services include:

- Direct services to clients and residents, including parent aides, commodity distributors, and medical transporters.
- Indirect services, such as clerical assistance.
- Stipend volunteers, such as foster grandparents.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Volunteer Services appropriation has moved under the new appropriation of Community Access and Eligibility.

The Volunteer Services Program General Fund appropriation has remained steady at approximately \$85,000 since FY 2014. The Program has also been historically supported by federal funds annually through the Social Services Block Grant in the amount of approximately \$63,000.

Related Statutes and Administrative Rules

Iowa Code section [217.13](#)

Iowa Administrative Code [441—12](#)

Budget Unit Number

4130N400001

1520033

More Information

Volunteer Iowa – Department of Health and Human Services: volunteer.iowa.gov
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Eldora Training School

Background

The State Training School at Eldora is managed by the Department of Health and Human Services. The School provides treatment and educational services within a highly structured setting to assist youth who are adjudicated delinquent. The School has 130 residential beds on a campus consisting of 36 buildings on 361.2 acres. The School provides treatment and educational services to delinquent boys 12 through 18 years of age.

Services Provided

The School provides a variety of educational, vocational, and health services, including:

- A comprehensive residential treatment program available 24 hours per day, 7 days per week. This program provides a variety of educational, psychological, psychiatric, and behavioral services.
- Specialized treatment services to sex offender youth and intensive substance abuse treatment.
- High school, high school equivalency, and college credits. The Honors Corps is comprised of the top 10.0% of the student body and provides students with a forum for leadership and achievement.
- Vocational certifications in welding and other crafts. The Baker Careers Program provides an opportunity to learn the food service industry. Students in the Program provide 95.0% of the desserts and 33.0% of the bread and rolls for the menu at the School.
- Treatment, including anger management, gang diversion, basic social skills, and behavior modification.
- Specialized evaluation services for juvenile court officers and judges.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Eldora Training School appropriation has moved under the new appropriation of State Specialty Care. In prior fiscal years, the Eldora State Training School General Fund appropriation was included in the Health and Human Services Appropriations Act. State General Fund dollars make up approximately 86.5% of the School's annual budget.

Related Statutes and Administrative Rules

Iowa Code chapters [218](#) and [233A](#)

Iowa Administrative Code [441—103](#)

Budget Unit Number

4050M220001

1519806

More Information

Department of Health and Human Services: hhs.iowa.gov/state-training-school
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Cherokee Mental Health Institute

Background

The Cherokee Mental Health Institute (MHI), operated by the Department of Health and Human Services (HHS), provides acute psychiatric care for adults who need mental health treatment. The Cherokee MHI is licensed as a hospital and is also accredited by the Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations). After the MHI opened on August 15, 1902, treatment in the early years at the facility included working on the farm and other jobs within the hospital, and hydrotherapy and massage. In the 1950s, with the advent of psychiatric medication and the recruitment of qualified professionals, the emphasis at the Cherokee MHI began shifting to treatment, rather than housing individuals. With the change in philosophy, the population decreased from more than 1,000 individuals in 1960 to approximately 330 individuals in 1969. For FY 2021, the General Assembly provided funding for 36 beds at the Cherokee MHI. Prior to 2023, the Cherokee MHI provided acute psychiatric care for both children and adults. In 2023, the General Assembly designated the Cherokee MHI for specialized treatment and security of adults ordered into the custody of the State, while transferring the treatment of youths to the MHI located in Independence.

Populations Served

The Cherokee MHI provides services for adults and includes 36 adult psychiatric beds. The most common diagnoses for the adults served at the Cherokee MHI are schizoaffective disorder, depression and other mood disorders, schizophrenia, bipolar disorders, and intermittent explosive disorder. In many cases, individuals have a co-occurring substance use disorder.

The majority of individuals admitted at the Cherokee MHI are committed involuntarily by the court because they are a danger to themselves or others. Other admissions include individuals who have committed a crime and are at the Cherokee MHI for an evaluation to determine if they are competent to stand trial and individuals found not guilty of a crime by reason of insanity.

Treatment Services Provided

There are a variety of both subacute- and acute-care treatment services provided at the Cherokee MHI, including the following:

- Counseling
- Psychotropic medication
- Psychiatric rehabilitation classes
- Leisure skills development
- Recreational activities
- Discharge planning

More Information

HHS Cherokee MHI: hhs.iowa.gov/mhds/mental-health/in-patient/mental-health-institutes/cherokee
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Individuals have their own personalized treatment plans based on individual assets and needs, including physical, psychological, educational/vocational, and social/cultural needs. There is a wide variety of therapies available in addition to psychotherapy, including recreational therapy, music therapy, and creative arts.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Cherokee MHI appropriation was moved under the appropriation for State Specialty Care as an allocation.

Related Statutes and Administrative Rules

Iowa Code chapter [226](#)

Iowa Administrative Code [441—28](#) and [441—29](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Independence Mental Health Institute

Background

The Independence Mental Health Institute (MHI), operated by the Department of Health and Human Services (HHS), provides acute psychiatric care for children who need mental health treatment. The Independence MHI is licensed as a hospital and is also accredited by the Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations). The MHI opened on May 1, 1873, and for the first seven decades of operation, the Independence MHI was a custodial facility with individuals being hospitalized for the greater part of their lives. In the late 1950s, with the advent of psychiatric medication and the recruitment of qualified professionals, the emphasis at the MHI shifted to treatment rather than housing individuals. With this change in philosophy, the population decreased from 1,800 individuals in 1946 to approximately 300 individuals in 1970. For FY 2021, the General Assembly provided funding for 60 beds at Independence. Prior to 2023, the Independence MHI provided acute psychiatric care for both children and adults. In 2023, the General Assembly designated the Independence MHI for specialized treatment and care of complex youth, while transferring the treatment of adults ordered by a court into the custody of the State to the Cherokee MHI.

Populations Served

The Independence MHI provides services for children and includes 56 child and adolescent beds.

The most common diagnoses for the children and adolescents served are oppositional defiant disorder and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, and eating disorders.

The majority of individuals admitted at Independence are committed involuntarily by a court because they are a danger to themselves or others. Other admissions include individuals who have committed a crime and are at the MHI for an evaluation to determine if they are competent to stand trial and individuals found not guilty of a crime by reason of insanity.

More Information

HHS Independence MHI: hhs.iowa.gov/programs/programs-and-services/inpatient-facilities/independence

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Treatment Services Provided

There is a variety of both subacute- and acute-care treatment services provided at the Independence MHI, including the following:

- Counseling
- Psychotropic medication
- Psychiatric rehabilitation classes
- Leisure skills development
- Recreational activities
- Discharge planning

Each individual has a personalized treatment plan based on individual assets and needs, including physical, psychological, educational/vocational, and social/cultural needs. There is a wide variety of therapies available in addition to psychotherapy, including recreational therapy, music therapy, and creative arts. Patients at the MHI have a number of rights and privileges designed to safeguard personal dignity and respect cultural, psychosocial, and spiritual values.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Independence MHI appropriation was moved under the appropriation for State Specialty Care as an allocation.

Related Statutes and Administrative Rules

Iowa Code chapter [226](#)

Iowa Administrative Code [441—28](#) and [441—29](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Glenwood Resource Center

Background

Glenwood Resource Center, operated by the Department of Health and Human Services (HHS), provides a wide range of treatment and habilitation services for individuals with severe intellectual disabilities. In addition, Glenwood provides outreach services to support individuals with intellectual disabilities in the community. The goal of the State resource centers is to support individuals to live in the community of their choice. Glenwood Resource Center was built during the Civil War as a home for orphaned children of Civil War veterans. In 1876, Glenwood evolved into the Iowa Asylum for Feeble-minded Children before becoming the Glenwood State Hospital in 1911 and finally becoming the Glenwood Resource Center in 2000. The facility is expected to close in 2024, per an [agreement](#) with the Governor and Legislature.

Individuals Served

At the close of FY 2024, Glenwood Resource Center served 50 individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness. According to the HHS, a typical individual at Glenwood has an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. Individuals who are admitted to Glenwood have typically gone through multiple community-based providers and have not been able to find one that can meet their needs.

Services Provided

Glenwood Resource Center is an intermediate care facility for individuals with intellectual disabilities (ICF/ID) and provides a wide variety of treatment and support to help prepare individuals to move into an appropriate community-based living setting. The HHS uses a multidisciplinary team to provide an integrated service approach. The team includes the individual, the individual's family/guardian, local county or HHS staff, direct support professionals, a psychologist, a psychology assistant, a social worker, an occupational therapist, a speech-language pathologist, a physical therapist, an audiologist, a vocational/day program specialist, a leisure specialist, a dietitian, a nurse, a physician, a pharmacist, a psychiatrist, and a dental assistant.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Glenwood Resource Center appropriation was moved under the appropriation for State Specialty Care as an allocation.

More Information

HHS Resource Centers: hhs.iowa.gov/programs/programs-and-services/disability-services/resource-centers

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Related Statutes and Administrative Rules

Iowa Code chapters [135C](#) and [222](#)

Iowa Administrative Code [441—28](#) and [441—30](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Woodward Resource Center

Purpose and History

Woodward Resource Center, operated by the Department of Health and Human Services (HHS), provides a wide range of treatment and habilitation services for individuals with severe intellectual disabilities. In addition, Woodward provides outreach services to support individuals with intellectual disabilities in the community. The goal of the State Resource Centers is to support individuals to live in the community of their choice. Woodward opened on September 6, 1917, as a State epileptic colony. In 1921, Woodward began accepting individuals with intellectual disabilities. Woodward eventually evolved into the Woodward State Hospital before becoming the Woodward Resource Center in 2000. Woodward was originally a working farm and was almost entirely self-sufficient until the late 1970s.

Individuals Served

Woodward Resource Center serves 119 individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness. According to the HHS, a typical individual at Woodward has an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. Individuals who are admitted to Woodward have typically gone through multiple community-based providers and have not been able to find one that can meet their needs.

Services Provided

Woodward Resource Center is an intermediate care facility for individuals with intellectual disabilities (ICF/ID) and provides a wide variety of treatment and support to help prepare individuals to move into an appropriate community-based living setting. The HHS uses a multidisciplinary team to provide an integrated service approach. The team includes the individual, the individual's family/guardian, local county or HHS staff, direct support professionals, a psychologist, a psychology assistant, a social worker, an occupational therapist, a speech/language pathologist, a physical therapist, an audiologist, a vocational/day program specialist, a leisure specialist, a dietitian, a nurse, a physician, a pharmacist, a psychiatrist, and a dental assistant.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Woodward Resource Center appropriation was moved under the appropriation for State Specialty Care as an allocation. The majority of the Woodward budget is funded through the Medicaid program.

More Information

HHS Resource Centers: hhs.iowa.gov/programs/programs-and-services/disability-services/resource-centers

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Related Statutes and Administrative Rules

Iowa Code chapters [135C](#) and [222](#)

Iowa Administrative Code [441—28](#) and [441—30](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Civil Commitment Unit for Sexual Offenders

Background

The Civil Commitment Unit for Sexual Offenders (CCUSO) at the Cherokee Mental Health Institute provides secure, long-term, and highly structured treatment for sexually violent predators. The individuals committed to the CCUSO have served their prison sentences, but in a separate civil trial have been found likely to reoffend. The CCUSO was established at the Iowa Medical and Classification Center at Oakdale in 1998, but relocated to the Department of Health and Human Services (HHS) Cherokee Mental Health Institute campus in 2003. The CCUSO was modeled after a similar program in Kansas and has withstood numerous constitutional challenges in both the United States Supreme Court and the Iowa Supreme Court. There are currently 20 other states with inpatient treatment programs similar to the CCUSO and one federal program in the District of Columbia.

Commitment Process

Individuals committed to the CCUSO are generally identified in prison and must have committed a sexually violent offense, have a mental abnormality, and be at a risk level of “more likely than not” to commit a sexually violent offense. The Department of Corrections, the Attorney General’s Office, and the HHS work together during the commitment process, and the court makes the final determination on commitment. If committed, the individual is placed in the CCUSO, and if not committed, the individual is released. The HHS may not deny a court-ordered admission to the facility. Only a small percentage of individuals serving prison terms for sexual offenses are committed to the CCUSO.

Populations Served

As of June 30, 2024, there were 168 individuals receiving treatment at the CCUSO. All patients are male, with an average age of 51. The average patient has one or more chronic medical conditions and receives multiple medications.

Treatment Services Provided

There are five phases of treatment at the CCUSO, consisting of group and individual therapy, educational programming, physiological assessments, a transition program, and a discharge program. As individuals progress in treatment, they move up in phase. Phase five of the treatment is a transitional release program and is only obtained through court order. There is an annual review of each individual's treatment progress to determine if the commitment will continue.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the CCUSO appropriation has moved under the new appropriation of State Specialty Care.

More Information

HHS Civil Commitment Unit for Sexual Offenders:

hhs.iowa.gov/programs/programs-and-services/inpatient-facilities/ccuso

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

In FY 2024, the CCUSO was funded 89.2% by General Fund appropriations and 10.8% from other sources.

Related Statutes and Administrative Rules

Iowa Code chapter [229A](#)

Iowa Administrative Code [441—31](#)

Budget Unit Number

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Child Support Services

Purpose

The Department of Health and Human Services (HHS) Child Support Services (CSS) is responsible for assisting custodial parents eligible to receive court-ordered child and medical support and for processing support payments. Any custodial parent may ask for assistance from the CSS at no charge, although there is a fee of \$35 that is collected from the obligee after \$550 in support has been distributed to the obligee. Due to 2023 Iowa Acts, [Senate File 514](#) (State Government Realignment Act), the name of the HHS child support recovery services unit was officially changed to the CSS from the Child Support Recovery Unit (CSRU).

Services

The CSS provides a variety of services for custodial parents, including locating noncustodial parents and their sources of income, establishing paternity, establishing and modifying support orders, and registering other states' orders for enforcement or modification. In FY 2023, the CSS served parents and children on 139,547 cases, processing more than \$307.5 million in support payments. The CSS filed court orders in 94.4% of all cases.

The CSS uses the following methods to collect support from noncustodial parents:

- Directing employers to withhold a portion of wages.
- Intercepting federal and State tax refunds.
- Garnishing money from accounts or financial institutions.
- Restricting the issuance of driver's licenses, professional and recreational licenses, motor vehicle registrations, and passports.
- Making referrals to credit agencies.
- Obtaining contempt of court orders against delinquent obligors.

Child support is recovered through 20 field offices, a centralized employer call center, the Collection Services Center, and a central operations unit.

Funding

The CSS budget is funded by a combination of State General Fund appropriations totaling 27.0%, federal funds totaling 70.0%, and other funds totaling 3.0%.

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Child Support Services appropriation has moved under the new appropriations of Child Support Services and Accountability, Compliance, and Program Integrity.

More Information

Child Support Services: hhs.iowa.gov/programs/programs-and-services/child-support-services
HHS Child Support Customer Website: secureapp.dhs.state.ia.us/customerweb
LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

Child Support Services and the Family Investment Program

Child Support Services collections reimburse Iowa's Temporary Assistance for Needy Families (TANF) program, called the Family Investment Program (FIP), for the State's share in public assistance collection. This reimbursement totals approximately \$2.6 million annually.

Related Statutes and Administrative Rules

Iowa Code chapters [252B](#), [252C](#), [252D](#), [252E](#), [252F](#), [252H](#), [252I](#), [252J](#), and [252K](#)
Iowa Administrative Code [441—95](#) through [441—99](#)

Budget Unit Number

4020M120001

Doc ID 1443562

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Field Operations

History and Purpose

The Field Operations appropriation to the Department of Health and Human Services (HHS) provides funding for staff that directly and indirectly supports the delivery of protective services, case management services, eligibility determinations, basic support services, and support for providers. The Department divides the Field Operations Unit into five service areas: Northern, Western, Eastern, Des Moines, and Cedar Rapids. Some of the frequent activities performed by staff members in these areas include:

- **Protective Services:** Specialized social workers perform child and dependent adult assessments when abuse is alleged. Generally, each worker has 12 to 14 new assessments each month. The assessments must be completed within 20 business days.
- **Child Welfare Case Management:** Social work case managers handle child welfare cases as well as adoptive placements, foster care licensure, and other related services. A case manager who handles only child welfare cases supports 29 to 34 children and/or families. For the other services, a case manager supports 114 children and/or families. Tasks include identifying child and parent needs, developing case plans, and connecting families with providers.
- **Eligibility Services:** Income maintenance staff perform eligibility activities for Medicaid, Food Assistance, and Family Investment Program recipients. Tasks include reviewing eligibility information for completeness; cross-checking citizenship, income, and other information in multiple databases; and other duties as necessary.
- **Centralized Services:** The Customer Call Center receives over 28,000 calls monthly from clients who need to report eligibility changes. The Facility Unit supports Medicaid coverage for nursing facilities. The Child Care Assistance Unit determines eligibility for assistance as well as provider payment support. The Integrated Claims Recovery Unit researches and recovers payments involving error or fraud. Other groups determine eligibility for federal funding and support child care facility licensing.
- **Customer Service and Help Desks:** These small groups have knowledge in social work and eligibility matters and provide statewide support for frontline staff. Other groups support training, constituent contacts, legislation analysis, and budgeting.

State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Field Operations appropriation has moved under the new appropriations of Child Protective Services, Community Access and Eligibility, Aging and Disability Services, Administration and Compliance, and Health Program Operations.

In previous fiscal years, an appropriation for Field Operations was provided in the annual Health and Human Services Appropriations Act.

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

Federal Funds

Federal funds support this appropriation through a number of sources, including Title IV-B, Title IV-E, Title XIX, the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, the Child Care Development Fund, and the Social Services Block Grant. Federal funding also supports the Bureau of Refugee Services, located within the Field Services appropriation. The primary function of this unit is to help non-English-speaking refugees find employment.

Related Statutes and Administrative Rules

Iowa Code chapters [235B](#) and [239B](#)

Iowa Code sections [217.42](#), [217.43](#), [217.44](#), [234.12](#), [235A.14](#), and [249A.3](#)

Iowa Administrative Code [441](#)

Budget Unit Number

4020M100001

1519824

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

General Administration — Health and Human Services

History and Purpose

The General Administration appropriation to the Department of Health and Human Services (HHS) provided funding for the administrative support and management staff. The General Administration team is responsible for oversight of the budget and program compliance and integrity for all State and federally funded programs administered by the Department.

In addition to the Office of the Director of HHS, the General Administration appropriation included the staff of the following divisions:

- Iowa Medicaid Enterprise
- Mental Health and Disability Services
- Adult, Children, and Family Services
- Field Operations
- Child Support Recovery Unit
- Data Management
- Fiscal Management
- Policy Coordination

The primary responsibilities for staff include designing or updating programs and service requirements to comply with State and federal law; implementing services through HHS staff in the field, nine State facilities, or service providers; and overseeing the budgets for multiple federal and State programs and appropriations. The staff provides leadership, management, and support for the delivery of human services to more than one million individuals.

Following the enactment of 2023 Iowa Acts, [Senate File 514](#) (State Government Alignment Act), the responsibilities of the Iowa Child Advocacy Board (ICAB), previously part of the Department of Inspections and Appeals, became a function of the HHS under the General Administration appropriation. The ICAB is composed of nine members appointed by the Governor and confirmed by the Senate. The ICAB is responsible for establishing policies and procedures for two volunteer child advocacy programs: the Court Appointed Special Advocate program and the Iowa Citizen Foster Care Review Board program. Citizen volunteers for these two programs work with abused and neglected children. The ICAB annually reports on issues affecting children in the Iowa child welfare system and offers recommendations for improvements.

State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the General Administration appropriation has moved under the new appropriations of Health Program Operations; Child Protective Services; Behavioral Health; Community Access and Eligibility; Aging and Disability Services; and Accountability, Compliance, and Program Integrity. The General Administration appropriation was part of the annual Health and Human Services Appropriations Act.

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

Federal Funds

Federal funds were received through the Federal Medical Assistance Percentage matching rate, Title IV-B, Social Services Block Grant, and Temporary Assistance for Needy Families.

Related Statutes and Administrative Rules

Iowa Code chapter [217](#)

Iowa Administrative Code [441](#)

Budget Unit Number

4010M010001

Doc ID 1520219

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Health and Human Services Facilities

Purpose and History

The Department of Health and Human Services (HHS) Facilities appropriation began in FY 2017. The appropriation has been used for salaries, support, maintenance, and miscellaneous purposes at facilities under the purview of the Department. The HHS currently operates the Woodward Resource Center, the Independence and Cherokee Mental Health Institutes (MHIs), the State Training School at Eldora, and the Civil Commitment Unit for Sexual Offenders at Cherokee. In recent years, the HHS closed two MHIs (Mount Pleasant and Clarinda), the Iowa Juvenile Home (Toledo), and the Glenwood Resource Center. The HHS continues to allocate funds toward the campus that housed the Glenwood Resource Center to maintain the grounds and facilities.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the HHS Facilities appropriation has moved under the new State Specialty Care appropriation. The HHS Facilities appropriation was first enacted in the FY 2017 Health and Human Services Appropriations Act.

Related Statutes and Administrative Rules

Iowa Code section [218.6](#)

Budget Unit Number

4010M020001

1519783

More Information

Department of Health and Human Services: hhs.iowa.gov
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Aging Programs

Purpose and History

In 1965, Congress passed the federal [Older Americans Act](#) in response to concerns about the lack of community and social services for older individuals. As a result, Iowa created the Iowa Department on Aging (IDA). Beginning in FY 2024, 2023 Iowa Acts, [Senate File 514](#) (State Government Realignment Act), eliminated the IDA and transferred aging programs to the Iowa Department of Health and Human Services (HHS). The core functions of Iowa's aging programs include:

- **Advocacy:** Advocate for changes in public policy, practices, and programs that empower older Iowans, facilitate their access to services, and protect their rights and prevent abuse, neglect, and exploitation. Activities may include legislative advocacy, information dissemination, outreach and referral, research and analysis, and coalition building.
- **Planning, Development, and Coordination:** Conduct planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the federal Older Americans Act.
- **Health:** Support policies, programs, and wellness initiatives to empower older Iowans to stay active and healthy, and improve their access to affordable, high-quality home and community-based services.

The HHS works closely with the State Aging Network. This network includes six Area Agencies on Aging (AAAs) located around the State that help carry out many of the HHS's aging programs. All persons age 60 and older are eligible to receive services, but federal statute requires assistance to be targeted to persons with the "greatest social or economic need."

Services Provided

The HHS, through the State Aging Network, provides a variety of services to older individuals. Examples of the services provided include:

- Adult day care
- Caregiver support
- Chores
- Counseling
- Emergency response system
- Home-delivered meals
- Home repair
- Homemaker services
- Legal assistance
- Nutrition services
- Respite
- Transportation

In addition to the direct services provided above, the HHS works on education, advocacy, and outreach and provides guidance and support to the State Aging Network.

Funding

More Information

Aging Services: hhs.iowa.gov/programs/programs-and-services/aging-services
Older Americans Act: www.acl.gov/about-acl/authorizing-statutes/older-americans-act
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

The HHS and the State Aging Network are funded through a variety of funding sources, including federal funds and the General Fund. In addition, the State Aging Network receives both local and client contributions to support its operations.

Related Statutes and Administrative Rules

Iowa Code chapters [231](#), [231B](#), [231C](#), [231D](#), [231E](#), and [231F](#)
Iowa Administrative Code [17](#)

Budget Unit Number

2970J420001

1519788

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Office of the State Long-Term Care Ombudsman

Description

Iowa's Office of the State Long-Term Care Ombudsman (OSLTCO) is responsible under both federal and Iowa law for advocating for residents and tenants of long-term care facilities, including nursing facilities, residential care facilities, assisted living programs, and elder group homes. The Office is responsible for the following:

- Resolving complaints made by or on behalf of residents of long-term care facilities.
- Educating consumers and long-term care providers about resident rights.
- Promoting community involvement through volunteer opportunities.
- Providing information to the public on nursing homes and other long-term care facilities and services, resident rights, and legislative and policy issues.
- Advocating for resident rights and quality care in nursing homes, residential care facilities, and assisted living programs.
- Promoting the development of citizen organizations, family councils, and resident councils.

The Office has eight Long-Term Care Ombudsmen, with each Ombudsman covering a different area of the State.

The Managed Care Ombudsman Program advocates for the rights and needs of Medicaid managed care members who receive care in health care facilities, assisted living programs, and elder group homes in Iowa, as well as members who are enrolled in one of Medicaid's seven home- and community-based services (HCBS) waiver programs.

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Office of the State Long-Term Care Ombudsman appropriation was moved under the new Administration and Compliance appropriation. In prior fiscal years, Iowa's OSLTCO received an annual General Fund appropriation of approximately \$1.1 million.

Related Statutes and Administrative Rules

Iowa Code sections [231.41](#), [231.42](#), [231.44](#), and [231.45](#)
Iowa Administrative Code [17—8](#)

Budget Unit Number

2970J430001

1520145

More Information

Office of the State Long-Term Care Ombudsman:

hhs.iowa.gov/programs/programs-and-services/aging-services/ltombudsman

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Human Rights — Central Administration

Purpose and History

The Department of Human Rights (DHR) receives a General Fund appropriation for Central Administration in the Administration and Regulation Appropriations Act each year. This appropriation funds the centralized administrative operations of the Department. Duties of the Central Administration Division include:

- Overseeing the operations and administration of the entire Department.
- Managing the Director's Office.
- Managing budget and fiscal matters.
- Overseeing human resources and payroll.
- Developing administrative rules.
- Leading the Department's communications and public information efforts.
- Developing policy and managing legislative affairs.
- Coordinating the input and advice of the Department's boards, commissions, and councils through the Human Rights Board.

The DHR includes the following three major divisions:

- [Division of Criminal and Juvenile Justice Planning \(CJJP\)](#)
- [Division of Community Action Agencies](#)
- [Division of Community Advocacy and Services \(CAS\)](#)

Funding

The Central Administration Division of the DHR receives an annual General Fund appropriation.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)

Iowa Administrative Code [421](#)

Budget Unit Number

3790J710001

Doc ID 1284982

More Information

Department of Human Rights: humanrights.iowa.gov
LSA Staff Contact: Xavier Leonard (515.725.0509) xavier.leonard@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Department of Human Rights — Community Advocacy and Services Division

Overview

The Department of Health and Human Services (HHS) regularly works with other State agencies, local governments, nonprofits, and businesses to enhance their ability to serve, work with, and employ Iowans who may have barriers to success. There are seven offices tasked with the following four key areas of advocacy for underserved populations in Iowa:

- Helping State and local governments serve vulnerable populations.
- Facilitating the development of nonprofit and nongovernmental organizations that serve vulnerable populations.
- Providing research and data as a clearinghouse of information about vulnerable populations and the services available.
- Celebrating the achievements of people of diverse backgrounds and their contributions to Iowa.

The seven offices are:

- [Office of Asian and Pacific Islander Affairs](#)
- [Office of Deaf Services](#)
- [Office of Latino Affairs](#)
- [Office of Native American Affairs](#)
- [Office of Persons with Disabilities](#)
- [Office on the Status of African Americans](#)
- [Office on the Status of Women](#)

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the Community Advocacy and Services appropriation has moved under the new appropriation of Early Intervention and Supports.

In previous fiscal years, the Community Advocacy and Services General Fund appropriation was included in the Health and Human Services Appropriations Act.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)

Iowa Administrative Code [421](#)

Budget Unit Number

3790J720001

More Information

Community Advocacy Services: hhs.iowa.gov/initiatives/community-advocacy

LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

1520140

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Criminal and Juvenile Justice Planning Division, Department of Human Rights

Overview

The Division of Criminal and Juvenile Justice Planning (CJJP), Department of Human Rights, performs research, policy analysis, program development, and data analysis activities to assist policymakers, justice system agencies, and others to identify issues and improve the operation and effectiveness of Iowa's justice system. Upon the enactment of [Senate File 514](#) (State Government Alignment), the Department of Human Rights moved to the Department of Health and Human Services (HHS). The Division operates a justice system information clearinghouse, serves as the Iowa Statistical Analysis Center, and is a member of the Justice Research and Statistics Association (JRSA). The CJJP uses its data warehouse to provide correctional impact estimates for changes to Iowa law for use by the Legislative Services Agency in Fiscal Notes with correctional impact statements.

The Division also administers federal and State grant programs to fund local and State projects to prevent juvenile crime, provide services to juvenile offenders, and otherwise improve Iowa's juvenile justice system. These funds are distributed through competitive grants and formula allocation procedures. The Justice Advisory Board and the Iowa Juvenile Justice Advisory Council oversee CJJP activities.

The Division has several boards and councils:

- **Juvenile Justice Advisory Council (JJAC):** The JJAC is responsible for monitoring the condition of juvenile justice within Iowa, making juvenile justice recommendations to the Governor and the Legislature, helping develop and implement the State's three-year plan for juvenile justice, advising on the use of federal funds allocated to the State for juvenile justice efforts, and monitoring Iowa's compliance with the federal Juvenile Justice and Delinquency Prevention Act.
- **Disproportionate Minority Contact (DMC) Committee:** The DMC Committee is charged with planning and implementing activities to reduce the overrepresentation of minority youth in the juvenile justice system.
- **Iowa Task Force for Young Women (ITFYW):** The purpose of the ITFYW is to facilitate a comprehensive, fundamental change in the juvenile justice system that will enhance the understanding and utilization of innovative female-responsive approaches in all programs and services, particularly those that serve the adolescent female population of Iowa's juvenile justice system.
- **Justice Advisory Board (JAB):** The JAB replaced the Iowa Sex Offender Research Council, the Criminal and Juvenile Justice Planning Advisory Council, and the Public Safety Advisory Board in FY 2019. The purpose of JAB is to develop goals to improve the criminal and juvenile justice systems,

More Information

Criminal and Juvenile Justice Planning Division – Department of Human Rights – Department of Health and Human Services: <https://hhs.iowa.gov/>
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

identify and improve justice system issues, develop and assist others in implementing recommendations and plans for justice system improvement, provide the General Assembly with an analysis of current and proposed criminal code provisions, and provide a clearinghouse for justice system information.

- **Iowa Collaboration for Youth Development (ICYD) Council:** The ICYD Council is an interagency initiative designed to help align State policies and programs and to encourage collaboration among multiple State and community agencies on youth-related issues through positive youth development principles and effective youth development practices at the community level.
- **Criminal Justice Information System (CJIS) Integration Advisory Committee:** The CJIS provides a structure to guide the development and implementation of a statewide automated integrated data and information-sharing system for State, local, and federal criminal justice agencies. The CJIS has received two national awards: one from the Integrated Justice Information Systems (IJIS) Institute for technical innovation in integration and interoperability in a justice, public safety, or homeland security program; and the second from the Justice Research and Statistics Association for technical innovation in the justice system.

Policy issues that the CJJP has been involved with include suicide prevention, enhanced drug courts, statewide recidivism reduction, alcohol prevention, traffic safety, behavioral change, child support, juvenile reentry planning and implementation, juvenile detention alternatives, delinquency prevention, prison rape elimination, and increasing high school graduation rates.

Funding

The Criminal and Juvenile Justice Planning Division operations are funded primarily by a General Fund appropriation. Approximately 4.0% of the Division funding comes from federal sources. The Division also administers several grants and receives some administrative funding from those sources.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)
Iowa Administrative Code [428](#)

Budget Unit Number

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Doc ID 1520332

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Single Grant Program

Purpose and History

The Division of Criminal and Juvenile Justice Planning (CJJP), Department of Human Rights, is tasked with identifying issues and improving the operation and effectiveness of Iowa's justice system. Upon the enactment of [Senate File 514](#) (State Government Alignment) the Department of Human rights moved to the Department of Health and Human Services (HHS). In addition to performing policy analysis, research and operating a justice system information clearinghouse, the CJJP is also tasked with administering federal and State grant programs that focus on preventing juvenile crime, providing services to juvenile offenders, and otherwise improving Iowa's juvenile justice system.

During the 2019 Legislative Session, the Legislature established a new Single Grant Program to be administered by the CJJP in [Senate File 615](#) (FY 2020 Justice System Appropriations Act). The Single Grant Program provides funding to deter juvenile delinquency with comprehensive, multifaceted social services given to a city with a higher than average juvenile crime rate, as determined by the CJJP, and a population of greater than 80,000, as determined by the 2010 federal decennial census.

Funding — State General Fund

[Senate File 615](#) appropriated a total of \$140,000 to the CJJP Single Grant Program for FY 2020. Funds are intended to be used for studying, planning, programming and capital purchases related to the program that was awarded the single grant. No more than 5.0% of grant funding may be used to cover administrative costs related to the program.

Related Statutes and Administrative Rules

Iowa Code chapter [216A](#)

Iowa Administrative Code [428](#)

Budget Unit Number

3790J830001

Doc ID 1520331

More Information

Criminal and Juvenile Justice Planning Division, Department of Human Rights: humanrights.iowa.gov/cjpp
LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Child Abuse Prevention — Standing

History and Purpose

The purpose of the Iowa Child Abuse Prevention Program (ICAPP) is to prevent child maltreatment. The ICAPP, a State and federally funded program, was established in 1982. ICAPP funding is used to provide the following services:

- Community development projects: Educating and informing community members about child abuse and prevention.
- Home visitation: Meeting parents and guardians in their homes to provide parenting education and access to community resources.
- Parent development: Focusing on parenting techniques and age-appropriate behaviors while creating an informal, supportive network among attendees.
- Respite care services: Providing parents with an educational environment for their children while parents receive temporary relief from caregiving responsibilities during times of emergency.
- Sexual abuse prevention: Educating parents, community members, and children about sexual abuse and prevention.

A new competitive procurement process for the administration of the ICAPP was issued for FY 2024 through FY 2029. The Iowa Department of Health and Human Services (HHS) has contracted with a statewide nonprofit organization, Prevent Child Abuse Iowa, to assist in the administration of the ICAPP.

The administrative duties of the ICAPP include administering a competitive grant program for prevention services to be provided by local community-based prevention volunteer councils; providing technical assistance to local councils and subcontracted service providers; conducting general research related to the prevention of child maltreatment; and evaluating the various local services funded by the program.

Funding — State General Fund

There is a standing unlimited General Fund appropriation in Iowa Code section [144.13A\(5\)\(a\)](#) that permits the HHS to receive \$10 of the \$20 birth certificate registration fee for the ICAPP. This amount has generated approximately \$199,000 annually over the past four years. The remaining \$10 of the birth certificate registration fee is appropriated to the Congenital and Inherited Disorders Registry.

The ICAPP also receives funding annually from the Early Intervention and supports appropriation in the Health and Human Services Appropriations Act.

Other Sources of Funding

Other sources of funding for the ICAPP include:

- Promoting Safe and Stable Families federal grant
- Child Abuse Prevention and Treatment Act federal grant
- Temporary Assistance for Needy Families (TANF) block grant funds

More Information

Iowa Child Abuse Prevention Program: www.pcaiowa.org/programs/icapp
LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

- Iowa Child Abuse Prevention Program income tax checkoff

Related Statutes and Administrative Rules

Iowa Code sections [235A.1](#) and [144.13A\(5\)\(a\)](#)

Iowa Administrative Code [441](#)

Budget Unit Number

40008410001

Doc ID 1520232

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

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515.281.3566

Congenital and Inherited Disorders Registry — Standing

History and Purpose

The Iowa Department of Health and Human Services (HHS) is required to develop and administer the State's policy with respect to the conduct of scientific investigations and research concerning the causes, prevention, treatment, and cure of birth defects. The Center for Congenital and Inherited Disorders was established in 1976 to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans. Since its creation, the Center for Congenital and Inherited Disorders, in partnership with the University of Iowa (UI) and health care providers throughout the State, has developed programs that have provided Iowa with state-of-the-art genetics health care. The programs of the Center for Congenital and Inherited Disorders address all steps of the life cycle: prenatal, neonatal, pediatric, and adult.

The Registry for Congenital and Inherited Disorders is the reporting system to identify and monitor birth defects and stillbirths in the State of Iowa. Birth defects and stillbirths are reportable conditions in Iowa, and the records of these birth defects and stillbirths are abstracted and maintained. The Registry was established in 1983 through the joint efforts of the UI, the Iowa Department of Public Health, and the Iowa Department of Human Services. The Registry is located within the College of Public Health at the UI. The mission of the Iowa Registry for Congenital and Inherited Disorders is as follows:

- Maintain statewide surveillance for collecting information on birth defects and stillbirth occurrence.
- Monitor annual trends in birth defects and stillbirth occurrence and mortality.
- Conduct research to identify genetic and environmental risk factors for birth defects and stillbirths.
- Promote educational activities related to the prevention of birth defects and stillbirths.

There are eight programs within the Center for Congenital and Inherited Disorders, which include the Regional Genetic Consultation Service, the Iowa Newborn Screening Program, the Iowa Maternal and Prenatal Screening Program, the Iowa Registry for Congenital and Inherited Disorders, the Iowa Neuromuscular and Related Genetic Disorders Program, the Iowa Early Hearing Detection and Intervention Program, the Stillbirth Surveillance and Prevention Program, and the Family Health History Initiative.

Funding — State General Fund

There is a standing unlimited appropriation from the General Fund in Iowa Code section [144.13A\(5\)\(a\)](#) that permits the HHS to retain \$10 of the \$20 Birth Certificate Registration Fee for the Registry. The other \$10 of the fee is appropriated for the Child Abuse Prevention Program administration.

The HHS also uses funding from the appropriation for programs in the Center for Congenital and Inherited Disorders. Additionally, there is an annual General Fund appropriation to the UI for the Iowa Birth Defects Registry in the Education Appropriations Act.

More Information

Congenital and Inherited Disorders:

hhs.iowa.gov/programs/programs-and-services/family-health/congenital-inherited-disorders

LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

Related Statutes and Administrative Rules

Iowa Code chapter [136A](#)

Iowa Code section [144.13A](#)

Iowa Administrative Code [641—4](#)

Budget Unit Number

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Doc ID 1520234

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Psychiatry Residency and Fellowship Program — Standing

Purpose and History

Created by Division XXI of 2022 Iowa Acts, [House File 2578](#) (FY 2023 Health and Human Services Appropriations Act), the Psychiatric Residency Treatment Program was initially implemented to create 12 psychiatric residency positions at the State Training School at Eldora. The Program was later modified by 2023 Iowa Acts, [House File 274](#) (Psychiatry Residency Program Act), to reduce the number of residency positions to nine and expand the Program to include two fellowship positions. This allowed the Program to fulfill its own residency supervisory requirements with its own fellows. Then, in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the number of residency positions was further reduced to seven in order to move two positions to other psychiatry residency programs. Additionally, beginning with HF 2698, county medical centers and medical centers in operation for more than 140 years that are members of separate health systems, administer psychiatry residency programs, and are in a county with a population over 500,000 are required to administer state-funded psychiatry residency positions for one resident, annually.

Psychiatry Residency and Fellowship Positions Fund

The Psychiatry Residency and Fellowship Positions Fund was created in the State treasury and consists of moneys appropriated or credited to the Fund. Moneys in the Fund do not revert but remain in the Fund for use in subsequent fiscal years. Moneys in the Fund are appropriated to the University of Iowa Hospitals and Clinics (UIHC) to be used for the purposes of the Program. Beginning in FY 2025, of the amount appropriated from the Fund to the UIHC, \$100,000 is distributed to each of the specified medical centers for each residency position approved and awarded.

Funding — State General Fund

Beginning in FY 2024, there has been appropriated in the Health and Human Services Appropriations Act to the Psychiatry Residency and Fellowship Positions Fund \$100,000 for each residency position and \$150,000 for each fellowship position approved and awarded under the Program.

Related Statutes and Administrative Rules

Iowa Code section [135.180](#)

Budget Unit Number

40008450001

Doc ID 1520233

More Information

Medical and Psychiatry Residency Programs:

hhs.iowa.gov/public-health/rural-health/medpsychresidency-programs

LSA Staff Contact: Louie Hoehle (515.281.6561) louie.hoehle@legis.iowa.gov

BUDGET UNIT BRIEF – FY 2026

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Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Centers of Excellence Grant Program — Standing

Purpose

The Centers of Excellence Grant Program funds grant proposals to demonstrate regional collaboration in accessing targeted medical needs of rural Iowans. The Department of Health and Human Services (HHS) operates multiple Centers of Excellence programs, but only two of the grants are funded by this standing appropriation. The projects facilitate collaboration between rural hospitals and health systems to leverage resources and promote long-term sustainability. The HHS currently contracts with Grinnell Regional Medical Center and St. Anthony Regional Hospital to provide services in 10 Iowa counties. These Centers of Excellence projects have a focus on maternal health as they work to increase access to OB/GYN, mental health, postpartum, and various other services and supports for mothers and their children.

Funding — State General Fund

The HHS receives an annual standing limited General Fund appropriation of \$425,000 for the Program. The Program contractors each receive half of the appropriation total, which amounts to \$212,500 annually.

Funding — Other Funds

In 2023, three grants were awarded to Cass Health, Mahaska Health, and Van Buren County Hospital, which provide services in 20 different Iowa counties. These grants are funded through a total of \$2.25 million from State and Local Fiscal Recovery Funds. Each of the contractors is set to receive up to \$250,000 annually for three years.

The HHS also uses funds from the Community Mental Health Services Block Grant to contract with the University of Iowa Hospitals and Clinics to provide the Center of Excellence for Behavioral Health.

Related Statutes and Administrative Rules

Iowa Code section 135.194

Budget Unit Number

40008460001

Doc ID 1520235

More Information

Rural and Community Health: hhs.iowa.gov/public-health/rural-health
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LIHEAP and Weatherization Assistance Program — Standing

Purpose and History

Iowa Code section [476.51](#) imposes a civil penalty on utilities providing water, electric, or gas services for violations under Iowa Code chapter [476](#) regarding public utility regulation. Iowa Code section [478.29](#) imposes a civil penalty on persons who violate provisions under Iowa Code chapter [478](#) regarding electronic transmission lines. Iowa Code section [479.31](#) imposes a civil penalty on persons who violate provisions under Iowa Code chapter [479](#) regarding pipelines and underground gas storage. Iowa Code section [479B.21](#) imposes a civil penalty on persons who violate provisions under Iowa Code chapter [479B](#) regarding hazardous liquid pipelines and storage facilities.

The Iowa Utilities Commission forwards these penalties to the Treasurer of State to be credited to the General Fund and appropriated to the Department of Health and Human Services (HHS) for purposes of the Low-Income Home Energy Assistance Program (LIHEAP) and the Weatherization Assistance Program. While the LIHEAP and Weatherization Assistance Program were established in Iowa Code section [476.20\(2\)](#) in FY 1983, the Department of Human Rights first received funding for the Programs in FY 2022. 2023 Iowa Acts, [Senate File 514](#) (State Government Alignment Act), merged the Department of Human Rights and the HHS, resulting in current funding being derived from the HHS.

Funding — State General Fund

The HHS receives an annual standing limited General Fund appropriation consisting of the total civil penalties collected by the Utilities Commission.

Related Statutes and Administrative Rules

Iowa Code chapters [476](#), [478](#), [479](#), and [479B](#)

Budget Unit Number

40008470001

Doc ID 1520267

More Information

HHS Low-Income Home Energy Assistance: hhs.iowa.gov/programs/programs-and-services/liheap
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Substance Use Disorder Program — Standing

Purpose and History

Iowa Code chapter [125](#) established a comprehensive substance use disorder program. Iowa Code section [125.1](#) defines the policy of the State related to the comprehensive substance use disorder program as follows:

- That persons with a substance use disorder be afforded the opportunity to receive quality treatment and be directed into rehabilitation services which will help them resume a socially acceptable and productive role in society.
- To encourage substance use disorder education and prevention efforts and to ensure that such efforts are coordinated to provide a high quality of services without unnecessary duplication.
- To ensure that substance use disorder programs are being operated by individuals who are qualified in their field, whether through formal education or through employment or personal experience.

The program must include the following:

- Emergency treatment provided by a facility that is affiliated with or part of the medical service of a general hospital.
- Inpatient treatment.
- Residential treatment.
- Outpatient and follow-up treatment and rehabilitation.
- Prevention and education.
- Assessment.
- Halfway house treatment.

Funding — State General Fund

Iowa Code section [123.17](#)(5) provides a standing appropriation of \$3.0 million from a special account in the General Fund to the Iowa Department of Health and Human Services (HHS) to administer the comprehensive substance use disorder program.

From FY 2007 to FY 2024, the standing appropriation in the Iowa Code section was \$2.0 million. During that time, the standing appropriation was suspended annually in the HHS Appropriations Act as the requirements of the Iowa Code section were met by other appropriations in the Act. The standing appropriation was not suspended in the 2024 HHS Appropriations Act.

2024 Iowa Acts, chapter [1161](#) (Behavioral Health Service System Act), amended the Iowa Code section to instead appropriate \$3.0 million from a special revenue account in the General Fund to the Behavioral Health Fund. Beginning in FY 2026, moneys in the Behavioral Health Fund will be appropriated to the

More Information

Iowa HHS Substance Use Disorders:

hhs.iowa.gov/programs/programs-and-services/substance-use-disorder

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HHS to implement and administer services and programs related to mental health and addictive disorders. This includes the comprehensive substance use disorder program.

Related Statutes and Administrative Rules

Iowa Code chapter [125](#)

Iowa Administrative Code [641—55](#) and [641—158](#)

Budget Unit Number

40008480001

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Commission of Inquiry — Standing

Description

Iowa Code section [299.31](#) allows any individual to file a sworn complaint alleging that a committed person is not seriously mentally impaired and is being unjustly deprived of his or her liberty in any hospital in Iowa. The complaint must be filed with the district court in the county where the person is confined or the county where the committed individual is a resident. Once the complaint is received, a judge is required to appoint a commission of not more than three individuals to inquire into the truth of the allegations. One of the commissioners must be a physician, and if additional commissioners are appointed, one of the additional commissioners must be a lawyer.

The commission is required to visit the committed individual, make a thorough and discreet examination for the purpose of determining the truth of the allegations, and report the commission's findings to the judge. Once the findings are received by the judge, the court is required to hold a hearing, and the judge will either find that such person is not seriously mentally impaired and order the person's discharge or authorize the continued detention of the person.

The commissioners are entitled to necessary expenses and reasonable compensation. The judge is required to certify the compensation and expenses to the Director of the Department of Administrative Services. The Department of Administrative Services then provides reimbursement to the commissioners. If a complaint was filed without probable cause, the applicant must pay the costs and expenses, if ordered by the judge.

Funding

Reimbursement for commissioners under this provision has been minimal, ranging between \$0 and \$1,700 annually. These funds are provided through a General Fund standing unlimited appropriation.

Related Statutes and Administrative Rules

Iowa Code sections [229.31](#), [229.32](#), [229.33](#), [229.34](#), [229.35](#), and [229.36](#)

Budget Unit Number

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Doc ID 1443568

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Nonresident Commitment for Mental Illness — Standing

Description

The Nonresident Commitment for Mental Illness standing unlimited appropriation provides reimbursement for the costs and expenses of taking into custody, caring for, and investigating an individual who has been admitted or committed to a State hospital, United States Department of Veterans Affairs hospital, or other agency of the United States government, for persons with mental illness who have no residence in Iowa or whose residence is unknown. The costs and expenses approved by the Department of Health and Human Services are appropriated from any moneys in the State treasury not otherwise appropriated.

Funding

Appropriations for nonresident individuals have varied from \$3,400 to \$174,700 annually since FY 2008. The average appropriation over the last 10 years is approximately \$92,600 annually.

Related Statutes and Administrative Rules

Iowa Code sections [230.9](#), [230.10](#), [230.11](#), and [230.12](#)

Budget Unit Number

40008890001

Doc ID 1443783

More Information

Department of Health and Human Services: hhs.iowa.gov
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Aging and Disability Services

Background

In 1965, Congress passed the federal [Older Americans Act](#) in response to concerns about the lack of community and social services for older individuals. As a result, Iowa created the Iowa Department on Aging (IDA). 2023 Iowa Acts, [Senate File 514](#) (State Government Realignment Act), eliminated the IDA and transferred the programs to the Iowa Department of Health and Human Services (HHS). The core functions of Iowa's aging programs include:

- **Advocacy:** Advocate for changes in public policy, practices, and programs that empower older Iowans, facilitate their access to services, and protect their rights and prevent abuse, neglect, and exploitation. Activities may include legislative advocacy, information dissemination, outreach and referral, research and analysis, and coalition building.
- **Planning, Development, and Coordination:** Conduct planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the federal Older Americans Act.
- **Health:** Support policies, programs, and wellness initiatives to empower older Iowans to stay active and healthy and improve their access to affordable, high-quality home and community-based services.

Iowa added protections for physically and mentally handicapped persons to the State's civil rights code in 1972 with the [Civil Rights of Physically and Mentally Handicapped Persons Act](#). This legislation required public buildings in Iowa to include ramp access. In 1973, Congress passed the [Rehabilitation Act](#), which established vocational rehabilitative services as well as Centers for Independent Living for persons with disabilities. Federal policy in the following decades focused on deinstitutionalization of those with disabilities. In 1990, the [Americans with Disabilities Act \(ADA\)](#) was signed into law and prohibited discrimination of persons with disabilities in all areas of public life including jobs, schools, transportation, and all public and private places. The ADA was modified by the [ADA Amendments Act of 2008](#), which redefined the term "disability" and clarified certain regulations and prohibitions.

In 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), aging programs and disability services were realigned under the division for Aging and Disability Services in the HHS.

Programs and Services

- **Area Agencies on Aging (AAAs):** The HHS works closely with the State Aging Network. This network includes six AAAs located around the State that help carry out many of the HHS's aging programs. Some of the services provided include adult day care, chores, information and assistance, counseling for persons with disabilities, home-delivered meals, legal assistance, and transportation. All persons age 60 and older are eligible to receive services, but federal statute requires assistance to be targeted to persons with the "greatest social or economic need."

More Information

HHS – Aging and Disability Services: hhs.iowa.gov/locations/hhs-aging-and-disability-services
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- [Children at Home \(CAH\)](#): The CAH Program is designed to assist families raising a child with a disability in obtaining needed services and supports, with the intent to enable the child to remain in the family home. The Program helps to procure supports and services such as equipment, respite care, supplies, assistive technology, and payment of other costs related to the individual's disability.
- [Conner Decree](#): The Conner Decree programming is the result of a consent decree that originated from a court challenge of Iowa's institutionally based model of services for persons with developmental disabilities. Iowa Protection and Advocacy Services, Inc., filed a class action lawsuit in the United States District Court for the Southern District of Iowa on behalf of Evert Conner and current or future residents of Glenwood or Woodward State Hospital-Schools, later classified as Resource Centers. The parties entered into a consent decree approved on December 2, 1994. Among the provisions in the decree, the State agreed to provide individualized treatment plans to class members, provide training and employment opportunities, notify individuals if they are eligible to receive community-based services, and develop a five-year plan for creating community support and services. Currently, the Conner Decree Training appropriation provides educational services, the "Let's Talk Disability" blog, the Possibilities newsletter, and a Facebook page. Funds are also used to assist people transitioning to a home or community-based setting with costs such as rent and utilities.
- [Family Support Subsidy \(FSS\)](#): The FSS program provides monthly payments to help families with the cost of raising a child with a developmental disability at home. The FSS program began in 1987 as a means of reducing barriers to raising children with developmental disabilities at home. In FY 2010, State legislation ended new enrollment. The program is expected to continue until 2024 (when the last enrollee turns 18 years of age).
- [LifeLong Links](#): LifeLong Links is Iowa's network of Aging and Disability Resource Centers, designed to link older Iowans, people with disabilities, veterans, and their caregivers with information and resources they need to plan long-term independent living.
- [Office of the Public Guardian \(OPG\)](#): The OPG helps provide advance care planning for Iowans who are not capable of making their own decisions about legal, financial, or health care matters. The OPG may act as an individual's guardian, conservator, or representative payee.
- [Protective Services](#): Specialized social workers perform dependent adult assessments when abuse is alleged. Generally, each worker has 12 to 14 new assessments each month. The assessments must be completed within 20 business days.
- [Iowa Return to Community \(IRTC\) Program](#): The IRTC Program provides long-term care support planning to assist non-Medicaid eligible seniors who want to return to their community following a nursing facility or hospital stay. The Program provides options counselors, referral screening for eligibility, assessments of needs, transition services, follow-ups, continuous networking with various facilities and professionals, consumer information, and data collection.

Funding

This is a new appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to Aging Programs, General Administration, Field Operations, State Supplementary Assistance (SSA), Health Program Operations, Family Support Subsidy, and Conner Decree Training.

The programs under the division of Aging and Disability Services receive funding from the General Fund, federal funds, and the Social Services Block Grant (SSBG). Additionally, aging programs in the State receive both local and client contributions to support their operations through the State Aging Network. In FY 2025, the General Fund appropriation for Aging and Disability Services in the annual Health and Human Services Appropriation Act was \$19.1 million.

Related Statutes and Administrative Rules

Iowa Code chapters [231](#), [231B](#), [231C](#), [231D](#), [231E](#), and [231F](#)
Iowa Administrative Code [17](#)

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Behavioral Health

Purpose and History

In 1946, President Harry Truman signed the [National Mental Health Act](#) to address a lack of existing mental health infrastructure. In 1963, President John F. Kennedy submitted a special message to Congress regarding mental health policies, which led to the passage of the [Community Mental Health Act of 1963](#). The purpose of this Act was to provide federal funding for community mental health centers and research facilities across the United States. This Act was amended in 1975 to establish national standards and performance criteria for community mental health centers.

Early efforts to address substance abuse from a mental health perspective began in the 1970s, with the [Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970](#) established the [National Institute on Alcohol Abuse and Alcoholism](#), which works to maintain data and perform research regarding alcohol abuse. Two years later, Congress passed the [Drug Abuse Office and Treatment Act of 1972](#), resulting in the establishment of the [National Institute on Drug Abuse](#).

In 1981, President Ronald Reagan signed the [Omnibus Budget Reconciliation Act of 1981](#). This Act consolidated mental health resources and services into the Alcohol, Drug Abuse, and Mental Health Services Block Grant. This block grant would later be replaced with the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant. The federal role in mental health services became one of providing technical assistance. In 2000, the passage of the [Children's Health Act of 2000](#) created the [Interagency Autism Coordinating Committee](#) to address autism and behavioral health resources for children.

In 2024, Iowa enacted 2024 Iowa Acts, [House File 2673](#) (Behavioral Health Service System Act), which consolidated programs related to mental health, behavioral health, and substance abuse into the Behavioral Health Division of the Iowa Department of Health and Human Services (HHS). Prior to the enactment of this Act, mental health services and programs in the State were managed by the Mental Health and Disability Services (MHDS) Regions. The Act replaced the 13 existing MHDS Regions with Behavioral Health Districts. Each Behavioral Health District will have an Administrative Services Organization designated by the HHS to oversee operations.

Systems under the Behavioral Health Division

The following systems are operated under the authority and funding of the Behavioral Health Division:

- Behavioral Health Services System (BHSS): The BHSS was established in HF 2673. Services offered through the BHSS will include prevention intervention services, education programs, evidence-based and evidence-informed early intervention and treatment services, comprehensive recovery support services, and crisis services with a focus on reducing escalation, relieving the immediate distress of individuals experiencing a crisis situation, and reducing the risk of individuals in a crisis situation harming themselves.

More Information

Mental & Behavioral Health – Iowa HHS: hhs.iowa.gov/programs/mental-health
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- Children’s Behavioral Health System (Children’s System): In prior fiscal years, the Children’s System was overseen by the Children’s Behavioral Health System State Board. The review of boards and commissions required by the passage of 2023 Iowa Acts, [Senate File 514](#) (State Government Alignment Act) led to the Children’s Behavioral Health System State Board being realigned under the Council on Health and Human Services. The purpose of the Children’s System is to improve children’s well-being, build healthy and resilient children, provide for educational growth, and coordinate medical and mental health care for those in need.
- Substance Use Disorder Managed Care System: The Substance Use Disorder Managed Care System was established in 2024 Iowa Acts, [House File 2698](#) (Health and Human Services Appropriations Act). As the HHS works to enact this System, the HHS is required to maintain the level of mental health and substance use disorder treatment services provided by existing managed care contractors and take all necessary steps to continue the federal waivers as needed to maintain the level of services. Currently, the HHS licenses and monitors approximately 100 substance use disorder and problem gambling treatment programs.

Funding

This is a new appropriation under the HHS Appropriations Act for FY 2025. The new appropriation is comprised of moneys formerly appropriated to General Administration, Addictive Disorders, Healthy Children and Families, and the Mental Health and Disability Services Regional Services Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [222](#), [225C](#), and [231](#)

Iowa Administrative Code [441—24](#)

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Public Health

Background

The Iowa Department of Health and Human Services (HHS) Public Health appropriation provides funding for the HHS Division of Public Health. The Division is organized into several bureaus, centers, and offices that focus on specific areas of public health in the State. Each focus area oversees and administers programs and services that work to promote the health and wellness of Iowans. This appropriation funds an abundance of programs and services.

Division Organization

- [Center for Acute Disease Epidemiology \(CADE\)](#): The HHS works to protect and preserve the health and safety of Iowans from infectious diseases through disease surveillance; investigation of acute outbreaks; and provision of education and consultation on infectious diseases to health care workers, public health partners, and members of the general public. The CADE guides local health agencies on diseases requiring public health intervention, collaborates with the U.S. Centers for Disease Control and Prevention through weekly reporting on more than 45 nationally reportable diseases, and offers health education opportunities through lectures and public outreach.
- [Chronic, Congenital, and Inherited Conditions](#): The Chronic, Congenital, and Inherited Conditions Bureau oversees the Center for Congenital and Inherited Disorders (CCID). 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. There are eight main programs within the CCID, which are the Regional Genetic Consultation Service, the Iowa Newborn Screening Program, the Iowa Maternal Prenatal Screening Program, the Iowa Registry for Congenital and Inherited Disorders, the Iowa Neuromuscular and Related Genetic Disorders Program, the Iowa Early Hearing Detection and Intervention Program, the Stillbirth Surveillance and Prevention Program, and the Family Health History Initiative.
- [Emergency Medical and Trauma Services](#): The Bureau of Emergency Medical and Trauma Services fulfills the role of the HHS as the lead agency responsible for the development, implementation, coordination, and evaluation of Iowa's Emergency Medical Services (EMS) system. The Bureau provides leadership, direction, and resource support to build a comprehensive, sustainable, efficient, and effective statewide EMS system.
- [Emergency Preparedness and Response](#): The Bureau of Emergency Preparedness and Response works alongside local public health departments and hospitals to provide resources in case of a public health emergency. The Iowa Health Alert Network allows the Bureau to effectively communicate and coordinate with local agencies, hospitals, and other agencies.
- [Environmental Health Services](#): The Bureau of Environmental Health Services focuses on assisting local boards of health with environmental health issues, epidemiology and surveillance of environmental health-related diseases, licensing, and performing inspections. The Bureau uses the

More Information

Iowa Department of Health and Human Services: hhs.iowa.gov
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Environmental Health Update to communicate with county health departments and other partners about environmental health risks.

- [Health Statistics](#): The HHS collects and publishes data related to vital statistics, including births, marriages, fetal deaths, and death totals through the Center of Health Statistics. Special studies are also conducted by the Center to collect more specific data. The Center analyzes health data to monitor health objectives, identify emerging issues, and support policy development.
- [HIV, STI, and Hepatitis](#): The Bureau of HIV, STI, and Hepatitis works to support individuals at risk of or living with HIV, STIs, and/or viral hepatitis. The Bureau implements many programs to reduce the impact of preventable and treatable infectious diseases, including the HIV, STI, and Hepatitis Programs. These programs partner with clinics, agencies, and organizations to provide information and services, like free testing and vaccinations, case management, and access to treatment for eligible Iowans.
- [Immunization](#): The HHS provides information on immunization recommendations, requirements, and exemptions for adolescents, adults, and travelers in the United States and in Iowa. Additionally, the HHS administers the Immunization Program, which works to reduce, and ultimately eliminate, the incidence of vaccine-preventable diseases in Iowa by working with public and private health care providers. Iowa Code section [139A.8\(6\)](#) and [641 IAC 7](#) outline the immunization requirement for students attending licensed child care centers and elementary or secondary schools.
- [Local Public Health Services](#): The HHS works to promote and support the development of public health infrastructure at the local and State level. This includes consultation by regional community health consultants with local boards of health and provision of technical assistance regarding the role and responsibilities of local boards. Community health assessments and improvement planning take place in local communities at least every five years to promote and protect the health of Iowans.
- [Radiological Health](#): The Bureau of Radiological Health implements programs related to protecting Iowans from excessive exposure to radiation. The Bureau is responsible for licensing, registration, inspection, and credentialing of facilities and persons using or producing radioactive materials. They are also involved in training courses, continuing education, and emergency response pertaining to radioactive materials and nuclear power plant incidents.
- [Rural and Community Health](#): The HHS implements several programs that strive to support rural and local communities with specific health care challenges. These programs work to provide increased health care access, community engagement, and infrastructure development for rural Iowa.
- [State Medical Examiner](#): The mission of the Office of the State Medical Examiner is to establish credibility in death investigation in a system that will operate efficiently and serve the needs of the citizens of Iowa. The Office provides support, guidance, education, consultation, and training to county medical examiners and investigators who are responsible for investigating violent, suspicious, and unexpected natural deaths. The Office also provides forensic autopsy and investigative services when requested by county medical examiners and law enforcement agencies.
- [Tuberculosis \(TB\) Control](#): The goal of the TB Control Program is to eliminate TB disease in Iowa. The TB Control Program collaborates with clinicians and local public health agencies to minimize the spread of TB in Iowa by promoting effective diagnosis and treatment for persons afflicted with TB infection or disease. Additionally, the Program provides free prescription services to Iowans with a TB infection or disease to stop the spread of the disease. Each year, this Program provides medication to treat more than 1,200 Iowans for TB infection and disease. The Program also utilizes the Iowa Prescription Drug Donation Program to obtain medication.

Programs and Services

- [Brain Injury Services Program](#): The Brain Injury Services Program established in Iowa Code section [135.22B](#) works to improve the lives of Iowans living with brain injuries and their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the [Brain Injury Alliance of Iowa](#).
- [Des Moines University](#): Provides funding to establish a program that trains doctors on identifying and treating patients with mental health needs in the primary care setting.

- [Epilepsy Education and Support](#): Funding provides for education, client-centered programs, and client and family support for people living with epilepsy and their families. This program is delivered through an outside contract with the Epilepsy Foundation.
- Family Medicine Obstetrics Fellowship Program: This Program works to increase access to family medicine obstetrics practitioners in rural and underserved areas. Participating fellows work with participating hospitals to complete a one-year fellowship and then practice family medicine obstetrics in a rural area for at least five years. The Family Medicine Obstetrics Fund is used to provide salaries, benefits, and stipends to participating fellows.
- Health care and public health workforce initiatives: Provides funding to contract with three entities that support health care workforce development. The [Iowa Medical Society](#) executes a comprehensive planning process for Iowa's health care workforce, which works to address health equity. [Iowa CareGivers](#) provides education, outreach, and leadership development to strengthen Iowa's direct care workforce. The University of Iowa supports the maintenance for the core training module of [Prepare to Care](#), Iowa's direct care and support curriculum.
- Inherited Metabolic Disorder Grants: These grants assist with the costs of necessary special foods and supplements for 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.
- [Iowa Comprehensive Cancer Control \(CCC\)](#) and Melanoma Research: Coupled with a federal Comprehensive Cancer Control Grant from the Centers for Disease Control and Prevention, this program seeks to implement the State Cancer Control Plan. Funds are also provided to the Holden Comprehensive Cancer Center at the University of Iowa Hospitals and Clinics for activities related to melanoma, including a research symposium, biorepository and registry, basic and translational research, and clinical trials.
- Iowa Donor Registry: This appropriation provides funding to the [Iowa Donor Network](#) to administer the Iowa Donor Registry established in Iowa Code chapter [142C](#).
- [Iowa Refugee Health Program](#): This Program works to improve the health and well-being of refugees. The Program works with local clinics, agencies, and community organizations to provide comprehensive health assessments to newly arriving refugees. Refugees are then provided with treatment, referrals, and care coordination, if needed.
- [Medical Residency Training State Matching Grants Program](#): Pursuant to Iowa Code section [135.176](#), this Program seeks to establish, expand, or support medical residency training programs, with priority given to family practice or psychiatric residency programs.
- Mental Health Workforce Initiatives: This group of programs includes several recruitment and training projects targeting the mental health workforce, including the University of Iowa Mental Health Training Program, the Cherokee Mental Health Training Program, the Psychologist Intern Program, and an initiative to improve outcomes for mental health treatment in primary care settings operated by the University of Iowa Hospitals and Clinics.
- [Primary Care Recruitment and Retention Endeavor \(PRIMECARRE\)](#): Established in Iowa Code section [135.107](#), PRIMECARRE transfers funds for deposit into the Rural Iowa Primary Care Loan Repayment Program and Trust Fund to implement the Primary Care Provider Loan Repayment Program. This Program repays education loans of primary care clinical services located in rural, federally designated health care professional shortage areas. State funds are used for a one-to-one match for the federal loan repayment grant. Loan repayment awards are made to an average of eight health professionals each year who commit to serve in shortage areas for two years.
- Psychology Postdoctoral Internship Program: The Psychology Postdoctoral Internship Program is separate from the PRIMECARRE Program and fills a niche for Iowa that PRIMECARRE cannot due to federal criteria. The Program is not a loan repayment program, but instead focuses on increasing Iowans' access to mental health services by creating new opportunities for doctoral-level psychologists to complete a required rotation in Iowa. The Program targets health professional shortage areas and rural areas. The HHS contracts with the Iowa Psychological Association (IPA) to develop psychologist postdoctoral training programs in rural and underserved areas.
- [SafeNetRx](#): This is Iowa's prescription and over-the-counter drug repository program. The program provides free or cheap medications and medical supplies to Iowans whose income is at or below

200% of the federal poverty level, or who are uninsured or underinsured. Medications and supplies are donated to the program, inspected by pharmacists, and distributed to people in need.

- [Volunteer Health Care Provider Program](#): Established in Iowa Code section [135.24](#), this program's 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.

Funding — State General Fund

This is a new appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to Essential Public Health Services, Community Capacity, Public Protection, Chronic Conditions, Infectious Diseases, and Healthy Children and Families.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that also fund the operation of these programs. Generally, if public health programs operated by the HHS receive these funds, the funds are tracked separately in the Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [135A](#), [135M](#), [136A](#), [137](#), [139A](#), [141A](#), [142C](#), [144](#), [147A](#), and [691](#)
Iowa Administrative Code chapter [641](#)

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Fiscal Services Division

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Ground Floor, State Capitol Building

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Community Access and Eligibility

Purpose and History

The Community Access and Eligibility appropriation funds the determination of eligibility for needs-based benefits and assistance programs under the authority of the Iowa Department of Health and Human Services (HHS).

The appropriation funds costs associated with providing needs-based benefits or assistance including but not limited to maternal and child health; oral health; obesity prevention; Supplemental Nutrition Assistance Program (SNAP) employment and training; family planning; rent reimbursement; the Family Investment Program (FIP); the FIP diversion program; the Promoting Independence and Self-Sufficiency through Employment, Job Opportunities, and Basic Skills (PROMISE JOBS) program; and eligibility determinations for medical assistance, food assistance, and the Children's Health Insurance Program (CHIP). Specific allocations from the appropriation are made for the Iowa Commission on Volunteer Services and for an initiative for adequate developmental surveillance and screening during a child's first five years of life.

The Community Access and Eligibility Division of the HHS is responsible for administering activities related to the following:

- [Volunteer Iowa](#)
- [Assistance Programs](#)
- [Community Services Block Grant](#)
- [Low-Income Home Energy Assistance Program \(LiHEAP\)](#)
- [Women, Infants, and Children \(WIC\) Program](#)
- [Healthy Eating Active Living \(HEAL\)](#)
- [Refugee Services](#)

Funding — State General Fund

This is a new appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to the following appropriations: Aging Programs, Human Rights Central Administration, General Administration, Department-Wide Duties, Field Operations, Family Investment Program/PROMISE JOBS, Medical Assistance, State Children's Health Insurance, Volunteers, Healthy Children and Families, Chronic Conditions, Community Capacity, Public Protection, LiHEAP Weatherization Assistance Program, Rent Reimbursement, the Social Services Block Grant, and the Temporary Assistance for Needy Families Block Grant.

Related Statutes and Administrative Rules

Iowa Code chapters [234](#), [239B](#), and [425](#)

More Information

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Child Support Services

Purpose

The Department of Health and Human Services (HHS) Child Support Services (CSS) is responsible for assisting custodial parents eligible to receive court-ordered child and medical support and for processing support payments. Any custodial parent may ask for assistance from the CSS at no charge, although there is a fee of \$35 that is collected from the obligee after \$550 in support has been distributed to the obligee. CSS falls under the Division of Community Access and Eligibility within the HHS, but CSS receives a separate appropriation.

Programs and Services

CSS provides a variety of services for custodial parents, including locating noncustodial parents and their sources of income, establishing paternity, establishing and modifying support orders, and registering other states' orders for enforcement or modification. In FY 2023, the CSS served parents and children on 139,547 cases, processing more than \$307.5 million in support payments. The CSS filed court orders in 94.4% of all cases.

The CSS uses a variety of methods to collect support from noncustodial parents:

- Directing employers to withhold a portion of wages.
- Intercepting federal and State tax refunds.
- Garnishing money from accounts or financial institutions.
- Restricting the issuance of driver's licenses, professional and recreational licenses, motor vehicle registrations, and passports.
- Making referrals to credit agencies.
- Obtaining contempt of court orders against delinquent obligors.

Child support is recovered through the CSS Central Office, 20 field offices, the Central Registry, and the Collection Services Center.

The Promoting Opportunities for Parents Program (POPP) assists parents in meeting obligations with their children. The HHS partners with community providers including the YMCA, Dads With a Purpose, Children & Families of Iowa, and the Evelyn K. Davis Center for Working Families to offer services and support, parenting classes, and employment resources.

Funding

This is a new General Fund appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to Child Support Services (Child Support Recovery). Some of the moneys from the former Child Support Services appropriation were also moved to the new appropriation of Administration

More Information

Child Support Services: hhs.iowa.gov/programs/programs-and-services/child-support-services

HHS Child Support Customer Website: secureapp.dhs.state.ia.us/customerweb

Child Support Customer Handbook: secureapp.dhs.state.ia.us/customerweb/api/documents/73066319-24b7-4a84-b551-051ad675a590/download

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and Compliance. In FY 2025, the General Fund appropriation for Child Support Services was \$15.4 million.

The HHS receives federal Access and Visitation Grant moneys to increase compliance with child access provisions of court orders for noncustodial parents. The HHS contracts with Kids First Law Center to provide neutral exchange sites, visitation counseling, and other parental services. The current contract began on July 1, 2024 and is set to end June 30, 2027.

The CSS budget is funded by a combination of State General Fund appropriations totaling 27.0%, federal funds totaling 70.0%, and other funds totaling 3.0%.

Child Support Services and the Family Investment Program

Child Support Services collections reimburse Iowa's Temporary Assistance for Needy Families (TANF) program, called the Family Investment Program (FIP), for the State's share in public assistance collection. This reimbursement totals approximately \$2.6 million annually.

Related Statutes and Administrative Rules

Iowa Code chapters [252B](#), [252C](#), [252D](#), [252E](#), [252F](#), [252H](#), [252I](#), [252J](#), and [252K](#)
Iowa Administrative Code [441—95](#) through [441 — 100](#)

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Medical Assistance

Background

Medicaid (Medical Assistance) is a joint federal- and state-funded entitlement program that provides medical assistance to certain low-income individuals who are aged, blind, disabled, or pregnant and to children or members of families with dependent children.

Created in 1965 by Title XIX of the Social Security Act, the Medicaid program gave each state the freedom to design its own program by establishing eligibility standards; determining the type, scope, amount, and duration of services; setting service rates; and administering its own program. Because of this autonomy, programs tend to vary widely by state. In Iowa, Medicaid is managed by the Department of Health and Human Services (HHS).

Managed Care

The Department implemented the IA Health Link managed care program for the majority of the Medicaid population on April 1, 2016. Most Medicaid members are now being served by the following three managed care organizations (MCOs): Amerigroup, Iowa Total Care, and Molina Healthcare. The MCOs provide comprehensive health care services including physical health, pharmacy, behavioral health, and long-term supports and services. The Iowa Medicaid Program continues to operate a limited Fee-for-Service (FFS) program for the Medicaid members not enrolled in managed care.

Eligibility

Medicaid eligibility is determined not only by income level but also by citizenship, age, or condition, including pregnancy, disability, or blindness. For states to be eligible to receive federal matching funds, they are required to provide mandatory eligibility to certain groups. These include but are not limited to:

- Most families with children who receive federally assisted income maintenance payments.
- Recipients of Supplemental Security Income (SSI).
- Infants born to Medicaid-eligible pregnant women.
- Children under the age of six and pregnant women with family income at or below 133.0% of the federal poverty level (FPL).
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

States have also been given the latitude to expand Medicaid programs beyond the mandatory groups with federal approval and still receive federal matching funds. Iowa has chosen to expand coverage to children under the age of 21 and adults over the age of 65, individuals on a Home and Community-Based Services Waiver who would be eligible if in an institution, and individuals needing breast or cervical cancer treatment and has expanded the program by creating Medicaid for Employed People with Disabilities and the Medically Needy Program.

More Information

Iowa Medicaid: hhs.iowa.gov/programs/welcome-iowa-medicaid

Title XIX of the Social Security Act: www.ssa.gov/OP_Home/ssact/title19/1900.htm

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One of the components of determining eligibility is citizenship and identity verification. For verification, applicants are required to provide either a passport or a birth certificate along with a government-issued identification document. Proof of citizenship is not required if applicants are already receiving SSI, Medicare, or Social Security disability benefits. Proof of citizenship is also not required for children in foster care and some subsidized adoption recipients. States are required to provide services that are adequate in duration, amount, and scope. Services must be offered throughout the state, and the amount cannot vary based on diagnosis or condition.

2023 Iowa Acts, [chapter 104](#) (Public Assistance Program Oversight Act), requires applicants for Medicaid benefits to complete a computerized identity authentication process to confirm the identity of the applicant and requires applicants or recipients of Medicaid to cooperate with the HHS Child Support Services as a condition of eligibility. The HHS is required to implement these provisions by July 1, 2025, or upon receipt of federal approval, if necessary.

Services

States that participate in the Medicaid program are also required to provide a minimum set of benefits (mandatory services) in order to receive federal matching funds. These services include:

- Inpatient and outpatient hospital services
- Physician services
- Medical and surgical dental services
- Nursing home care
- Home health care
- Family planning services and supplies
- Laboratory and x-ray services
- Early periodic screening, diagnosis, and treatment
- Other services

States have also been given the flexibility to provide additional services (optional services) to members. Iowa has chosen to provide prescription drugs; preventive dental services; chiropractic and podiatric services; durable medical equipment, such as wheelchairs, dentures, eyeglasses, and prosthetics; physical, occupational, and speech therapy; hospice care; home and community-based waiver services; and other services.

Funding

Medicaid is State-funded through a General Fund appropriation to the HHS. Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), State funding for the Children's Health Insurance Program (CHIP) and the State Supplementary Assistance (SSA) program is made through the Medicaid General Fund appropriation.

Iowa Health and Wellness Program

Funding for the Iowa Health and Wellness Program is also included under the Medicaid appropriation. The Iowa Health and Wellness Program covers individuals ages 19 through 64 with income under 133.0% of the FPL. The Program, administered by the MCOs, provides comprehensive health services and coverage that is equal to the benefits provided to State employees.

Children's Health Insurance Program

The CHIP was established by the federal Balanced Budget Act of 1997 to provide health care coverage to uninsured low-income children, under age 19, living in families with incomes up to 200.0% of the FPL. Iowa implemented the CHIP through a combination of Medicaid expansion and a new program entitled Healthy and Well Kids in Iowa (Hawki). Medicaid expansion was mandated in 1998 Iowa Acts, [chapter 1196](#) (1998 Hawki Program Act), and expanded coverage for children with family income up to 133.0% of the FPL, effective July 1, 1998.

The Hawki Program Act expanded Hawki program coverage to children living in families with incomes between 133.0% and 185.0% of the FPL, effective January 1, 1999. 2000 Iowa Acts, [chapter 1221](#) (FY 2001 Tobacco Settlement Fund Appropriations Act), further expanded the Hawki program to provide coverage to children with family incomes ranging from 185.0% to 200.0% of the FPL, effective July 1, 2000.

Unlike Medicaid, the CHIP is not an entitlement program and is funded with a set allotment of funds for each state. The federal allotment of funding for the CHIP is authorized through September 30, 2027.

Iowa receives an enhanced Federal Medical Assistance Percentage (FMAP) matching rate for the CHIP of approximately 75.0% annually.

State Supplementary Assistance

The SSA program provides monthly payments to low-income elderly or disabled Iowans to help meet their basic needs and reduces spending for Medicaid. The SSA is 100.0% State-funded, and although there are federal maintenance of effort requirements related to the Medicaid program, the SSA program receives no federal support. Iowa has seven SSA categories. Those categories include:

- **Blind Allowance:** Available to individuals who meet the Social Security Administration definition of blindness and either receive SSI or meet all SSI requirements but exceed the income limit by no more than \$22 per month. The benefit limit for the State assistance portion of the Blind Allowance is \$22 per month.
- **Dependent Persons Allowance:** Available to aged, blind, or disabled individuals who meet income and resource requirements and have a financially dependent relative living with them. The benefit limit for the Dependent Persons Allowance is \$436 per month.
- **Family Life Home Assistance:** Available to aged, blind, or disabled individuals to supplement payment for a licensed family life home. Licensed family life homes are private households offering a protective social living arrangement for one or two adults. The benefit limit for Family Life Home Assistance is \$142 per month.
- **In-Home Health-Related Care Assistance:** Available to aged, blind, or disabled individuals to help pay for personal health care services. Individuals must have physical or mental disabilities that require a nursing facility level of care but not enough income to pay for such care. The benefit limit for In-Home Health-Related Care Assistance is \$480 per month.
- **Mandatory Allowance:** Available to recipients who converted to the SSI program from the former State assistance programs when the SSI program began in 1974. The average benefit for the Mandatory Allowance category is just over \$185 per month.
- **Residential Care Facility Assistance:** Available to help pay for care in a residential care facility (RCF) for aged, blind, or disabled individuals who are unable to care for themselves because of illness, disease, or physical infirmity. Individuals must have resources or monthly income less than the cost of monthly care. The benefit limit for Residential Care Facility Assistance is \$1,072 per month.
- **Supplement for Medicare and Medicaid Eligibles:** Available for individuals who are aged, blind, or disabled; are eligible for Medicare Part B and Medicaid; and meet income and resource guidelines. This category allows the State to access federal funds for payment of Medicare Part B premiums. The benefit for this group is \$1 per month.

Enrollment and Expenditures

The most recent enrollment, expenditure estimates, and FMAP rates for Medicaid and the Iowa Health and Wellness Program can be found here: www.legis.iowa.gov/publications/fiscal/medicaid.

Related Statutes and Administrative Rules

Iowa Code chapter [249A](#)

Iowa Code chapter [249](#)

Iowa Code chapter [514I](#)

Iowa Administrative Code [441—50](#), [441—51](#), [441—52](#), [441—54](#), and [441—177](#)

Iowa Administrative Code [441—73 through 91](#)

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Ground Floor, State Capitol Building

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Health Program Operations

Purpose and History

The Department of Health and Human Services (HHS) Health Program Operations appropriation funds the Iowa Medicaid Program and related programs, as well as the third-party performance-based contracts with private vendors that administer the Program. The majority of day-to-day business operations, including oversight of managed care organizations (MCOs), claims processing, and vendor and member support, is handled through private vendors. The Medicaid Program is the second-largest health care payor in Iowa.

Programs and Services

The Medicaid Program oversees many different contracts with private vendors to administer day-to-day operations of the Program in these major contract areas:

- The External Quality Review Organization (EQRO) carries out review and quality assurance functions required by the federal Centers for Medicare and Medicaid Services (CMS). These functions are designed to ensure the integrity of the managed care program operations.
- Core Services processes all fee-for-service (FFS) claims, processes MCO capitation rates, operates systems including the Medicaid Management Information System (MMIS), and manages mailroom operations.
- The Quality Improvement Organization (QIO) provides clinical support such as performing all initial level of care (LOC) decisions for waiver and institutional care, approving MCO-recommended LOC changes and all FFS LOC reviews, providing utilization management and quality assurance for FFS members, and carrying out quality assurance for both the FFS and the managed care programs.
- Member Services is the State's Medicaid managed care enrollment broker. It provides customer services to the FFS population and provides assistance to members seeking issue resolution with the MCOs.
- Actuarial Contract establishes the managed care capitation rates and assists in the review of expenditures data.
- Pharmacy Services maintains the Preferred Drug List (PDL), which applies to all Medicaid members. In addition, this vendor processes prior authorization (PA) requests and answers the Pharmacy Hotline for FFS members. The vendor also collects drug rebates from manufacturers, responds to pharmacy provider questions, and processes FFS pharmacy claims.
- Program Integrity performs provider audits and recoveries of improper payments; identifies potential fraud, waste, and abuse; and makes referrals to law enforcement for investigations and prosecutions. Program Integrity also coordinates with other units within the HHS, the Attorney General's Office, Dental Benefit Managers (DBMs), the Medicaid Fraud Control Unit (MFCU), MCOs, and other federal and State agencies to promote payment and program integrity. It also provides oversight of the

More Information

Iowa Medicaid Program: hhs.iowa.gov/programs/welcome-iowa-medicaid
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dental benefits and managed care entities' fraud, waste, and abuse programs and improper payment recoveries, and assists in validating managed care data.

- Provider Cost Audit (PCA) and Rate Setting perform rate setting, cost settlement and cost audit functions, and technical assistance to both providers and MCOs. Provider rates serve as the rate floor for MCOs unless otherwise negotiated.
- Provider Services enrolls all Medicaid providers, including FFS and managed care. Provider Services provides direct support to providers in the FFS programs and coordinates with the MCOs to provide training to providers. In addition, Provider Services gives assistance to providers seeking issue resolution with the MCOs.
- Revenue Collections carries out Third Party Liability (TPL) functions for FFS members and estate recovery for all members.

The [I-Smile Program](#) supports services within the Early Periodic Screening, Diagnosis, and Treatment and Child and Adolescent Health programs to promote and advance healthy behaviors, reduce the risk of oral diseases, and improve lowans' oral health status through funding provided to child health contractors. The Program targets children, youth, and pregnant women for the prevention, early identification, referral, and treatment of oral disease. In addition to care coordination, the Program implements services in schools, maternal and child health agencies, and other community-based settings through contracts with community-based private, nonprofit, and public agencies.

The [Autism Support Program \(ASP\)](#) provides applied behavior analysis (ABA) services to children under 14 years of age and who are not eligible for ABA services through Medicaid or private health insurance. ASP applicants must meet diagnostic and financial requirements. Dependent on income, individuals may be subject to cost-sharing for up to 15.0% of the costs of services provided through the ASP. Cost-sharing is implemented incrementally according to family income as a percentage of the federal poverty level. ASP benefits are available to eligible children for up to 24 months and a maximum of \$36,000 per year. The ASP is administered by the Division of Aging and Disability Services.

The [Health Insurance Premium Payment \(HIPP\) Program](#) reimburses individuals and families for private health insurance plans if they qualify for Medicaid. HIPP is used to save money for the State by determining whether a private health plan is cost-effective compared to Medicaid. The Program also allows eligible individuals and families to keep or enroll in their desired plan at no cost.

The [Iowa Poison Control Center \(IPCC\)](#) offers free, confidential medical advice 24 hours per day, 7 days per week, regardless of health insurance, immigration status, or language preference through the poison control hotline (1.800.222.1222). Calls are answered by physicians, nurses, and pharmacists with highly specialized training in handling poison, with the goal of reducing emergency department visits and fatalities through in-home treatment. Allocated funds are utilized as an administration match for the Children's Health Insurance Program (CHIP).

Funding

This is a new appropriation for FY 2025. The appropriation is comprised of moneys formerly appropriated to Medical Assistance, Health Program Operations, General Administration, Field Operations, Public Protection, the Family Investment Program, and CHIP. In FY 2025, the General Fund appropriation for Health Program Operations was \$39.6 million.

Additionally, the HHS receives funding from the Pharmaceutical Settlement Account and CHIP for Health Program Operations.

Related Statutes and Administrative Rules

Iowa Code chapters [225D](#), [249A](#), [249B](#), [249F](#), [249L](#), [249M](#), and [249N](#)
Iowa Administrative Code [441—73](#) through [441—91](#), and [441—22](#)

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State Child Care Assistance

Background

The Child Care Assistance (CCA) Program is administered by the Department of Health and Human Services (HHS) and was established in 2000. The CCA Program subsidizes child care costs for low-income families with working parents, parents gaining work skills, parents going to school, and parents unable to care for children for a limited time due to physical or mental illness. Child care is also subsidized for children in need of protective services to prevent or alleviate child abuse or neglect and for children in foster care home settings. In addition to paying for child care, State and federal funds support the regulation of child care providers and quality improvement activities of providers. The CCA Program falls under the Division of Family Well-Being and Protection within the HHS.

Access and Eligibility

The CCA Program provides financial assistance for the care of children under the age of 13 in the following circumstances:

- Families in which the parent or parents are working at least 32 hours per week, are in school full time, or are working part time and going to school part time for a total of 32 hours per week in the aggregate, with incomes at or below 160.0% of the federal poverty level (FPL), but not more than 85.0% of the State median gross monthly income.
- Families with children requiring special needs care in which the parent or parents are working at least 28 hours per week, are in school full time, or are working part time and going to school part time for a total of 28 hours per week in the aggregate, with incomes at or below 200.0% of the FPL, but not more than 85.0% of the State median gross monthly income. Children with special needs are eligible for the Program through the age of 18.
- Families that are eligible as outlined above, but at the end of their 12-month eligibility segment are above 145.0% of the FPL but below 225.0% of the FPL. These families are eligible for an additional 12 months of services through CCA Plus.
- Families that enroll in the program as outlined above whose income increases above 225.1% of the FPL but remains below 250.0% of the FPL, or below 275.0% for families with children with special needs. These families receive reduced support as part of the State's graduated exit child care program.
- Families receiving Family Investment Program benefits and participating in PROMISE JOBS. Income requirements are waived under this scenario.
- Children who have been abused or neglected. Protective child care assistance is available to these children. Income requirements are waived under this scenario.

In FY 2023, a total of 28,708 children were served by the CCA Program. The average number of children participating in the Program per month was 17,245, a decrease of 5.4% from FY 2022. The average monthly cost per child for FY 2023 was \$509.25.

More Information

Child Care Assistance Program: hhs.iowa.gov/programs/programs-and-services/child-care/CCA
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The CCA Program allows parents and legal guardians to choose their child care provider as long as the provider accepts CCA payment. At the close of FY 2023, paid providers include:

- 1,496 licensed child care centers.
- 2,034 registered child care development homes. In-home providers caring for six or more children at one time must register.
- 84 legally operating, nonregistered providers that receive payment under the CCA Program. Providers caring for five or fewer children at one time are not required to be regulated.

Other Programs and Services

- [Child Care Resource and Referral](#) contracts and wraparound child care contracts assist families in selecting quality child care and provide referrals to child care facilities. Services under these contracts also help child care providers adopt developmentally appropriate programs and sustainable business practices via consultation, training, and other resources.
- The [Quality Rating System \(QRS\)](#) identifies and promotes quality in child care services. The QRS is voluntary for providers and comes with technical assistance as providers take steps to improve care. Participating providers may also receive bonus pay as their ratings increase or are maintained.
- [Healthy Child Care Iowa](#) provides services and trainings for Child Care Nurse Consultants (CCNCs) who work with early care and education programs. The CCNC services are free and available in all 99 counties.

Funding

This is a new appropriation for FY 2025. The appropriation is comprised of moneys formerly appropriated to Child Care Assistance. Some of the moneys from the former Child Care Assistance appropriation were also moved to the new appropriation of Early Intervention and Supports. In FY 2025, the General Fund appropriation for Child Care Assistance was \$19.1 million.

Iowa's CCA Program is also supported by federal funds through the Child Care Development Fund, which is administered by the federal [Office of Child Care](#) and includes the Child Care Development Block Grant.

Additionally, Temporary Assistance for Needy Families funding may be used if maintenance of effort requirements are met.

Related Statutes and Administrative Rules

Iowa Code chapter [237A](#)

Iowa Code section [234.47](#)

Iowa Administrative Code [441—106](#), [441—109](#), [441—110](#), [441—118](#), [441—120](#), [441—159](#), and [441—170](#)

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Early Intervention and Supports

Background

The Department of Health and Human Services (HHS) Early Intervention and Supports appropriation funds programs related to supporting needy families and communities. Most of the moneys appropriated are used to help children and adolescents from birth through 21 years of age and their families. Early Intervention and Support falls under the Division of Family Well-Being and Protection within the HHS.

Programs and Services

- **Healthy Opportunities for Parents to Experience Success — Healthy Families Iowa (HOPES–HFI):** This program, established in Iowa Code section [135.106](#), follows the national Healthy Families America evidence-based model to provide family support through home visits for families. Visits begin during pregnancy or at the birth of a child and can continue through age three. Two HOPES–HFI contractors provide services in six Iowa counties: Black Hawk, Clinton, Des Moines, Floyd, Lee, and Tama. The contractors providing HOPES–HFI services with State grant funds in these counties have been awarded national accreditation by Healthy Families America. Funding is used for the maintenance of effort requirement for the federal [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#).
- **[Family Development and Self-Sufficiency \(FaDSS\)](#):** This program assists Family Investment Program (FIP) families with significant or multiple barriers to reach self-sufficiency. Participation in FaDSS is a voluntary option for families receiving FIP benefits. Eligible families are identified and referred to the Program primarily by the PROMISE JOBS program. The FaDSS program is provided to families in all 99 Iowa counties through a network of community action and nonprofit social services agencies. Utilizing a strength-based approach, the Program is delivered to families through home visits by certified Family Development Specialists. Core services include assessment and screening, family-driven goal setting, referrals to community resources and supports, and advocacy and self-empowerment.
- **[Early Childhood Iowa \(ECI\)](#):** The ECI system includes the ECI State Board and the Stakeholders Alliance. Public and private entities collaborate to improve early care, education, health, and human services for children aged five years and younger and their families. The ECI State Board oversees State and local efforts and serves as an advisory group to the Iowa Legislature and the Governor’s Office.
- **[Iowa Child Abuse Prevention Program \(ICAPP\)](#):** This program provides community development, home visitation, parent development, respite care, and sexual abuse prevention services with the goal of preventing child maltreatment. The HHS contracts with Prevent Child Abuse Iowa to assist with administrative duties. Multiple local service contracts are also awarded to provide child abuse prevention services.

More Information

Early Intervention and Support:

hhs.iowa.gov/programs/programs-and-services/early-intervention-and-support
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- [Community Partnerships for Protecting Children \(CPPC\)](#): This is a network of community partners that work to prevent child abuse, decrease out-of-home placements, and promote reunification. Communities collaborate to implement strategies to assist families and promote child protection.
- More Options for Maternal Support (MOMS): The MOMS program provides pregnancy support services through a network of nonprofit organizations. MOMS is designed to provide personalized support to pregnant women and their families, promote improved pregnancy outcomes, improve child health and development, and to improve economic self-sufficiency.
- [Iowa Family Support Network \(IFSN\)](#): This website provides information and referrals for programs that support expecting families and families with young children. Eligible families can use the IFSN to participate in programs, including Early ACCESS, Children at Home, family support services, group-based parenting programs, and prenatal services.
- [Community Advocacy Services](#): The HHS works with other State agencies, local governments, nonprofits, and businesses to enhance their ability to serve, work with, and employ Iowans who may have barriers to success. There are seven offices within Community Advocacy Services, tasked with advocating for, assisting, and supporting underserved populations. The seven offices are:
 - [Office of Asian and Pacific Islander Affairs](#)
 - [Office of Deaf Services](#)
 - [Office of Latino Affairs](#)
 - [Office of Native American Affairs](#)
 - [Office of Persons with Disabilities](#)
 - [Office on the Status of African Americans](#)
 - [Office on the Status of Women](#)

Funding

This is a new appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to Child Care Assistance, FIP/PROMISE JOBS, General Administration, Community Advocacy and Services, Healthy Children and Families, and Human Rights Administration. In FY 2025, the General Fund appropriation for Early Intervention and Supports was \$39.6 million.

The HHS receives funds from Temporary Assistance for Needy Families (TANF) Block Grant for FaDSS, child abuse prevention grants, and for the Thrive Iowa Program.

Additionally, there is a standing unlimited General Fund appropriation in Iowa Code section [144.13A\(5\)\(a\)](#) that permits the HHS to receive \$10 of the \$20 birth certificate registration fee to be used for the ICAPP.

The HHS also receives federal funding from the Health Resources and Services Administration (HRSA) for the MIECHV Program.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [216A](#), [217](#), [256I](#)

Iowa Administrative Code chapters [421](#), [441](#), [641](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Child Protective Services

Purpose

Child Protective Services (CPS) programs are administered by the Department of Health and Human Services (HHS) and provide a multitude of child welfare and adoption services. Child welfare services and interventions for children, youth, and families are designed to improve child safety, permanency, well-being, and community safety. The Adoption Subsidy Program provides financial support to families that adopt special needs children. When courts terminate the parental rights of abused or neglected children, the HHS strives to find permanent adoptive families as quickly as possible. The HHS uses field operations staff to provide child assessments, case management, and adoptive placement services. CPS falls under the Division of Family Well-Being and Protection within the HHS.

Child Welfare Services

Child welfare services are provided to children and families who are either at risk of abuse or have experienced abuse, including those who have been adjudicated a child in need of assistance (CINA). In addition, services are available to youth who have aged out of the foster care system and are employed or going to school.

The HHS strives to provide child welfare services that protect children and preserve and strengthen families by the least intrusive, least restrictive means possible. The federal [Family First Prevention Services Act](#) (Family First) was signed into law in February 2018. Family First provides new directives for services eligible for Title IV-E reimbursement by shifting funding traditionally used to support foster care placements into prevention services to achieve the following goals:

- Reduce entry into foster care through evidence-based family preservation services to increase the use of family-based placements.
- Decrease the use of congregate care settings.
- Improve access to high-quality residential care for children and youth who have acute mental and behavioral health needs.

Under Family First, when a child must be removed from the child's home to ensure safety, placement priority must be given to relatives and fictive kin. The HHS has established performance-based contracts with child welfare providers that align with Children and Family Services federal outcomes, including Family First. These providers make available the following array of services:

- Early intervention and prevention services, such as nonagency voluntary services and decategorization services, that build on families' resources and community supports.
- In-home family-centered services that implement evidence-based practices to assist families with developing prevention skills, improve parenting skills, and provide crisis interventions when there is imminent risk of removal.
- Out-of-home services that provide a safe environment when a child is not able to remain in the home. In keeping with Family First, placement priority is given to relatives and fictive kin. Services are

More Information

Child Protective Services: hhs.iowa.gov/programs/CPS
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provided to address both the parents' and child's needs as well as to support kinship caregivers to maintain placement stability. Services include:

- The Parent Partner program, which provides peer mentoring for families in the child welfare system to improve engagement between families and the system, shorten lengths of stay for children in care, and maximize available community supports and services to reduce family reentry into the child welfare system.
- Kinship navigator services, which assist kinship caregivers in learning about, finding, and using programs and services to meet their needs. Kinship placements help reduce trauma, preserve cultural identity and community connections, and improve child well-being.
- A kinship caregiver payment, which is a time-limited payment that allows kinship caregivers to receive financial support for each child placed in their care by court order.
- Family foster care services, which are designed to provide a temporary safe environment while parents are addressing the issues that put a child at risk.
- Qualified Residential Treatment Programs (QRTP)/Foster Group Care: These Programs offer room, board, and other child protective services to eligible foster care children with unique needs. Foster group care contractors provide services, including crisis intervention, life skills training, and future planning.
- Child Welfare Emergency Services (CWES), which include an array of short-term and temporary interventions that range from the least restrictive approaches that can be used to avoid out-of-home placement (such as family conflict mediation or in-home interventions) to more restrictive services (including emergency juvenile shelter care).
- Transition services, such as Preparation for Adult Living (PAL) and Supervised Apartment Living (SAL), which support youth from 18 to 21 years old who have aged out of foster care. Emphasis is placed on life skills, housing, employment, education, budgeting, and relationships. Youth receive individualized services from case managers called self-sufficiency advocates. A network of nine child welfare providers comprises the [Iowa Aftercare Services Network](#), which provides services to more than 600 youth annually.

Adoption Subsidy Program

Of all children placed for adoption through the HHS, approximately 95.0% receive an adoption subsidy or are eligible for the subsidy. Subsidies are paid to eligible families until the adopted child reaches age 18, or age 21 if there is a disability. Subsidies are available in the following situations:

- The child has a special need (including a diagnosed physical, mental, or emotional disability), is harder to place due to age, is a member of a sibling group of three or more children, or is at risk of developing a diagnosed condition.
- The State is unable to place the child for adoption without the subsidy.
- The child was in the guardianship of the HHS or a licensed child-placing agency prior to the adoption.

Children eligible for an adoption subsidy are categorically eligible for Medicaid. The adoptive family's income cannot be considered when negotiating subsidy supports. The majority of children adopted through the HHS are under age six.

The Adoption Subsidy Program provides a monthly payment to parents of eligible children. Adoption subsidy rates are negotiated with families but cannot exceed the foster care rate. Adoption subsidy and foster care rates are designed to be nearly the same in order to eliminate a disincentive by foster parents to adopt. Families may also receive:

- Up to \$1,000 per child to pay legal fees to finalize the adoption.
- Supplies and equipment to meet the child's needs.
- Funds for outpatient therapy from providers not paid through Medicaid.
- Funds for additional insurance premium costs when adding a child to private insurance.
- Up to \$500 per child when adopting a sibling group of three or more.
- Postadoption support services.

Field Operations

The HHS provides funding for staff that directly and indirectly supports the delivery of protective services, case management services, basic support services, and support for providers. The Department divides the Field Operations Unit into five service areas: Northern, Western, Eastern, Des Moines, and Cedar Rapids. Some of the frequent activities performed by staff members in these areas include:

- **Protective Services:** Specialized social workers perform child assessments when abuse is alleged. Generally, each worker has 12 to 14 new assessments each month. The assessments must be completed within 20 business days.
- **Child Welfare Case Management:** Social work case managers handle child welfare cases as well as adoptive placements, foster care licensure, and other related services. A case manager who handles only child welfare cases supports 29 to 34 children and/or families. For the other services, a case manager supports 114 children and/or families. Tasks include identifying child and parent needs, developing case plans, and connecting families with providers.
- **Customer Service and Help Desks:** These small groups have knowledge in social work and eligibility matters and provide statewide support for frontline staff. Other groups support training, constituent contacts, legislation analysis, and budgeting.

Funding — State General Fund

This is a new appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to Child and Family Services, Field Operations, Adoption Subsidy, and General Administration. In FY 2025, the General Fund appropriation for Child Protective Services was \$166.1 million.

Funding — Federal Funds

Federal funds support this appropriation through a number of sources, including Title IV-B, Title IV-E, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant. States are subject to financial penalties ranging from 1.0% to 5.0% of federal Title IV-B and Title IV-E funding if they fail to meet federal expectations, including annual targets for monthly visits with children in foster care.

Federal Title IV-E of the Social Security Act provides matching funds for the adoption subsidy. In FY 2023, 87.2% of children whose families received adoption subsidies were eligible for the federal match. The federal match is based on the Federal Medical Assistance Percentage (FMAP) used for Medicaid.

The federal Fostering Connections for Success and Increasing Adoptions Act of 2008 (PL [110-351](#)) changed the way Title IV-E eligibility is determined. The original criteria for eligibility were tied to the Aid to Families with Dependent Children (AFDC) Program, which was replaced by the TANF program in the early 1990s. The 2008 Act delinked eligibility for Title IV-E from AFDC criteria over time, starting in federal fiscal year (FFY) 2010 and continuing through FFY 2023. This delinking led to more adopted children becoming eligible for the federal funding. The Family First Prevention Services Act of 2018 (PL [115-123](#)) delayed full implementation until June 30, 2024.

The federal legislation delinking Title IV-E eligibility from AFDC criteria also requires states to calculate the amount of adoption savings resulting from increased Title IV-E eligibility and to reinvest the State savings for other qualified expenditures under Title IV-B and Title IV-E. To accomplish this, the HHS is using adoption savings funds to support the following:

- **Family-Centered Services (FCS):** FCS services work to support children and their families when there are risks to the safety, permanency, or well-being of the child. The goal of these services is to prevent children from entering foster care and to promote family preservation.
- **Treatment Outcome Package (TOP) assessment tool:** The TOP is used to assess a child's treatment needs within 12 domains; track a child's improvement or deterioration; identify data trends around strong or better-performing providers and foster parents; and identify other data points that would impact practice decisions made by HHS and Juvenile Court Services staff.
- **QRTP/Foster Group Care:** Funding is used for beds for children with neurodevelopmental and comorbid conditions in the QRTP.

- **Subsidized Guardianship Program:** The Program provides financial assistance to guardians of eligible children 14 years of age or older who are in foster care but are not able to be adopted and who are not able to return home. Under the Program, relatives who become licensed foster parents may become a child's guardian and receive a maintenance payment.
- **Kinship Caregiver Payment/Navigator Services:** The HHS provides kinship caregivers with financial and technical support to help meet their needs in caring for children placed in their care.
- **Postadoption/Guardianship Services:** The HHS is currently reserving approximately \$4.8 million to fund obligated postadoption and postguardianship support services in future fiscal years.
- **Legislative Action for Facilities:** In 2022 Iowa Acts, chapter [1131](#) (FY 2023 Health and Human Services Appropriations Act), the HHS was given authority to transfer up to \$11.0 million from this allocation to the HHS Facilities Operations allocation for one-time use purposes related to the closure of the Glenwood Resource Center.

Related Statutes and Administrative Rules

Iowa Code chapters [232](#), [232B](#), [233](#), [234](#), [235](#), [235A](#), [237](#), [238](#), and [600](#)

Iowa Administrative Code [441](#)

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Fiscal Services Division

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Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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State Specialty Care

Purpose and History

State Specialty Care is the appropriation for state-run facilities operated under the authority of the Iowa Department of Health and Human Services (HHS).

In response to concerns over mental health of veterans and their families following World War II, Congress passed the [National Mental Health Act of 1946](#). This Act made mental health a federal priority for the first time in the United States. In 1963, Congress passed the [Community Mental Health Centers Construction Act](#) to build mental health centers to provide for community-based care as an alternative to institutionalization. The federal shift toward deinstitutionalization continued when President Jimmy Carter signed the [Mental Health Systems Act of 1980](#), which provided additional resources and supports for community-based centers.

In Iowa, the passage of the [Relief of the Poor Act of 1844](#) establishes that counties must assist in paying for services and supports for the poor. Prior to this, responsibility for caring for those in need was left to the community. In 1861, construction began for the Asylum for the Insane in Mt. Pleasant utilizing county funding. The facility worked to provide food, shelter, regular routines, and work activities. This facility would later be known as the Mt. Pleasant Mental Health Institute (MHI). A substance abuse program would be established in 1991 at Mt. Pleasant MHI that would, at its inception, provide 92 beds for treatment. The Clarinda MHI opened in 1888 and was built to address overcrowding in the existing MHI. The Clarinda MHI was established to serve the elderly, those with mental illnesses, and those suffering from substance abuse. A minimum-security prison was established on the Clarinda MHI property in 1980. In 2015, Mt. Pleasant MHI and Clarinda MHI closed after decreased capacity at the facilities. Additionally, the goal of the State shifted toward deinstitutionalization and helping patients continue to live in their communities.

Facilities

The General Assembly currently allocates moneys to six facilities operated by the HHS. The facilities currently receiving moneys from the HHS are:

- [Cherokee MHI](#): The Cherokee MHI provides acute psychiatric care for adults who need mental health treatment. The facility was built in 1902 as the final of four MHIs in the State. The most common diagnoses for the adults served at the Cherokee MHI are schizoaffective disorder, depression and other mood disorders, schizophrenia, bipolar disorders, and intermittent explosive disorder. In many cases, individuals have a co-occurring substance abuse disorder. Treatment services provided include counseling, psychotropic medication, psychiatric rehabilitation classes, leisure skills development, recreational activities, and discharge planning.
- [Civil Commitment Unit for Sexual Offenders \(CCUSO\)](#): The CCUSO at the Cherokee MHI provides secure, long-term, and highly structured treatment for sexually violent predators. The individuals

More Information

Iowa HHS — Inpatient Facilities: hhs.iowa.gov/programs/mental-health/inpatient-facilities
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committed to the CCUSO have served their prison sentences, but in a separate civil trial have been found likely to reoffend. The CCUSO was established at the Iowa Medical and Classification Center at Oakdale in 1998 but relocated to the HHS Cherokee MHI campus in 2003. The HHS may not deny a court-ordered admission to the facility. There are five phases of treatment at the CCUSO, consisting of group and individual therapy, educational programming, physiological assessments, a transition program, and a discharge program.

- [Eldora State Training School](#): The Eldora State Training School provides treatment and educational services within a highly structured setting to assist youth who are adjudicated delinquent. The School has 130 residential beds on campus and provides services to delinquent boys between the ages of 12 and 18. Services at the School include a comprehensive residential treatment program; specialized treatment services to sex offender youth; intensive substance abuse treatment; high school; high school equivalency; college credits; vocational certifications in welding and other crafts; specialized evaluation services for juvenile court officers and judges; and treatment including anger management, gang diversion, basic social skills, and behavior modification.
- [Glenwood Resource Center](#): The Glenwood Resource Center originally began providing services to those with disabilities in 1911. While open, Glenwood provided a wide range of treatment, outreach services, and habilitation services for individuals with severe intellectual disabilities. According to the HHS, a typical individual at Glenwood had an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. The Glenwood Resource Center officially ceased operations for patients in June 2024. The HHS continues to fund and maintain the campus that previously housed the Glenwood Resource Center.
- [Independence MHI](#): The Independence MHI provides active inpatient psychiatric treatment for adults, adolescents, and children who need acute psychiatric service. This includes specialized treatment of behaviorally complex youth. The MHI opened in 1873 and was a custodial facility, with the mission for the facility shifting to treatment rather than housing individuals in the late 1950s. The most common diagnoses for the children and adolescents served are oppositional defiant and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, and eating disorders. Treatment services provided include counseling, psychotropic medication, psychiatric rehabilitation classes, leisure skills and development, recreational activities, and discharge planning.
- [Woodward Resource Center](#): The Woodward Resource Center provides a wide range of treatment and habilitation services for individuals with severe intellectual disabilities. The goal of the State Resource Center is to support individuals to live in the community of their choice, with the facility opening in 1917. According to the HHS, a typical individual at Woodward has an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. The HHS uses a multidisciplinary team to provide an integrated service approach.

Funding — State General Fund

This is a new appropriation for FY 2025. The new appropriation is comprised of moneys formerly appropriated to Department-Wide Duties, the Eldora State Training School, the Cherokee MHI, the Independence MHI, the Woodward Resource Center, the Glenwood Resource Center, the CCUSO, Nonresident Commitment Mental Illness, and Commission of Inquiry.

Related Statutes and Administrative Rules

Iowa Code chapters [135C](#), [218](#), [222](#), [226](#), [229A](#), and [233A](#)

Iowa Administrative Code [441—28](#), [441—29](#), [441—30](#), [441—31](#), and [441—103](#)

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Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Accountability, Compliance, and Program Integrity

Purpose and History

The Administration and Compliance appropriation provides funding for accountability, compliance, and program integrity related to salaries, support, and maintenance under the authority of the Iowa Department of Health and Human Services (HHS). The Administration Division of the HHS oversees the areas of finance, performance, transformation, health equity, and information technology. The Compliance Division of the HHS oversees the operations deputy, legal operations, contracts and data, internal controls and accountability, human resources, general business services, and cannabis regulation.

Programs and Activities

The following programs are funded by the Administration and Compliance appropriation:

- [Court Appointed Special Advocate \(CASA\) Program](#): The CASA program is a volunteer program intended to support and advocate for children who currently have a case in the Child Welfare System. Volunteers are given comprehensive training and assigned individual cases while being overseen by a coach and a CASA coordinator. The CASA program is affiliated with the National Court Appointed Special Advocate/Guardian Ad Litem Association for Children.
- [Foster Care Review Boards \(FCRB\)](#): The FCRB program was signed into law in July 1984 to provide for independent third-party citizen review of cases in the foster care system. Not all counties in Iowa have a review board; some counties have more than one active board, and some boards review cases from multiple counties. Local boards meet monthly or bimonthly to review the status of children who have been removed from parental custody, while offering recommendations to overcome challenges and identifying systemic barriers to achieving timely permanency.
- [Iowa Achieving a Better Life Experience \(ABLE\) Savings Plan Trust](#): The Iowa ABLE Savings Plan Trust is Iowa's dedicated ABLE program for savings and investment accounts for eligible individuals with disabilities, for the purpose of financing qualified disability expenses. ABLE saving plans were established by the federal [Achieving a Better Life Experience Act of 2014](#).
- [Office of the Long-Term Care Ombudsman](#): Iowa's Office of the State Long-Term Care Ombudsman is responsible under both federal and Iowa law for advocating for residents and tenants of long-term care facilities, including nursing facilities, residential care facilities, assisted living programs, and elder group homes. The Office has eight Long-Term Care Ombudsmen, with each Ombudsman covering a different area of the State.

The Office is responsible for the following:

- Resolving complaints made by or on behalf of residents of long-term care facilities.

More Information

Department of Health and Human Services: hhs.iowa.gov/
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- Educating consumers and long-term care providers about resident rights.
- Promoting community involvement through volunteer opportunities.
- Providing information to the public on nursing homes and other long-term care facilities and services, resident rights, and legislative and policy issues.
- Advocating for resident rights and quality care in nursing homes, residential care facilities, and assisted living programs.
- Promoting the development of citizen organizations, family councils, and resident councils.

Funding

This is a new appropriation for FY 2025. The new appropriation is comprised of State and federal funds formerly appropriated to Aging Programs, Office of Long-Term Care Ombudsman, Human Rights Central Administration, Criminal and Juvenile Justice, Single Grant Program, General Administration, Department-Wide Duties, Field Operations, Child Support Recoveries, Community Capacity, Resource Management, the Social Services Block Grant, and the Temporary Assistance for Needy Families Block Grant.

Related Statutes and Administrative Rules

Iowa Code sections [231.41](#), [231.42](#), [231.44](#), [231.45](#), [237.16](#), and [237.19](#)

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Fiscal Services Division

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Ground Floor, State Capitol Building

Des Moines, Iowa 50319

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Addictive Disorders

Purpose and History

The Addictive Disorders General Fund appropriation provides funding for reducing the prevalence of the use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors through substance abuse, problem gambling, and tobacco use programs in the Department of Health and Human Services (HHS). The [Division of Behavioral Health](#) regulates and administers State appropriations and federal funding for substance use disorder and problem gambling education, prevention, treatment, and recovery support services. The [Division of Tobacco Use Prevention and Control](#) provides similar services relating to tobacco use.

Tobacco Use Prevention and Control Initiative

The Division of Tobacco Use Prevention and Control was established as a division in 2000 as an indirect result of the tobacco Master Settlement Agreement between Iowa and major tobacco companies. The Division receives policy recommendations and directions from the Tobacco Use Prevention and Control Commission. The mission of the Division is to establish a comprehensive partnership among State government, local communities, and the people of Iowa to foster a social and legal climate in which tobacco use becomes undesirable and unacceptable. The Division works to reduce tobacco use and the toll of tobacco-related diseases and death by preventing youths from starting tobacco use, helping adults and youths quit tobacco use, and preventing exposure to secondhand tobacco smoke. To implement these goals, the Division follows the U.S. Centers for Disease Control and Prevention guidelines for comprehensive tobacco control programs.

Youth tobacco consumption prevention services include:

- Establishing the statewide youth program, [Iowa Students for Tobacco Education and Prevention \(ISTEP\)](#), which is focused on peer education and youth leadership activities.
- Collaborating with State agencies, chiefly the Iowa Department of Revenue (IDR), to enforce the prohibition of tobacco sales to minors.
- Supporting local youth groups dedicated to preventing youth tobacco use.

Tobacco cessation services include:

- Supporting and promoting [Quitline Iowa](#) to help Iowans quit using tobacco.
- Offering eight weeks of free nicotine replacement therapy to Iowans over 18 years of age who are uninsured or insured through Medicare.
- Offering training for collaborative cessation services to Iowa's population of Medicaid enrollees.

Secondhand-smoke-related services include:

- Enforcing the [Iowa Smokefree Air Act](#) (Iowa Code chapter [142D](#)) through compliance education.
- Developing programs aimed at reducing secondhand smoke exposure, including the smokefree apartments and housing project, a collaborative effort with public health partners working on voluntary smokefree housing.

More Information

Iowa Department of Health and Human Services: hhs.iowa.gov/programs/mental-health
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- Providing technical assistance to local contractors to increase the number of community locations where lowans are not exposed to secondhand smoke.

Other activities and services related to the tobacco initiative include:

- Monitoring tobacco use amongst Iowa's general population and targeted populations at highest risk of tobacco addiction.
- Providing funding to [community partnerships](#) in 99 counties for tobacco prevention and control activities at the local level.

Problem Gambling and Substance Abuse-Related Prevention, Treatment, and Recovery

The Division of Behavioral Health's [Bureau of Substance Abuse](#) works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs.

Substance abuse prevention services include:

- The [Substance Abuse Prevention Grant Program](#) to increase abstinence from alcohol, tobacco, and other drugs and reduce tobacco and drug use, harmful drinking, and prescription drug abuse. Funding is used for integration of public health activities, delivery of essential services and core public health functions, and building stronger relationships with community partners.
- The [Iowa Youth Survey](#), conducted every other year with most Iowa 6th, 8th, and 11th graders.
- Youth substance abuse prevention services, focused on youth development opportunities for ages 5 to 18, and youth mentoring programs certified by the Iowa Mentoring Partnership.
- Community coalitions to address specific local substance abuse issues.
- County Substance Abuse Prevention Grants for local prevention services, with a three-to-one local match requirement.

Substance abuse [program licensure and regulation](#) services include:

- Licensing and monitoring approximately 120 substance abuse disorder and problem gambling programs.
- Providing training opportunities for gambling counselors and other health and human services professionals.
- Providing data collection, analysis, and surveillance to identify substance use trends and service needs, monitor HHS and contractor performance, improve program quality, and support planning and allocation of resources.
- Providing connections to other resources.

Substance abuse treatment and recovery support services include:

- Offering a statewide 24/7 helpline (call 855.581.8111 or text 855.895.8398) and a treatment locator at www.YourLifelowa.org.
- Funding 23 local treatment programs as a provider network serving uninsured residents statewide.
- Providing general treatment services such as assessment, subacute residential and extended residential services, halfway house, intensive outpatient services, extended outpatient individual and group counseling, and continuing care.
- Promoting a statewide resiliency and recovery-oriented system of care to prevent substance abuse, treat substance use disorders, and address co-occurring disorders, such as mental and physical health conditions.
- Providing HHS-funded substance use disorder services under the Iowa Plan for Behavioral Health; these services have transitioned to an administrative-services-only agreement with Amerigroup, one of the managed care organizations under the Medicaid Program.

Problem gambling education and prevention services include:

- Public and professional information and resources available at www.YourLifelowa.org.
- Educational presentations to schools and community groups.
- Statewide health promotion efforts to educate lowans about the risks and responsibilities of gambling.

- Surveillance, through data collection/analysis, to identify problem gambling trends and service needs, monitor HHS and contractor performance, improve program quality, and support planning and allocation of resources.
- Prevention services for at-risk populations, community groups, schools, and others.
- Partnerships with State-regulated casinos to provide problem gambling training to employees and promote problem gambling prevention and treatment.

Problem gambling treatment and recovery services include:

- A statewide 24/7 helpline and treatment locator operated through www.YourLifelowa.org.
- Treatment services through assessment and outpatient individual and group counseling for problem gamblers and concerned persons, with 11 local licensed providers covering all 99 Iowa counties.
- Training opportunities for gambling counselors and other health and human services professionals.
- Specialized recovery support services, including housing and life skills assistance.
- Financial counseling, including budgeting and debt reduction plans for admitted problem gambling clients.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Addictive Disorders appropriation has moved under the new Behavioral Health appropriation.

In previous fiscal years, the Addictive Disorders General Fund appropriation was included in the annual Health and Human Services Appropriations Act. Prior to FY 2011, appropriations to the HHS addictive disorders programs were also provided from the Healthy Iowans Tobacco Trust Fund and the Health Care Trust Fund.

Funding — Other Sources of Revenue

Depending on the program, there are additional federal funds, other funds, and fees that are also included in the operation of these programs. Generally, if these are programs operated by the HHS, the funds are tracked separately in the HHS Gifts and Grants Fund. Major sources of other revenue include the following:

Tobacco Use, Prevention, and Control

The federal [Office on Smoking and Health](#) created the [National Tobacco Control Program \(NTCP\)](#) in 1999 to encourage coordinated national efforts to reduce tobacco-related diseases and death. The Program provides funding and technical support to state and territorial health departments. There is no matching or maintenance of effort (MOE) requirement for state health departments to access this funding. Instead, the state programs must maintain initiatives that mirror the NTCP's four components: 1) population-based community interventions, 2) counter-marketing, 3) program policy and regulation, and 4) surveillance and evaluation.

Substance Abuse Prevention and Treatment

The federal [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) administers a combination of data collection activities and competitive, formula, and block grant programs to states. The SAMHSA collects data from states related to administration and funding of prevention and treatment programs, the prevalence of substance abuse in the population, and other relevant national information. The SAMHSA compiles the information and produces state snapshots that offer highlighted information for each state.

A primary source of federal funding to Iowa for substance abuse programming is the SAMHSA [Substance Abuse Prevention and Treatment Block Grant](#). The HHS also secures other funding for substance abuse services such as SAMHSA's Access to Recovery (ATR) program; the Statewide Epidemiological Outcomes Workgroup; Screening, Brief Intervention, and Referral to Treatment; the Strategic Prevention Framework State Incentive Grant; Medication Assisted Treatment (prescription drug and opioid addiction); the Residential Treatment for Pregnant and Postpartum Women Services Grant; and the State Adolescent and Transitional Aged Youth Treatment Grant.

Along with the Addictive Disorders General Fund appropriation, an intrastate transfer from the Beer and Liquor Control Fund contributes to the Substance Abuse Prevention and Treatment Block Grant MOE requirement. The transfer is provided from the IDR to the HHS.

Problem Gambling Prevention and Treatment

Iowa's gaming entities are required to contribute portions of their gaming revenue to the State General Fund for treatment of problem gambling. An annual appropriation from the Sports Wagering Receipts Fund is provided to HHS to be used for administration costs and to provide funding for programs dedicated to decreasing problem gambling in Iowa.

Related Statutes and Administrative Rules

Iowa Code chapters [125](#), [142A](#), and [142D](#)

Iowa Code section [135.150](#)

Iowa Administrative Code [641—151](#), [641—152](#), [641—153](#), [641—155](#), [641—157](#), and [641—158](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Healthy Children and Families

Purpose and History

The Iowa Department of Health and Human Services (HHS) Healthy Children and Families appropriation provides funding for programs that ensure access to preventive child health services and link children and families with community-based preventive health and family support services. Many of these programs are part of the Bureau of Family Health or the Bureau of Oral and Health Delivery Systems and are carried out by a number of local service providers.

The following programs are funded through the appropriation:

- **Maternal Health Services**: This Program supports 24 maternal health agencies serving all 99 counties that provide prenatal and postpartum care to Medicaid-eligible and other low-income women. Services offered to Iowa residents include medical and dental assessment, health and nutrition education, psychosocial screenings and referrals, care coordination, assistance with birthing plans, and postpartum home visiting.
- **Statewide Perinatal Care Program**: This Program provides professional training, development of standards or guidelines of care, consultation with regional and primary providers, and evaluation of the quality of care delivered to reduce the mortality and morbidity of infants. Through a contract with the University of Iowa Hospitals and Clinics, these services are provided to all hospitals that perform deliveries.
- **Child and Adolescent Health**: This Program promotes access to regular preventive health care services for children through contracts with 15 local child health agencies, serving all 99 counties. The program provides presumptive eligibility for children who may appear to be eligible for Medicaid or the Healthy and Well Kids in Iowa (Hawki) Program. There are also outreach coordinators to promote the Hawki Program.
- **Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Care for Kids Program**: This Program serves children enrolled in Medicaid from birth through age 20 to ensure they receive preventive health care services. This Program provides information services for children and families who are newly enrolled in Medicaid. EPSDT is a federally mandated program that ensures children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. Initial and periodic health checkups include but are not limited to the following: health history; physical exam; growth and development assessment; vision and hearing screening; dental screening and education; immunizations; developmental/behavioral screening; nutrition assessment and education; laboratory tests, including blood lead testing; anticipatory guidance; and referral for further diagnostic and treatment services.
- **I-Smile/Oral Health**: This Program supports services within the EPSDT and Child and Adolescent Health programs to promote and advance healthy behaviors, reduce the risk of oral diseases, and improve Iowans' oral health status through funding provided to child health contractors. The program targets children, youth, and pregnant women for the prevention, early identification, referral, and treatment of oral disease. In addition to care coordination, the program implements services in

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schools, maternal and child health agencies, and other community-based settings through contracts with community-based private, nonprofit, and public agencies.

- **Healthy Opportunities for Parents to Experience Success — Healthy Families Iowa (HOPES–HFI):** This Program, established in Iowa Code section [135.106](#), follows the national Healthy Families America evidence-based model to provide family support through home visits for families. Visits begin during pregnancy or at the birth of a child and can continue through age three. Two HOPES–HFI contractors provide services in six Iowa counties: Black Hawk, Clinton, Des Moines, Floyd, Lee, and Tama. The contractors providing HOPES–HFI services with State grant funds in these counties have been awarded national accreditation by Healthy Families America. Funding is used for the maintenance of effort requirement for the federal [Maternal, Infant, and Early Childhood Home Visiting Program](#).
- **1st Five:** 1st Five 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 social-emotional delays, developmental delays, and family risk-related factors in children from birth to age five and coordinates referrals, interventions, and follow-up. There are currently 15 operational service areas covering 88 counties. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, will have an impact later in life.
- **Iowa Donated Dental Services Program:** Managed by the Bureau of Oral and Health Delivery Systems, this Program contracts with Delta Dental of Iowa for funding through the [Dental Lifeline Network](#) initiative. The Program provides free dental services to individuals with disabilities or who are elderly or medically fragile and cannot afford or otherwise access treatment for severe dental conditions. Funding is used to recruit dentists, promote the Program, provide patient case management, and purchase laboratory services.
- **Dental Services to Underserved Children:** Funding is contracted to the [University of Iowa College of Dentistry](#) to provide dental care for underserved children on a fee-for-service basis (following the Medicaid fee schedule). Services are provided by the University of Iowa and occasionally by private practice dentists. Funds must be matched on a dollar-for-dollar basis by the University, and the Program must coordinate efforts with the I-Smile Program.
- **Audiological Services for Children:** Part of the [Center for Congenital and Inherited Disorders](#), this Program provides funding for hearing aids and/or audiological services for children who otherwise would not be able to afford these services. Administered through the [Early Hearing Detection and Intervention Program](#), the Audiological Services for Children Program is established in Iowa Code section [135.131](#) and requires universal screening for all newborn children and infants and further requires results to be reported to the HHS.
- **Youth Suicide Prevention:** 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 p.m. to 10:00 p.m. daily.
- **5-2-1-0 Healthy Choices Count:** Funding is allocated to projects that increase opportunities for young children to be physically active and choose healthy foods. Funds are distributed to the Iowa Councils of Government to implement wellness initiatives in selected communities. Funds were previously provided to the Department of Education to support the Super Power Summit, where teams of middle school students learn how they can be leaders in their schools to improve nutrition and physical activity environments. Funds also support efforts to increase the number of early care and education settings with nutrition and physical activity standards and are distributed to selected communities to complete walkability assessments.
- **Adverse Childhood Experiences (ACEs):** Funding supports the Adverse Childhood Experiences in Iowa Report and Study being conducted by the Central Iowa ACEs Steering Committee. The Adverse Childhood Experiences Report 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.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the programs and services contained within the Healthy Children and Families appropriation have moved under the new appropriations of Community Access and Eligibility, Early Intervention and Supports, Public Health, and Behavioral Health.

Prior to FY 2011, appropriations to the Healthy Children and Families programs were also provided from the Health Care Trust Fund.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that also fund the operation of these programs. Generally, if public health programs operated by the HHS receive this funding, the funds are tracked separately in the Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#) and [136A](#)

Iowa Code sections [135.15](#), [135.17](#), and [135.131](#)

Iowa Administrative Code [641—50](#), [641—76](#), [641—87](#), and [641—150](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

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Chronic Conditions

Purpose and History

The Department of Health and Human Services (HHS) Chronic Conditions appropriation provides funding to programs and services for individuals identified as having chronic conditions or special health care needs. Although there is no absolute definition for chronic disease, criteria generally include functional limitations, the need for ongoing medical care, and a prolonged course of illness that lasts months or years or is incurable. Children under the age of one with a condition since birth are also generally included.

The following programs and services are funded through the appropriation:

- [Center for Congenital and Inherited Disorders \(CCID\)](#): Established in 1976 in Iowa Code chapter [136A](#), 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. There are eight main programs within the CCID: the Regional Genetic Consultation Service, the Iowa Newborn Screening Program, the Iowa Maternal Prenatal Screening Program, the Iowa Registry for Congenital and Inherited Disorders, the Iowa Neuromuscular and Related Disorders Program, the Iowa Early Hearing Detection and Intervention Program, the Stillbirth Surveillance and Prevention Program, and the Family Health History Initiative. The CCID operates on a combination of State general funds, fees, federal funds, and other funds.
- Neuromuscular and Related Genetic Disease Program: Part of the CCID, this Program provides comprehensive health services for individuals and families with a variety of neuromuscular and related disorders. Additionally, the Program gives educational presentations for families, health care providers, educators, and others throughout Iowa.
- Inherited Metabolic Disorder Grants: These grants assist with the costs of necessary special foods and supplements for 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. Funding for these grants was eliminated for FY 2018 but resumed in FY 2019.
- [Child Health Specialty Clinics \(CHSC\)](#): This Program is operated by the University of Iowa, Department of Pediatrics, and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. The CHSC is funded partially by the federal [Title V Maternal and Child Health Services Block Grant](#) in addition to funding provided by the State of Iowa (through the Department of Education and the HHS) and other community partners. The CHSC serves children and youths 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 require special services.
- [Regional Autism Assistance Program \(RAP\)](#): This is a specialty program in the CHSC initiative that works to coordinate educational, medical, and other services and supports for children and youths with autism spectrum disorder (ASD), their families, and providers. The RAP teams provide regional screenings for toddlers and youths and coordinate referrals for assessment and diagnostic services.

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In addition, the RAP coordinates in-service training and provides technical assistance, consultation, information, and referrals.

- [Brain Injury Services Program](#): The Brain Injury Services Program established in Iowa Code section [135.22B](#) works to improve the lives of Iowans living with brain injuries and their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the [Brain Injury Alliance of Iowa](#).
- [Epilepsy Education and Support](#): Funding provides for education, client-centered programs, and client and family support for people living with epilepsy and their families. This Program is delivered through an outside contract with the Epilepsy Foundation.
- [Iowa Comprehensive Cancer Control \(ICCC\) Program and Melanoma Research](#): Coupled with a federal Comprehensive Cancer Control Grant from the Centers for Disease Control and Prevention, this Program seeks to implement the State cancer control plan. Funds are also provided to the Holden Comprehensive Cancer Center at the University of Iowa Hospitals and Clinics for activities related to melanoma, including a research symposium, biorepository and registry, basic and translational research, and clinical trials.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriation Act), the programs and services contained within the Chronic Conditions appropriation have moved under the new appropriations of Public Health and Community Access and Eligibility.

Prior to FY 2011, appropriations to the Chronic Conditions programs were also provided from the Healthy Iowans Tobacco Trust Fund and the Health Care Trust Fund.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that also fund the operation of these programs. Generally, if public health programs operated by the HHS receive these funds, the funds are tracked separately in the HHS Gifts and Grants Fund.

Also tracked in this budget unit are the pass-through fees for special license plates for breast cancer awareness. These fees are transferred from the Department of Transportation to the HHS and used to provide eligible Iowans with breast cancer screenings through the [Care for Yourself – Breast and Cervical Cancer Early Detection Program](#).

Related Statutes and Administrative Rules

Iowa Code chapters [124E](#), [135](#), [135M](#), [136A](#), and [141A](#)

Iowa Code sections [135.22A](#) and [135.22B](#)

Iowa Administrative Code [641—4](#), [641—11](#), [641—55](#), [641—56](#), [641—109](#), and [641—154](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

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Des Moines, Iowa 50319

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Community Capacity

Purpose and History

The Iowa Department of Health and Human Services (HHS) Community Capacity appropriation provides funding intended to strengthen the public health system at the local level. This is achieved through programs run by the HHS and programs run by third-party entities through sole-source contracts, awards, and requests for proposals. The following programs and initiatives were previously funded in whole or in part through this appropriation:

- **Primary Care Recruitment and Retention Endeavor (PRIMECARRE):** Established in Iowa Code section [135.107](#), the Program transfers funds for deposit into the Rural Iowa Primary Care Loan Repayment Program and Trust Fund to implement the Iowa Loan Repayment Program. This Program repays education loans of primary care clinical service providers located in rural, federally designated health care professional shortage areas. State funds are used for a one-to-one match for the federal loan repayment grant. Loan repayment awards are made to an average of eight health professionals a year who commit to serve in shortage areas for two years.
- **Fulfilling Iowa's Need for Dentists (FIND) Project:** The Iowa FIND Project fills a niche that the PRIMECARRE Program cannot due to federal criteria. FIND Project award recipients agree to practice dentistry in a designated dentist shortage area and devote at least 35.0% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period. The FIND Project is a collaborative effort with Delta Dental of Iowa, the Iowa Area Development Group, the HHS, and the University of Iowa College of Dentistry and Dental Clinics.
- **Psychology Postdoctoral Internship Program:** The Psychology Postdoctoral Internship Program is separate from the PRIMECARRE Program and fills a niche for Iowa that PRIMECARRE cannot due to federal criteria. The Program is not a loan repayment program, but instead focuses on increasing Iowans' access to mental health services by creating new opportunities for doctoral-level psychologists to complete a required rotation in Iowa. The Program targets health professional shortage areas and rural areas. The HHS contracts with the Iowa Psychological Association (IPA) to develop psychologist postdoctoral training programs in rural and underserved areas.
- **Bureau of Oral and Health Delivery Systems:** Created in Iowa Code section [135.15](#), the Bureau strives to achieve open access to optimal oral health care for all Iowans.
- **Bureau of Local Public Health Services:** This Bureau promotes and supports development of public health infrastructure at the local and State level. This includes consultation by regional community health consultants with local boards of health and provision of technical assistance regarding the role and responsibilities of local boards. General funds for the local public health liaison are used for a maintenance-of-effort match for the Preventive Health and Health Services Block Grant from the U.S. Centers for Disease Control and Prevention. County boards of health also receive funds to support core public health functions, including home health care and public health nursing services, through the Essential Public Health Services appropriation.

More Information

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- [Iowa KidSight](#): Iowa KidSight is a child vision screening program that is a joint project of the University of Iowa Children's Hospital, the Lions Clubs of Iowa, and Early Childhood Iowa Areas. The goal of the Program is to enhance the early detection and treatment of vision impairments in young children (target population being six months of age through kindergarten) in Iowa communities through screening and public education.
- [Prevent Blindness Iowa](#): This Program seeks to increase statewide vision screening programs to children through volunteers and nurses, and is specifically targeted at children in child care centers and schools. The Program includes training, certification, and all necessary vision screening materials.
- **Mental Health Workforce Initiatives**: This group of programs includes several recruitment and training projects targeting the mental health workforce, including the University of Iowa Mental Health Training Program, the Cherokee Mental Health Training Program, the Psychologist Intern Program, and an initiative to improve outcomes for mental health treatment in primary care settings operated by the University of Iowa Hospitals and Clinics.
- **Volunteer Health Care Provider Program**: Established in Iowa Code section [135.24](#), this Program's 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.
- **Iowa Donor Registry**: This appropriation provides funding to the [Iowa Donor Network](#) to administer the Iowa Donor Registry established in Iowa Code chapter [142C](#).
- **Medical Residency Training State Matching Grants Program**: Pursuant to Iowa Code section [135.176](#), this Program seeks to establish, expand, or support medical residency training programs, with priority given to family practice or psychiatric residency programs.
- **Des Moines University**: Provides funding to establish a program that trains doctors on identifying and treating patients with mental health needs in a primary care setting.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Community Capacity appropriation was moved under the new appropriations of Public Health, Community Access and Eligibility, and Administration and Compliance.

In previous fiscal years, the Community Capacity General Fund appropriation was included in the Health and Human Services Appropriations Act. Prior to FY 2011, appropriations to the Community Capacity programs were also provided from the Healthy Iowans Tobacco Trust Fund and the Health Care Trust Fund.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that play a part in the operation of these programs. Generally, if these are programs operated by the HHS, the funds are tracked separately in the HHS Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [135A](#), and [142C](#)

Iowa Code sections [135.15](#), [135.24](#), and [135.176](#)

Iowa Administrative Code [641—50](#), [641—80](#), [641—88](#), [641—108](#), and [641—110](#)

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

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Essential Public Health Services

Purpose and History

The Iowa Department of Health and Human Services (HHS) Essential Public Health Services appropriation provides funding intended for public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime, with a priority given to older Iowans and vulnerable populations. This funding is for the Local Public Health Services Program, which helps implement core public health functions. Funding is distributed to Local Boards of Health through a formula set in the Iowa Administrative Code.

The HHS has also established a guidebook for Iowa Local Boards of Health, which provides a detailed analysis of the history of and responsibilities established for local boards.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Essential Public Health Services appropriation has moved under the new Public Health appropriation.

In previous fiscal years, the Essential Public Health Services General Fund appropriation was included in the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

Previously, the Essential Public Health Services funding worked in concert with the General Fund appropriation for Community Capacity for the Local Public Health Services Program. The Community Capacity funding was transferred to this appropriation in FY 2018.

The General Fund appropriation for the local public health liaison portion of the Community Capacity budget unit is used for a maintenance of effort match for the Preventive Health and Health Services Block Grant from the U.S. Centers for Disease Control and Prevention.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#) and [137](#)

Iowa Code section [135.11](#)

Iowa Administrative Code [641—80](#)

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More Information

Local Public Health Services: hhs.iowa.gov/public-health/lphs
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Infectious Diseases

Purpose and History

The Iowa Department of Health and Human Services (HHS) Infectious Diseases appropriation provides funding for activities and programs to reduce the incidence and prevalence of communicable diseases. The majority of these functions are handled in the Division of Acute Disease Prevention, Emergency Response, and Environmental Health by the following program bureaus:

- [Center for Acute Disease Epidemiology \(CADE\)](#): Works to protect and preserve the health and safety of Iowans from infectious diseases through disease surveillance; investigation of acute outbreaks; and provision of education and consultation on infectious diseases to health care workers, public health partners, and members of the general public. The CADE guides local health agencies on diseases requiring public health intervention, collaborates with the U.S. Centers for Disease Control and Prevention through weekly reporting on more than 45 nationally reportable diseases, and offers health education opportunities through lectures and public outreach.
- Bureau of Immunization and Tuberculosis: Consists of the [Immunization Program](#) and the [Tuberculosis \(TB\) Control Program](#). The goal of the Immunization Program is to reduce, and ultimately eliminate, the incidence of vaccine-preventable diseases in Iowa by working with public and private health care providers. Iowa Code section [139A.8\(6\)](#) and [641 IAC 7](#) outline the immunization requirement for students attending licensed child care centers and elementary or secondary schools. The goal of the TB Control Program is to eliminate TB disease in Iowa. The TB Control Program collaborates with clinicians and local public health agencies to minimize the spread of TB in Iowa by promoting effective diagnosis and treatment for persons afflicted with TB infection or disease.
- [TB Treatment and Prescription Services](#): Provides free prescription services to Iowans with a TB infection or disease to stop the spread of the disease. Each year, this program provides medication to treat more than 1,200 Iowans for TB infection and disease. The program also utilizes the Iowa Prescription Drug Donation Program to obtain medication.

The following programs within the Division of Behavioral Health, Bureau of HIV, STI, and Hepatitis, are also funded by this appropriation:

- [Hepatitis Program](#): Provides education, prevention, and treatment services for viral hepatitis. "Hepatitis" means inflammation of the liver and refers to a group of viral infections that affect the liver. The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Of these, Hepatitis B and C can cause chronic disease. The HHS contracts with 10 local public health and community-based organizations to offer integrated testing services to persons at risk. Testing for Hepatitis B and C is offered to eligible patients at 60 clinics in the Community-Based Screening Services Program.
- [Sexually Transmitted Infections \(STI\) Program](#): Maintains a Community-Based Screening Services Program with 58 public clinics across Iowa, targeting persons most at risk for adverse outcomes of undetected infection. Chlamydia and gonorrhea, respectively, represent the first and second most commonly reported STIs in Iowa and the U.S. In both the public and private sectors, the STI Program offers technical assistance for sexual health program development, promotes clinician/patient

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dialogue about STI prevention, and ensures proper testing and treatment of exposed partners. Funding from the State General Fund is used to obtain a 75.0% match to fund this Program from the federal Title V [Maternal and Child Health Services Block Grant](#).

Funding

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the services contained within the Infectious Diseases appropriation were moved under the new appropriation of Public Health.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that also fund the operation of these programs. Generally, if public health programs operated by the HHS receive these funds, the funds are tracked separately in the Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [136A](#), [139A](#), [141A](#), and [144](#)
Iowa Administrative Code [641—1](#), [641—2](#), and [641—7](#)

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Fiscal Services Division

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Public Protection

Purpose and History

The Iowa Department of Health and Human Services (HHS) Public Protection appropriation provides funding for activities related to protecting the health and safety of the public through establishment of standards and enforcement of regulations.

The appropriation funds the following programs:

- **Division of Acute Disease Prevention, Emergency Response, and Environmental Health:** This Division receives General Fund support in this appropriation and from the Infectious Diseases appropriation. This funding supports the [Bureau of Environmental Health Services](#), which focuses on assisting local boards of health on environmental health issues, epidemiology and surveillance of environmental health-related diseases, licensing, and performing inspections.
- **Lead Poisoning Prevention Program:** Also operated by the Bureau of Environmental Health Services, this Program administers the [Iowa Childhood Lead Poisoning Prevention Program](#) and other rules and regulations related to lead renovation and lead professional certification.
- **Bureau of Emergency Medical and Trauma Services:** This Bureau fulfills the role of the HHS as the lead agency responsible for the development, implementation, coordination, and evaluation of Iowa's Emergency Medical Services (EMS) System. The Bureau provides leadership, direction, and resource support to build a comprehensive, sustainable, efficient, and effective statewide EMS System. The Preparedness Program works to protect the health of Iowans by preparing for public health emergencies, including terrorism, natural disasters, and disease outbreaks. The Preparedness Program works with local public health agencies, hospitals, community health centers, the Meskwaki tribal nation, and other public and private entities by administering federal preparedness funds, maintaining the antiviral stockpile, and providing technical assistance. Additionally, funds are allocated to transfer to the Emergency Medical Services Fund in Iowa Code section [135.25](#). The Fund provides a one-to-one match for counties for the acquisition of equipment and provides education and training related to EMS.
- **Sexual Violence Prevention Program:** This Program utilizes public health strategies to prevent sexual violence in Iowa. The Program collaborates with community prevention partners to gather data on the incidence of sexual violence in Iowa, develop strategies for preventing first-time victimization and perpetration of sexual violence, administer federal and State sexual violence prevention funds, and support the work of State and local agencies and organizations in their efforts to end sexual violence. The Program is funded by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention. The HHS contracts with the Iowa Coalition Against Sexual Assault to conduct community prevention and education activities.
- **Iowa Poison Control Center (IPCC):** This appropriation provides a pass-through grant for the IPCC to operate the poison control hotline (1.800.222.1222). The IPCC offers free, confidential medical advice 24 hours per day, 7 days per week, regardless of health insurance, immigration status, or language preference. Calls are answered by physicians, nurses, and pharmacists with highly specialized training in handling poison, with the goal of reducing emergency department visits and

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fatalities through in-home treatment. Funds are utilized as an administration match for the Children's Health Insurance Program (CHIP).

- [Iowa Office of the State Medical Examiner](#): The mission of the Office is to establish credibility in death investigation in a system that will operate efficiently and serve the needs of the citizens of Iowa. The Office provides support, guidance, education, consultation, and training to county medical examiners and investigators who are responsible for investigating violent, suspicious, and unexpected natural deaths. The Office also provides forensic autopsy and investigative services when requested by county medical examiners and law enforcement agencies.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the services contained within the Public Protection appropriation have moved under the new appropriations of Public Health, Health Program Operations, and Community Access and Eligibility.

In previous fiscal years, the Public Protection General Fund appropriation was included in the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

There are additional federal funds, other funds, and fees that are used in the operation of these programs. Generally, if the programs are operated by the HHS, the funds are tracked separately in the Gifts and Grants Fund.

Related Statutes and Administrative Rules

Iowa Code chapters [135](#), [136B](#), [136C](#), [136D](#), and [147A](#)

Iowa Code sections [135.105B](#), [691.5](#), [691.6](#), [691.6A](#), and [691.6B](#)

Iowa Administrative Code [641—1](#), [641—22](#), [641—25](#), [641—37](#), [641—38](#), [641—39](#), [641—40](#), [641—41](#), [641—42](#), [641—43](#), [641—44](#), [641—45](#), [641—67](#), [641—68](#), [641—69](#), [641—70](#), [641—71](#), [641—72](#), [641—113](#), [641—114](#), [641—124](#), [641—126](#), [641—130](#), [641—131](#), [641—132](#), [641—133](#), [641—134](#), [641—135](#), [641—136](#), [641—137](#), [641—138](#), [641—139](#), [641—140](#), and [641—141](#)

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Ground Floor, State Capitol Building

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Public Health Resource Management

History and Purpose

The Department of Health and Human Services (HHS) Public Health Resource Management appropriation provides funding for the general supervision of the State's public health, which in turn promotes public hygiene and sanitation; performs health promotion activities; prepares for and responds to bioemergency situations; and, unless otherwise provided, enforces laws relating to public health. The appropriation provides funding for the following:

- **Departmentwide Activities:** The appropriation covers costs that are assignable to the whole Department and not a specific program. Examples include Auditor of State reimbursements, Attorney General reimbursements, and organization dues.
- **Human Resources Office:** This office handles personnel issues.
- **Department of Administrative Services Utility Billings:** The Department of Administrative Services (DAS) provides certain products and services that State government departments need to run behind-the-scenes processes necessary for day-to-day operations. Services provided by the DAS are placed into the following three categories: utility services, marketplace services, and leadership services. Utility services are those deemed to be provided most economically by the DAS. Marketplace services are those that the DAS provides but may be procured elsewhere. Leadership services are those that only the DAS can provide, and appropriations are generally made to the DAS by the General Assembly for these services. Under the entrepreneurial model employed in the creation of the DAS, most departments are required to purchase utility services through the DAS.

Funding — State General Fund

Beginning with 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), the Public Health Resource Management appropriation has moved under the new appropriation of Administration and Compliance. The Public Health Resource Management appropriation received an annual General Fund appropriation from the Health and Human Services Appropriations Act.

Funding — Other Sources of Revenue

The HHS also operates programs that receive federal funding and funding from other sources. These funds indirectly contribute to Public Health Resource Management activities.

Related Statutes and Administrative Rules

Iowa Code chapter [135](#)

Iowa Administrative Code [641](#)

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More Information

Iowa Department of Health and Human Services: hhs.iowa.gov
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Other Funds Budget Unit Briefs

BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

Behavioral Analysis Treatment — Autism Support Fund

Purpose and History

The [Autism Support Program](#) was enacted in 2013 Iowa Acts, chapter [138](#) (FY 2014 Health and Human Services Appropriations Act) and began operating on April 1, 2014. The Program is administered by the Aging and Disability Services Division of the Iowa Department of Health and Human Services (HHS). The Program provides for the applied behavioral analysis treatment for eligible individuals, with specific focus given to ensuring services reach rural and under-resourced areas. Health home services that are covered under the Medicaid Program are reimbursed under the Autism Support Program at rates consistent with those established under the Medicaid Program.

The Autism Support Fund was created in the State Treasury under the authority of the HHS. Moneys in the Autism Support Fund are expended only for eligible individuals who are not eligible for coverage for applied behavior analysis treatment under the Medicaid Program or other private insurance. Payment for applied behavioral analysis treatment through the Fund is limited to only applied behavioral analysis treatment that is clinically relevant and only to the extent approved under the guidelines established by the HHS.

Funding

At the close of FY 2024, the Fund had \$1.2 million in total resources available. 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act) appropriated \$750,000 from the Fund to the HHS for behavioral analysis treatment.

Notwithstanding Iowa Code section [12C.7](#), interest and earnings on moneys in the Fund are credited to the Fund. The Fund expends approximately \$257,000 annually for aid to individuals. Notwithstanding Iowa Code section [8.33](#), moneys credited to the Fund that remain unexpended or unobligated at the end of a fiscal year do not revert to any other fund.

Related Statutes and Administrative Rules

Iowa Code section [225D.2](#)

Budget Unit Number

400071A007V

Doc ID 1520273

More Information

Department of Health and Human Services: hhs.iowa.gov
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Central Data Repository — Region Incentive Fund (RIF)

Purpose and History

2024 Iowa Acts, [House File 2673](#) (Behavioral Health Service System Act) established a Behavioral Health Service System under the control of the Iowa Department of Health and Human Services (HHS) responsible for implementing a statewide system related to mental health and addiction disorders. The Act consolidated programs related to mental health, behavioral health, and substance abuse into the Behavioral Health Division of the HHS. This new system divides the State into seven Behavioral Health Districts that are managed by Behavioral Health Administrative Services Organizations (BH-ASOs).

The Act requires that the HHS establish and administer a central data repository for collecting and analyzing State, behavioral district, and contracted behavioral health provider data. BH-ASOs are required to report to the HHS information regarding demographics, expenditure data, and data concerning the behavioral health services provided in the BH-ASO's district. Behavioral health data will be collected and analyzed as necessary to issue cost estimates related to the Behavioral Health Service System while maintaining compliance with applicable federal and State privacy laws to ensure confidentiality of the data. Each individual receiving publicly funded services from an BH-ASO must have a record in the central data repository, with each individual being given a unique client identifier for purposes of identifying and tracking the individual's record. Data in the central data repository is required to be consistently labeled, formatted, and maintained with uniform methods for keeping statistical information.

Funding — Region Incentive Fund

2021 Iowa Acts, [Senate File 619](#) (FY 2022 Taxation and Other Provisions Act), created a new Region Incentive Fund in the Mental Health and Disability Services Regional Service Fund to provide additional funding to the MHDS Regions and specified the criteria under which an MHDS Region may apply for funding. The Region Incentive Fund consists of moneys appropriated or credited to the Region Incentive Fund, with an initial appropriation of \$3.0 million in FY 2022.

The Behavioral Health Service System Act appropriated \$645,000 from the Region Incentive Fund to the HHS for the establishment of a central data repository in FY 2025.

Related Statutes and Administrative Rules

Iowa Code chapter [225C](#)

Iowa Administrative Code [441—24](#)

Budget Unit Number

400071B010Q

Doc ID 1520274

More Information

Iowa HHS Behavioral Health Service System:

hhs.iowa.gov/initiatives/system-alignment/behavioral-health-service-system

LSA Staff Contact: Lindsey Ingraham (515.281.6764) lindsey.ingraham@legis.iowa.gov

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988 Suicide and Crisis Line — Region Incentive Fund (RIF)

Purpose and History

2024 Iowa Acts, [House File 2673](#) (Behavioral Health Service System Act), established a Behavioral Health Service System under the control of the Iowa Department of Health and Human Services (HHS) responsible for implementing a statewide system related to mental health and addiction disorders. The Act consolidated programs related to mental health, behavioral health, and substance abuse into the Behavioral Health Division of the HHS. This new system divides the State into seven Behavioral Health Districts which are managed by Behavioral Health Administrative Services Organizations (BH-ASOs).

The 988 Suicide and Crisis Lifeline is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress. The 988 Lifeline is available 24 hours a day, seven days a week through calling or texting 9-8-8 on a phone, or online through the online [988 Suicide and Crisis Lifeline](#).

Funding — Region Incentive Fund

2021 Iowa Acts, [Senate File 619](#) (FY 2022 Taxation and Other Provisions Act), created a new Region Incentive Fund in the Mental Health and Disability Services Regional Service Fund to provide additional funding to the MHDS Regions and specified the criteria under which an MHDS Region may apply for funding. The Region Incentive Fund consists of moneys appropriated or credited to the Region Incentive Fund, with an initial appropriation of \$3.0 million in FY 2022.

The Behavioral Health Service System Act appropriated \$3.0 million from the Region Incentive Fund to the HHS in FY 2025 to support the Statewide 988 Suicide and Crisis Line.

Related Statutes and Administrative Rules

Iowa Code chapter [225C](#)

Iowa Administrative Code [441—24](#)

Budget Unit Number

400071C010Q

Doc ID 1520275

More Information

Department of Health and Human Services Mental Health: hhs.iowa.gov/mental-health
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Behavioral Health Service System Implementation — Region Incentive Fund (RIF)

Purpose and History

2024 Iowa Acts, [House File 2673](#) (Behavioral Health Service System Act), established a Behavioral Health Service System under the control of the Iowa Department of Health and Human Services (HHS) responsible for implementing a statewide system related to mental health and addiction disorders. The Act consolidated programs related to mental health, behavioral health, and substance abuse into the Behavioral Health Division of the HHS. This new system divides the State into seven Behavioral Health Districts that are managed by Behavioral Health Administrative Services Organizations (BH-ASOs).

Prior to the enactment of this Act, mental health services and programs in the State were managed by the Mental Health and Disability Services (MHDS) Regions. Disability services previously provided by the MHDS Regions will be transitioned from the local MHDS Regions to the HHS Division of Aging and Disability Services. Mental health services will be transitioned to the Behavioral Health Division. The HHS published a [transition plan](#) in June of 2024. The transition from the MHDS regional system to the Behavioral Health Service System will be completed on July 1, 2025.

Funding — Region Incentive Fund

2021 Iowa Acts, [Senate File 619](#) (FY 2022 Taxation and Other Provisions Act), created a new Region Incentive Fund in the Mental Health and Disability Services Regional Service Fund to provide additional funding to the MHDS Regions and specified the criteria in which an MHDS Region may apply for funding. The Region Incentive Fund consists of moneys appropriated or credited to the Region Incentive Fund, with an initial appropriation of \$3.0 million in FY 2022.

The Behavioral Health Service System Act appropriated \$1.0 million from the Region Incentive Fund to the HHS in FY 2025 to be used to implement the transition to the Behavioral Health Service System.

Related Statutes and Administrative Rules

Iowa Code chapters [222](#), [225C](#), and [231](#)
Iowa Administrative Code [441—24](#)

Budget Unit Number

400071F010Q

Doc ID 1520276

More Information

Iowa HHS Behavioral Health Service System:
hhs.iowa.gov/initiatives/system-alignment/behavioral-health-service-system
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Gambling Treatment Program — SWRF

Purpose and History

This appropriation from the [Sports Wagering Receipts Fund \(SWRF\)](#) supplements the Iowa Gambling Treatment Program. Funding was first provided through 2019 Iowa Acts, chapter [133](#) (Gambling Treatment Program Appropriations Act).

Background

Legalized sports gambling and wagering in Iowa began in August 2019 through the implementation of 2019 Iowa Acts, chapter [132](#) (Sports Wagering and Fantasy Sports Contests Act).

Funding — Sports Wagering Receipts Fund

Revenue in the SWRF is derived from a 6.75% tax on the net receipts of sports wagering in Iowa. This revenue is then appropriated from the SWRF in the annual Health and Human Services Appropriations Act.

Related Statutes and Administrative Rules

Iowa Code section [8.57\(6\)](#)

Iowa Administrative Code [641—155](#)

Budget Unit Number

4000KG20216

Doc ID 1520277

More Information

Iowa Office of Problem Gambling Prevention and Treatment Services:

hhs.iowa.gov/programs/programs-and-services/office-problem-gambling

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BUDGET UNIT BRIEF – FY 2026

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Medical Assistance — Medicaid Fraud Fund

Background

The Medicaid Fraud Fund, under the authority of the Department of Inspections and Appeals (DIA), consists of moneys collected from penalties, investigative costs recouped by the Medicaid Fraud Control Unit, and other amounts received as a result of prosecutions stemming from DIA investigations and audits to ensure compliance with the Medicaid Program.

Revenues

Revenues to the Medicaid Fraud Fund are estimated to generate approximately \$150,000 annually, and the balance in the Fund is appropriated to the Medicaid Program.

Related Statutes and Administrative Rules

Iowa Code section [249A.50](#)

Budget Unit Number

4000N24006R

Doc ID 1285165

More Information

DIA Medicaid Fraud Control Unit: dia.iowa.gov/investigations/medicaid-fraud-control-unit
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BUDGET UNIT BRIEF – FY 2026

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Health Program Operations — Pharmaceutical Settlement Account

Background

The Pharmaceutical Settlement Account (PSA), under the authority of the Department of Health and Human Services (HHS), collects moneys from legal settlements with prescription drug manufacturers relating to pharmaceuticals provided by the Medicaid program.

Revenues

Revenues to the Pharmaceutical Settlement Account are required to be used for technology upgrades for the Medicaid program. The balance of the Account is appropriated to Health Program Operations, which administers the Iowa Medicaid program. The appropriation from the Account has ranged from \$234,000 to \$5.5 million over the past 10 years, depending on the number and size of the settlements. The appropriation has decreased in recent years, with \$234,000 appropriated for FY 2025.

Related Statutes and Administrative Rules

Iowa Code sections [99D.13](#) and [249A.33](#)

Budget Unit Number

4000N260173

Doc ID 1443706

More Information

Iowa Medicaid Program: hhs.iowa.gov/programs/welcome-iowa-medicaid
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BUDGET UNIT BRIEF – FY 2026

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515.281.3566

Medical Assistance — Hospital Health Care Access Trust Fund

Background

2010 Iowa Acts, [chapter 1135](#) (Health Care Access Assessment Act), created the Hospital Health Care Access Assessment Program and imposed a Hospital Health Care Access Assessment on privately owned hospitals paid on a Prospective Payment System (PPS) basis by Medicare and Medicaid. Revenue received from the assessment is deposited into the Hospital Health Care Access Trust Fund (HHCATF) under the authority of the Department of Health and Human Services (HHS). The moneys in the Fund are used to provide a supplemental appropriation to the Medicaid Program, matched with federal financial participation, intended to increase hospital reimbursement for PPS hospitals to the upper payment limit. This payment, to the extent possible, is intended to offset the cost of the assessment.

Assessment Fee

The hospital assessment is based on 1.26% of net patient revenue, as specified by each hospital's FY 2008 Medicare cost report, and is estimated to collect \$33.9 million annually. Those funds are then appropriated to the Medicaid Program to allow the State to draw a federal match on the funds, resulting in a net increase for Medicaid revenue.

Related Statutes and Administrative Rules

Iowa Code chapter [249M](#)

Iowa Administrative Code [441—36](#)

Budget Unit Number

4000N310445

Doc ID 1520280

More Health Information

Iowa Department of Health and Human Services Medicaid:

hhs.iowa.gov/programs/welcome-iowa-medicaid

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BUDGET UNIT BRIEF – FY 2026

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515.281.3566

Medical Assistance — Health Care Trust Fund

Background

2007 Iowa Acts, chapter [17](#) (Cigarette/Tobacco Tax Increases and Health Care Trust Fund Act), increased the cigarette tax rate from \$0.36 per pack of 20 cigarettes to \$1.36 per pack and increased the tobacco tax rate from 22.0% of the wholesale cost to 50.0% of the wholesale cost. In addition, language in 2007 Iowa Acts, chapter [186](#) (Department of Revenue Technical and Policy Act), taxed cigars at 50.0% of the wholesale price or \$0.50 per cigar, whichever is less.

The revenues from the tax increases were deposited in the newly created Health Care Trust Fund (HCTF) beginning July 1, 2007. 2013 Iowa Acts, chapter [138](#) (FY 2014 Health and Human Services Appropriations Act), amended the law so that all tax receipts related to the sale of tobacco are deposited into the HCTF beginning July 1, 2013.

Revenues

Revenues deposited to the HCTF from the sale of tobacco averaged around \$106.0 million prior to the law change in the 2013 Iowa Acts, chapter [138](#), and are estimated to be approximately \$189.9 million in FY 2024. Revenues deposited into the HCTF have been decreasing as individuals have quit or reduced their use of tobacco products or switched to e-cigarette products, which are not taxed. All revenues from the HCTF are appropriated to the Medicaid Program.

Related Statutes and Administrative Rules

Iowa Code sections [453A.35](#) and [453A.35A](#)

Budget Unit Number 4000N330955
4000N330955

Doc ID 1520281

More Information

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BUDGET UNIT BRIEF – FY 2026

Fiscal Services Division

July 1, 2025



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Medical Assistance — Quality Assurance Trust Fund

Background

2009 Iowa Acts, [chapter 160](#) (FY 2010 Nursing Facility Assessment Act), imposed a quality assurance assessment (tax) on nursing facilities for each patient day. The assessment applies to all for-profit and nonprofit private nursing facilities, but not to State nursing facilities. Revenue received from the assessment is deposited in the Quality Assurance Trust Fund (QATF) under the authority of the Department of Health and Human Services (HHS). The moneys in the Fund are used to provide a supplemental appropriation to the Medicaid Program, matched with federal financial participation, which is intended to increase nursing facility reimbursement. This payment, to the extent possible, is intended to offset the cost of the assessment to nursing facilities.

Assessment Fee

The nursing facility assessment fee was increased from 3.95% to 6.00% beginning April 1, 2023. The increase in the assessment fee is estimated to increase revenues collected from \$56.3 million to \$111.2 million annually. The funds are appropriated to the Medicaid Program to allow the State to draw federal matching funds, resulting in a net increase for Medicaid revenue.

Related Statutes and Administrative Rules

Iowa Code chapter [249L](#)

Iowa Administrative Code [441—36](#)

Budget Unit Number

4000N340985

Doc ID 1285166

More Information

Iowa Department of Health and Human Services Medicaid: hhs.iowa.gov/ime/about
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